

SEPTEMBER 2019

An 'Outstanding' special edition
for our staff and community



University Hospitals Bristol
NHS Foundation Trust

Voices



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outstanding staff **p10-11**

Making every contact count **p14**

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Get involved:



Inspected and rated

Outstanding



IN THIS ISSUE



Welcome to this special edition of Voices, which celebrates our fantastic second Outstanding rating awarded by the Care Quality Commission. We were visited by inspectors in May and were delighted to receive our new rating and report in August.

I enjoyed reading our new report - it highlights many areas of exemplary practice

right across the Trust, some of which you can find out more about in the magazine.

This edition really is about sharing with you just some of the things that make us outstanding and thanking staff for their ongoing efforts and dedication to delivering excellent patient care. It's because of our staff that we have been rated Outstanding, again. I really hope you enjoy this edition as much as I do.

If you would like to read more about our inspection and read the full report, please visit our website: uhbristol.nhs.uk

With best wishes,

T. Warr

Tasmeen Warr
Internal communications manager

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Earlier this year, we set out a new set of strategic ambitions for the trust – about becoming the premier academic medical institution in the South West, ensuring we continue to recruit and retain the best staff through our commitment to superb education, training and development, world-class clinical research and excellent health care for the people of central and south Bristol and specialised hospital services for the South West of England and South Wales, working ever more closely with our partners in the universities.

I know these ambitions may feel distant from our staff's working lives and the daily pressures they are under but I believe that they are realistic and achievable, and that we owe it to ourselves and the people we serve to fulfil them. That is the way we will not only survive the serious challenges currently facing the NHS, from workforce shortages to financial constraints, but succeed and thrive in the long term.

Five years ago, none of us would have dared hope that we could be a double "Outstanding" Trust and yet the CQC have just given us this fantastic accolade. That is a testament to the care and quiet determination of staff at every level of the organisation to do their best for patients and families. In the report, the CQC pay tribute to the humanity, warmth, openness and

sensitivity of everyone they met during their inspection. Given as well that in July we were named as the top general acute trust for overall hospital experience in the national inpatient survey for 2018, all I can say is that our staff are all very special people, doing an exceptional job despite increasingly difficult circumstances, and they should be very, very proud.

Of course, there are plenty of areas in which we still need to do better. I was heartened that the CQC found no hint of complacency in the Trust and recognised that we have made service improvement and working smarter part of our business as usual.

As we move towards a merger with Weston Area Health NHS Trust next April, I know that staff at UH Bristol will show the same warmth and sensitivity towards colleagues at Weston, who really welcome the merger with UH Bristol but are understandably anxious about what it will mean for them personally. To signal our commitment to making the merger happen, Jeff Farrar and I have agreed to take on the roles of chair and chief executive respectively at Weston. I would like to acknowledge the selflessness with which our opposite numbers, Grahame Paine and James Rimmer, have stepped aside to enable this change. The trusts will remain separate until the point of merger but this arrangement will be

a key factor in ensuring that the integration is a success. We are clear that the merger isn't a matter of simply "bolting on" Weston General Hospital and carrying on inside UH Bristol as if nothing else has changed. Rather, the Board believes that this is an opportunity to create a new organisation with a new statement of purpose and new organisational values. We'll be bringing forward the plan for agreeing those changes in the next few weeks and setting out how staff, patients, members and visitors will get to have their say.

In the meantime, I hope our staff will take a moment to reflect on what it means to them to be part of the UH Bristol team rated "Outstanding" for the second time.

With my enormous thanks,

Robert Woolley

Robert Woolley
Chief executive

“It’s about managing each person as an individual”



Following the publication of our full inspection report in August, our preoperative assessment team were delighted to be highlighted as an area of outstanding practice. Lisa Duxbury, the sister for the preoperative department, sits with her office door open, just across from the waiting room. She tells *Voices* magazine about patients that she and her team have helped to overcome their anxiety, from nervous gigglers to sufferers of post-traumatic stress disorder (PTSD).

“After learning from the experience of our patients, we’re now trialling a form which people with PTSD can fill out to say what helps, what makes it worse and what we can do to resolve any potential issues. It’s then documented on their pre-op paperwork and follows them throughout their journey in the hospital, so that at every stage staff are aware of how to best meet the patient’s needs,” said Lisa.

