

COMPASSION

Elaine Edwards, Palliative Care Nurse Compassionate Double Bed

Gentleman admitted to ESH. Various investigations and, whilst a patient his, wife had a fall and broke her hip and was also admitted to ESH.

The husband's condition was deteriorating and he was dying. No other family members, only friends. The wife desperate to be with her husband and the Ward Staff agreed. A side room was found and the couple were put in the same room.

Two beds in one room side by side (even though the wife should have been on Orthopaedic Ward). The Nurses from the man's ward were providing advice and assistance. The husband and wife spent his last four days together and the husband dies with his wife by his side.

Care and compassion from all staff ensured they were together.

Elaine Edwards Compassionate Double Bed II

I love my job. We have clinical supervision monthly, but it is the team and our relationship that get you through – the spirit of SASH.

I told the compassionate double bed story three months ago – it is a good one. About the spirit of SASH. How we put people first as it took the commitment of many different SASH people and a lot of complex pushing of boundaries, to give that couple a dignified death. Flexing the Health & Safety to fit their needs is a novel in its own right. A story of delivering safe, high quality co-ordinated care, ensuring patients are cared for and cared about, working in partnership with our community to become a sustainable, effective organisation.

This is the spirit of SASH.

Sarah and Owen
The East Surrey McFlurry

An elderly lady was brought into East Surrey A&E and it looked likely that these were to be her final hours. The prescribed food for patients in this state is pureed fruit. 'I'd kill for an ice cream' said the lady between painful breaths. 'Quick Owen' said Sarah to her student nurse 'Upstairs on Godstone they've got a Mr Whippy machine'. Yes, the new machine that made nutrient-rich icecream. Owen raced to

Godstone Ward. Mr Whippy wasn't whipping 'Broken, we've called the engineer'.

So what did Owen, the student nurse on a low income do? He got in his car and drove to McDonalds: 99p later our elderly lady savoured a few spoonfuls... 'Takes me back ...' She said, her breath was getting shorter and, sadly, she passed away that night. We did all that our world class NHS could do for her but it is the East Surrey McFlurrey that her loved ones remember.

That is the spirit of SASH.

Hilda Williams Friendship

Joined as a young newly wed, just to tide over with a job – that was nearly 40 years ago. You either love it in the NHS or cannot stand that things do not happen overnight.

Countless memories, both to be able to laugh and sometimes cry. You become a part of each other.

But it is the people around you who become an extension of your family as generally you spend more time with them.

Lesley Harrier, Medical Staffing

My job as Medical Staffing Officer is to make sure all areas are fully staffed by Doctors.

A lot of Doctors apply from abroad where they can't get on. After many emails and a lot of waiting the Doctor finally arrives with his suitcase and you feel that you are already friends. I find this so rewarding, both for myself and the Doctors who feel they have been given a chance.

You never forget these Doctors and they never forget you.

Caroline Allison –Life and Death in the ICU/HDU

The ICU/HDU has 16 beds for critically unwell patients with a staff of about 60. The Ward has 1-3 admissions most days from major post-op surgery to critically ill patients near to death, or maybe dying – including patients who are organ donors or with acute sepsis, renal failure, respiratory failure, cardiovascular failure.

The nursing team perform care for these patients 24/7, day in and day out – caring for those with prolonged and painful conditions and their distressed relatives or carers.

They exhibit continuous compassion and empathy for their clients, remain professional as a team working together to support each other through any difficult day. Every day they make a difference to the people they are looking after and changing lives – helping people to pull through their illness.

They feel they get very little recognition from the organisation as a whole, but continue with their work because of their love for what they do, and the team they work with.

Eva Demburskia, Physiotherapist Why I'm Still Here

I have worked here for a very long time. I think life in the NHS at the moment is tough – more difficult than it has ever been. Chief Exec wants 'more for less' – how do you do that? What keeps me going is the hands-on clinical work I do.

I work in Intensive Care, hard work. I had to explain to a lovely, elderly man that I needed to put a tube down his nose to help him to cough and clear his chest. It would not be a pleasant experience. He put his arm round my shoulders (with a struggle) and said he trusted me.

I hope he felt his trust was well placed ultimately. It's my job to make sure it is. Very humbling.

Finance Above and Beyond (who is Superman/woman?)

Service to internal community.

Unfortunately it is the bad news – overspend, customers complaining about payments, that make the headlines.

People don't realise the work and hours that back office staff do to make things work seamlessly and invisibly in the background.

'We do care'.

Sandra Lockyer, Head of Capacity Leaving Hospital – going the extra mile

Patient told late Friday night that they couldn't go home. Doctors haven't done drugs care package, now not available until Monday. I was On-call Manager for the hospital. Family very caring and supportive and want Father home.

- Went to Ward, met family and patient – got an understanding of what they could provide to ensure safe care at home.
- Spoke to community team who agreed to call family over weekend and ensure they are OK.
- Arranged courier to send drugs next day
- Arranged equipment
- Family took patient home
- Letter to me next week thanking me for giving them the weekend with their father, who later died.

I manage Discharge Liaison Team, lots of stories of staff helping, including providing clothes, food and money to patients.

Ingrid Marsden **Continuing to Care**

I have worked on the Neonatal Unit for 18 years and seen so many babies struggle for life, go through the roller-coaster of good days and bad, then slowly grow and thrive. As nurses we support the families and they become reliant on us, to know what is best for them and to ensure they remain safe. As soon as is appropriate (this can be up to four months) they are discharged home. Suddenly there is no support – nobody to ask, they are on their own.

We were aware of the need to increase our service to support these parents in the first few weeks at home. Obviously we couldn't support all parents so we focussed on those babies who were going home with ongoing needs, such as home oxygen, low level parenting skills.

The Neonatal Outreach Service is now up and running with a full time nurse visiting families who need support for the first few weeks following discharge. She will then introduce other support agencies as needed.

Lyn Watson, Support Services Manager, Alzheimers Society **A Visit to Hardil**

Hardil attended our Alzheimers Day Centre two days a week – he was committed to East Surrey Hospital with severe vomiting. When I came to visit he was very unkempt and was crying out. He had been catheterized and the bag was overflowing on the floor. He was in a very distressed state. I found out that because he could not speak for himself, combined with the lack of understanding from the nursing staff, caused

more difficulties and problems.

If staff had more understanding of dementia and had more training during their initial training period, this would certainly alleviate some of the problems that people with dementia have when they come into hospital. We at the Society hear more bad episodes than good ones.

Having said that, when my son came in for an operation the care that was given to him was excellent and I have only heard good things regarding staff the procedures. There is excellent care in Intensive Care and High Dependency Units: when the care is really needed it is there.

**Carol Dixon, Head of Patient environment
Progress – A Board that Listens**

Having been in the Trust for 10 years with various job titles, the latest was dreamt up about a year ago. I am responsible for a chunk of facilities, namely the wonderful cleaners, housekeepers and caterers – because they are wonderful.

About a year ago I took responsibility for the catering and a month into post my catering manager went on maternity leave, leaving me to get up close and personal with the team. What a team they are! Going the extra mile is a daily occurrence. This week the hospital was at exploding point and we fed 602 patients hot meals, 56 of those in ED. One chef cooks the main lunch for all these patients and a hungry horde of staff. Last year, with the support of the team, we achieved loads to improve our patients' experience which I title 'the small things matter'. Not big earth shattering stuff but things that just make our patients' stay a little better.

Working in the Trust for the past 10 years this is the most exciting time ever. A Board that listens and action is the only acceptable word!

**John Gooderham: Links & Chris Mullens: Links
Shortly to become Healthwatch**

John: I retired then volunteered as a driver. Poacher turned gamekeeper, was at DOH. Quickly discovered within three month of being a driver that my perception that Ministers decreed what would happen and it did ... was wrong. 18 weeks was just coming in 2004 Burnham said 'Important' – the porter said 'Don't be daft', 18 months... TB said take it down to 18 weeks. I was saying to my little old ladies who'd spend their life savings at the Nuffield for a hip replacement. I'd tell them the same surgeon, few weeks quicker. I live in Billingshurst, 20 miles from any health provision. In theory patients have a choice. In practice I'd say it's all too bloody far. Billingshurst's GPs have joined the Coastal West Sussex Clinical Commissioning. I campaigned 24/7 on the stroke issue and made a nuisance of myself by turning up at

Board meetings to get my issue through. We are all patients, don't forget. The Chair of Links and I have a simmering feud and she ticked me off publicly.

Chris: I'm a Crawley man and left wing. It's good that we meet the Board. Wilson wants to make it a success, our complaints get taken on board. I got involved with the Health Service because I was a Councillor on the Health Scrutiny Panel and patients came to me. I had a bike accident and did the blue lights to ESH. Wonderful treatment. Sad thing about Crawley is that you'll never die or be born in Crawley.

Delma, Secretary Crawley
Tone of Voice

Patient left message on my phone about a nurse. They'd had a row. I asked the nurse what transpired and offloaded. Dr Cliff didn't know it wasn't me who was rude to the patient.

