

Voices

The magazine for the UH Bristol community



p10-11

**Going Green
in 2015**



Hello and welcome to the January/February edition of Voices.

This year is an exciting one for Bristol with the city being crowned European Green Capital for 2015. The award from the European Commission provides an opportunity for organisations across the city to put sustainability and energy

efficiency at the heart of their work. As one of the biggest employers in Bristol with around 8,000 staff, the Trust has a duty to protect the environment. On pages 10-11, we highlight how UH Bristol has been leading the way with green initiatives. This year we are contributing towards Green Capital by redoubling our efforts to promote energy efficiency. Our new 'Simple guide to sustainability', which explores how the Trust manages its environmental responsibilities, can be downloaded from our website.

In this issue, we also celebrate pioneering surgery at Bristol Royal Hospital for Children (BRHC). Selective dorsal rhizotomy (SDR) is performed on children with cerebral palsy and has succeeded in improving the mobility of many of those who have been operated on. Our surgeons, who are leaders in the field, celebrated their 100th SDR procedure in November. Along with four other hospitals in England, BRHC is taking part in a process to assess whether SDR, previously rarely available on the NHS, should be funded more widely on the NHS in the future. See pages 8-9 for more information.

While the Trust's redevelopment programme continues to progress, we take a look at the history of our oldest hospital – the Bristol Royal Infirmary Old Building, which has been treating patients since the 1700s. In November, the last remaining wards closed with patients being moved to more modern facilities. See pages 14-15 to find out more.

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

Fiona Reid
Head of communications

* If you are a Foundation Trust member and you no longer wish to receive the magazine, email foundationtrust@UHbristol.nhs.uk or call 0117 3423764.

* To download the 'Simple guide to sustainability' visit www.uhbristol.nhs.uk/about-us/key-publications/.

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Hospital initiative aims to ease winter pressures



Teamwork: staff leading the programme say it will boost hospital performance

A new programme has been introduced to help Bristol Royal Hospital for Children (BRHC) operate more efficiently over the winter.

In colder weather, larger numbers of patients attend hospital particularly with respiratory conditions such as bronchiolitis and asthma. To cope with extra pressure on services, BRHC has invested £350,000 in redesigning and refurbishing its emergency department. New facilities include 'fast flow' cubicles which will help

staff treat patients with minor injuries and illnesses quicker and more effectively.

As part of the programme, key clinical staff have been given iPod Touch devices, enabling them to communicate better by email for non-urgent patients. New 'integrated pathways' have been introduced for the main winter illnesses, which involve standardising care based on best practice. The aim of the pathways is to enhance staff efficiency and improve the experience of patients.

Doctor wins award for work on 'brain phantoms'

Dr Robin Holmes, post-doctoral research fellow in medical physics, has been named as one of the UK's top 50 innovators in healthcare by the Health Service Journal.

Dr Holmes and his team are using 3D printers to produce 'brain phantoms', which are test objects used to check that scanners are operating correctly. The phantoms ensure that any abnormalities detected in scans relate to the patient rather than to scanner variations. This advancement enables more accurate scanning and earlier diagnosis for conditions such as dementia and epilepsy.



Trust responds to CQC inspection

UH Bristol has produced an action plan to ensure our hospitals continue to provide safe, high quality care for our patients.

The plan follows an inspection of the Trust by the Care Quality Commission (CQC) in September and the publication of its findings in December.

The CQC examined all areas of UH Bristol, looking at eight service areas across five different aspects of service. Of the 56 ratings awarded, UH Bristol scored 'good' or 'outstanding' in 44 areas and importantly no service area was rated as being inadequate. Of the 56 ratings, 12 were judged as 'requiring improvement', leaving UH Bristol overall with a 'requires improvement' rating. The Trust was judged to be caring in all areas of service – a testament to our staff and the focus the organisation has placed on embedding strong values at the heart of everything we do. Children's services, maternity services and end of life care were rated as good or outstanding in every domain.

As part of the plan, UH Bristol will focus further on a number of key aspects of patient care including ensuring safe staffing levels and enabling our patients to 'flow' through our hospitals without delay and return home as soon as they are well enough to do so. Critical to success on the issue of flow is working with our partners on community-wide issues to ensure all services are working together for the benefit of patients.

You can download the CQC report here: www.cqc.org.uk/location/RA7C1.

Shaun in the City arts trail is coming to Bristol

Aardman's internationally acclaimed character Shaun the Sheep is coming to Bristol for a unique arts trail this summer: Shaun in the City.

A large flock of giant Shaun the Sheep sculptures, created by artists, celebrities and designers will be placed in iconic locations and beautiful green spaces across Bristol for the public to enjoy, before going to auction to raise funds for Wallace & Gromit's Grand Appeal, the charity for Bristol Royal Hospital for Children.

The project will also see a trail land in London this spring to raise funds to support children in hospitals across the UK.



Shaun in the City sculptures in front of the Clifton Suspension Bridge at the project announcement last year

For more information visit: www.shauninthecity.org.uk.

