

# Voices



## The Butterfly Project

Personalised care for patients at the end of their lives **p18**

UH Bristol's Gamma Knife team treats its 1,000<sup>th</sup> patient **p6**

Always #ProudToCare **p8-9**

Reflecting on ten years as a Foundation Trust **p10-11**

Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**



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Welcome to the latest edition of Voices, which shows the range of work that takes place within our different hospitals.

Recognising Success is one of our Trust values and it's awe-inspiring to see so many staff go to such lengths to do their best for patients following the recent fire in the Bristol Haematology and Oncology

Centre. As we approach the NHS' 70th birthday in July, it is also evident that staff continue to research, innovate and improve services for patients.

The Gamma Knife Centre has improved treatment for some cancer patients (page 6); you can read about how our staff are improving vaccines for the future (page 7); improving care for children with arthritis in partnership with others (page 10), how we have a new service to support patients who experience an airway emergency (page 11) and how we are delivering personalised care to patients who are at the end of their lives (page 18).

I hope you enjoy this edition.

*Fiona*

Fiona Reid  
Head of communications

Chat to us:

@UHBristolNHS using our hashtag #ProudToCare  
University Hospitals Bristol NHS Foundation Trust

**Jeremy Banning** @jbanningww1  
After today's visit my thanks as ever to the wonderful staff in paediatric physiotherapy & orthotics at @UHBristolNHS who do so much to help my youngest daughter

**Julie Galt** @JulieGalt  
Isobel is one today! Big shout out to @Dr\_AdamSC @UHBristolNHS @CotsForTots @woodybristol for all their help in her early days and ensuring that she reached one happy and healthy!

**Nicky FF** @nicky\_ff  
I am so proud of @UHBristolNHS nursing staff - following launch of our new tissue donation referral form with education & marketing campaign in February we have increased tissue donation referral rates from 50% to 85% #proud! Great work @Borisbex!

**Imy** @ImmieOTOole  
Great to see Ward A605 joining in with the #endp[aralysis] campaign @UHBristolNHS Good luck with your launch day today! #ProudToCare #thankyou



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# Nominations all round for UH Bristol's high impact user team

The high impact user team, which includes staff from the emergency department, the drug and alcohol team and the psychiatric liaison team, have been shortlisted for three awards for their work to improve care for those who regularly use UH Bristol's adults emergency department.

Their nominations include "Best Patient Safety Initiative in A&E" at the Patient Safety Awards, "Best Mental Health Team" at the BMJ awards and a HSJ Value award for being an innovative emergency department.

The team create care plans for patients who frequently present in the emergency department, so they receive consistent treatment and have a better experience. Since the group has been operating, admissions of 'super-users' who use the department every day fell by 80%.

Rebecca Thorpe, emergency department consultant, said: "Our high impact patients have often fallen between the cracks of health and social care, and use the emergency

department because they feel they have nowhere else to turn.

"Our aim is to support these patients to make better choices about their own health, which ultimately results in a reduction in their hospital attendances."

The team will find out whether they have won first prize for all three awards this summer.

*Our aim is to support these patients to make better choices about their own health, which ultimately results in a reduction in their hospital attendances.*

Rebecca Thorpe, emergency department consultant



In brief

## UH Bristol is all set for new EU data protection laws

At UH Bristol we strive to treat all confidential information as if it were our own. Updated data protection laws, General Data Protection Regulation (GDPR), came into force on 25 May 2018 and we have been working hard across the Trust to ensure that we are well prepared.

UH Bristol has developed a new privacy notice which explains your rights under GDPR and provides detail about how the Trust will look after personal data.

This is available on our website: [uhbristol.nhs.uk/privacy](http://uhbristol.nhs.uk/privacy)

## 70 YEARS OF THE NHS 1948 - 2018 Share your stories

UH Bristol is asking staff, patients and members of the public to share their memories and stories about the NHS to celebrate its 70th birthday.

It's also time to get your boxes out of the attic because we are looking for photos, newspaper cuttings, uniforms or simply any NHS memorabilia spanning the last 70 years. Please share your stories with [communications@uhbristol.nhs.uk](mailto:communications@uhbristol.nhs.uk)

You can join in the NHS70 conversation on Twitter by using the hashtag #NHS70, remember to tag @UHBristolNHS!



## 100,000 Genomes Project reaches half-way mark

The West of England NHS Genomic Medicine Centre (WEGMC), which is led by UH Bristol, has passed the half-way mark with 2,000 patients or family members enrolling in the 100,000 Genomes Project.

The national project is a major NHS initiative to sequence 100,000 genomes from patients with rare inherited diseases or with cancer and to transform NHS services to include genome sequencing as standard care for future patients.

The WEGMC has seen 2,000 people consenting to the project, including 1,700 from families with rare diseases and 300 with cancer consenting since the centre opened – with the aim of enrolling 4,000 people in total by September.



For more information about the WEGMC and the 100,000 Genomes Project visit: [wegmc.org/](http://wegmc.org/)

## The Grand Appeal opens family accommodation for Bristol Royal Hospital for Children



The children's hospital charity, The Grand Appeal, has expanded its family accommodation service with the opening of Paul's House, welcoming families of critical care patients.

Located opposite the hospital, the accommodation features eight ensuite bedrooms, two communal kitchens and a laundry room, providing families with a free, private and comfortable home-from-home, just moments from their child in hospital.

This vital service has been made possible thanks to generous support from The Grand Appeal's community and corporate supporters, as well as major grants from Children With Cancer UK, The Morrisons Foundation, The Garfield Weston Foundation, The Sir Jules Thorn Charitable Trust, The Wolfson Foundation and the Callum St John and Maisie Gibbins Star Tribute Funds.

Like the children's hospital building, Paul's House is named in honour of Paul O'Gorman, whose family founded the charity Children with Cancer UK in his memory. It has a special relationship with The Grand Appeal, helping to fund the children's hospital building in 2001 and pioneering equipment such as the 3T intraoperative MRI scanner.



To find out how you can help The Grand Appeal continue its vital work to support sick children and their families, please visit: [grandappeal.org.uk](http://grandappeal.org.uk)

Paul's House is the latest addition to The Grand Appeal's family accommodation service. The charity has funded pull-down beds in wards throughout the hospital for parents to be by their child's bedside, and runs Cots for Tots House which offers free accommodation for families of babies in the neonatal intensive care unit (NICU) at St Michael's Hospital.

Thanks to its incredible supporters, Cots for Tots has provided a 'home-from-home' to more than 1,000 families since 2012. Paul's House will expand this service to many more families from across the South West and beyond.



