The Royal United Hospital Magazine

February 2008

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Message from the Chief Executive



All hands to the pumps; a recent 'bed' meeting during an extremely busy January

The New Year is certainly bringing its challenges! I am indebted to you all for the magnificent way in which you all have responded to the recent outbreak of diarrhoea and vomiting. The hospital certainly felt very pressured throughout January, as we dealt with an influx of patients with D&V from the community.

Given the number of wards that were closed to new admissions, I believe that we have managed the position in a very professional way. I know that on a day-by-day basis, huge numbers of staff across both clinical and support services have pulled out all the stops to make sure we responded appropriately and quickly to a rapidly changing set of circumstances - thank you.

BANES PCT Director of Public Health and the acting unit director of the Health Protection Agency, covering the AGW area, visited recently and assured us that we were taking all the necessary steps to deal with the outbreak. We appear to be over the worst of it and at the time of writing, the number of symptomatic patients being admitted from the community is diminishing.

With eight weeks until the end of this financial year, it is important that we keep our focus on the key objectives that the Board set at the beginning of the year. Whilst there is still a way to go, the financial position is improving month on month, but everyone needs to maintain their focus to ensure that there are no financial surprises between now and the end of March.

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Message from the Chief Executive

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Following a recent a visit from a Department of Health team - who were looking at how we are tackling healthcare associated infections - our focus has to be on delivering the agreed reduction for MRSA bacteraemias. Every single one really does count - in December we saw two cases and we need to continue to drive this number down. This means concentrating on three key things; scrupulous attention to hand hygiene, full implementation of the MRSA Screening policy as a matter of priority and ensuring detailed analysis of MRSA bacteraemias in order to prevent further cases.

The greatest challenge for many of us is achieving the 18 week waiting list targets that we agreed to deliver by the end of March. Clearly because of the pressures created by the D&V outbreak, we have had to cancel some elective patients and this has increased the challenge, but I am confident that we have the right plans in place and the right attitude to deliver this target that is so important to our patients. We need to put particular effort into the areas of ENT, general surgery day cases and orthopaedics. This means making sure that every clinic and every operating list runs to time and is well planned and used.



Managing beds; staff from across the whole hospital pull together to keep the hospital on track

Discussions with our PCTs for next year's contracts have begun in earnest and our aim is to have contracts agreed by the end of February. We will again be focusing on the same four areas as this year; healthcare associated infections, 18 week waits - possibly reducing to 16 weeks or less, a maximum 4 hour wait for emergency admission and financial balance. I cannot emphasise enough that these are the key indicators used throughout the NHS to make the first assessment of whether we are a 'good hospital'. I know that we provide a very high quality of clinical care but unfortunately, until we get these basic standards right, our high performance in other areas remains 'invisible'. Cracking these things is therefore vital.

Can I also flag up to you that an inspector from the Healthcare Commission will be making an unannounced visit to test our compliance with the Hygiene Code. The Hygiene Code outlines our statutory responsibilities in the prevention and control of infections, together with maintaining high levels of cleanliness. Many acute trusts up and down the country have already been inspected, which provides the Healthcare Commission with the powers to serve improvement notices or prosecution. I'm confident that we will pass this test but if you do need to do any last minute cramming the Health Act 2006: Code of practice for the prevention and control of healthcare associated infections can be found on the www.dh.gov.uk website, under publications.

James Scott
Chief Executive

Deadline for news for the next edition: w/c 03 March 08

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If you would like to share news of what's going on in your department, please contact the Communications Team

Diary Dates

Open staff meetings

Thursday 21 February, 1-2pm
Wednesday 19 March, 1-2pm
Tuesday 15 April, 12-1pm
Wednesday 21 May, 1-2pm
Monday 23 June, 1.30-2.30pm
Wednesday 17 July, 12-1pm

All the above meetings take place in the PGMC and topics are to be advised.

All dates are subject to change.

Multidisciplinary discharge assessment team pilot



Claire Thomson, Maggie Depledge, Susan Jacquens, Louise Connolly

This month sees the start of a pilot for a new service at the 'front door' of the hospital. A multidisciplinary (discharge) assessment team, which includes an occupational therapist and a physiotherapist, will be available to assess patients in A&E, medical assessment unit (MAU) and the medical short stay assessment unit (MSSU). The team will provide much needed support for existing services in these areas and may also be expanded to include a social work coordinator.

The team aims to prevent admissions where appropriate. It is not always in a patient's best interests to be admitted to hospital (particularly older people), as they can often remain active in their own homes with the right package of support. We aim to help make this possible.

Currently, if a patient comes to the RUH following a fall or some other medical complaint and needs care for a few hours, they are usually admitted into hospital - whereas remaining at home would in all likelihood be better for them. The multi-disciplinary team will be able to spend time with these patients, assessing and treating the problem and liaising with community teams such as Wiltshire's Neighbourhood Teams or the BANES PCT Community Team for Older People. They can arrange for the necessary care and support within a patient's home or other setting, such as a community hospital or residential/nursing home.

OT manager **Maggie Depledge** explains the difference which the discharge assessment team will make to life at the RUH: "Prior to this pilot service, if A&E ask us to come and assess a patient to avoid admission, we haven't had sufficient resources to cover that area. The only way we could assess the patient was if they were first admitted into a ward in the hospital, a move that would have also involved a change of consultant. This inconveniences the patient and takes up valuable resources.