Staff to provide information on allergens

All food outlets, including those in hospitals, are now required to be able to provide information to people on whether their food contains ingredients known to result in allergies, following the introduction of new EU regulations.

Anywhere that sells pre-packed and unpackaged food must be able to provide information on whether that food contains any of 14 listed allergens. These are cereals containing gluten (wheat, rye, barley, oats), milk, eggs, fish, molluscs, crustaceans, soya, celery, mustard, peanuts, nuts, sesame, lupin and sulphites.

Each area that provides food at UH Bristol has been provided with a glossary of allergen information. Patients and visitors can ask a member of staff if they need information relating to allergens in our dishes. Dietetic support workers have been providing presentations to staff on the new legal requirement.

New Trust secretary says UH Bristol must be 'truly responsive'

Debbie Henderson, former Trust secretary at Northumbria Healthcare NHS Foundation Trust, has been appointed Trust secretary at UH Bristol.

Debbie worked at Northumbria for more than 14 years where she began as a receptionist for an outpatients department. She later became a PA to a general manager for community hospitals and also served as a staff governor. At Northumbria, Debbie also worked as a membership support officer before being appointed assistant Trust secretary.

Debbie has a Master's degree in healthcare management and is currently studying to become a qualified chartered secretary through the Institute of Chartered Secretaries and Administrators.

"One of the challenges we face is to balance the financial constraints faced by the NHS with the continued provision of high quality care for patients," she said. "With Foundation Trust status comes responsibility. Members must feel like



UH Bristol's new Trust secretary, Debbie Henderson

they can hold us to account and we must become a truly responsive organisation, reacting to members in a way we can be proud of. One of the key parts of my role is to ensure that decisions taken are in the best interests of the patient."

Supporting each other

Steph Feldwicke goes to ward 11 to find out how great teamwork resulted in staff winning clinical team of the year.



2014
RECOGNISING SUCCESS
AWARDS

When I heard about ward 11's Recognising Success award, I wondered what had made this team stand out from other clinical areas to earn the accolade.

Their celebratory awards photo showed a group of people clearly at ease with one another, but I was keen to understand what made them work so well together.

Ward 11 is a busy 22 bed ward in the Bristol Royal Infirmary's King Edward Building, caring for acutely ill patients. During the past 10 years, it has been transformed into a specialist ward for hepatology (liver medicine), providing treatment and compassion in equal doses.

Staff care for patients who suffer from congenital liver disease, and have required care and monitoring for most

of their lives. For other patients, the treatment is more complex as they have other challenges. Staff nurse Sofie Nyman explains: "Many people we care for have experienced alcohol or drug abuse in the past, leading to cirrhosis of the liver; some will come back for treatment quite regularly. It's hard to see patients' health deteriorate like that.

"We work with specialist nurses and the palliative care teams within the Trust and with patients and their families, which is why teamwork is so important on this ward. We also have links with community support agencies to ensure that patients have the help they need when they leave hospital."

The average length of stay on the ward is between four and five days, but those days can be very intense for both patients and staff, as nursing assistant

Katie Jenkins explains: "Some patients go through a detox when they arrive on the ward, which can often take more than 72 hours. This is a very difficult period for the patient and is challenging for staff, so it's good that the team is so strong and supportive of each other."

The tight-knit team is led by ward manager Lisa Thomas, who also drove many of the changes on the ward. She's very proud of the team's achievements. "As a ward we were so excited to be nominated but to win clinical team of the year is just amazing," she says. "I feel over the moon and so proud of our team. Everyone works so hard and it is great to get the recognition we deserve and it's been a real confidence boost. The ward is very challenging but the team is focused and committed to providing and delivering a high standard of care."

Participating in hospital inspections

The role of the Care Quality Commission is to ensure health and social care services provide people with safe, effective and high quality care. Barry McCarthy talks to Mo Schiller and John Steeds about the role of governors in the recent CQC inspection of UH Bristol.

The views of governors formed a key part of the Care Quality Commission (CQC) inspection of UH Bristol in September. The independent regulator for health and social care services in England requested a private meeting with governors who were invited to discuss issues relating to hospital performance and patient care.

"Inspectors asked about how we perceived our role, whether our views were being taken into account by Trust Board members and whether we had direct access to directors and non-executive directors," says Mo Schiller, a public governor for Bristol. "We were also asked whether we believed the hospitals were being run well and whether we understood our new role where we can hold the non-executive directors to account for the performance of the Trust's Board. One of the issues we raised was on the importance of working more effectively with the Trust's partners to tackle modern day healthcare issues. The fact that the meeting was private shows how seriously inspectors take the views of governors."

Mo adds that inspectors were impressed by the regular access that governors have to decision-makers at UH Bristol.

Governors go to monthly Trust Board meetings and the chairman's counsel meeting, which takes place eight times a year and is attended by non-executive directors. The quarterly council of governors' meeting is attended by governors, directors and non-executive directors. In addition, lead governor Sue Silvey has monthly meetings with chief executive Robert Woolley and Trust chairman John Savage at which she represents the views of governors.