The team also have dedicated forms for patients with learning difficulties and for those who have dementia. “It’s very person-centred,” explains Lisa. “When we know that a patient has learning difficulties, there are a couple of nurses who have a specific interest and are very motivated to be the nurse who looks after them. They have additional skills and knowledge to help diffuse levels of anxiety, and will try to swap their shifts so they can be with the patient on their day of surgery.

“The dementia form, ‘All About Me’, helps patients to remember things, which

reduces stress, and can help staff find out more about a patient to provide more individualised care.”

Another way the team help patients and their families feel more at ease is with Prepare For Surgery meetings, which happen every Monday and are open to those who are due to come in for major surgery and will need to spend some time in the intensive care unit (ICU).

“They have the opportunity to meet anaesthetists, the pain management team, physiotherapists and enhanced recovery nurses, and at the end they can visit the ICU if they choose to,” added Lisa.

“Some families and patients find it comforting, but others would rather not know. Either way, the key is constant communication, so everyone knows what to expect.”

Being honest with patients is always important, particularly so on the day of surgery. The nursing team on the unit

make sure to safely manage patients’ expectations by building rapport and being open about what needs to happen before they can have their surgery, such as whether or not a suitable bed is available for them afterwards.

Gerry Baber, matron for the department, also highlights the importance of creating a calm environment to reduce anxiety, such as the artwork on the walls leading up to the unit: “On the day of surgery, they could be coming from far afield and may not be familiar with the city, so patients often arrive early and anxious.

“We make sure we offer them a seated area that’s calm, before they come into the main department. We may be a busy department, but it’s airy and light, so it doesn’t feel hectic.

“It’s the little things like that, creating a safe space and addressing their needs, which are the things that patients remember.”

Ensuring young people’s voices are heard



The transition from children’s services to adults’ services is often very challenging for young people and their families. It combines a change of services and professionals at the very time when they are also negotiating wider changes to their life. Many young people, accessing services from UH Bristol, have complex needs and will continue to need significant levels of support from adult services either in Bristol or nearer to where they live.

The transition process at UH Bristol has been developed to ensure the journey from children’s to adult’s services is as smooth as possible and that our young patients feel confident and prepared as they begin to take on greater responsibility for their own health.

CQC inspectors highlighted the work around the transition process being done at the Trust, describing the service as ‘seamless’ and acknowledging it as a clear priority for staff.

Listening and gathering feedback directly from our young patients has been instrumental in how we have achieved this. To ensure their voice is heard, the transition delivery group has recruited two young people who have gone through the transition process to provide first-hand expertise and knowledge to the group.

One of these young people is Young Governor, Aishah Farooq. Aishah said: “We can be honest about our stays and experiences because we know it’ll help shape those of other young people.”

Aishah recently played a key role in the ‘You’re Welcome’ programme. The initiative involves verifying that core clinical areas across the Trust meet set criteria for being young person friendly.

“We’re looking at the environment and atmosphere, including how staff treat young people,” added Aishah. “It can also be simple things like what newspapers and magazines they have and whether they’re

age appropriate. It’s all about making sure that young people can have the best experience possible.”

In addition, training programmes have been created for staff working with those young people moving into adult services to help better understand their needs and ensure a consistent and equitable approach to transition. Systems that enable the quick and easy assessment of how each specialty is progressing have also been developed.

Transition isn’t limited to what happens in hospital. Supporting young people as they start making their own life choices plays an important part as it can often be a period of great change in their lives. Not only are they dealing with changes in their healthcare, but they might have big decisions to make around education, work or relationships. A dedicated part of the UH Bristol website was created to provide specialty specific information for young people to guide them through this period.

“It’s about helping them to become more independent and to make good choices,” said Sara Reynolds, young persons involvement worker.

“It can be a particularly vulnerable point for young people as they might not necessarily have the skills to manage their condition but they are being expected to. So, it’s about recognising that we need to help and develop those skills so that they continue to look after themselves and engage with health services.”



As a Trust, we are constantly learning from young people’s experiences. Their journeys throughout are captured and reviewed, along with the successes and challenges seen in each speciality so we can develop and adapt the service to provide the best possible care.

Future plans include creating peer support events and relaunching the Trust’s transition guidance in 2020 with the help of the young governors.

Head of nursing at Bristol Royal Hospital for Children, Mark Goninon, is the joint Trust lead for transition. He said: “We firmly believe that every young person has the right to supportive and informative pathways that help prepare them for life in the adult clinical specialties, whether this is at UH Bristol or other trusts across the South West of England and South Wales.