"When the discharge assessment team is in place, the patient will be seen whilst still in A&E and, with the support of community-based services, will be able to return home directly, thus avoiding admission to hospital."

Staff 'listening event' was a great success

Just before Christmas, around 30 staff attended a 'listening event'. This event provided some valuable protected time, for staff to express their views and for chief executive **James Scott** to listen and gain a greater understanding about what matters to them.

During this informal session, staff split into small discussion groups and were asked to consider areas where they felt services are working well, where improvements could be made and to identify the things which hold staff back and cause frustration.

Chief executive James Scott says: "This was a really useful session and the issues highlighted were many and various. Staff came forward with a range of constructive - and often innovative - suggestions for improving our services. We will use the feedback from this session to influence the way we make positive changes for our patients and staff in the coming year. We hope to run more of these events in the future, both at local service level and trust wide. Thank you to all of those who came forward to take part."

Assistant director of HR **Peter Eley** co-ordinated the event, he says: "We have already collated the key themes that emerged from this session and fed these back to those staff who attended the event. We will also be sharing this with the RUH 2010 programme board, the executive team and other trust staff, so that we can use the knowledge gained to make things better.

"James will be feeding regional and national issues directly to **Sir Ian Carruthers**, who is the chief executive of NHS south west, and the Government health minister **Lord Darzi**.

"We're hoping that the staff who attended the listening event will fulfil our expectation to continue their involvement via the staff involvement group and/or individual RUH 2010 projects."

Medicines Advisory Group

There is an enormous range and complexity of medicines available for patient care and the Medicines Advisory Group, or MAG for short, plays an important role in managing and delivering these medicines safely and efficiently.

Head of pharmacy **Regina Brophy**, who jointly chairs the MAG, says: "Most staff will deal with medicines at some stage in a patient's care and the MAG supports them in their work. The group also promotes the delivery of safe and effective drug therapy as well as working to improve public confidence in medicines and their use.

"The MAG is made up of pharmacists, nurses and doctors, which reflects the fact that the prescribing, dispensing and administering of medicines involves many different healthcare professions.

"We meet monthly to review and approve policies and procedures for medicines management and controls around new drugs. We also consider risk issues associated with medicines such as medication errors and the lessons learned from any such incidents. The group also looks at the storage of medicines and any other legislative or good practice issues.

"The group would welcome the involvement of more staff, particularly doctors. If anyone is interested in joining us and wants to find out more, we encourage them to contact one of us.

"We know that medication incidents are the second most common type of incident reported by NHS staff to the National Patient Safety Agency and the National Reporting and Learning Scheme. Patient safety is a key part of the NHS agenda and being part of the Medicines Advisory Group is an opportunity to contribute to making the patient's journey a safer one."



The Medicines Advisory Group plays an important role in managing and delivering medicines safely

Members of the Medicines Advisory Group include **Andrew Souter**, **Robin Fackrell**, **Julian Hunt**, **Yvonne Pritchard**, **Beverley Boyd**, **Julie Blackman**, **Carol Jackson**, **Paul Russell** and **Nicole Mogg**.



Salvation Army Band visit

The Salvation Army Band were welcome visitors to the hospital during the Christmas season. They toured around the hospital, playing carols and bringing festive cheer to patients and staff.

Emergency take model begins

Emergency take clinicians in specialties such as cardiology, gastroenterology and respiratory, which together constitute the majority of our emergency cases, will begin to review their own patients at the weekends as well as on week days.

For gastroenterology this started in January, with the gastroenterologists delivering an endoscopy service seven days a week. Before, patients who came in with gastro-intestinal bleeds at the weekends would have had to wait for their endoscopy until the following Monday. The new seven-day working will mean that patients will either be able to be discharged immediately or begin their treatment much more quickly – which in all cases means decreased lengths of stay and a better service for patients.

A Healthy New Year at RUH Oasis



Fitness consultant Georgina Rozaria

With Christmas festivities now behind us, the Oasis Health Club is the ideal place to fulfil those New Year's resolutions and take steps towards a fit and healthy 2008.

Having been open for nearly half a year now, our on-site health club membership stands at 200 and more members are expected. To cope with the extra demand, the club has increased its opening hours. Tuesday and Thursday evenings the club is open until 10pm and there are plans to open at weekends soon.

Oasis club manager **Adam Daley** says: "Facilities and services continue to grow. As well as a fully equipped gym, members also have access to squash, tennis, the outdoor pool and the therapy centre.

"Something new for 2008 is the addition of a brand new exercise class timetable. A copy of the timetable is available from the club and includes Yoga, Pilates Conditioning, Circuits and Clairobics - come and find out what that's all about! All classes are included in membership but are also available to non-members at £3.50 a class.

"Also on site and becoming increasingly popular with staff is the Oasis Cafe, which serves a range of hot and cold drinks and lunchtime snacks, including salads, jacket potatoes with hot and cold fillings and hot pasta with delicious sauces.

"To help you with your goals, Oasis is currently offering a fantastic membership deal until the end of February. Just £135 for a year's membership, that's 12 months for the price of 9. Membership comes with a 'no quibble' money back guarantee, should you wish or need to cancel your membership at any time. You will also be refunded for the unused part of your membership - so what have you got to lose?"

A great example of the calibre of the health professionals available to club members is fitness consultant **Georgina Rozaria**. Georgina recently won her first full senior cap for the English Ladies Rugby Team in a victory against the USA. Congratulations Georgina.

