

Staff Briefing

9th February 2022

#hello my name is...



David Moss
Chairman



Debbie Fleming
Chief Executive



Mark Mould
Chief Operating Officer



Richard Renaut
Chief Strategy &
Transformation Officer

Welcome
David Moss

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Welcome

Learning to live with Covid: taking back control

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Chief Executive of NHS England's visit

- Amanda Pritchard came to Poole on Wednesday 2nd February
- Opportunity to showcase the innovative and collaborative work underway at UHD and across the Dorset system
- Amanda was incredibly impressed by the Dorset Health Village
- Lunch with Dorset partners
- Tour of the Dorset Cancer Centre at Poole Hospital



Chief Executive of NHS England's visit (2)



[BBC South Today report on Amanda Pritchard, CEO of NHS England visit to outpatient assessment clinic - YouTube](#)

**Learning to live with Covid:
Taking back control
Debbie Fleming**

Current Covid-19 position

Select all

PH

RBCH

Bed state (PHT) @ 08:00 + 12

OPEL 3

Bed state (RBCH) @ 07:00 + 70

OPEL 4

Inpatients

Poole data: TelePath / CPI Flags Updated: 07:57
Bournemouth data: TelePath / CPI Flags Updated: 07:57

Positive Cases

Currently Admitted
Covid-19 Positive
Patients

67

Cumulative
cases

5736

Cumulative discharges
(excl. deaths)

4662

Cumulative
deaths

1028

Area

Positive
patients

RB22 - RBH - WARD 22	27
BROW - J4 BROWNSEA WARD	14
ARNE - ARNE (A4)	6
RB14 - RBH - WARD 14	6
B3T - B3 TRAUMA (B3)	2
RB05 - RBH - WARD 5	2
A1 - WARD A1	1
ANW - ANTE NATAL (MAT)	1
AVON - AVONBOURNE	1

Currently Admitted
Awaiting Results

0

Currently Admitted
Negative Only Cases

888

Inpatients on a Covid-19 pathway
(Current Positive + Current Suspected)

68

Last 24 hours

Diagnosed
yesterday

3

Diagnosed
today

0

Admitted
yesterday

5

Admitted
today

0

Discharged
yesterday

4

Discharged
today

0

Critical Care

Poole data: ICIP Updated: 07:57
Bournemouth data: ICIP Updated: 07:57

Green
Zone

Level 1

2

Level 2

6

Level 3

8

Total occupied

16

Total beds

15

Blue
Zone

Level 1
(Covid)

0

Level 2
(Covid)

0

Level 3
(Covid)

0

Total occupied

2

Total beds

16

Level 1
(non-Covid)

0

Level 2
(non-Covid)

1

Level 3
(non-Covid)

1

Staffing

Poole data: HealthRoster & ESR Updated: 08/02 08:16
Bournemouth data: HealthRoster & ESR Updated: 08/02 08:16

Staff absence reason last 30 days

● Symptomatic ● Isolating ● Medical Suspension

Medical Sus...

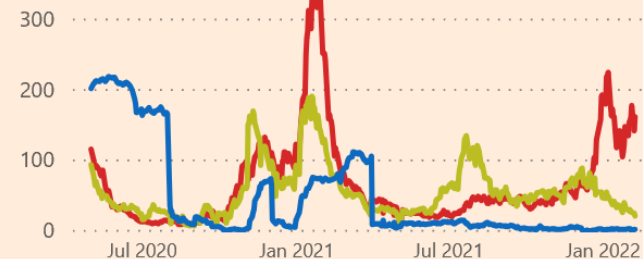
2

Isolating

21

Symptomatic

162



- ☐ Select all
- ☐ Add Prof Scientific and Technic
- ☐ Additional Clinical Services
- ☐ Administrative and Clerical
- ☐ Allied Health Professionals
- ☐ Estates and Ancillary
- ☐ Healthcare Scientists
- ☐ Medical and Dental
- ☐ Nursing and Midwifery Registered
- ☐ Students