You can watch Olivia's story on This Time Next Year's YouTube channel: [youtu.be/5b5s6WAX\\_3I](https://youtu.be/5b5s6WAX_3I)

## Patient at St Michael's hears her name for the first time on ITV's This Time Next Year

Viewers from across the UK watched the life-changing moment baby Olivia had her cochlear implant switched on at St Michael's Hospital. As Olivia was born profoundly deaf, last year her parents pledged on the programme that she would be able to hear her name for the first time a year later.

A cochlear implant is a surgically implanted electronic device that directly stimulates the auditory nerve, providing a sense of

hearing to those who are profoundly deaf. The show caught up with the family a year on, and thanks to cutting-edge treatment at the hospital, Olivia heard her parents say her name for the first time.

Liz Midgley, audiologist at the children's hearing centre at St Michael's Hospital, was interviewed on the show and explained: "We know that Olivia is hearing. From today she can learn what sound is and hopefully learn to talk."



# From the chair

**My first few months as chairman of the Trust have continued to be busy, meeting people across the health community nationally, regionally and of course in the Trust. Whilst this has involved a lot of meetings, with over 30 one-to-one meetings with governors alone, it has been extremely valuable in understanding the talent we have and how the organisation works.**

Over the next six months I am determined to continue to see more of the delivery of our services first-hand. Whilst the executive briefings, board papers, meetings with unions, staff networks and the patient engagement sessions are all invaluable, they cannot replace the experience of seeing first-hand the outstanding commitment of our staff as well as experiencing the blockages and frustrations that stop them giving their best.

I have already experienced some of this first-hand as a patient in the eye hospital and radiology. The treatment I received was truly first class, from the reception right the way through to the clinical care, but I couldn't help feeling that we should be doing more with other public service providers to stop the need for people to attend the hospital in the first place and also ensure that those that are due to attend are incentivised to keep their appointments. If any of our staff would like me to spend some time with them for a shift or just a few hours please

get in touch, it's your chance to show me what you experience day to day.

I had the pleasure of being part of the midwife and nurses awards panel recently. We had 146 nominations in seven categories with 43 teams being nominated. This reinforced to me the outstanding commitment given by our nursing staff day in and day out. Unfortunately, due to the fire in the Bristol Haematology and Oncology Centre, we had to postpone the presentation of awards. The amazing response to get our services back to normal for our patients following the fire showed how caring, supportive and committed our staff are. You can read more about the efforts of teams following the fire on pages 8 and 9.

This year marks the 70th anniversary of the NHS. The NHS is still seen as the jewel in the public services crown and one we are all proud to belong to. It is also 10 years since we were established as a foundation trust. This brought with it the freedom to set our own investment priorities and started with the refurbishment of the BRI which took us from an out of date building that was no longer fit for purpose to a more modern, functional and welcoming environment. There has been lots more since, including investment in the children's hospital that enabled us to centralise specialist children's services in the centre of Bristol, the redevelopment of the Bristol Haematology and Oncology Centre (BHOC), the



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creation of the Welcome Centre and the helideck which has enabled us to become a paediatric major trauma centre.

These have all been designed from suggestions from staff, patients, governors and our members whose views are critical components in shaping our services, so please take the opportunity to feed your thoughts into the strategic review that will help us to shape our future services "Embracing Change, Proud to Care – Our 2025 Vision". So far we have heard from nearly 600 of you but want to hear from as many of you as possible.

Jeff Farrar, Trust chair

Please email your views on our strategy to: [strategyrenewal2025@uhbristol.nhs.uk](mailto:strategyrenewal2025@uhbristol.nhs.uk)



# UH Bristol's Gamma Knife team treats its 1,000th patient

The award-winning Bristol Gamma Knife team has treated more than 1,000 patients in the past four-and-a-half years. John Kirk spoke to the 1,000th patient about his treatment and found out more about the team.

**"The staff in the Gamma Knife team are phenomenal. They ensured I had the best experience possible and were incredibly caring."**

These are the words of construction company director Ian Brown, who in March became the 1,000th patient to be treated by the Gamma Knife team at the Bristol Haematology and Oncology Centre.

The team carries out stereotactic radiosurgery, a specialist day case treatment that allows radiation treatment to be given highly accurately to small areas of the brain.

Tumours and small benign lesions are treated using a Gamma Knife treatment

Ian demonstrating the facemask needed to secure the position of his head



machine, which uses 192 cobalt sources highly focusing gamma rays on the tumour or lesion that needs treating.

This very high dose precise treatment gives the highest chance to control the tumour or lesion whilst minimising side effects.

Ian, aged 51 and a married father of five, said: "I had my right lung removed in 2014 due to a cancerous tumour which I was told might spread in the future. I run a lot for charity and was training for the New York Marathon when I collapsed and it was found that the cancer had spread to my brain.

"I had 12 brain metastases (cancer cells that have spread to the brain from other body organs) and one was removed by surgery. I was referred to the Gamma Knife team and they managed to remove a further eight.

"The procedure took just over three hours, wasn't painful and I haven't had any side effects. I'm due to have follow-up appointments with my consultant and further scans in the future to see how I'm progressing following the treatment.

"The team really looked after me. They were wonderful."

Bristol's Gamma Knife team features consultants, neurosurgeons, physics radiographers and a nurse, supported by an administrator.

The team treats a large number of brain tumours and other conditions including acoustic neuroma (a non-cancerous growth), and



Patient Ian Brown with his son Freddy

tumours in the pituitary gland. Tania McGreene, Gamma Knife specialist radiographer, said: "The service opened in October 2013 and we upgraded our equipment in 2015 to include imaging technology. This enables us to treat patients using either a frame or a mask based system. It has increased our capacity and allows us to provide treatment to patients who would benefit from receiving treatment in more than one session."

The team won the Transforming Care Award at UH Bristol's Recognising Success staff awards in November 2017.

Lynn Dawson, Gamma Knife radiotherapy coordinator, said: "The whole Gamma Knife team is dedicated to improving the outcomes for everyone with benign and metastatic brain tumours; from creating innovative treatments through to thinking outside-the-box, appreciating that it is often the small things that really count in the patient's journey."



# Securing vaccines for the future

Doctors, nurses and scientists from UH Bristol and the University of Bristol are working together to prevent and treat infectious diseases. John Kirk found out more.



**V**accinations are vital to help fight infectious diseases, and in Bristol a team of doctors, nurses and scientists has led or been involved in a number of trials to help develop new and improved vaccines.

The team has had some big successes during the past 10 years, including leading on a study that contributed to a new six in one vaccine being given to all children as their very first vaccine to protect against diphtheria, tetanus, whooping cough, polio, haemophilus influenzae type B (Hib) and hepatitis B.

