

Annual Review 2009-2010



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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Chairman's statement

Welcome to our Annual Review, which looks back over the year from April 2009 to March 2010.

It is published in addition to our Annual Report, a copy of which can be obtained by contacting us on 0117 342 3704 or online at www.uhbristol.nhs.uk.

The Trust's mission is in three parts, to provide research, education and patient care of the highest standard.

The last year, as ever, has seen tests for us in all these areas, but we ended the year in a strong financial position. As a Board we are acutely aware of the economic challenges that lie ahead for the NHS but we remain committed to delivering the very best healthcare possible.

We are proud of our specialties in paediatric care, oncology and cardiac care as well as the other specialist and general hospital services we provide to the people of Bristol and the South West.

John Savage CBE
Chairman



It is always important to look back, both to learn from our mistakes and to celebrate our successes; but we must remain focused on the future.

I have renewed my commitment to the members of the Trust that I will lead UH Bristol through the challenges ahead, supporting innovation and improvement so that we are fitter and stronger for the future.

Dr Graham Rich stepped down from his position as Chief Executive in December 2009 and the Board is very grateful for the work he has done for the Trust.

The Board was delighted to welcome two new Executive Directors during the year; Alison Moon as Chief Nurse and Steve Aumayer as Director of Workforce and Organisational Development.

I am delighted to announce the recent appointment of Robert Woolley as permanent Chief Executive of the Trust. I look forward to working with him and I offer my sincere thanks to all members of staff who continue to work hard every day delivering care to patients.

Finally, I thank my fellow board members and our Foundation Trust Governors and Members for offering support and challenge to the Trust's decision-making and ultimately helping to shape hospital care for the people of Bristol and beyond.

If you are interested in becoming a member of our Trust, we would be delighted to hear from you, the contact details are on the page opposite.

Who we are: patient care, teaching and research

University Hospitals Bristol NHS Foundation Trust is a dynamic and thriving group of hospitals in the heart of the city.

Our 7,900 staff deliver more than 100 clinical services across nine sites. From the neonatal intensive care unit to care of the elderly, we look after people from Bristol and across the region, from the very beginning of life to its later stages.

Our staff have developed many leading edge services, including cardiac surgery and bone marrow transplantation that have built an international reputation.

With strong links to the University of Bristol and University of West of England, we are the major medical research centre in the region, and our academic links also make us the largest centre for medical training in the South West.

How we are doing

The Trust continued to perform well against most national targets, with performance improving in a number of key areas for 2009/10 compared with the previous year.

The Trust achieved the four-hour emergency access target and the target level of reduction for both Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemias and Clostridium difficile (C diff) infections during the year. Fewer operations were cancelled at the last minute for non-clinical reasons than in 2008/09, although the national standard for this target was still not achieved.

Performance against the existing and new cancer standards improved significantly in the last quarter of the year, but was not sufficient to achieve the required standard in all cases for the year as a whole.

The Trust continued to achieve the

national standards for the following:

- rapid access chest pain clinic appointments;
- 2-week wait for suspected cancer referrals;
- 31-day diagnosis to treatment for new cancers;
- Genito-Urinary Medicine (GUM) 48-hour access;
- maximum waiting times for new outpatient appointments, admissions and heart operations;
- ethnic group data quality; and
- participation in heart disease and other clinical audits.

An escalation meeting with Monitor took place in January 2010 at which plans to recover cancer, 18-week Referral to Treatment Times and the four-hour emergency access targets were presented.

The Trust ended the year having delivered the planned improvements in access times across all key areas.





The highlights of the year

It's been a challenging year in many ways, but the Trust has had much to celebrate.

In June 2009, the National Institute for Health Research (NIHR) awarded us £1.8m for research into cleft lip and palate, and head and neck cancer. The funding is under the NIHR Programme Grants for Applied Research, which are given to leading applied health research groups tackling areas of priority or need for the NHS. The research is undertaken with support from the University of Bristol and will look at services across England.

In September, the Board gave approval for the Trust to progress the detailed design phase for a new ward block, enabling us to move all clinical services out of the Old Building and submit a formal planning application. The detailed design phase will end in November 2010 and a full business case will be submitted to the Board for approval in December 2010.

