Celebrating the children’s hospital flow programme
Hello and welcome to this March/April edition of Voices.

As we emerge from the winter, our colleagues at Bristol Royal Hospital for Children (BRHC) have much to celebrate. They ran an ambitious ‘flow’ programme aimed at easing winter pressures; in colder weather, many more children need treatment for respiratory conditions such as bronchiolitis. The scheme has been a huge success: more nurses were recruited, we’ve reduced the length of stay for patients and we have better communication among staff. The team plans to continue building on its achievements in the months ahead. See pages 8-9 for more information.

One of the reasons for the success of the flow programme is the hard work and dedication of staff. In order for us all to work to our full potential, we need to do what we can to ensure our physical and mental wellbeing. This isn’t always easy – our working lives can be extremely busy and pressurised. With this in mind, the Trust has created a new employee wellbeing framework, providing a more holistic approach to ensuring we stay healthy. See pages 10-11 for more information on the wellbeing schemes and activities available at the Trust.

A lot of work goes on behind the scenes to ensure our hospitals run efficiently. On page 16, we take a closer look at our security team, whose members deal with a wide range of incidents on a daily basis.

In our regular ‘meet the manager’ article on the back page, Leigh Adams, the new director of facilities and estates, tells us more about his role as well as what he’s working on at work.

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

I hope you enjoy this edition.

Fiona Reid
Head of communications

TYA team secures funding for young people’s cancer study

A pioneering research project on young people’s cancer is soon to get underway at the Bristol Haematology and Oncology Centre (BHOC).

The year-long project will see the team from the teenage and young adults (TYA) cancer service at BHOC looking at the journey of young people with cancer through the healthcare system, from first presentation to diagnosis. The team will attempt to identify if there was a point where an earlier intervention could have been made.

The project came about after the government issued a call for bids to support work to improve the speed of diagnosis for all types of cancer. The Bristol TYA team successfully obtained £40,000 from NHS England to fund the project.

Mike Stevens, professor of paediatric oncology at UH Bristol, said: “Cancer is the leading medical cause of death in young people in the UK, accounting for over 25 per cent of all deaths in the age group from 15 to 24. Approximately 2,000 individuals of this age are diagnosed with cancer each year in the UK and about 300 die from cancer annually.”

New neurorehabilitation unit offers home-like environment

The first dedicated inpatient neurorehabilitation unit in the South West has opened at the Bristol Royal Hospital for Children.

A highly experienced interdisciplinary team will provide rehabilitation in the unit for children with a range of neurological conditions including those who have sustained an acute brain injury or spinal cord injury from trauma or infection or patients who need intensive rehabilitation following selective dorsal rhizotomy surgery for cerebral palsy. The eight bedded unit offers a home-like environment, which will be particularly beneficial for patients who need to stay in hospital for long periods.

Trust signs up to efficient energy project

UH Bristol, Bristol City Council and the University of Bristol have committed themselves to a more energy efficient future by signing a memorandum of understanding to work together on a district energy network.

The network will supply heat and power to a range of buildings through underground pipes and cables from UH Bristol’s central energy centre.

The centre produces combined heat and power, which is more efficient than sourcing energy from localised boilers or electricity from the grid. The network will provide the Trust and the university with lower carbon energy and cheaper heating costs. The ultimate aim of the scheme is to connect the network to social housing on Dove Street.

Trust chairman John Savage said: “Developing a district energy network will have clear health benefits for those who are often hard hit by fuel costs.”
Staff win award for tackling bullying

Members of the confidential harassment and bullying advice service have received an award as part of UH Bristol’s Respecting Everyone month in November.

The award was for staff who have developed and promoted anti-bullying practices, projects or initiatives or who, through their day to day work, act as anti-bullying champions.

The winners were:
- Linda Turner-Williams, ward sister
- Julie Marshall, project manager
- Carol Hall, nursing assistant
- Tabinda Rashid-Fadel, senior chief cardiac technician
- Lisa Balmforth, HR business partner
- Everton Barclay, essential training and development advisor
- Rebecca Ridsdale, head of reward.

The winners, some of whom are pictured with staff side representatives, conduct their roles in the service on a voluntary basis, empowering staff to raise concerns about bullying, giving informal advice and making recommendations on how to resolve issues.

Why not join John this May or August? Sign up for a skydive to support the children’s hospital at www.grandappeal.org.uk.

