Hello and welcome to the September/October edition of Voices.

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Another area of the Trust where we’re leading the way in research is the Biomedical Research Unit in Nutrition, Diet and Lifestyle. The unit is composed of scientists, dieticians, PhD students and doctors and investigates areas including how improvements to people’s diets and getting more exercise can enhance health and quality of life. The unit also explores the links between diet and quicker recovery after surgery and reduced risk of developing prostate cancer. Turn to pages 18-19 for more information.

Providing the best for our patients also means continually enhancing our facilities. In May the Trust opened a new £3 million helideck on the roof of the Bristol Royal Infirmary (BRI). Every second counts for those needing emergency care and now patients can be transported to hospital quicker than ever before. See pages 14-15 for a behind-the-scenes account of the helideck. The new £92 million BRI ward block is another example of our commitment to enhancing facilities. Over 50% of the beds in the building are in large, en-suite single rooms which enhance patients’ privacy and dignity. In August, patients were admitted to the building for the first time. See page 16 for more details.

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

I hope you enjoy this edition.

Fiona Reid
Head of communications

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Programme launched to boost hospital efficiency

A new UH Bristol initiative aims to enhance scheduling for operations, help people recover from surgery quicker, enable the hospital to meet NHS maximum waiting times on accessing certain services and ensure beds are available for emergency and elective patients. People coming in for thoracic, ear, nose and throat and maxillofacial surgery will be among the first to benefit. The programme, launched in September, will help maximise benefits for patients in the new state-of-the-art Bristol Royal Infirmary ward block and will be initially focused on people in wards A700 and A800.

Consultant surgeon Andrew Hollowood said: “Supporting this programme is a comprehensive training package for staff to ensure that all employees involved in the delivery of care, including administrative staff, are supported to deliver this significant change to ways of working.”

Cleft service moves to Dental Hospital

The South West cleft service moved from Frenchay Hospital to newly refurbished office and clinical space at the Bristol Dental Hospital in August. The service will share the facilities with colleagues in the head and neck cancer service and the department of oral and maxillofacial surgery. The move happened as part of the centralisation of specialist children’s services at UH Bristol.

In brief

Annual members’ meeting

The Trust is in a healthy financial position, has invested significantly in redeveloping facilities and continues to prioritise research and innovation.

Those were some of the key messages from UH Bristol’s annual members’ meeting which took place at the Education and Research Centre in September. Some of the highlights over the past year include the redevelopment of the Bristol Haematology and Oncology Centre, and the opening of the new Bristol Royal Infirmary ward block and Welcome Centre.

The meeting involved exhibition stands, showcasing our activities and achievements in areas including dementia care, infection control, and education and training. Future plans for governors include better engagement with members.

National campaign to tackle smoking

People are being invited to take part in the StopTobacco challenge where they pledge to give up smoking for October. Research shows that stopping smoking for 28 days makes you five times more likely to stay off tobacco for good. To get your free Stoptober pack and sign up for daily tips and advice visit https://stoptober.smokefree.nhs.uk/registration-a.

Smokefree Bristol provides free information and support including one-to-one clinics on Mondays in the respiratory department on level two of the Bristol Royal Infirmary.

For more details or to book an appointment call 0117 922 2255, email info@smokefreebristol.com or visit www.smokefreebristol.com.

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The Grand Appeal gives £4.5 million to provide life-saving care for children

This month The Grand Appeal charity will hand over a cheque for £4.5 million to the Trust, to fund vital, life-saving equipment, family facilities and an ongoing programme of art throughout the Bristol Royal Hospital for Children.

The facilities funded include a pioneering paediatric cardiac hybrid theatre, revolutionising the treatment of complex cardiac conditions in children by providing world-class care in a ‘one stop’ operating theatre, reducing the need for multiple operations. The money has also funded a state-of-the-art paediatric intraoperative MRI Scanner, the first in the South of England and only the third in Europe. The scanner places the hospital amongst only a handful of other institutions in the world capable of providing revolutionary 3-Tesla technology that gives seriously ill children with brain tumours and other life-threatening conditions the very best chances of survival.

