

# Voices

The magazine for UH Bristol staff



**p10-11**

## Improving staff engagement



Hello and welcome to this March/April edition of Voices.

For the first time, the Trust has employed a new wellbeing screening nurse who will visit each department across all of the hospitals, offering staff the chance to take part in a free health check at their place of work. This scheme is

available to every member of staff and is completely confidential. Turn to pages 8-9 to find out more about how to book your appointment.

In another project aimed at staff wellbeing, a new interactive website has been piloted in 11 areas across the Trust, and is a tool that staff can use to quickly capture their mood so that line managers can gauge staff morale on wards. We talk to consultant Anne Frampton about this development and what the link is between staff wellbeing and improved care for patients. Find out more on pages 10-11.

The midwifery department at St Michael's Hospital was delighted to receive the news that a recent survey of women's experiences of maternity services, carried out by the Care Quality Commission (CQC), ranked maternity services at St Michael's Hospital joint top in the country. Find out about this wonderful achievement on page 15.

On page 20 we catch up with Lorraine Warr, specialty manager for sexual health. Lorraine explains what her role involves and what a typical working day looks like for her at Central Health Clinic.

Area 61, based at Bristol Haematology and Oncology Centre, has been working towards Bristol City Council's 'Young People Friendly' initiative and recently received the news that they have been accredited. Find out on page 5 what this means for young people being treated for cancer in Bristol.

We are always keen to get your thoughts on the magazine. If you have any comments, please call 0117 342 3758 or email [communications@uhbristol.nhs.uk](mailto:communications@uhbristol.nhs.uk).

I hope you enjoy this edition.

*Fiona*

Fiona Reid  
Head of communications

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## Refurbishment for the dental hospital



The Dental Hospital oral surgery team including Lee Moran (second from right) in the refurbished oral surgery department

On 25 January the oral surgery department at the University of Bristol Dental Hospital re-opened to patients after undergoing a refurbishment.

The dental hospital was thrilled to receive new dental chairs which will be used for undergraduate teaching and oral surgery: "The old dental chairs were over 20 years

old and so we were due an upgrade", said Lee Moran, lead dental nurse. "These chairs will provide patients with a better experience when they come into the dental hospital, and students with a better learning environment."

The chairs will be used by all emergency patients or when they are referred to the dental hospital by their dentist or GP.



### Trust says goodbye to long-serving head of MEMO

At the end of February Peter Smithson, head of Medical Equipment Management Organisation, Clinical Engineering (MEMO), retired after working for the Trust for 32 years.

Peter began his working life at the Trust in the x-ray and imaging service team in 1984, before MEMO was launched in 1986. His initial role in MEMO was as quality assurance manager, before taking over as head of MEMO in 2003.

For a time, Peter worked with the unions and became joint union secretary, negotiating Agenda for Change implementation.

"Now that I have retired," said Peter, "I plan to spend more time traveling with my wife Susan who retired last year. I will be an active grandad to my five grandsons living in Bristol and London. To keep my brain active, I have started my own clinical engineering company and will facilitate improvement schemes across the UK."

## In brief

### Staff survey results

Between September and December 2015, staff survey questionnaires were sent to 8,449 members of staff, with 44% responding.

Overall, staff said they felt more engaged than they did in 2014, and that more of them would recommend the Trust as a place to work or receive treatment compared to last year.

Responses showed there are still areas where the Trust has work to do to improve staff members' experience, but that there is increased staff motivation and satisfaction.

The results showed fewer staff suffered from work related stress in the last 12 months compared to 2014, and more reported good communication between staff and senior managers.

There have been significant improvements compared to 2014 but there are still areas that need continued work. The Trust will continue to focus on effective team working and staff motivation as well as looking closely at the percentage of staff satisfied with the opportunities for flexible working patterns. Other areas of focus will be on the percentage of staff witnessing potentially harmful errors and incidents, and staff satisfaction with the quality of work and patient care they are able to deliver.



Find out how we are improving communication between staff and managers in our 'Happy App' article on pages 10-11.

## Pioneering robot revolutionises epilepsy treatment

The Grand Appeal, the Bristol children's hospital charity, is incredibly proud to have funded a pioneering neurosurgical robot, which has been used for the first time in a ground-breaking procedure that will revolutionise treatment of young patients with epilepsy at Bristol Royal Hospital for Children (BRHC).

The £350,000 Robotic Stereotactic EEG uses a high-precision image guidance system to guide and assist surgeons, enabling them to operate with a level of accuracy that has never been seen before.

Billy, 15, from Cornwall, was the first patient to undergo surgery using the new technology. Billy had experienced almost daily fits since he was eight years old, and conventional surgery to help treat his condition had not been successful.

Thanks to the pioneering new robot, surgeons were able to perform two complex operations, and the early signs for Billy post-surgery look promising.



Mike Carter, consultant neurosurgeon said: "This procedure was the culmination of an enormous amount of work by many people in the epilepsy and theatre teams, and would not have been possible without the funding provided by The Grand Appeal."

The Grand Appeal and its kind supporters funded the £350,000 robot entirely from fundraising and donations. The charity receives no government funding. You can help the charity support even more critically ill children at the BRHC. To find out how, contact the fundraising team on [info@grandappeal.org.uk](mailto:info@grandappeal.org.uk).



Billy after the operation

## Community children's nursing team expands

The community children's nursing team at Bristol Royal Hospital for Children (BRHC) has recently expanded, enabling the team to provide nursing care to children both at home and at schools across Bristol and South Gloucestershire Clinical Commissioning Group (CCG) areas, seven days a week.