Why not pop down to the club and see Georgina or any member of the Oasis team who will assist you in achieving your fitness goals. Alternatively give them a call on ext. 4561 for more information.

Letter from the editor



All revved up and ready to go!

Dear colleagues

I am writing to let you know that this will be the last Grapevine that I'll be putting together for a while as I am about to take a gap year for grown-ups! My last day here will be Friday 28 March.

I have really enjoyed editing and producing Grapevine and I know from the continual feedback I get from staff, that this staff magazine is greatly valued by you. I am hoping that it will continue in its present form and will go from strength to strength during my absence.

Please do continue to send your contributions to the communications office, via a new mailbox called 'Grapevine'. You can find it in the electronic address list in outlook. This is an interim arrangement until it is clear who will be managing Grapevine in the future.

May I say thank you to everyone who has contributed to Grapevine over the years. I've really enjoyed writing and editing your stories.

With best wishes and thanks for all your support.

Anita Houlding
Communications officer

Team of the month for December



Some of the deep cleaning team

Congratulations to the deep cleaning team, who won the team of the month award for December.

The team was introduced to assist with both routine and deep cleaning of clinical areas and to provide a deep clean to wards after an outbreak of infection. The team has significantly improved the time a bed is 'lost' due to infection, helping with the trust's bed management and 4-hour emergency target.

They always respond quickly and provide an excellent service and are always helpful and cheerful. They have been worth their weight in gold recently, working extremely hard to deep clean areas affected by D&V.

Record fundraising collection for Bath Hospital Radio

Fifteen members of the Bath Hospital Broadcast Society collected an amazing £1,142 from generous rugby fans in Bath recently.

The 'collectors' braved arctic conditions during the European Challenge Cup Rugby match at the recreation ground, between Bath and French side Albi in December. They donned Christmas hats and collected before the match, at half time and after the final whistle.

The committee members wish to convey their thanks to Bath RFC and all the supporters who donated on the day. The money will help boost funds that were used to refurbish the studio at Bath Hospital Radio.

Other good news for the radio station, which is manned by volunteers, was the confirmation from the Bath Hospital Broadcasting Society's chairman **Ray James**, that the Friends of the RUH would be making a donation to fund additional cabling. The news was met with great excitement as this means that Bath Hospital Radio will be able to broadcast to an even wider audience, which will now include the hospital's atrium and the emergency department waiting room.

Public relations officer **Peter Hunter** says: "2008 looks to be an exciting year for the Bath Hospital Radio. We all send our best wishes to staff at the RUH and the Mineral hospital. We are really grateful for their continued support, especially in allowing our team members to come onto the wards on weekday evenings to gather requests from patients for our shows."



Some of the committee members: Pete Hunter, Ray James, Len Router, Glynn Caren, Julie Hazelwood, Darran Huish and Tom Scott.

The request shows are broadcast Monday - Friday evenings from 7.30pm - 10pm.

For full information on Bath Hospital Radio and to find out what's on, visit their website on bhbs.org.uk

The Forever Friends Appeal

NICU 'space to grow' Campaign for our premature babies



It's not only the babies that are tiny but the existing neonatal intensive care unit at the RUH is tiny too, and needs to be bigger for the important job that it does. Staff on the unit care for some 500 premature and sick babies and their families each year, but the conditions they are currently working in are cramped and inadequate, which can have a real and important impact on the developmental care the staff want to provide for their patients.

The Forever Friends Appeal's NICU 'space to grow' campaign, launched in July 2007, is raising £4.5m to build a brand new NICU. This new NICU will unite baby-centred care, scientific expertise and sustainable design, acting as a beacon for similar developments and setting new standards across the NHS.

Head of fundraising **Tim Hobbs** says: "The RUH is taking a 'holistic' approach to the problem, building a new sustainable NICU that provides a highly beneficial and healing environment for its babies and their families that is fit for the 21st century. This is a really exciting project and this new building is so very important.

"During a baby's time in NICU, they need their parents to give them love, support and comfort during a very difficult stage in their early lives. Currently, there is no space for parents to stay close at hand for prolonged periods of time to help their babies grow and develop.

"The doctors and nurses are 'tripping over' one another to treat each baby and this crowded unit restricts work flow, making emergency situations difficult. As many as four incubators can be squeezed in to rooms which can really comfortably accommodate only one and the heat emitted from the equipment creates difficulties in keeping an ambient temperature.

"Our appeal to raise £4.5m for a brand new NICU aims to produce a massively improved, therapeutic, healing environment that will be welcoming and spacious and improve clinical care for future generations to come.

"The initial design concepts provided by architects Fielden Clegg Bradley are aimed at addressing a number of issues which include lowering stress levels, improving communication and making the unit feel more inclusive. The design will also help increase successful breast feeding, as there will be more private space for mums and babies, and will even reduce exposure to toxic substances by building 'green'.

"All of these tangible benefits will lead to better developmental care by parents and staff, and improved outcomes for these tiny patients - not least their going home earlier."

The Forever Friends Appeal needs your support to help make NICU the 'best'. If you think you can help, please give the Appeal team a call on 01225 825691.

Remembering Mike Cummin

Staff may remember one of the stories published in the Bath Chronicle in May last year, which featured the moving story of patient **Mike Cummin**, whose life was saved after he suffered a heart attack in February. The article paid tribute to all the dedicated staff involved in Mike's care, following his amazing recovery.