By the end of 2014, the charity will have raised an extra £500,000 for pioneering neurosurgical equipment, including the UK’s first neurosurgical robot to be used specifically for children. This will offer life-changing treatment for children with brain tumours, drug-resistant epilepsy and a range of other complex neurological conditions, enabling surgeons to operate on children with extra precision and control and will put Bristol at the forefront of paediatric neurosurgery in the UK.

“These technologies are recognised as being the way forward in operative neurosurgery, and they herald the onset of a new era of paediatric neuroscience developments,” said Mike Carter, consultant paediatric neurosurgeon. “We are grateful to The Grand Appeal for its support.”

The £4.5 million from The Grand Appeal is also helping to improve the hospital environment, creating child-friendly surroundings which reduce anxiety and promote recovery. This has included better facilities for paediatric oncology patients such as en-suite bathrooms, a rooftop conservatory and a parents’ room.

Vascular surgery to be centralised in enhanced facilities

Patient vascular surgery transfers from UH Bristol to a new, modern unit at Southmead Hospital, run by North Bristol NHS Trust, on 6 October.

The move is part of a drive to centralise specialist teams from across the region to enhance the quality of surgical care in this specialty. A specialist vascular surgeon and specialist vascular interventional radiologist will be available 24 hours a day, seven days a week to manage vascular emergencies and post-operative complications at the unit, based in the Brunel building.

UH Bristol will continue to provide vascular services and most investigations as well as outpatient appointments with a consultant.

For more information call 0117 9505050 or email vascularnetwork@nbt.nhs.uk.

Mike Carter with the intraoperative MRI scanner funded by The Grand Appeal

Putting patient safety first

SBAR – a project aimed at improving communication between nurses and doctors – was promoted widely throughout the Trust in 2013 and, as Marella Pinto discovered, has transformed the way that patients are treated.

When healthcare staff are presented with a deteriorating patient, responding quickly and effectively is vital. SBAR - which stands for situation, background, assessment and recommendation – is a concise tool that guides nurses when they are communicating with senior medical professionals over the phone. By combining these four elements, nurses are able to ensure that they provide a comprehensive account of the patient’s condition when calling doctors to investigate what actions and interventions should be taken next.

Catherine Hughes, former lead for patient safety projects, says: “SBAR allows clinical staff to articulate in four simple steps exactly who the patient is, what their background is, what the patient needs and what decisions are going to be made.” The intention is that by using these four steps as a guide, patients will receive higher quality treatment and care because all the significant clinical information on the individual will have been communicated. Prompts in the form of stickers and cards have been provided to ward staff to remind them to follow SBAR when making the initial ‘escalation call’ to senior professionals.

“SBAR undoubtedly improves patient safety,” says Catherine. “This four step standardised tool means that no matter where a patient is, the medical team follows the same process and no important information is left out.”

The four SBAR champions won UH Bristol’s Recognising Success award for patient safety champion for the successful use and promotion of the tool and for helping ensure staff training on SBAR remains up to date.

“Before we had SBAR there wasn’t a standardised way that people responded to clinical deterioration of patients,” says Rebecca May, sister in the surgical and trauma assessment unit at the Bristol Royal Infirmary and SBAR champion for the Surgery, Head and Neck Division. “It has really heightened everybody’s awareness of how to react efficiently to deteriorating patients.”

Clinical staff are becoming more confident in using the tool, which Catherine is extremely pleased about. She adds: “In July, the results from a safety audit showed that in all of the cases where an SBAR call should have been made, it was made. This is an incredible result.”

Fancy becoming an SBAR champion?

The patient safety team is hoping to recruit another SBAR champion, particularly a consultant or senior medical staff member. For more information call 0117 3423710.
Governors at UH Bristol come from a wide variety of backgrounds and bring unique skills and experience to their role. Their job is to represent the interests of members and ensure the Trust is governed effectively. But who exactly do they represent and what motivates them?

Representing our communities

We are privileged to have the NHS because many countries don’t have a healthcare system that’s free at the point of contact. I see my role as playing a part in ensuring that the NHS provides excellent care for everyone.

Brenda Rowe
Public governor for Bristol

It’s important that the Trust looks after its staff and listens to them. If staff feel valued and are trained and supported to do their job to the best of their ability, this has a positive impact on patients.