It has also been involved in studies that underpinned the introduction of a new pneumococcal vaccine which is used to protect against pneumonia, ear infections and meningitis, as well as the meningitis B vaccine that is given to all young children.

In total the UH Bristol and University of Bristol team has led or been involved in more than 25 vaccine studies over the past decade, with many thousands of participants involved, mainly children and young people.

Adam Finn, professor of paediatrics at the University of Bristol and honorary consultant at Bristol Royal Hospital for Children which is run by UH Bristol, said: "Most of the studies have involved children and young people through the Bristol Children's Vaccine Centre, which is a joint venture between the university and hospital trust.

"These are the age groups where most vaccination takes place in this country,

although vaccinations such as the flu jab do take place for elderly people and there's growing research into the vaccinations that might be suitable for adults aged between the young and the elderly.

"As well as trials looking at new vaccines and their effectiveness, we also carry out other clinical research studies to find out more about the naturally occurring carriage of bacteria or viruses in healthy individuals and how this changes in illness. For example, around 10% of people aged 16-20 carry meningococcal bacteria. In nearly all cases this won't develop into disease but there's lots of work going on to find out more about how we can detect if people are carriers, measure this and see if, by using new meningitis B vaccines to reduce the likelihood of carrying the bacteria, we can prevent disease across the whole population."

Professor Finn said vaccine research was important and locally there is a really engaged community, particularly families who have asked to be involved in multiple trials after seeing the benefits when they first took part in a study.

"Vaccines are often a victim of their own success as they make the diseases they prevent go away which can mean people lose the incentive to get vaccinated," added Professor Finn.

"Involving people in an active way in Bristol is strengthening our public health immunisation programmes and improving awareness of the value of vaccination."

*Research is far from being an extra activity that goes on alongside public health and healthcare, it's an intrinsic part of it. The success of research leads to better healthcare and better healthcare leads to better research.*

Adam Finn

The team is currently conducting a clinical research study in healthy adults aged 18-45 years of a vaccine against hepatitis B, a serious infection of the liver that is spread through blood and other body fluids, and affects millions of people worldwide. Long-term (chronic) infection with HBV can lead to liver failure, cancer and even death. Once HBV infection has become chronic, treatment options are limited and vaccines are used to prevent HBV infection.

This study is being done to compare an "investigational" HBV vaccine against a "standard" HBV vaccine that is already licensed in the UK to measure whether it is as good as the currently used vaccine.

To find out more about the study, contact the study team at [hepatology.research@uhbristol.nhs.uk](mailto:hepatology.research@uhbristol.nhs.uk) or by calling 0117 342 9212.

Find out more about the Bristol Children's Vaccine Centre at <https://www.bristol.ac.uk/translational-health-sciences/research/bcvc/>



# Always #ProudToCare

In the early hours of Thursday 10 May, an electrical fire broke out in the plant room of our Bristol Haematology and Oncology Centre (BHOC). It's times like these where UH Bristol staff demonstrate just how outstanding they are. Staff from across the Trust, worked tirelessly around the clock to do everything they could to get our services back to normal for our patients. We'd also like to thank our patients for their understanding and kindness in what have been exceptional circumstances. These two pages in Voices highlight how some of our staff contributed towards the joint effort to resume our services as efficiently and swiftly as possible.

**“Our patients were incredibly supportive following the fire, which was a difficult time for everyone involved. We'd like to thank all of our patients and their relatives for supporting us to ensure they were treated according to their clinical need and for their understanding as we worked to restore services.”**

*Kate Love, radiotherapy services manager*

**“I have been completely overwhelmed by the efforts of our staff and feel immensely proud to work at UH Bristol. Whilst this is no surprise as I've already seen this displayed over the years of working here, this has cemented what a supportive, kind and patient centred family UH Bristol is.”**

*Sophie Baugh, general manager at the BHOC*

## Radiotherapy team

Radiotherapy staff members went the extra mile by giving up both days of their weekends to get patients access to essential treatment.

## Chemotherapy teams (Oncology and Haematology)

The chemotherapy pharmacy, admin, nursing and medical staff all came together, working for up to 14 hour days over the week, including the weekend, to reschedule patients for treatment and set up additional clinic space.

## Physiotherapy team

The BHOC physiotherapy team supported staff in the Bristol Royal Infirmary (BRI) physiotherapy department with caring for the additional patients from the BHOC.

## The Haematology Day Unit team

The team went above and beyond to help schedule treatments, ran extra service times and set up the unit which relocated to the medical rehabilitation unit in the BRI.

## Junior doctors

The oncology registrars, haematology registrars and the senior house officers (SHOs), all helped to keep our patients safe by supporting them and also the teams organising their treatment.

## Cleaning teams

The BHOC cleaning teams have worked extremely hard to ensure all areas of the hospital are cleaned to a high standard. Some BHOC hotel services assistants joined wards in the Bristol Heart Institute (BHI) while their usual wards were closed; this meant they could support the staff in the BHI with the new pressures of caring for BHOC patients.

## Infection control team

Team members worked alternative and additional hours to clinically review areas and support the cleaning and reopening of areas. They also worked over the weekend to ensure that they could get services up and running for the Monday. The team collaborated with the cleaning teams to help with clinical cleaning, meaning departments could reopen to patients more quickly.

## Radiotherapy Physics, MEMO and Scientific Computing teams

All teams demonstrated excellent teamwork. Staff worked into the evening and at the weekend to get our machines back online as quickly as possible and arrange for treatments to continue at nearby radiotherapy centres

## Estates and facilities

Members of estates and facilities worked day and night to ensure the hospital building returned to a safe environment for our patients. The team have been recognised for their amazing efforts and their willingness to help.

## IM&T teams

The IM&T teams helped set up a site for BHOC colleagues to work from, which made a massive difference to their ability to coordinate the recovery.

## Dental Suite at South Bristol

Dental staff at South Bristol Community Hospital opened up their space for patients to have their vital chemotherapy treatment. This made an enormous difference as patients were able to be treated despite the situation.

## Clinical Psychology team

Two psychologists helped by providing support not only to our patients but staff too.

## Outpatients and appointment centre teams

The central team supported the coordination of alternative clinic locations across UH Bristol.

## Pharmacy team

The parenteral services unit (PSU) is located on Level 8 of the BHOC where they prepare chemotherapy for all areas in UH Bristol, and parenteral nutrition for paediatric and neonatal patients. This is the first time in over 25 years that the PSU team have had to activate contingency plans for the complete shutdown of the cleanroom facilities and relocation of staff. Many of the staff worked tirelessly in collaboration with colleagues in the rest of pharmacy and the Specialised Services division to ensure minimal disruption to patients' treatments.