UH Bristol enhances safety for patients

The Trust has introduced many safety improvements as a result of learning from serious incidents.

A serious incident is when the level of harm caused by an incident is severe such as an unexpected or avoidable death; where the outcome requires life saving or major surgical or medical intervention, or will shorten life expectancy.

Examples of safety improvements introduced following serious incidents include higher success rates in diagnosing dissecting aortic aneurysm, a life-threatening, rare and sometimes ‘hard to spot’ condition. We have also got better at identifying cerebral bleeds in older inpatients who have fallen and suffered a head injury. This has led to better post-fall management.

To find out more about patient safety successes and why incident reporting is important, please read our ‘Simple guide to reporting incidents’, which is included as an insert in this edition of Voices.

Incredible

Grand Appeal fundraiser raises £260,000 through charity skydives

Wallace & Gromit’s Grand Appeal fundraiser and volunteer 84-year-old John Wilkins is about to complete his 40th skydive to continue to raise funds for the charity.

Each year, John takes part in two team parachute jumps, leaping from planes at 10,000 ft. Since he began fundraising in 1999, John’s skydives have raised £260,000 for Bristol Royal Hospital for Children.

John, a former paratrooper from Clevedon, has been rewarded with a certificate of merit from Prince Charles and has also been given an honorary degree by the University of Bristol in recognition of his fundraising efforts. John says there is no challenge he would turn down, having already walked on a plane’s wing at 10,000 ft and abseiled down a number of large buildings.

As well as raising funds through his charity jumps, John spends every morning at the children’s hospital recruiting skydivers, collecting donations and selling Grand Appeal merchandise in aid of the hospital.

For more information on the service including contact details, visit the following Connect page: http://goto/advice.

The central sterile services department (CSSD) is responsible for processing reusable medical devices. Over 60 employees working in the department’s facilities at the Bristol Royal Infirmary Kingsdown Building, Bristol Eye Hospital and Bristol Dental Hospital clean, check, pack and sterilise equipment for further use.

In November, CSSD was named non-clinical team of the year at the Trust’s Recognising Success Awards for its consistent high performance and for continuously achieving positive outcomes for service users.

Annette Giles, head of CSSD, says: “We need to clean and sterilise medical instruments as quickly as possible so that we can return them to staff for operations. If delays occur in our department, this can impact on services throughout the Trust.

“As part of a recent refurbishment programme, our site at Kingsdown Building had seven new sophisticated washer disinfectors installed. These basically work as dishwashers, cleaning and disinfecting dirty instruments. The new washers have ensured our decontamination room is more efficient, reducing the time it takes to clean equipment from 75 minutes to 45 minutes.”

In the last year CSSD staff have had to familiarise themselves with over 300 new instrument sets as a result of specialist children’s services moving to Bristol Royal Hospital for Children (BRHC). “The move of paediatric, burns and neurology services to BRHC increased our workload significantly and we had to learn the names of many new instruments that were not previously used at the Trust,” says Tim Brown, quality and resources manager.

“ We have also seen an increase in the volume of loan equipment that the BRHC theatres are hiring due to the complexity of the surgery they are now performing, but the team has adapted to the pressure remarkably well.”

Sylvia Whitehead, sterile services technician, says the team has received a lot of positive feedback. “We are regularly thanked by theatre staff for ensuring they can operate on time, which encourages the team and reminds us that we are doing a good job,” she says.

The CSSD team is particularly proud of the way it responded to a significant water leak in the BRI in November. The leak meant CSSD’s Kingsdown facility had no water for 48 hours. “We reacted quickly by transferring our Kingsdown services to our facility at Bristol Eye Hospital,” says Annette. “We also moved services to Frenchay CSSD at North Bristol NHS Trust. As a result of everyone’s hard work and dedication, no operations were cancelled during this time.”
Tackling under representation of BME staff

UH Bristol is committed to ensuring its workforce is representative of the local community from junior to senior levels. Heather Price reports on a successful new scheme aiming to promote equal opportunities.

There is much evidence to suggest that if decision-makers are drawn from a diverse pool, hospitals are in a better position to tailor services to meet the needs of the whole community, including black, Asian and minority ethnic (BAME) people. The Trust recognises that it is morally and ethically right to retain talent from a diverse pool.