In October, the Bristol Heart Institute (BHI) was officially opened by HRH The Princess Royal.

Then in November it was revealed that the BHI had won a Building Better Healthcare award for Best Use of Visual Art in Healthcare and was commended in two other categories, for Best Hospital Design and Best Interior Design. These were swiftly followed by another accolade, a 2009 blue plaque in the Bristol Civic Society Environmental Awards.

Towards the end of 2009, staff were encouraged to submit their work-related inventions to the Trust's Bright Ideas competition, supported by our charities Above & Beyond and the Grand Appeal. The inventions were judged by a panel and two new products have been launched – VibraTip, by Prof Andy Levy, and SafeSit, by Jane Bailey.

In December, Heart FM held a three-day live broadcast from the Bristol Royal Hospital for Children and

raised more than £50,000 to fund equipment and enhance facilities for patients' families.

In February this year, Professor David Wynick was appointed Joint Director of Research for this Trust and North Bristol Trust, building on our partnership working in research.

The following month, the maternity team at St Michael's was awarded level 3 standard by the National Health Service Litigation Authority. The Trust is one of only a few Trusts in the country to have reached this standard.

This year is also the 200th anniversary of the Bristol Eye Hospital (BEH) and celebrations are continuing with a series of staff and public events.

The bicentenary coincides with a programme of refurbishment at BEH, which will involve improvements to patient areas.

Caring for people with dementia: getting the essentials right

In the South West, 73,000 people are affected by dementia – a term used to describe a number of progressive, incurable diseases of the brain. This figure is expected to rise to 102,000 by 2012. Although age is a main risk factor in developing dementia, it can affect younger people. Alzheimer's disease is the type of dementia most often encountered. People with dementia can be cared for in any area of our Trust, so it's a real challenge and an opportunity for us to improve.

The National Dementia Strategy launched in February 2009 had 17 objectives, but the five identified as most relevant to our Trust are: improve public and professional awareness and understanding of dementia; implement the Carers' Strategy; improve quality of care for people with dementia in general hospitals; improve end of life care for people with dementia; and have an informed and effective workforce for people with dementia.

Jane Buswell, Nurse Consultant for older people, was made clinical lead for dementia care in September 2009. She says: "The national objectives were a crucial first step; we've used them to set ourselves some important targets to enhance the skills and knowledge of our workforce and to make clinical improvements. Older adults with dementia are among our most vulnerable patients and we know we must improve."

The launch of the strategy was followed in July by the NHS South West Peer Review of Dementia Services. This identified three areas of concern across the region: a lack of leadership and ownership of dementia care in most general hospitals; marked deficits in the knowledge and skills of general hospital staff that care for people with dementia; and insufficient information sought from relatives and carers. Last year's Alzheimer's Society report, *Counting the Cost*, also showed standards of dementia

care in hospitals were variable. Since then UH Bristol, as part of the South West Regional Dementia Partnership (that includes NHS South West, directors of adult social services, the Alzheimer's Society and the Department of Health South West), has been at the forefront of the drive to improve the assessment and care of patients with dementia.

Jane says: "The review showed that in line with other acute trusts in the region there was no Trust-wide engagement in dementia. So to address this issue, at the start of this year the Trust's Chief Nurse Alison Moon became the South West Dementia Partnership's clinical champion for dementia care in acute hospitals and chairs the UH Bristol Dementia Strategy group."

In the past year, the Trust has been involved in the first National Audit of Dementia (Care in General Hospitals). In addition to reviewing case notes, the audit has also looked at the ward environments where people with

dementia are cared for. This part of the audit was undertaken involving carers and representatives from the local Alzheimer's Society.

Feedback from the audit is due this autumn. Jane says: "Our aim is to provide the best quality of care for people with dementia and we need to fully involve patients and their carers. We held our first Dementia Awareness day in July 2009 and it brought together staff, carers – some of whom were also staff – and organisations and charities offering help and advice."