The children's pharmacy team also did a fantastic job to ensure that children who required parenteral nutrition or chemotherapy received them through alternative supply routes.

## Transport team

Transport staff were essential to helping take colleagues and equipment to and from South Bristol Community Hospital.

## Bristol Heart Institute (BHI), BRI and Bristol Royal Hospital for Children ward staff

Ward teams were extremely flexible, deploying staff across to other wards where they were needed in the Trust, while also sharing their ward facilities with staff and patients from the BHOC.

Nursing staff kindly gave up their breaks to assist with cleaning in the BHOC, and thanks to admin and management staff sharing their office space, BHOC admin colleagues were able to find a temporary home in the BHI. BHI outpatient staff helped run oncology and haematology clinics, while the cath lab day case team and BRI emergency department provided capacity during the evacuation. Reception staff, volunteers and other staff also met patients as they arrived for appointments and helped to explain the situation and redirect as appropriate.

The BHOC is now back up and running; with thanks to the amazing staff who went above and beyond to ensure our services were back off the ground for our patients.



# Reflecting on 10 years as a foundation trust

In the year that the NHS turns 70, UH Bristol also celebrates ten years since it became a foundation trust. Becoming a foundation trust meant that we could have more control over our services, tailoring them to the needs of our local community. Now, the majority of big decisions affecting the Trust are overseen by our governors, who ensure that the voices of our 19,000 members are heard. Here we look back at some of the Trust's key milestones achieved over the past ten years.

2008

United Bristol Healthcare NHS Trust's application to become a foundation trust is successful. The Trust officially becomes University Hospitals Bristol NHS Foundation Trust

2009

Construction of the Bristol Heart Institute (BHI) is complete. Her Royal Highness the Princess Royal officially opens the hospital on 12 October.

2010

Respecting everyone  
Embracing change  
Recognising success  
Working together  
Our hospitals.

After six months of consultation with the public, staff, patients, members and governors, the Trust launches its new values: Respecting Everyone, Embracing Change, Recognising Success and Working Together. In the same year St Michael's Hospital becomes the first hospital to successfully deliver xenon gas to a newborn baby to prevent brain injury following a lack of oxygen at birth.

2011

Professor Dame Sally Davies officially opens the cardiovascular biomedical research unit at the BHI, to develop and translate new scientific discoveries into ground-breaking medicines, treatments and care for patients with cardiovascular illnesses; this is part of an £11.5million research fund awarded to the Trust by the National Institute for Health Research (NIHR).

2012



UH Bristol officially opens South Bristol Community Hospital. The hospital hosts Bristol's first ever urgent care centre for minor illnesses and injuries, which is run by Bristol Community Health, as well as a variety of other services such as inpatient and outpatient rehabilitation, day surgery, physiotherapy and radiology. This year also marked a medical milestone in the BHI; clinicians and scientists in the hospital successfully implanted the first two patients in the UK with a vagal nerve stimulator as part of a clinical trial designed to discover new treatment options for heart failure patients.

2013

Bristol's first ever Gamma Knife Centre opens in the Bristol Haematology and Oncology Centre, to treat patients with a variety of brain tumours. The centre was the first of its kind outside London and the North of England.

2014



A big year for UH Bristol, with multiple achievements happening throughout the year:

- The BHOC sees a £16million redevelopment, which includes the opening of the region's first ever adult bone marrow transplant unit.
- The children's hospital becomes the major trauma centre for the south west, with a £31million extension to accommodate Bristol's children's services transferring from Frenchay.
- A new helideck on the BRI becomes operational to ensure seriously ill and injured patients can be transferred to both the children's hospital and the Bristol Royal Infirmary (BRI) as quickly as possible.
- The final inpatient wards move out of the BRI Old Building, opposite the current BRI, as part of the £143million redevelopment programme.
- The new Welcome Centre opens in the entrance to the BRI, providing patients with a café, shops and a reception area.
- These changes enabled us to provide care more efficiently in facilities that better matched the quality of care we provide and improved the environment for our staff, patients and their families.

2015

UH Bristol partners with the Children's Hospital for Wales to launch a new transport service, Wales & West Acute Transport for Children Service (WATCH), for critically ill children in the South West of England and South Wales. This service transports children from district general hospitals without children's intensive care facilities to Bristol Royal Hospital for Children or the children's hospital in Cardiff.

2016



The West of England NHS Genomic Medicine Centre (WEGMC), a partnership of NHS trusts, universities, commissioners and health science networks across the region, launches as one of 13 regional genomic medicine centres in England, to gain a better understanding of genetic causes of cancer and rare diseases. UH Bristol is lead organisation of the WEGMC and Dr Andrew Mumford, consultant haematologist, is clinical director.

2017



UH Bristol is rated as 'Outstanding' by the Care Quality Commission, the first trust in the country to go from 'Requires Improvement' to 'Outstanding' between two inspections. This was also the year that we saw the opening of the £21million NIHR funded Biomedical Research Centre and that UH Bristol was named as one of 16 acute trusts in the UK to become global digital exemplars, to drive radical technology improvements.

2018

Not even halfway through the year, we have already seen an array of new IT improvements aimed at delivering best care to our patients more efficiently. It is also clear to see, as illustrated through this magazine, that our staff are living up to their 'Outstanding' rating, and do everything in their power to ensure the Trust values, launched almost ten years ago, shine through their work.

## Health matters

Why not attend one of our regular 'Health Matters' events, which are free talks hosted by consultants or senior managers on specialist areas of health or issues affecting the Trust? They are an opportunity for our foundation trust members and the public to meet Trust staff, governors, ask questions and give feedback. All events take place in Lecture Theatre 1, Education and Research Centre, Upper Maudlin Street, Bristol BS2 8AE. Everyone is welcome to attend. Doors will open 30 minutes before each talk to give you the chance to talk to other members over refreshments. To book your place and for any updates or changes to the programme, please visit our website ([uhbristol.nhs.uk/healthmatters](http://uhbristol.nhs.uk/healthmatters)). The remaining events for 2018 are as follows:

|                                |                  |          |   |
|--------------------------------|------------------|----------|---|
| Dental Health                  | Tues<br>19 June  | 6-7.30pm | Common dental conditions, how to identify early symptoms, management and treatment options.   |
| Psychiatry and Physical Health | Weds<br>18 July  | 6-7.30pm | Exploring the links between physical and mental health -an evening with the adult liaison psychiatry team.  |
| Annual Members Meeting         | Thurs<br>13 Sept | 5-7pm    | A chance to hear from our Board and Governors about the highlights of the past year and a look back on the achievements of the last 10 years of being a Foundation Trust. The evening will also include an update on how we are using digital technology to drive radical improvements in the care of patients. |
| Eye Health                     | Tues<br>30 Oct   | 4-5.30pm | How to maintain good eye health, common eye diseases, current treatments and research.  |
| Psychology in Health           | Thurs<br>29 Nov  | 4-5.30pm | How psychology (the science of how we think, feel and behave) is used in healthcare to improve patient experience and care.   |

