

Voices

The magazine for the UH Bristol community

p10-11

**Signing up
to safety**



Hello and welcome to the September/October edition of Voices.

This summer, UH Bristol joined Sign up to Safety, a national campaign that aims to make the NHS the safest healthcare system in the world. Participating organisations must agree to fulfil five national pledges on improving safety, while staff can

also make individual pledges. We interview Anne Reader, head of quality (patient safety) who tells us what's unique about the campaign and describes some of the initiatives underway to ensure patients are receiving the safest care possible. See pages 10-11.

Another way in which we've been promoting safety at UH Bristol is by celebrating our achievements in this area. Last year's winner of the patient safety champion category at the Trust's Recognising Success Awards was the reducing omitted doses group. This team has done tremendous work on raising awareness of the dangers of patients missing doses of medication or receiving medication late. As a result of the group's work, the number of patients with one or more omitted critical medications fell by 89 per cent between 2012 and 2015. Turn to page 5 for more details.

Another key challenge at the Trust is discharging patients efficiently. In August, UH Bristol launched a new scheme aimed at supporting patients to leave hospital within 24 hours of being deemed ready for discharge. As outlined on pages 14-15, the programme's coordinators believe the scheme will free up beds sooner, enabling the hospital to admit more patients and manage the demand for services effectively.

The role of our volunteers in helping our hospitals run smoothly and enhancing the experience of our patients is more important than ever. On pages 8-9, we report on the valuable work they do and outline recent developments in voluntary services.



Foundation Trust members who no longer wish to receive the magazine can be removed from our distribution listing by emailing foundationtrust@UH Bristol.nhs.uk or calling 0117 3423764.

We are always keen to get your thoughts on the magazine. If you have any comments, please call 0117 342 3725 or email communications@uhbristol.nhs.uk.

I hope you enjoy this edition.

Fiona Reid
Head of communications

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Annual members' meeting provides update on hospitals

UH Bristol's annual members' meeting gave people the chance to find out about the latest service developments and improvements at the Trust.

The meeting, which took place in September, enabled members to talk to staff and governors about issues relating to the hospitals. They were also able to browse stands on the UH Bristol Youth Council; staff health and wellbeing; hospitals' charity Above & Beyond; and art schemes at the Trust.

The keynote speech was from Giles Haythornthwaite, paediatric trauma centre clinical lead, who gave an update

on the paediatric major trauma centre at Bristol Royal Hospital for Children, following the transfer of the service from Frenchay Hospital last year.

Debbie Henderson, Trust secretary, said: "The meeting was a celebration of the great work being undertaken at the Trust and the consistently high standards of care being delivered to patients. We've had really positive feedback from members and would love to hear from people about the issues they would like to know more about in the future."

The Trust's Annual Review 2014/15 can be downloaded from <http://bit.ly/1Kwf2G0>.



Anne McCune

New hospital role to deal with alcohol health harm

Anne McCune, hepatology consultant, has been appointed clinical lead for alcohol at UH Bristol where she will lead a scoping exercise, exploring how to enhance treatment for patients suffering from alcohol-related harm. She will also investigate how to help the hospital cope more effectively with a rising demand for services.

Dr McCune will work with existing alcohol specialist nurses at the Trust

along with UH Bristol's healthcare partners in the community including Bristol Clinical Commissioning Group.

"The role is a challenging one as we've seen an increased number of admissions to hospital due to alcohol-related harm as well as a rising number of alcohol attributable diseases such as liver cirrhosis," said Dr McCune.

In brief

Dementia support café opens at BRI

A new dementia support café and drop in service has opened at the Bristol Royal Infirmary (BRI).

People are invited to talk to members of UH Bristol's dementia team and other dementia professionals at the DeliMarché restaurant on level nine of the hospital. There is also information available on agencies and services that can provide further support for people with dementia and their carers.

The café runs every second and fourth Tuesday of the month from 2.30pm to 4.30pm. It is organised by UH Bristol and the Alzheimer's Society, with support from hospitals' charity Above & Beyond and the Carers Support Centre Bristol and South Gloucestershire.

For more information, contact Rachel Bush, lead dementia practitioner, on 0117 34 21708 or email Rachel.Bush@UH Bristol.nhs.uk.

Expert tuition for fitness classes

People are invited to attend affordable fitness classes and parent and baby swimming groups at the BRI physiotherapy department.

An experienced and friendly team of physiotherapists provides expert tuition on pilates at beginner and intermediate level. These classes develop core body stability, improve general fitness and help to prevent back pain. Staff also run yoga classes, circuit training for general cardiovascular fitness, and hydrotherapy, which enables people to do low impact exercises in water. Money generated from the classes is reinvested in NHS services.

For more information call 0117 3423866 or email physioselect@uhbristol.nhs.uk.

Grand Appeal makes a difference with a little help from Shaun

During the summer, 70 five foot high sculptures of Shaun the Sheep were installed across Bristol as part of the 'Shaun in the City' trail, organised by the Bristol Royal Hospital for Children (BRHC) charity, The Grand Appeal.

Each sculpture was individually designed by a different artist, designer or celebrity, and saw Shaun turned into everything from a steam train to a spaceship, and a pirate to a poodle.

One special sculpture was located outside BRHC itself. 'Maisy and Friends' was designed by children's author Lucy Cousins, creator of the much loved Maisy Mouse series.

The trail was visited by hundreds of thousands of people from across the UK and around the world. The charity distributed over 200,000 trail maps and the 'Shaun in the City: Sheep Spotter' app was downloaded more than 75,000 times. The Grand Appeal receives proceeds from every download, meaning a significant amount has already been raised in aid of BRHC.

The trail's grand finale, the charity auction, will take place on 8 October,



with The Grand Appeal set to benefit from the funds raised by the Bristol flock. The auction of our 80 'Gromit Unleashed' sculptures raised £2.3 million for the hospital in 2013, which will certainly be a tough act to follow, but the charity hopes to raise the 'baa'!