In March 2010, the Trust linked up with the Alzheimer's Society to launch This Is Me, a booklet that can be filled in by people with dementia or carers to provide information about the patient's life, helping staff to communicate with them. Jane says: "There's a fundamental link in how we provide dignity in care, and involve carers at all levels. If we get it right for people with dementia, then all of our patients can benefit."

**'Older adults
with dementia
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The Quality Account: what is it?

The Trust's Quality Account is a review of progress against quality objectives for 2009/10 and sets out agreed quality objectives for 2010/11.

The structure of the Quality Account is based around Lord Darzi's model for quality (patient safety, patient experience and clinical outcomes and effectiveness), and conforms to guidance issued by the Department of Health and Monitor. It appears as an appendix to our full Annual Report 2009/10.

Clinical divisions and governors were involved in the development of the Quality Account. The governors held two meetings at which they discussed which metrics or measures they would like to see included. The majority of measures they proposed are now part of the Quality Account, with others, of a more operational nature, being taken forward separately.

The Trust has extended its involvement in quality initiatives by joining the South West Strategic Health Authority Quality and Patient Safety Improvement Programme. Data on patient safety is submitted to the Institute for Health Improvement, allowing us to benchmark against other acute Trusts within the South West.

A summary of key data from the Quality Account for 2009/10 is provided here.

Patient safety

In 2009/10 the Trust has implemented several new patient safety initiatives, enhanced staff training and reviewed and audited existing processes, leading to important changes.

In September 2009, the Trust committed to a five-year programme, Patient Safety First, which involves making clinician-led changes to improve patient safety.

A number of workstreams have been established to initiate, test and implement these changes, with a strong emphasis on measuring outcomes.

The initiatives include:

- Executive walk rounds. Executive Directors carry out patient safety walk rounds at least once a month and identify any action needed.
- General ward observation charts. These help with prompt identification of patients whose condition is deteriorating. In 2010/11, there will be a renewed focus on the completion of these charts and the action required when a patient requires an urgent review.
- Medicines management. During 2009/10, there has been a focus on ensuring accuracy of information concerning medicines when patients are moved. There has also been an emphasis on the

management of high-risk medicines. An electronic discharge letter for GPs is currently being rolled out across the Trust.

- Peri-operative care. During 2009/10, the Trust achieved its aim to implement the World Health Organisation Surgical Safety Checklist in all its theatres, with subsequent monthly monitoring of compliance. Use of the checklist has been identified as a quality priority by the Trust's Governors. Current overall compliance within the Trust's theatres is 91.8% (March 2010).
- During the past year, the Trust Executive Group has made Venous Thromboembolism (VTE) risk assessment an organisational imperative. A Venous Thromboembolism Prevention Policy, which reflects NICE Clinical Guideline 92, has been ratified. All clinical divisions have nominated VTE clinical champions. VTE risk assessment has also been a focus of Patient Safety Executive walk rounds. The Trust's target for 2010/11 is to assess at least 90% of adult inpatients for their risk of developing VTE.

Hospital Standardised Mortality Ratio

During 2009/10, a number of national clinical governance reviews have emphasised the use of Hospital Standardised Mortality as an indicator of overall quality performance.

The Trust Board has received monthly updates on the Hospital Standardised Mortality Ratio (HSMR) for several years.

An overall aim of the South West Quality and Patient Safety Programme is a reduction in mortality by 15% over the next five years. Hospital Standardised Mortality is calculated through the number of hospital deaths and the number of hospital discharges.

The Trust has a low overall HSMR and, since December 2009, has had fewer adverse events – the number of incidents which led to patient harm – than average when compared to all the other trusts in the South West region. Overall mortality for all cardiac surgery and for coronary artery bypass grafting in particular – the most common operation performed – has been consistently better than the UK average.

Human Factors and Team Management Training, which originated in the aviation industry, is being used to train staff to allow teams to function better and minimise avoidable errors during paediatric and adult cardiac surgery.

Infection control: zero tolerance

The Trust's 'zero tolerance' approach to poor infection control practice has also led to a significant reduction in the rates of infection. In 2009/10, the total number of Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections was half that of the previous year.