Inspectors were also impressed by the success of the Trust's popular Health Matters events,

where members can attend presentations from clinicians and raise issues about the hospitals directly with governors.

"It was important for the CQC to speak to us because we see things from the perspective of the patient," says John Steeds, a patient governor for Bristol. "Our close contact with Foundation Trust members means we have our feet on the ground. Our views are integral to hospital strategy because we ensure feedback from patients and the public is taken into consideration."



Governors (l-r) Mo Schiller and John Steeds

Don't miss out

The next Health Matters event is on skin conditions: Dr David de Berker, consultant dermatologist and honorary clinical senior lecturer, will discuss chronic skin conditions, moles and melanoma, a form of skin cancer. The event takes place from 5.30pm to 7pm on 5 March at the Education and Research Centre, Upper Maudlin Street. For more information, email foundationtrust@uhbristol.nhs.uk or call 0117 3423764.

FROM THE CHAIRMAN

“Welcome to this January/February edition of Voices”



In December the Trust passed a most important milestone: the intensive inspection by the Care Quality Commission of the services we provide. This inspection was a rigorous approach to the assurances required by the general public about the safety and quality of the services UH Bristol offers. On behalf of the Board, I'd like to offer my sincerest thanks to every member of staff who contributed to such a positive inspection; it was their positive and productive response that gave an outcome of which everyone can be justifiably proud.

Areas signalled as requiring improvement give us an opportunity to learn and develop our services and I am committed to ensuring the right focus on this. Importantly, those matters that require attention were not a surprise and the Trust was already aware of areas where we needed to improve and in many cases solutions had already been implemented to address these areas.

I am delighted with our 'good' rating for A&E, critical care, maternity and family planning, services for children and young people and end of life care. This shows the tremendous work that's

going on in these areas. The overall rating of 'requires improvement' means more has to be done but I know our talented, hardworking and caring staff are ready to take on this challenge.

The most important aspect for me of the inspection is that the commission found a universally good or excellent approach to care and this is more than gratifying. Care at the heart of what we do is the element that distinguishes us from a range of commercial businesses.

The CQC inspection inevitably highlighted the fact that the Trust cannot tackle all of our modern day healthcare problems alone. Many of the areas identified by the CQC as requiring improvement, for example the flow of patients through our hospitals, are very dependent on the work of our partner organisations. I was heartened at the post-inspection summit to see excellent representation from those partners and clear evidence of the understanding of joint responsibility and the need for co-operation. We are indeed all in it together, and this is demonstrated by our joint action plan in response to the CQC inspection.

“The most important aspect for me of the inspection is that the commission found a universally good or excellent approach to care and this is more than gratifying.”

We must, of course, conduct our activities in a business-like way, and although the future in financial terms looks ever more difficult – 2015 is likely to be our most financially challenging year yet – the Trust Board and the teams that work on these issues have put UH Bristol in as advantageous a position as possible. If we can continue on our charted course, we can become a great exemplar of hope for the future.

John Savage, chairman

Life-changing surgery

For many children with cerebral palsy, selective dorsal rhizotomy is a treatment that offers the hope of improved mobility. But for many years, families had to travel abroad to access it. That changed in 2011 when the paediatric neurosurgery team at Frenchay Hospital began offering the operation. Following the team's move to UH Bristol, Simon Davies reports on what's involved in this pioneering operation and the transformative effect it's had on children's lives.

"Children who have cerebral palsy don't have a choice about it – it's how they were born. We have a duty to try to give them the best opportunity in life that we can," says consultant neurosurgeon Richard Edwards.

The condition occurs when oxygen deprivation to the brain, usually at or around the time of birth, causes damage that impairs the mobility of the arms and legs. It is a lifelong condition and the problems it causes, if left unaddressed, will continue and can worsen into adulthood.

Richard explains: "Cerebral palsy usually manifests itself around the age of two, where children can be noticed having problems with things like walking. They can get stiffness in their legs, and this sometimes also affects their arms. The stiffness in the legs, known as spasticity, causes deformity of the legs, and affects their ability to control the legs when walking – some children are unable to walk at all if their cerebral palsy is very severe."

Children with cerebral palsy have this spasticity in their limbs because the signals from their brain that control movement are disturbed by the damage. This then leads the muscles in their legs to become overactive, meaning the muscles become stiff, and controlling them effectively becomes difficult.

Better mobility

For children with a type of cerebral palsy known as diplegic cerebral palsy, one of the treatments available to address these difficulties is selective dorsal rhizotomy, or SDR. The procedure originated in South Africa, and was refined to its current format in the USA. It aims to reduce spasticity in the child's legs to try to improve mobility and reduce pain. The operation is followed by intensive physiotherapy, which aims to help the child rebuild their leg muscles, and 'relearn' how to walk with a more normal gait.