Florene Jordan
Staff governor representing nursing and midwifery employees at the Trust

Careers play a vital role for our patients. Because so many of us become carers at some point in our lives, it’s essential Trust strategy reflects these individuals and does everything possible to enhance their experience in our hospitals.

Wendy Gregory
Patient governor representing carers of patients aged 16 and over

As head of the School of Clinical Sciences, I enjoy offering a university perspective for the benefit of the Trust and its patients. I can draw on my experience as a statistician and health services researcher to comment on strategic matters.

Tim Peters
Appointed governor from the University of Bristol

In this edition of Voices we look at what motivates governors and give an explanation of the constituencies they represent. The idea of a, generally, elected body able to be representative of the public at large and to have influence over the key aspects of the Trust’s work and development is one that I have supported with enthusiasm from its inception. It is wholly right and an approach that should properly remind us all of the nature of the public ownership of the service and all of its facilities. The Trust is very grateful to those who give their time freely to be our governors. It’s inspiring to hear about what motivates these individuals and how they are driven to enhance care and treatment for our patients and make UH Bristol a pleasant and rewarding place to work. We are lucky to have such skilled, experienced and dedicated governors who work so hard and make a vital difference.

My own motivation to be engaged in the Trust comes from a very deep sadness. One shining example of this personal commitment to providing a high quality NHS service is described on page six. Anne Ford died so unexpectedly and too soon. She will be remembered for her quiet determination, kindness and grit. We will all miss her and, although she had very recently stepped down from her formal role, there was no sense for me of a lessening of her involvement in the Trust family. My thoughts are with her family, of course, but also with all those who knew her and have their own grief and consternation to bear.

My final comments are made with deep sadness. One shining example of this personal commitment to providing a high quality NHS service is described on page six. Anne Ford died so unexpectedly and too soon. She will be remembered for her quiet determination, kindness and grit. We will all miss her and, although she had very recently stepped down from her formal role, there was no sense for me of a lessening of her involvement in the Trust family. My thoughts are with her family, of course, but also with all those who knew her and have their own grief and consternation to bear.

Anne Ford, who was a public governor for North Somerset from June 2010 to May 2014, passed away in August. Anne, a former nurse and chair of the governors’ annual plan focus group, was praised by her former colleagues for her outstanding contribution to the Trust.

The next Health Matters event is on rheumatology, featuring a talk on rheumatoid arthritis by consultant Robert Marshall. It takes place from 2pm to 4.30pm on 3 December at the Education and Research Centre, Upper Maudlin Street. For more information, email foundationtrust@UHBristol.nhs.uk or call 0117 3423764.
Prioritising women’s views

Supervisors of midwives are experienced healthcare professionals who monitor the clinical care given by midwives and offer an expert second opinion to women on maternity issues. This year they’ve redoubled their efforts to listen to women to ensure the views of service users are at the heart of their work. Barry McCarthy reports.

Every expectant mother wants to know that her local maternity services will provide safe care, high professional standards and that adequate supervision is in place for midwives. But perhaps most importantly, she wants to know that she is being listened to. The publication of several high profile reports into failing organisations like Mid Staffordshire NHS Foundation Trust, and poor maternity services at University Hospitals of Morecambe Bay Foundation Trust, underlined the importance of acknowledging the views of service users. Responding to public feedback is essential for every Trust: it promotes high quality services and an environment where people are comfortable, welcomed and respected. UH Bristol has developed a comprehensive feedback programme to ensure it captures the views of patients (see box). One of many teams at the Trust that’s renewed its efforts to listen to service users is the supervisors of midwives at St Michael’s Hospital.

What do supervisors do? Supervisors monitor the work and behaviour of midwives to ensure the latter meet standards on practice and safety set by the Nursing and Midwifery Council. Supervisors also provide expert advice to expectant mothers on birthing options, whether this involves having their baby at home, in the midwifery-led unit at St Michael’s or in the hospital’s delivery suite. Another important aspect of their role is to advise women on complex care plans, which are programmes put in place for expectant mothers who opt for birth preferences outside of research-based guidance. Supervisors also provide a debriefing service for mothers who want more in-depth information on the birth of their baby, so that they can plan their next pregnancy.