This reduction has been achieved by:

- A thorough investigation of each case to identify learning and actions to prevent future cases;
- Testing all eligible patients before planned admissions for surgery or other procedures for MRSA. Since December 2009 most patients who are admitted in an emergency are also tested;
- Testing patients who stay in hospital for a month or more;
- Improving methods for identifying patients with MRSA, so management and treatment to prevent further infection can be arranged.

The total number of Clostridium difficile (C.diff) infections acquired within the Trust had reduced by almost two-thirds compared to 2008/09. This has been achieved by:

- A thorough review of every new infection to identify learning and actions to prevent future cases;
- Dedicating a specialist isolation ward to caring for patients with C.diff;
- Closely monitoring cleaning, hand washing and how doctors, nurses and other staff wear and remove gloves and aprons;
- Reducing the use of antibiotics that are more likely to lead to C.diff infection.

Privacy and dignity

The Trust's Privacy and Dignity Group was established in 2008. Membership consists of nursing staff from each of the clinical divisions, with additional representatives from estates and facilities, all with a shared passion for ensuring that a patient's right to privacy and dignity is fully embedded across the Trust.

The group has implemented several initiatives over the last few years, including:

- Signs using images rather than words to indicate male and female facilities;
- Single-sex accommodation;
- A revised policy on performing last offices;
- The introduction of a 'modesty gown'; and
- The piloting of 'do not enter' signs on cubicles and side rooms.

The Trust has worked hard to improve facilities for patients, including:

- Upgrading wards to make sure that they comply with the same-sex standards set out by the Department of Health;
- A bathroom and toilet replacement programme to ensure that our facilities are of a high standard
- Providing designated male and female bathrooms and toilets in all ward areas, which are clearly marked using pictorial signs.

Patient feedback

In 2008 the Trust participated in a national patient experience pilot programme, led by McKinsey and partly sponsored by Monitor at the Bristol Haematology and Oncology Centre.

While the majority of patients' feedback regarding their care was positive, the programme enabled an improved understanding of what more could be done for patients using 'real time' feedback.

The success of the initial programme and the engagement and enthusiasm of staff is reflected in the ongoing work in response to patients' feedback throughout 2009/10. This included:

- A new patient information booklet;
- The continued use of patient comment boards (responses from the staff team are put on the boards);
- Individual patient entertainment systems funded by the Friends of the Oncology Centre, providing free television and radio access to all patients;
- Improvements in bathroom and toilet facilities for patients;
- A review of car parking;
- A review and rescheduling of clinic times to reduce clinic delays (currently in progress).

Learning from this programme has been integrated into the Trust's Patient and Public Involvement Strategy for 2010-12.

Looking to the future

In 2010/11, our aim is to build on the improvements we have made in 2009/10 and our priorities are as follows:

- To reduce further the incidence of healthcare acquired infections;
- To improve antibiotic prescribing compliance;
- To reduce the number of high-risk medication errors which cause actual harm to patients;
- To reduce hospital acquired thrombosis;
- To increase the level of patient and public involvement in service improvement;
- To meet the requirements of the proposed NICE Quality Standard for Dementia.

Our year in pictures

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- 1 Sister Tara Shine with colleagues on Nurses' Day
- 2 Staff nurse Clem Wong retires from Bristol Eye Hospital
- 3 Staff at Avon Breast Screening Unit celebrate the service's 20th anniversary
- 4 Doctors from Iraq visit the BRI
- 5 Susan Hooper, from the University of Bristol Dental Hospital wins Dental Teacher of the Year award
- 6 Build A Bear donate cuddly toys to the Bristol Royal Hospital for Children's playroom
- 7 Princess Anne officially opens the Bristol Heart Institute
- 8 Dr Tim Chambers, consultant Physician and Nephrologist in Paediatric Medicine, is awarded an OBE for Services to Medicine
- 9 Heart FM's Bush, Troy and Paulina at Bristol's Big Give, broadcasting live from the Bristol Royal Hospital for Children
- 10 Dr Diane Crawford, centre, at the launch of a Department of Health book called 'Extraordinary You – Science in Healthcare'
- 11 Bristol Eye Hospital's 200th anniversary celebrations start with the unveiling of a celebratory banner
- 12 Professor David Wynick is appointed Joint Director of Research for North Bristol NHS Trust and UH Bristol



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'This model of care was initially implemented by a steering group, which included key clinical, managerial and support staff.'

