

Voices

The magazine for the UH Bristol community



p8-9

**Enhancing
the patient
experience**



Welcome to the first edition of Voices for 2014.

This is not only the first magazine of the year, it is also the first time we are sharing Voices with the wider community – with GP surgeries, libraries and local businesses receiving copies alongside our more than 11,000 Foundation

Trust members. We are doing this to share information about our work within the eight hospitals that make up University Hospitals Bristol NHS Foundation Trust with the wider community. We will be sending out three editions of the magazine a year with the next due in May/June and the following in September/October. We hope you enjoy reading about the work of staff who support the care of patients here at UH Bristol.

This edition focuses on the patient experience – you should find a leaflet inside the magazine explaining more about what we mean by this and why it is important. On pages 8-9 we explore how we understand and measure patient experience in practice and some of the improvements which are already being made as a result. On pages 10-11, we find out about the work of matron William Booth based at the children's hospital, who won the patient experience champion award at our annual staff awards ceremony at the end of last year. And we share with you insights into the work of our head and neck cancer surgeons, our fracture liaison clinic, and the importance of patients' involvement in research.



2014 is a significant year for this Trust as we see the longstanding plans to redevelop our hospitals come to fruition. The new Welcome Centre at the entrance to the Bristol Royal Infirmary is the first of the visible changes you will see taking place over the coming months, with the new extension to the Bristol Haematology and Oncology Centre opening in March and the new helipad in use from mid-March when training flights begin. You can read more about these changes and the progress of our redevelopment programme on pages 14-16.

If you would like to let us know your thoughts about the magazine, then we would be delighted to hear from you. Please call 0117 342 3603 or email communications@uhbristol.nhs.uk. Thank you.

Kona

Fiona Reid
Head of communications

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Think ABC before A&E says NHS

This winter the NHS launched a campaign to help people in Bristol, North Somerset and South Gloucestershire choose the right health service when they are feeling unwell or are injured – allowing busy services like A&E to treat people who need them most.

Across the country, approximately 47% of people attending an A&E department could have received the same service via their GP, by telephoning NHS 111 or by calling in at an NHS walk-in centre, minor injuries unit or urgent care centre.



So Think ABC before A&E:

- A** Anytime free medical advice from NHS 111
- B** Book an appointment with your GP surgery
- C** Call in at your local minor injuries unit or Walk-in Centre

To find out your best options for treatment either call 111 or your GP, or visit www.thinkabc.org.uk

New chief nurse for UH Bristol

Carolyn Mills joined UH Bristol as chief nurse in early January. Carolyn is an experienced nurse director and was director of nursing at North Devon Health Care Trust. She brings to the Trust a commitment to improving patient care, a passion to continue the development of nursing, midwifery and other professions allied to health across the Trust, and a wealth of experience in developing and working within an integrated care system.



In brief

Norovirus – stop the spread

We are reminding visitors who have relatives or friends in hospital to avoid visiting our hospitals if they have had symptoms of diarrhoea and vomiting in the previous 48 hours. The winter vomiting bug norovirus is frequently brought into hospitals by visitors or patients and is easily spread by contact with people suffering diarrhoea and vomiting.

“If the virus spreads within our hospitals, we are forced to close bays, wards and units,” says Richard Brindle, director of infection, prevention and control.

“In addition to limiting the number of patients we can care for, suffering from norovirus is an unpleasant experience. Please help us stop the spread of norovirus so that we can continue to provide our patients with the best possible care.”

Thinking about losing weight this year?

The Specialist Weight Management Service, run by UH Bristol, is offering consultations and regular review appointments with dieticians who will help people make lasting improvements to their diet and physical activity levels.

The service is free and is open to anyone who is registered with a Bristol GP and believes they have a significant weight problem.

For more information call 0117 959 8921 or email aswms@uhbristol.nhs.uk

Hypo boxes launched



Jane Cook, Kathryn Hartley and Evangeline Gallardo pictured with a hypo box

It's a startling fact that around 20% of UH Bristol's inpatients have diabetes. The National Diabetes Inpatient Audit reveals that a quarter of these patients will have one or more episodes of hypoglycaemia (capillary blood glucose reading of less than 4mmol/mol) during their inpatient stay and it is crucial for the safety of our patients and the

quality of their care that these episodes are treated promptly and effectively. At the end of last year UH Bristol began a Trust-wide launch of bright orange 'hypo boxes' to assist with timely and appropriate treatment of hypoglycaemic episodes. The boxes contain oral treatments, an A5 laminated guideline and a record book.

Dementia nurse wins national award



BBC Breakfast Presenter Bill Turnbull, Natalie Godfrey, and Rachel Thompson, Dementia Project Lead Royal College of Nursing

Natalie Godfrey, lead dementia nurse, was awarded 'Best Dementia Nurse Specialist/Dementia Lead 2013' at the fourth National Dementia Care Awards at the end of last year. The awards acknowledge and reward those who have excelled in their work with people

with dementia. "I feel very privileged to have a role that enables me to work with so many enthusiastic committed people, inside and outside the Trust, to improve the care and support we provide to people with dementia and their families and carers," says Natalie.