Employees from a BAME background make up 15 per cent of the total number of staff at UH Bristol. A large proportion are employed in more junior positions with only four per cent in bands seven and above. There is a disproportionate number of disciplinary cases involving BAME employees – last year 40 per cent of disciplinary cases related to BAME staff. The Trust will be working with staff side representatives to understand the reasons for this as part of its equality and diversity strategy.

UH Bristol’s BME Forum introduced a ‘reverse mentoring’ programme to help senior managers increase their understanding and deal with diversity and equality issues more effectively. The scheme also acted as a development tool for BAME staff and aimed to improve recruitment and retention levels of BAME employees across the Trust.

Reverse mentoring involved pairing mentors – BAME staff – with mentees – senior white managers. Unlike the usual concept of mentoring, reverse mentoring is a more equal, two-way exchange, where the junior colleague helps to develop the understanding of the senior colleague. The mentors were able to gain career advice, share their experiences of working for the Trust and highlight any pressures their services were under.

The participants in the pilot ranged from general managers to executive directors who were paired with four BAME staff employed in bands three to seven roles. They met regularly over a six month period. The feedback from the scheme was very positive, and as a result some participants have continued to meet. The programme will run again later this year, and the BME Forum will be recruiting new participants. There are also plans to integrate the scheme into leadership training for senior managers.

“The programme is not just to help staff but to benefit the wider population,” says Florene Jordan, a nurse who was paired with chief operating officer James Rimmer. “If we have a diverse staff, patients and visitors from BAME communities will feel more comfortable at the hospitals and services will better meet their needs.”

Peninah Achieng Kindberg, the outgoing chair of the BME Forum, says the initiative has been a success but adds that more has to be done. “I would like to see equal investment from the Trust in BAME staff – their presence is not visible enough and they may feel undervalued. It’s important we become an open, diverse organisation with a greater understanding of BAME staff and cultural practices.”

Focus groups are just some of the ways in which our governors comment on and influence key matters at UH Bristol. Barry McCarthy finds out more.

The constitution project focus group, which meets quarterly, is one of three governor focus groups at UH Bristol. Chaired by lead governor Sue Silvey, the group involves our elected and appointed representatives in changes to the Trust’s constitution and assesses the profile of members to ensure they are representative of the local community. It is also a way to gain advice from governors on communications and engagement activities for Foundation Trust members.

The governor’s strategy group, which takes place six times a year, provides the opportunity for governors to contribute to the Trust’s annual strategic plan and comment on strategic issues that will affect the Trust in the medium and long-term. Wendy Gregory, patient governor representing the medium and long-term, and our own observations, we become aware of things that are going well but also issues that need to be addressed,” says Clive Hamilton (pictured), public governor for North Somerset and lead governor for the group. “Our unique perspective enables us to make an important contribution to the annual quality report and to challenge the Board on quality issues where necessary.”

One of the quality project focus group’s successes was when it raised concerns about missed targets in relation to omitted doses of critical medicines. “We noticed that standards in this area were slipping and we raised this at the council of governors’ meeting,” says Clive. “Our efforts led to actions being undertaken to address the issue. Since then standards have improved. In November, the team behind the improvements, the reducing omitted doses group, won an award at the annual Recognising Success Awards for promoting patient safety. This is just one example of the influence governors can have through the focus groups.”

Don’t miss our next Health Matters event on diabetes

The focus will be on how diabetes affects children and young people making the transition into adulthood. Speakers include Dr Julian Hamilton-Shield, consultant senior lecturer in child health. The event takes place from 5.30pm to 7pm at the Education and Research Centre on 7 May. For more information, email foundationtrust@uhbristol.nhs.uk or call 0117 3423764.

If you would like more information on the scheme, contact Rebecca Riddale, head of reward, on rebecca.riddale@uhbristol.nhs.uk or Florene Jordan on florene.jordan@uhbristol.nhs.uk.
Easing winter pressures

An ambitious new programme was launched last year to help Bristol Royal Hospital for Children cope more effectively with winter pressures. The wide-ranging initiative has led to considerable benefits for patients and staff. Barry McCarthy reports.

Winter is a busy time for Bristol Royal Hospital for Children (BRHC). In colder weather, many more children need treatment for respiratory conditions such as bronchiolitis, an infection that commonly affects those under one. BRHC had the added challenge this winter of ensuring the smooth running of the hospital having taken on new services. In May, all specialist children’s services for the region were brought together at BRHC, enabling the hospital to become the paediatric major trauma centre for the South West. These changes mean that staff at the hospital have needed to deal with more complex cases, a larger number of patients, and a bigger site following an extension of the hospital.

