

Voices

The magazine for the UH Bristol community

p10-11

Medical records enter digital age



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

The Trust's new Evolve electronic document management (EDM) system has been a big success since it was launched in June. For the first time, patients' medical records are being held digitally, enabling clinicians to access patient

case notes more quickly. This will result in more timely diagnosis, care and treatment, enhancing the experience of our patients. The system is being introduced one department at a time at St Michael's Hospital, while the Bristol Royal Hospital for Children will be the next site to adopt Evolve EDM. Our feature on pages 10-11 includes reaction from clinicians who are currently using the system.

In another digital project at the Trust, staff at St Michael's Hospital have just launched a new app for mums-to-be. Available for free download on Apple and Android devices, the 'My Pregnancy @ St Michael's' app is believed to be the first of its kind in England. It enables people to access over 60 patient information leaflets on maternity services at the touch of a button. Turn to page 15 for more information.

Supporting the rising number of people surviving their cancer diagnosis remains one of the key challenges we face. On pages 8-9, we interview Ruth Hendy, lead cancer nurse at UH Bristol, who discusses the successful initiatives that have been introduced to give cancer survivors the best chance of long-term recovery.

One of our well known surgeons Ceri Hughes has just completed a three year fixed term spell as clinical director for the Bristol Dental Hospital. On page 16, we catch up with Ceri who tells us what he likes about his job, the work challenges he faces and how he spends his spare time.

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



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

I hope you enjoy this edition.

Fiona Reid

Fiona Reid
Head of communications

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Genomics centre will transform treatment

Patients in the West of England are set to benefit from a new NHS Genomic Medicine Centre.

Hosted by UH Bristol, the centre aims to transform diagnosis and treatment for patients with cancer and rare diseases. This involves collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions. It could

allow personalisation of drugs and other treatments to specific genetic variants.

The centre, part of a three year project launched by prime minister David Cameron, involves a partnership of NHS provider organisations in Bristol, Bath, Cheltenham and Gloucestershire, universities in the region, the West of England Academic Health Science Network, NHS commissioners and patient organisations.

Film aims to ease concerns about anaesthesia

A new animated film on undergoing an anaesthetic has been produced by staff at Bristol Royal Hospital for Children (BRHC) for youngsters and their families.

'A little deep sleep – a family guide to anaesthetics' was developed by BRHC anaesthetists Judith Nolan and Anthony Bradley who, after undertaking a survey at the hospital, wanted to find a way to ease concerns that children had about coming in for an anaesthetic.

The film was created and animated by Bristol-based animation studio ForMed Films and was directed by BAFTA winning creative director Emma Lazenby. It was funded by BRHC charity The Grand Appeal.

To watch the film visit <http://tinyurl.com/om9blgr>.



In brief

Trust benefits for members

UH Bristol employees and Foundation Trust members can take advantage of a wide range of benefits. These include the free Physio Select service, which enables people to improve their posture, flexibility and strength through fitness classes. Members can also access professional support to stop smoking; a money advice service; and a free shuttle bus, which operates every 30 minutes from 6.30am to 6.20pm on weekdays. The bus stops at locations including Cabot Circus, Bristol Temple Meads, Broadmead and St Michael's Hospital. In addition, UH Bristol staff can sign up for benefits including a cycle to work scheme and childcare vouchers.

For more information, visit <http://tinyurl.com/jeprb6v>. To download the free shuttle bus timetable, visit <http://tinyurl.com/zwdoln2>.

Do you want to lose weight?

The Bristol adult specialist weight management service, run by the Trust, provides free information and advice for people registered with a Bristol GP. If you have a body mass index (BMI) over 30 with no medical condition, or over 28 with a medical condition that is made worse by excess weight, you can refer yourself for help to make changes to your lifestyle and lose weight. The team helps people plan and reach their weight loss goals and provides services in clinics across Bristol. For more information call 0117 959 8935/8921. People whose GP is in North Somerset or South Gloucestershire can take advantage of local weight management services.

For details, email slimming.onreferral@nhs.net or lifeshape@southglos.gov.uk.

Small treatments make a big difference

As the charity for Bristol Royal Hospital for Children, The Grand Appeal is proud to fund a diverse range of services, from ground-breaking pieces of medical equipment, to the smaller things, like tea and biscuits at parent support groups through to everyday therapies that can make a huge difference to patients' wellbeing during treatment.

Thanks to all the charity's fantastic supporters during 2015, it has been able to extend its music therapy services, as well as introducing a new massage therapy service for the paediatric intensive care unit (PICU).

The massage sessions for PICU patients help them feel more relaxed and comfortable and the therapists have also been able to instruct parents on some of the techniques to help them provide massages at home.



Music therapy is one of the key services provided by The Grand Appeal

One patient, Milly, received massages from the therapist during her stay on PICU. Her father Richard said: "I really feel that the massages have been hugely helpful for Milly with both physical and relaxational benefits. It is a brilliant addition to the already fantastic care that she has received."

The massage sessions have been hugely popular and will continue to be delivered this year. Teaching parents the techniques helps them to feel a part of the care of their children.

Music therapy is another key service The Grand Appeal provides. Its two music therapists hold one-to-one and group sessions on wards and the neonatal intensive care unit at St Michael's Hospital. Thanks to fundraising, it has been able to increase these sessions to five days a week.

To help the charity continue to make a difference to the lives of young patients and their families, please get involved by contacting info@grandappeal.org.uk.

King Edward Building undergoes major refurbishment

An extensive renovation of the Bristol Royal Infirmary's (BRI) King Edward Building (KEB) will provide enhanced facilities for patients.