Raising funds for the Bristol Royal Hospital for Children since 1995



Since 1995, Wallace & Gromit's Grand Appeal has raised over £25 million to help transform facilities at the Bristol Royal Hospital for Children, providing life-saving, pioneering medical equipment; patient comforts and a range of arts, music, education and play facilities. We also provide accommodation for 12 families in our Cots for Tots House – a home-from-home family unit alongside the Special Care Baby Unit at St Michael's Hospital.

We are now funding new facilities to support the expansion of the hospital, which includes a pioneering cardiac hybrid theatre, an integrated cancer unit, a state-of-the-art intraoperative MRI Scanner and a major new arts programme.

There are so many ways that you can help support The Grand Appeal. From taking to the skies in our May and August skydives, to getting fit and raising funds at the Bristol 10k in May, or becoming one of our 'Guardian Angels' with a regular donation to us, your support is vital to helping sick children and babies at the hospital.

Come and see us at our fundraising office opposite the children's hospital or visit www.grandappeal.org.uk for more information on our events and how you can get involved.

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This edition we meet...

Ruth Alford

theatre clinical manager at South Bristol Community Hospital

How long have you worked for this Trust?

I came to work at the Trust in August 2009. I previously worked as a theatre nurse in Yeovil Hospital for six years and thought it was about time I ventured into the big city to broaden my horizon and get some complex experience. I have not been disappointed as every day brings different challenges and new learning experiences. University Hospitals Bristol has provided me with excellent learning opportunities and experiences which have developed me into the manager I am today.

What is your role?

My current role is theatre clinical manager at South Bristol Community Hospital. This involves managing a team of thirty staff undertaking day surgery and endoscopy cases. We also provide high quality colposcopy services, all in state-of-the-art facilities.

What is a typical working day?

A typical working day involves making sure all patients are on the correct pathway for a safe experience and identifying any problems early which can be resolved or changed resulting in minimal interruptions for patients. Staff are my next priority ensuring they are all clear about what tasks they are undertaking and troubleshooting any issues they may have impacting upon their working day. A happy workforce is a productive one and this is the way I manage the team ensuring I listen to their feedback, ideas and any problems they may have. Some days involve me undertaking clinical duties and when I am not doing this I am attending a variety of meetings, undertaking appraisals, managing the budget, managing sickness and managing other issues which revolve around the continually changing theatre environment.

What drives you?

I am driven by challenges and trouble shooting and the best way to achieve this is to utilise all of the staff within the team. I get great satisfaction from seeing the staff learn and develop within their roles and develop processes which work



for the department making it smooth flowing and efficient for the patients. When a patient completes the feedback card or gives us positive verbal comments on their experience this makes us feel empowered, however when things do not always go to plan it is a challenge to unpick the situation, reflect and put processes in place to reduce the possibility of a reoccurrence. It is always important to listen to what patients tell you and reflect on how you can improve your department.

What is your proudest moment?

One of my proudest moments was the open day at South Bristol Community Hospital last year when we invited the public into the theatres and got all the local children scrubbed up and ready for action in theatres. Nearly all of my staff volunteered to come in and help run the day. This made me feel very proud to work with such a dedicated team who want to share their knowledge and give up their valuable time for the unit. There is a real community feel to the hospital

and we are all proud to be part of this at South Bristol.

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

I am a very keen DIY enthusiast and enjoy spending my spare time undertaking projects inside and outside of the house. You name it and I will have a go at it. I have all of my own tools and pride myself on getting the job done to the best standard possible. I am also a keen supporter of Manchester United and make several journeys a year to old Trafford to support them.

If you could have dinner with someone famous, who would it be and why?

It would have to be Sir Alex Ferguson. I would like to understand some of his tactics and learn how he managed to maintain a continually changing team at such a high performing standard. I am also a follower of horse racing and having seen him at the races a few times I was hoping he may pass on some tips!

Governors speak to Trust staff at an open meeting in January on enhancing the quality of services at UH Bristol



Making a difference

Governors at UH Bristol play a key part in ensuring the hospital is effectively governed. They describe their role as rewarding and enjoyable. But what exactly do governors do?

Governor roles in an organisation like UH Bristol are diverse and interesting. Helping oversee an organisation made up of eight hospitals, with an income of more than £520 million, around 8000 staff and hundreds of thousands of patients means there is never a dull moment. At the Trust, governors play a key role in holding to account and advising an organisation that transforms people's health and wellbeing and is at the forefront of innovation, research, education and training.

Governors can become involved in financial and strategic matters, commenting on everything from quality of care on the wards to extensive building redevelopment projects. The responsibilities of governors include:

- Holding the non-executive directors to account for the performance of the board

- Providing views to the board of directors on the strategic direction of the Trust
- Developing and recruiting a representative membership
- Representing the interests of members
- Supporting the vision, aims and values of the Trust.

At UH Bristol, there are 37 governors, most of whom can serve for a maximum of nine years with re-election every three years. These governors are elected from constituencies in Bristol, North Somerset and South Gloucestershire and represent patient, public, carer, Trust staff and tertiary members. The 37 also includes appointed governors from community groups and other organisations.