The thoracic surgery team, from left, consultant nurse Clare Evans, consultant anaesthetist Dr Claudia Paoloni and consultant surgeon Tim Batchelor on Ward 6

Thoracic surgery protected beds: improving patient experience

We are always looking for ways to make improvements across the whole of our Trust.

The thoracic surgery team, based on Ward 6 of Bristol Royal Infirmary, is the tertiary referral centre for Bath, Weston-super-Mare, Yeovil, Taunton and South Wales, providing diagnostic and therapeutic procedures.

In September 2008, the team introduced a one-stop pre-operative assessment and day of surgery admission programme to reduce patient stay in hospital.

However, patients were not receiving the best care due to a lack of recovery beds available in specialist Ward 6.

In March 2009, the team – consultant anaesthetist Dr Claudia Paoloni, consultant nurse Clare Evans, consultant surgeon Tim Batchelor and ward sister Lynda Stockwell – created a model of ‘patient flow’,

linking together the length of stay and theatre/bed capacity, with the relevant staff groups taking responsibility for each part of the patient journey.

This model was monitored and reviewed monthly and the team has measured its impact and success in several ways, including a patient survey.

Clare Evans explains: “To avoid theatres coming to a standstill, this model creates capacity in a proactive manner, by making better use of the beds available, known as ‘protected beds’.

“This model of care was initially implemented by a steering group, which included key clinical, managerial and support staff.

“Ward 6 staff now manage the protected beds on a daily basis, with support from clinical site managers and, when necessary, executive level input.”

The pilot has reduced cancellations on the day of surgery and improved patient safety and patients’ experience in general, with 97% of their patients saying they were involved as much as they wanted to be in decisions regarding their care.

The team is continuing to use the new approach and revisits it regularly to ensure it is still effective.

Across the Trust, our ‘Making Our Hospitals Better’ programme is rolling out similar initiatives to ensure all areas benefit from innovative and improved ways of working that deliver real patient benefits.

Preventing infection in our hospitals

The Trust has a dedicated team of nurses who co-ordinate infection prevention and control activities across all of our hospital sites.

Christine Perry, Assistant Chief Nurse and Director of Infection Prevention and Control, said: "In the past year, the team has worked really hard to make sure infection prevention is everybody's responsibility.

"This has resulted in fewer infections and a safer environment for our patients."

In September 2009, Health Protection Agency figures showed a reduction in the number of cases of C.diff and MRSA in our hospitals, with a 64% reduction in C.diff cases between April and June 2009, compared to the same quarter the previous year.

The figures also showed a reduction of 63% in the number of cases of MRSA for this quarter when compared to the same quarter the previous year. The figures for 2009/10

show a reduction of 36% in MRSA and 66% in C.diff compared to 2008/09.

This improvement is a result of the proactive measures taken to control the spread of infection.

Christine added: "We were pleased with these reductions. However, any healthcare associated infection is unacceptable to the Trust and we are working hard to minimise them in all of our hospitals.

"We have taken a number of proactive measures to deal with these and other infections across the Trust, such as raising public awareness of when they should avoid visiting hospitals and increasing screening for MRSA in planned and emergency patients."

During the winter of 2009/10, the Trust distributed leaflets advising people where to go for the most appropriate treatment and when to avoid coming into hospital with symptoms such as diarrhoea and vomiting. Hundreds of leaflets were handed out in Cabot Circus, in the centre of Bristol, and others were distributed by high street pharmacies Boots and Superdrug, through our schools liaison team and to our members.

'...the team has worked really hard to make sure infection prevention is everybody's responsibility.'