What are supervisors of midwives? UH Bristol has 14 supervisors who act as beacons of excellence, promoting best practice in midwifery. Supervisors are accountable in their role to the local supervising authority, NHS England, enabling them to provide impartial advice. Supervisors must have more than three years’ experience as a midwife and have passed a university module, which they undertake part-time over six months.

Capturing patient feedback

UH Bristol gathers feedback from patients through methods including:

- the friends and family test. This is a short survey that asks patients whether they would recommend the care they received in hospital.
- comment cards, which patients and visitors can complete on wards and clinics.
- regular events for patients, their families and carers where people can tell us about their experiences of our services.
- postal surveys where people are asked to comment on their experience in hospital.
- Ward visits

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It’s crucial we listen to women to ensure the views of service users are at the heart of their work. Barry McCarthy reports.

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The striking £61 million building opened in 2009, bringing all the Trust’s cardiac services under one roof. Designed by Bristol-based architects CODA, with patients in mind, the driving force behind the development was to integrate the care pathways of cardiovascular patients. Uniting these services has certainly enhanced patient care, but what puts the BHI ahead of the field is its commitment to research and innovation.

Collaboration with academic partners at the University of Bristol, supported by research funding from the National Institute for Health Research (NIHR), has led to clinical developments year after year; many patients get the chance to benefit from new techniques and procedures which in some cases have never been used before in the UK.

Alan Bryan, consultant cardiac surgeon and clinical chair of the Specialised Services Division, which the BHI is part of, says opening the Biomedical Research Unit (BRU) alongside this state-of-the-art clinical facility had made it possible to expand services and treat patients with more complex cases.

“We are developing new techniques all the time,” says Mr Bryan. “Research has included off-pump coronary artery bypass surgery, where the heart continues to beat during the operation, and new approaches to coronary angioplasty, a procedure used to widen blocked or narrowed coronary arteries [otherwise known as percutaneous coronary intervention, or PCI].”

Sophie Dunkley is a sister on the Coronary Care Unit, which has 11 beds and provides care for those who have undergone a coronary angioplasty, as well as for cardiology and transcatheter aortic valve implantation patients.

She spends three days a week as supervising sister and the remaining two on clinical shifts. She says: “Doing the shifts gives me a better understanding of the nursing staff and the demands on their time. The average length of stay on the unit is two days, but it can vary dramatically depending on the patient and their treatment.”

Out-of-hospital cardiac care has also progressed. Mr Bryan adds: “The changes in how we manage and treat grown up congenital heart disease have meant a significant expansion in specialist nursing, incorporating a network of clinics across the South West and South Wales.”

What happens at the BHI?

Cardiac surgery
There are four fully equipped cardiac operating theatres, one being a hybrid theatre allowing combined cardiac surgery and cardiological procedures to take place.

Adult congenital heart service
Due to the success of paediatric heart surgery, around 90% of children with congenital heart disease survive into adulthood. The BHI plays a key part in providing ongoing care and treatment for these individuals. The BHI is the hub for the regional adult congenital heart service for the South West and South Wales; all invasive cardiology and cardiac surgery for congenital heart disease is undertaken here with some outpatient clinical care provided in partnership with district hospitals in the region. There are also 30 outreach clinic days per year across the region.

Cardiology
Cardiology involves the investigation, diagnosis and treatment of heart conditions and the BHI offers a full range of services to diagnose and treat people with heart problems.

The BHI 5 years on

As the Bristol Heart Institute celebrates its fifth anniversary, Steph Feldwicke speaks to some of the staff who have helped to make the BHI a success story.

2009
The BHI opened to patients in May, followed by an official opening ceremony attended by HRH Princess Anne in October.

2010
Film footage of open heart surgery on the beating hearts of two patients was shown at the Bristol Festival of Ideas.

2011
The BHI was officially opened by Professor Dame Sally Davies, chief medical officer and chief scientific advisor for the Department of Health and the NHS. Later in the year, the unit received a £16.5 million grant of £11.5 million to carry out research into cardiovascular disease and nutrition, diet and lifestyle.

2012
Academics from the University of Bristol, the BHI and State of Sao Paulo Research Foundation in Brazil were involved in a £3.7 million research project to help tackle high blood pressure in patients.

2013
A team of cardiologists at the BHI saved the life of a 77-year-old man by using neat alcohol to induce a heart attack. It was the first time the procedure, ethanol ablation, had been used in the region to treat a life-threatening heart rhythm called ventricular tachycardia.