“We develop a comprehensive work plan each year that we strive to deliver, but there is always further work that can be done to improve the experience for every young person within our services.”

Working smarter to deliver outstanding care

Teams across UH Bristol are working smarter to eliminate waste and delays and ensure everything we do adds value for our patients or staff.

The Trust has a working smarter programme, which was highlighted by the CQC in 2019 as an area of outstanding practice.

Working smarter is about ensuring everything we do adds value for our patients by looking at areas where we can make improvements, however small, that make a real difference.

This brings benefits both for our patients and for our staff as it ensures we're working more effectively and removing things that aren't necessary.

Staff across all divisions have embraced working smarter with lots of excellent work taking place across the organisation.

In their report the CQC said: "During our assessment we identified several outstanding practice areas [including that] the Trust had a Working Smarter programme based on its own Quality Improvement methodology, with in excess of 500 staff trained at the time of the assessment."

How our CT radiography team is working smarter



One of the Working Smarter initiatives is a CT (computerised tomography) cardiac project. Staff have increased the number of patients scanned per session by reducing the time each patient spends on the scanning table.



Now the preparation required to get the patient's heart rate down to a level ready for the scan is done in a separate area, instead of in the scanning room.



The team is also using junior members more effectively and freeing up senior staff to scan, supervise and report more.



This means time spent on the scanner and by members of staff is more efficient. The team can now book 10 patients per list rather than six, increasing the number of available slots each month from 54 to 90.



The programme allowed multi-disciplinary teams to work together to deliver improvements across the Trust. Achievements included improving the flow of emergency patients, optimising the Trust's use of diagnostics, increasing the number of CT scans for cardiac patients and introducing a streamlined antenatal booking system for mothers-to-be.
—CQC report

How community midwifery is working smarter



A new antenatal booking system has been set up which has proven a big success.



Two clerks helped to set up the system and have helped it to grow since its launch in September 2018.



They provide the antenatal booking service for eight of the Trust's 11 bases.



It means women receive a more streamlined service which uses just one number, and means that midwives and support workers can focus on their clinical work, rather than deal with administrative tasks.



The system will be rolled out to all of our 11 bases by the end of 2019. The plan will be to roll out this system to the Weston midwifery teams throughout 2020 as maternity services in Weston are now being run by UH Bristol.

How our critical care team is working smarter



The team has introduced QR codes—a barcode that can be scanned to provide a link to information.



The codes, which can be found around the unit, are used as an educational aid and cover issues such as how to set up a piece of equipment or to carry out blood gas analysis.



Pet therapy has also been introduced to the unit, with two dogs now visiting - Mollie and Billy. Patients, visitors and staff love seeing them and they have made a big impact.



The unit has also embraced its digital information screens and uses them in its board rounds to ensure quality of care is being provided and to review when patients are ready to go home.



The screens are pivotal in helping the team decide where to focus attention at the start of the day.



Leading outstanding digital practice

CQC inspectors highlighted the Trust's use of the Clinical Utilisation Review tool as an area of outstanding practice following their inspection this year. John Kirk found out more.

Clinical Utilisation Review (CUR) is bringing real benefits by providing incredibly useful information to help ensure our patients are in the right place at the right time to receive their care.

The digital tool has been in place for a year and is now in use on wards across the Trust.

It provides a large amount of quality data that helps our staff identify any issues that need solving to help our patients continue their care and treatment journey, known as a patient pathway.

Highlighting areas of outstanding practice following their inspection of UH Bristol this year, CQC inspectors wrote: "During our assessment, we identified several outstanding practice areas [including that] the Trust had implemented a Clinical Utilisation Review (CUR) tool, an evidence-based initiative which helped the Trust to get patients to the right place to receive their care, to understand the internal or external delays in a patient's pathway, to communicate the delays to the people who could help."

Steven Waggett, CUR operations manager, said: "CUR is used to review patients every day to see if a patient is in the right care setting with the right level of care for the right duration or in the wrong care setting, at the wrong level of care or for the wrong duration.



"The purpose of the initiative is to collect accurate information on the best place for a patient's care and for our staff to use this to reduce any delays in a patient's pathway.

"In the first year, we saw an 18% reduction in the number of bed stays when a patient is in the wrong care setting, at the wrong level of care or for the wrong duration.