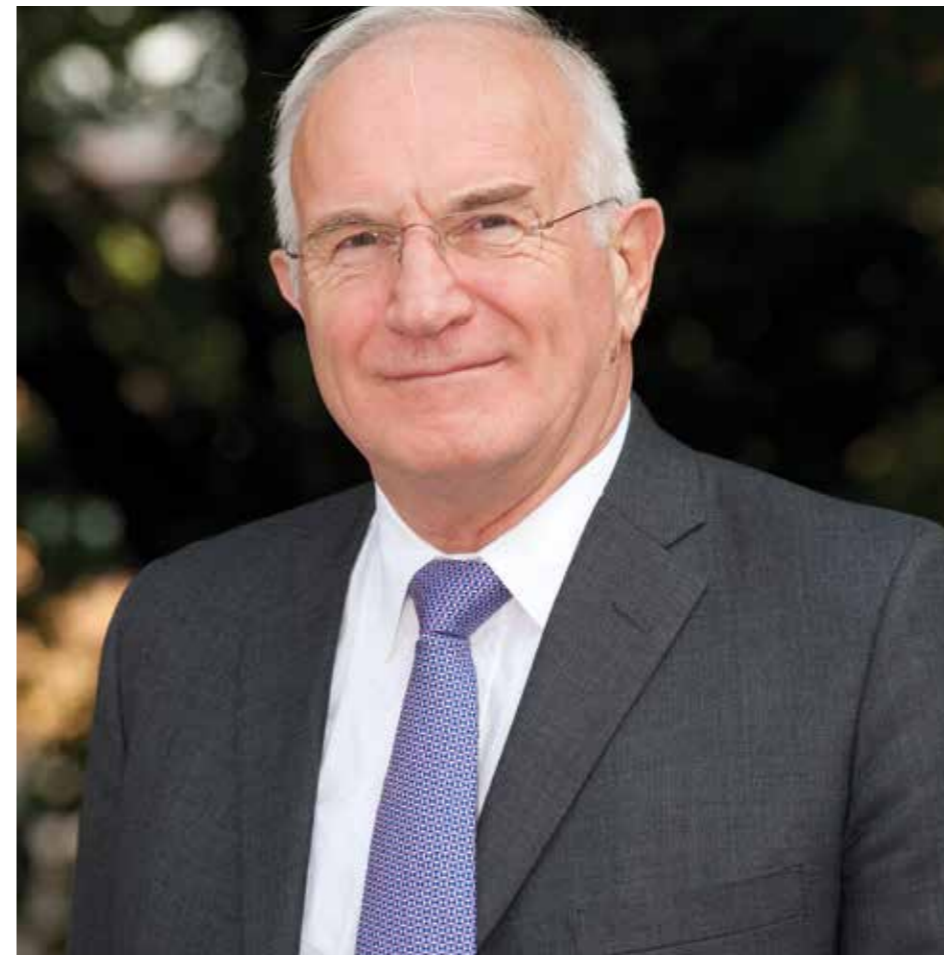
One governor who is in his fourth year at the Trust says: "As a governor, you are helping provide a vital public service. It's a huge challenge working in an organisation of this complexity but it's enormously satisfying. By becoming a

governor at UH Bristol you play a role in a Trust that truly makes a difference."

What makes a good governor? "You must be committed to the role," the governor explains. "You must not be afraid to stand up for what you believe in while at the same time providing a balanced judgement. You must have a critical mind that questions things and want to improve health care for all."

The next elections for governors at the Trust will take place in May.

People can nominate themselves for various governor positions in March. For more information on the elections, eligibility criteria to run for governor and details on upcoming events please visit: www.uhbristol.nhs.uk/about-us/membership/elections



FROM THE CHAIRMAN

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Welcome to this January/February edition of Voices

The NHS matters to us all, whether we work in the service, use its services or want to shape its future development. At UH Bristol we are keen to continue learning and developing our work so that we provide the high quality care that our patients deserve. Key to this is listening to our service users. The well-publicised care failings at the Mid Staffordshire NHS Foundation Trust in recent times has showed what can go wrong when patient views are not prioritised.

We have more than 8000 talented, hardworking staff at UH Bristol. For so many of our employees, working for the NHS is not just a job but a vocation. They make a tremendous effort every day to put patients first. Providing a high quality clinical service is essential but what is just as important is the non-clinical side of the patient's experience. This refers to respecting patients, treating them with dignity, and providing a welcoming and clean hospital environment.

This year will be particularly important for the Trust as the new facilities that

we have spent many years planning come into use or near completion. The Welcome Centre at the Bristol Royal Infirmary opened just before Christmas and provides a bright and airy welcome to our campus that better reflects the high quality care we provide. The redevelopment of the BRI includes the construction of a new ward block, which will house new wards and an expanded intensive care unit. It will open in phases from the summer into 2015.

In April specialist children's services will move from Frenchay Hospital to the extended children's hospital, enabling the delivery of all specialist children's services in Bristol from the same site, making the children's hospital one of the largest children's hospitals in England. Similarly, this year, a new bone marrow transplant, haematology and apheresis unit, a unit for teenagers and young adults with cancer, and two new radiotherapy bunkers will come into use at the Bristol Haematology and Oncology Centre.

As chairman of the board of governors, one of the key aspects of my role is to focus on ensuring the improvements we make are felt throughout the Trust and enhance care for as many patients as possible. Our governors play an important role in the Trust, helping to contribute to the development of our services. The next elections for staff and public governors at the Trust take place in May. Being a governor is immensely enjoyable and rewarding and I urge people to nominate themselves for this important role. Our foundation trust members also help shape our future plans, working with us to address issues raised by patients and gain a better understanding of the services we provide.