2014
Cardiologists Dr Angus Nightingale and Dr Andreas Baumbach adopted the technique ‘renal denervation’ to remove the nerves to the kidney in patients with high blood pressure, which reduces blood pressure and helps to lower the risk of stroke, heart and renal disease.

2009 2010 2011 2012 2013 2014

For more information on the BHI visit http://goto/bhi.
Help us raise the £20,000 needed for vital equipment to help save lives in Bristol

An accurate diagnosis can’t wait

Patients attending Bristol Royal Infirmary’s emergency department need access to vital diagnostic equipment quickly. Having mobile scanners means more patients can be given an accurate diagnosis soon after they arrive. It also means they don’t have to be moved to another area of the hospital to access this equipment. Quick diagnosis can greatly improve patients’ chances of recovery and give them peace of mind that all the medical equipment they need is close at hand.

Please give a gift of £25 today.

To donate please call 0117 927 7120, visit www.aboveandbeyond.org.uk or send a cheque/postal order/charity voucher made payable to Above & Beyond.

Please help Above & Beyond raise £20,000 to buy two mobile scanners.

Asking for money is never easy, but without your help we simply cannot afford these life-saving machines. We have already raised £195,000 towards the new mobile scanners through our Golden Gift Appeal. That still leaves a shortfall of £20,000, which we’re desperately trying to raise.

Nurses at BRI need these mobile scanners to provide the very best care. We hope you will make a donation to make sure they get this vital equipment.

Please give a gift of £25 today to improve the diagnosis and treatment of patients in Bristol, for many years to come.

Flying high for our hospitals

Above & Beyond’s balloon, sponsored by Grant Thornton; pilot Ian Parsons who donated his expertise; and some 150 volunteers all took fundraising for Bristol’s hospitals to new heights at this year’s Bristol International Balloon Fiesta.

Your hospitals’ charity Above & Beyond was delighted to be the charity partner for this iconic event, and made the most of this fantastic opportunity, as our balloon was the first to take off – followed by 149 others on Friday morning’s glorious ascent.

Ian Parsons explains: “What a great privilege and opportunity to be first out of the fiesta in the brand new Above & Beyond balloon, on its first flight representing the charity over the skies of Bristol so everyone could see it.”

While Ian raised our profile in the air, some 150 amazing volunteers including hospital staff, patients and their families, as well as local business teams, worked hard to cover the ground raising funds. They included Bristol Royal Infirmary nursing assistant Sean McKenna who said: “Bristol’s hospitals help save lives – I believe in this cause. I think every life is valuable and precious. That’s my motivation for volunteering for Above & Beyond.”

An APPeAl from ABove & Beyond

The answer is mobile scanners

If we had these incredible machines, we could instantly diagnose patients and quickly move them to the appropriate department within the hospital, so the correct treatments could begin sooner.

“There are many patients who will survive as a result of this technology. Having ultrasound available at any time simply lowers the threshold for life-threatening conditions. You want answers, you want accuracy, and this technology gives you that.”

Dr Chris Monk

Your chance to fly high over the Italian Alps: win a New Year balloon flight

Above & Beyond, we want to offer you an opportunity to experience the magic of ballooning and help raise funds for our £6 million Golden Gift Appeal to transform Bristol’s hospitals. Enter our raffle for a chance to win a New Year balloon flight over the Italian Alps – and flights and accommodation for two.

The fantastic prize has been donated by Exclusive Ballooning, the world’s leading aerial marketing company. To buy your raffle tickets go to the Above & Beyond office in the BRI Welcome Centre or contact the charity at hello@aboveandbeyond.org.uk.

Dates for your diary

Enjoy the magic of Alice in Winterland for our hospitals

9 December

Join us at the Alice in Winterland Christmas party charity night, organised by our friends at Hype Agency. It takes place at the Passenger Shed, Bristol Temple Meads. Tickets are available for £40 per person plus VAT. £5 from every ticket sold will be donated to Above & Beyond. To book call 0117 971 0320 or email info@hypeagency.co.uk and quote Above & Beyond.