The Grand Appeal funds a wide range of facilities and pioneering equipment at BRHC, as well as free accommodation for families. We hope the funds raised by Shaun in the City will enable us to double the capacity of family accommodation

available at BRHC and St Michael's Hospital. As an international, national and regional centre of excellence, BRHC is able to provide world-leading care and treatment to more and more children from an ever-growing region, thanks partly to the support of The Grand Appeal and all our supporters.

You can help the charity make a difference and continue to support this world-class facility. For all the latest news, visit www.grandappeal.org.uk.

Learn about services on offer at hospital open day

South Bristol Community Hospital is holding an open day on Saturday 17 October.

The free event at the hospital in Hengrove Promenade is being organised in partnership with Bristol Community Health, a not-for-profit social enterprise delivering NHS services. From 10.30am to 3pm, the public will have the chance to look around the hospital and find out about the services on offer.

Visitors will be able to take a self-guided tour of the hospital, taking



in several areas that are normally closed to the public, including an operating theatre and the dental suite. Staff from a wide range of community health groups and organisations will

be attending. These include Bristol South Diabetes Support Group, Hartcliffe Health and Environment Action Group, Healthwatch and Knowle West Health Park.

Improving safety through better management of medicine

Reducing the number of unintentionally omitted doses of critical medicines is essential to ensure patients receive the maximum benefit from their medicines and avoid harm during their hospital stay. **Kate Hanlon speaks to Kevin Gibbs about the work of his team and staff on the wards to improve this aspect of medicines management at the Bristol Royal Infirmary.**

It was 2010 when the NHS National Patient Safety Agency (NPSA) issued a report about the high number of unintentionally omitted or delayed doses of medications in hospitals across England and Wales. The NPSA asked all Trusts to draw up a list of medicines that should be given within a set time, and to review procedures for ward staff to follow to ensure that these medicines are given in an appropriate timeframe.

Following the recommendation, UH Bristol drew up a list of medicines deemed 'critical', where the timeliness of giving the medicine is crucial to patient safety. These critical medicines include, for example, medicines to help manage Parkinson's disease; and anticoagulant drugs, which prevent blood clots forming.

"It can be potentially harmful to either miss doses of medicine or give them too late," explains Kevin Gibbs,



Staff nurse Lucy Alford checks a patient's drug chart at ward A800 to ensure all medication has been given and signed for

pharmacy manager. Over the last few years the pharmacy team has worked hard with nursing staff, ward sisters and patient safety teams to raise awareness of the impact of delays or omissions of critical medicines.

The team ensured better systems are in place to monitor and request critical medicines, developing an online real time drug finder, which helps staff easily access real time information about which drugs are available and on which wards.

"We've seen a real culture change in the last few years with staff questioning why a medication is not available if it's not on the ward," says Kevin. "Whereas previously some staff may have thought that if you miss a single dose it doesn't matter, now they know that if you do miss a dose, it can have serious consequences."

From July 2012 to March 2015, the team saw the number of patients with one or more omitted critical medications drop from 4.6 per cent to 0.52 per cent (a reduction of 89 per cent).

To keep track of performance, the pharmacy team regularly audits the



Award winners: some of the employees who've helped reduce omitted doses of critical medication

wards by randomly selecting five patients per ward, per week, checking the patients' drug charts to see if a drug has been missed or not signed for by staff, and investigating this with the ward if there has been an omission of a critical medication.

In November 2014, the team won an award at the Trust's annual Recognising Success Awards for promoting patient safety. In 2015/16, the team aims to further improve on the low level of omitted doses of critical medicines, as part of a continued drive to enhance medication safety. This work includes the introduction of an electronic, real time prescribing and medicines administration system, due to be piloted in 2016.

Reaching out to members

The Trust's elected representatives want to hear from members to ensure the work they are doing reflects the views of the people they serve.



Governors Sue Milestone (left) and Pam Yabsley

Governors at UH Bristol are reaching out to the community by holding membership recruitment stalls, enabling people to give their views on the hospitals and raise any concerns they may have.

"These events are opportunities for people including Foundation Trust members to speak to someone who understands the hospital and can represent their opinions," says Angelo Micciche, patient governor for South Gloucestershire. "Just like someone may approach their local councillor about a local authority matter, people can speak to us about any concerns they have relating to the hospitals. It's crucial we hear from the public – it gives us a temperature check on how the Trust is doing and it helps us identify issues that need to be addressed."

One of the ways in which the public can raise issues is through the governors' log, a document of written responses

from executive directors to questions posed by governors. Sue Milestone, governor for carers of patients aged 16 and over, submitted an item to the log where she outlined concerns from patients relating to delayed appointments at Bristol Eye Hospital. The Trust's executives acknowledged a backlog of follow-up appointments at the hospital and explained that the issue was being addressed through the creation of innovative outreach services in Bristol, North Somerset and South Gloucestershire.

"The log is extremely effective because queries raised by governors lead to comprehensive answers from the executive directors," explains Sue. "It's all transparent – the log is published in the Board papers which are available on the Trust's website."

Pam Yabsley, patient governor for North Somerset, says one of the main roles of governors is to provide

reassurance to the public that services are high quality. "What people see in the media isn't always a true reflection of the high quality care provided at the hospitals. If people are concerned about any issue relating to the Trust, we can investigate it by raising it with the non-executive directors, who are accountable to the governors. I've been a patient here and I truly believe our hospitals provide excellent care."

The membership stalls will be held at the forthcoming Health Matters event (see below) and at the Bristol Heart Institute atrium at 10am on 14 October; and South Bristol Community Hospital at 10.30am on 17 October.

You can read the latest Board papers for the Trust by visiting: <http://www.uhbristol.nhs.uk/about-us/trust-board/trust-board-meetings-2015-2016/>.

interested in becoming a governor or finding out more about the role, please call Amanda Saunders, head of membership and governance, on 0117 3423763.