John Savage, chairman

Enhancing the patient experience

Our patients expect the highest quality of care while they are being treated in our hospitals and achieving this drives the work that we do. We measure this 'patient experience' in a number of different ways, using feedback to continually assess and improve the quality of our service; but what does this mean in practice?

"I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward." This was the quote from a parent that sparked the creation of the 15 step challenge; an initiative recently adopted by UH Bristol to help improve the patient experience. The challenge involves volunteers recruited from within and outside the Trust to explore issues such as the quality of the physical environment, cleanliness, how staff interact with one another and whether patients feel welcome when

they first enter a ward. The feedback is used to better understand a patient's first impression of our hospitals to provide a better experience for them.

The challenge is one of the latest measures in the Trust's comprehensive feedback programme to capture people's views on their experience in our hospitals. Feedback is used to review our services to ensure we continually provide the level of care our patients expect. The well-publicised care failings

at Mid Staffordshire NHS Foundation Trust showed just how important it is to listen to patients and act on the issues they raise.

Other methods used by the Trust to collate feedback include the Friends and Family Test, a short survey which asks patients whether they would recommend the care they've received in our hospitals and in-patient face to face interviews where patients talk about their experiences of being on a ward

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Patient experience has a high profile in this Trust. It's about listening to what patients tell us and using that insight to improve what we do.

Tony Watkin, patient experience lead at UH Bristol

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Above: Salena Williams, senior nurse in liaison psychiatry at Bristol Royal Infirmary
Main: Kay, a volunteer, gathers feedback from a patient in the BRI's discharge lounge

with a volunteer interviewer. Patients are also invited to complete surveys that are posted to them and can leave feedback on comment cards in wards and clinics.

"Patient experience has a high profile in this Trust," says Tony Watkin, patient experience lead (engagement and involvement) at UH Bristol. "It's about listening to what patients tell us and using that insight to improve what we do."

From a clinical perspective work is ongoing in a number of different areas of the hospitals focusing on various patient groups and involving them in service improvement plans. Salena Williams, senior nurse in liaison psychiatry at Bristol Royal Infirmary, is leading a project which aims to improve patient experience in emergency department care for those who self-harm by improving communication between patients and staff as well as enhancing knowledge about the condition. As part of the project, feedback was collated from staff in Bristol Royal

Infirmary's emergency department and from patients who self-harm. This culminated in a successful conference in October where staff and patients got together to discuss new ways to improve the patient experience for those who self-harm.

"It was amazing to get these patients sitting with the consultants talking through ways to improve the experience of people who come to the emergency department with self-inflicted injuries," Salena says. "Staff really got an insight into what it feels like to be in the patient's shoes."

One of the measures that has already been introduced as a result is a repeat attendance plan, which includes information on the patient's history, details on their medication, next of kin, treatments that may have helped them in the past or the type of treatment that is counterproductive for them. The plan empowers staff because they have vital information that can help them decide on meaningful next steps. While many patients who self-harm are often too

traumatised to talk when they arrive at the emergency department, the plan provides important information that they may have otherwise struggled to get across.

Maternity services staff at St Michael's Hospital have also made some recent changes following feedback from patients. While staff previously moved between three services to treat patients – postnatal, antenatal and induction of labour – now they focus on one service to provide women with more targeted, specialist care.

"This is just one of a number of recent improvements that we have introduced as a result of patient feedback," says Sarah Windfeld, head of midwifery and nursing for women's and neonatal services. "It's crucial that we listen to patients to provide a high quality experience."

A simple guide to patient experience can be downloaded at www.uhbristol.nhs.uk/patientexperience

Leading with experience

William Booth is the matron for children's critical care, transport and cardiac services in the Bristol Royal Hospital for Children, where he has worked for the last 23 years overseeing a team that serves the whole of the south west of England. We met him to find out more about the rewards and challenges of his role.

When I enter William Booth's office, he has to move a cake so I can sit down. Cards from patients and carers adorn the walls and surfaces, along with boxes of chocolates and a real gingerbread house – all sent in from grateful parents and carers who want to say thanks for the care their children received. As he starts to tell me about his work in the hospital, the passion he has for his role is clear to see.

"You can't possibly care for a child without considering the needs of the entire family," he explains. "It's not just about the child's experience of the hospital journey."

"There are two ways by which children come into an intensive care unit (ICU). You come to the ICU unexpectedly, as a result of critical illness or an accident, or following a planned surgical procedure mostly following cardiac surgery which accounts for 50% of the infants and children admitted to PICU (paediatric intensive care unit).

"We have a team of cardiac liaison nurses who support parents from diagnosis until transition to adult care later in life. For planned admissions we are able to do a lot of preparation with the child and their family and the parents are able to visit us beforehand and see what happens here, so we can talk to them and prepare them for their child's surgery. For any parent, having their child come into ICU is life-changing and probably the most stressful time they'll ever have. To see those children do well after surgery and go home, and to see relief on the parents' faces, is reward enough."