Staff created a wide-ranging ‘flow’ programme (see sidebar) to ensure BRHC was as prepared as possible for the extra demands placed on the hospital by winter pressures. Flow – key to the success of every acute hospital – refers to the movement of patients, information and equipment between departments and staff groups as part of a patient’s care pathway.

One of the key projects in the programme is the paediatric outpatient parental antibiotic therapy service (p-opat). This service enables children and young people, who are medically stable but requiring prolonged courses of intravenous antibiotics, to have their treatment managed at home rather than in hospital. A community nurse visits the patient at home. The team includes an admin member of staff and a part-time consultant in infectious diseases. Community staff had already been providing antibiotic therapy at home for patients where appropriate, but the extra resources made available through the CCG’s funding means the work can take place on a much bigger scale.

Over 50 patients, many of whom are recovering from illnesses such as infections of the bone, skin, lung, heart, or brain, have benefited so far from p-opat. The early results are positive. Since p-opat began, around 100 bed days have been saved a month, enabling the hospital to admit more children and improve the flow of patients through BRHC.

The next phase of p-opat is to introduce an innovative intravenous pump system (elastomeric device) for patients who need more than one dose of antibiotics a day. The antibiotics are released gradually over a 24 hour period from the pump into a peripherally inserted central line. Every day, the community nurse will visit the patient to replace the pump and check on the patient. It is believed BRHC will be the only second hospital in the UK to use the device.

Carlin Marnell, general manager for children’s medical specialties, says: “When you add up the sum total of the various elements of the flow programme, in effect it’s been a massive success. We have recruited more nurses, we have better communication and we’ve reduced the length of stay for patients, freeing up more beds. We haven’t solved all our problems. There is still much to do and we plan to continue building on the successes of the programme.”

To find out more about the programme and for contact information, visit Connect: http://goto/flow.

Main picture: Jolanta Bernatoniene with the innovative intravenous pump system – it is believed BRHC will be only the second hospital in the UK to use the device.

Some of the key staff behind the flow programme: (l-r) Sarah Harper, Jolanta Bernatoniene, Jane Hills, Melanie Jeffries, Anne Frampton, Frances Hutchings, Helen Rees.

Key elements of the flow programme

The children’s hospital emergency department was redesigned and refurbished at a cost of £350,000. New ‘fast flow’ cubicles, dedicated to patients with minor illnesses and injuries, mean more children can receive treatment faster.

Daily meetings were introduced to raise awareness of the hospital’s flow status and to discuss staffing levels, patient safety and any action that needs to be taken. Representatives from the 16 clinical areas at the hospital meet at 8.15am. New iPod Touch devices for key clinicians involved in flow mean staff can now communicate more effectively for non-emergency issues.

The hospital’s ‘escalation’ policy was updated to promote patient flow. It identifies four levels of escalation (green, amber, red, black). Updated action cards were created for various teams and roles within the hospital to prompt actions at each level of escalation.
RESPECTING EVERYONE

Caring for ourselves

Maintaining a healthy work-life balance isn’t easy, but looking after your mind and body is the key to getting the most out of your job and your free time. To help us to look after ourselves well, the Trust has appointed a new wellbeing lead, Claire Haley. Steph Feldwicke went to meet her.

Top tips for a healthy mind and body

1. Get enough sleep – eight hours is best if possible, but quality of sleep is also important. Visit http://goto/SleepingWell.
4. Get enough sleep – eight hours is best if possible, but quality of sleep is also important. Visit http://goto/SleepingWell.
5. Take charge of your money – money worries can cause a huge amount of stress. For help and advice visit http://goto/MoneyAdvice.

Examples of wellbeing schemes and activities

Schwartz Rounds: The monthly Schwartz Rounds are an opportunity for staff to come together to discuss, confidentially, the emotional and social aspects of working in healthcare. Visit http://goto/schwartz.
Lighten Up: The programme offers staff coping strategies to improve quality of life at work and at home. Visit http://tinyurl.com/m4evqsp.
Physio Direct: Staff can access physiotherapy advice and assessment without having to see their GP. To book your telephone consultation, call 0117 342 3400.
Physio Select: Classes on Pilates, circuit training and hydrotherapy take place in the physiotherapy department at the Bristol Royal Infirmary. Call 0117 342 3866 or email physioselect@uhbristol.nhs.uk.