News in brief

The next Health Matters event will focus on osteoporosis and features a talk by Shane Clarke, consultant rheumatologist and lead clinician for osteoporosis services. It will take place at the Education and Research Centre on Upper Maudlin Street at

4.30pm on 12 November. Please email foundationtrust@uhbristol.nhs.uk or call 0117 3423764 for further information or to register your place.

Governor elections next year will for the first time allow online voting. If you're

From the chairman



The autumn returns and worries about the pressures of winter reassert themselves. All over our hospitals, staff at every aspect of the work of such a large and complex organisation have made magnificent efforts through the summer to bridge the remaining gaps in achievement of the targets. This dedication is the exceptional aspect that makes all of our teams stand out from those that just go to work to do a job. On my visits around the departments and specialities, I meet so many people who bring their skills and efforts in a sense of self-denial so that the Trust can serve its community with pride and achieve its mission and purpose. I understand that most people need to work for a living but the added contribution that comes from this aspect of staff engagement deserves the widest and fullest acknowledgement.

None of us can afford to pause if we are to be sure to carry patients and their families safely through the hardest time of the year. In supporting staff, the Trust Board is determined to play its part in ensuring that staff engagement is a two way channel and that all employees are consulted and advised appropriately about all aspects of their service and the continuing changes we must meet.

The Trust is successful despite understandable areas of challenge

and a committed workforce is the key contribution to that achievement.

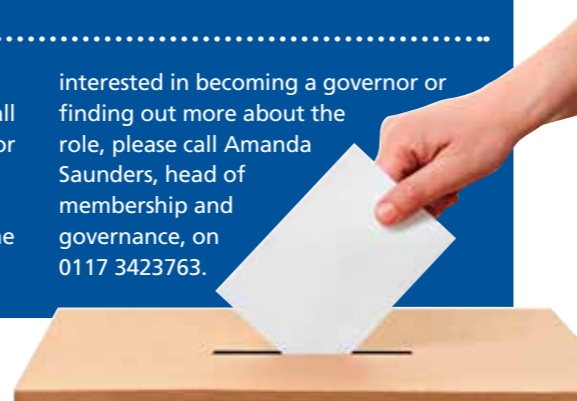
A frustrating and continuing difficulty seems to lie in the recruitment and retention of new employees, particularly those who are dedicated to nursing. I would like to think that the whole package of reward, not just pay levels that are tightly constrained by bodies outside the control of the Trust, but including especially the generous National Health Service pension scheme, can be properly understood and appreciated. It is an element that, viewed carefully, should surely help to maintain attractiveness for the profession both for long serving staff and new recruits.

At the beginning of September, I gave one of my usual short speeches of thanks to a group that was spending the day preparing for retirement in one of the excellent pre-retirement programmes run by the Trust. There were gathered in the room a total of more than 1,200 years of service. This is the amazing testament to commitment that I have seen at every one of these programmes over my nine years as chairman. I was, as ever, honoured to be able to thank them all on behalf of the Trust Board and its governors and to wish them a long, happy and continuingly productive retirement.

On my visits around the departments and specialities, I meet so many people who bring their skills and efforts in a sense of self-denial so that the Trust can serve its community with pride and achieve its mission and purpose.

I wish you all well for the next phase of our challenge and will continue the Board's commitment to supporting its prime resource; the 8,000 or more folk that work but do more than work here every day.

Canon Dr John Savage CBE, chairman



Giving the gift of time

There are lots of reasons why people become volunteers – to say thank you, care for others, meet people and keep active, or even enhance their studies. Whatever inspires them, volunteers have one thing in common: they give up their time to help others. Steph Feldwicke finds out more about why they're so important to the Trust.

Go into any NHS hospital in the country and you'll see volunteers in action – they're there from the minute you walk through the door, right through to your stay on the wards. Here at UH Bristol, the diverse range of skills and experience they offer make a substantial contribution to the smooth running of our hospitals and improving patient experience.

Volunteers might greet you at the Bristol Royal Infirmary's (BRI) Welcome Centre and ask if you need directions, serve your meal during your stay on a ward, help look after you while you're waiting to go home in the hospital's discharge lounge, or, if you're an expectant mum, they could be leading you on a tour of the maternity facilities.

Our 300-plus volunteers not only support patients and visitors, they help staff by giving them more time to carry out clinical work.

Judith Reed, voluntary services manager, says several new roles have been created

over the past year. Four volunteers have been recruited to the speech and language therapy department to act as 'conversation buddies' for outpatients. She explains: "The volunteers help patients practise vocal exercises regularly, which supports the treatment they receive in outpatients. So far feedback has been very positive."

Volunteers have also started working two mornings a week on the acute medical unit, greeting visitors, spending time with patients and supporting the ward clerk on this busy unit. The intensive care unit is also looking to recruit volunteers to greet visitors when the ward clerk is off duty.

The valuable contribution of volunteers is recognised through two annual events: the Trust's Recognising Success Awards for staff, which includes a 'volunteer of the year' award, and a thank you party hosted by City of Bristol College and attended by the lord mayor of Bristol and the chairman and chief executive of the Trust.

Diane Board, meet and greet volunteer

Diane volunteered in the emergency department for two years in the 1970s before becoming a dental nurse, then dental practice manager. When she retired last year, she decided she would love to continue working but in a different capacity.

"I love meeting and talking to people and wanted to do something that didn't involve IT so the meet and greet role suited me well."

Diane's main role at the BRI Welcome Centre is helping people find their way around and she often accompanies anxious patients and relatives to where they need to go. "I love it," she says. "And I hope to do more hours in the future when my three grandchildren start school and I have more time."

Volunteering opportunities are advertised on the Trust's website. For more information, visit <http://www.uhbristol.nhs.uk/work-for-us/volunteering/>.

The Trust's charities and other organisations it works with also provide volunteering opportunities at UH Bristol. For more information, visit: <http://www.uhbristol.nhs.uk/about-us/our-charities-and-fundraising/>.