Willmott Dixon has been appointed as the main contractor and demolition works have begun on site. The development will enable the relocation of services and departments that are being transferred from the BRI Old Building, which has been sold to accommodation provider Unite Students.

Wards at KEB have been moved into refurbished existing wards elsewhere across the BRI and in the Bristol Heart

Institute. The new available space at KEB will be used to house the rheumatology department, sleep unit, clinical research unit, catering services, the mortuary and a multi-faith and bereavement space. The moves are expected to be complete by September.

Carly Palmer, assistant director capital projects, said: "The KEB renovation will provide an enhanced environment for patients and staff. While we are doing everything we can to minimise the impact of the works on services and patients, we would be very grateful for people's patience while we complete this important refurbishment."



Going the extra mile

Lyn Ray is a popular member of staff who won the 'unsung hero in a clinical role' category at the Trust's annual Recognising Success Awards ceremony. Barry McCarthy went to meet her.



2015
RECOGNISING SUCCESS
AWARDS

Coming to an operating theatre can be an intimidating experience for many patients. But at Bristol Eye Hospital, Lyn Ray is on hand to put patients at ease.

"Sometimes patients can be a little scared when they arrive," says Lyn, senior assistant technical officer. "This is natural because they've come in for an operation and with theatre staff walking around in scrubs and hats, it can feel like an alien environment. However, there is no need for them to worry. The team works incredibly hard to provide the very best experience for our patients. After the operation, they all leave with smiling faces and look so relieved. Working with the patients has been amazing. I love welcoming them, making sure they are happy and that they are well informed about the procedure they are about to undergo."

Lyn won the 'unsung hero in a clinical role' category at UH Bristol's annual Recognising Success Awards for staff and volunteers. She was praised for embodying the Trust's values, being respectful to all and ensuring exceptional care for patients. "Winning the award was a huge surprise," she says. "I couldn't believe it and I was absolutely delighted."

Lyn's first job as a clinician was as a nursing auxiliary at the Bristol Homeopathic Hospital in 1976. In the mid 1980s, she trained to become a healthcare assistant before taking up a new role at Bristol Eye Hospital. Lyn later became a senior assistant technical officer to reflect her growing expertise and knowledge.

"One of the main aspects of my role is 'scrubbing', which means getting the instruments ready for the operation and then passing them to the surgeon during the procedure. I am involved in 'recovery', which means helping care for the patients until they wake up from their general anaesthetic. I also help with clerical and procurement tasks whenever needed. One of the reasons why I won the award is because I've been here so long I know where everything is and for many staff I am the 'go to' person."

Lyn says she's seen much medical advancement at the Bristol Eye Hospital over the years. "Cataract surgery used to take 45 minutes and would require stitches. Nowadays, the surgery takes 15 minutes and, because a tiny incision is made by the surgeon, no stitches are necessary. Our first patient of the day will arrive at 7.30am and leave by around 10am having had a successful procedure.



"Even after all these years, I still feel hugely motivated and I am happy coming to work every day. I am immensely lucky to have such wonderful and supportive colleagues."

Governors Anne Skinner (left) and Lorna Watson

Supporting the vital role of carers

Carers have a wealth of information that can support a holistic approach to a patient's treatment. Governors Lorna Watson and Anne Skinner discuss the importance of putting carers at the heart of clinical services.

"My role is to represent the carers' perspective and to ensure they are taken into consideration when decisions are made in the hospital," says Lorna Watson, governor for carers of patients aged under 16. "Carers play a crucial role in the treatment of patients – they can give essential advice, information and support. Carers often have detailed background information on the patient such as when they take their medicine, what their needs are, what they like and dislike, as well as their medical history. They help give clinicians the full picture."

Lorna is one of four governors who represent carers at UH Bristol. These include Philip Mackie, who is also a governor for carers of patients aged under 16; and Wendy Gregory and Sue

Milestone who are both governors for carers of patients aged 16 and over.

One of the ways in which governors represent carers is through UH Bristol's carers' strategy group, which works to ensure carers and their needs are factored into Trust policy and strategy. This includes involving carers in decisions that span the entire patient care pathway from admission to discharge. Governors also contribute to the Trust's carers' charter, which sets out commitments to put the views of carers at the heart of services.

Anne Skinner, patient governor, says carers range greatly in age from school children to older people. "Often people are not aware they are carers but in many cases they provide vital support for patients," says Anne. "We'd like to

encourage people to attend UH Bristol's carers' reference group, a support group that enables carers to discuss issues and concerns they may have. Being a carer can be overwhelming and it can take over your life. Fellow carers can give practical support and advice as well as contact details for other support services."

Carers' reference group meetings

Forthcoming meetings for the group will take place on 24 February, 25 May, 24 August and 30 November at the Bristol Heart Institute seminar room on level 7. For more information on the group, call 07825 299 112 or email RichardF@carerssupportcentre.org.uk.

Fancy becoming a governor?

The Trust will hold governor elections in the spring and we are looking for people to stand for public, patient, carer and staff governor roles. For more information visit <http://www.uhbristol.nhs.uk/about-us/membership/elections/> or contact Amanda Saunders, head of membership and governance, on 0117 342 3763 or Amanda.Saunders2@uhbristol.nhs.uk.

Online voting

During the governor elections, we will be able to offer members the chance to vote online for the first time. Full details of how to vote will be sent to members. If you haven't yet provided us with an email address, please contact foundationtrust@uhbristol.nhs.uk.