Pregnancy workshops: Women can receive expert advice from professionals on a wide range of issues such as maintaining a good diet, ensuring their health and safety at work and preparing for maternity. For more information, contact Claire Haley on 0117 342 3749.

For more information on staff health and wellbeing visit http://goto/HealthWellbeing.

RESPECTING EVERYONE
Above & Beyond’s £6 million Golden Gift Appeal at £4.5 million...

The Golden Gift Appeal is raising funds to help transform the Bristol Haematology and Oncology Centre (BHOC) and the Bristol Royal Infantry (BRI) into the very best facilities – a gold standard.

Since its launch in June 2013, the Golden Gift Appeal has raised over £4.5 million, thanks to incredible local support – including from many wonderful hospital colleagues, former patients and their families. “We want to say a massive thank you to every single person who has fundraised, donated, baked, run, sung and abseilled!” explains Toni Collier of the charity. She adds: “There are plenty of exciting ways to get involved in 2015 – just go to our website, call into our BRI Welcome Centre office or ring us to find out more.”

At the charity, we know how busy Trust staff are, caring for patients 24 hours a day, seven days a week, so if you can’t get involved in our events, please help spread the word.

Just check out our social media links at www.aboveandbeyond.org.uk and help raise awareness about why this cause matters.

The BEST CARE IN THE BEST ENVIRONMENT

PROVIDING STATE-OF-THE-ART EQUIPMENT TO SAVE MORE LIVES

“Having ultrasound immediately available at any time simply lowers the threshold for life-threatening conditions. You want answers, you want accuracy and this technology gives you that.”

Dr Chris Monk

Together we are raising funds for two mobile scanners at the BRI, giving patients speedier diagnosis and treatment, and greater peace of mind.

GIVING PATIENTS AND VISITORS GREATER PRIVACY AND DIGNITY IN CARE

The appeal is raising funds for artworks to provide uplifting and calming surroundings for patients.

With your help, our appeal can raise funds to make even more of a difference with...

• the latest world-class technology for intensive care monitoring
• family rooms for the new intensive care unit
• additional individual rooms at the BRI for patients with cystic fibrosis as well as older patients and those needing end of life care.

Just go to www.goldengiftappeal.org.uk to find out more.

The difference we’re making to patients – together...

...help us reach the next million!

Our very own ‘medi-pedalers’ set to pedal 430km for patients this spring!

A team of intrepid ‘medi-pedalers’ from UH Bristol is training hard to ride 430km as part of Above & Beyond’s Bristol to Paris cycle challenge from 1 to 5 May.

They are Anna Blake, assistant general manager for Surgery, Head and Neck (SHN); Richard Downes, principal perfusionist; Anne Frampton, paediatric emergency department consultant; Rhona Galt, former general manager for SHN; Fiona Jones, divisional director for Diagnostic and Therapy; Chris Monk, consultant cardiac anaesthetist; and Jim Portal, haematology consultant.

The medi-pedalers are pedalling 430km from Bristol to Paris for patients this spring: that’s above and beyond!

Around 1,000 Bristol students took part in this year’s Ignit10n challenge for our hospitals. They will be among 71 participants pedalling for patients. The cyclists’ goal? To raise £100,000 as part of the Golden Gift Appeal for a new room in the new BRI ward block, giving patients with cystic fibrosis added privacy and dignity and providing the space needed for specialist equipment.

O n 19 March at 8.30am, 1,000 Bristol University students in over 20 sports teams were on their marks to shoot netball hoops, play hockey, and lift weights among other activities, for their 10 hour non-stop Ignit10n fitness challenge. The students set out to raise £40,000 for the Golden Gift Appeal.

Last year the first ever Ignit10n challenge by Bristol University students raised £22,000 for our hospitals. This year’s event was even bigger and better. From the Jets team keeping a cheerleader in the air for 10 hours, to the American football team weightlifting over 10.5 million kg, and the athletics and cross country team running 450 km, everyone involved made this an amazing day. Ignit10n co-founder Milly Belcher said: “As sports students when we’ve needed the support of the University, we’ve been given a huge amount back. Ignit10n is our opportunity to give something back to the community. It’s a chance for us to show our gratitude to the university and those who work in the hospital.”