It's obvious from all the cards around the room that the work of William and his team is deeply appreciated by the families that have come under their care. At the end of last year, William won the patient experience champion award in the Trust's annual staff Recognising Success Awards.

"When I got the award for patient experience champion, I was very clear that I was accepting the award on behalf of my team, it is them who make that difference to the children and their parents' stay on PICU and through to the cardiac ward 32."

But of course the role is not without its challenges, as William goes on to explain:

"If you work in critical care and cardiac services you have to accept that sadly you're not going to be able to save every child, and some children, because of their condition, are not going to survive despite all our efforts. And so I have developed a particular interest over the years in supporting families in end of life care because our caring doesn't stop if the child dies, it continues, and it must do because we are looking after the whole family."

"And of course, it can be rewarding in a different way, supporting parents whose children have died and seeing them through their journey. I have contact with parents for many years, because the journey goes on – and that's the reward if in some small way I can contribute to their recovery and their journey through bereavement."

Reflecting on the changes ahead for the hospital as it becomes the designated major trauma centre for children in the region, as well as the designated centre



William receiving his patient experience champion award from Graham Nix, chair of Above & Beyond, at the 2013 Recognising Success Awards

for major burns when specialist services move here from Frenchay, William adds:

"The centralisation of specialist services is going to change the profile and dynamics of the hospital, but also it's really exciting and people are genuinely excited about bringing these services over under one roof because the advantages to the child are just enormous. They will have immediate access to all specialisms which is really thrilling."

"The children's hospital is a very special place. The staff are really friendly and, stay for a longer period of time so you get to know them really well, and see how committed they are to children in their care."



Together we've raised our first million – help us reach the second

Thanks to the incredible generosity and donations from the people of Bristol, local businesses and charitable trusts, Above & Beyond has raised the first million for its £6 million Golden Gift Appeal to transform Bristol's hospitals. Above & Beyond is the local charity raising funds for Bristol's central hospitals. Each year it invests in projects that make a real difference to patient care.

The Golden Gift Appeal was launched in June 2013, and Bristol Mayor George Ferguson helped celebrate reaching the first million last October – when he swapped his trademark red trousers for gold ones in honour of the occasion. As you may have noticed, shuttle buses for our hospitals have also turned gold to help promote this important appeal. Now we need everyone to come together again in 2014 to help raise the second million. Jenny Sheriff, director of fundraising and marketing at Above & Beyond, says: "We're making great progress, but do need your help. With your support and donations this appeal will fund projects in our hospitals above and beyond what the NHS can provide – including the region's first dedicated adult bone marrow transplant unit."

Patients like Jean will benefit. While Jean received life-saving care from teams at the Bristol Haematology and Oncology Centre and the BMT unit based at the children's hospital, adult patients with leukaemia like her needing a bone marrow transplant currently need to travel to up to four different hospitals for their treatment. Jean believes it will be so much better for patients when all



Bristol mayor George Ferguson, former bone marrow transplant patient Charlie Henderson, and Sarah Talbot-Williams celebrate raising the first million for the Golden Gift Appeal

care can be delivered in one purpose built adult BMT unit based at one hospital: the BHOC. That's why Jean has celebrated her recovery and her 70th birthday with a skydive raising over £4500 for the Golden Gift Appeal.

To donate to the Golden Gift Appeal today log onto www.goldengiftappeal.org.uk or contact the charity on 0117 927 7120

Pedal Bristol to Paris for patients this spring!

If you're looking for a new challenge in 2014 why not join Sarah Talbot-Williams, Above & Beyond chief executive, and pedal from Bristol to Paris on a spectacular cycle challenge from 2-6 May. If you register, start training and collecting sponsorship from now, you could be enjoying spring time in Paris.

"Please join me and pedal for patients in our city and region," says Sarah. "This long weekend cycle challenge will cover 430km. After cycling through English

countryside, we will set sail to France for two more days cycling through historic French towns and sleepy villages. On arrival, we will experience the thrill of crossing the Seine to finish at the foot of the Eiffel Tower."

There will be free time to explore Paris, before taking the Eurostar back. Everyone taking part will be raising funds for the Golden Gift Appeal to help transform two important hospitals for our city and region: the BRI and the BHOC.



Scott Palmer of Laing O'Rourke raised money for Above & Beyond by cycling from London to Paris

For more information and to register for the Bristol to Paris Cycle Challenge please go to www.aboveandbeyond.org.uk or contact Toni Collier on 0117 3700 486 or email: toni.collier@aboveandbeyond.org.uk

Hype Agency's Christmas parties work their magic for our hospitals

For the fourth year running Hype Agency's renowned Christmas parties at the Passenger Shed at Bristol Temple Meads have raised funds for Above & Beyond.

The two sell-out charity nights for 'A Nutcracker Christmas' were attended by guests including many hospital staff, local business employees and media representatives from BBC Radio Bristol and Bristol Business News. This year saw the Passenger Shed transformed into an enchanted world of magic as sugar plum fairies danced in an imaginary land of sweets. A spectacular 35 foot helter skelter, dazzling performances, delicious food, a live band, and professional DJ all helped make this a Christmas party to remember.

"This year our charity nights raised over £6000 for our hospitals. We're incredibly grateful to our friends at Hype Agency for their continued support, and to everyone who came and supported us on

those nights helping us achieve such an amazing result," said Lorna Clarke, head of corporate partnerships at Above & Beyond.