I've been here 20 years. Last year or so you feel people you're working with you're not able to trust them. They wanted me to go up to ESH but I said No. I enjoy my job, but people need to work on their tone of voice.

What makes me cry? Frustration in that if one needs something from another and one only faces a brick wall. Frustration can be in the form of those who are supposed to be in authority cannot speak in a helpful, polite way to staff. If something does not go to plan one is proven guilty until proven not guilty. The blame is always on the 'other'.

But you have to see the funny side of things. I told my husband ESH were improving on their mortality rate. He said 'What, are they killing more or less people?!'

Phil Stone, Logistics Manager
Just another day at the office – Hi Vis

I am a relative newcomer to the hospital. I have responsibility for a range of departments and part of my induction would be to work a week or so in each department. Today I am a car park attendant. I put on my High Vis Jacket and start patrolling.

First I learn how to change ticket rolls and how to empty cash machines. Next I am assisting at the exit barriers. Here I see a distressed lady carrying a small child who is crying her eyes out, with three kids in two and lady was struggling. I run over to see if I can help. The lady shoves her child into my arms and says she has hurt her leg. I lead them into A&E. I am constantly talking to her child, a little girl. We discuss the animals on the wall. Is that Baloo the bear? By now she has stopped crying and is starting to smile. Her Aunt, as it turns out, was booking her niece in, not sure of her

date of birth. I continue to chat to the little girl until her Aunt returns. I leave them in A&E to return to the car park. Later I find them again in the corridor, the little girl now with her broken ankle in plaster. Now with her Mum and Auntie she looks much better and says thank you as she passes.

I guess this is another day at the office.

**Susan Bowling, E&F Team Admin
Car Park Exemption**

I was working on the car parking desk when I received a call from a very distressed mother. Her pregnant daughter had come in for a routine examination and had been told that she must stay in for a few days.

Mother said that her daughter had parked her car in the main car park and it was going to cost a small fortune, plus making her daughter stressed. Is there anything I could do to help the situation?

I asked my colleagues and they said that car park exemption cards are down to the Ward Manager's discretion. I then rang the Ward and spoke to them regarding this lady. A few hours later the Mother called me to thank me as her daughter was given the exemption ticket.

**Sara Reeve
A Cornwall wedding – 690 miles**

As the Patient Transport Coordinator I was working one Friday afternoon before the Bank Holiday weekend. The ward clerk from the Cardiac Ward came to me. 'I have a gentleman on my ward who has been here for six weeks. He has been really poorly but on the mend and he wants to go to his son's wedding tomorrow'. 'OK' I replied. The ward clerk then went on to say 'The patient is on IV's every four hours and the wedding is in Cornwall'. 'OK' I replied again.

I then found a private ambulance company with a qualified nurse to administer IV's. They collected the patient at 6 a.m. along with packed breakfast, took him to the patient's home to dress him in his suit, and then drove him to Cornwall. The son did not know his Dad was coming to his wedding until, waiting outside the church, the ambulance arrived. The crew sat through the service and photos then whisked the patient back to East Surrey.

**Terry Young, ? Manager/Patient Systems Manager/CRS Change Lead
Cake!**

The team is rolling out Radiology Electronic ordering of X Rays at the present. So floor working and assisting staff. One Consultant had had his training a while ago and therefore could not remember how to do this.

So this consultant came into our office in a rush, shouting that he needed to be able to place the orders electronically and then be able to see his patients on a list. We spent two hours with him showing him how to do this and we took four attempts to get the patient list built and working properly.

He left very delighted and saying he was going to tell all his colleagues how brilliant we were. A week later he came back to the office with a large pannetone cake for us as a thank you! Totally unexpected and we were only doing our job.

Chris Drinkall

Help, get this lady home! – MediHome

MediHome started at SASH in July and we're now known by the majority of staff and wards.

Although we are full I've received a referral regarding a lady who has cancer – although currently requires IV antibiotics and could be given them at home by MediHome. I phone around the staff and some are willing to work additional hours so we can just squeeze her in.

The treatment is given at home successfully. I speak to the patient at the end of her treatment, she is really grateful to the team. It has meant she was able to attend her son's birthday.

Nick Roberts

My Mother

For me the start of this story is my mother's stay in hospital when I was a child. I perceived a hospital as a child would – a place that took my mother, albeit temporarily. As a teenager my perceptions changed, when I took a holiday job in a local hospital at the age of 15! I should not have been employed at that age but I returned every holiday until I started work as a teacher.

At the end of my career for some reason I have returned to an association with ESH as a volunteer and as a Patients' Council member. Why? Is it a tidy way to bookend my working career? No, the staff attitudes to everyone in the hospital is the attraction.

Dipa Bhella

About me – Notice the Good Things

I was recently admitted to SASH as a patient. The family were unhappy about the care I received.

My reaction was that as I worked for the hospital I noticed all the good things that were always unnoticed, like the cleaners who always said Good Morning and asked how I was, and the housekeeping who gave me comfort when I was tearful.

Diana Grist
My Husband

My husband has cancer and for several years attended Outpatients, and as an inpatient. He had some really bad experiences and some good.

His last stay in this hospital was having major operations and he subsequently died. The palliative care staff were great, one of his consultants and the lady who worked so hard to get my husband home to die, and a number of nurses.

I volunteered for the Patient Council to try to make things better for patients, so their experience will be more good than bad. I found the Pals staff so helpful.

Lisa Bangs, Chair of Patients Council
My Son

The birth of my son and the death of my Nan gave me first-hand experience of ESH. Neither were good experiences.

Witnessing media coverage of the NHS, hearing of the need for change, could I make a contribution to this Patient Experience – could I make a difference.

Not there yet – is there a light at the end of the tunnel? Will it ever ALL be OK? Not sure, will have to see how it plays out.

Caroline Williams, Patients Council

I have been on the Patients Council since it was formed. I came back after a break during which my father had died in East Surrey Hospital.

It was suggested that because of this experience I should join the newly-formed End of Life Care Group.

I have been really impressed by the commitment of the staff who contribute to the committee and am reassured that the hospital takes this topic so seriously.

DIGNITY & RESPECT

Colin Pink

I used to get bored quickly

I get bored quickly, I move house, I change jobs, always looking for the next opportunity. My CV is a real mix of private and public sector.

In the last five years I've had four houses, six different managers and three different jobs, all here. In that time I haven't considered leaving this hospital because of the dignity and respect that abound here.

Dianne Smart

A Rewarding Experience

I have been with SASH for the last 12 years and enjoyed a variety of roles. One role in particular goes back a few years to Bereavement Officer. This is a most anxious and upsetting time for those who have lost loved ones.

This can be a very challenging role with each set of relatives totally different from the family before and the family following.

To be able to guide the bereaved through the whole process and help them understand what needs to be done, but at the same time listening to their stories, feelings and problems, makes working at ESH a very rewarding experience.

Juliette Stern, HR Business Partner

My Investment in my Hospital

I have worked at SASH for 10 years. Many say that I should have moved on – develop your career – you know how it is. I live locally, have young kids etc – it is easier said than done.

One day, six years ago, my daughter became ill – very ill. She came to ESH and then I realised she was really sick. Although the hospital could not treat her and she had to move on, I took comfort in her being treated by my local hospital and by people I knew.

So for me working at SASH is important as it is my local hospital. By working here I invest in it. I have a motivation for making it work because I've been on the receiving end.

So SASH is not just a place to work.

Janet Hall
Dignity in Care

Continue to deliver Dignity in Care programme which concentrates on all staff reflecting on their practice to try and improve the care they deliver. Emphasising the importance of each individual's contribution to the patient experience and that what ultimately matters most to the patient is how each member of staff delivers care.

It's the little things that matter most to patients. Targets such as how many times the floor is cleaner or how long they have to wait are not important. If patients feel we care they will have a good experience and pass this on to family and friends which will in turn improve the way the community sees SASH.

Caroline Allison, Acting Lead Nurse, ICU/HDU
The Difficult Patient

ICU – many patients pass through our department and there are many rules about the types of patient we should receive and shouldn't receive. We will break these rules if it means providing better care for on individual. E.g. if a patient we have right now is there because we can manage his care more effectively than a ward area at the moment given ward pressures as they are. He is being treated as an individual and receiving optimal care although this is not an area we normally deal with because we have a greater number of nurses on each shift

Pushing the boundary of normal – cared for and cared about - right place, right time.

Safe high quality care

Best practice clinical

Right place/time

Ensure cared for and cared about

Customer care – courtesy, privacy and dignity

Work and community – meet needs of community, how SASH is seen

Effective sustainable organisation

Value and listen to workforce

How far with you push boundaries as a leader and with your teams.

PALS Manager
An Afternoon on the West Entrance Desk

Following a desperate request for help to man the WE Reception Desk one Thursday

afternoon several years ago the PALS team (2) rose to the challenge.

What an interesting and rewarding experience. Enquiries from car parking, where clinics were taking place – often we struggled to give the right answer as they are everywhere! I still have nightmares that we have sent people to the wrong place. However, we learnt very asst and it was useful to us also.