Mike's wife Viv wrote a book chronicling the deeply personal account of how she coped during those traumatic weeks, and the sale of this book has raised over £2,000 for the hospital's intensive therapy unit and cardiac centre.

Since then however, staff were very saddened and shocked to hear the news of Mike's sudden death in January this year.

Consultant anaesthetist **Dr. Jerry Nolan**, who had been involved in Mike's care and who had written the foreward for Viv's book, says: "The intensive care unit staff were deeply shocked by the news of Mike's death – he was well known to most of us. Mike had made an excellent recovery and was enjoying the level of activity he had before his cardiac arrest.

"He and Viv have made generous and valuable contributions to the local community including the establishment of cardiopulmonary resuscitation (CPR) training classes.

"The ICU staff are very grateful for the time and effort that Viv and Mike have put into raising money for the unit and for raising the profile of resuscitation in the community. Mike will be sadly missed by all of us."



This photo accompanied Mike's story which featured in the Bath Chronicle

New hope for migraine sufferers



Neurologist **Dr. Nicola Giffin** has been treating an increasing number of patients with migraine with nerve block injections. At her specialist headache clinics she is seeing patients from as far away as Wales and Hereford.

The injections – a mixture of steroid and local anaesthetic - are given to patients who suffer from either migraine or cluster headaches. Patients are injected in the occipital nerve which is behind the ear, and migraine sufferers can receive relief from their pain for up to a month.

Nicola says: "An occipital nerve injection can be useful for people who have frequent, even daily, headaches that have not responded to conventional medication. The injection is quick and easy to perform. It gives relief from headaches for about half of patients. It is uncertain exactly how the injection works but it probably acts on centres in the 'brainstem', damping down pain signals from nerves from the parts of the head where the headache is felt."

The injection is usually used in conjunction with other medical treatments. Nicola says it's a complex condition to treat: "Most people with occasional migraine get good relief from the headache with simple 'over-the-counter' remedies, such as soluble aspirin, but patients with frequent or severe migraines need prescription medication taken on a daily basis to prevent the debilitating attacks. Because this medication may have side-effects it should be tailored to an individual taking into account other health problems and the patient's life-style."

One patient who believes the injections are working for her is **Christine Prince** from Southdown. She has suffered with migraines on and off since she was a teenager, but found they got much worse once she entered her forties. She's seen an improvement in her condition since her referral to the headache clinic. As well as being given medication to help prevent the migraines, she has had several nerve block injections which, although she found painful at the time, have changed her life for the better.

Christine says: "I could be totally out of it for up to five days, all I could do was lie down – they were completely ruining my life. The relief I've got from the injections has basically given me some of my life back – because I was so trapped before. I felt I couldn't go out and have a social life in case I got a migraine, and holidays were difficult. I've gone from having 3 or 4 headaches a week to just 2 or 3 per month - it's been fantastic."

Our NHS, our future

'Our NHS, our future' is about giving you the opportunity to shape the vision for the NHS over the next decade by making sure it focuses on the things that really matter, and meets both rising expectations and the challenges it will face over that time.

Many country-wide events have taken place recently, offering NHS patients, frontline staff and members of the public a unique opportunity to shape the future of the NHS. Some online questionnaires have also been devised to engage with a wide group of staff, public and stakeholders and these are available for completion before 15 February 2008.

The public questionnaire is largely multiple choice, making it quick and easy to complete. Every response will be read, so it represents a valuable opportunity for people to have a say in the health care that they, their families and communities will receive in the future. The staff and stakeholder questionnaire is largely open-ended to allow staff the space to provide detail. Staff should not feel that they have to answer all the questions, but just answer those on issues they feel most strongly about or that touch areas where they have particular expertise.

If you are unable to fill in the questionnaires online there are printable versions for both the staff and stakeholder and public questionnaires which can be mailed back using the freepost address on the form.

To find out more, or to complete the online questionnaires, visit 'our NHS, our future' website www.ournhs.nhs.uk

State of the art anaesthetics lab helps medical students hone their life saving skills

The trust's anaesthetic department has opened a new 'hands on' teaching laboratory to help both medical students and doctors learn vital airway skills* when looking after patients.

The lab has been set up with the aid of money from the University of Bristol.



Learning vital airway skills

Consultant anaesthetist **Chris Seller**, who helped secure the funding, says: "We're very lucky to have this facility – only a handful of trusts in the country have a lab like this. When I was going through medical school there was no real 'hands on' manikin or patient training – just a series of lectures. This lab allows students to become much more involved and they learn critical, potentially life-saving, skills which they can use as junior doctors on the ward."

In the lab, the students get a chance to use equipment needed for intubating and ventilating patients (i.e. placing a tube in the windpipe and taking over breathing for the patient). These skills are at the heart of anaesthetics and resuscitation manoeuvres.



Practising inserting equipment to help manage a patient's breathing

Emily Bednall a fourth year medical student from Bristol, recently spent three weeks doing her anaesthetic placement at the RUH. She has shadowed anaesthetists in their work in operating theatres, intensive care and in the management of post-operative chronic pain. She says her time in the lab has really helped: "It enables us to practise on models without fear of anything going wrong so it really increases your confidence when dealing with patients."



A training session for medical students and doctors

Final year medical student **Laura Bland** says: "The opportunity to go into a safe, controlled environment and practice hands on is invaluable. If you haven't had the experience of inserting equipment to help manage a patient's breathing before, it can be very daunting in a real life operating theatre situation."