The operation sees the surgeons open the spinal cord

and, with the assistance of specialist neurophysiologists, identify the overactive sensory (dorsal) nerves responsible for sending too many signals to the motor nerves, thereby causing the spasticity. A proportion of the sensory nerves are then cut to relieve the excess spasticity. All this is done through an incision measuring around 3cm.

The surgery is only the start, however, as the child's muscles may not initially be strong enough to cope with the sudden lack of stiffness in their legs. While the physiotherapy is specifically designed to help them build this back up, they can often have a drop in their mobility after the operation. This means that to see the full benefit of the treatment, they have to be prepared to work extremely hard at their physiotherapy, which can be quite daunting and hard work for children.

Successful operations

The team at UH Bristol has found SDR to be a highly effective treatment. Richard's fellow consultant neurosurgeon Ian Pople says: "The success rate in terms of improving mobility has been very encouraging, and at two years post-operatively, nearly all of the children we've looked after have improved – not just in terms of their walking or mobility – but in terms of quality of life."

Richard and Ian have been performing SDR operations in Bristol since 2011, when they were based at Frenchay Hospital. Following its move to UH Bristol as part of the centralisation of specialist paediatric services, the team has continued to offer SDR at Bristol Royal Hospital for Children (BRHC). In November, Richard and Ian marked their 100th procedure.

SDR was previously rarely available on the NHS. But in July, NHS England announced a two year Commissioning Through Evaluation (CTE) process to assess whether SDR should be funded more routinely through the NHS. Five regional centres in England were selected to take part in CTE, of which BRHC is one. CTE will see each centre operate on a selected number of children each year funded via the NHS, with the results closely studied to inform the decision on whether the treatment is funded on the NHS more widely in the future.

Richard says: "Hopefully after the CTE process, the considerable benefits of SDR will be clear to everyone. Our view is that quality of life for children should be an important measure, and we feel very strongly that those children who would benefit most from SDR, especially as they move into adulthood, should have access to the treatment."



Ian Pople (left) and Richard Edwards perform a recent SDR operation



Going green

Nathalie Delaney and Sam Willitts by the solar panels on the roof of St Michael's Hospital

Staff at UH Bristol have been working hard to reduce the impact of our hospitals on the environment whether this has been as a result of big projects such as installing solar panels or more simple measures like encouraging employees to switch off lights. With Bristol in the limelight this year having been crowned European Green Capital for 2015, staff are redoubling efforts to be green. Marcella Pinto reports.

This year Bristol celebrates being named European Green Capital for 2015. The prestigious award from the European Commission recognises a city's environmental accomplishments and provides an impetus for organisations and communities to enhance efforts already being made to promote green issues and improve quality of life for residents.

"As one of the biggest employers in Bristol, we have a significant environmental impact on our city and so we have a duty to show leadership," says Sam Willitts, energy and sustainability manager. "Through Green Capital, many organisations across Bristol will pull together to make a difference through actions to create a healthier, happier city."



Staff at the Bristol Heart Institute are active participants in the TLC campaign

UH Bristol's Big Green Scheme, created in 2009, is the driving force behind the Trust's environmental projects. One of its most successful programmes is Green Impact, an environmental accreditation scheme which promotes sustainability and energy efficient practices and policies. Gold, silver and bronze awards are given to departments and wards based on their success in promoting greener ways of working.

Solar panels

Last year, The Big Green Scheme unveiled solar panels on the roof of St Michael's Hospital. These have reduced carbon emissions and highlighted the Trust's commitment to investing in renewable energy. "They are a symbol for everything we are doing at the Trust," says Sam. Energy saving initiatives such as this are helping The Big Green Scheme work towards its target of reducing carbon emissions across the Trust by five per cent annually. Nathalie Delaney, chair of the scheme, says: "It has been fantastic to see the hard work of teams across the Trust in all the different aspects of The Big Green Scheme, the TLC campaign (see below) and Green Impact."

As part of its contribution to Green Capital, The Big Green Scheme will focus on maximising the reach of the TLC campaign, which urges staff to turn off unused equipment, switch off unused lights and close doors: actions that improve energy efficiency. TLC also enhances patient experience by maintaining comfortable temperatures in wards and helping patients sleep better at night by ensuring that unnecessary lights and equipment are not on. Every ward in the Bristol Heart Institute is already participating in the project, making it the Trust's first 'TLC building'.

"It's exciting that staff are engaging so enthusiastically in energy saving

behaviour to reduce the Trust's carbon footprint," says Isobel Farnsworth, change agent and promoter of The Big Green Scheme. "The TLC campaign is aimed at all wards and we will be working hard throughout 2015 to make the whole Trust a 'TLC site'."

Sustainable transport

The Trust's transport manager, Stewart Cundy, is an enthusiastic member of The Big Green Scheme. He has recently commissioned two new electric vehicles that are powered by solar panels.