One incident stands out. My colleague, the PALS officer, was approached by a very distraught patient who had lost her car keys and was desperate to get home to pick up her young child. She thought she had thrown them in the rubbish bin in the public car park with the remains of her sandwich lunch. She had spoken with the car park attendant and everyone was looking for the keys to no avail. The PALS officer calmly took control of the situation, took the patient to the car park and the suspect bin. She could see the bin had a liner and decided she could get it out with ease. She duly did and she and the patient searched for the keys – to no avail. The lady was encouraged to empty her handbag out again – and lo and behold the keys were found!

An example of going the extra mile and that ‘the customer is always right!!

Steve Abbotts

Why I work at ESH

I took early retirement from BT, wanting to get involved in healthcare. Such thing makes a huge difference. I see my role as helping to facilitate the good things

Alan McCarthy

Realisation

I was originally coerced (I think that is the best word to describe my sense of it) to come to SASH for a limited period.

It didn't take long to become infected with the spirit of the place and how the reputation really does not reflect this spirit and the majority of what goes on at the hospital.

I have recently been pressed to stay longer to complete the journey of clinical and financial sustainability and achieving a reputation the Trust deserves.

Luke, Consultant

18 years – that's ridiculous

I heard that a colleague had been here 18 years and I thought '18 years, they can't have been here THAT long' – then remembered I started on the same day as them.

Politics play a big part in and on the NHS. I observed that not a single hospital was built in anything other than a Labour seat when they were in power. Crawley became a marginal seat so it was not allowed to be shut. We are meant to be 60/40 elective to emergency to be able to function well – here we are 40/60. Nightmare.

Michael ‘Caine’ our Chief Executive does listen. I’m in Ophthalmology so I’ve a keen eye for detail and I can tell you that St Mary’s have twice as many Doctors per patient as we do. You can’t move for white coats! They became foundation status quickly because they are early adopters. We need to push boundaries too. I look after Retinal Detachment, potentially going blind in a couple of days. Tremendous emotional journey in a very short space of time. A sense of urgency opened the new wards.

What next?

Sue, Community Award Winner
True Community

Winning the Award was good for the Trust and our department. We never walk past a patient. We have the patience to feed a patient. I like the way we dress in housekeeping, black and white – it is caring here.

I’m here with my parents. Dad is having a procedure. Our nearest and dearest are cared for by SASH. I was telling my Mum how clean that floor has to be – clean enough for SASH.

I look forward to my three shifts on the new wards this week and then taking the things I have learnt back to the rest of the wards in the hospital. Every floor in the ward has to be clean enough for SASH. That is what we mean when we say Quality.

Ashvin
Second the Best

I am the second person to ever stay on Charlton Ward. Daniel, the first man, has already been treated and is going home. Man, it is quiet in here – feels like I’m in hospital in California. We’ve got Internet & TV right here at the bed and, best of all, it’s free!

I texted my wife ‘It’s like a hotel here – amazing!’ What I would say is that there’s more space, new equipment, everything is done out in NHS blue ... but you know what? More of everything except the care. The care is exactly as good as it was on the other wards.

I’ve been receiving good care at this hospital for a long time. All the staff are so nice

to you. Top quality hospital.

Ronald and Gail

Ron & Gail – Father and Daughter

Wow –I'm visiting my Dad, this is brand new, lovely and shiny. Looks like everybody here has struck the right balance between money and spirit. There's a spirit here at the hospital that goes beyond the amount of money you put in. Personal touches, such as the TV system count, as do the personal touches it's not so easy to see.

I'm a copper and I spend a fair bit of time in hospitals, Epsom is one of mine. I think you visit a hospital to get a feel for it. I get a good feeling here – the staff were fantastic, weren't they Dad?

'Oh yes, they were caring all those ladies, felt like family'.

Communication is key – if you know what's going on then those anxieties just fade away.

Simon

Onwards and Upwards

My time here has been about first: first time in DGH, first time out of London, first time with a role about patient care but not directly involved. I was excited, nervous, keen to make a difference, but not sure how or what that would look like.

I have been true, I have been consistent and then, after a while, I have been accepted. I have improved, working on my own very largely, my team had to include everyone. I walk down the 'street' and say hello, four or five times. So, this is a friendly place, what I am about is endorsed.

I'm still excited, still nervous, dark clouds ahead. Conservative Party, Andrew Lansley, OMG! But it is the business of caring for patients, my goal now is clear – making a difference is not enough, the goal is excellence and my team, my colleagues, we can do it.

Debbie Chadwick

Caring for Ourselves

Last year was one of the toughest of my career. I have worked on SASH for the past 20 years and work with a fantastic team delivering a high quality service.

New consultants have been brought in to support our Foetal Medicine unit but this

had impacted our capacity leading to repetitive strain injuries to the sonographers. Eventually we had a HSI notice placed on us which generated enormous anxiety and work for me and my team.

With enormous investment by the Trust we have moved the department forward to now provide a safe environment for the sonographers. We have pushed our working to extend into more complex services and now work well with the consultants to provide a high quality scanning service for all women in SASH.

This means women can be cared for here instead of being referred to St George's.

Safe high quality coordinated care

National guidance

Patients cared for and cared about: courtesy, privacy, dignity

Partnership with community

Improve perceptions of SASH

Sustainable organisation

Push boundaries!

Helen Chadwick – PALS Officer

Profit not the Ultimate Goal

I joined the Trust two and a half years ago after deciding I wanted to make a significant career change by moving into an environment in which profit was not the ultimate goal.

Joining PALS gave me the opportunity to use skills I had acquired in the commercial sector to help solve whatever problems patients and relatives encountered – and work with colleagues to identify process improvement.

The overwhelming impression/impact on me during this period has been the care, compassion and kindness shown by all the SASH staff I have encountered – who have given so selflessly of their time and skill to support patients and relatives.

Bill H – Fire Officer

Visitors from India

Walking out of the East Entrance I met three ladies. They looked lost. Desk closed. I offered to help them and they told me they had flown into Gatwick that morning because a male relative had been brought in for tests. They spoke little English and my Urdu is not that good! They couldn't find where their relative had been taken. I thought it could be Endoscopy so led them all the way down the East Wing. 'Oh no' said the Endoscopy Receptionist 'you need Outpatients'. We walk the full length of

the hospital and find him. Smiles all round.

A good job.

Janet SASH PALS

The National Media – My Mother is 104

The National media damn Care Homes and Hospitals – so much so that when people have a bad experience they talk about it but when they have a good experience (most of the time) they don't.

We deliver dignity and care training – 100 sessions a year. It is very successful. We enjoy working here because of the employees and the people who are expert at that they do and are so caring. They stay because they enjoy what they do and it is in effect truly a community hospital.

My mother is 104 and mentally astute. She's at Caterham Dene and is convinced that all the nurses are out to get men. They are not, of course – so the way we truly ask patients what is going on is important and we must ascertain their aptitude for giving us the right answer.

Richard Burford, Chairman The Friends

The Extra Mile

We have 150 volunteers running our two Coffee Shops. Since 1990 we have given the Hospital £2,600,000 for equipment and services.

In the winters of 2009 and 2010 we kept the shops open courtesy of the volunteers. One in particular, John Tree, 82 years of age, walked the one and a half miles from Woodhatch in the snow to ensure that the shops were open and replenished with milk and newspapers. He was given a community award by the Mayor of Reigate as the volunteer of the year 2010.

Clinical Nurse Specialist in Dermatology

Largest Organ in the Body – Skin!

See more than 60 patients in the Day Unit, daily Monday, Wednesday and Friday. On their first visit they are all depressed, low self-esteem, miserable, unhappy, reluctant to expose their skin and uncertain of any positive outcome.

Good education to care and manage their skin – they are treated, supported with lots of empathy and care.

Within 4-6 weeks they are happy, with clear skin and can go for swimming and enjoy a social life again.

Janet Hill

Redhill Hospital ever changing – 3 babies, 5 years.

ESH has had a difficult time with press stories which seem to concentrate on only the negative – unhappy patients – poor results – financial collapse – Partners don't know what the real story is.

Over the last year there has been ever increasing communication with weekly newsletters, statements about press stories, good news, SASH windows. This has helped the community partners see another side.

So the feedback chimed with a friend who has had three babies in ESH over the last five years. Makes more sense. The first was a scary experience – the next had kind midwives – the last birth was something really special.

Crawley Communication

Communication is the issue. Appropriate communication that is. When you have fiery midwives it can look to the patient like the Doctor and Midwife are shouting at each other.

We are too big. The only way forward is better communication. I think the way to teach better communication is to demo arguing and put the person into the position of the patient.

We had an Army couple who had a child with us. They were surprised how unused we seemed to be with the idea of the Chain of Command – maybe we could start by demoing their birth experience.

Do I matter to SASH?

Needy patients

Meeting deadlines

More and more national requirements/Trust requirements

I have a family

I am late picking up my children from School

I am late home

I matter to my family and patients

Do I matter to SASH?

Imagine a time when ...

... there was no email
... communication was better and worse

I cannot imagine getting 400+ paper memos each week, but many people now get the equivalent in emails.