Doctor **Tim Cook** who helped design the lab says: "In addition to training medical students, the lab has also been used for running advanced training courses for the resident RUH anaesthetists. The lab provides an environment, like a simulation centre for pilots, where the management of dangerous situations and rare crises can be practised without any risk to patients. As a doctor, one never stops learning, and practise increases an anaesthetist's familiarity and increases patient safety."

Finally, the RUH's anaesthetists have been performing research (funded by a grant from the Difficult Airway Society) to determine which of several manikins are the best models for simulating particular crises and for practising lifesaving techniques. As a result of this research, five academic papers have been published in the last year.



Using intubating and ventilating equipment

*Airway management is the name given to the critically important skills required to allow a patient to breathe through an unobstructed passage while unconscious, whether through illness or anaesthesia.

New monitors will make anaesthesia safer



Volunteer Gwen Stoaling, Dr. Tom Simpson and Dr. Monica Baird with a BIS monitor

The League of Friends at the RUH has given a generous grant of £16,500 to the anaesthetic department to be spent on three high tech monitors used during operations. The machines measure 'the depth of anaesthesia' and are called 'Bi-spectrum' or 'BIS monitors'.

The monitors are particularly useful for patients who are at high risk of becoming aware during their operations (e.g. because of obesity, pregnancy, trauma). Although awareness (becoming awake during an operation) is not common, some studies report it as occurring in as many as 1 in 500-1000 patients.

Consultant anaesthetist **Tom Simpson** has run a local trial on the usefulness of the machines. He says: "Major studies in other hospitals have shown the monitors can decrease the risk of awareness in high-risk patients by six-fold. In our audit the BIS monitors were particularly useful in patients who are too frail to tolerate high doses of anaesthetic drugs and helped patients recover sooner after very long operations. They allow the minimum doses of anaesthetic drug to be given, whilst guarding against the risk of awareness."

Consultant anaesthetist **Monica Baird** says: "The anaesthetic department is very grateful to the League of Friends for its generous gift of these monitors. They will help make anaesthesia safer for our most vulnerable patients, enhance recovery and in some cases lessen the need for intensive care after surgery."

RUH expertise shared with overseas colleagues

A team from the intensive care unit recently visited Jakarta on a lecture tour. In 2005 and 2006 consultant nurse **Julian Hunt** and anaesthetists **Tim Cook** and **Jerry Nolan** were invited to visit Vietnam to run a course on Intensive Care at the Centre for Tropical Diseases in Ho Chi Minh City. The success of those courses lead to an invitation to run the same course in Jakarta, the capital of Indonesia.

Like Vietnam, Indonesia is thought to be one of the areas where the risk of bird flu is high. The virus causes very severe inflammation of the lungs and other organs and requires high quality intensive care treatment for patients to have any chance of survival. The team updated the intensive care skills of doctors and nurses in those hospitals in Jakarta designated to receive patients with bird flu.

Jerry Nolan says the learning involved is a two-way process: "We find it highly rewarding to take the knowledge and skills that we have acquired at the Royal United Hospital and pass this on to healthcare workers in Asia, who don't have the benefit of our NHS resources. This is never a one-way flow of knowledge. In reality we return with as many new clinical insights and ideas as we have imparted. We learn a great deal about the recognition and treatment of various tropical diseases. Although uncommon in the UK, we do occasionally see patients with diseases such as tetanus and malaria; the knowledge and professional contacts established during our visits to Asia then become invaluable."

The course was funded by the American body the National Institute for Health and the team took annual leave from their jobs at the RUH to make the trip. Teaching with them in Jakarta was Parisian Professor Jean-Daniel Chiche, from the Réanimation Médicale & Dept de Biologie Cellulaire Hopital COCHIN & Institut Cochin.



I to r: Julian Hunt, Tim Cook and Jerry Nolan will share their expertise with overseas colleagues

Art for 2008

There are some new and exciting exhibitions planned for the New Year at the RUH. These include: An exhibition of a unique collection of limited edition prints, produced by six international artists; **John Wood, Paul Harrison, James Ireland, Mariele Neudecker, Andrew Mania, Daphne Wright** and **Ged Quinn.**



I like America and America likes me, 2007 by Ged Quinn

'Ictal Project' by recent winner of the DaDaFest award for visual arts, Gus Cummins. This includes a series of brain scans, graphs and responses to seizures. DaDaFest, organised by Liverpool based North West Disability Art Forum, celebrates the best and the most exciting in disability and deaf arts.

A series of portrait photographs by **Trevor Appleson**. Trevor erected a portable studio on beaches in Cape Town and his subjects were photographed either at dawn or dusk. His dramatic and honest portraits capture, with some pathos, humanity in all its diversity.



'Beach' series by Trevor Appleson

We can also look forward to exhibitions from local artists including: Some abstract prints by **Stephen Magrath**, reflecting a fascination for the intricate forms that characterise human microbiology.

A set of monochromatic figurative paintings by **Harry Simmonds**, who is interested in depicting the body as an individual form. Each painting is a record of several split-second glimpses made over a short period of time, rather than an objective depiction of the components that make up the body.

Some abstract paintings by **Julie-Anne Blackmore**, entitled Stepping Stones. These paintings are an expression of what lives within us as human beings and can be used as stepping stones to health and wellbeing.

An exhibition of kiln fired glass panels and mixed media paintings by **Gillian Hulse**.

As well as these stimulating exhibitions, the Arts Strategy Group is arranging to bring music to the RUH from March 2008, for patients, visitors and staff to enjoy.