Please join your hospitals’ charity at this iconic event to enjoy the magic of the fiesta. You will have the chance to see our very own balloon take to the skies. To find out more about volunteering at the fiesta, call into Above & Beyond’s BRI Welcome Centre office (next to WH Smith and Marks & Spencer), contact Toni on 0117 3700 485 or email toni.collier@aboveandbeyond.org.uk.

Ignit10n, set and ready to go! 1,000 Bristol students, 10 hour fitness challenge for Bristol’s hospitals

Join Above & Beyond at the iconic Bristol International Balloon Fiesta

An iconic Bristol International Balloon Fiesta which takes place from 7 to 9 August.

To support Ignit10n go to http://www.everydayhero.co.uk/medipedaler.
I’m being shown around the new Bristol Royal Infirmary (BRI) intensive care unit just days before it opens. All that’s missing are beds and patients. The space is bright, open, and the dominant colour is a pristine white. Monitoring screens hanging from the ceiling and specialist medical equipment mark out the spaces which the beds will soon fill. Everything about the unit looks high-tech, even futuristic; I feel a little like I’ve taken a wrong turn somewhere and ended up on the set of a science fiction film.

Consultant intensivist Tim Gould is accompanying me on my visit, and proudly talks me through some of the facility’s features. “We’re incredibly lucky to be moving into this new space; it has been designed from the outset as an ICU, and we’ve had the opportunity to provide input into that design,” he says. Tim talks me through the unit’s new monitoring system, which is multi-functional; it records patient notes, facilitates electronic drug prescribing and provides real-time monitoring of patients’ vital signs. The system even sends alerts about changes to patients’ conditions directly to the clinical team’s smartphones. “This type of intelligent surveillance monitoring makes us instantly aware of any problems developing in our patients,” says Tim. “We can then respond very rapidly, with real-time information. Ultimately, this will make the ICU an even safer place for critically ill patients.”

The unit also features more individual rooms, which provide patients with a greater degree of privacy and dignity during their treatment. Isolation rooms allow the clinical team to control air pressure, preventing the spread of illness to other patients, many of whom have weakened immune systems. UH Bristol’s old ICU in the BRI Queen’s Building had little provision for patients’ relatives. The new facility addresses this shortcoming, with a dedicated, comfortable waiting area. In addition, two bedrooms with en-suite facilities are available for relatives who need to stay overnight to be close to their loved ones.

As we finish looking around, it is obvious that Tim is excited about the move into the new facility, and the difference it will make to the work of the ICU team. “We work incredibly closely as a team in intensive care; it is a unique environment and we rely on each other to provide the absolute best care for our patients. What we have in the new ICU is a purpose built facility which will allow the team to be at its most effective.”

A stay in the intensive care unit is not usually foreseeable; it is the type of medical facility which most people would prefer never to have to think about, much less stay in. But for those who require the services of ICU, and its team of highly skilled staff, it is often the difference between life and death. As the door to the unit quietly swings closed behind me, I am pleased that I got the chance to see it and am hopeful I will never need it. More than anything, I am glad to know that it is there.

Hospitals’ charity Above & Beyond is providing funding for the new ICU as part of its £6 million Golden Gift Appeal. The state-of-the-art monitoring system, as well as the waiting area and en-suite rooms for relatives will all be paid for by the fundraising efforts of the charity.

Drummond Forbes, chairman of trustees at Above & Beyond, says: “Critically ill patients in intensive care at the BRI are among the sickest in the country – if we or our loved ones needed that care we’d want it to be the very best.

“Everyone donating to our charity’s Golden Gift Appeal will be helping to raise the funds needed for a world-class intensive care monitoring system here in Bristol. You will be making a real difference to so many patients and helping our doctors and nurses save even more lives.”
Ensuring everyone’s safety

The role of the security team is to keep staff, patients and visitors safe. Marcella Pinto sat down with the team to chat about their day-to-day job and the challenges they face.

“We provide a safe and secure environment for everybody that enters our Trust,” says Michael Hanrahan, security officer. “We cover every building and hospital on the entire site.”

Michael is part of a 12-strong team that provides 24 hour security at the Trust, seven days a week. Officers deal with a wide range of issues such as preventing vehicle crime in the Trust’s car parks, protecting vulnerable children when they are brought in for treatment and responding to incidents of violence and aggression against staff. In 2013/14, 35 individuals were prosecuted for physically assaulting Trust staff. Only one other acute trust during this period had more sanctions against offenders who physically assaulted staff.