Some have tried various tricks when going on holiday:

- leave your mailbox full
- an auto reply saying you won't read emails

Too much to read, too little face to face

Alzheimers Society Dementia Support Worker

My client, who has Parkinsons dementia and who is catheterised, has been in Social Services respite care for three days to allow his wife some rest. He is admitted to ESH with a urine infection. While here his bed is moved three times. Each time he has to have the catheter checked and he is to undergo observation for urine retention – it is cancelled.

After three weeks in hospital his wife is told she will not be able to manage him at home as he cannot walk, is not drinking enough and is aggressive. I arrange with the wife for an appointment with the OT and Social Services. When I arrive at the hospital the gentleman, who is 6 ft tall, is sitting in a low chair in a hospital gown. His wife says he has worn nothing else during his stay. He has been sitting in the chair since the morning – it is 3 p.m. The O.T. arrives with a frame and asks him to stand up. He cannot do so quickly but manages after rocking and will assistance. He walks to the end of the room and back. The O.T. says that he is too slow in turning. His wife says she wants him home. The O.T. said she will not take responsibility. Social Services say they will put in care for one week.

At home the gentleman already has a chair raised to the correct height for him and an adapted bathroom. The week after leaving hospital he was back at the Day Centre – and carried his frame into the building. He has been living well at home for a year now.

0. He was aggressive in hospital because his bed was opposite a mirror – he thought a man was staring at him.
 - . Not enough understanding of dementia and time needed to give someone.

Zoner Panju
Paying It Forward

I suffered a heart attack in 2009, was rushed to ESH and spent two weeks in various wards. Upon returning home I felt unsafe with the constant worry that I was about to have another attack.

I made an effort to visit the hospital and soon started volunteering. This gave me a chance to be in the hospital environment and be 'safe'. I also felt that I could help other people and 'Pass it Forward'.

Through voluntary work I had an opportunity to apply for (and succeeded) a stroke support position based at ESH. I continue doing this because of my desire to 'pay back' the hospital in gratitude for saving my life.

Trevor Vaughan
Patients First

The local people continue to tell me that there are no good stories but only bad ones.

Reflecting is that the only place that the patient comes first is the ICU.

Suggest staff experience a visit to Sir Charles Gardner Hospital in Australia.

SAFETY AND QUALITY

David Heller
Clinical Mondays

Pharmacy 'closes' at 5 p.m. but we always have people staying until at least 6 p.m., often 7 p.m. First Monday in February the late duty finished at nearly 9 p.m. Tuesday morning there was doom and gloom in the department.

We came up with some ideas around clinical Mondays. No meetings, 1:1 or anything other than front line activities. Our objective was to complete all discharge prescriptions written by 16.30 and finish late duties on Mondays by 18.30.

We have achieved the discharge target and we've finished most Mondays before 18.45. Our turnaround times are dramatically improved on the second 'clinical Monday', 92% within 2 hours, average time down from 96 minutes to 56 minutes. It's not always that good but it's still better than it was.

Catherine Spencer-Macmillan, Lead Cancer Nurse

No Retreat – No Surrender

Joined Jan 2008 – previously worked in big training hospital. Prior knowledge at hospital what local papers said (not great) but worked for family circumstances. Arrived (bit of myself thinking of where I came from) to find that a lot of people working bloody hard, developing services, innovative, core compassionate care, have experienced difficult history.

Massive cancer agenda, many goalposts, workload high, great team, pulling together, working with frustrations.

Battle weary. Still trying! NO RETREAT, NO SURRENDER.

Val Pyke, Contract Manager 'Keeping eyes open in Hospital Street'

Many staff spend a great deal of time working up and down hospital street. This means we pass patients all the time.

If you keep your eyes open ... you will see/find patients who are:
lost/confused/worried/struggling etc etc

KEEP EYES OPEN AND OFFER SUPPORT!

- Taken patients to the right place for their appointment
- helped a new Mum transport her Dad to car
- carried coffee from the coffee shop to table
- talked to patients about the pictures!
- 'listened'
- pushed a wheelchair
- found a patient trying to 'escape' from Admin

This is all about watching for opportunities to offer support to our customers, to make them feel more positive about their experience

Mark Warmens Name, Rank and Number

'Name, rank and number'

How many times do we ask this? Why? (Fear of litigation, Accountability, Proof of Identity. Reassurance) Why so many times?

Computerised wristbands – succinct, legible, showerproof.

How to push boundaries?

Safe high quality care – sustainable and effective

Cared for, cared about

Work in partnership

Val Pyke
Using the Values as a Driver of Improvement

Translating the new xx to xx in a non-clinical environment. To date there has been a fairly negative relationship between commissioners and providers – some would say this is inevitable!

How great would it be if commissioners and providers could really work together with a culture of sustainable, effective, high quality, coordinated partnership based communications and aspirations? (All works in our values!!)

There are so many initiatives started and never followed through in this Healthcare/xx/xx If the culture of the provider/commissioner relationship could be taken forward the world of our xx H/C community would be hugely enhanced. (But this is probably a pipedream!!)

Clinton Krynie

The information department, which I manage, need to ensure that we accurately report SASH's good performance to various governmental bodies. This will ensure that our reputation will be enhanced, and over a long period of time we may become known as a beacon of excellence.

Rachel Cooke, Head of Library Services and Knowledge Manager
Knowledge: When and where you need it, whoever you are

Many people use the Library service, they often start when they are studying, they are often surprised what we can do for them.

My team are great; they treat all staff equally whether they are a consultant or a porter.

So, how do we help meet these objectives:

We find the evidence, we track down the information to develop safe care. A member of my team is working on e-learning stat and managing training for the trust.

We help patients find their way to us and want more information about their care.

We are working on a patient leaflet database with communications team and information.

We provide a service to the whole of local health economy (NWSy + ES). We are looking at new ways of supporting community staff and ambulance staff using websites to support them at a distance.

We are not a silent service; we are innovators and help others to do so too.

Alison
In the picture

Diagnostic Imaging – for some unknown country. A group of people who press buttons. In reality a high profile service instrumental in diagnostics and treatment planning

A group of staff who care about quality and service delivery. We hope our patients remain human and are supported and cared for whilst they are with us.

I am part of a great team and feel privileged to work with them.

Omer Ali
Unlocking the innovation key

1. Financial stability of organisation
2. Pushing boundaries and stakeholders
3. Financial sustainability

SASH and PCTs had difficulty implementing NICE TAG in xxx More than 90 days had passed (more than 6 months had passed) and yet patients were not able to access a NICE TAZ therapy as required by statute. This was in part due to a stand-off between Provider, Commissioner and GPs.

We put together a lunchtime event – at the Nutfield Priory, with CCG, Commxx, Pharmacy and Michael Wilson! We found a key – tariff rate X30.9. This allows Provider, the CCG, the PCT to buy a NICE product and SASH Family so that patients can access treatment. The tariff code was essential – it facilitated SASH provider in ensuring SUSTAINABLE EFFECTIVE FINANCE FUTURE. All stakeholders were invited. MW was great – his presence allowed people to come to the table – from all disciplines CCG/PCT/SASH/Consultants/plus Pharmacy.

We are now NICE compliant but also financial. Importantly patients can access a NICE drugs for their sustainable condition.

J Stern
Trying to change mindsets

I'm supporting an initiative to move from 5-7 day working in a department. There is a lot of resistance. It is so easy for staff to say 'no'. One member of staff came to see me. I swapped a stuffy meeting room for the canteen and bought her a cup of tea.

'Do I have to work Saturdays?' she said.

I said 'Well it's like this ... you don't want to work on Saturday because like to take your Mum shopping?' 'Who do you think works on a Saturday so that you can take your Mum shopping?' I say. I can see the cogs working.

‘You see’ I say ‘We are one big shop here and we have to work so that the patients can come and see us. I know it is a pain but all we are asking for is a bit of flexibility.

‘I see what you mean’ she says.

‘All I ask is that you give it a go’

‘I’ll think about it’

It may be frustrating for me, but I won’t be dissuaded from doing what is right. After all it could be your relative that ends up being treated in that department.

Ella Denbiuslia Physiotherapist, works on call

Wrote previous ‘story’ clearing an elderly man’s chest on call (tube down nose)

Patient cared for properly, appropriately

Safe, higher quality care –having the appropriate skills, training, experience means I can provide good quality care, make the right decisions in patient treatment. In this story I hope the patient’s trust in me was not misplaced as I have skills, experience to be ‘xx’ with an unpleasant procedure, minimise the distress to the patient and have the confidence that I can do this well. Training, updating skills etc ensures my level of competence really important. It gives the patient best experience possible.

Ian McWerzin

20th February

In the middle of July Chris Limpos and I sat down with an aerial photograph of the hospital. We realised then that there was only one place we could build a new vascular ward block which was a new project we’d been asked to look at. Four months later, and exactly on the day we predicted, the vascular units arrived.

It was the best day of my working life so far at last survey. I expect the opening day of 20th February to be equally exciting.

Suzanne Lamm

Bruce (not his real name) – Patients who care for us

Bruce came into hospital to have a knee replacement; he worked hard during his physiotherapy sessions and was keen to get better quickly.