Deliveries made by the vehicles between hospitals will include medical equipment and medicine. During Green Capital, Stewart will continue to promote sustainable transport options for staff through the cycle scheme, discounts for public transport and car sharing. He will also promote sustainable transport for patients and visitors through the free hospital bus, which travels from Bristol Temple Meads railway station to our city centre hospitals. "It is estimated that one in 20 vehicles on Bristol's roads is carrying NHS staff, patients or visitors, so promoting greener ways of travelling for the hospital community will make a difference to air quality and congestion across the city," explains Sam.

One of The Big Green Scheme's new projects for 2015 will be the establishment of allotments on derelict Trust land near Bristol Heart Institute. This will be done in conjunction with community group Incredible Edible Bristol. "Leaves from the trees in autumn were previously an expensive landfill waste but now they will become a valuable resource for the community because people will be able to use composted leaves to grow fruit and vegetables," elaborates Sam. "Staff, patients and visitors will be able to help maintain and enjoy the food that's grown."



Help us help our hospitals to save even more lives like Lucy's

World-class technology for the BRI's Intensive Care Unit.

Above & Beyond's £6M **Golden Gift Appeal** is raising funds for projects above and beyond what the NHS can provide in Bristol's city centre hospitals – projects that will help our hospitals to save even more lives in Bristol and the South West.

We want to make a difference to the work of the Intensive Care Team at the BRI, who last year treated over 1,500 critically ill patients.

None of us think we will be in this situation. Lucy Silverthorne certainly wasn't expecting her girls' weekend in London to end by being rushed in an ambulance from Temple Meads into the BRI Intensive Care Unit. She explains:

"I've lived in Bristol for a long while. I've walked past the hospital a lot. You might look up at those windows. Behind those windows are people fighting for their lives. You never know if it will be you or someone you love: if it was, you'd want the very best care."

Lucy had been leading a busy life as a mum of two young children, and running her own florist business when she was suddenly struck down with streptococcal pneumonia in October 2011. Her condition on admission to hospital was so serious that



her consultant needed to explain to Lucy's husband Steve that she may not survive.

Lucy was unconscious or semi-conscious through most of her stay in Intensive Care but recalls: "Even in a coma, some part of me knew I had children at home that needed me."

The Intensive Care team battled against the infection, to save Lucy's life. By the time Lucy left hospital she was so weak she could barely walk: her full physical and emotional recovery took many months, but is now complete. Lucy says:

"I would not be here today without the BRI Intensive Care team. One of the nurses told me later if you're in Intensive Care you're one of the sickest people in the country. It's only when you've experienced it you realise just what a vital role these hospital teams have. That's why they need all the support we can give."

That dedicated team now need our help to save more lives like Lucy's. With your help our charity's **Golden Gift Appeal** can fund the very latest intensive care monitoring technology to allow the BRI Intensive Care doctors and nurses to monitor patients, interpret data and identify patterns for diseases more accurately and speedily.

Lucy's consultant Dr. Sanjoy Shah said *"All of you donating to this appeal will help Above & Beyond to raise the funds for world-class state-of-the-art intensive care monitoring equipment that will help our team to save more lives. You are making a real difference to so many patients."*

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

New Year – new you! Discover the star in you in 2015



Lucy Whiting has trekked across the Sahara for our hospitals

Do you fancy yourself as a Mary Berry, an Angelina Jolie, a Sir Bradley Wiggins or a Sunetra Sarker? Are you a Mo Farah, Stephen Fry or a Sir Ranulph Fiennes? Whether you are a baker, a cyclist or a runner, or love a good quiz, Above & Beyond has a New Year challenge to showcase your star quality!

Toni Collier says: "We know the wealth of talent that's out there in Bristol and the South West – let's make 2015 the year to make those resolutions a reality. Our team is ready to help you get involved, so do get in touch, we'd love to hear from you."

From baking cakes with The Bristol Bake Off, to running in the Bristol 10k, from volunteering at Bristol International Balloon Fiesta, to taking on the Bristol to Paris cycle challenge or skydiving, whether as an individual or through work, we have the challenge for you.

More information visit www.aboveandbeyond.org.uk or call Toni on 0117 3700 486.



Charity volunteer Liv Byrom embraces her inner Mary Berry at The Bristol Bake Off

Frozen characters melt hearts at Bristol Royal Hospital for Children

Above & Beyond's new charity partnership with recruitment consultancy Kingston Barnes is already melting hearts. Dressed as the characters from Frozen, a team including company MD James Kingston as Olaf the snowman visited the children's hospital in December, armed with 100 DVDs for children in hospital over the festive period.



Olaf the snowman and friends visit the children's hospital

Lorna Clarke of the charity said: "The children were thrilled to see the characters from Frozen – the hospital staff were pretty excited too! We're delighted that Kingston Barnes will be supporting the children's hospital throughout 2015."

Do you know a local company interested in supporting our hospitals? If so, please contact Lorna at Above & Beyond on 0117 3700 842 or email: lorna.clarke@aboveandbeyond.org.uk.

Curiouser and curiouser...