The Christmas Star Concert

18 December

The Christmas Star Concert at Bristol Cathedral will be a magical evening of carols, festive readings and music, raising funds for Above & Beyond. For more information contact Toni at the charity on 0117 3700 486 or email toni.collier@aboveandbeyond.org.uk.
Opened in May, the Bristol Royal Infirmary’s helideck means that patients requiring the most urgent care can now be transported directly to our hospitals by air ambulance. Lewis Lippiatt met with helideck supervisor Dale Robson to find out more.

As I take the lift to the 11th floor of the Bristol Royal Infirmary Queen’s Building, where the hospital's helideck is located, I wonder how many UH Bristol staff are ever likely to make the climb. I step out into the corridor, where I’m met by helideck supervisor Dale Robson. Signs on the walls make it clear that unless you’re here on helideck business, you shouldn’t be here at all. I feel out of place, and acutely aware of how much I’d be getting in the way in the event of an emergency. We walk into the changing room; the walls are painted bright green, providing a sharp contrast to the understated brown and black of the protective fire suits hanging neatly around the room.

Dale has a small office where he awaits the radio contact which lets him know that a patient is en route. “The helicopter paramedic will call our switchboard as soon as they know they’re coming. Once switchboard staff have passed the call on to the department receiving the patient they page me and my team,” he says. “I get my fire kit on and I’ve got checks I need to do while my team is on its way. We usually get about 20 minutes’ notice, and my crew can be ready in 11.” Dale is also responsible for daily inspections of the deck, as well as conducting training exercises for his team of fire fighters. Before we go out to the deck I have to put on a high visibility jacket and, as I’m pulling it on, the radio crackles into life, spitting a hiss of static into the air. The feeling of being out of my comfort zone returns but Dale reassures me that there’s no emergency, and I can relax again.

Treading up the walkway toward the deck, the view across Bristol and into the rolling countryside beyond. Patients being flown in by one of the air ambulance services can come from as far as Cornwall to the west and Wiltshire to the east. They represent some of the most urgent cases that UH Bristol receives; of the 15 patients who have arrived by helicopter since the helideck opened in May, all but two have been transferred to one of the Trust’s emergency departments. Almost two thirds of the flights have brought in children for treatment. I ask Dale how long it takes to transfer a patient from the helicopter to the department treating them. “It’s between six and seven minutes,” he says. The rooftop facility is clearly a huge improvement over the previous arrangement for air ambulances: landing at a secondary site on Clifton Down and transferring patients to a road ambulance for the last part of their journey. Every second counts for the patients brought in by helicopter and a quicker transfer increases their chance of survival and a good recovery.

The helideck at the BRI, with its rolling countryside beyond. Paramedic Ross Culligan (Crew member with Wiltshire Air Ambulance)
Building a Better Bristol

First wards open in new BRI building

The Bristol Royal Infirmary’s (BRI) new ward block has admitted its first patients, as the seventh and eighth floors of the building came into use in August.

The Trust has invested £92 million in the new building to improve the quality of care patients receive. Ward A700 specialises in the treatment of patients who have undergone head, neck and throat surgery. Ward A710, which was once voted the third ugliest building in Bristol, will specialise in the treatment of patients with gastrointestinal and colon cancers.

The new facilities will provide a better hospital experience for patients, said Deborah Lee, director of strategic development at UH Bristol. “The new building delivers a significant improvement in the standard of accommodation for patients and will enable us to transform the way in which we deliver care.” A phased opening will see the remaining areas of the building open over the coming weeks and months, with the facility becoming fully operational in 2015.

Queen’s Building façade approved by Bristol City Council

Planning permission for the proposed redesign of the BRI’s frontage has been granted by Bristol City Council. The new façade will cover the Queen’s Building, improving the aesthetic of the structure, which was once voted the third ugliest building in Bristol. The Trust has agreed a contract with Wiltshire based O&B Façades, who will first construct a temporary mock-up of the design, prior to installing the full structure. The work is expected to begin in 2014.

Arts update

Several art works, commissioned as part of the Building a Better Bristol project to enhance the hospital environments, have been completed in recent months. Among these are the bold, colourful acrylic decorations created by artist Marta Marce for the Bristol Royal Hospital for Children, and photographic artist Simon Roberts’ striking, large format photographs which have been installed in the new BRI ward block (see picture). Emma Neale, matron for the Surgery, Head and Neck Division, said: “The staff absolutely love Simon’s photographs and the patients really enjoy them. They look beautiful and have really enhanced the space.”