The team provides nursing care, including the administration of antibiotics and other medicines, to children away from hospital. This service is enabling families to maintain normal life at home, despite the need for ongoing medical and nursing intervention.

Ken Hull, lead for the team said: "We now work seven days a week so that we are able to give families as normal a life as possible when children are discharged from hospital. It is absolutely our role to support families in this way, while aiming to prevent return to hospital for procedures where possible."



## Helping young patients feel comfortable

Health care providers that offer services to young people aged between 11 and 19 in Bristol can now gain accreditation to show that they are 'Young People Friendly'. Marcella Pinto met up with one recently awarded unit to find out what it means for patients.

Area 61 based at Bristol's Haematology and Oncology Centre works with young people aged 15 to 24 years who have been diagnosed with cancer. The unit gained its 'Young People Friendly' accreditation in December 2015.

"'Young People Friendly' is an NHS and Bristol City Council initiative that aims to encourage young people to feel more confident in using health services," explained Geraldine Smyth, public health principal from the Children and Young People's Public Health Team at the council. "To get the award, services need to demonstrate that they are welcoming to all young people aged 11 to 19. Teenagers in Bristol can be reassured that health services displaying the 'Young People Friendly' logo are going to be confidential, friendly and welcoming."

The team started the application process towards the end of last year: "The team pulled together evidence to show how young people are involved in making decisions about their treatment and how they are cared for, how they feel about the environment in which they receive their treatment and how the service could be developed in the future with help from them," said Jamie Cargill, Teenage

Cancer Trust lead nurse. "The panel were impressed with how we involve young people in every decision that we make. We feel as though this achievement validates our approach to how we work, and proves that young people feel valued here and are at the heart of everything we do."

Last year the unit set up a Facebook page, specifically designed to enable the team to interact with current and previous patients, and this was well received by the panel. "We use the Facebook page to talk with young people and to discuss with them how they think we could improve our service," said Jen Cheshire, Macmillan teens and young adults (TYA) psychology support project manager.

Recently, the team has been in discussion with previous and current patients about the support that is on offer to them and how this could be improved. As a result of these conversations, they have co-created two websites that offer help and guidance to patients when they need it most.

The panel heard how young people were involved in the design of the unit when it opened in 2014 and how they

are still involved in making decisions and producing artwork displayed on the walls of the unit.

"I feel so proud of the team," said Jamie. "This was a real team effort and staff worked very hard to make this happen. We are delighted to say that we are 'Young People Friendly'. Any young patient who is receiving, or who has had treatment here, can make a difference to the service that we provide."

Geraldine Smyth said: "The panel was particularly impressed by the level of consultation with young people and their involvement in the service."



Caroline Beale (left) with Becca May, sister (centre) and Anne Reader (right), discussing the new observation chart

# Patient safety. Everybody's priority.

**In July 2014 we 'Signed up to Safety', a patient safety initiative to help the NHS reduce avoidable harm or mortality. Since then UH Bristol's patient safety team has gathered information to identify our future patient safety priorities. Marcella Pinto finds out what this means for patients.**

Information and evidence gathered from staff surveys, reported incidents, claims and serious incidents helped to identify the priorities for the new patient safety programme which will run until 2018 - with the ultimate aim of reducing avoidable harm by 50% and reducing mortality by a further 10%. "One of the key principles of the campaign is to learn from the past, and plan well for the next three years," said Caroline Beale, patient safety programme manager.

**1. Deteriorating patients:** Recognising and acting on early signs of patients becoming more unwell, especially from sepsis and acute kidney injury. The deteriorating patient project work

aims to recognise sick patients early and act promptly to prevent decline in patients wherever possible. "We have worked alongside North Bristol NHS Trust to introduce a new adult patient observation chart across both Trusts," explained Emma Redfern, consultant in emergency medicine and lead for the deteriorating patient project. "This chart incorporates the National Early Warning Score system (NEWS), a national scheme for recognising sick patients whose condition is deteriorating."

The chart measures respiratory rate, oxygen saturations, oxygen being administered, temperature, blood pressure, pulse rate and level of

consciousness, and from the magnitude of the score detects how sick a patient is and if they are deteriorating. "We know that using this chart has the potential to save lives from avoidable harm," said Emma. "For example, the patients' 'score' may become raised when a patient is becoming sick from sepsis, a potentially life-threatening infection. Delivering care quickly in this case is absolutely vital."

**2. Leadership:** Effective leadership is essential to managing patient safety. To ensure that patients, relatives and staff have the opportunity to raise patient safety concerns first-hand, and to ensure they have the chance to celebrate their patient safety successes, this new programme will see executives re-commit to taking part in patient safety walk rounds throughout the year. "The aim is that every patient facing area will receive at least one visit from a senior leader each year. It is really important that leaders at all levels listen to and support staff when issues of safety are raised," said Anne Reader, head of quality (patient safety).

**3. Safety culture:** Developing our safety culture

A safety culture is developed when staff have a constant awareness and mindfulness of the potential for things to go wrong. The aim of this part of the new patient safety programme is to place a priority on developing a culture in which staff are able to recognise mistakes, learn from them and take actions to put things right.

Anne said: "At the end of 2015, we introduced a patient safety culture assessment survey to all of the patient-facing areas in the Trust. The aim of this survey is to gather information from teams, including Board members, about their patient safety culture so that we can assist them with any concerns that they might have to understand and develop their safety culture."