"This was due to CUR information being visible to everyone involved in a patient's journey, and letting staff make evidence-based decisions about the pathway for each patient.

"Delays in a patient's pathway within the Trust are caused by either external or internal factors. CUR has helped us to identify which delays are internal and which are external so that we can develop plans to resolve those within our control and reduce delays for our patients. It also allows us to flag any external issues with

“Our ward-based staff have really embraced CUR and are assessing the information it provides on a daily basis. It is thanks to the enthusiasm and support of our staff that CUR has been so well received, leading to it being highlighted by the CQC as an area of outstanding practice.”

Steven Waggett
CUR operations manager

our partner organisations and work with them to minimise these delays, and all of this ultimately benefits our patients.

Keep on improvin'

A systematic approach to improving the quality of our services was one of the areas of exemplary practice highlighted by CQC inspectors. This drive to continuously develop our services is championed by the Quality Improvement (QI) programme, which provides a framework of support to encourage staff innovation.

One of the programme's recent success stories is a junior doctors' project to improve the quality of operation notes for trauma and orthopaedic (T&O) patients after surgery.

Dr Tom Barrow and Dr Adrian Tsui spotted that documentation used to record post-operative care of patients was not specific enough and had the potential to lead to ambiguous communication between staff, and therefore delays in patients' recovery.

Tom and Adrian, both Fellows in the QI programme's QI Faculty, took their project through the scheme's Silver programme, starting with a review of patient operation notes against 15 parameters from the Royal College of Surgeons and the British Orthopaedic Association of Surgeons in Training guidelines.

With help from their T&O colleagues, they developed a more detailed operation note to guide staff through patients' recovery. With tick box prompts for essential instructions, increased space for handwritten text, specific sections for therapy instructions and VTE and antibiotic treatment, the new operation note notably included a clear follow-up plan.

It was tested in Plan Do Study Act (PDSA) cycles, which led to continuous improvements, and by the end of Tom and Adrian's involvement in the project, 12 of the 15 identified parameters were found to be being successfully documented in the notes, leading to a positive impact on patient care and recovery.

Tom said: "Taking our project through the QI programme enabled us to successfully navigate hurdles, consult

stakeholders and make effective change, ensuring our intervention was maximally beneficial to both staff and patients. The process has equipped us with QI methodology to take forward in our careers and make continual improvements to our respective departments."

Adrian added: "Improving patient care can come about by setting short-term achievable goals; Tom and I were able to demonstrate that in the work we have done at the T&O department this year.

"It was rewarding to see a QI project come to fruition so quickly, the multiple iterations of the operation note have received continued support from consultants, nursing staff, physiotherapists and junior doctors alike. It has already shown, from first-hand experience, improved efficiency in delivering early postoperative care on the orthopaedic wards. Tom and I will be looking to present our project at a national conference later this year."

Shortly before rotating to other trusts, Tom and Adrian organised their own mini QI Forum for junior doctors across the Severn Deanery and their UH Bristol colleagues are continuing to review and update the operation note template.

Adrian said: "Organising the deanery wide QI Forum was a privilege and has helped me build managerial and leadership skills. We hope the Forum continues to be a fantastic opportunity for frontline doctors to foster sound QI methodology at the start of their training and share innovative ideas with their peers. Incidentally, the podium presentation winner this year was also a junior doctor working at the orthopaedic department!"

Quality Improvement Programme – what is the role of a QI Fellow?



The QI Fellow post has been developed to enable junior doctors to attain qualifications and skills in relation to quality improvement, to provide support for a specific project relevant to their training and for them to provide support, mentorship and guidance to other junior doctors within the Trust.



As part of the year-long role, Fellows are able to obtain QI bronze qualification, deliver QI bronze training sessions as a member of the QI faculty (after training and a supernumerary period if required) and also obtain a QI silver qualification.



Fellows must complete at least one QI project relevant to their training and should act as a communication point for foundation doctors undertaking QI projects. Like Tom and Adrian, Fellows need to deliver a local QI forum to give foundation doctors a platform to present their audits and projects to each other and get feedback.



Fellows also have the opportunity to publish a QI project in a journal, present it at a conference and involve medical students in a preliminary project.