Sharon Sampson

Outpatient appointment centre manager

Where is the outpatient appointment centre?

It is based in the new Welcome Centre at the Bristol Royal Infirmary.

What services are provided at the centre?

Our services revolve around booking and rescheduling outpatient appointments on the phone and face to face at the centre’s reception. We also help to organise non-emergency transport for patients who we book appointments for and who require extra support to enable them to get to hospital. In addition, we’ve taken on the management of the recently launched appointment reminder system, which was created to help patients remember their appointment details. Patients receive a text message or an automated call message reminder depending on which contact details they have registered with the hospital. The system is important because each missed appointment costs the NHS money, delays treatment and increases waiting times for all patients.

What does your role involve?

I manage a team of 72 staff with the aim of providing an efficient service for patients, visitors and carers. It is my role to ensure we reach targets such as answering 90% of calls within one minute. In addition to my managerial tasks, I sometimes have to help answer the phones when there is a high volume of calls. On a daily basis, I monitor incoming calls and the appointment centre inbox so that I can coordinate the work of the team. There is no typical day in my job which makes the role enjoyable and varied.

What is your role as an outpatient appointment centre manager?

What are your plans for the future?

We would like to continue expanding the service and offer more support to enable them to get to hospital. In addition, we’ve taken on the management of the recently launched appointment reminder system, which was created to help patients remember their appointment details. Patients receive a text message or an automated call message reminder depending on which contact details they have registered with the hospital. The system is important because each missed appointment costs the NHS money, delays treatment and increases waiting times for all patients.

What is the best thing about your job?

I love the team I work with! They have a strong work ethic and are extremely dedicated. They do their best every day for our patients. I also enjoy the role we play in enhancing the experience our patients have in our hospitals.

What professional skill has benefited you most throughout your career?

I pride myself on my customer service skills and going the extra mile for patients. If we are unable to help a patient, we refer them on to someone who can. We then follow up on the patient to ensure they have the information they want and are satisfied with the service.

If you could have dinner with someone famous, who would it be?

I would have loved to have met Nelson Mandela who was inspiring. I would like to hear him talk about the challenges he faced, how he managed to overcome them, and what it was like becoming president! I believe his experiences would be transferable into management and no doubt he would have been a great mentor.

Tell us one thing not many people know about you.

I played rugby in a girls’ team when I was a teenager. I was in the second row and I loved the physicality of the game and the comradery. People found it very interesting at that time, that I was involved in an activity that not many other girls did.

What’s your favourite film?

I love Dirty Dancing. I’ve always wanted to dance like that but alas I can’t!

How can people contact the appointment centre?

People can call us on 0117 3426888 or email appointmentcentre@uhbristol.nhs.uk.
Transforming quality of life

The National Institute for Health Research (NIHR) Biomedical Research Unit in Nutrition, Diet and Lifestyle at University Hospitals Bristol NHS Foundation Trust and the University of Bristol opened in 2012. It aims to develop interventions that improve the health of those with conditions related to poor nutrition. Simon Bleaken reports.

The unit is a partnership between the hospital and university and was established following a funding grant from the Department of Health. It is one of 20 research units throughout the country, and one of three looking into the area of nutrition, activity and lifestyle. The unit currently has around 50 studies taking place and so far 13 have been published.

“We have a five year grant. Our first two years have really been about getting set up and getting our studies started,” says unit manager Vanessa Marshall. “We’re now at the exciting point where we’re actually getting some results. Bristol is great for research and we have a lot of expertise at our fingertips in the hospital and university.”

The unit, led by director Andy Ness, is made up of a diverse range of staff including scientists, dieticians, PhD students and doctors. Since it opened, it has enrolled over 1,300 people into its studies.

“We don’t do drug trials,” Vanessa explains. “Our work is around lifestyle changes and things which are accessible to ordinary people, such as the benefits of walking and active travel to work, things that people can get into their everyday routines but which can make a big difference to health. It’s not a cure for cancer, or curing diseases, but it plays a role in enhancing quality of life and the prevention of illness.”