From the chairman



As this edition of Voices is published, the Trust's hospitals are in the heart of winter, coping with, for us, that most challenging of seasons. As always, the first concern of all who work across our services is the safety and wellbeing of patients and their families. This requires the dedication and skills of the whole workforce and one measure of these is contained in the stories told about hundreds of staff and volunteers in the nominations for our annual Recognising Success Awards, which take place each November and are sponsored by hospitals' charity Above & Beyond. This is an event that acknowledges those who go the extra mile every day of their working lives. These accounts are truly heart-warming and very reassuring about the motivation and dedication of those who choose to work in the service of others.

It is our experience that the vast majority of those we serve are fully satisfied with their care but it is sadly the case that we do not get every aspect of our work right in every case. When matters do not turn out well, the whole Trust really does share in the pain and tragedy and we deeply regret these outcomes. However, there is always a determination to learn from these experiences and to apply that learning to change approaches and to invest in new opportunities.

The whole NHS environment has been very difficult for some years and a particular

concern across the country is the degree to which organisations are now unable to work within their budgets, a fact that can dangerously undermine the provision of safe care. We at UH Bristol have been able to hold proper control of our finances for more than 12 years and, at the year end, were one of less than a dozen acute trusts not working to a deficit budget. This is, of course, a great achievement delivered by our directors and accounts colleagues but it is equally a tribute to all staff who have understood this elementary discipline. Financial control provides a sound basis for sure delivery and, as many Trusts have found, it is perilous to ignore it.

A successful Foundation Trust also requires the interest of its members who represent the needs and views of the general public. The election of governors from the membership is an important aspect of the whole governance and control of our function and service. This spring, there will be a greater need to elect new governors to take up this challenge because a large number of those elected at the start of our Foundation Trust venture will be retiring after serving for nine years on our council. This is three terms of office and the dedication and continuity provided by those who are standing down has been exemplary and of inestimable value. I want to encourage as many people as possible to add their voice to the shaping of our future by becoming members and to consider standing as governors. I also

"I want to encourage as many people as possible to add their voice to the shaping of our future by becoming members and to consider standing as governors. I also want to encourage people to be aware of those who will be candidates and to vote for them."

want to encourage people to be aware of those who will be candidates and to vote for them. The details of this are available on our website (<http://www.uhbristol.nhs.uk/about-us/membership/elections/>) and the membership office will answer any questions.

Finally, my thanks go to all governors, and particularly those standing down and as always to our wonderful staff.

Canon Dr John Savage CBE, chairman

Enhancing support for cancer survivors

More patients than ever before are surviving their cancer diagnosis largely thanks to earlier detection and better cancer treatment. By 2030, it is predicted that there will be four million people living with cancer in England and this means a greater demand for oncology services. Steph Feldwicke talks to Ruth Hendy, the Trust's lead cancer nurse, about how we're doing things differently to give patients the best chance of long-term recovery.

Our approach to diagnosing, treating and managing cancer is changing all the time. Diagnosis is happening earlier and is more specific; treatment – whether surgery, radiotherapy or chemotherapy, or a combination of these – is becoming more targeted; and support for recovery from cancer is moving away from hospitals to patients' homes and other community settings.

This final part of the patient pathway is currently undergoing a big change here in the Trust.

The Trust's lead cancer nurse, Ruth Hendy, explains how taking part in a Macmillan national pilot scheme has changed the way we help patients recover. She says: "About three years ago we became one of 16 pilot sites to take part in a Macmillan 'one to one support' project to introduce cancer support workers (see box) to our cancer services workforce. The project also enabled us to collaborate with Macmillan occupational therapists and physiotherapists, employed in the community, to provide additional rehabilitation support for people following their cancer treatment. We are now just one of three remaining pilot sites and the project has moved on a great deal in our Trust.

"The motivation behind it is to enable people to live well with and beyond their cancer diagnosis. We want to gradually

redesign cancer follow up pathways so people are only brought back to hospital for follow up appointments when it is really necessary and where possible people are provided with the education, information and support required to be monitored at home, enabling them to return to normality as much as possible, as soon as possible."

Ruth adds: "For years we've been bringing people back to hospital for follow up appointments, but with increasing numbers this is simply not sustainable and is putting a huge strain on resources and more importantly it doesn't provide the best model of care for many patients."

With the cancer support workers in post, the Trust was able to implement the cancer 'recovery package', a series of key interventions recommended by the National Cancer Survivorship Initiative, Macmillan and NHS England to improve outcomes for those living with and beyond cancer. The recovery package includes:

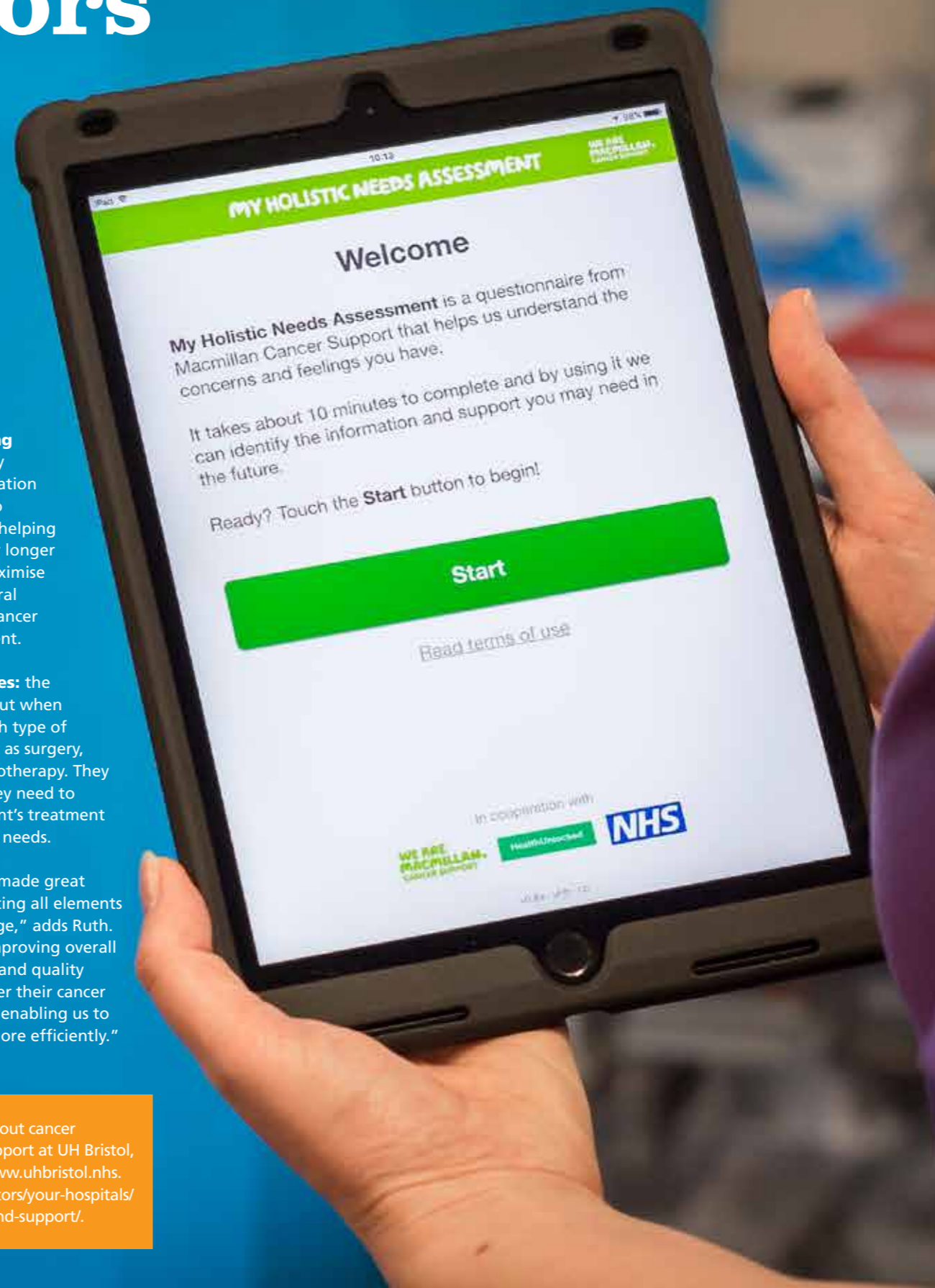
Holistic needs assessment: when a cancer patient reaches the end of their treatment, a cancer clinical nurse specialist will conduct a comprehensive assessment of their health needs, address any concerns they have and will usually refer them to a health and wellbeing event.

Health and wellbeing events: these half day education and information events, held every two months, are aimed at helping patients improve their longer term recovery and maximise their health and general wellbeing following cancer diagnosis and treatment.

Treatment summaries: the summaries are filled out when patients complete each type of cancer treatment such as surgery, chemotherapy or radiotherapy. They tell GPs everything they need to know about the patient's treatment and future healthcare needs.

"At UH Bristol, we've made great progress in implementing all elements of the recovery package," adds Ruth. "The programme is improving overall health and wellbeing and quality of life for patients after their cancer treatment, and is also enabling us to reallocate resources more efficiently."

To find out more about cancer information and support at UH Bristol, please visit <http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bhoc/information-and-support/>.



Cancer support workers

There are three cancer support workers at UH Bristol. Divya Bassi is based at Bristol Royal Hospital for Children; and Gemma Wham and Racheal Williams work at Bristol Haematology and Oncology Centre. Initially financed by Macmillan, the support workers are now funded sustainably by the Trust.

Divya Bassi supports children, teenagers and young adults after their cancer treatment has finished. She describes her role as based around signposting patients to further help and advice, coordinating investigations and clinics, triaging queries, and supporting clinical teams to improve the long-term health and wellbeing of cancer survivors.

Gemma and Racheal also help patients regain a normal life after a cancer diagnosis by helping them access services and resources provided by other organisations. In addition, they implement the recovery package and produce patient literature.

Clinical nurse specialist Rebecca Hallam, who manages Gemma and Racheal, says: "The support workers play a vital role, ensuring that the clinical nurse specialist teams are able to provide individualised and holistic care, enabling patients and their families to cope with a cancer diagnosis."



Cancer support workers: (l-r) Divya Bassi, Gemma Wham and Racheal Williams

Medical records enter digital age

Since June, staff at St Michael's Hospital have been able to access patients' medical records digitally through the new Evolve electronic document management system – a move that will lead to far reaching benefits for our patients. Barry McCarthy investigates.

The launch has gone really well," says Andrew Hooper, head of information management and technology. "It's been an enormous challenge. Staff have worked all their lives with paper records and we are asking them to take on board a whole new digital system. We have massive volumes of paper notes at our Trust dating back to 1948 and these are held in several different libraries in each of our hospitals. Now authorised staff can access medical records quickly through any computer. Gone will be the days of having to request and wait for notes to arrive. The new system will be of particular benefit in emergency cases: it will help clinicians decide on the best course of action for the patient quickly because they will have the patient's full medical history in front of them."