You are also welcome to attend our quarterly Council of Governors meetings and our monthly Trust Board meetings. For more details please contact the membership office on **0117 342 3764** or email [foundationtrust@uhbristol.nhs.uk](mailto:foundationtrust@uhbristol.nhs.uk)

If you are not a member of University Hospitals Bristol NHS Foundation Trust, and would like to be kept updated on what's happening around our hospitals, you can fill out a simple form on our website: [uhbristol.nhs.uk/membership](http://uhbristol.nhs.uk/membership) or call the membership team on **0117 342 3764**.

It is free to join and we would welcome your application!





# Preparing young people for life beyond cancer

End of Treatment clinics have been championed within the cancer service for a number of years. Thanks to collaboration between the Teenager and Young Adult (TYA) unit and Psychological Health Service at the Bristol Haematology and Oncology Centre, young people have been given an opportunity to plan their next steps. Abigail Evans finds out more.

For people with cancer, ending treatment can be just as frightening as starting.

"When you're told you've got cancer, it turns your life upside down. Treatment can feel like you are in a bubble," explains Jamie Cargill, lead nurse of the TYA service.

"Then when you come to the end of it, people often talk about the fear of not having treatment, often as having a comfort blanket that's suddenly taken away."

"That's completely normal and expected, but what can we do to allow young people to work through that?"

This is where Rachel Irwin and the psychological health service come in. Working with the clinical nurse specialists and the rest of the TYA team, they devised a way to implement an End of Treatment clinic which is meaningful to young people.

"We use the IAM Portal, which is the holistic needs assessment developed specifically for young people, to structure the conversation," said Rachel.

"We think about how the cancer has impacted throughout the different areas of their lives and whether there's anything in particular they're struggling with."

"Then we look at ways they can support themselves, services they can access or referrals they might need."

"Importantly, this is a service which has been co-designed with young people," adds Jamie.

"We spoke to them about how they would like these sessions to be done, and found that they wanted something individual and private, because sometimes you do explore things which can be quite sensitive like thoughts and feelings or fertility."

The multi-specialist team who run the end of treatment clinics, including Rachel Irwin on the left and Jamie Cargill on the right

Although the clinics only began in February, the team has already received positive feedback. Verity Barker underwent treatment at the unit between September and December 2017, and described the prospect of finishing treatment as like being thrown into the deep end.

*"It was worrying to think about how I was going to get back to how I was before. The clinic was really nice, it was good to see where I'd gotten to and carry on the discussions I'd already had with Rachel around things I was worried about. It just felt more like a conversation."*

Verity Barker

# It's all in the eyes

An 11 month study, conducted by UH Bristol, has determined that a form of psychotherapy called eye movement desensitisation and reprocessing (EMDR) can be used to effectively treat patients who develop post-traumatic stress disorder (PTSD) after being treated in the intensive care unit (ICU). Patients who are admitted to ICU present with severe and life-threatening illnesses or injuries, and studies have found that due to the nature of these experiences, between 8% and 27% of these patients will develop PTSD. Tasmeen Warr met Tom Hulme, a clinical nurse specialist trained in EMDR, to find out more.

Sat in front of Tom, my eyes follow his hand from side-to-side as he explains to me that this simple but effective movement can be used to treat a variety of anxiety disorders, including PTSD. In simple words, EMDR therapy uses side-to-side eye movements to help patients process distressing memories, negative beliefs or thoughts.

The eye movements, or sometimes hand or knee taps, produce bilateral brain stimulation, which helps the patient process the traumatic memory. During a session, the patient is asked to notice any new thoughts, feelings, emotions, images or physical sensations. The process continues in sets lasting around 20 to 30 seconds until the patient is no longer distressed by the memory. Each week of the study a psychiatrist visited ICU and identified patients who were at high-risk of developing PTSD. To be diagnosed with PTSD, a patient must be experiencing symptoms of the illness one month after the traumatic event; this meant that the psychiatrist could offer support to those high-risk patients, but was unable to provide a PTSD diagnosis whilst on the unit.

One month on from being discharged, the patients and their GPs were sent a questionnaire called an Impact of Event Scale; this self-assessment tool was able

to indicate whether the patient was still presenting with symptoms of PTSD. If their score suggested strong signs of PTSD, they were invited to get in touch with the clinic and discuss treatment options.

"The patients who went through the full course of EMDR treatment, lasting on average five sessions, showed significant improvements," explained Tom. "The outcome of treatment was measured using the same Impact of Event Scale, and showed that after treatment the patients' score displayed a reduction from severe PTSD to minimal symptoms."

John Bell-Owen, staff nurse on ICU (pictured), said: "This unique and although small-scale project has helped to highlight the problem of PTSD presenting in critical care survivors. Our staff are now more aware of the signs of PTSD, and for a unit of our size this is really important as we see so many patients who have gone through life-threatening experiences."



"The EMDR therapy delivered by the liaison psychiatry team shows huge promise for the future in terms of successful treatment and resolution of PTSD in our hospitals."

This simple but effective movement can help treat a range of anxiety disorders, including PTSD

## What is PTSD?

PTSD is an anxiety disorder caused by experiencing a life-threatening event. Someone who has PTSD can suffer from a variety of symptoms including isolation; irritability; feelings of guilt; and reliving the traumatic event through nightmares and flashbacks.

As well as anxiety disorders, EMDR can be used to treat patients with medically unexplained symptoms (MUS). Patients, suffering with a range of physical symptoms are diagnosed with MUS when all possible medical reasons are exhausted.

Though still in its infancy for treating this type of diagnosis, the positive effect that EMDR has had on MUS patients has indicated that many of them are actually experiencing these symptoms due to a past traumatic event. By helping the patients process the trauma, it helps eliminate both the distressing emotional and physical feelings associated with it.

Tom's colleague Emma Wilcox, a clinical nurse specialist also trained in EMDR, has recently started providing the therapy service to maternity patients in St Michael's Hospital.



EMDR specialists: consultant psychiatrist Nicola Taylor and clinical nurse specialists Emma Wilcox and Tom Hulme



# Celebrate with your hospitals charity as the NHS turns 70

2018 is a time for celebration as the NHS, one of our most loved institutions, turns 70!