**4. Medicines safety:** Helping people to take their medicines safely. Medicines are the most frequently used healthcare intervention and, even though they create major benefits, there are also significant risks. "We uncovered two key

focus areas and made these our priorities with the patient safety programme," said Steve Brown, director of pharmacy.

Nationally, 11% of non-elective hospital admissions are due to medicine misuse. Steve said: "The often complex nature of medicines means that there is the potential for things to go wrong when patients leave the hospital. It is vital for patient safety that patients understand their medicines and how to take them properly." A new system called PharmOutcomes will digitally transfer each patient's medicine information to their local chosen pharmacist so pharmacies can assist patients with taking their medicines correctly, should patients have questions about their prescriptions.

"There are some very concerning statistics that 30% of patients do not take their medicines as they are intended to after ten days. We hope that this project will enable pharmacists to help patients to administer their medicines properly," said Steve.

Insulin safety will be the other priority area: "We review medicine incidents each

month and insulin safety is a recurring theme. One of the ways we hope to overcome this is by encouraging patients to self-administer their insulin," said Steve. "We hope that by doing this we can reduce insulin errors for inpatients with diabetes by optimising the timing of insulin in relation to meals and reduce their length of stay and re-admission rates by avoiding treatment errors."

**5. Surgical:** Making surgery safer. Taking learning from the implementation of safety checklists in theatres, safety checks will be introduced for all invasive procedures, including those on wards. "The theatre checklist is a global initiative to address surgical safety.

"A checklist is followed to ensure that the surgical team has completed key tasks before the procedure begins. We are working on ways to adopt a similar method for procedures happening on wards, such as inserting a chest drain," said Emma Redfern. Implementing some local safety standards will reduce the risk of mistakes being made.

# Helping you look after yourself

**Maintaining and improving the health and wellbeing of employees is central to the Trust's values and there is a variety of help and support available for staff to help them improve and maintain their health and wellbeing. Now staff in all areas can benefit from a free health check from a wellbeing screening nurse. Marcella Pinto finds out what is on offer and how you can take advantage of the checks and other onsite health initiatives offered at UH Bristol.**

The wellbeing and benefits team has launched a new staff health check scheme which is available to all staff across every site. The checks form part of UH Bristol's dedication to the Bristol Workplace Wellbeing Charter, a national project which is designed to help employers promote health at work.

The working lives of staff can be extremely busy and the amount of time spent looking after yourself and your health is often limited. The free 20 minute checks will give you the opportunity to find out about your health, and what you could do to improve it.

"It is a health MOT for staff," explained Saara Habil, staff health and wellbeing nurse. "During the course of the check we measure each staff member's body mass index, body fat percentage, the amount of fat stored around their organs, blood pressure, heart rate and cholesterol."

The health checks are strictly confidential and take place near your place of work: "We know that people don't always have the time during their working day to leave their place of work, so I come to them," said Saara. "I move around between the hospital sites and so far I have seen a variety of staff working in a diverse range of services."

At the end of each test, each staff member's measurements are evaluated and the wellbeing screening nurse makes recommendations based on the scores, occasionally referring staff to their GP or

other health service providers in order to get more accurate tests performed if required. "Some of the results from certain checks that we do are a guideline only, such as the finger-prick cholesterol test, so if a reading is particularly high we suggest that the member of staff visits their GP to discuss this further and to arrange for a full cholesterol blood test," explained Saara. "I have detected several members of staff who have high cholesterol levels or blood pressure scores and they have visited their GP to look into this further."

During the health check each staff member can also receive advice on how to increase their level of fitness and improve their overall feeling of wellbeing by attending other Trust health and wellbeing initiatives. "There are so many opportunities that staff can benefit from here at UH Bristol. For example, there are yoga classes, meditation sessions, circuit training and support to give up smoking," explained Claire Haley, the Trust's wellbeing lead. "The health check is the perfect opportunity for staff to assess their health and see how they can make improvements if they need to. We are extremely grateful to Above & Beyond for funding the wellbeing screening nurse for two years and we hope that staff will make the most of the opportunity."



Saara Habil, staff health and wellbeing nurse

## My health check



Lee Moran, lead dental nurse, takes part in a staff health check

"I took up the opportunity to have the free health check because I am reaching a point in my life where it is important that I understand my health. The health check was quick and easy and Saara came to the dental hospital which was ideal because it meant that I didn't have to leave work for long.

"She performed all of the tests and then evaluated my measurements. She made some recommendations, and suggested I visit my GP to have a fasting cholesterol test to investigate my results further, which I have done. As a result of the health check I have started to lose weight, and am paying close attention to what I am eating and how much exercise I am doing. I would definitely recommend that staff make an appointment for their health check, it really opened up my eyes."

### Interested in having a health check?

Email [wellbeing@uhbristol.nhs.uk](mailto:wellbeing@uhbristol.nhs.uk) to arrange your health check, which are available all day Mondays and Tuesdays and Friday mornings. Visit <http://goto/HealthWellbeing> to find out more information.