During one of his treatments he expressed his concern that his therapists spent a lot of their time kneeling on hard floors to measure his knee bend etc.

After his discharge Bruce sent the physiotherapy department a pair of blue xx and knee pads attached as he did not want us to end up having a knee replacement as it had been very painful.

Sally Hasler, Complaints Manager
Determined to make a difference

I came, half-heartedly, four years ago to help manage complaints – what a job! I must be mad.

It was tough, horrible and had me in tears, not for the patients but for me. Just keep going – my motto – kept me going. My colleague and trusted companion came to help with a good sense of humour, hard work: motto – it's all coming together.

Now we try hard to help the Trust. Upset, anxious, furious, frustrated patients anxious for us to resolve their issues by being compassionate. Some of their stories are awful, others are amazing (we log and share compliments as well!)

We're working hard to help staff work positively with the complaints, to resolve them, find solutions and improve what needs improving. There's still a long way to go but I'm sure we are making a difference and that it is all coming together.

Paul Simpson
Working together – parking machine

The CEO demanded that we should modernise and have a credit/debit card machine installed so people could pay their car park bills and other things with their card. The Estates Department were charged with doing this.

Progress dragged and it took a bit longer than it might, probably for reasonable reasons. There was some toing and froing between Estates and Finance. The CEO was keen for delivery; our Finance person helped bring it to resolution.

The machines were installed and the CEO happy. The Director of Estates walked in the Finance Room and shook the hand of the Finance person who had helped, to say thank you. The Finance Team felt pleased and forgot all the previous toing and froing.

David Heller – Chief Pharmacist
Getting medicines for our patients

We have three people who buy all the medicines for our patients – about £1 million per month. They're busy but always cheerful and a close team.

What happens when a patient needs a medicine urgently that we haven't got? Our Purchasing team go the extra mile to find the medicine needed, on the phones ringing all their contacts, trying to find the right product as near as possible.

Almost always get the medicine, arrange delivery, and arrange collection.

Fred the Chef

Fred's batter recipe

Fred the Chef has a top secret batter recipe for his Friday fish and chips.

The whole hospital loves his batter and it doesn't matter that he won't write it down, or does it?

If he did write it down (he's no Delia) and others tried to make it stick to their fish would they get the same lip-smacking success as Fred?

Housekeeping Linen Cupboards

They are a band 6 paid nurse and you are a band 1. Don't do more than you have to. Some things are in our gift to change and some are not.

The linen cupboards are getting ridiculous again. Shrouds are our responsibility. If you don't know this, it's in your job description. If a patient passes over then it is our responsibility.

Those linen cupboards are an absolute tip. The Matron's had to – actually they – so we'll have to. It is the responsibility of the nursing staff. I'll take it back to the 'Linen Group' that I lead. You know it is a domestic's job to clean it weekly. Constructive communications people! Your contractual obligation to the Trust. Next up, now a patient got a six-day old yogurt.

Lois Linker – Redhill Children's Centre Volunteering Information.

We are a non-profit voluntary organisation and we'd like better communications with SASH through the midwives so that they know what services we can give them. We consider ourselves a preventative service.

You should tally up the amount of man hours it takes me to get a disabled child a bath.

I bring a lot of people here to ESH. People say to me 'Lois, how am I supposed to get to ESN? I take them in my car. Dr Wright was good but his toys were dirty. Clean the bloody toys.

Ron Alexander, Chief Exec, Brigitte Trust Working together to improve end of life care

Some 30 years ago Brigitte Watson and her friends saw three friends die in hospital and were shocked over the lack of recognition and dignity given. Later she and friends called a meeting to explore what might be done. They agreed to seek

volunteers to train to provide emotional and practical support to those with life threatening conditions, and their families.

The Trust built relationships with Hospital Teams, Hospices, xx Teams and Social Care professionals, and developed a service offering regular weekly support to those with concerns. The training programme and regular supervision provided by our Trust is regarded highly by the professionals we work with.

Today we support 200 people per year, 16 of whom last year were referred by East Surrey Hospital (please you can refer more). Some 40% of those we support die at home and many remain at home much longer. Our service also provided bereavement support.

Only in working together are people able to have greater choice over their place of death and the period up until death can be a more positive experience.

Len Roberts
Not Knowing

People were waiting ages for out-patients test results.
Answer – we would have told them if anything was wrong!
Took up – and readily proceed
There would be a better communication process.

Len Roberts
Xmas

People say ES Hospital is impersonal – not always.
Xmas – small Xmas trees, staff in festive hats and spotlessly clean.
Nice homely atmosphere.

Derek Cooper
Brand Image of SASH

The Patients Council works in close cooperation with the Trust and is actively involved in representing the Patient point of view in up to 15 or 16 working groups. One of our considerations is privacy and dignity, especially for the elderly. We are concerned that there is a tendency for patients to be treated as widgets on a production line. There are good elements of Patients Council work.

There is still much work to be done with establishing a brand image which will promote GPs to recommend patients to SASH.

Lack of a marketing budget means the many good things about SASH are not in the public domain.

AD

Rebel with a cause

An organisation weary of change and being told it needs to do better because they are not good enough.

An organisation where many staff have worked within for decades – embedded culture and behaviour, loyalty, sometimes a reluctance to do things differently. Misunderstood.

Reputation on the up, Division on the map, staff that feel valued and inspired, no fear, stand up to scrutiny, understood.

Jackie Braun (xx) - Head of Outpatients

Health Record Services

No story but I think it would be great to get the staff to tell their serves Health Records at Crawley & ESM and Outpatients at ESM, Crawley, Horsham, Caterham, Oxted.

Health Records – journey of them, what goes on, number of sites it can go through
Central Booking Office – appointment service team, GP reference to Outpatient appointment

Outpatient Departments – what goes on in an OPD from arrival to end

Much transformation going on to improved experience, xx spends much time analysing and re-arranging rather than implementing improvements. Frequently high xx by staff patient etc xx are obvious and could be quick wins.

Often seen as ‘back office’ xx areas rather than the front end of hospital which we are. Without an appointment or Health Records many services would not function.

Rachel Cooke, Head of Library Services & Knowledge Management (what a title!)

Past, Present and Future

I joined the Trust in 2002 as Head of xx. At that time the two Trusts had merged Horsham and Crawley with East Surrey. My team worked well across both sites, but in much of the Trust there was still work to do. As well as Library Services I was called to develop the way we used knowledge in the organisation which was exciting. But then:

Trust went into financial downward spiral

We lost freedom to act, it was very command central

Hospital was scruffy, but people were working hard but felt downtrodden

In 2007 I went on secondment (back to back) and returned to Trust April 2011. I wanted to come back because aim of secondment was to build up my skills to use in my day job, but I wasn't optimistic.

At first I wasn't sure things had changed. We had yet another CEO but since Michael was determined to really help make things change and had courage to fight for the Trust, but it still feels as if cynicism and scepticism but

Freedom to act
Street feels like one road
Still work to do on attitude.

Future?

Come and see my team in the library x 6084.

Jane Penny **Opportune meeting**

Met a couple whose experience of dying was not good. Outside bereavement notice next to corpse. Mother just died, on ward where father had died three years previously.

Described experience:

- tea lady
 - cleanliness
 - care
 - how it had made them feel
- Worried as tea lady was in need of support

To take care of tea lady
Family so pleased at improvement over years in care on ward

What SASH means to me:

- Great team to work with
- Value in service delivered
- Frustrations in taking things forward
- Opportunities to develop further

Jane Miller **The only way is up**

SASH has spent 10 years living up to its underdog status

We are in the bottom 20% of everything but lots of other organisations are too but don't get the same press.

We must believe we are better than that – believe our reality/s not others

Empathy factor
Keyfinder (kidstart)
Past present future

Wishing here
Patients story
Bragging
Vision
Values
Strategy

Mark Warman
From out of the swamp emerged...

In the beginning was an area of marshy ground. It was part of the Earlswood Hospital 'farm'. Poor grazing, therefore cheap land. Ideal for a cash-strapped Health Authority to build a new hospital on.

And so the 'New' East Surrey Hospital was born. Started in 1982, it was modelled on the internment camps in Northern Ireland, housing IRA terrorists. Architecturally, the 'H' block design. At least it maximised the light.

Like the first primeval fish to crawl out of the seas, up sprang the hospital.

Foundations to build upon?

Janet Hale, PALS Manager

I joined the Trust eight years ago to set up a service called PALS (Patient Advice and Liaison Service). It was an honour and a privilege to have this opportunity to provide a service which would be specifically designed to help and support people to have the best possible experience when they came to the hospital.

With the help of an amazing PALS officer the service has gone from strength to strength and we have helped thousands of people to have a better experience. Through building good relationships with staff we have been able to provide an on the spot help and the lessons learned have helped the Trust to provide better services.

Martin Stone
ICE requesting

Communicating with 56 GP Practices to install electronic requesting for Pathology Blood Tests.

Demonstrating at the Surgery the product to all Practice staff in requesting and able to see their patient results.

That the Surgeries actually use the system.