The Evolve electronic document management (EDM) system is being introduced one department at a time at St Michael's Hospital and is now in use in the majority of specialties including obstetrics and gynaecology; adult ear, nose and throat services; physiotherapy; fetal medicine; and adult audiology. The next hospital to adopt the system will be Bristol Royal Hospital for Children. By 2017, the aim is for all of UH Bristol's hospitals to be using the new secure system.

Evolve EDM will bring many benefits. The ability of clinicians to access medical records more quickly will result in more timely diagnosis, care and treatment, enhancing the experience of our patients. Evolve EDM will also reduce the cost of producing and storing notes as well as decreasing the cost of staff time spent transporting and filing case notes and preparing them for clinics.

Over three million documents related to patient case notes have been scanned into Evolve EDM as part of the 'paper light' phase of the programme. Eventually, medical records will become paper free with all information being entered directly into a computer. "Around 30 new laptops on trolleys along with 40 tablet devices have been introduced at St Michael's to facilitate the new system," says Andrew. "The prevalence of mobile technology will increase as the programme unfolds across the Trust."



Views from clinicians



Nursing assistant Spencer Williams with Mary Alderson

Mary Alderson

Mary Alderson, sister in the ear, nose and throat outpatients department at St Michael's Hospital, says: "Initially some staff were anxious about Evolve EDM because it meant working in a very different way. But thanks to excellent training and support from our information management and technology team, we have got to grips with it. In the previous way of working, we had to request a patient's case notes and then wait for them to arrive before we could plan treatment. Sometimes notes would be held at another hospital including outside the Trust such as at Southmead where we hold clinics. Now we can access all the case notes instantly from any computer."

Mary says the system has resulted in particular benefits for patients who make telephone enquiries. "Previously when patients called our department, we had to tell them we would call them back because we needed to request their case notes in order to be able to answer their questions. Now we can give patients advice there and then because we have the notes right in front of us. The vast majority of our staff are fully behind Evolve EDM because they can clearly see how it will benefit them and the patient. It's been a fantastic step forwards."

Timothy Overton

Timothy Overton, consultant in fetal medicine and obstetrics, says: "The results of a patient's tests or scans may go to various members of staff which can lead to several clinicians all requesting the same copy of paper case notes simultaneously. We need the notes to understand the patient's medical history in order to respond to the tests. With Evolve EDM we will all be able to access the notes simultaneously, enabling us to act quicker for the patient."

"As with any new system, there is a learning curve which may slow you down in the short-term. We are very familiar with paper case notes, which means we can find what we need quickly. Evolve EDM means learning a whole new system. However, in five years' time I am sure we will look back and wonder how we ever managed without it."



Michele takes on the Because I Can! challenge

In July 2014, 58-year-old Michele (left) was diagnosed with primary liver cancer and was told her only chance of survival was a liver transplant. In June 2015, she got the call and was cared for by Dr Jim Portal and his team in the Bristol Royal Infirmary (BRI) hepatology department.

"The staff in the hepatology department were amazing, especially my transplant specialist nurse Amy who was with me every step of the way," said Michele.

The transplant was a success and, while conscious that she still needs to take it easy, Michele now volunteers for Above & Beyond. Her experience has made her passionate about Bristol's hospitals and making a difference for future patients.

"I would encourage as many women as possible to get involved with Above & Beyond, by completing a challenge

or taking on some fundraising. By doing something, you are helping to provide much needed equipment and services for our hospitals."

If she can, so can you! So come on girls, join Team Above & Beyond and choose your challenge. Run, cycle, dance, jump out of a plane or take on a muddy challenge with your pals and make a difference for people like Michele.

Visit <http://www.aboveandbeyond.org.uk/how-you-can-help/because-i-can> for inspiration, contact our fundraising team on 0117 3700 485 or email fundraising@aboveandbeyond.org.uk.



“ Taking on a challenge gives you an opportunity to learn something about yourself, while your efforts are being channelled into a cause that will touch the lives of many patients and their families around Bristol and the South West. I'm doing it because I can – so should you!

Rhiannon (centre left), who is taking on the Above & Beyond Bristol to Paris cycle challenge

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

Our last push

Our £6 million Golden Gift Appeal was launched in June 2013 to transform the BRI and the Bristol Haematology and Oncology Centre for generations to come. Now it's our last push and your last chance to help raise the final £1 million needed. Your donations will help to fund projects including:

A world-class monitoring system for the intensive care unit that will mean critically ill patients can be expertly monitored at all times and the team can react quickly to any changes in their condition.

A new information and communication system for the emergency department giving patients the information they need to understand what is often a daunting and traumatic situation.

Digital reminiscence therapy tools, activity boxes and pop up rooms to aid communication and wellbeing for patients with dementia.

A sanctuary for people of all faiths and none providing a space for quiet contemplation or prayer.

Wear your woollies for Bristol's hospitals



Bristol University students and staff and charity supporters turned out in force in their festive knits to raise funds for our appeal and try to break the Guinness world record for the number of festive jumper wearers gathered together. The current record stands at 1,175. Despite the rain, 663 people turned up which is a fantastic first attempt. Thanks to everyone who joined in and fingers crossed for next year!

Making a difference to patients with dementia

In Bristol's city centre hospitals, approximately 40 per cent of patients in our care of the elderly beds have dementia.