Members of the Above & Beyond team, hospital staff and media guests enjoy a night out at the Nutcracker Christmas party

If you know of a local business interested in working with Above & Beyond, please contact Lorna on 0117 3700 842 or email: lorna.clarke@aboveandbeyond.org.uk



Performers in action at a Nutcracker Christmas party

Meet the team in our new Welcome Centre office

When you next visit the Bristol Royal Infirmary, why not come and meet the Above & Beyond team

in our office in the hospital's new Welcome Centre? Whether you are a hospital staff member, patient or visitor, you will be able to find out more about the difference we make to Bristol's city centre hospitals. Anyone wishing to make a donation can also do so at the office.

"Please come and find out about upcoming events and how to get involved," said Jenny Sheriff.

"We work closely with inspirational local people and businesses, and with your help, we can do so much more to make things even better for patients."

You're welcome!

The end of last year saw the doors of the new Welcome Centre open at the Bristol Royal Infirmary (BRI), one of the first visible signs that the redevelopment work taking place at our hospitals is nearing completion. In 2014 we look forward to seeing other areas of our hospital estate transformed after years in planning and construction, to provide a bright and modern environment that will better reflect the high quality of care we provide.

The new Welcome Centre is the first visible sign that the redevelopment programme underway at UH Bristol is nearing completion. The glass-clad centre provides a bright and welcoming home for a larger reception and information area, patient support and complaints office, and an office for hospitals' charity Above & Beyond. An outpatient appointment booking service will open soon to provide patients with the opportunity to book, cancel and rebook or discuss their outpatient appointment with one of the outpatient appointment centre staff.

The new space also houses improved facilities for patients and staff with retailers WHSmith, StockShop, Marks & Spencer, Costa and Boots UK now working alongside volunteer providers in other areas of our hospitals. Boots is handling outpatient dispensing services in the BRI and Bristol Heart Institute, with patients now able to collect prescriptions from the Welcome Centre or one of 14 Boots community pharmacies around Bristol.

"The next step will be to roll out this partnership dispensing service to the other hospitals in our Trust – Bristol Haematology and Oncology Centre (BHOC), Bristol Eye Hospital, Bristol Royal Hospital for Children, St Michael's Hospital and South Bristol Community Hospital," says Steve Brown, director of pharmacy at UH Bristol. "This partnership will also enable UH Bristol pharmacy staff to focus more on our inpatients, recognising the importance of safe medicines management on admission to hospital and enabling timely medicines provision on discharge.



The proposed new facade for the front of the BRI

We also look forward to working closely with Boots on public health initiatives such as smoking cessation."

In addition to the work going on behind the scenes to refurbish and extend the BHOC, to extend the children's hospital and to construct the new ward block behind the BRI, a huge amount of effort is focused on ensuring the changes that will occur for patients, visitors and staff, once wards and clinics start to move into new areas are managed smoothly.



The new ward block will provide space and light

"This year will see a massive programme of change, particularly in the BRI," says Alison Grooms, implementation manager for the BRI redevelopment. "We'll see the start of clinical care in the new ward block, which is opening in stages from June onwards. By the end of this year we'll stop seeing inpatients in the BRI Old Building altogether. In contrast to some of the large open wards in the Old Building, the new ward block will give us four-bed wards and more individual en-suite rooms with much improved facilities for patients, families and visitors.

"What is also important is that we'll be bringing different services much closer together rather than having them split across different floors or buildings. This will not only help reduce transfer times and delays for patients, but will also reduce the time taken for our clinical and therapy staff to respond to patients. We're working closely with staff from right across the hospitals to ensure we continue to deliver a smooth, safe and high quality service during this period of change."

Dr Chris Monk, who has been involved in the development of the project since its inception, is excited to see the more than £150 million investment in the redevelopment of the hospitals come to fruition. "Too often we are constrained by our aging buildings and these new developments will enable us to transform



Work progresses on the central atrium in the new ward block

the way in which we provide medical, surgical and paediatric care for the people of Bristol and beyond."

The changes taking place at UH Bristol are part of a wider reorganisation of hospital services in our region – along with the development of North Bristol NHS Trust's new Southmead Hospital Bristol, which opens in May followed by the closure of Frenchay Hospital. UH Bristol has been working in partnership with North Bristol NHS Trust and other healthcare partners to provide the best and most effective service for patients. One of the major changes will see specialist children's services moving from Frenchay to Bristol Royal Hospital for Children from 23 April. Centralising all specialist children's services in a single, state-of-the-art children's hospital will improve care by bringing together dedicated clinical teams from across Bristol under one roof.

For more information about the redevelopment programme at UH Bristol visit www.uhbristol.nhs.uk/buildingabetterbristol

Did you know?

Our charitable partners are committing £16 million towards the redevelopment programme



The new Welcome Centre is now complete

BUILDING A BETTER BRISTOL



Helipad

After months spent putting the final touches to our new helipad on top of the Bristol Royal Infirmiry, from the end of March you'll start to see helicopters from the six air ambulance providers testing it out!

From 31 March for around three weeks, air ambulance pilots will be training to take off from and land on the new helipad. You'll likely see more helicopters than usual using the helipad during this period.