Celebrate your NHS and say thank you with Above & Beyond, the official charity for the city centre hospitals. There are lots of ways you can get involved so choose the best one for you and contact us for more information.

On 5 July, people up and down the country will be raising a cuppa to the NHS with a Big 7Tea Party, so why not join them? You could have a party at home, in the garden, down your street or at your office. What a great excuse for a slice of cake and a get together! Tea party packs are available from the Above & Beyond website.

Or if a party isn't your cup of tea, you could always take on a 7, 70 or 700 challenge instead! Get your friends, family or colleagues to join you, or go solo, and help raise money for Bristol city centre hospitals. You could walk seven miles with your family, row 70 miles with your colleagues or cycle 700km.

Our fundraising team are on hand to help you plan your challenge so get in touch today.

Your donation, however big or small, will make an immediate difference to 935,000 patients, their families and the 9,000 NHS staff who treat them in Bristol city centre hospitals. To donate



and say thank you to the NHS please visit our website or call us. We'd love to hear your stories of time you've spent in Bristol's hospitals and any photographs you may have as well.



## Leave a lasting legacy

Every gift in every will is vital to patient care. Once your friends and family have come first, a gift to Above & Beyond can make a difference to NHS staff, patients and their families for 70 more years to come.

## Celebrate in memory

An online tribute fund is a wonderful way of remembering someone special in the year the NHS turns 70. It's easily set up using Much Loved or Just Giving. Please visit [www.aboveandbeyond.org.uk/tribute-fund](http://www.aboveandbeyond.org.uk/tribute-fund) for more information.



Above & Beyond is the local charity raising funds for patients, families and staff in Bristol city centre hospitals ★ 0117 927 7120 ★ [aboveandbeyond.org.uk](http://aboveandbeyond.org.uk) ★ @aboveandbeyond1



## Gary and Lee Johnson lend their support to the Bristol Heart Institute (BHI) Appeal

**B**HI Appeal Ambassador Gary Johnson, head coach of Cheltenham Town F.C., and his son Lee, head coach of Bristol City F.C., will be holding an exclusive evening of entertainment to raise funds for the appeal on Thursday 26 July.

Guests will hear them talk about their life in football on and off the pitch in a candid Q&A session with BBC Radio Bristol's Emma Britton. Live comedy from lifelong Bristol City fan Mark Watson, music from opera singer Tim Pitman and motown band Mission

Blue and a delicious three-course meal will make this a night to remember.

A charity auction will also be led by former Eastenders actor Tom Watt with once-in-a-lifetime prizes up for grabs. All monies raised from the evening will go towards the BHI Appeal – a cause very close to the Johnson family.

Tickets are £120 or £200 for a VIP table. Tables of 10 are available. Buy your tickets today via the Above & Beyond website.

## Free hospital shuttle buses get a makeover



**T**hanks to your generosity we are very proud to be able to fund the hospital shuttle buses, which transport patients, visitors and staff to the city centre hospitals free of charge.

We've given the buses a major makeover so keep an eye out for the bright blue, green and pink buses as they travel around the city. They feature real life patients and staff who are becoming quite the city celebrities!

If you use the service or see the buses on the road, please share a photo and tag us (@aboveandbeyond1) on Facebook and Twitter. You can view the bus timetable on UH Bristol's website.

## Fundraise from 15,000ft for your hospitals



Make the jump and skydive for your hospitals – taking off from Salisbury on Saturday 15 September.

We jump out of a plane twice a year and all adrenaline junkies are welcome to join us – either on your own or with a group of daredevil friends!

GoSkydive is the UK's only specialist skydive centre for first-time jumpers and their professional team is trained to guide you through a thrilling 10,000ft or 15,000ft jump.

Andrea Bennett and Emily Hewson, nurses in the outpatients department at the children's hospital, took part in the Skydive last September as part of their effort to raise money for a sensory waiting area and they raised more than £4,000.

Andrea said: "It was amazing – I wanted to go back up again!" For more information and to sign up please visit our website.



# Transforming treatments for children with arthritis and uveitis

Researchers from our Trust will join Medical Research Council-funded scientists from across the UK to begin a five-year study of childhood arthritis and its linked eye inflammation condition, uveitis. Abigail Evans spoke with consultant paediatric rheumatologist, Professor A. V. Ramanan (pictured), one of the study's ten co-investigators.



With nearly £5million in funding, the CLUSTER childhood arthritis study, led by the UCL Great Ormond Street Institute of Child Health, will follow the health trajectories of 5,000 children with juvenile idiopathic arthritis (JIA).

As JIA and uveitis affects one in 1,000 16 year olds in the UK, this study aims to better understand how to treat the complex condition. The initiative hopes to move away from the one-size-fits-all approach and takes into consideration a patient's genes, environment and lifestyle, to create tailored therapies.

Childhood arthritis can cause long-term disability and poor quality of life, sometimes well into adulthood. If it isn't diagnosed and treated early, patients may require hip and knee replacements, can be significantly shorter than their peers and some end up using wheelchairs.

For those patients who also have uveitis, a condition where the insides of the eyes become inflamed, there is also a significant risk of vision loss and blindness.

Currently, young people diagnosed with arthritis in the UK are given a single drug

therapy, but it only works in about 50% of cases. The remaining half must try other treatments, one after the other, to find a therapy which works for them. Along the way, they may experience painful side effects, time out of school and even a worsening of their symptoms.

Professor A. V. Ramanan, consultant paediatric rheumatologist at Bristol Royal Hospital for Children, will be co-leading two work streams, looking specifically at uveitis as well as working in partnership with industry to develop new, effective treatments for children with JIA and uveitis.

Professor Ramanan led the Sycamore study, results of which have led to access to novel treatment across 35 countries. Blood samples of patients from this study and others will be looked at to screen for predictors of response to treatment.

"Sight threatening uveitis in children is a major cause of avoidable visual loss," explained Professor Ramanan.

"Identifying patients with arthritis at greatest risk of developing uveitis and delivering targeted therapy early is crucial in preventing this."



*This Medical Research Council-funded project will enable us to make significant strides in our efforts to diagnose and treat uveitis in children more effectively.*

Professor A. V. Ramanan,  
Consultant paediatric rheumatologist

# DARTing to the rescue

UH Bristol has launched its Difficult Airway Response Team (DART), supporting the Trust to deliver best care by providing multi-specialist support and state-of-the-art equipment at the patient's bedside during an airway emergency, more quickly than ever before.

Airway emergencies can be devastating when they occur, especially to patients with acute infection, bleeding, head and neck cancers or tracheostomies. UH Bristol is a regional head and neck centre, meaning that a lot of patients come in via the emergency department or are on the wards with airway cancers and complex airway problems.