Arts programme manager **Hetty Dupays** explains: "The group has made an application to Awards 4 All, to engage the services of the regional organisation Live Music Now (LMN).

"LMN is an organisation that strives to ensure that all members of society have access to the enriching experience of music. Through them, we would aim to direct workshops and music sessions for patients as well as holding performances and concerts in the public areas of the hospital. We can select musicians who play classical, folk or contemporary music or who accompany with the voice. An interesting variety of music will be programmed throughout the year, so that long-term patients will not become bored from repetitive styles of music.

"We are hoping that, over the coming year, they can make around 30 visits to the RUH."

Children get in carnival spirit

Acclaimed local artist **Edwina Bridgeman** and writer **Sue Mayfield**, both artists in residence at the RUH, have been inspiring young patients on the children's unit.

The children have been taking part in art workshops and the theme of their work is 'Carnival of Dreams', which is inspired by one of Edwina's recent artworks 'The Procession'.

The concept of a procession or carnival is all about celebration and the coming together of a community. At the start of each workshop Edwina shows the children imagery connected with the idea of carnival, and helps inspire them to turn their ideas into art work. Writer Sue Mayfield uses words and poems to develop the theme further. A collection of the work made by the young patients will be mounted as a 'visual procession' in the coming months, in the corridor that runs through the children's unit.

She says: it's great to be working in the RUH again: "I'm delighted to be involved in this project. I think there is a huge value in working directly with patients and their families."



Artist Edwina Bridgeman inspires young patients

Point of Care Testing (POCT)

In a nutshell, anything that is used to test urine, blood or other body fluids outside the clinical laboratory is a POCT device. Devices range from simple dipsticks to test for ketones or protein in urine to complex analysers that measure glucose or bilirubin in blood samples.

Do you use blood gas analysers, urine dipsticks or glucose meters in your ward or clinic?

If so, then you need to familiarise yourselves with the new Point of Care Testing (POCT) policy, which is available on the intranet. A sub-group of the Medical Equipment Committee were instrumental in writing the policy and they will champion its implementation across the hospital.

Beverley Harris, principal clinical scientist in Biochemistry, is chair of the sub-group, she says: "Every year in the UK adverse incidents are reported relating to the inappropriate use of point of care devices. The POCT policy is there to ensure that users follow best practice guidelines, therefore giving our patients the best possible care.

"The purpose of the POCT group is to improve clinical risk management and the clinical effectiveness of POCT, by providing an opportunity for communication between different staff groups."



Blood gas analyser



Hemoccult test, urine dipsticks & two glucose meters

Current members of the POCT group are:
Kirsten Berryman, biomedical scientist, haematology - group secretary
Rebecca Day, staff nurse, ITU
Helen Griffiths, diabetes liaison nurse
Bina Mistry, pharmacy
Andrew Phillips, clinical engineer, MEMS
Nigel Roberts, chief biomedical scientist, haematology
David Robinson, risk manager
Susan Smith, infection control
Amanda Speed, chief biomedical scientist, biochemistry
Clare Taylor, medical consultant, emergency department

If anyone has any questions about POCT devices, they are encouraged to contact any of the group members. Alternatively, they can refer specific queries to Beverley on ext. 4713.

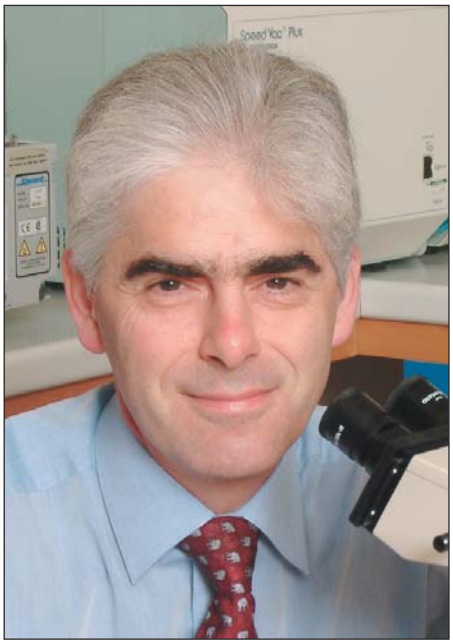
Christian Fellowship

A new group is meeting weekly at the hospital, to provide support and fellowship to all Christian healthcare workers at the RUH. The group meets in the chapel (first floor south) every Friday from 1-1.30pm.

The meetings are informal and give staff a chance to meet other Christians and pray together; all denominations are welcome. **Stuart Farrimond**, a founder member says: "Even if you are just beginning to explore the faith, or wouldn't call yourself a Christian, you are very welcome to join us and find out more."

If staff are unable to make the meetings, but want to know more, they can email ruhchristianfellowship@yahoo.com Alternatively, they can contact **Stuart Farrimond** on 07794 800570.

Bath scientist reports cancer progress to world audience



Dr. Andrew Bosanquet

Dr. Andrew Bosanquet, a scientist based at Bath Cancer Research at the RUH, has been sharing ground-breaking research into the testing of drug effectiveness in cancer patients, with other experts from around the world.

Andrew, along with 30,000 other scientists and doctors, attended an international conference in the United States to debate the latest advances in haematology with experts from around the globe.

Andrew leads a team at Bath Cancer Research who is pioneering 'Individualised Tumour Response' testing. This technique involves a special device to incubate a patient's tumour cells with various anti-cancer drugs to find which one of these works best for that particular patient.