The unit covers four main themes in its work: nutrition in childhood health; nutrition in prostate cancer; sedentary behaviour and diabetes; and perioperative nutrition, which involves aspects of nutrition before and after surgery.

“We also have members of the team who look at all the published literature that is available on a given subject, perform statistical analysis, or who are involved with patient and public involvement and engagement work such as going into schools and giving talks on health and lifestyle at public events.”

The unit uses a variety of methods to gather its data. Among these are two pieces of equipment called the mandolean and the accelerometer.

“The mandolean is a way of measuring how quickly someone eats,” Vanessa explains. “There is strong evidence that the more quickly you eat, the more you will gain weight. We have done a lot of work, especially with children and their families, using the mandolean and keeping food diaries. We have had successful weight loss with patients who are eating more slowly.”

The accelerometer measures movement and can describe the amount and intensity of physical activity, giving the team a detailed picture of how active someone has been.

“The future we can see ourselves looking at new areas of research such as dementia, or other illnesses. And we hope to look at finding industry collaborators to help us with funding and allow us to reach out to more people with different conditions.”

Reducing the risk of developing prostate cancer

One of the unit’s published studies explores the link between diet and a reduced risk of developing prostate cancer.

Led by Richard Martin, professor of clinical epidemiology, the study began with an examination of two sets of cancer prevention recommendations published in 2007 by the World Cancer Research Fund and the American Institute for Cancer Research. These recommendations included measures such as increasing physical activity and maintaining a healthy weight, but were aimed at general cancer prevention.

Professor Martin’s team was keen to build on those recommendations for their own study into reducing the risk of developing prostate cancer. As part of their study, they developed an index of nutrients associated with a reduction in developing this type of cancer: lycopene is a bright red constituent found in foods such as processed tomatoes, calcium and selenium.

Vanessa Er, a PhD student who worked on the project, explains the findings: “We found that men who had an optimal intake of those three nutrients had a reduction in risk compared to those who didn’t. It appears that men who had over ten portions a week of lycopene-rich foods actually had an 18% risk reduction compared to those who had less. We also found reductions associated with vegetables, fruits and legumes. However, it is important to remember this is only one study, and it needs to be repeated and explored more deeply. The key message is still to eat a healthy mix of fruit and vegetables, stay active and keep a healthy weight.”

For more information on the unit visit http://goto/unit.
Tackling sepsis

Sepsis is a life-threatening condition that affects a wide variety of patients, but few people are aware of what it is or its symptoms. Simon Davies investigates.

“Sepsis can affect anybody – newborns, children, young adults, older people and cancer patients can all present with an infection that causes organ failure, which can then result in death,” says intensive care consultant Dr Jeremy Bewley. “That is why tackling it is a priority.”

World Sepsis Day on 13 September drew much needed attention to this life-threatening condition. Sepsis can be caused by a range of infections, including meningitis, pneumonia, appendicitis and cellulitis. However, the symptoms are often similar. They may be flu-like in nature and include a high temperature in sufferers, along with confusion, shivering, cold clammy skin, a fast heart rate and rapid breathing.

Sepsis symptoms create significant challenges for healthcare professionals, and the condition’s seriousness is underlined by the fact that more people die of sepsis than die of breast, lung and prostate cancer combined. It is also becoming more common, with about 39,000 deaths a year in the UK, due to an ageing population and people living longer with chronic medical conditions.

“Sepsis needs to be treated within the first hour of recognition of the disease. That means recognising that sepsis has occurred, transferring the patient into an emergency department or medical admissions unit, and the application of the ‘sepsis six’ within the first hour. This means giving oxygen and fluids, taking blood cultures, giving antibiotics, and measuring lactate and haemoglobin levels,” says Jeremy.

Between 30 and 40 per cent of patients admitted to intensive care have some form of sepsis, and one in four patient deaths in hospital involves sepsis. Bringing those figures down is crucial, and everyone – all healthcare staff and the public – can play a part.

“Less than 15 per cent of people in the UK understand what sepsis means, which is similar to most of Europe. But in Germany, almost 50 per cent recognise the term.”

Dr Jeremy Bewley
Intensive care consultant

For more information on sepsis, visit the UK Sepsis Trust website: http://sepsistrust.org/.