Carly Webb, anaesthetist, with the DART equipment rucksack

Rachel McKendry, consultant anaesthetist describes the new DART service as "similar to a cardiac arrest team" but for airway emergencies, which can be spurred into action with a call to the hospital's switchboard. Between the launch of the service in February this year and the middle of April, the team has attended three call-outs, all of which have had positive outcomes.

In response to a call, the three-strong team, including an ear, nose and throat (ENT) doctor, a maxillofacial doctor and an anaesthetist, are contacted immediately with the location of the emergency. Once assembled, the team can carry out diagnosis and decision-making at the patient's bedside, quickly establishing what the patient needs. The theatre co-ordinator is also contacted so that preparations can be made in case the patient needs emergency surgery.

All members of the team carry a "DART card", small enough to fit inside a wallet, with contact details of team members and other useful resources.

"When there's an emergency involving a patient's airway, particularly if there are complex contributing factors, you need a range of specialist staff at the same time, and as quickly as possible," explains Rachel. "In the past, it hasn't always been easy to ensure all the necessary colleagues are present immediately, especially in the middle of an airway emergency."

Thanks to generous funds from the Trust's charity, Above & Beyond, the team are equipped with a purpose built backpack, containing state-of-the-art equipment. This includes a portable videolaryngoscope, an instrument that means the team can see a patient's larynx via a camera. This battery powered alternative to a traditional

laryngoscope is quickly and easily transported by a single member of the team to wherever it is required.

Rachel explained how the multi-specialist nature of the team is at the heart of its effectiveness, with training and education being essential and ongoing. There is some overlap between the specialities involved, and the pre-launch simulated training exercises have allowed team members to share experiences and work together for the benefit of the patient.

There is also funding in place to continue with further simulations and training. Rachel added: "Once the service has been up and running for a while, and we feel we're qualified to do so, we'd love to create a DART education course, designed to help other centres set up their own teams."





# The Butterfly Project:

## Personalised care for patients at the end of their lives

**UH Bristol staff are dedicated to providing best care to all patients; when a patient is thought to be at the end of their life, it's important that their care is personalised and tailored to ensure their final days are spent in comfort.**

In November, UH Bristol's supportive and palliative care team launched the Butterfly Project, an initiative to support the Trust in providing best care to patients who are near the end of their life.

The aim of the project is to explore simple but effective ways to help staff deliver best care to patients who are dying, one of which is a new patient personalised plan of care. The plan has been produced in collaboration with families, and is designed to be filled out by relatives or friends, asking for details of a patient's holistic needs, which not all members of staff may know.



The care plan asks a variety of things like, "What do you like to be called?" and "How can we make you feel comfortable?", though the amount of detail that is filled in is completely up to the relative. Families have explained that even something as simple as the staff calling their relative by their preferred nickname can make all the difference to their experience. The plan also explores who is important to the patient, for example, they might have a pet they would like to say goodbye to.

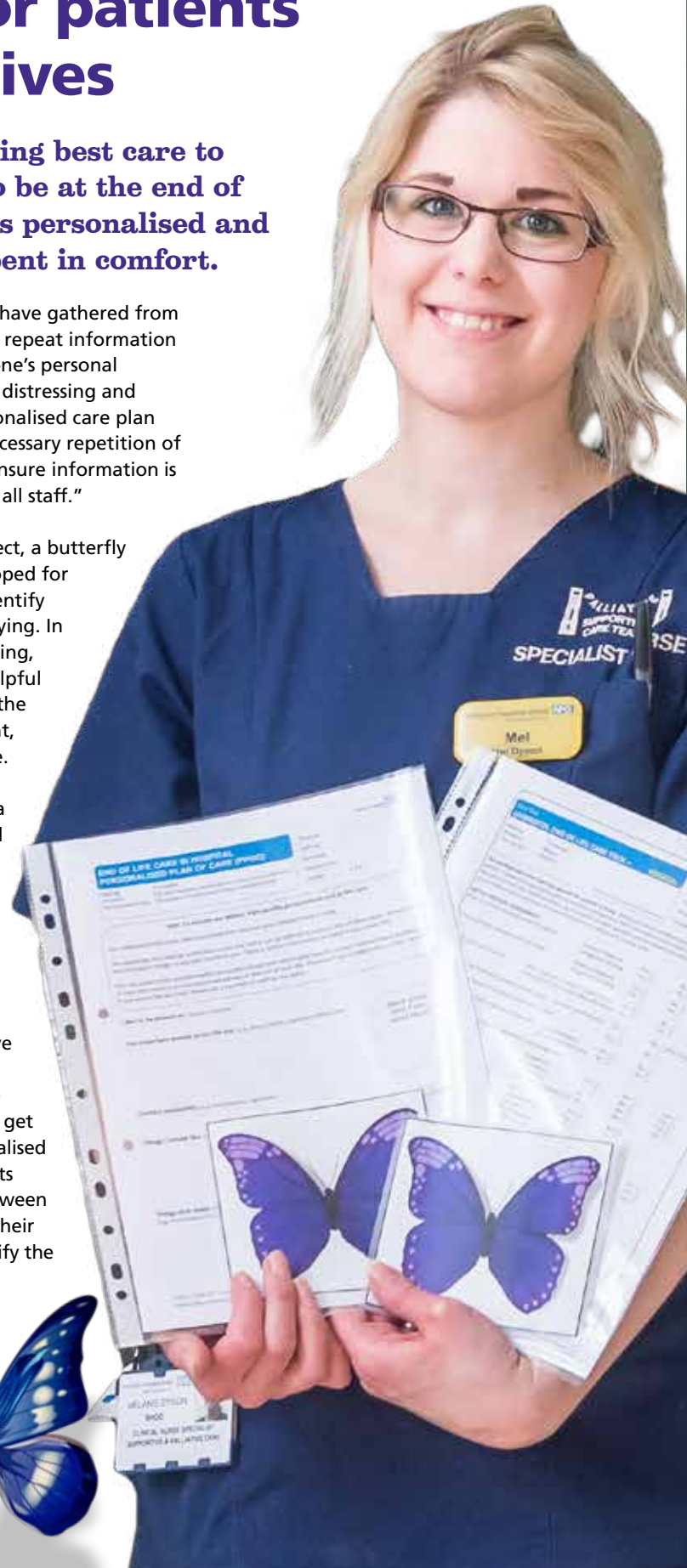
Families involved in the design of the personalised plan of care suggested that having an option to attach a photograph of their relative when they were healthy can help our staff understand who this patient is to their friends and family.