He and nine other scientists from the Netherlands, Sweden, Germany and the USA presented data on nearly 2000 comparisons of test results, which demonstrated how cancer patients responded to their treatment and which drugs benefited a particular patient the most.

Talking about his research results, Andrew said: "We could be on the verge of significantly improving treatment of Leukaemia patients by using this specialised tailor-made treatment. Let's face it; most patients these days are looking for a 'photo fit' treatment to deal with their disease. Now cancer patients could have a greater chance of survival or of enhancing quality of life using this test."

The Bath Cancer Research unit, a charity based at the RUH, is currently organising an appeal to raise funds to complete a trial to corroborate the work.

Bath Cancer Research manager **Haydn Wilkins** said: "It is heartening to have the opportunity to be able to tell the world of the advances we are making. It is through this sort of publicity that the credibility for our test is gaining momentum, and the medical community can have the confidence to use this ground-breaking technology."

Bath Cancer Lab achieves National Scientific Accreditation

At the time of writing, the Bath Cancer Research team had just been formally recognised for the excellence of its work. The team has achieved Clinical Pathology Accreditation (or CPA), a highly esteemed and coveted benchmark, for its service to helping leukaemia patients to find the best treatment.

The process of accreditation is exacting and requires proof to an independent panel that the methods and processes used are properly managed and fit-for-purpose. Accreditation is only granted when CPA's strict requirements are met.

Unit manager **Haydn Wilkins** says: "Tailor-made treatment these days is a must and this success will further our cause to do a better job for cancer sufferers. Like every organisation it is helpful to have an official body's stamp of excellence on their work.

"The unit had a highly favourable report. One of the comments by the inspectors was that Bath Cancer Research provides a unique service with a highly-efficient, well-run lab with exemplary management processes."

Bath Cancer Research has been offering a service to haematologists for some years, and all service laboratories nationally are now encouraged by the government to submit to a quality inspection by a certifying body such as CPA.

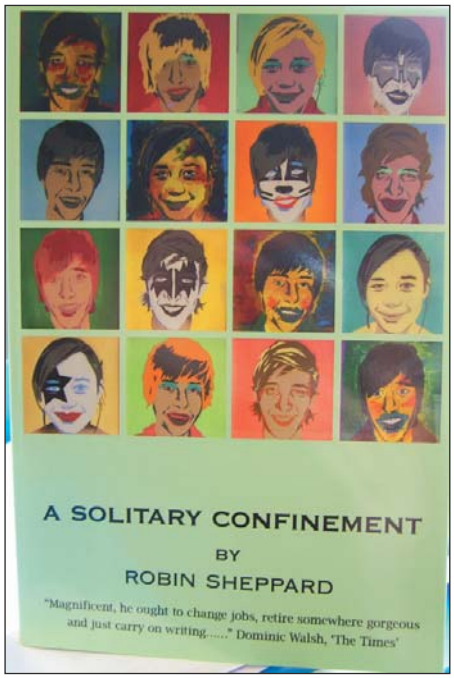


The Bath Cancer Research Team delighted with the accreditation

The unit is planning an open day in April at the hospital to demonstrate its work and raise funds. They are looking for volunteers willing to help prepare for the day. Can you spare a few hours?

Bath Cancer Research can be contacted via bcr@ruh.nhs.uk or telephone 01225 824124 or fax 01225 824114, alternatively visit their website http://caltri.org

Patient praises RUH staff for his care



A patient who spent nearly five months in the RUH has written a book about his experiences. Hotelier and businessman **Robin Sheppard** has revealed his hilarious and touching journey from having 'the world at his fingertips' to the depths of a disease, which left him paralysed and isolated.

Robin became ill just before Christmas in 2004 with Guillain-Barre syndrome - a disease which affects over 1,000 people a year in the UK. It's a disease of the nervous system which tricks the immune system into attacking itself. It left Robin paralysed from the neck down within days. He spent time on both intensive care and six months on Medlock neurology ward.

In his book A Solitary Confinement. It tells the very personal story of how he went from running some of the world's most luxurious hotels (including Combe Grove Manor in Bath) to being left 'trapped' inside his own body. Robin was left without the use of his arms, legs, or any movement at all; even his speech was lost and the book tells how he decided to fight back against the illness.

Robin says, "People cannot imagine what it feels like when your body shuts down so quickly until you are at the point where you think to yourself 'this is it ... I'm off'. The story deals with a serious illness but by putting it into my own words I tried to find a humorous side to my catastrophic situation and show others that no matter what happens in life there is always something worth being alive for. Yes, things could have been different but with a dash of determination and strong support from loved ones I made sure I was going to win and not be conquered by the illness."

He is full of praise for staff at the RUH. "After all the criticism the RUH has had to endure over the years, I have to say the level of care I received there was outstanding. I did not get the chance to say a big thank you to the many staff who cared for me, but everyone was fantastic from those involved in my nursing care, physiotherapy and pastoral care. I received incredible levels of kindness and attention."

The disease still affects Robin. He is back at work however and now lives in London. The proceeds from the sale of the book are going to the GBS (Guillain Barre) Society to help fund research into the condition.

To order a copy of the book, visit www.amazon.co.uk and key in 'a solitary confinement Robin Sheppard'.

New Year's Honours awards

Team of the Month award

Staff are reminded that they can nominate a team who they consider to be deserving of a Team of the Month award, throughout this year.