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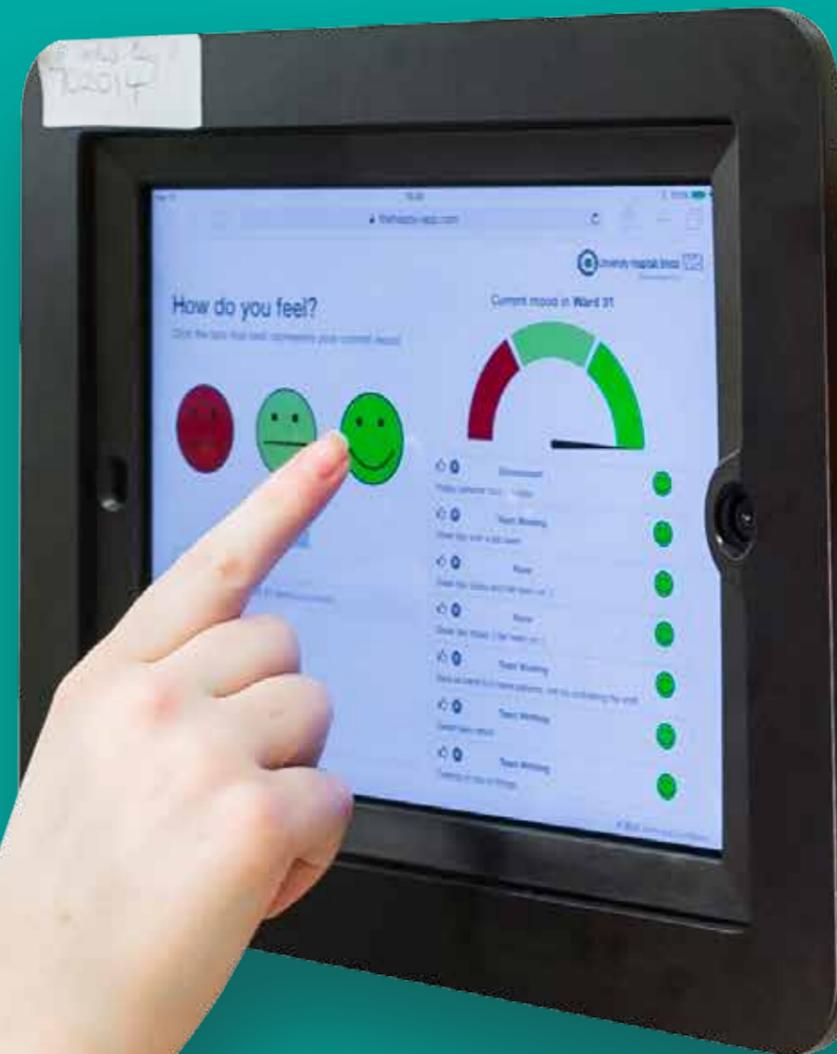
*When we started this project we did worry that the app would be used only for negative feedback but this hasn't been the case at all and it has helped us make all sorts of minor improvements in the running of our department.*

Consultant Anne Frampton

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## Happy app-roach to staff engagement

**For any large organisation one of the biggest challenges is engaging with staff and giving everyone a voice. Here at UH Bristol two consultants have come up with an innovative way of overcoming some of the difficulties. Steph Feldwicke finds out more.**



**A** new interactive website is proving that the small things really can make a big difference.

The Happy App, which has been piloted in 11 areas across the Trust, is a tool that staff can use to quickly capture their mood and provide more information about what is going right or wrong.

The app was developed after two consultants, Andy Hollowood and Anne Frampton, decided to find a way of exploring the link between staff satisfaction and patient outcome. They wanted to develop a method of gauging staff morale and encouraging colleagues to give feedback to their local managers to help them address issues as quickly as

possible. Their work to develop the app has gone alongside other work within divisions to improve staff engagement.

In a similar way to the Trust's successful Breaking the Cycle Together 'fix-it' requests, the app gives staff the opportunity to highlight things that need to be 'fixed' to ensure they can do their job well.

It was launched in 11 locations in September last year after an eight-month trial in the children's emergency department, ward 30 at Bristol Royal Hospital for Children and the surgical and trauma assessment unit (STAU) in the BRI. The app uses emoji-style symbols that everyone is familiar with to capture mood – a happy, neutral or sad face – and allows the user

to expand on their mood by adding a comment. The website also allows staff to view published comments submitted by their peers and the responses to them from their managers.

The website can be accessed from PCs and devices within the Trust and on a variety of terminals: a Trust PC, iPad or self check-in kiosk. Each location has one or more 'administrators', generally the matron, sister or line manager in charge, who receive comments, publish them to the website, and respond to them.

The project was facilitated and supported by the transformation team. Improvement lead Steph Smith-Clarke described how the Happy App has evolved over the past year: "Similar to the Breaking the Cycle Together project, which had comment boxes located in clinical areas for staff to post feedback cards into, the Happy App is a useful tool to monitor the mood of an area and support prompt responses to concerns raised by staff. The main difference is that the app enables managers to respond more quickly as the whole process is electronic. This two-way communication inspires staff to continue to use the app," said Steph.

But Steph added that the administrators need to respond quickly, within a maximum of 48 hours, for it to be effective. She said the administrator role also involves vetting the comments as they came in to ensure they do not break any information governance rules and we don't share anything which might not be appropriate.

Consultant Anne Frampton said: "Around 40% of the comments that go into the app are positive, often around good team working. These can then be shared with other members of staff or teams.

"When we started this project we did worry that the app would be used only for negative feedback but this hasn't been the case at all and it has helped us make all sorts of minor improvements in the running of our department that all add up to a better working environment and importantly improved care for our patients."