Mel Dyson, palliative care clinical nurse specialist, said: "When a loved one is dying, it can often be a very difficult and upsetting time for everybody.

From feedback we have gathered from relatives, having to repeat information about their loved one's personal preferences can be distressing and tiresome. The personalised care plan aims to avoid unnecessary repetition of information, and ensure information is easily accessible for all staff."

As part of the project, a butterfly magnet was developed for use on wards to identify patients who are dying. In a busy hospital setting, this is extremely helpful so that all staff on the ward, day and night, can be made aware. Mel added: "A granddaughter of a patient who passed away in hospital actually took the butterfly magnet home with her in memory of her granddad."

Laura Mee, palliative care clinical nurse specialist, said: "We have one chance to get it right. The personalised plan of care supports communication between staff, patients and their loved ones to identify the patient's priorities and facilitate a 'good death.'"



# Making medicine count

**Within UH Bristol's pharmacy department is a team of highly skilled professionals capable of manufacturing bespoke, essential medicines tailored to the patient; the team is an asset to the Trust and the outstanding patient care we provide. Hannah Allen visits the department to find out more.**

**Ross Walker, pharmacy production manager, is responsible for leading a team of pharmacists, technicians and assistants to produce medicines for patients within the Trust and further afield. Having worked for the Trust for 18 years, Ross has seen the department expand and develop in response to the demand for specialist treatments and the evolution of new medicines.**

"We are proud to hold licenses to manufacture medicines here in the Trust," says Ross. "It enables us to provide medicines in accordance with current Good Manufacturing Practice legislation, in a timely fashion, for patients in our care and the wider community.

"The department has both aseptic and non-sterile cleanroom suites, constantly monitored and controlled so they are suitable for manufacturing medicines. Staff must undergo a rigorous changing regime to enter these areas and require continuous training in their role. It's mandatory that we meet stringent regulatory standards to provide safe practice and products. The department is currently

undergoing a refurbishment to help meet expected standards, so that we can continue to provide the best possible service to our patients."

The service spans across the Trust's adult and paediatric services, with items dispensed to inpatients and outpatients. "We pride ourselves on the fact that we are able to manufacture products to meet individual patient need where licensed alternatives don't exist," explains Ross. "We are one of three NHS units authorised to supply Homecare Parenteral Nutrition (nutrition that goes directly into a patient's blood stream) within England, competing with commercial providers. We also provide a bespoke parenteral nutrition service for inpatients where we review and adjust the formula daily to meet the requirements of the patient. The same process carried out by an external provider can take up to a week, by which time the patient's needs have changed.

Whilst benefiting the care we provide to our patients and flow through our hospitals, manufacturing our own medicines also has a financial

*Our licence enables us to over-label prepacked medicines to facilitate patient flow and quicker discharge from our hospitals. These go to A&E, clinics and the wards so that clinical staff can supply medication immediately, without having to send a prescription to pharmacy.*

Ross Walker, Pharmacy production manager

advantage for the Trust and the NHS. Ross clarifies: "We hold the same Medicines and Healthcare Products Regulatory Agency (MHRA) license as external commercial pharmaceutical companies, allowing us to sell our products externally. We are the only supplier in the UK at present for one particular product and supply it nationwide. We also reduce medicines wastage, especially when handling very expensive cancer medicines, by coordinating patient treatment and preparing doses at the same. This reduces waste and is saving the Trust and the NHS hundreds of thousands of pounds."



# Joe Duarte

Portering, waste and distribution manager



## What is your background and how long have you been with the Trust?

I moved to Bristol from Portugal in November 2000, and after a day of looking for work, I got myself a job at one of the most prestigious restaurants in the city at the time, the Michelin-starred Harveys. Initially, I would welcome customers and prepare for service, and then I worked my way up to become head waiter. However, it was in the kitchen where I fell in love with cooking, seeing all the staff preparing and producing all those amazing dishes. It was something I'd only previously seen on TV.

In March 2006 I applied for a job within the Trust as a hotel services assistant. As I had a background in catering, I was asked if I would like to join the Bistro team which I immediately jumped at and became a catering assistant. Later that year, I progressed to the role of diet chief, working with clinical teams and dietitians to provide dietary supplements to patients. I then became the chef team manager within the Bistro, and I absolutely relished the opportunity - there was fish and chips on a Friday and cooked breakfasts every day!

In 2012, I was asked to cover the post of portering manager on an acting basis, while the recruitment process was ongoing. I then decided to apply for the job myself and was successful, becoming the portering, waste and distribution manager at the end of 2013.

## What does a typical working day look like?

I usually start early and contact all my

teams to say good morning and to check if the night brought us any challenges. I then go through and respond to various emails relating to portering, waste and post issues. This is amongst various daily meetings and the management of waste collections by my portering team as well as the Trust's waste collectors. We are also currently working on the Trust's sustainability plan and the management of the post room, where we collect and send thousands of letters every week.

## What's the best thing about the role?

There are so many things from working with my teams, to work with non-clinical and clinical colleagues across the Trust - the diversity here is just incredible. But being part of providing the best care for our patients, that is definitely my favourite part of the job.

## Have there been any initiatives or projects that you are proud to have worked on?

There are a few, from supporting the roll out of the offensive waste initiative (non-hazardous waste that doesn't contain any pharmaceutical or chemical substance) across the Trust and being part of the helideck project team. But as I always say, my proudest has to be the implementation of our Portering Task Management System. This has brought so many advantages to the Trust from improving efficiency and providing access to a varied range of data.

## What keeps you motivated?

I would have to say the desire to provide better services to support patient care, and the desire to learn and progress with a sense of accomplishment.

## What's your proudest moment?

Every time one of my teams is complimented is a proud moment, they work so hard day in, day out to provide the best service possible. Personally, my pathway since joining the Trust has been quite some adventure.

I must also add that being part of a Trust that has been recognised by the CQC as 'Outstanding' is something to be very proud of.

## What's your most embarrassing moment?

When I first started working in the Bistro, I decided to cook a roast turkey and placed the sliced meat inside giant Yorkshire puddings. Nothing wrong with that, but I then put them in a tray and covered them in gravy. As you can imagine, they all went soggy and we didn't manage to sell any of them!

## Tell us one thing people might not know about you.

I love to reuse materials that others think are no longer any good. As someone who is very keen on DIY, I am constantly planning and building things like wooden play houses out of pallets for my daughters, or a mini football pitch in the garden for my sons. My wife, as you can imagine, isn't so happy about my enthusiasm for building things, as sometimes the garden gets covered in my projects!

## What things do you like to do outside of work?

Spending time with my family, going fishing, and building projects at home.