



OUR NATIONAL HEALTH STORIES: **Mid Cheshire Hospitals Foundation Trust**

Poems co-created by poet Beth Calverley and
Mid Cheshire Hospital Foundation Trust staff

Artwork designed by Jac Seifert, Orakel Workshop

INTRODUCTION

Our National Health Stories was a programme of creative activity which aimed to tell the stories of staff from 19 UK trusts in recognition of 75 years of the NHS.

Trusts worked in different ways, collaborating with a variety of creatives and staff. At Mid Cheshire Hospitals Foundation Trust we worked with poet Beth Calverley. Beth's practice centres around co-creation and for this project she produced verbatim poems with various teams about their experiences of their particular roles in the NHS.

These poems and the accompanying artwork are on display across the Trust's sites and are available for you to read here.

Find out more about the project at ournhstories.org.uk and to see more of Mid Cheshire Hospital Trust's contribution go to mchcharity.org/arts-programme.





The Personal Procedure

Co-created by Beth Calverley and the Endoscopy team at Leighton Hospital

We try to stay youthful. When everyone comes in it's like a sunburst, making jokes, singing, laughing. We need to be able to bounce off each other, and these do.

Believe and bloom. It takes a team to tango. Although we're experienced, we can always learn. It's a very personal procedure –

everyone has their own expectations to be met. Someone may need a female endoscopist. You weigh each person up – would they like a laugh?

Ten minutes to sense their character. We always talk about food – "what are you having for tea?" They're absolutely starved, so it lightens the mood.

You hear about their bowel movements, how frequent, how colourful. The full story. I work in decontamination, cleaning the scopes, a cave of sunrays.

Together, we're like rubber duckies in a whirlpool – one of the girls call everyone "ducky". I've copied her – "alright duck?" – I can't remember everyone's names!

At the end of the day, chamomile, earl grey, or a lager or two. Flow freely – let it all go. The wait time complaints ringing in your ears,

the difficult endoscopies to problem-solve. Demanding patients on the phone. Anxious patients in the room.

If only people knew the effort that goes in – it's not like booking a hair appointment. So much is involved – how to prepare, what to drink, what to eat –

(a note from the decontamination team - *no seeds please!*) We make sure everything is ready. When they hang up the telephone, that's when it starts.



Outpatients Department



Body Language

Co-created by Beth Calverley and the Outpatients Team at Leighton Hospital

People come in like fog to a harbour. A cliff's edge.
We clear the skies for them. And we clear each other's skies –
vibrant sunshine. On a bad day, I can talk to one of these guys.

We do like to party in the park. Leaving dos. Barbecues.
We know each other outside, not just in Outpatients.
We're in each other's company because we want to be.

Out of the blue, someone's off sick. We all step up in the clinics.
A patient comes in on a stretcher – we have to hoist.
Our grammar is not the best, but we're fluent in emergencies.

It's hard to articulate – as much an eye look as anything.

Combined knowledge. "What would you do?"
Dermatology, wound care, breast specialists.
At the end of the day, we all walk out together.

Some patients come to a few. They start to open up to you.
In Covid, one lady was given bad news. On her own –
her family outside. "You knew exactly what to do."

We speak Plain English – instead of "cholecystectomy",
"gall-bladder removal". We're good at body language too,
pre-empting the next step after life-changing news.

Amputations, mastectomies, surgeries. First, a dressing.
A phone call. A moment. Those important questions.
"Will I ever be able to go out with the lads again?"

We recognise the truth when someone says they're fine.
'Slow down, don't drive.' We follow them out sometimes.

We're one of the secrets of Leighton. That first touch.
When people are in denial – "it's just an appointment, no rush" –
we're the honest conversation: "This is how we need to do things."

That balance between being sunny and clearing the fog,
the ability to make informed decisions.
We know what words to give them.



A Thousand Meanings of Urgent

Co-created by Beth Calverley and the Maintenance team

We get in, turn our tablets on. What's priority?
Fix an electric bed, rescue someone who's got locked out,
put up artwork that staff have sent in.

Check lights, ventilation, heating, cooling.
Generator tests, light tests, fire alarm tests.
Look around this room. You name it, we fix it.

Every fuse, every socket.
Some of us have been here for 20 or 25 years,
since the Brew Room was the Mess Room.

If you need help, there's always someone to ask.
A team of in-house experience – all characters.
Everything's a laugh.

Last week, one of us drilled through a pipe
by accident, right in the middle of a ward –
the water hit the wall on the other side.

A word we hear a lot is "urgent".
It pops up on the tablets all the time.
"Urgent - the tap is pouring everywhere!"

You get there and it's dripping in the sink.
Or "my keys are trapped in my locker" –
you get there and rescue... deodorant and an apple.

"Oh, and while you're here, can you just..."
People don't realise we've got our own trades.
Painters, electricians, joiners. We aren't the same.

They don't realise what it takes, how much time.
A thousand processes. Different methods.
Getting it done fast takes thought.

Our work is urgent.
The hospital would shut down without us.
No power in intensive care.

No first responders to a fire alarm.
No hot water on a ward. We have to get that on sharpish –
working into the night.

There's pride in every job.
If you accidentally drilled into this team,
you'd find pride running through our pipes.

**Brew
Mess Room**



The Enablers

Co-created by Beth Calverley and the Nantwich Therapy Team

Some of us have been qualified a long time.
No rose-tinted glasses here. That's a positive -
a rainforest of disciplines: navy physios, evergreen OTs,

all of us down to earth, balancing clear skies
with mountainous ups and downs.