Winter milestones

Here's what we expect to see taking place over the next three months:

Extension of the BHOC opens along with car park



Training flights start for the helipad



From 23 April all specialist children's services in Bristol will be brought together under one roof at Bristol Royal Hospital for Children



Arts projects update

Back in November artist Jeremy Hutchison and poet Rick Holland spent three days in residence at the Bristol Haematology and Oncology Centre as part of a unique arts project. The pair spent their time at BHOC talking to patients and staff, asking them to share their thoughts about their experiences of the hospital. At the end of the residency Rick read out a poem composed from these conversations, which will be published in a book to be launched along with an art installation when the extension of the hospital opens in March.



This is just one of a number of arts projects taking place as part of the redevelopment programme. It is not too late to submit images to the arts project for the Bristol Royal Infirmiry. Photographer Simon Roberts is accepting images inspired by

life in Bristol and the south west on www.beholdrespondinspire.com until March, which will be used as part of a collage to be displayed in a public area in the new ward block. There are currently more than 1000 images in the online gallery.

Façade project in planning

At the end of last year a planning application was submitted for the proposed redesign of the front of the Bristol Royal Infirmiry. The design (pictured on page 15) was selected following an international competition, which attracted submissions from artists and architects from around the world, with staff and public votes helping to decide the winner. Subject to planning it is anticipated that work could start on the new façade later this year.

INTRODUCING

The fracture liaison service

According to the National Osteoporosis Society, someone in the UK breaks a bone as a result of osteoporosis every two minutes. Osteoporosis causes bones to break following a minor bump or fall. These broken bones, commonly referred to as fragility fractures, are most common in the wrist, hip and spine, although other parts of the body can be affected.

The fracture liaison service at UH Bristol was introduced in May 2012 as part of a pan-Bristol initiative to identify patients with fragility fractures and provide them with treatment and advice to reduce their risk of breaking more bones. Here Cathy Churchman, fracture liaison specialist nurse, talks about her role in this service and why it is important.

"My role involves working closely with nurses in the fracture clinic, orthopaedic surgeons, radiographers and ortho-geriatricians Dr Emma-Kate Reed and Dr Rachel Bradley, to identify patients who have had a fragility fracture. I then look at the age of the patient and decide which National Institute of Clinical Excellence (NICE) pathway to follow. If a patient is aged over 75 then we suggest that the patient's GP starts treating them for osteoporosis with medication to reduce the risk of further fracture. If a patient is between the age of 50 and 75 we provide the patient with a DEXA scan which assesses their bone density and with guidance from Dr Shane Clarke, consultant rheumatologist and Trust osteoporosis lead clinician, we decide on the best course of action.

I follow the patients up three months after they have been discharged from hospital by phone or letter to see if they are still taking their medication and taking it in the correct way and if they have had another fracture. Taking tablets every day for the rest of your life can be difficult and after eight to 12 months around 80% of patients have stopped following their medication regime. This can be because they have experienced side effects and so stop taking the tablets or they are still taking the tablets, but not taking them correctly so they don't have the desired effect. I support them through this and look at alternative treatments if needed.

In October, the National Osteoporosis Society launched the 'Stop at One' campaign to raise awareness of fragility fractures and that if the first fragility fracture is identified correctly and appropriate treatment given further broken bones should be prevented. Hip fractures cause more than 1150 premature deaths each month in the UK but patients have usually had previous fractures before they have a hip fracture. If we can help patients earlier on then we can hopefully prevent patients going on to break more bones.

I focus on patients who have had fragility fractures in their back, wrists, ankles, shoulders or pelvis, and I work closely with Ginny Crosskey who is the Trust's hip fracture specialist nurse. We are looking for fractures that have been caused by minor bumps and knocks rather than broken bones caused by high impact accidents.

When we started the service the expectation was that we would find approximately 1100 patients a year with fragile bones, but we have found over 30% more than that and we are still learning and refining our processes.

One in two women and one in five men over the age of 50 will break a bone due to poor bone health, so preventing fractures in our local population is a priority."

For more information about the Stop at One campaign and your bone health please visit www.nos.org.uk

For details about the fracture liaison service call 0117 34 21319 or email cathy.churchman@uhbristol.nhs.uk



Research changed my life

At UH Bristol, our mission is to provide exceptional healthcare, research and teaching every day. Research is embedded in the care we provide, and we aim to offer the chance of taking part in research to as many of our patients as we can. We are able to do this more effectively together with partners such as the National Institute for Health Research (NIHR). The NIHR launched its 'Research changed my life' campaign in November last year to help patients understand the positive effects that can result from getting involved in clinical research.

As part of the 'Research changed my life' campaign, the NIHR collected inspirational stories from people who have taken part in clinical studies. Experiences include health benefits, improved understanding of conditions, the ability to shape future treatments, and the capacity for research to help people take control of their lives in difficult situations.

Catherine Carpenter-Clawson, the NIHR Avon, Somerset and Wiltshire cancer research network manager has been featured in the campaign. Here is her story:

"At the age of three I was diagnosed with a rare type of kidney cancer called a Wilms' tumour. I had to have surgery, followed by chemotherapy and radiotherapy for about 18 months. This meant that as a child I was in and out of hospital a lot. As I grew up I wanted to find out more about how I was treated and understand how cancer works. Because of this curiosity, I found out I was treated as part of a trial.