In memory of Rita Jones

Staff at St Michael's Hospital have paid tribute to a popular volunteer who passed away in July.



Rita Jones, who worked at the hospital's shop from 1996 to 2013, became a volunteer after her husband died and she had retired. Sarah Windfeld, head of midwifery and nursing for women's and neonatal services, says: "Rita never missed a shift in the shop and was always happy and courteous to all her customers. She is sadly missed."

Helen Richards, Rita's daughter, says: "Mum really enjoyed working in the shop and meeting people. It got her out and about and she felt she was helping St Michael's Hospital."

Catherine Nanji, mealtime volunteer

Catherine Nanji became a volunteer when she retired from work. She had spent time caring for her parents and mother-in-law, who she helped at mealtimes while she was in hospital in Canada. Catherine noticed that the hospital was asking for mealtime volunteers and when she returned to England she spotted that the BRI had started a similar scheme, so she signed up.

Catherine has been a mealtime volunteer on the former ward 14

(now wards A602 and A604) for the past four years. She helps feed patients, or helps them to feed themselves – sometimes just giving them encouragement. She also helps to serve meals. "I find the role very rewarding. I always enjoy meeting patients and hearing their stories. Volunteering can be sociable and stimulating and it is a wonderful opportunity to make use of existing skills and develop new ones. It is great to feel you are being put to good use."



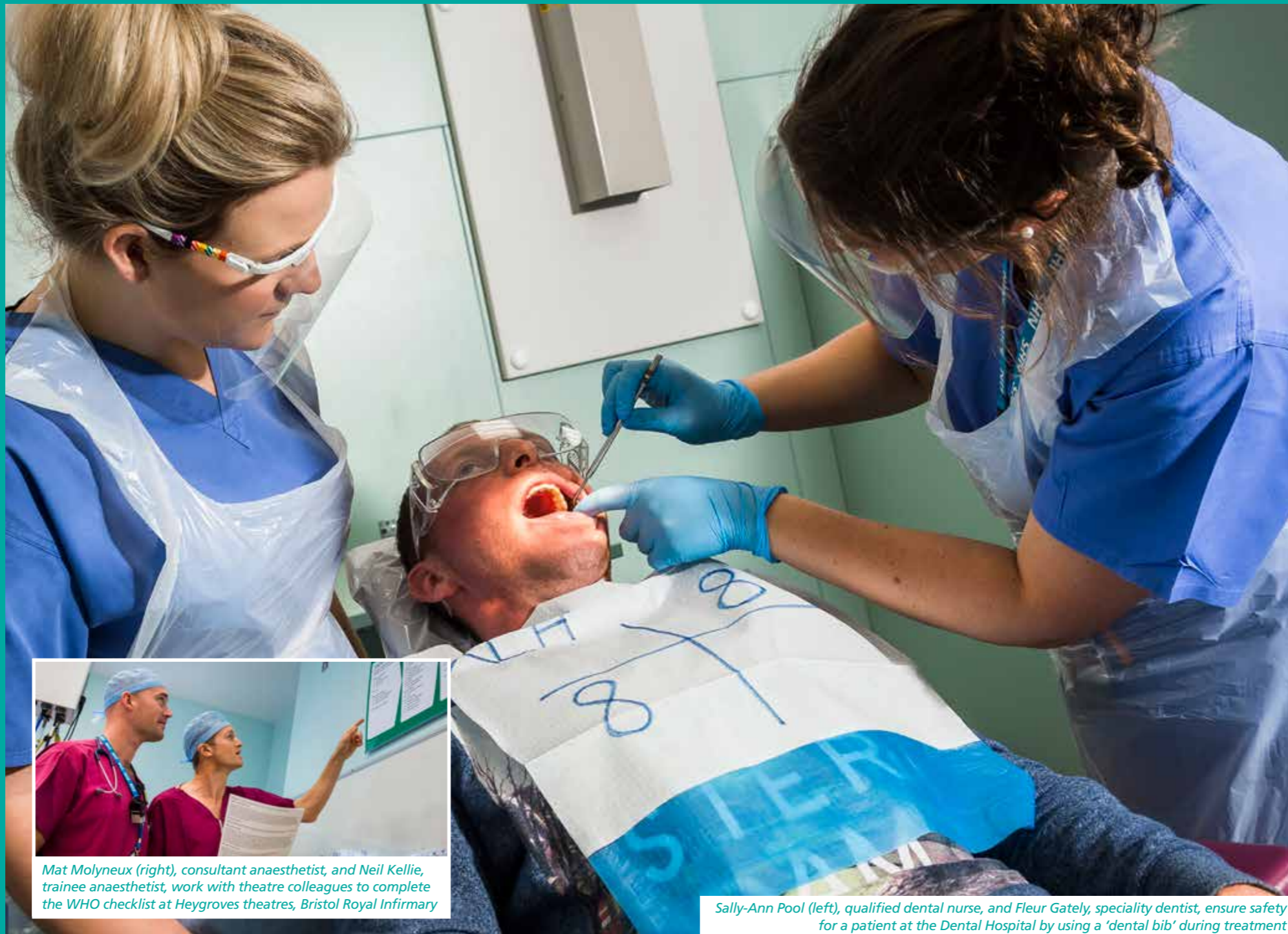
Ensuring safety for patients

UH Bristol has adopted Sign up to Safety, a national patient safety campaign that was launched last year and aims to make the NHS the safest healthcare system in the world. Marcella Pinto reports on what it means for the Trust.

NHS England is encouraging healthcare organisations across the country to join the three-year Sign up to Safety scheme – an ambitious programme that aims to save 6,000 lives by improving the safety of patient care. “We are always prioritising safety, and anything we can do to highlight our work around safety and our ambition to further improve safety is top of our agenda,” says Sean O’Kelly, UH Bristol medical director. “That’s why we’ve been eager to join this campaign.”