Alice in Winterland Christmas parties raise funds for our hospitals

Guests including hospital staff and the BBC's Alex Lovell got into the festive spirit at Hype's Alice in Winterland Christmas party charity nights at the Passenger Shed on 9 and 17 December.

The charity nights for these glamorous parties with a difference, organised by our friends at Hype Agency, offered the chance to meet the Mad Hatter, Alice, and the Queen of Hearts and included great entertainment from aerial artists and acrobats. Themed side stalls, a dazzling photo booth, live band and professional DJ all helped guarantee a magical night to remember. This is the fifth year that Hype Agency has supported our hospitals.



Guests including the BBC's Alex Lovell enjoyed a special evening supporting our hospitals



A spellbinding performance

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We'd like to send you occasional updates about our exciting events and how to support our hospitals. Please only tick the box if you do not wish to receive these. We will never pass your details on to external organisations. Registered Charity No. 229945



End of an era

UH Bristol's Old Building, part of the Bristol Royal Infirmary, has seen an incredible amount of change during its 280 year history; in its early years physicians carried swords, not stethoscopes, and the hospital diet included a daily pint of beer. With inpatient treatment in the building now closed, Lewis Lippiatt takes a look back at the foundation stone of today's Trust.

In 1735, a meeting was held to discuss the foundation of a charity which would lead to the establishment of an infirmary for Bristol. Pledges of between two and six guineas were made by 78 people to finance the initial construction of the building on Marlborough Street. As one of the first hospitals in the country to be dedicated to benefit those who would otherwise be unable to afford healthcare, and based in the very heart of the city, the infirmary has always been a strong symbol of Bristol's caring nature. Staff at the hospital were expected to live within the city – the journey to neighbouring villages such as Clifton and Redland carried the risk of encountering highwaymen. The swords carried by doctors were not just decorative, they were used for protection.

The first patients were admitted in December 1737, and the hospital treated just 426 patients in its first year, far fewer than the Trust now admits in an average week. By 1750, the hospital had already undertaken its first redevelopment



programme; the building was extended to give capacity for a total of 50 inpatients. The accommodation didn't come close to the standards of today however; there was just a single bath available for patients to clean themselves.

Demand for the infirmary's services often exceeded the supply of beds available; it was not until the mid-1800s that the practice of having patients

sleep two to a bed during busy times was stopped. Around the same time, the hospital also had its own bakery and brewery and even reared pigs on-site. The bacon which patients were served for their breakfast had been cured just metres away.

The building has been developed and adapted over time, often in line with advances in healthcare. For a

12 month period between 1875 and 1876, the hospital's patients were placed in temporary accommodation in Colston Street to allow for major changes to the building's water supply and sewage disposal. This change, as well as the introduction of antiseptic techniques, would make a huge difference to the safety of patients undergoing surgery, who had previously been at serious risk of infection.

It was not until late in the 19th century that the infirmary recognised the benefits of having surgeons specialise in specific areas; until this time, every surgeon had been called upon to perform all types of surgery. Soon afterwards, the first specialist departments and wards were formed in the hospital when new nurse's accommodation was opened in Terrell Street, freeing up additional space for clinical use.

The eventual demolition of the nurses' house on Terrell Street has, in turn, provided space for the new BRI ward block which opened in 2014 and will be fully operational this year. It is this development which has allowed the Trust to bring an end to the Old Building's use for inpatient care. The building's limitations have been recognised for some time.

"The building has changed a lot over the years I've been here," says Helen Bishop, deputy head of nursing for the Division of Medicine. "Walls have been put up, walls have been taken down, and of course in the last five years we've known that the building would be closing, so it has been about maintenance, rather than wholesale refurbishment."

In November, the final inpatients were moved from the Old Building into new locations within the King Edward Building and Queen's Building. The move marked a huge milestone in the history of healthcare in the city, and in the continued redevelopment of UH Bristol's facilities. The unpretentious, unassuming frontage of the building remains, giving no real clues to the storied history of one of Bristol's oldest institutions.

Old Building trivia

When the hospital opened, it had a clinical staff consisting of just four physicians and two surgeons

Inpatients of the hospital were expected to assist with the cleaning of the wards, linen and even other patients

In 1762, the infirmary's accounts show that 4,746 gallons of milk and 16,634 gallons of beer and ale were consumed

The first operating table used was constructed from wood, and remained in use for 100 years

Teaching has been a part of the hospital's history from the beginning, the first apprentice was taken on in 1740, at the age of 12

BUILDING A BETTER BRISTOL

New linear accelerator begins treating cancer patients



The machine is the most modern of its kind

The new linear accelerator will enhance treatment for patients

Bristol Haematology and Oncology Centre (BHOC) has recently completed commissioning its new linear accelerator, which is now providing radiotherapy treatment to patients.

A launch event was held on 15 January, with members of the Trust's clinical staff and management joined by trustees of Friends of Bristol Haematology and Oncology Centre.