Vikki Bates, PGEC

Supporting Doctors in Training

Here we go again:

- the dog's eaten my portfolio
- car broke down
- girlfriend has left me
- no computer/internet
- working hard
- e-portfolio, did not realise I had one
- today? I thought it was next week
- is there lunch if I come?

Bless them!

They are good fun and we get so much satisfaction from supporting the Juniors in their journey to Consultant

Janet Miller, HR It's the HR 'Story'

What's important to staff and why they come to work there.

This can then be used as part of our recruitment strategy and people strategy

Headlines and sound bites for our recruitment literature:

- selection process
- inducting and on-going development

Michael Rayment, Pathology Manager Analysis in Wonderland (water from a tap)

160 staff behind closed doors, rarely seen by other staff and patients. Constantly busy, 2500 samples a day through the department.

The hospital expect the lab to be there, always, as 'water from a tap' or 'light from a bulb', unseen but vital.

Accredited
Regulated
Pressurised
Modernised
Rationalised
Professional

Cancer Services Manager

Imagine a time when

- Systems talk to each other
- Integration of all electronic systems
- Network wide information systems – patients don't just go to one hospital, but are treated at different hospitals
- Seamless pathway through NHS
- No lost paperwork
- Information always available when needed

Taff Davies, West Sussex Link A visit to Cardio Surgery at SASH

As part of the North East Review, the team (of which I was the lay member) visited all the hospitals in the area. SASH visit was hosted by Earl Warment, the CEO

On our rounds, I was particularly impressed by Maternity, Cancer Daycare and the staff knowing who the CEO was – and had met her late in the evening 'doing her rounds'

We visited Cardio Surgery (behind glass screen) and watched the angioplasty in operation.

One very senior member of our team said 'so that's a video of how it works' to which the surgeon in charge (on our side of the glass) replied 'No, it's that man eight feet away from you!'

Neville Jacobs Thank heavens for the No 2

I had my heart attack (apparently) at 4.00 a.m. I didn't want to bother anybody so phoned my daughter at 8.00 a.m. The ambulance arrived and after a check the No 1 paramedic was reassuring me and saying it was all OK, but I could call again if necessary. No 2 said 'I'll just fetch the machine (ECG)

Result, blue-light dash to Ease Surrey, on to St George – stented. Six months later another stent. Four months later another heart attack and stent.

Since then six years work as Patient Representative on Heart and Stroke Network. Still continuing.

Chris d'Array There is light at the end of the tunnel

Four years ago I broke my ankle and after Queen Victoria Hospital had looked at the wound and x-rayed me I was told, as the break was bad, to report to East Surrey Hospital. They gave me a DVD with the X Ray on.

At East Surrey they could not open the DVD and re-X Rayed me. The Consultant, looking at the abrasion dropped a swab on the floor and went to pick it up and re-use it, though my wife pointed out this was unhygienic.

Once the wound had repaired I entered a course of physio and must confess the skill and attitude of staff made the whole experience worthwhile.

Patient
Read your Notes

I was referred to St Richard's for an endoscopy. After about 16 days I was given an appointment. I arrived not having eaten for eight hours for an appointment at 9 a.m., waited another 2 ½ hours and then told I could not have the procedure as I suffer from sleep apnoea and was not told to take my EPAP medicine in. Asked to wait. Another two hours went by and then told I would have to come back another day.

I left without any offer of food or drink whilst those who had had the procedure were given sandwiches etc. Why didn't they look at my notes in the first place.

Joe Chadwick-Bell, Director of Strategy and Transformation
1 April 2014

We start the day as a new organisation 'Surrey and Sussex Healthcare Foundation Trust'. We have achieved this through hard work, determination and communication from each individual member of staff.

'Together we have achieved success', we are delivering high quality services for our local population, meeting the national performance standards.

The challenge to deliver will remain but we have proved that through caring about each other and our patients that we can be successful. We celebrate together at the staff awards ceremony tonight.

Sonia, Patients' Council Member
Lost X Rays

I had a MRI X Ray for damaged back, my X Rays were lost. One year, and hundreds of pain killers later, I was told by the Senior Orthopaedic Surgeon Mr Maurice that I have degenerative arthritis of the spine and would have to live with it.

The CEO at the time, Gary Walker, invited me to join workshops, the start of Patients Council 2006, the Council was formed in 2007. I am on several steering groups and love what I am doing. Main achievement: getting smoke-free zones in the hospitals – with £25,000 grant from the Trust.

Marcia Stretch

Commonsense not always available

Owing to appalling treatment in ES I felt I would make some input towards change and improvement within ES, hence membership of PC

Project input – RTM system proved huge success for instant information.

Major problem of red tape and bureaucracy within ES. Commonsense not always available. Can it change?

Anne Walker (Vice Chairman of Patients' Council)
Patients Council Role

As I was nearing retirement I was looking for a rewarding volunteer role. I noticed an advert in our local Community News for the Patients' Council of SASH.

I joined the Council in January 2012 – have taken part in a PEAT inspection, which was very encouraging and was encouraged to stand for Vice Chair last September. We are now in the process of evaluating the role of the PC, particularly the role of the members on committees and feel there is a lot of work to be done.

ONE TEAM

Microbiology – happiness is infectious

The reputation of microbiology at Crawley is good. In fact our happiness is so strong it's infectious. Crawley is a cute hospital – challenges for East Surrey Hospital – it can sometimes feel impersonal – lots of offices off long corridors that nobody knows when they will end.

Mr, Roy and Jane have been here for over a hundred years – combined – not each. We argue like brothers and sisters here, but you should see how fast we work while we do it.

If you want our opinion, you need to do an 8.30 seminar, so that we can attend before we go to work ... your wish, and good ideas ... are our command.

Andrew Millard Smiling Faces

Having lived and worked in Australia for five year, it was finally time to return 'home'. I saw this as an opportunity to change careers and was determined to leave Radiography and NHS.

However, whilst planning my return I knew that I would have to fall back on my career to get by, through agency working. Having worked in Sussex before I knew there would be work at SASH. No sooner had I landed at Heathrow than I was offered a job at ESH.

I had preconceived ideas based on reputation and did not want to go there! Finally, after multiple telephone calls, I arrived at ESH. Instantly the welcome, smiling faces and obvious caring attitude won me over and reaffirmed my commitment to the NHS, and changed my opinion of ESH.

Helen Coming Home

I have just returned to the NHS after 14 years in private healthcare. It has felt like coming home. I have been reminded of how great the team are and how hard they work to deliver good quality healthcare to our local population. It's all about patient care and that is so good to see, and I am so pleased to be back.

Godstone Ward Godstone Ward story: East Surrey Hilton

I'm Sister Kate, welcome to Godstone Ward – there's a very special spirit here on Godstone Ward. Five of our patients don't get visitors so every Sunday we find them

all something to do. Today they are decorating the tree. Here's Lena and Margaret. Margaret's our new Parkinsons patient. She has swallowing issues, this is why Lena is helping her with her lunch.

When people come to Godstone Ward we say 'Welcome to Godstone, these are the bells. Do ring them – we won't answer!' We do, of course, but it just puts patients at ease, a little joke. They know that Godstone is the East Surrey Hilton by the time they leave. Our sign- the one that says Godstone Ward and Chemo Suite – put the fear of God into some patients. They think there is something we aren't telling them. Deirdre Nene, who works on Godstone, her husband has been into ESN for a heart attack. This is our hospital, we work here, our families are cared for here. There is a real community spirit because community is what SASH is about.

Room One – has his own Halal food. Room Two – end of life care. Sue decided she wants to die here, she likes Godstone, no Hospice for her. Rooms 5 & 7 – our regular cancer patients 71 and 65 years old, been coming in for Chemo, cared for by Palliative care team. Mr Whippy – no he's not a patient, it's a special type of nutrient rich ice cream we are pioneering here. Here's Christopher, challenging behaviour means we go in pairs. Mr C who is depressed and this lady in the side room has just had a cancer diagnosis – we thought a private room best for her and her family for now. East Surrey Hilton.

Team Lead Physiotherapist Orthopaedics Satisfaction

I love working with the Orthopaedic Physiotherapy team. We are always really busy and often are unsure whether we will cover our caseload but everyone is so supportive and cheerful. When one part of the team has completed their work they phone another part and offer support.

I am often struck by the kindness and compassion of my team members with elderly, frail patients and feel proud that we make a difference by treating everyone with respect and kindness. There are frequent times when team members work late or through their lunch break to help treat and discharge patients who want to be in their own homes.

Even in this economic climate I love my team, my job and working for SASH. We make a difference"

The Midwives Saveloy Scrubs or New Placenta Bin! Only five placentas per bin.

Things are fine today, being lots of women together we can be bitchy but today we are having a lovely day. Everyone's working as a team, expectant mothers from Croydon and Coulsdon choose to come here so we are a busy unit. They just feel less stressed because of the calmness of the team.

Calm all over bar the crotch. It's these new savey scrubs yuk! I went to school in this colour and My God they are rough – sweaty polyester – giving me thrush. 'Ere you look like you work at B&Q, they never told us we were getting savey scrubs. Problem is, if we wear scrubs we can't go into the canteen. No food on a Sunday – you can't even get a fucking Friends' sandwich!