UH Bristol rare disease services named as Centres of Excellence

Rare endocrine disease and rare bone disease services at University Hospitals Bristol were recently recognised as Centres of Excellence by the European Reference Network (ERN). After CQC inspectors visited our hospitals, our children's endocrine department being named a Centre of Excellence was highlighted as an example of outstanding practice. The recognition pays tribute to the high level of patient care, research and expertise across a number of teams within UH Bristol. Matt Thackray met with Dr Christine Burren, lead for rare bone disease, to find out more about what the recognition means.



“Being named as Centres of Excellence for both these rare disease areas is a significant achievement, and pays testimony to all of the hard work of staff across UH Bristol. The rare endocrine service is led by my colleague, Dr Liz Crowne, and I lead the rare bone disease service. This largely involves our teams at Bristol Royal Hospital for Children, but it is also a measure of great team working across the Trust. From our specialist nurses, occupational therapists, physios, social workers, to our paediatric-adult transition teams, colleagues in adult services, radiology, genetics, surgery, the list goes on and on.”

“Being a Centre of Excellence, means we can interact across the virtual ERN network with healthcare providers across Europe. This helps discussion on complex or rare diseases and conditions that require highly

specialised treatment. The ERN networks give member organisations the opportunity to pass on knowledge and expertise, and enable centres that are recognised as Centres of Excellence to be at the forefront of new treatments and research.

“A key thing to remember with rare diseases is that while each specific rare disease affects a very small number of people (less than 0.1% of the population) all together they are not uncommon - three million people in the UK have a rare disease. Being named as a Centre of Excellence by the ERN allows us to do more for these patients, offering high quality, expert care across the range of rare endocrine and bone diseases.”

In order to be recognised as a Centre of Excellence, both services had to undergo an extremely detailed examination, and

prove that they fulfilled a wide range of criteria.

Asked about the history behind this and what it means going forward, Christine concluded: “This recognition is more than just a snapshot of where we are at the moment. It comes off the back of a proven track record of providing high quality care to our patients, and required a very detailed examination of the services we provide.

“As I mentioned, it really reflects the wide range of expertise we have across the whole of UH Bristol. Going forward, we know that rare disease services are prominent in future plans nationally for England; this recognition adds genuine weight to our status as a leading provider of these services, and will ensure we can continue to be at the cutting edge of new treatments and care for our patients in Bristol and the South West.”

Being at the cutting edge of research for Duchenne muscular dystrophy

In 2018, the paediatric muscular dystrophy service at UH Bristol joined the ‘DMD Hub’, a network of trial sites and staff trained and funded to carry out clinical trials for Duchenne muscular dystrophy (DMD).

Now, the research landscape for DMD has never been so exciting, with the DMD Hub coordinating multiple new clinical trials and treatments for patients with DMD through Bristol Royal Hospital for Children (BRHC) and other centres across the country. Matt Thackray met with the paediatric neurology team to find out more.

“This is a massively exciting time. There has been a genuine explosion in research and new treatments being offered to patients with DMD and the team at BRHC are right in the centre of that,” said Anirban Majumdar (pictured), consultant in paediatric neurology at the BRHC.

DMD is a rare but severe condition, and one for which there is currently no cure. It affects mostly males, causing severe muscle weakness and wasting. The initial impact is on walking and running, but eventually it restricts all movement, confining individuals to a wheelchair, and limiting their ability to breathe. It is unusual for someone with DMD to live beyond their 30s.

Speaking about the impact this would have on patients, Anirban continued:

“As a major tertiary care centre and part of the South West Neuromuscular Operational Delivery Network (SWNODN), we have a massive responsibility to patients across Bristol and the entire South West to offer cutting edge and accessible treatment for people with these life-changing conditions.

“The amount of new research, whether it is drugs, genetic treatments, or different technologies, that are



becoming available through these networks is staggering. Since becoming one of only 12 DMD Hub sites in the UK, we have been able to ensure our patients have the absolute best access to these treatments. We know this is what our patients want, and it's vital that we do what we can to provide this.”

Speaking about what it has taken to get to this stage, Anirban added:

“It has been a long journey. We needed to make sure we could offer these trials in a safe and effective way. Working closely as a paediatric neurology department alongside colleagues across a range of areas at UH Bristol, and across other sites in the SWNODN has allowed us to put the service infrastructure in place. We have also, thanks to funding from Hub DMD, been able to recruit a number of specialist members of staff, including

a physiotherapist and a research coordinator, who are essential to delivering an effective service.