Sign up to Safety, launched at UH Bristol in July, is open to any healthcare organisation, big or small, and was initially announced in 2014 by the secretary of state for health Jeremy Hunt. There are five national pledges as part of the campaign. Under each pledge, participating organisations outline the details of how they will fulfil their commitments (see sidebar).

“What is unique about this campaign is that it is about people on the front line focusing on patient safety – we ask staff to make individual pledges (see sidebar) of their own so that it becomes an issue that’s personalised for them,” says Anne



Mat Molyneux (right), consultant anaesthetist, and Neil Kellie, trainee anaesthetist, work with theatre colleagues to complete the WHO checklist at Heygroves theatres, Bristol Royal Infirmary

Sally-Ann Pool (left), qualified dental nurse, and Fleur Gately, speciality dentist, ensure safety for a patient at the Dental Hospital by using a ‘dental bib’ during treatment

Reader head of quality (patient safety) and the lead for the programme. “The campaign is very much team owned; it includes staff assessing their own team’s safety culture. We will give each team feedback to enable it to decide which patient safety aspect it will develop. We want to help staff learn from when things don’t go to plan. Our ultimate aim is to ensure patients are receiving the safest care possible.”

Safety initiatives

As part of Sign up to Safety, UH Bristol is promoting the use of the World Health

Organization (WHO) surgical safety checklist. This international initiative was developed to minimise the number of avoidable errors and to enhance teamwork and communication. As part of the checklist, the theatre team confirms details such as the patient’s name, whether consent has been given, the procedure, the site to be operated on, and surgical equipment needed.

To promote safety, Dental Hospital staff are using a modified version of the WHO surgical safety checklist prior to tooth removal. As part of the checklist, staff

have introduced a visual check for the agreed treatment by charting any teeth for removal on the patient’s ‘dental bib’. The bib acts as a visual aid for staff, ensuring that the correct teeth that require extraction are removed. Clinicians are able to refer to the chart on the bib throughout the appointment and this helps to ensure that the correct treatment is carried out.

As part of Sign up to Safety, the pharmacy department is leading a medicine safety project. This involves supporting UH Bristol staff to work collaboratively with

ambulance staff during the transfer of patients to obtain a thorough list of medications being taken by each individual. An electronic list of the medications is made available to all other wards and departments, helping ensure that critical medications are not omitted. Upon discharge, the list is added to the patient’s discharge summary which is sent to their GP.

For more details on the Sign up to Safety campaign, please visit <http://www.england.nhs.uk/signuptosafety/>.

Examples of UH Bristol’s pledges

Putting safety first

We are improving our executive walk rounds, where executives tour the hospitals giving staff the opportunity to raise any concerns about quality of care and safety.

Continually learning

We are strengthening our systems for sharing organisation-wide learning and we are continuing to encourage staff to report incidents.

Honesty

We are reviewing the way we work with patients and families when things go wrong and we will ensure that families have a clear point of contact at the Trust.

Collaboration

We will work with other local hospitals and community services to make things safer for patients when their care is transferred between healthcare providers.

Providing support

We will develop our culture where staff, patients and families feel able to raise concerns around safety and we will ensure adequate support is provided to staff if something goes wrong.

And some examples of individual pledges:

- I will ensure patients and relatives know who is supporting them if their nurse has to undertake a task elsewhere.
- As a ward sister, I will encourage my staff to be a safety champion like me.
- I will continue to ask questions about how we can provide high quality treatment and care.
- I will engage with ward teams to promote Sign up to Safety.
- I will always endeavour to listen to patients’ concerns, even when I am very busy.

Each donation small or big helps Above & Beyond to keep funding the projects that make a real difference to patients in our city.

Flying high for the Bristol Royal Infirmary

This was Above & Beyond's final year as the official charity partner for the Bristol International Balloon Fiesta. We were joined throughout the four days by over 160 volunteers, many of whom were hospital staff. With balloons, buckets and smiles they set out to help us raise the £20,000 needed to fund a family room in the Bristol Royal Infirmary (BRI) intensive care unit (ICU). The room means that the families of patients being treated can stay close to their loved ones. Thanks to our amazing volunteers and everyone who supported us and made a donation, we raised an incredible £16,135.

If you would like to help us reach our target of £20,000 by making a donation, you can pop into our office at the BRI Welcome Centre (next to WHSmith).



Lido midsummer swim for Bristol children's hospital

Freddy (left), Margot and Prof Ramanan

Lido Bristol has chosen Above & Beyond as its charity of the year to help raise money for Bristol Royal Hospital for Children. Its midsummer overnight charity swim saw participants swim through the night to raise funds to improve care for children with arthritis.

One in 1,000 children in the UK is affected by childhood arthritis. Margot aged eight, daughter of head chef at Lido Bristol Freddy Bird, was diagnosed at a young age and has been treated

by the rheumatology service headed by Professor Athimalaipet Ramanan. His team is at the forefront of work in Bristol and nationally to develop new therapies and treatments for young children.

A team of 46 took part in the overnight swim including Prof Ramanan and his colleagues. Margot's dad Freddy also cooked through the night for the Lido midsummer feast to help raise funds. Over £16,000 was raised on the night. Thank you to all who participated.



Going for gold

Thanks to the generosity of the people and businesses of Bristol, our Golden Gift Appeal has raised £5 million of its £6 million target and is already making a difference to patients and their families at the BRI and Bristol Haematology and Oncology Centre. Now we urgently need to raise the last £1 million to help fund:

- **mobile scanning and X ray machines** that will enable a speedier diagnosis 24 hours a day, seven days a week. This will mean patients can be treated faster and go home to their families even quicker
- **a world-class monitoring system** for ICU, which will mean critically ill patients can be monitored at all times and the team can react quickly to any changes in their condition
- **individual rooms** offering greater privacy and dignity for patients who need care at the end of their lives and a place for families to say their goodbyes. For younger patients with life-limiting cystic fibrosis who spend much of their time in hospital, the rooms will provide space for vital physiotherapy equipment and for loved ones to stay
- **a sanctuary** for people of all faiths and none, providing a space for contemplation and prayer.