Getting back to team work – we're working better together with the Doctors. I'm now a Band 7 – it's been a real struggle. I've been more honest with the Doctors, more open with communication, but we've still got stuff to fix. The Phil? Report didn't stamp out bullying as we'd hoped. They re-wrote Band 7 and some of us have been downgraded to Band 6 but paid as Band 7. Management decision. Bad management decision. Makes us want to work to rule. Mary's been off for five months with stress – there is no light at the end of the tunnel for us – no extra beds coming down the line. All we can do is remember why we wanted to be midwives in the first place and take pleasure in coming to work in savey scrubs.

Cleaners

Red Team, Blue Team, Peppermint Team

We are the Red Team, it is our job to deep clean. We're the A-Team, super cool, super strong, super clean.

We are the Blue Team – the jokers who take our jobs seriously. We've had a 3% increase in cleanliness. Doing our job to the best of our ability, pushing boundaries. 3% nudged us into 85% and excellence. That matters.

We are the Peppermint Team, same job just more pretty and better than the Blues of course. We're the women.

We are the cleaners of ESH, the place that never closes and we are the shining spirit of SASH.

Sandra Cadral, Team Leader St Kathryn's Hospice

The production line

We are a charitable entity, 20% funded, it means quite a cut. The palliative care team at East Surrey Hospital are terrific. My role is managing West Sussex and Surrey. We have 500 patients overall, 18 beds, six nurse specialists. I got out of the NHS eleven years ago, Marsden. It felt like a production line, I'd lost sight of the patient before I came into this role.

This role is about making every contact more meaningful, including our relationship with the ESH palliative care team. They are our eyes in the hospital and referrals from anywhere else carry less weight. The human element has been lost. The ESH palliative care team are the experts, they do a very good job of what's needed for the patient. They are our biggest clients.

My dream interaction with SASH would be a SHO handover mechanism. If people are going home then we have a conversation with someone on the phone, working together as one team.

Quality and Standards Lead Proof is in the Pudding

A lot of Juniors come through the Trust and required to do audits against practice – presently not well coordinated and a lot of information is lost.

By working with teams ensuring audit results are captured means we learn from each other.

- Demonstrating we are meeting best practice
- Better learning by disseminating good practice
- Pride that we are doing well!

Michael Rayment Analysis in Winderland, a common purpose

Working closely and with common purpose with our colleagues in xx at Brighton to develop a new merged service across three sites. Our aim to be efficient, highly effective and successful.

Shelley Gravatt Past, Present and Future – Great Changes

I joined this Trust as a student nurse in 1979 when it was Crawley and Cuckfield HA. I left and returned following qualifying in 1983. I worked at ESH in 1986 as an agency night nurse and found the hospital very unfriendly and very jobsworth. I then worked at Crawley Hospital for 10 years but following a role change ended up at ESH again in 1999. Over the last 12 years I have seen great changes, some good, some bad. But what has changed is I now feel that friendliness has at last arrived – people speak to each other, say hello in the corridor, offer help.

John the Porter One Leg Up

I've been here for ten years. There's been a lot of increase in patient activity inside the hospital, more patients coming in. We are getting a lot more outpatients coming through our doors and more X-rays per day from the wards. I think there has been an improvement of services. We've tried several ways of improving patient transfer and we now have an electronic link from X-Ray to here – this printer.

Busier than Gatwick Airport, we are. I was on a late shift a few years ago – 3.00 to 11.00 p.m. – and I was sitting here when a friend on East entrance called to say they

needed a chair urgently – lady there about to give birth. I whizzed the wheelchair up there and was getting it into position when ‘Oh God, it’s coming, it’s coming’. It was a cold wet night and we’re out on the tarmac and she’s got one leg up out of the car and the baby is about to fall out of her fanny. It is. I can see it. Don’t ask. I dived on the floor and caught the baby in my cupped hands, like a rugby ball. Mum and baby were fine – Dad overjoyed and the midwives made me an honorary member.

A&E Staffroom

The Risk Pool

It is just crap, everyone fighting to keep their jobs. Risk Pool Bingo. We all chose to be here, it is a great place to work. A&E is like a family, every night is tough. Yesterday was awful. We all pull together, but you do snap. We need a bigger hospital, everything defaults to us. Big blame culture. I think the Government want to privatize the NHS, GPs will be the fall guys – you always think you’ll lose your pin number. Forty patients in the corridor – all you can do is make them safe.

Privacy, dignity is none. Seven patients in Resus. One patient out, one patient in. Swapping. Ten hospitals close, 1984 this hospital open. Patients also have a choice. London patients come here. We love the job, the adrenalin. At this moment the bad outweighs the good. I do six shifts a week, like the lifestyle it affords me. Holidays. I’m paying the mortgage on my own. Thirty years I’ve worked like this. Poor Irish girls, it’s whacked them. Nobody has lost their pin number, of course. It’s a fear factor. You can write stories until you’re blue in the face, unless you build a bigger hospital stories are pointless.

The NHS has had its day. Used and abused. It’s haemorrhaging. Too heavy on managers, more interested in what bands they are and how much power they can have over us. How did we manage when we had just one matron? Now degree nurses want to be managers a.s.a.p. for the money, not stacking bedpans. We have great agency nurses who have been coming here a long time. They do two shifts with us and three private. Nice life. ‘It hurts so much, it hurts so much’. Let’s get you comfortable, I recognise you from earlier. ‘God, I’ve been here all day. If I can find a set of notes I can do things. ‘Put the wee down and get me some water’. ‘Mum’s just been assessed ... they had her down as not here even though she’s got a wristband on. I met a neighbour who works here and now she’s on the system. She called 999, silly mare, if she’d called the switchboard we’d have been home hours ago. I love this place.

Chrissie Switch

Taxi!

Hi, I’m Chrissie. Do you like my blue nails – office party coming. Blue nails, blue dress. It’s just been really busy this weekend. I’ve got 120 taxis to book off. Switch phone is here, taxi computer here (doesn’t reach). Houston – we have a problem.

Always cringe when I get Mr Hopkins on the line because he did my boobs up at Gatwick Park. People remember the bad press – we get a doubled catchment area for A&E, then almost tripled. We need a larger A&E like I need a longer telephone lead.

Ambulance driver slang for this place is East Slurrey Hospital. Still, it's better than Magpie – for – Mayday or Death Valley 'Daren't Valley' xx

'Hello' – no sorry Pharmacy isn't open on a Sunday' Why can't Pharm open longer? Taxis are a pain. Some patients are a pain. Drunk bloke thumps wall – calls 999 – Ambulance queues for A&E – plaster on his grazed fist, entitled to a taxi home. What's that about? Where's the sense of responsibility?

Sally Dando, Therapy Lead 13 months at ESH

13 months ago during a reorganisation change I was offered a job at ESH. Several people said don't take it as it would be the end of my career. I started in December 2012 as I have never turned a challenge down.

I have been supported in the changes I needed to make by senior management; they have listened to things I felt might help and given the money to see if it would. My team have been excellent, never stopped giving the ideas and working so hard. Never say no to suggestions. I have found a thank-you and the odd box of jelly babies does help! I am proud of my team and the way people help each other.

Do I regret the decision 13 months ago? No, I am glad I made it and tell people (both friends, colleagues and family) things are changing, be open minded and give ESH a chance.

ACAS

Difficult working relationships
Blockages – no confidence in Trust

ACAS – learning Trust, learning partnership
Working, learning to do what we will say we do

True partnership working acceptance that we will not always agree but trusting each other
Powerful impact on the organisation

Helen McGrath Sunday, Bloody Sunday

It's 11.30 a.m. and it's tight. I've a full hospital in excess of 500 beds and 28 escalation beds in all kinds of nooks and crannies. We're on a 12 hour A&E and we're doing it by the skin of our teeth, tch, tch. 12.30 p.m. next one. I'll hit my

target. New wards are coming down the line – light at the end of the tunnel. Then we'll be moved to a four hour A&E target and we'll do it by the skin of our teeth too.

I'm pushing for discharges ... a colleague is in the mortuary doing a viewing – the body has just been taken there and the bed will be ready within an hour and a half. Your clinical conscience is pulling on you all the time. Not all managers have that (Oh yes they do, Oh no they don't). Michael, the Chief Executive, does – we came from the nursing side. So – five minutes talking to you and my next one is 12.30, then 2 p.m. and, damn, it's another lady ... then out of the woods for a little while.

Xx: Sister Jenny – welcome to the Irish ward – Outreach get us out of trouble – they do a fantastic job. Yes, a.m. weekend – there's no real service. No Pharm, no Physio. I've got three nurses off sick but we're a very tight team. Lots of junior staff and today yes, they are all Irish. Hello, hello, top of the morning to yer. We call this place 'the kip' it's an affectionate Irish term for the dump. It may be the kip, but it's OUR kip. I was in America before this – same quality all round, bar one crucial thing. Here, if you've nothing in your wallet they won't wheel yer away ...