For these patients, going into hospital is often more challenging than for someone without a dementia diagnosis. Hospital staff not only treat their medical needs, but also do all they can to offer reassurance and familiarity to help patients feel comfortable and safe. Communication and engagement are vital in reducing anxiety and increasing wellbeing in dementia patients. Thanks to our generous donors, Above & Beyond has been able to provide funding for iPads and the dementia café, a joint initiative with the Alzheimer's Society.

The iPads enable patients to engage in activities of their own choosing. This can promote cognitive ability and help to improve the patient's mood. The dementia café offers informal access to specialist staff and information on carer support services and dementia care.



A winning partnership



The Above & Beyond team raised over £1,000 through their charity raffle

Thanks to the charity's partnership with our wonderful friends at Hype Agency, a phenomenal total of £31,975 has been raised for our hospitals through events including Hype's glamorous Christmas party charity nights.

Nightrider comes to Bristol

Join us for a 100km moonlit cycle ride for our hospitals on 25 June. For more information, please contact Lorna on 0117 370 0842.

Raising the bar

Nurse practitioner Ping Chen at the Bristol Heart Institute

There are more than 60 nurse practitioners making a vital difference to patients every day at UH Bristol. This relatively new role is transforming care across our hospitals, as Barry McCarthy reports.

“We are not doctors yet we are performing many of the tasks traditionally undertaken by doctors such as physical assessments, prescribing medication and interpreting clinic tests,” says Ping Chen, nurse practitioner (NP) at the Bristol Heart Institute. “I applied for the NP role because I wanted to be able to do my job more effectively and to have better job satisfaction. When patients come in for major surgery, you want to be able to offer them the best care and treatment possible.”

To become an NP, you must first be an experienced nurse before going on to undertake Master’s level modules in advanced practice. The modules NPs study vary according to the speciality they work in. As a member of the cardiac surgical care team, Ping has to undertake courses in non-medical prescribing, physical assessment and diagnostic reasoning.

“Nurses usually have to go to a doctor in order to prescribe medication,” says Ping. “As a qualified non-medical prescriber, you can prescribe medicines within your scope of practice, which means you can react quickly for the patient. Becoming an NP means you are a much more independent clinician. I very much enjoy the greater responsibility that comes with the role. When patients deteriorate, NPs are often the first responders and the nurses look to us for advice. We have great training opportunities as NPs such as study days and we are encouraged by management to make progress in our training.”

Rebecca Hoskins, consultant nurse and senior lecturer in emergency care, says the NP role grew out of a demand to

meet changing needs within the health service such as increased life expectancy and greater numbers of people presenting with complex conditions.

“Nurse practitioners are highly experienced, skilled professionals who attain patient outcomes that are similar or even better in some cases than those of junior doctors,” Rebecca says. “In many cases, patients are unable to tell whether they were treated by an NP or medical colleague such as the standard that NPs work to. It is important to NPs that they do not leave behind their professional background and they incorporate elements of nursing into their work every day.

“In the Bristol Royal Infirmary emergency department (ED), NPs are able to treat, admit and discharge patients. NPs see 25 per cent of ED patients, which adds up to thousands of patients each year. This helps hugely in terms of maintaining the flow of patients through the hospital. In addition, NPs have very high satisfaction ratings among patients and very low unexpected return rates for patients attending ED.”

Louise Ashelby says the app will enable women to access reliable information more easily



New app for mums-to-be

UH Bristol has recently launched ‘My Pregnancy @ St Michael’s’ – an app for women who are booked to have their baby at St Michael’s Hospital, or who are researching their birthing options. Heather Price finds out more.

Between 5,000 and 5,600 women give birth at St Michael’s Hospital each year. There are currently more than 60 patient information leaflets relating to maternity services, and each woman using these services receives up to 45 of those leaflets during her pregnancy.

Louise Ashelby, obstetric consultant at St Michael’s, conducted a survey among pregnant women to find out how they would like to receive maternity services

information. “More than 75 per cent of the women we surveyed said they would use an app for smartphones and tablet devices to access information during pregnancy,” says Louise. “It was clear that it’s what women want. Now all the information from the leaflets is available electronically at the touch of a button.”

The free ‘My Pregnancy @ St Michael’s’ app, available to download now on Apple and Android devices, is believed to be the first of its kind in England. Unlike commercially available apps, the information is specific to St Michael’s. “Our research showed that most women coming here use commercial apps for information during pregnancy. That information is usually good, but it isn’t focused on a particular hospital, and isn’t relevant to all women. The information on this app is specific to women who want to have their babies here at St Michael’s.”

The main benefit for women is that the information they need during pregnancy will be more easily accessible. Once the app has been downloaded, the content is stored on their device, and they don’t need an internet connection to access it. “The majority of women have their phone

on them most of the time, but they won’t always carry their leaflets. Now they can access the information they need at any time, wherever they are. The app will also benefit the environment since fewer leaflets will be printed.”

For those who don’t own a smartphone or tablet, paper leaflets will still be available and can be accessed via a midwife. The app content can also be viewed through the UH Bristol website, where each leaflet can be downloaded as a PDF.

How to download the app

Please visit the app store on your smartphone or tablet and search for ‘St Michael’s pregnancy’ to download the app. The app will be updated regularly, so it is important to ensure that you always have the most recent version on your device.

To give feedback on the app or for more information, please email mypregnancyapp@uhbristol.nhs.uk. To download PDFs of leaflets, please visit <http://tinyurl.com/pay6clq>.



Ceri Hughes

Multi-disciplinary team lead for head and neck cancer, and oral and maxillofacial surgeon



What's your background?