The new machinery is being paid for by Friends of Bristol Haematology and Oncology Centre, one of the Trust's charity partners, which has pledged

£2 million. John Miles, chair of trustees for the charity, said: "Everyone at the charity is delighted to see the new linear accelerator in use, but we are appealing to the public to help us raise the remaining £800,000 towards the cost of the machine until we reach our target of £2 million."

The Trust has built two new, larger underground bunkers underneath the car park of BHOC to house new linear accelerators. The work was carried out as part of the wider refurbishment and extension of the facility, which has provided cancer care in Bristol since the 1970s.

Ward moves in Queen's Building and King Edward Building

The Trust has successfully undertaken a large number of ward moves in the BRI in recent months, as a result of newly opened or refurbished facilities.

A total of 15 moves have taken place to date, made possible by the efforts of hundreds of staff. The changes continue in 2015 with two more floors of the new BRI ward block due to open, as well as the closure of all inpatient facilities in the King Edward Building.

Milestones

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

New intensive care unit opens to patients

FEB
2015

Refurbishment of wards in Queen's Building continues

MAR
2015

New surgical admission suite opens to patients

APR
2015

Work progresses on new pre-operative facility

UH Bristol's redevelopment programme took another significant step forwards in December, as the new structure which will house the combined surgical admissions suite and pre-operative department was lifted into place on the roof of the Bristol Royal Infirmary's King Edward Building.

A crane was positioned on Marlborough Street, alongside the King Edward Building, to lift 16 prefabricated components onto the building. These components were then converted into a single structure. The new facility expands the Trust's existing first class, pre-operative assessment services.



This edition we meet...

Father Christmas!

2

30 years

Doing the best for patients

Richard Willerton Manager of the South West Cleft Service

Where is the South West Cleft Service based?

In Bristol Dental Hospital. We moved here from Frenchay Hospital at the end of August.

What was the reason for the move?

The transfer followed on from the centralisation of specialist paediatrics project, which involved bringing all specialist children's services in the city onto a single site at UH Bristol. Orthodontics, paediatric and restorative dentistry all play a part in the treatment of cleft lip and palate patients, so the service has a natural link with the Dental Hospital. An area on the ground floor has been refurbished to create a clinical space we share with the head and neck service.

Who does the service treat?

The service treats three main groups. The principal group is the babies born with a cleft lip or cleft palate: we work with them from first diagnosis (often antenatally) until they are around 20. We also see patients who do not have a cleft but whose palate function is compromised in some way: a lot of these are children whose speech is not developing as it should. The third group is returning adults who have not been treated to the standards we would expect today.

How many babies are born with a cleft lip or palate?

The average number of babies born with a cleft lip or palate across the South West has been around 70 a year in recent times. But there can be a lot of variation. In 2013, we had our highest number ever at 88, whereas in 2014 the number was 60.

Who works in the service?

We are a multidisciplinary team with cleft surgeons, dental consultants, specialist nurses, speech and language therapists and clinical psychologists, plus our support staff. We work with a network of clinicians in other Trusts across the region.

What does your role involve?

When I started, there was a big job to be done to establish the regional service, and of course in the last year the focus has been the service transfer from Frenchay Hospital to UH Bristol. On a daily basis, a lot of the job is dealing with the issues common to managing any department such as finances, staffing, and health and safety. A close partnership with the clinical lead is essential for dealing with the challenges that arise and ensuring we continue to deliver the best service we can.

How long have you worked for the NHS?

After university, I had a couple of temporary jobs near my home in Staines, Surrey, that introduced me to hospital administration (as it was then called). My first permanent job in the NHS was in Rugby in 1985. I worked in Peterborough and Coventry before taking up my post in Bristol in 2001.

What professional skill has benefited you most throughout your career?

I am good at writing and editing documents so that people can easily read and understand them.

What drives you at work?

Doing the best for our patients. As a manager, it can sometimes be a challenge to balance the desire to champion your service with the need to take into account the wider interests of the division or Trust.

What's your party piece?

I don't have a party piece but I do play Father Christmas at the local Cleft Lip and Palate Association party each year. I also play guitar well enough to know my limitations.

What's your favourite film?

A film I can happily watch repeatedly is *The Fifth Element*, where Bruce Willis saves the Earth (again). It's complete nonsense but great escapism.

Name one thing many people don't know about you

I am a licensed lay minister in the Church of England.

Ahead of the curve

The clinical research unit at Bristol Eye Hospital runs high quality trials and studies to give patients access to new treatments, interventions and medicines. This has greatly increased patient choice as well as contributing towards the development of cutting edge clinical services. Barry McCarthy finds out more.

The clinical research unit was created in 2003 with the aim of improving outcomes for patients by offering innovative treatments for eye diseases. It has grown rapidly, refurbished its facilities and now has 18 staff currently overseeing more than 40 clinical trials. A further 20 studies are currently being set up.