A junior Physiotherapist Why I try to smile

I started two years ago, happy and excited about my long career ahead. I believe I have all the qualities needed to be an excellent therapist, and smiled all day at the thought.

I got the opportunity to practice with a lovely, friendly team who believe will do anything to help my development.

But, I don't get to spend time with my patients as we are VERY understaffed and seeing my patients once every THREE days has become acceptable. We work hard because if we didn't nobody would be seen. Sometimes it is a miracle the staffs here keep going and every day people fight to make a difference. I believe that is the Big Story! To keep going with a smile on your face.

Jo Happy Pills

When I first joined SASH the team of pharmacists comprised predominantly of locums, and very few permanent members of staff. The department had a terrible reputation – indeed I was warned by my manager at the time not to touch it with a barge pole.

I found a team in disarray, barely able to provide the basic level of service required. There were huge tensions in the team with everyone pulling in their own direction. There was no structure to support the development of staff. Everyone was unhappy and nobody liked anyone else!

Now we have a team of pharmacists which is almost fully staffed. I think we all like each other! There is a strong sense of team and support. We still struggle to stretch the resource to do what we need to do but we do that as a team and as a result we are even managing to drive the service forward without additional resource. We no longer struggle to attract high quality staff as our reputation is slowly improving and the team feel happier about coming to work.

Tanya Preliesc
Friendly Team

Started working at SASH March 2011 in the Finance Team. There were a lot of things new and different. I re-located to the area and basically only knew how to get to Tesco and my gym!

I was impressed by how supportive the staff were, and how interested they were in what I used to do before and whether I have settled into the area (as have moved from working just previously from Manchester). I didn't really have any friends in the area – but soon found myself going to the gym and meeting people outside the office.

10 months later I am very motivated in my team and feel an unusual balance between the high pressures of working in Finance and enjoying a laugh with the people around me – in a very pleasant environment.

Rev John
Grassroots

Tremendous individual stories but everyone feeling the strain. The car parking system is a problem.

At a grassroots level the staff don't get the full complexity and there is an Us and Them situation between Maple House and the rest of the Hospital. In both quarters. The way the Trust has been turned around is a success story.

Staff need to feel valued – they can certainly be dyed in the wool.

Consultants Gary and Alan
Consultants lunch

We drink at the Venture Inn in town and yak about rebranding this place. What about just calling it 'Redhill Hospital' for a better ring to it than East Surrey Hospital – bit like the Venture Inn. The SASH problem is that we are apologetic for who we are and what we do. We are a bunch of dynamic young Consultants who handle great numbers of patients in state-of-the-art facilities.

Look at our stats on keyhole surgery. The high rates of day surgery. Yeah, we're busy but ... we work together, we've got to work together to stop being apologetic. I

mean, we all live locally. It's not like one of the big London hospitals. My patients are my neighbours. Working together to raise our spirits is a mind game – just like rugby.

I've been here since 1984 – Orwellian, no?! Here's what people say when I say I work at East Surrey Hospital. 'My mother-in-law, and this is no joke, was in A&E. I imagine that this is what Camp Bastion looks like ... NO ... Beirut' The A&E department is overcrowded. People do their best for a huge population. I'm an old Crawley Consultant who felt he had to commit. What's going on here at SASH is as good as anything I've seen in 40 years. But I do worry that old people spend hours there. People here are focussed on efficiency but, like any hospital, the numbers of people keep going up. As Doctors we've trained and we want to treat patients – without a constant cycle of change from management.

Crawley Windows

We're 18 weeks and Outpatient Admin lead. On a Windows based system now which is easier. I remember when CERNA came in and my staff walked out. I said if I can make this appointment I'm doing a lap of honour. It worked so I'm doing a lap on honour.

It's lovely here at Crawley with the pregnant mothers because we work with them. 'You know Sue had a boy – aah' It was such a precious pregnancy and she was so dignified. In fact I made a friend here who had a baby. I get a hug when I go for the keys 'Welcome I've not seen you for ages ... you are my angel ...' I'll not be in this job much longer (Lenny) – 14 years later still here.

Hi, I'm a community midwife – the time you know you've been at it a while is when you're delivering the baby of a baby you delivered ... yeah, there is unhappiness here. The unhappiness is actually frustration. Frustration can lead to a lack of empathy but – this is Patricia. Patricia treats people as she wants to be treated. Here are colouring pens and books for the kids. We are under-resourced – two centres. See this bag – this is my office!

Fionnula, Director of Comms

SASH isn't as bad as people think we are. We have some fantastic staff who go above and beyond their roles to provide excellent care. We may not it right all the time but then who does? We are a people industry and we deal with people and are served by people – people make mistakes but they also genuinely care – we need to be proud of who we are and what we do. We are all SASH start. Every single member of staff adds value to our organisation, no-one is more important than anyone else – everyone deserves respect and recognition for the areas they cover.

What SASH means to me: helping people and providing empathetic care. We should be human in all our dealings.

Too quick to criticise and too slow to praise of thank.

Jo Thomas

Welcome to a galaxy called SASH (which has a real heart)

Recently joined the organisation on a secondment to support a challenged Trust, in difficult circumstances. Came from a large university teaching Trust, some of my old colleagues thought I was mad.

Had a perception of the organisation (which wasn't good). Initially staff were very dismissive – you'll be gone in 6/12 months and someone else will change everything again. All staff were polite and welcoming to me in person.

Within two months made decision to apply for the substantive post despite a lot of external people advising me not to do this. Wouldn't have had credibility to lead others to make change without being permanent.

The care that is provided here is on the whole good and I wanted to be part of SASH future where staff are empowered and confident enough to make changes and be known for providers of great, compassionate care. There is an almost palpable desire from staff to change their reputation. The difference from staff once I was a permanent team member was really evident.

Our mission is to be the best we can be each day, so our patients feel cared for and cared about.

My beginning

Having not been in the Trust for very long, I would say that my beginning has been a particularly refreshing one. Having come from working in Central London one of the significant things that hit me about SASH was its welcoming nature. All staff are extremely welcoming and supportive. The culture of the organisation is one that the wider community should be made aware of.

Ann Shears, Research Manager

Building a Successful Team

Joined the Trust in 2003 – new to NHS
Part-time Research Coordinator
No other Research staff
Small amount of Research

Slowly built up team
Encouraged research
Grew the team to support research and clinicians
Brought in external funds
Trained staff

End – but not as we are always evolving
Large team of 11 with good reputation with Trust and outside
Established professional team, happy although very challenged by lack of office space
Solid research activity
Similar in numbers to much larger Trusts
Here to help!
Research nurses regularly helping with non-research for patients – part of their role is patient care

Jonathan Park, Quality and Standards Lead
Oh No, not the CQC

Trying to prove to CQC we are a good Trust

Inspectors come in and tear evidence apart and pick on minor details

In the face of adversity we pulled together and proved not too bad

Andy Humm, IT
xx

Large IT system replacement project

Tough technically

Tough targets

Dedicated project staff, putting in extra hours over weekends and evenings to ensure targets met

Targets met – project successful

Liz Berry

Why do I do this job?

- Every day can be different - I like the variety and challenge
- I have achieved great things – service turned around
- Now falling apart – due to lack of funding/staff

Cancer Services Manager
Committed Team- Behind the Scenes

Targets – cancer targets

No team

Retrospective reporting

Building a team

Supporting clinical teams

Support: MDM (multi-disciplined xx)
Patient pathway tracking
IT
Co-ordination of services who work well together

Small team impact on many areas of the Trust
From referral to treatment – full patient pathway support from committed team who reflect on: *this patient could be my relative*

Sacha Beeby
A Public World versus a Private World

I came from a private corporate background in London. At the end of my one year maternity leave I decided I needed a change. My ambition was to work closer to home so that I could spend more time with my family. I was headhunted and encouraged not to go into the private sector for the sake of my career but I just could not turn down the opportunity to work at SASH. 20 minutes down the road and a stable, reliable organisation.

Great opportunity close to home, great career, great place to be. I had my baby girl at SASH and had THE MOST AMAZING experience here. I wouldn't have wanted it elsewhere. Since I've arrived it is certainly a whole new world and I get very frustrated with the challenges of money restraints. I have never experienced somewhere where I cannot buy a battery for my boss's Dictaphone! I even had to ask for stationery for Xmas! But I still couldn't be happier! I love the people, I'm proud to see the Ambulances drive by the Chief Executive's office.

Kam Sond
Cafe Latte

This is only my second day at SASH.

I was put at risk at my last Trust and decided to leave for pastures greener.

I was successful in getting a role at E Surrey Finance. Started on Day 1 full of new job anxieties and worries.

Met an old friend in the Staff Restaurant and she reassured me with a big hug and a smile. She said it would all be OK.

Margaret Terry, PA Legal Affairs
Legal Beavers

I started here ten years ago – since then many changes. Three different managers (1 interim). Confidentiality is the name of the game.

Often unpleasant tales of patient's treatment etc.

We have to focus on the very good treatment staff give to patients. Our department is full of giggles as we plough through mountains of photocopying, delivering high quality copies of medical records.