A capital bid to support the provision of IM&T to roll out the Happy App across the Trust has been presented to the Senior Leadership Team (SLT); it will be decided on when SLT meets in March.



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

## New and old

Thanks to money raised we have funded iPads for nurses and patients to use in dementia wards. We want to extend our impact with facilities like a pop-up 1950s shed and a reminiscence room which is proven to lessen confusion for patients with dementia when they need to visit an unfamiliar environment like hospital.



We also want to raise money for a music and activity centre, a café for carers, and nostalgia boxes which are filled with memorabilia from different eras to create connections to a dementia patient's life to help personalise their care.

With 60% of all deaths occurring in hospitals, a multi-faith sanctuary – a place where patients, visitors and staff can find a quiet space for reflection – would leave a real impact for generations to come.

With these projects and more to fund we really need your help. Call our team on 0117 927 7120 for ideas and support on fundraising and visit the Fundraising Hub in the Welcome Centre.

## Books, books, wonderful books!

Thanks for supporting our book stall in the Above & Beyond Fundraising Hub in the Welcome Centre. It is a great success with patients and staff and all money raised goes towards supporting our hospitals. Please continue to donate!



# We're going for GOLD!

We're in the last few months of the Golden Gift Appeal and we are very close to reaching our target. We are so proud to announce that you've helped us raise £5.5m and there's just £500,000 to go.



To complete the Golden Gift Appeal we still need to raise money for dementia patients in our hospitals, and provide a multi-faith sanctuary as a place for quiet reflection. Please keep supporting the hospitals with your fundraising efforts for which we are so grateful.

## QUICK FACTS about the Golden Gift Appeal

500,000 patients depend on our hospitals each year. Thanks to our generous supporters we have been able to provide:

- The first adult bone marrow transplant (BMT) unit in the region. The BMT unit brings all the services together so that patients no longer have to travel to numerous hospitals for different tests and treatments.
- £2m towards individual rooms in the new ward block in the BRI, future proofing it and providing privacy and dignity for many and space for goodbyes and end-of-life care.
- A better patient monitoring system in the intensive care unit. It enables data to be updated instantly, driving better care and treatment.
- Single rooms for cystic fibrosis patients, many of whom spend 25% of their lives in hospital.
- Positive environments for patients and staff, providing inspiring art, natural lighting and modern bright spaces.



Thanks to your fundraising, we have been able to fund individual rooms in the new ward block in the BRI

## Nuts and bolts

In a recent tech session a few of our hospital staff cyclists - James Livingstone, Stephen Mitchell, Laura Brown and Lisa Balmforth - got down and dirty with their bikes in preparation for the Bristol to Paris Cycle Challenge this year.

You can sponsor the staff taking on this fantastic challenge by going to <http://www.everydayhero.co.uk/event/bristoltoparis2016>.

Please join Above & Beyond and supporters outside the BRI on departure day, 29 April at 10.05am to cheer them on. We are already planning next year's ride so contact Lorna Clarke at Above & Beyond on 0117 927 7120 for information on how to sign up!



Staff members taking part in a bike tech session in preparation for their Bristol to Paris cycle



15-year-old Tom Winchester has kicked off a year of fundraising in aid of Bristol's hospitals. His efforts, which have included a Valentine's Day disco and a charity walk, mark his 10-year anniversary of remission from a brain tumour.



## Where there's a will there's a way

People who choose to leave a gift in their will to Above & Beyond are making a crucial difference for patients, staff and families in Bristol's city centre hospitals for generations to come.

- A quarter of Above & Beyond's work depends on gifts in wills.
- Gifts in wills improve our hospital environments, fund research, support development of staff and provide the latest equipment.

## Big wow for Worlebury

Worlebury Golf Club has gone 'above and beyond' in their fundraising efforts, tripling their target of £3,000 to raise over £9,000 for children's cardiac services. Motivated by the senior captain's granddaughter who was treated in the children's cardiac unit, the team's efforts were further galvanised in summer 2015 when the 15-year-old junior captain suffered a cardiac arrest. Thanks so much to everyone for their efforts.

## Thanks to Julia



Julia Lee raised over £10,000 as a way of thanking hospital staff for the treatment her husband Vernon received. When the couple celebrated their golden wedding anniversary in September they decided to forgo gifts, asking friends for donations to the pancreatic cancer fund instead.

# Educating staff to improve patient care



**Teaching, learning and research are vital because they provide us with the tools to improve practice and innovate. Hannah Allen went to meet the liaison psychiatry team, which won the Excellence in Teaching, Learning or Research category at last year's Recognising Success Awards to find out about their continuing efforts to provide exceptional care and training for staff.**

The liaison psychiatry team at UH Bristol provides access to mental health support for people being treated in hospital for psychical health problems.

The team of consultants, nurses and admin staff who work across all hospitals, have been working hard to ensure the liaison psychiatry service is continually improving, participating in research and teaching and training staff. Mental health liaison nurse, Tom Hulme, saw the opportunity to showcase his team's efforts by putting them forward for a Recognising

Success award, which highlights the outstanding work of staff and volunteers across the Trust.

"I nominated the team for many reasons, mainly for our initiatives in teaching and research," said Tom. "We continue to participate in a number of research projects, internally and externally, that are essential to our learning and understanding of patients presenting at the Trust and how we can improve our practice.

"An initiative the team is particularly invested in is the self-harm database.