“With this infrastructure and these roles now in place, we're able to give our patients access to these exciting research opportunities. Going forward, we of course have to be conscious that we remain aware of our capacity, but the next few years promise to be extremely exciting for us, and for our patients.”

Anirban Majumdar
Consultant in paediatric neurology

Making every contact count



Following our inspection from the Care Quality Commission (CQC) and second Outstanding rating, inspectors commended our approach to multidisciplinary care across all our services. In this edition we meet our homeless support team, who provide a fantastic example for how outstanding multidisciplinary working can bring real benefits to our patients.

In the past five years the number of people without a home in Bristol has rapidly increased, with around 80 people sleeping rough per night. At UH Bristol we provide care to a vast population and are continuously looking for ways to improve how we tailor our care to meet our patients' needs, including those who are homeless.

Homeless people are more likely to suffer from health problems and are four times more likely to be admitted to an emergency department than others. Hospital attendance is often the only contact a homeless person has with a healthcare provider so when a homeless person is under our care it is important that we take the opportunity proactively.

In 2017 it became clear that we needed an approach that was both effective and caring for how these patients are treated in our hospitals and in response a homeless support team was set up as an 18-month pilot scheme. Following the scheme's success, we were delighted when the team was awarded funding to become permanent in 2018.

Based in our Bristol Royal Infirmary, the team is made up of a clinical coordinator, a homeless outreach worker, social worker and a GP. Together they work with our wards, particularly our emergency department, to provide specialist training to staff to help our teams when treating homeless people.

The team also liaise with our drug and alcohol team, tissue viability team and tuberculosis team, as well as working with the patient to address other needs, such as housing, to provide a rounded and holistic approach to support the homeless person as much as possible while in our care. This model not only helps to improve the person's overall health, but has seen an overall drop in the frequency of attendances. During the course of the pilot A&E admissions amongst this patient group fell by 24%, hospital stays reduced from 11 to three days and readmissions within 28 days also fell by 52%.

Lucy Harrison, clinical coordinator for the homeless support team, said: "When homeless patients come into our care, they often have more than just health

problems. This service helps to remove some of these barriers and makes accessing healthcare easier for them.

"We also help teams when referring homeless patients to local authorities, which was introduced as a legal responsibility for inpatient hospitals last year."



The results we saw from our 18-week pilot programme both in numbers and people was really positive and we are looking forward to continuing this work and extending the service to meet the needs of the homeless in North Somerset and South Gloucestershire.

Lucy Harrison
Clinical coordinator for the homeless support team

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



From everyone here at Above & Beyond – our staff, trustees, supporters and volunteers – we want to say a big thank you to the UH Bristol staff for their ongoing hard work. We're so happy to work with all of you at the Trust to help you achieve this rating.

In our 45 years as your official hospital's charity, we have raised £100million of vital funds to support your ongoing work.

To be one of only seven trusts in the country to have achieved the Outstanding rating is a fantastic way to recognise each and every one of you who go above and beyond in representing the Trust's values and caring for patients.

We are delighted to continue funding for the annual Recognising Success Awards, including this year's event on 22 November. It is always a pleasure to acknowledge your hard work with this amazing event.

We have also been funding events, activities and areas to improve staff wellbeing, which was mentioned in the CQC report as part of the Outstanding rating. Earlier this year, with the help of volunteers from the University of

Bristol's horticultural team, we were able to transform a courtyard at St Michael's Hospital into a relaxing garden for staff to improve both their wellbeing and in turn that of the patients treated on the unit.

In addition to this we support you with training and development, fund the latest equipment and world-class facilities and invest in your innovative research projects.

We're here to work with you to maintain your Outstanding rating and continue to deliver the same incredible levels of care to your patients. If you have any projects that you think Above & Beyond could support you with, please get in touch.

It is an honour for us to be associated with an outstanding trust.

Paul Kearney
Chief executive
Above & Beyond

We stand by you, the NHS staff.

If there are any projects or developments we can fund in your ward or department, get in touch today.



hello@aboveandbeyond.org.uk
or visit the website.



Outstanding results for outstanding people

"I am overjoyed that University Hospitals Bristol has once again been rated Outstanding by the Care Quality Commission."

This achievement is a testament to the dedication, determination and drive from every single UH Bristol team member, something that all of us here at The Grand Appeal have the honour of seeing and supporting first hand every single day. How brilliant it is to see children's and young people's services, in particular, praised for its "overwhelming culture of putting the child and family at the heart of everything", an ethos we have shared throughout our 24-year history as the Bristol Children's Hospital Charity.