Professor Julian Hamilton-Shield with research project collaborators Barbro Olofsson, left, and Dr Cecilia Bergh, from AB Mando, Sweden

Research shows how device may change eating habits

A research project to determine the effectiveness of a new computerised device that tracks portion size and how fast people eat has been carried out at Bristol Royal Hospital for Children, led by Professor Julian Hamilton-Shield.

A randomised study of 106 obese patients aged 9-17 years was conducted to test the Mandometer, a portable computerised weighing scale developed at the Karolinska Institute in Stockholm which encourages people to eat less and more slowly by giving real-time feedback at meal times.

Although it's not known whether specific eating patterns are common in all obese people, in this study the patients ate large portions very quickly. One group of participants received Mandometer therapy to lose weight and the other were given standard care. Both were encouraged to increase physical activity to an hour a day and to eat a balanced diet.

Participants were assessed after 12 months and followed up at 18 months. During the research period they were also regularly monitored and offered telephone support.

After 12 months, the Mandometer group not only had a significantly lower average body mass index (BMI) and body fat score than the standard care group, but their portion size was smaller and their speed of eating reduced by 11% compared with a gain of 4% in the other group. Levels of 'good cholesterol' were also significantly higher in the Mandometer group. The improvement in BMI was maintained six months after the end of treatment, suggesting an element of longer term behavioural change.

According to the research paper, "Mandometer therapy, focussing on eating speed and meal size, seems to be a useful addition to the rather sparse options available for treating adolescent obesity effectively without recourse to

pharmacotherapy." The researchers acknowledged that the Mandometer needed further evaluation in other settings and with different groups of patients, but concluded that "retraining eating behaviour and reinforcing feelings of satiety, however, does seem to improve weight loss in obese adolescents".

Following that piece of research, the Trust's charity Above & Beyond this year supported a further project. Prof Hamilton-Shield said: "We have just finished a small project showing that this simple behavioural modification of eating behaviour may influence the physiology of the entero-neural pathway which controls satiety (fullness) and total amount of food consumption. We're now building on these novel findings to try to examine the modification of eating behaviour to improve weight loss in terms of other age groups, different therapeutic settings and genetic factors that might influence success."

Working together: our members, our patients and our staff

The coming months and years will pose challenges for the NHS.

However, we are confident that as a Foundation Trust, we are in a strong position to build on our strengths and enhance our services.

The Trust's chief executive, Robert Woolley, and the rest of the Trust Board are committed to improving our facilities and moving clinical care out of the Old Building (built in the 1730s), which currently houses seven wards. The redevelopment of the Bristol Royal Infirmary (BRI) will provide a new state-of-the-art ward block on the Terrell Street site.

The ward block will include a new intensive care unit with improved links to surgical services and new acute assessment unit to support the emergency department.

There will also be improvements to the BRI's main entrance, shortening the distance to new lifts, improving the reception areas and providing

a bright, light and welcoming hospital. There are also plans for new refreshment and retail areas.

We want you to have your say on this project, and other changes we make.

There are several ways you can get involved, from helping our charities raise funds to becoming a Foundation Trust member and directly influencing the future growth and direction of the Trust.

You can also share your views on our services and by other NHS providers at Bristol Local Involvement Network (LINK) meetings.

Becoming a member of our Trust means you can have a say on how we run our hospitals. You can be part of a focus group, join one of our strategy groups, attend member

events and stand for election to be a governor. Members elected as governors hold the Trust Board to account through the Membership Council. For more details about membership eligibility and how to join, visit our website: www.uhbristol.nhs.uk/membership.

If you'd like to get involved in a practical way, you can also become a volunteer. The contribution volunteers make to our services is hugely valuable and a great help to our staff, patients and visitors.

To find out more, contact Glennie Derrick on 0117 342 2774.



GETTING INVOLVED: Left, a volunteer at Bristol General Hospital; above, members of the Patient Environment Action Team (PEAT), which includes Trust staff and FT members, assess our hospitals' environment, food and standards of privacy and dignity; right, the Trust's governors





If you would like further copies of this report, or a version in another format such as Braille, large print or other languages contact: Graham Slee, University Hospitals Bristol NHS Foundation Trust, Trust Headquarters, Marlborough Street, Bristol BS1 3NU