Remember that winners of Team of the Month will also be put forward for the Team of the Year award as well as be in the running to receive an award for the Most Innovative Team, at the beginning of 2009.

Personal Achievement award

Staff can also be nominated for a Personal Achievement award, which recognises and rewards our colleagues who have gone over and above their call of duty to make an outstanding contribution to the RUH and its patients. If you know a colleague who you believe deserves to be recognised for their personal contribution, then please nominate them.

Nomination forms for these awards are available from **Isabelle Fawkner-Corbett** in the HR department, on ext. 4017.

The New Year's Honours committee will continue to review how else they can further reward staff. If you have any suggestions, please email Katie Murray.

A New Year's Honours Awards ceremony took place at The Forum in Bath at the end of January. Look out for details of the event in the next issue of Grapevine.



Isabelle and Katie

Reducing waiting times for patients

Cutting waiting times is a priority for the NHS and the RUH is working hard towards delivering an 18 week waiting time for patients, from GP referral to treatment, by June 2008.

Everyone has a role to play in delivering the 18 week waiting times target. It's really important to be aware of the really good progress we are making in reducing waiting times for outpatients, diagnostics and elective treatment. Currently patient waiting times stand at an average of 4-8 weeks for outpatient appointments, 6 weeks for diagnostics and 10 weeks for elective treatment. This is reducing and will continue to do so in order that we meet the June deadline.

Project manager **Clare O'Farrell** says: "We have made a lot of progress towards reducing waits and it's really important that our staff understand the role they play in ensuring patients are treated as quickly as possible. We need to communicate this to our patients too, so that they understand what they can expect once they are referred to the hospital.

"Progress is also being made in other areas to improve the patient's experience. We are increasing the number of staff to take booking calls in the appointment centre to ensure patients can contact the RUH without unnecessary delays. From April this year, we will also be introducing an outpatient appointment call reminder service, which will remind patients of their appointment some seven days in advance of the date they are expected to attend.

"We are reviewing the patient's pathway - how they journey through the hospital - to reduce the number of hospital visits and, once they are here, to reduce the amount of time that they need to spend in hospital.

"A new leaflet 'Shorter waiting times at the RUH' has been produced, which will be sent with outpatient appointment letters. This leaflet tells more about our waiting times and explains what patients can expect once referred as either 'routine' or 'urgent' and who to contact if they have any queries.

"Our GPs also have a role in supporting us in the delivery of the 18 week waits. Working together, we can improve a patient's experience, ensuring they are seen in the right place, at the right time and without unnecessary delays before start of treatment."

People moves



Helen Robinson-Gordon

Helen Robinson-Gordon has been appointed as Head of Communication. Helen is currently a divisional head of PR & communications at South Central Ambulance Service NHS Trust, covering Oxfordshire and Buckinghamshire. Before joining the NHS she worked as a broadcast journalist, presenter and producer at the BBC and Sky News.



Malcolm Newton

We offer a belated welcome to **Malcolm Newton**. Malcolm is interim Manager for Medicine and took up his post at the beginning of December. Previously he was a General Manager for Medicine at Barts and the London NHS Trust, and before that worked at Buckinghamshire.



Geoff Cross

Geoff Cross was recently appointed as Head of Information Technology. Geoff is currently director of Health Informatics at Hillingdon PCT. We look forward to welcoming Geoff to the RUH.

Moira Brennan has been appointed as a non-executive director from the beginning of February for a four year period. Moira is a chartered accountant and chartered tax adviser and is currently Director of Strategic Finance for Royal Mail Letters. Moira is a graduate of the University of Bath and has recently returned to live in Bath after several years away.

Theresa Hegarty was appointed as Head of Patient Experience in December. Theresa's responsibilities include leading on all aspects of improving the patient's experience across the trust and to encompass key areas of quality improvement, which will include: management of the chaplaincy services, complaints and PALS. Theresa will also lead on the trust's Patient & Public Involvement agenda.

Team of the month for January

Congratulations to the Robin Smith surgical admissions unit who are team of the month winners for January.

The team has changed their ways of working. Patients are now directly admitted to the ward, thereby helping prevent delays and contributing to improved capacity within the emergency department. This change has been achieved without incurring extra cost to the hospital and without an increase in staffing levels. The feedback we get from our patients on the unit has been excellent and very positive.



The Robin Smith surgical admissions unit

Christmas raffle success



Bill Viles with healthcare assistant Chrisse Baker and staff nurse Renu Jacob picking out the lucky winners

Lots of staff and visitors will remember the distinctive prizes that were available to win in the raffle that took place in the hospital atrium before Christmas. The raffle raised a staggering £5,000 in aid of the Forever Friends Appeal and will be used towards the purchase of a bladder scanner for Forrester Brown ward.

Volunteer **Bill Viles** ran the raffle that contained some wonderful objects. Bill says: "I would like to say a big thank you to the generous people who donated all the super prizes. Special thanks to my friend Stefan who donated over £1,000 worth of prizes from his Christmas shop at St Goar on the Rhine, Germany. Without his support the raffle would not be so successful each year. I would also like to thank the Forever Friends Appeal and hospital staff for all their support."

Jan Witt from the appeal office says: "Bill spent four weeks 'raffling'. Without his dedicated time and effort, it wouldn't be the success that it is. It's always a bit of a Christmas treat to see the display of prizes and we add our thanks to everyone who supports the raffle and buys tickets each year."