There are three main strands to the unit's work: running trials for new drugs and treatments; conducting research into how current treatments can be modified to benefit patients; and undertaking studies into the factors that influence disease such as lifestyle choices and genetics. Patients can contribute to research in a variety of ways from participating in a trial for a new drug to simply allowing staff to use their clinical data and medical history for research purposes. By participating in trials, patients can potentially improve their own condition as well as contributing towards the development of future treatments.

Top recruiter

The unit has a successful track record of working with trial organisers, which include partners in industry and universities. Working successfully with trial organisers means patients can access a wide range of promising new drugs and treatments.

"This unit has been the top UK recruiter of patients to a number of trials, especially for retinal diseases," says Clare Bailey, consultant ophthalmologist and director of the unit. "Many patients attending Bristol Eye Hospital have conditions that need to be treated quickly but some conditions have no proven medical intervention. We can offer trials to people who have no other medical alternative: this has hugely increased our patients' treatment options." This research activity has also enabled the unit to invest in new

equipment such as pioneering eye imaging machines. These allow more accurate diagnosis, enabling staff to treat patients more effectively.

One of the unit's biggest research achievements to date has been on treating wet age-related macular degeneration (AMD), a severe condition where a person's vision can deteriorate rapidly.

"As part of an international collaboration, we were the first unit in the UK to offer patients a trial treatment for AMD," says Clare. "Now it's routinely offered to patients as part of standard NHS care and it has saved the sight of thousands of people."

Benefitting our patients

Before new drugs make it to the trial stage for patients, they have already undergone several rounds of testing.

Ifan Jones, clinical research manager, explains: "We only offer trials when we believe they could help the patient. We give people a significant amount of information on the trial and they have plenty of time to consider their options. Generally patients are eager to participate as it represents an opportunity to potentially benefit their own vision and also altruistically to contribute to the development of better treatments for future patients too. Public demand is driving our work."

Bristol Eye Hospital has systems in place to screen all patients who are potentially suitable for trials. Clinical staff are described as being hugely 'pro research', ensuring that trial options are factored into consultations with patients. In addition, the research unit is located next to clinical services, providing a seamless overlap of care.

"It's well known that the hospitals that are the most involved in research provide the highest standards of care," says Ifan. "By being so proactive about research, we are achieving better health outcomes for our patients."

To contact the unit, call 0117 342 4770 or email behresearch@uhbristol.nhs.uk.

Research 'embedded' into new outreach services

Bristol Eye Hospital has launched a programme of services providing specialist eye treatment in the community. The new services began at South Bristol Community Hospital in March. In November, they were extended to St George's Medical Practice, near Weston-super-Mare. It is the first time in the region that such specialist services are available outside of a hospital setting. Patients with specific eye conditions such as AMD and diabetic retinopathy, who need to attend monthly for treatment, can now be treated much closer to home by staff from Bristol Eye Hospital.

UH Bristol will further expand the programme into South Gloucestershire this year. Research will be embedded into the new outreach services with staff continuing to assess patients in these locations for their suitability for trials as well as making people aware of trial options.



Members of the clinical research unit team at Bristol Eye Hospital

Stepping into the digital age

At the end of 2013, UH Bristol introduced BigHand digital dictation and speech recognition software in a first step towards speeding up the production of clinical correspondence. Kate Hanlon looks at how this is improving the working lives of staff and the experience of our patients.

Before the introduction of BigHand software, only around a quarter of outpatient consultations were followed up with a letter to GPs on the same day, with typing backlogs causing delays in sending out letters. The new digital dictation system is replacing a variety of digital dictation software packages used across different specialties as well as outdated tape recording and paper-based systems. It is transforming care by reducing the time taken for GPs and patients to receive their letters.

The aim of the new system is for clinicians to dictate their correspondence on a digital dictaphone before the recording is interpreted by speech recognition software. This content is then made available to medical secretaries to proofread and edit before it goes back to the clinician for electronic sign off.

In departments where BigHand has been introduced, the turnaround time for clinical correspondence has dropped from 20 working days to just seven days on average.

The respiratory department, part of the Division of Medicine, was selected

to be involved in the initial testing and development of BigHand within the Trust.

Julie Phillips, medical secretary manager for the respiratory department, says: "The new software has seen a significant change in the way we work by gradually freeing up the time medical secretaries spend typing letters. This also means that we are saving money as we no longer need to outsource any typing and we are reducing the amount of time it takes to turn around clinical correspondence."

BigHand is now being used by 290 clinicians and 90 medical secretaries across 15 specialties.

Project manager Mike Milton says: "Staff are learning new skills by adopting this new technology, resulting in medical secretaries and clinicians being able to work more efficiently. We are always looking at how we can embrace and deploy new technology to transform the way we work to improve the patient journey and the working lives of our staff."

Dr Nabil Jarad (pictured), consultant respiratory physician, says: "We initially doubted that BigHand would make such a big contribution but it has. It is easy to use. BigHand is one of those initiatives that when we look back we say 'how did we manage without it?'"

BigHand is currently being rolled out across the remainder of the Trust with the aim of completing the roll out by the end of 2015.



Medical secretaries in the respiratory department helped test the new system