“Yet in the 15 years I have been here, the security officer job has gone from being based mainly at the emergency department overseeing security to being far more ward based,” explains Michael. “We are frequently called to wards to deal with aggressive behaviour from patients suffering from dementia and other cognitive issues. It is important that we are well trained in the Mental Capacity Act because it is our responsibility to know how to act when we are faced with a mentally ill or vulnerable patient.” The officers attend refresher training every six months in the use of restraint techniques.

The security officers also help ensure everyone can access NHS services. Once a week the officers play a key role in the provision of a safe treatment facility for patients who are categorised as disruptive or high risk and have been excluded from a GP surgery. Once the patient is searched by the Trust police liaison officer, the security officers escort the patient to a specially adapted clinical facility to receive GP services. The officers ensure everyone’s safety while the patient is being treated.

“Our job can be dangerous,” says Michael. “And we have to deal with difficult people. But the diversity of it makes it fascinating – it is very rewarding.”

To report an incident to security, bleep 2504.

From the chief executive

April brings spring and a new financial year, with the NHS under the continuing strain of restricted funding and increased demand from an ageing population. The NHS is under the pre-election spotlight, too.

You don’t need me to tell you how tough it is. More than 3,500 of you completed the staff survey last year and you’ve told me loud and clear just how hard you’re working and how demotivating it is to have your ambitions to deliver best care frustrated by our apparent inability to keep patients flowing through our hospitals.

We are doing everything we can to improve that. Recently, we put the different discharge teams from the Bristol Royal Infirmary, Bristol Community Health and Bristol social services into one location to help teamwork and improve communications. We have embedded a weekly multi-agency review of inpatients to reduce delayed discharges and we have adopted new approaches to scheduling theatres and managing surgical beds. As a result of these and other transformation schemes, we have seen the bed days lost to delayed discharges drop by nearly 20 per cent over the winter months compared to the previous year.

You’ve also told me through the staff survey that most of you are not getting the communication you want about the Trust and our plans and you do not have confidence that if you raise issues they will be listened to and acted upon. I have made a personal pledge as part of NHS Change Day this year to tackle that. I want to find new ways to support line managers and team leaders across the Trust to communicate freely and openly about what matters to staff and patients alike and to celebrate the fantastic work going on in our hospitals every day.

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This is important not just because of the promises to patients in the NHS Constitution but precisely because patient flow problems have an impact on the safety and quality of our care, whether because of overcrowding in our emergency departments, patients outlying on inappropriate wards, operations cancelled for lack of beds or patients having to be moved at night. Prompt discharge and good patient flow are issues of clinical quality and they reduce our costs, too. It’s win-win. That’s why I say that delivering best care and improving patient flow together is the way in which we can deliver best value for the Trust and the taxpayer in these increasingly difficult financial times.

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There will be big challenges this year but I know that we are better placed than many to meet them. Please continue to support each other. Stay focused on delivering the best care to patients. And stay true to our values of respecting everyone, embracing change, recognising success and working together. That way the challenges won’t loom so large.

Robert Woolley, chief executive
Strengthening research capabilities

A new Women’s and Children’s Division research team is being launched to enhance staff collaboration and raise the profile of clinical trials and studies among clinicians. Simon Davies reports on the benefits of the new team and what researchers are hoping to achieve.

Moving into the bigger team is exciting – it’ll be really beneficial,” says paediatric oncology research sister Selena Peters.

“When I first started as a research nurse, I was a team of one, and now we’re going to be a team of about 20 people, where there’ll be a wealth of experience we can draw on.”

Selena is looking forward to becoming part of the new Women’s and Children’s Division (WACD) research team which will be launched in April. It is being created to provide a distinct divisional research unit, bringing separately operating research teams together under a single management structure.

The senior nurse for research in WACD, Natalie Fineman, will lead the new team. The new structure means the team will operate under a single management structure.

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The teams joining together are the women’s research team based at St Michael’s Hospital, which is responsible for studies into women’s health and obstetrics; the children’s research team; the paediatric haematology, oncology and bone marrow transplant team; and the children’s burns collective. Team members are also based at the Education and Research Centre, while staff recruit participants and conduct follow up checks at Bristol Royal Hospital for Children.