It's no easy task, highlighting all the innovative projects that make the children's hospital the pioneer that it is today. Yet the recent CQC report celebrated a number of things, which are a reflection of the scope of work we're incredibly proud to support: reducing separation anxiety in parents of critically ill babies through our partnership with secure video messaging platform vCreate; introducing apple juice to the children's emergency department as an alternative, innovative means of hydration for children; funding a young persons involvement worker to ensure our young



Nicola Masters

Nicola Masters
Director of The Grand Appeal

patients have the opportunity to influence policy and change at the hospital.

We'll continue to work with the hospital to ensure it stays at the centre of change, by creating pioneering facilities, building family accommodation and funding revolutionary research, saving lives into the next decade and beyond.

I feel incredibly fortunate to call Bristol my home, both as a citizen and as the director of The Grand Appeal. The future certainly looks bright for UH Bristol and we are excited to be a part of it.



"It's thanks to our fantastic partners and supporters across the whole of the South West that we've been able to help services for children and young people in being rated Outstanding."



If you'd like to be part of that future, visit grandappeal.org.uk and support the children's hospital and neonatal intensive care unit today.

New pathway for babies with a cleft palate

The cleft lip and palate speech therapy team at Bristol Dental Hospital has recently launched a speech care pathway for babies with a cleft palate, which was highlighted by the CQC as part of the evidence for our Outstanding rating. The aim is to train parents in speech therapy techniques to prevent speech difficulties related to cleft palate developing. Lucy Dennison found out more.



Jo Waldron, deputy lead speech and language therapist, explained why she led the change: "There is an accumulating amount of evidence to suggest that, if you do not treat children with speech sound disorders, the errors persist and get worse. By offering parent-led speech sessions from an early age the aim is to prevent the need for long-term speech therapy, which should be more cost effective and reduce the burden of therapy sessions for the families."

All parents and carers of babies with a cleft palate are invited to attend two 'babble' sessions, when their baby is six to nine months and 12-15 months old. The workshops are led by Jo or her colleague Charlotte Gibbs, speech and language therapy assistant, and are supported by resources for parents.

The first session encourages parents to regularly make the sounds of particular consonants when interacting with their baby, allowing the baby to observe how particular sounds are formed in the

mouth. The therapy team collaborated with the Trust's medical illustration team to create a babble video, which parents can also watch at home in the following weeks.

Stage two of the sessions targets particular sounds and words, and parents are given flashcards to use with their child. At this stage, children often start to say their first words and are likely to continue mirroring sounds their families make.

Jo added: "We wanted parents to be able to do their speech work anywhere, at any time, without needing any particular tools or equipment, other than perhaps the cards. Parents have told us they feel empowered and more confident with the knowledge of how to encourage sounds and give their babies feedback."

Colleagues from around England have now used the video as part of their resources for parents. The team has created a poster, which Jo presented at the craniofacial society of Great Britain



and Ireland conference. The poster will also be presented at the national clinical excellence network for cleft speech and language therapy in November, and was accepted for the Trust's 2019 QI forum.

Scott Deacon, clinical director of the South West cleft service, said: "The new pathway allows parents to take a lead on helping their child with speech and babble from an early age. The team has done an excellent job developing the sessions and helping parents make best use of the tools we have developed. The babble video helps us to communicate with families across the large area that we serve – from the Isles of Scilly to Gloucester. We now have plans to make additional videos to use at other points on the pathway."



Children's emergency department team put research into practice

The CQC observed that the emergency department (ED) at Bristol Royal Hospital for Children (BRHC) had a clear vision: “this vision was displayed in the department and was to be a ‘world-leading children’s emergency department, providing the best emergency care for all children.” Dan Magnus, clinical lead, paediatric emergency medicine, explains how the team is committed to improving outcomes for patients.

Dan explained: “As a department, we aim to be a national leader in paediatric research. Our research lead, Mark Lyttle, plays a central role in helping us to apply medical research to clinical practice to improve outcomes for patients. But of course, the whole children’s ED team work really hard to support this work.”

The CQC report noted that the department uses apple juice to help treat dehydrated children – just a small example of research into practice. Dan explained: “In 2016, the results of a randomised control trial into how children with mild to moderate gastroenteritis are treated were published. The research found that when given small, regular sips of diluted apple juice, children suffering with dehydration were less likely to need additional treatments than those receiving rehydration drinks. This is possibly because children were more willing to drink the apple juice with its familiar taste than they were to drink the medical rehydration drink.”