Every penny donated to our Golden Gift Appeal will benefit patients and their families in Bristol and across the South West.

For more information visit www.goldengiftappeal.org.uk.



Christmas Star Concert



Make a date in your diary to join us for a magical night of traditional carols and music in the spectacular surroundings of Bristol Cathedral. Our Christmas Star Concert is a popular date in the festive calendar on 17 December. Tickets are available from November. For more information, please call 0117 927 7120 or visit www.aboveandbeyond.org.uk.

Shake your tail feathers



Bring a carnival atmosphere to your Christmas party this year with a colourful night of dodgems, fire-eaters and the Copacabana Bar. Book your table at Hype's Carnival Christmas Party on Tuesday 8 December at the Passenger Shed, Temple Meads, Bristol. Tickets cost £40 plus VAT with £5 from every ticket sold being donated to Above & Beyond. To book, call Hype Agency on 0117 971 0320 or email info@hypeagency.co.uk.

Leaving our care

A new programme aimed at enhancing the way we discharge patients has been launched at UH Bristol. The scheme involves even greater collaboration with the Trust's partners in the community and has the potential to help patients return home more quickly. Barry McCarthy investigates.

Alice Kershaw with a patient in the older person's assessment unit

Board round: Members of ward A400's multi-disciplinary team



The country's ageing population has placed a huge strain on NHS services. While this is a success story in many respects having arisen from increased life expectancy, there are now more than three million people aged over 80, and by 2030 this figure is expected to almost double. One of the ways in which UH Bristol is hoping to deal with larger numbers of older people needing care and treatment is by transforming how we discharge patients, so that the time older people spend in hospital is kept to a minimum which is what the vast majority tell us they want.

A new programme, discharge to assess, was launched in August and is aimed at supporting patients to leave hospital within 24 hours of being deemed ready for discharge. Any further rehabilitation and assessment of needs will take place in the community rather than in an acute hospital bed. The programme's coordinators believe the scheme will free up beds sooner, enabling the hospital to admit more patients and manage the demand for services more efficiently.

The programme involves close collaboration with Bristol City Council's hospital social work team, which arranges care home placements and packages of care for patients in their homes. Bristol Community Health, a not-for-profit social enterprise delivering NHS services, provides rehabilitation in patients' homes, in a care home setting or rehabilitation centre. The voluntary sector also plays a vital role – volunteers from Royal Voluntary Service can support patients to return home by helping them with everyday tasks such as food shopping.

"Discharge to assess will help ensure patients don't become reliant on hospital care," says Theresa Allain, consultant

Discharge process: view from a ward

"As soon as a patient arrives, we start discussing their discharge," explains Alice Kershaw, ward sister for A400, the older person's assessment unit (OPAU). "We have three board rounds a day when we discuss each patient's status, including their clinical condition, discharge plans and their needs. The board rounds are attended by our multi-disciplinary team including a consultant, junior doctors, ward sister, staff nurses, physiotherapists, occupational therapists, discharge liaison nurses, a social worker and healthcare professionals from Bristol Community Health. Actions are set and everybody

knows what they have to do to achieve the best outcomes for patients – we are all pulling in the same direction."

OPAU, based in the new BRI ward block, was created in 2013. The 30 bed facility accepts patients aged 65 and over and provides specialist, coordinated care.

"By working effectively as a multi-disciplinary team, we provide prompt assessments and treatment for patients, leading to their transfer to a specialist ward or discharge home in about half of cases."

physician for care of the elderly and consultant lead for the discharge to assess programme. "Being in hospital erodes people's independence. It depersonalises patients because they can't engage in the same activities or wear the same types of clothes as they would at home – they can't express their individuality. Inpatients are also at risk of hospital-acquired infections and long hospital stays that, particularly for older people, can result in reduced mobility and loss of strength. This can make a patient's return home much harder."

As part of the programme, three new discharge pathways have been created. Pathway one provides a package of care or rehabilitation in the person's home if they are assessed as being safe at home; pathway two is for patients whose are assessed as needing inpatient rehabilitation; and pathway three is for patients with complex needs who require an interim care home placement to enable further social work assessments in order to plan long-term care. As part

of the new internal ward processes to improve discharge, work is underway to ensure staff are using ward board rounds effectively to enhance discharge (see box for more details on board rounds).

The creation of the integrated discharge hub in January helped pave the way for discharge to assess. Based in the new Bristol Royal Infirmary (BRI) ward block, the hub is an innovative new way of working where, for the first time, staff focused on discharge are now based in the same office, which has enhanced communication and collaboration. These professionals include employees at the Trust and staff from our partner organisations including colleagues from social care.

"Discharge to assess is an ambitious scheme with its own challenges – it is reliant on there being enough capacity in the community," adds Theresa. "We and our partners are working hard to make it a success. The programme has a lot of potential."



Candice Tyers

Outpatients manager

How long have you been in your current post?

This is a new role and I have been in post for two months.

What job positions have you held previously?

I joined UH Bristol in 2010 and previously I was performance and operations manager at the Bristol Eye Hospital and the Dental Hospital, and assistant general manager at the Dental Hospital.

What does your role involve?

We have a vast outpatients service at UH Bristol, with a dedicated team of front line staff providing an excellent service for our patients. My role has been created to facilitate a coordinated approach to our outpatient services. This involves ensuring that we are meeting quality objectives and performance targets. I am working in partnership with staff across the clinical divisions.

What do you enjoy about your job?

I really enjoy meeting outpatient staff and patients in person. I also enjoy working on improvements to services with outpatient teams and patients, sharing good practice Trust-wide and improving current processes.

What's being done to enhance outpatient services?

My role was created in an effort to improve our outpatient services. We have formed an outpatients steering group, giving particular focus to the patient experience in outpatient services. The group consists of senior staff from divisional management, human resources, and the Trust patient experience lead. This steering group has identified a programme of work that will improve standards across all our outpatient areas. We have also set up a patient letters steering group to review and improve our letters to patients.