Selena says the new team will give researchers a more well-rounded experience. “I think when you’ve been in a speciality for quite a while, you become very niche but by moving into a bigger team you can learn from other specialities and departments,” she says. “We’ve always helped each other in terms of bouncing ideas around, but the fact that we will be one team will make collaboration and supporting each other easier.”

One of the new team’s main objectives is to increase the amount of research being brought into the division. Natalie explains: “We hope to increase the volume of commercial trials within the division as these types of trials provide more treatment options for patients, and can generate income in a way that supports the research infrastructure.”

Future projects are likely to include expansion of the portfolio of studies in the neonatal and paediatric intensive care units, the children’s burns collective and paediatric emergency medicine. “There’s a large growth area in women’s health studies, particularly in obstetrics,” says Natalie. “And there’s a study we hope to be involved in relating to the clinical treatment of women during the third stage of labour.”

Selena Peters uses a centrifuge as part of the blood analysis process for trial participants

Expertise in paediatric oncology research

UH Bristol is the principle treatment centre in the South West for paediatric oncology.

Selena says: “We’re a recognised centre for ‘early phase’ studies and we’ve had many successes in this area. The early phase is when we trial drugs on patients for the first time.

“By this stage, drugs have undergone several years of testing to ensure they are safe to be tested on people. We have trialed new drugs that have never been used before in paediatrics.

“We were the first researchers to recruit a paediatric patient for a phase one trial, providing treatment for chronic myeloid leukaemia, a rare cancer.

“We recently recruited the first UK paediatric patients for the second part of this study. In paediatrics, you have a very small group of patients you can recruit from, and in oncology that’s even smaller.

“One of the pieces of equipment we use in paediatric oncology research is a centrifuge. A big part of a research nurse’s job is to take blood samples from children who are taking part in pharmacokinetic studies (looking at the absorption, distribution, metabolism, and excretion of a drug by the body).

“We use the centrifuge to separate components in the sample. Once the plasma is extracted, we freeze it before sending it to a laboratory in Newcastle where it’s analysed.

“Our team is trained to use the centrifuge, whereas researchers in other Trusts might not have these skills.”
When did you join UH Bristol?
I started in December 2014.

Where have you worked previously?
I was director of estates, facilities and capital projects at Homerton University Hospital NHS Foundation Trust, Hackney, London. Before that I was associate director of estates and facilities at Buckinghamshire Healthcare NHS Trust. Previously I worked as a senior consultant at Inventures, a healthcare consultancy that used to be part of the Department of Health. I’ve been working exclusively for the NHS in various capacities for over 10 years.

How many people work in facilities and estates?
We have around 750 staff, including hotel services assistants, porters, transport employees, security staff, and estates maintenance employees. We provide a wide range of services whether it is food and drink for patients, cleaning the hospitals, promoting green travel or producing ID badges for staff.

What does your role involve?
I lead a diverse staff group to ensure the patient environment is compliant with statutory requirements and best practice where possible.

Part of my role is ensuring that, as a department, we listen to clinicians and deploy our resources in the most effective way. Our core function as a department is to provide a safe and clean hospital.

How is your new role going?
I am enjoying it. Because we have a relatively large number of in-house staff and a wide skills base compared to other Trusts, there is so much potential for our department. We have many staff who excel in their specialist roles and we have the potential to be leaders in our field.

What professional skill has benefited you most?
The ability to prioritise resources is crucial. Our main concern as a department must always be our patients and creating the best environment we can for our service users. The needs of the patient must always come first.

What drives you at work?
I enjoy resolving issues and providing resilience, so that when things go wrong, business continuity is in place.

For example, if lights go out or there is no hot water in a ward, we must be able react quickly for our patients and learn from these incidents as an organisation. My department is tasked with ensuring the hospital continues to provide high quality care despite the usual problems that arise with facilities of different ages.

What have been your biggest achievements?
I have led projects where we have successfully created centralised areas of excellence to improve patient outcomes. This has included combining teams into a single location, where they can share knowledge and resources which can lead to high quality services. Equally, I have been involved in establishing better access to diagnostics and care that can be carried out in community settings, which in turn enables more appropriate use of acute hospitals.

How can people report faults and breakdowns in our buildings?
People can report any problems through our Agility system on Connect: http://goto/agility. Staff can also use the system to view updates relating to their requests. The estates helpdesk can be reached on extension 24444.