I grew up in Port Talbot, South Wales, and moved to Bristol to study in 1993. I had completed a dental degree in London before going on to do the medical degree in Bristol. I've been working at the Trust since 2000 and I've just completed a three year fixed term spell as clinical director for the Dental Hospital. This role involved a wide range of challenges covering everything from broken air conditioning to ensuring patient safety and overseeing the centralisation of new services. The role has meant I've been incredibly busy in recent years but it's been rewarding and enjoyable.

What is oral and maxillofacial surgery?

Oral and maxillofacial Surgery (OMFS) is the surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. It's unique in requiring a dual qualification in medicine and dentistry, combined with training in general surgery and OMFS surgery. There are about 250 OMFS surgeons in the UK so I am among a relatively small group of clinicians within this specialty.

What do you like about your job?

Performing surgery requires using practical skills, which is one of the things I enjoy most about my role. I've operated on a lot of interesting individuals from a wide range of backgrounds who all have their own, sometimes colourful, stories to tell. Some of my patients have been well known sports players, others have come from deprived backgrounds – there's a big mix. Though it might sound strange, surgery is actually the easiest part of my job because I know exactly what I am doing and I am supported by highly skilled nurses and doctors that I enjoy working with. Our operations can take up to eight hours so you have to get on well with people. Thankfully, in theatre, you can concentrate fully on the job in hand, get into the zone and there is little risk of anyone disturbing you.

What are the work challenges you face?

I've got a very busy job and it can be challenging living up to all the professional commitments you make. As a relatively new consultant, it's always too easy to say yes to everybody. In addition, many of the patients I treat have complex conditions which may

require interaction with other specialities such as oncology or other surgical teams. This is another rewarding and challenging part of the job but I enjoy working with others to achieve the best outcome for our patients.

What do you do outside of work?

I am a really keen mountain biker. Bristol is ideally situated for this with so many hidden trails in the local woods and the Mendips and Wales are so easily accessible. I have done a few trips which have involved extended alpine rides with lots of downhill technical terrain. Last year I rode around Mont Blanc and the year before I did a six day trip called the Trans-Provence from the Maritime Alps to Nice. I also really enjoy snowboarding and surfing. I am quite in awe of people such as Jeremy Jones who, as well as being a world freeride snowboard champion about 10 times, has made some really inspiring films of his adventures.

Treating children with burns

The South West UK children's burn centre moved to Bristol Royal Hospital for Children in May 2014 as part of a project to centralise specialist paediatric services for the region. The centre has enviable facilities with its own dedicated ward, high dependency unit, theatres and outpatient facility. Hannah Allen meets some of the key staff.

Previously located at Frenchay Hospital, the South West UK children's burn centre, sees 15 to 20 new referrals every week. The team is multidisciplinary, reflecting the complex challenge of treating patients with these injuries. It includes an anaesthetist, general paediatrician, clinical psychologist, occupational therapist and a physiotherapist. A dedicated community nursing and therapy outreach team oversees care and treatment after a burn injury near the patient's home.

Shirin Pomeroy, burns clinical nurse specialist, explains: "As a result of the burns service moving, we have joined the full range of paediatric specialty teams and we are integral to the dedicated children's major trauma centre here at Bristol Royal Hospital for Children. Patients from across the South West now have access to multiple surgical teams and the general medical paediatric team all under one roof. This has improved the burns patient pathway, especially for the very



Shirin Pomeroy, burns clinical nurse specialist

complex patients who were previously treated across several sites."

The centre has a strong education, research and prevention strategy, in which all staff from the burns team are involved.

Jonathon Pleat, consultant plastic surgeon, says: "Education and research are essential to ensure that staff and the general public understand burns and the impact they can have, both physically and psychologically. We see a variety of injuries that come through the door, of which many are a result of preventable accidents in the home, such as coming into contact with a hot surface or scalding liquid.

"As a team, we work closely with local authorities, charities and organisations to educate the public about the prevention of burns. As a parent or carer of children, it is difficult to ensure that a house is entirely safe, but there are some simple checks that can be done to reduce the risks. Our recent focus has been on keeping hair straighteners from being touched, ensuring hot drinks are out of sight of inquisitive hands that pull them off tables and keeping children away from hot surfaces such as an iron or oven.

"If a child does sustain a burn, we advise following the three Cs: cool, call and cover (see box). As simple as it sounds, these preventions and procedures can make all the difference."

The three Cs

COOL

Cool the burn with running tepid water for 20 minutes and remove all clothing and jewellery.



CALL

Call for help – 999, 111 or local GP for advice.



COVER

Cover the burn with cling film or a sterile, non-fluffy dressing. Ensure the patient is kept warm.



To read more about the centre, please visit <http://tinyurl.com/gopvjxz>.

Researching new cancer therapy

An innovative trial of an advanced cellular therapy is underway at the Bristol Haematology and Oncology Centre. This type of therapy could transform the way we treat patients with cancer, as Barry McCarthy reports.

Imagine being able to give a leukaemia patient an infusion of genetically modified cells that cures the disease permanently and prevents the need for more invasive treatment such as chemotherapy or bone marrow transplants. This possibility is the subject of an innovative clinical trial on advanced cellular therapy being run at Bristol Haematology and Oncology Centre (BHOC). The hospital has become the first outside of London to be able to offer a patient the opportunity to participate in an early phase WT1 TCR gene therapy trial.