“Within months of the study, we had worked with a local supplier to install an apple juice fountain to help rehydrate patients. This reflects a children’s ED that is committed to research, dedicated


to providing the best possible care for children, and committed to translating knowledge into practice.”


The CQC report also referred to the trauma risk management (TRiM) process, which the BRHC has introduced. TRiM is a peer-led process that seeks to identify, support and, if necessary, signpost people to further help when they may be at risk of psychological injury after experiencing a traumatic event at work. Children’s ED staff are trained as TRiM facilitators and provide support for colleagues across the hospital.


The team has a monthly “knowledge translation” meeting in which they discuss changes that they can make easily in order to improve patient care and safety. They have also embedded ‘GREATix’ using the Happy App, inviting staff to record excellent clinical practice, and examples of outstanding teamwork, compassion or care.

Dan added: “We’re continually looking for ways to improve care. We’re finalising plans for a big soft-space room to help us better care for children with mental-health problems or learning disabilities. We are also working on a full digital plan to map out how we will continue to deliver leading emergency care for children in the coming years and decades.”

 “You Got This” wellbeing programme for staff – shows commitment to staff wellbeing, helping staff feel supported and part of the team

 Mental health stickers placed on notes to enable better joined-up working and communication with child and adolescent mental health service (CAHMS)

 Paediatric major trauma - leading performance on time to CT scan for head injury and weekly meeting with the multidisciplinary trauma from across the BRHC

 Criteria-led discharge (nominated for an HSJ award in 2019). Nursing staff are empowered to discharge patients once the patient has met defined criteria. This decreases time of discharge and allows children to go home sooner

Moving towards the future

As UH Bristol celebrates its second Outstanding rating, it’s important that we continue to build on all the things that make us outstanding as well as the feedback provided by the CQC. There is always room for improvement and our innovative culture positively reflects this attitude.

In this edition you will have read about our fantastic quality improvement programme and our working smarter initiative, both implemented to help our staff bring their innovative ideas to life. But what’s next for UH Bristol?

In May 2019 we shared *Embracing Change, Proud to Care*, our new five-year plan and vision for 2025, with our staff, patients and the public, and were thrilled that the CQC commended its clarity and our interconnected vision. We were even more thrilled that our

leadership was rated as Outstanding and our clear strategy and vision were highlighted as evidence of this. The strategy was developed over 14 months with staff, patients, their families and carers, governors, local people, and partners.

Our vision for University Hospitals Bristol for 2025 describes how we plan to:



Grow our specialist hospital services and our position as a leading provider in south west England and beyond.



Work more closely with our health and care partners to provide more joined up local healthcare services and support the improvement of the health and wellbeing of our communities.



Become a beacon for outstanding education and research and our culture of innovation.

Our strategy builds on our achievements in the past 10 years and outlines a number of improvements for the next five, including:



Continuing to grow the specialist services we provide, particularly in areas such as cancer, cardiac, dermatology and children’s services. This will mean that in the future even more patients will be able to receive the treatment they need in Bristol rather than having to wait longer or travel further.



Working in collaboration with our local health and care partners in other hospitals and with GPs, community, mental health, social care and community providers to improve how we join up the ways we work. This will mean that over the next few years some services will be provided outside of our hospitals, supporting more people to receive the care and information they need without having to travel into Bristol - better for our environment, better for us all. We will also continue building on our partnership with Weston Area Health NHS Trust and are committed to delivering a formal merger of the two trusts.



Ensuring we make the best use of research, information and medical technology to drive improvement in our services. We want to be at the cutting edge of healthcare, making the best use of new technologies like artificial intelligence and attracting the brightest minds to our Trust to provide care, carry out research and transform ideas into new treatments for our patients.



To find out more about our five year plans please visit www.uhbristol.nhs.uk

Our staff are central to delivering our plans and will be developed and supported to do so. These are just some of our plans for the next five years, you can read more on our website. We look forward to continuing with our mission to deliver exceptional care, teaching and research, every day, and to working with colleagues inside and outside the Trust to achieve our vision for 2025. *Embracing Change, Proud to Care.*



Thank you to all UH Bristol staff.
We are proud to be rated
'Outstanding'
for the second time!