What professional skill has benefited you most throughout your career?

I would say team working. As NHS staff, we are managing improvements and changes to services on a daily basis. I believe that working effectively with teams on programmes of work ensures that we make improvements that enhance patient experience at our Trust.

What has been your most embarrassing moment?

I once fell over in the snow while on delivery in my former job as a postal worker. I fell sideways while making the

deliveries on my bicycle. I was wearing so many items of clothes I couldn't get up. I had to lie in the snow for 15 minutes until someone arrived and set me, my bike and delivery pouches upright!

What's one thing that most people don't know about you?

I like to attend and get involved in archaeological digs with my son, aged nine. He's a history buff and he showed an interest in archaeology so I looked online and found a company that does educational archaeological digs. We mainly do digs at a Roman site in Gloucestershire. The most interesting thing I've found was a piece of tile from a Roman house.

Name your favourite book

This is difficult, as I am an avid reader, reading three or four books a week. I don't really have any particular favourites as I enjoy most genres, but I'm quite taken with the author Nick Pirog at the moment as his subject matter is so unusual. I've just finished his book 3:34 AM. The main character is only awake for one hour a day due to what he thinks is a rare medical condition. It's a thriller about his mystery solving in relation to events in his life and around him while he's awake for that hour.

Diagnosing sexually transmitted infections

Waiting to hear the results of sexual health tests can be an anxious time. But new developments in screening methods mean that patients may be able to get their results far quicker, as Simon Davies reports.

The team at Bristol Sexual Health Centre, based at the Central Health Clinic, does everything it can to ease the fears of the 30,000 or so people who walk through its doors every year. The services are confidential, no referral is needed, and the staff are friendly, knowledgeable and helpful.

One of the key tasks undertaken by staff is to perform microscopy on genital specimens taken from patients, allowing them to diagnose sexually transmitted infections (STIs) on the day. Microscopy can detect STIs such as

gonorrhoea and trichomoniasis, as well as non-sexually transmitted infections including bacterial vaginosis and candida. However, despite being quick, this method of diagnosis is not 100 per cent accurate and not all cases of infections are detected. Chlamydia – the most common STI in the UK – and HIV cannot be identified under a microscope and specimens must be sent to a laboratory. It can then take one to three weeks for the patient to receive the results.

New advances in screening methods, however, mean that patients could get accurate results far quicker. "We are in negotiations with Public Health England to procure small diagnostic devices that are similar to pregnancy tests and will enable us to diagnose HIV accurately within 20 minutes," says Michael Clarke, senior sexual health advisor. "A blood sample from the patient is mixed with fluid and is placed on the device which produces the result soon afterwards. We are also in negotiations to procure a state-of-the-art diagnostic machine, which will enable us to diagnose chlamydia and gonorrhoea within an hour.

"These new pieces of technology will transform care and enable us to treat a

larger number of people more quickly. They will also allow us to treat people's partners more quickly, preventing infection from spreading and helping us fulfil our public health remit."

The centre has already taken part in evaluations for the new screening methods. Susanna Hall, speciality trainee in sexual and reproductive healthcare, says: "One outcome from the evaluation feedback is that patients really like this approach. The introduction of this technology will represent a big step forwards for the centre."

Your sexual health

Consider having a sexual health test if:

- you've started having sex with a new partner
- you notice any symptoms you're concerned about
- you are a sexually active man who has sex with other men – a check-up every three months is recommended
- you've had sex you're concerned about.

To find out more about the centre and its services, call 0117 3426944 or visit <http://bit.ly/1gJJOz7>



Members of staff at Bristol Sexual Health Centre

Relieving the symptoms of lung disease

With over 10,000 people in Bristol living with chronic obstructive pulmonary disease, clinicians at Bristol Royal Infirmary respiratory department are doing all they can to diversify their techniques to manage the disease. Hannah Allen reports on a new clinical trial which has the potential to improve patients' quality of life.

The Bristol Royal Infirmary (BRI) is one of five centres in Europe that have been selected to take part in a new clinical trial for patients with chronic obstructive pulmonary disease (COPD). The LIBERATE trial, which started in September, is the largest and the longest study of its kind in the world.

COPD is the name for a collection of lung diseases which includes emphysema. COPD is caused by cigarette smoking which results in a narrowing of the airways and lung tissue damage. It causes breathlessness, coughing, the build-up of sputum and can affect several parts of the body.

The LIBERATE trial will investigate whether a procedure to insert endobronchial valves into parts of the lung damaged by COPD could reduce symptoms and improve lung function for patients. The valves work by blocking air flow to an affected area of the lung, allowing healthy regions to expand and function more efficiently.

Nabil Jarad, consultant physician at the BRI, who is leading the trial, says: "UH Bristol has been selected to take part in the LIBERATE trial by the US Food and Drug Administration, which is hoping to make the procedure more widespread in the US. We were chosen to participate because of the strength of our multi-disciplinary team, which includes Tim Batchelor, consultant thoracic surgeon, who has played a key role in setting up the trial. Another reason for our selection

is our successful track record in implanting endobronchial valves.

"The trial will be open to patients across the South West who fulfil the selection criteria. The trial will be randomised, which means that most patients will get the valves immediately while others will have them a year later after receiving clinical support and close monitoring of their condition. This will allow us to compare data of both patient groups to see whether the valves improve lung function and quality of life and for how long."

More than 40 patients have been successfully treated with endobronchial valves at the BRI since 2013. On average, three to five valves are implanted during a procedure and they will stay there for the rest of the patient's life.