A patient who was treated for acute myeloid leukaemia (see box) met the eligibility criteria for the study and was willing to participate. As part of the trial, the patient's immune cells were selectively collected from his blood and underwent special genetic modification (WT1 TCR) in a London laboratory. The resulting cells were designed to recognise and tackle leukaemia. The patient underwent a mild round of chemotherapy, which created space in his body for the new cells before they were returned to his blood system.

"While chemotherapy benefits many patients, it is untargeted and causes a lot of side effects," explains James Griffin, haematology consultant. "This new form of cellular therapy is far more selective. The genetically modified cells may stay in the patient's body for a long time, potentially even throughout their life, helping prevent leukaemia from relapsing. Chemo doesn't work in everyone with some patients needing to spend a lot of time in hospital following treatment. For many leukaemia patients a bone marrow transplant is needed. The donor immune system can fight the leukaemia but again this is not specific as it can also fight the rest of the patient. It's early days but the potential of WT1 TCR therapy is to provide a targeted, patient specific treatment that will continue to work throughout the patient's life."

The trial is being sponsored by the Cell Therapy Catapult, a not-for profit organisation established by Innovate UK on behalf of the UK Government to accelerate the growth of the UK's cell and gene therapy industry. WT1 TCR therapy was initially developed in the laboratories of Professors Hans Stauss and Emma Morris in London.



Key staff behind the trial: (l-r) James Griffin, Helen Saldanha and Peter Robertson

The BHOC was invited to participate in the trial due to staff expertise and the bone marrow transplant unit, apheresis unit and haematology ward, which are all available on site.

The BHOC has an established and experienced clinical trials unit and manages over 200 trials across all types of cancers ranging from complex phase one 'first into man' trials to more simple quality of life studies. Research nurse Peter Robertson and trial coordinator Helen Saldanha have spent considerable time facilitating and supporting the WT1 TCR trial. The knowledge and expertise gained from the study have enhanced the unit's impressive research portfolio.

"Providing access to this and future advanced therapies establishes Bristol's leading status in medical innovation," says Stephen Robinson, bone marrow transplant consultant and principal investigator for the trial.

To learn more about research and innovation at UH Bristol please visit <http://www.uhbristol.nhs.uk/research-innovation/>.

The trial participant's story

In September 2014, the trial participant was at home watching TV when he noticed a lump below his cheek bone. "I thought it might have been an infection relating to the trouble I was having with my teeth," he says. "I was referred to a consultant at the BHOC where clinicians took a biopsy and did an endoscopy before diagnosing acute myeloid leukaemia (AML), a rare form of cancer. I was told that unless I had chemotherapy, I had only three months to live. A bone marrow transplant wasn't an option because they couldn't find a suitable match from a donor. Fortunately, after two rounds of chemotherapy at the BHOC I am now in remission."

The patient was asked to participate in the WT1 TCR trial because he met all the eligibility criteria. "I didn't hesitate in agreeing to participate because I wanted to give something back following the great treatment and support I received from the incredible



staff at the BHOC. After the WT1 TCR infusion, I was very tired for a couple of days. But soon I started feeling much better. I come in for regular blood tests and staff at the BHOC are monitoring my condition very closely. I feel well and I'm grateful for the opportunity I've had to participate in a trial that could prevent my AML from returning. I also appreciate the opportunity to contribute towards the advancement of medical treatment for the benefit of others in the future."



Key members of the project team (back row l-r): Emma Redfern, Jason Lugg, Caroline Clark; (front row l-r) Jackie Gray, Alex Hastie

Enhancing safety in A&E

Winter is the busiest time of year for the NHS. As the weather worsens and infections spread, hospitals and in particular emergency departments see an increasing demand on their services. A new ED checklist has enhanced safety for patients during peak periods, as Marcella Pinto discovers.

Winter, coupled with an ageing population, often results in hospital Trusts being pushed to their operational capacity which has an impact on the flow of patients through services. Overcrowding in the emergency department (ED) can result in delays to diagnosis and make patients suffering from time-critical conditions vulnerable.

After receiving funding of £75,000 from The Health Foundation charity for a project to improve quality of care, an ED patient safety checklist was designed and introduced at the Bristol Royal Infirmary. This simple checklist is a time-based framework of tasks that is completed by a member of the clinical team for any 'majors' patient from the moment they arrive at the hospital with

South Western Ambulance Service. Emma Redfern, consultant in adult ED, says: "We started to have a particular problem with queuing when patients were brought in by ambulance in 2010. In a busy and ever-changing ED, staff can become overwhelmed by the volume of tasks they need to complete. This can result in a delay to treatment and medical investigations. This checklist is prescriptive and contains all basic elements of care. It also includes issues that patients told us were particularly important including providing refreshments and informing their next of kin."

The funding enabled a project team to be formed and for data to be collected. Since the implementation of the project in 2014, ED has had no clinical incidents

related to failure or delay in recognising a deteriorating patient. The project team is confident that this is as a result of the checklist.

"The checklist is now embedded into routine practice in our ED," says Emma. "The team has been successful in implementing the checklist in other local NHS organisations including North Bristol NHS Trust and Weston Area Health NHS Trust. This programme of roll-out is designed to achieve consistency across the region."

"We are delighted with the results of the checklist so far and will continue to engage staff with it. It is very simple and, much like checklists already used in surgical and anaesthetic practice, serves as a reminder to staff to monitor and check vital signs. We now know that a well designed checklist such as this can improve the delivery of care."

Alex Hastie, staff nurse in ED, says: "The checklist has been extremely beneficial. It helps you work to high standards as a professional and it has enhanced the safety of our patients. The checklist ensures patients do not deteriorate under our care and that their needs are met."