Patients who have evidently self-harmed have their data inputted into a database. We can then track them to see whether they are likely to relapse or potentially commit suicide. From this, we have gained a better depth of knowledge of these patients, and have subsequently published this research and developed our services to accommodate these trends.

"Research outcomes have enabled us to adapt as a team, expanding our outreach across the Trust and extending our operating hours to provide patients with support and care seven days a week." On 4 July 2016, all Trust staff will be invited to join the liaison psychiatry team for its annual teaching day.

Lucy Griffin, psychiatrist, explained: "Teaching is integral to liaison psychiatry. We spread across as many departments as we can in the Trust to try to enhance knowledge and skills in the management of mental health at our hospitals. The annual teaching day we run covers day to day ward management, and diagnosis and treatment, so we strongly urge colleagues to sign up."

The team was pleased to announce that it had just received confirmation of funding for eye movement desensitisation and reprocessing (EMDR) training. This is specialist treatment for patients with post-traumatic stress disorder. It is hoped it will particularly benefit patients who have been on the intensive care unit.

Lucy concluded: "The team was delighted to have won this award and that our work has been recognised. This is a true reflection of our commitment to lifelong learning to continually improve the care we provide patients, as well as educating staff and gaining from participating in research."

To book a place at the next liaison psychiatry annual teaching day on 4 July 2016, please contact Becky Packer on [becky.packer@uhbristol.nhs.uk](mailto:becky.packer@uhbristol.nhs.uk)

# Maternity services ranked top in the country

**A recent survey of women's experiences of maternity services, carried out by the Care Quality Commission (CQC), has ranked St Michael's Hospital maternity services joint top in the country. Heather Price reports on this fantastic result for UH Bristol.**

During the summer of 2015, the CQC sent a questionnaire to women who gave birth in February 2015 asking about their experiences of maternity care before, during and after birth. In all, 133 acute Trusts were compared. St Michael's Hospital scored 'better than expected' on 53 per cent of the questions asked, ranking the service joint top in the country with Chesterfield Royal Hospital NHS Trust.

"This is an outstanding result for the service and all those involved," said Sarah Windfeld, head of midwifery at St Michael's Hospital. "We would like to thank those of our patients who responded to the survey, as feedback is vital to ensuring the department continues to improve."

Ian Barrington, divisional director of women's and children's services, said: "We are delighted by the results of the CQC maternity survey. This is a fantastic achievement for the Trust, and a true reflection of the exceptional service our midwives and all staff working in the maternity service provide at St Michael's, as well as the positive experience our patients receive."



Esther Hatfield, midwife at St Michael's hospital with a new mum



In 2014 the midwifery led unit opened at St Michael's hospital

When compared with the other Trusts in the survey, St Michael's Hospital has been rated 'better' in the categories of 'labour and birth' and 'staff during labour and birth'. In particular, women rated St Michael's highly for the level of involvement their partners could have, the freedom to move around into the most comfortable positions during labour, and the level of skin-to-skin contact they had with their baby shortly after birth. Staff were also rated highly for the clarity of their communication, for treating women with respect and dignity, and for giving kind and understanding care.

These results reflect the ongoing dedication of staff at St Michael's to ensuring women have the best experience of birth as possible. Sam Haines, sister on ward 71/74, said: "We are absolutely delighted with the results of the survey. This is thanks to the hard work from all the dedicated staff working within maternity services, ensuring that women receive the best possible care here at St Michael's."

St Michael's services were rated as 'about the same' as other Trusts in the category of 'care after birth'. The results show that the majority of women felt they were treated with kindness and understanding by staff, but would have preferred it if their partner could stay with them for longer after birth. The service has already been looking into improving this, as Sarah explained: "The maternity service wants to continually improve the service it offers to women and families. Therefore, it will be shortly piloting the use of two rooms on the postnatal wards to allow partners to stay overnight where this can be accommodated."

Ian added: "The Trust likes to take all patient feedback on board, and we strive to continue to improve areas in the department that are not yet ranked better than expected."

For more information on the survey, visit [www.cqc.org.uk/content/maternity-services-survey-2015](http://www.cqc.org.uk/content/maternity-services-survey-2015).

## Staff governors supporting staff members at work

Staff governors  
Thomas Davies and  
Karen Stevens

**It is widely accepted, and indeed research shows, that engaged and motivated staff members provide better care than those who feel both disengaged and unable to have influence over their area of work.**

Here at UH Bristol, all staff are members of the Foundation Trust, and are represented by staff governors, who work hard to champion staff engagement and give them a voice in a variety of different arenas.

Florene Jordan, staff governor representing nursing and midwifery staff, said: "All governors are committed to ensuring staff at the Trust are supported, and that areas like professional development and recruitment are prioritised. As a staff member myself, and representing staff as I do, it's reassuring to see the whole Council of Governors backing the workforce agenda.

"At meetings last year governors requested updates on work being undertaken to support staff wellbeing and the current review of staff appraisals. We often ask the non-executive directors about recruitment and retention because we recognise it as such a key issue. We are particularly keen to see in detail the results of the latest staff survey, and continue to suggest more ways to support staff."

As part of the Trust's wider programme to support staff engagement, chief executive Robert Woolley now meets with staff governors once a quarter

so that they have dedicated time in which to raise views and concerns directly with him on behalf of staff.

Karen Stevens, representing non-clinical healthcare professionals, explained: "Our quarterly meeting is just one way in which we are championing staff engagement and it is important not to see these meetings in isolation. However, our first meeting with Robert was very helpful and gave us the opportunity to discuss initiatives like the 'Happy App' [see pages 10 and 11] that is helping with staff engagement in a variety of areas and to ask him questions that we had received directly from staff."