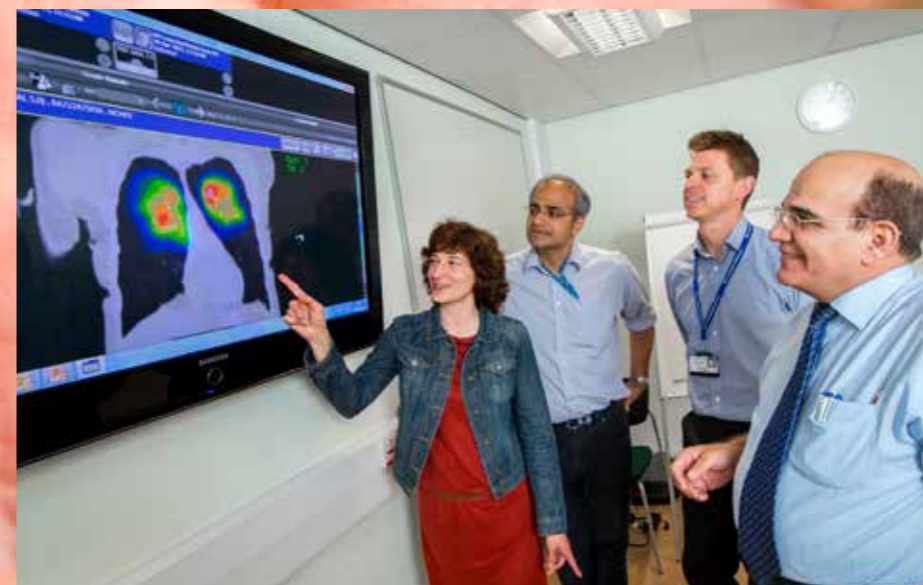
Dr Jarad adds: "The procedure is minimally invasive and is done through a bronchoscope. Therefore the patient does not need to have incisions. Without such a strong multi-disciplinary team at the Trust, this work would not have been possible.

"The use of the valves is part of a wider COPD and breathlessness management strategy run within the department. It requires that patients take their inhalers, stop smoking and undergo our pulmonary

Main picture: Endobronchial valves block air flow to damaged areas of the lung, allowing healthy regions to expand and function more efficiently

rehabilitation programme. The emphysema team, which consists of respiratory physicians, thoracic surgeons and thoracic radiologists, meets periodically to look at radiological and physiological criteria on a patient-by-patient basis and selects patients who would benefit from the endobronchial valve procedure. We have a highly capable team that will run the trial and we are very excited to be part of this research."

For more details on the trial, call 0117 3422620, email Nabil Jarad at Nabil.Jarad@uhbristol.nhs.uk or visit <https://pulmonx.com/us/liberate-endobronchial-valve-study/>.



Members of the emphysema multi-disciplinary team: (l-r) Lara-Maria Sequeiros, radiology consultant; Rakesh Krishnadas, consultant thoracic surgeon; Tim Batchelor, consultant thoracic surgeon; Nabil Jarad, consultant physician

Patient case study Pat Hayes



Pat Hayes, aged 63, was first admitted to the BRI 10 years ago with suspected asthma attacks. Having smoked in her younger years and worked in an industry with asbestos, Pat was concerned for her health and had become increasingly short of breath, struggling to even hold a conversation. After close monitoring of her symptoms, Pat was diagnosed with emphysema.

Pat says: "I couldn't climb the stairs anymore and my friends joked that they could hear me wheezing before they saw me."

Under the guidance of Dr Jarad and Mr Batchelor, Pat had two valves fitted in her lungs at the BRI in 2013, followed by a short stay in hospital to recover and regular check-ups.

"Since the valves were fitted, I feel like a new woman. The care I received was second to none and I can honestly say I don't think I'd be here today without the procedure. Although I will continue to live with emphysema, I can now hold a conversation, enjoy spending time with my eight grandchildren and I feel my health has improved dramatically. I advise anyone who has similar health problems or is short of breath to get checked out by their GP. This procedure far exceeded my expectations and has greatly improved my life."



Transporting critically ill children

A new transport service for children needing intensive care will provide enhanced treatment. Simon Davies finds out more.

When a critically ill child requires specialist intensive care, and the hospital they are at does not have the facilities to provide it, the task of bringing them to a suitably equipped unit falls to a paediatric retrieval service like the new one hosted by UH Bristol.

Launched in September, the new combined service called WATCH – Wales and West Acute Transport for Children – retrieves young people who are critically ill or injured from 22 district general hospitals stretching from Abersytwyth in the west of Wales to Swindon in Wiltshire, and from as far north as Gloucester to Truro in Cornwall. It is based at Bristol Ambulance Emergency Medical Services in St Philips.

The service is a collaboration between the paediatric transport teams from BRHC and Noah's Ark Children's Hospital for Wales (CHfW) in Cardiff.

Claire Perrett, lead nurse for the service, says: "BRHC has had its own transport service for some time, as has CHfW. Now, with the agreement of the joint commissioners, we are coming together as one team.

"We plan to be able to offer an even better service for children who are in urgent need of intensive care. Regional transport teams allow concentration of expertise and often serve as a single point of contact for immediate advice, providing information on an appropriate intensive care bed and access to a specialist team.

"WATCH is staffed 24 hours a day, seven days a week, by a specialist paediatric intensive care consultant, registrar, advanced transport nurse practitioners and transport nurses. We offer advice and transfer critically ill children to the appropriate paediatric intensive care unit."

WATCH is planning to collaborate with the Children's Air Ambulance, which is based in Coventry and flies critically ill children across the UK to the specialist care they need. WATCH has been supported by the BRHC charity The Grand Appeal, which has donated £35,000 to fund a specialist helicopter stretcher.

Paediatric intensivist Will Marriage, the team's lead doctor, says: "This will bring services for critically ill children in South West England and South Wales into line with national standards, and allow the service to reach babies and children in need of our care quickly and safely.

"Delivering high quality intensive care in the back of a moving vehicle requires a huge amount of training, expertise and dedication. The establishment of the jointly commissioned service will enable us to concentrate on ensuring all our staff are trained to the highest standards and that the team is always immediately available. It is key that wherever families live in South West England and South Wales, they have access to the very best care without delay."