No place for egos. If one of us is overwhelmed,

someone adds muscle to lighten their caseload,
or Friday chips from the chippy across the road.
We're present for each person in their moment,

help them use their bathroom, get dressed, cook,
rearrange their kitchen, get back to gardening.
From calm-in-a-crisis mode - a palliative patient in bed -

to helping another patient shop at M&S.
We're comedians too - that medical humour -
but our clown-noses stay within these walls.

When we go out to see a patient together,
we're synchronised. Joint working -
the OT assesses how a patient climbs in

and out of bed. The physio spots a painful hip.
People can get frustrated with waiting lists
but we devote ourselves to every patient,

help them reach their goals, climb up and
down their mountains. When they're alone,
we might be the only one they trust.

Yesterday a patient called to say "I made it!
Up and down the stairs!" After all that practice,
they got there. We give them back their confidence,

help them to manage on their own
or empower them to die at home.
We make their wish realistic - whatever it is.





A Porter's Life

Co-created by Beth Calverley and the Porters

It's a mountain –
there's that much work, you never reach the peak.

You talk to patients, put them at ease.
They're nervous at first, but you take them on a journey.

Stony-faced going down to a scan,
laughing and joking on the way back.

You see it all. Pick them up at their worst,
take them home at their best.

I like to take my time. More haste, less speed.
If you rush, you might miss something.

You might be the first new face they've seen in months,
turning a slow day into a good one.

They might not have any family left. A lot to say.
You can pick up a patient day after day,

see their name so often, they stay with you.
They can request porters – some of them do.

The ones that don't make it touch you too.
We take them on their final journey. The last face they see.

People assume they know what you do –
push chairs around all day. But everything that moves

revolves around the porters. The little cogs
make the big cogs turn. We're the engine.

There's no contingency plan for porters,
but without us, there'd be no surgery.

No movement, machinery, or mattresses.
The porters know everything – that's what they say.

But they don't realise how much we know.
All porters are resuscitation trained.

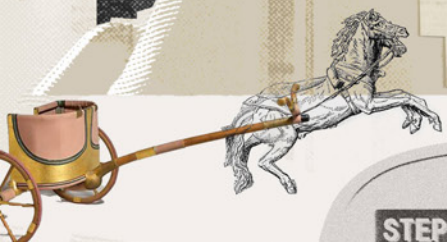
We know what cannulas patients need for certain scans.
We attend cardiac arrests, bring urgent blood gases.

A patient's life depends on it.

And fire shouts. In high-vis vests, out in the snow,
showing the tenders where to go. Snowmen with lionhearts.

People ask: "How many steps do you do?"
"Can you take me out for a quick fag?"

"Are you going to take me back?" And we say:
"Well, I'm not going to leave you here, am I? Your chariot awaits!"



PREVENT

REDUCE

REUSE

RECYCLE

8
HOURS

No Time to Waste

Co-created by Beth Calverley and the Waste & Monitoring team

We work for 8 hours straight, collecting litter, filling bins. Physical, repetitive. Some weeks, the same job over and over.

We're trusted to get on with our job. Go and do it. We help each other if we get our work done quick.

The waste hierarchy - from prevent to reuse to recycle to landfill. All the different types of waste -

infectious waste, non-infectious clinical waste, waste for alternative treatment,

household waste, ad hoc waste, recycling, offensive waste with bodily fluids - yellow with black stripes, nicknamed tiger waste.

(There you go, that's poetry!) Without us, the hospital would close. Panic, chaos. When we're short-staffed, people get on the phone.

Groundsmen keep the outside tidy. The monitoring team gives reassurance, environmental audits, protected mealtimes.

I want the team to be appreciated. People walk straight past us. We walk 12 miles a day, lift heavy bags of waste.

Shattered. Because we care. It's one of the hardest, dirtiest jobs,

but it's part of patient care. Without that reassurance, you wouldn't have the care.





Cream of the Crop

Co-created by Beth Calverley and the Healthcare Cleaning Professionals and Linen Team

The healthcare cream of the crop - that's how I see us.
Sometimes we're seen as "down here" while the rest are "up here".
Our uniform is plain, but we're great.

We work to high standards. Multi-talented.
Every single thing is cleaned every single day.
Each month, auditors come round with a fine toothcomb,

looking for grains of dust, a cup on a sink, tea spilt on a table.
The longer you're here, the less stressed you get.
I used to cry over it, but now I know I've done my best.

This hospital is like our second home.
We are like sunflowers, trying to be positive,
even when it's hard. Keep smiling -

banter with patients. It could be one of your family.
When everyone else is running around, patients turn to us:
"It's nice to see a happy face."

Sometimes we're the only ones they speak to in a day.
And little things that aren't part and parcel -
more water, a cup of tea. If they're cold, another blanket.

Meanwhile, the linen team fills trolleys up,
tops up the sheets, delivers to the wards.
A&E is a bottomless pit of linen.

We've been here that long,
we're like a couple of old married dinosaurs!
There used to be so much pressure -

broken machines,
taking our work home. Not sleeping.
Now, the customers are happy. It's a joy to come to work.

This hospital wouldn't work without linen -
from towels to sheets to scrubs to pyjamas.
Keeping patients warm, washing, sleeping at night.

We get looked down on - not by everyone,
but it would be nice to be recognised.
When we walk past... *Invisible, am I? Just a cleaner.*

Unseen, behind-the-scenes,
but we know we're amazing.
The cream of this sunflower crop.