Robert and the staff governors will be meeting on 14 June, 8 September and 14 December 2016. To ask a question, raise a concern or share feedback with your governor you can contact them via [foundationtrust@uhbristol.nhs.uk](mailto:foundationtrust@uhbristol.nhs.uk) or via their direct contact details.

The current staff governors are:

- Karen Stevens, representing non-clinical staff
- Ian Davies, representing medical and dental staff
- Florene Jordan and Ben Trumper, representing nursing and midwifery staff

- Thomas Davies, representing other clinical healthcare professionals (such as colleagues in pharmacy and physiotherapy)

### Make your vote count – and you can do it electronically!

Four staff governor seats are up for grabs in the forthcoming elections – two seats representing nursing and midwifery staff, one representing non-clinical healthcare professionals and one representing other clinical healthcare professionals.

Nominations will be open until 6 April 2016, and a ballot will take place from 28 April 2016 to 24 May 2016. Successful nominees will join the Council of Governors on 1 June 2016.

Don't forget to vote! This year for the first time staff will be able to vote online. Voting will be open from 28 April to 24 May 2016, and the process couldn't be easier, just look out for details sent directly to your email account and simply click on the link to vote.

## From the chief executive



As I write, I have just received a letter from the Chief Executive of NHS Improvement, Jim Mackey, describing very high levels of emergency attendances and admissions at hospitals across England this winter and thanking all staff involved for doing a great job under immense strain. I'd like to add my thanks to all of you at UH Bristol who are going the extra mile for patients every day.

We invested over £3 million of 'resilience' funding before winter in additional core BRI beds with permanent staff, radiology and therapy staffing on Saturdays and theatre staff for more weekend trauma operating. We also invested in capacity in the children's hospital, including an extra paediatric intensive care bed.

Despite our careful preparations, however, the extended period of high emergency demand has meant that, while we have kept our patients safe, their experience has not been uniformly good and many of you are also feeling the strain. As a Trust, we remain focused on timely discharge as the key factor in improving patient flow, as well as pursuing a radical option (a 'virtual ward' scheme) for keeping patients out of hospital in future if they can be cared for equally well in the community. We are also now leading the process to create a five-year plan for Bristol, North Somerset and South Gloucestershire,

so we have a real opportunity to influence the transformation in health and social care that's required for the long term and which is a condition of our continuing success.

I made a personal pledge as part of NHS Change Day a year ago to improve the way leaders, managers and supervisors across the Trust listen to and respond to the concerns of their teams. We have now received the results of the NHS Staff Survey conducted last autumn. More than 3,500 of you have told me we are making some progress (our overall staff engagement score has gone up over the year) but we clearly still have a long way to go to ensure we improve team-working, job satisfaction, motivation and flexibility of working patterns and especially to eradicate bullying and harassment across the Trust. There will be no let-up in our determination to make UH Bristol the best place to work and we will be putting major efforts into improving our training for line managers and the quality of staff appraisals as a result.

Particularly concerning to me is the message from the Staff Survey that many of you do not feel confident reporting clinical practice that may be unsafe. If we are going to deliver our vision of being among the best and safest places in the country to receive care, we need to be mature enough to

*I made a personal pledge as part of NHS Change Day a year ago to improve the way leaders, managers and supervisors across the Trust listen to and respond to the concerns of their teams.*

accept that sometimes things go wrong and the appropriate reaction is not to blame individuals but to ensure we learn for the future. That is how our values tell us we should all behave.

A true commitment from everyone who works in the Trust to openness, learning and improvement is only what we would want for our own families when they are in hospital, too.

Robert Woolley, chief executive

# The world's smallest pacemaker

**The electrophysiology and research teams based at the Bristol Heart Institute have introduced the use of the world's smallest pacemaker as they become one of the first in the UK to implant the device in their patients. Hannah Allen investigates how innovative this little device is and the benefits for patients.**

The Bristol Heart Institute has become one of the first hospitals in the UK to successfully implant patients with a Medtronic Micra Transcatheter Pacing System, the world's smallest pacemaker.

The novel pacing device is comparable in size to a large vitamin pill, a tenth of

the size of a regular pacemaker, and is the first pacemaker to work via wire-free technology. It leaves no bump under the skin, no chest scar, and requires no lead or lead wire. As it is self-contained within the heart, it provides the therapy needed without a visible reminder of a medical device. Around 250,000 people

## Fact file

- Implanted into the heart through a vein in the leg
- Measures just 24mm in length
- 93% smaller than traditional pacemakers
- Battery is ten times smaller than in traditional pacemakers yet lasts as long

in the UK have a pacemaker fitted each year - that's nearly 500 a week. However, not all of these would at present be suitable for this technology, which is applicable only to those requiring a single chamber pacemaker.

Dr Edward Duncan, consultant cardiac electrophysiologist, said: "We are delighted to be one of the first hospitals in the UK to have conducted this cutting-edge procedure, which is designed to provide patients with the advanced pacing technology of traditional pacemakers via a minimally invasive approach that requires no incision to implant. In addition to the advantages of the device's size, and wire-free technology which keeps the



The electrophysiology and research team based at the Bristol Heart Institute

pacemaker firmly in place, the procedure reduces the risk of infection and recovery time associated with the traditional, more invasive pacemaker implants. The opportunity to use these new pacemakers is as a result of patients generously offering to take part in a research study associated with the device."