As a consequence, I always wanted to work in cancer research. I did a degree in pharmacology and went to work in the private sector as a research manager. Still, in the back of my mind I knew that this was not what I set out to do. I wanted to work in clinical trials, which wasn't quite what my role involved. So, I started to look at how I could get involved in research. About five years

ago I saw a job opportunity as a research administrator with the National Cancer Research Network, as it was then. It was a big step to go from being a manager for a big global company to working as an administrator in the NHS but I have never regretted it.

When my Wilms' tumour was diagnosed 30 years ago, my chances of survival were about 60%, but research has really improved survival outcomes and if a child is diagnosed now at a similar stage and type as mine, their survival chances are over 95%. This means that for the next generation of children diagnosed with Wilms' tumours, their side effects will be much reduced, their treatments will be easier, their journey will be less painful and that's what research does. It really improves things for the next generation of patients."

To see Catherine and other patients across the country talking about their inspirational stories please follow this link:

<http://www.crnc.nihr.ac.uk/ppi/rcml/your+stories>



Recent NIHR grant awards

UH Bristol has recently been awarded three National Institute for Health Research (NIHR) grants in collaboration with Universities of Bristol and West of England (worth £3.41 million in total). These are highly competitive, peer-reviewed awards, and all aim to translate research findings into changes in clinical practice to deliver the best possible care to patients not only in Bristol, but change clinical guidelines in the UK.

- Psychological treatments for fatigue in patients with inflammatory arthritis – awarded £1,315,470. Chief investigator Professor Sarah Hewlett (University of the West of England)
- Cataract surgery: measuring and predicting patient level vision related health benefits and harms – awarded £1,967,079 through the NIHR programme grants for applied research. Chief investigator Professor John Sparrow (UH Bristol)
- Improving outcomes from out of hospital cardiac arrest: the Cardiac Arrest Individual Registry and Outcomes (CAIRO) programme – awarded £99,979 through the NIHR programme development grant. Chief investigator Professor Jonathan Bengner (UH Bristol and University of the West of England)



If you have your own story to tell we would love to hear about it. Please contact us at research@uhbristol.nhs.uk or call 0117 342 0233

Uniting expertise

In April 2013, Head and Neck Services were brought together in one location at UH Bristol, uniting services that had previously been split between University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust.



L-r: Professor Steve Thomas and Mr Ceri Hughes

The centralisation of Oral & Maxillofacial Surgery (OMFS) and Ear Nose and Throat Surgery (ENT) had been planned for many years, but was finally achieved following a process endorsed by both Bristol trusts and supported by the Healthy Futures programme board. By centralising the services in this way, large specialist teams are now able to treat more cases on one site to help improve outcomes for patients in the region. Here we speak to Mr Ceri Hughes, lead clinician for head and neck cancer, about the work of the team and the benefits of centralisation for the services they provide.

“The work of my department – oral and maxillofacial surgery – focuses on specialist surgery of the mouth, face, jaws and neck. The team treats patients with head and neck cancer those who have sustained head and neck or facial trauma, those who have congenital or facial deformities and developmental problems of the jaws. We also treat benign conditions of the jaw and oral-facial infections. In the new service, we are teamed with Ear Nose and Throat Surgery. Our specialties have different areas of expertise but these definitely complement each other and can overlap, which offers opportunities to collaborate.

The surgery carried out is often complex, particularly in the treatment of cancers, where the patient may require resection (removal of tissue) and then reconstructive surgery. These cases draw on a large team, made up of surgeons, anaesthetists and nurses who may spend many hours in surgery. The surgery can have a profound effect on speech, swallow and appearance so patients may require rehabilitation. Their care involves a wider multidisciplinary team which includes oncologists, radiologists, pathologists, specialist nurses, speech and language specialists, dieticians, and dental specialists.

Head and neck cancer is actually the sixth most common cancer worldwide, but receives less publicity than some rare cancers. We have seen an increase in the number of cases in the last decade, particularly in certain areas such as the oro-pharynx (throat and tongue) where the disease can be associated with the human papilloma virus (HPV). Our head and neck team sees around 300 new cancer cases per year derived from a catchment population of around two million people from the wider region. With the expertise and diagnostic facilities we have consolidated through centralisation the consultants in our department are able to spend more

of their time dedicated to specialist cancer care at UH Bristol. This critical mass of expertise means that we will become a stronger force for research and will be able to develop new surgical and oncological treatments.

On the research front we are currently leading the UK’s largest study for head and neck cancer research. In partnership with the University of Bristol, through principal investigators Professor Steve Thomas and Professor Andy Ness, this National Institute for Health Research-funded study has so far recruited more than 3000 patients across the UK and we expect it to reach its target of 5000 patients ahead of time. The cohort study will provide detailed information on the factors that may influence cancer survival, and the psychological impact that living with head and neck cancer can have on people.

As part of the move to bring together all specialist children’s services at Bristol Royal Hospital for Children, the South West Cleft Service will transfer to Bristol Dental Hospital in the summer. Ahead of this we will be significantly improving the outpatient facilities at Bristol Dental Hospital to provide surroundings that reflect the quality of care we provide to cancer and cleft patients.”