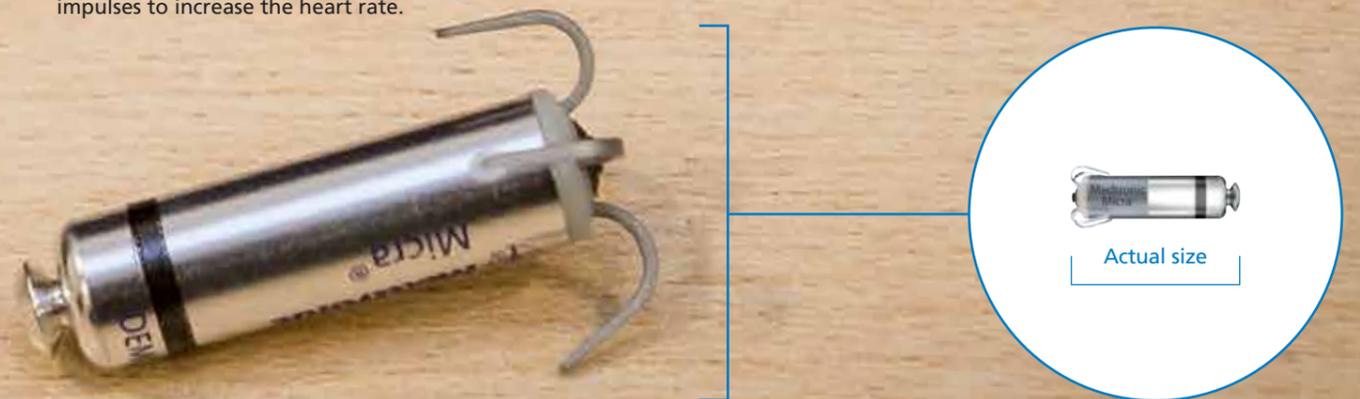
The Micra pacemaker treats bradycardia, a condition characterised by a slow or irregular heart rhythm, usually fewer than 50 beats per minute. Patients with bradycardia have a heart that is unable to pump enough oxygen-rich blood to the body for everyday activity, causing dizziness, fatigue, shortness of breath and blackouts. Pacemakers are the most common way to treat bradycardia as they help to restore the heart's normal rhythm by sending electrical impulses to increase the heart rate.

Most pacemakers require the device to be surgically implanted under the skin in the upper chest. The older system also requires a lead to be connected to the pacemaker and threaded into the heart. The pacing lead carries electrical signals from the pacemaker to the heart to help it beat regularly. The Micra pacemaker is implanted into the heart through a vein in the leg and does not require a pacing lead. Because of both its size and the minimally invasive approach, there is no visible sign of a medical device under the skin. This can mean fewer post-implant complications.

Dr Duncan explained: "The development of this device represents

a huge stride forward in patient treatment and a milestone for cardiac rhythm management in the UK.

"We have already seen the benefit of this innovative technology from patients who have been successfully treated, and are returning for follow up appointments. Patients are delighted not to have a visible pacemaker box under the skin, yet still benefit from the improved heart rate which eliminates their symptoms. In the long term we will see the benefits of reduced complications such as infection and erosion of the pacemaker box through the skin and the development of problems due to lead fractures or displacements."



# Lorraine Warr

Specialty manager for sexual health



## When did you join UH Bristol?

I joined UH Bristol in January 2014 as performance and operations manager within Diagnostics and Therapies. I joined the division of medicine in my current role as specialty manager for sexual health in January 2015.

## How long have you worked for the NHS?

I have worked in the NHS for over 20 years, starting out as a physiotherapist. I have also worked in Canada and New Zealand as a physiotherapist which means I truly value how lucky we are to have the NHS here and the quality of care that it provides.

## What does your role involve?

I am the operational manager for the service, so this means I deal with the day to day management and work with the team to ensure that the service is a high quality, efficient and effective one. This includes ensuring the service is performing against its targets.

## What services are provided at the Central Health Clinic?

The two services that I cover are the

fully integrated sexual health and contraception service and the pregnancy advisory service. There is also the Sexual Assault Referral Centre, which we work closely with. The pain clinic and part of the breast screening service are also in the building, so it's a busy place.

## What is a typical working day for you?

My days are really varied, which I enjoy. I usually start the day liaising with the reception staff and clinical staff to address any last minute changes to clinics that may arise. I then spend my day working on a variety of activities that may range from performance, managing the weekly timetables, to health and safety and service development.

## What's the best thing about your job?

The best thing is the people I work with. They are a really friendly, enthusiastic and positive team, and are constantly looking to make things better for their service and their patients. I love being an operational manager – I think I should have made the move to this role a lot sooner than I did.

## What professional skill has benefited you most throughout your career and why?

I'd say there are two. The first is problem solving, which was central to my work as a musculoskeletal physiotherapist – looking at all the facts from my investigation of a patient's signs and symptoms and working out the best way to solve the problem. This is still applicable to my current role. The second is getting along with people. As a physiotherapist, I had to gain my patients' trust, listen to what they were telling me, enable them to feel comfortable talking to me, and give them confidence in my abilities, which is equally important as a manager.

## What has been your most embarrassing moment?

Wrapping myself around a pole when I didn't manage to get off the T-bar ski lift - I was never meant to ski!

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

In 2005 I became the first consultant physiotherapist to be appointed in Wales.