International Nurse Recruitment

UHD has successfully recruited 200 international nurses since April 2021

- Over 90% of these nurses have passed their OSCEs and are now NMC registered nurses
- The remaining nurses are expected to have passed their OSCEs by April 2022
- Outstanding achievement given all the Covid travel challenges that have been faced this year

We have also secured funding of £3000 per nurse to recruit a further 120 International Recruits by April 2023

Current performance against this target is:

- 60 nurses already in offer – 50 anticipated to arrive across February, March and April 2022
- 21 nurses attending interview imminently
- Our aim is to have all 120 nurses in post by 31st October 2022



UHD Responders

- 30 Trust staff responded to the call for non-clinical staff to support ward based staff in care delivery
- 10 of these 30 have now supported care delivery mainly in Older Persons Services and on the Covid Wards
- Key roles covered
 - Mealtime Assistants**
 - Family Liaison support**
 - Administrative support**
- Many of our wards continue to work under pressure and all offers of support are gratefully received and do have an impact



Improving Staff Experience

Priority Areas following culture champions work



	Hot Food at Night	Parking/Transport	Wellbeing (Psychological Support)	Lockers	Staff Rest Areas	Workable Office Spaces	Thank You System
Working Group Lead	Jed Geddis/ Fen Ellison	Tracy Mack-Nava	Jon Harding	Nikki Greenall	Jon Harding	Fen Ellison	Nikki Greenall
T&F Grp Sponsor	Peter Gill	Richard Renaut	Deb Matthews	Richard	Richard	Peter	Deb
Culture Champion	TBC	Gemma Short	TBC	TBC	Gemma Short	Katie Pritchett	TBC

Tackling our performance challenges

Mark Mould

Day in the Life of the Acute Hospital

OPEL Level 4



Ambulances Pressures



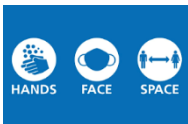
Crowding in Emergency
Departments – patients waiting
12 hours + for bed



Occupancy – Hospitals full at 8.00
in the morning with Pts. waiting for
a bed in emergency dept



Patients admitted outside
speciality as patients occupying
beds don't need to be there



Restricted /closed capacity due
to infection control / contact
cases



52000 electives patients waiting
for treatment



Patients wait in hospital beds –
200+ across acutes + community



Increased use of agency



Our staff working incredibly hard
to maintain services



Starting to emerge
and see green shoots of recovery

Operational Focus – leading well over the next 6 months

- Safety remains our Number 1 priority
- Care for yourself while we look after our people and ensure our leaders have all they need to be able to support their teams
- Agreement on our priorities and clarity on roles and responsibilities
- Be brilliant at getting the basics done well and be ruthlessly consistent
- Spend less time reporting, more time understanding the problem and applying a solution
- Working together for our patients
- Space for people to think / recharge genuinely co-own and co-design care – we know our teams own what they create



Create our ‘new norm’ not completely back to business as usual

The Delivery Plan for Tackling the COVID-19 Backlog of Elective Care

Despite all our efforts, and in common with health systems around the world, dealing with the pandemic and its effects has inevitably had an impact on the amount of planned care the NHS has been able to provide, in turn meaning longer waits for many patients.

The Delivery Plan for Tackling the COVID-19 Backlog of Elective Care sets out how the NHS will tackle the COVID-19 backlog in the months and years to come, focusing on four areas of delivery:

Increasing health service capacity	Prioritising diagnosis and treatment	Transforming the way we provide elective care	Ensuring better information and support to patients
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- Patients told us when developing this strategy **that they want flexibility, ease of access and more control over how they interact with healthcare services**
- The NHS is committed to tackling the longest waits, but also **ensure that those in the greatest clinical need get the treatment they need quickly**
- **Making outpatient care more flexible**, giving patients and their carers the ability to access, specialist assessments and appointments at home, and arrange follow-ups as and when they need them
- Engagement with patient groups and improving communication to people while they wait – a new **‘My Planned Care’** online platform



What sorts of inequality might affect access to elective care?



Deprivation

Place

Ethnicity

Disability

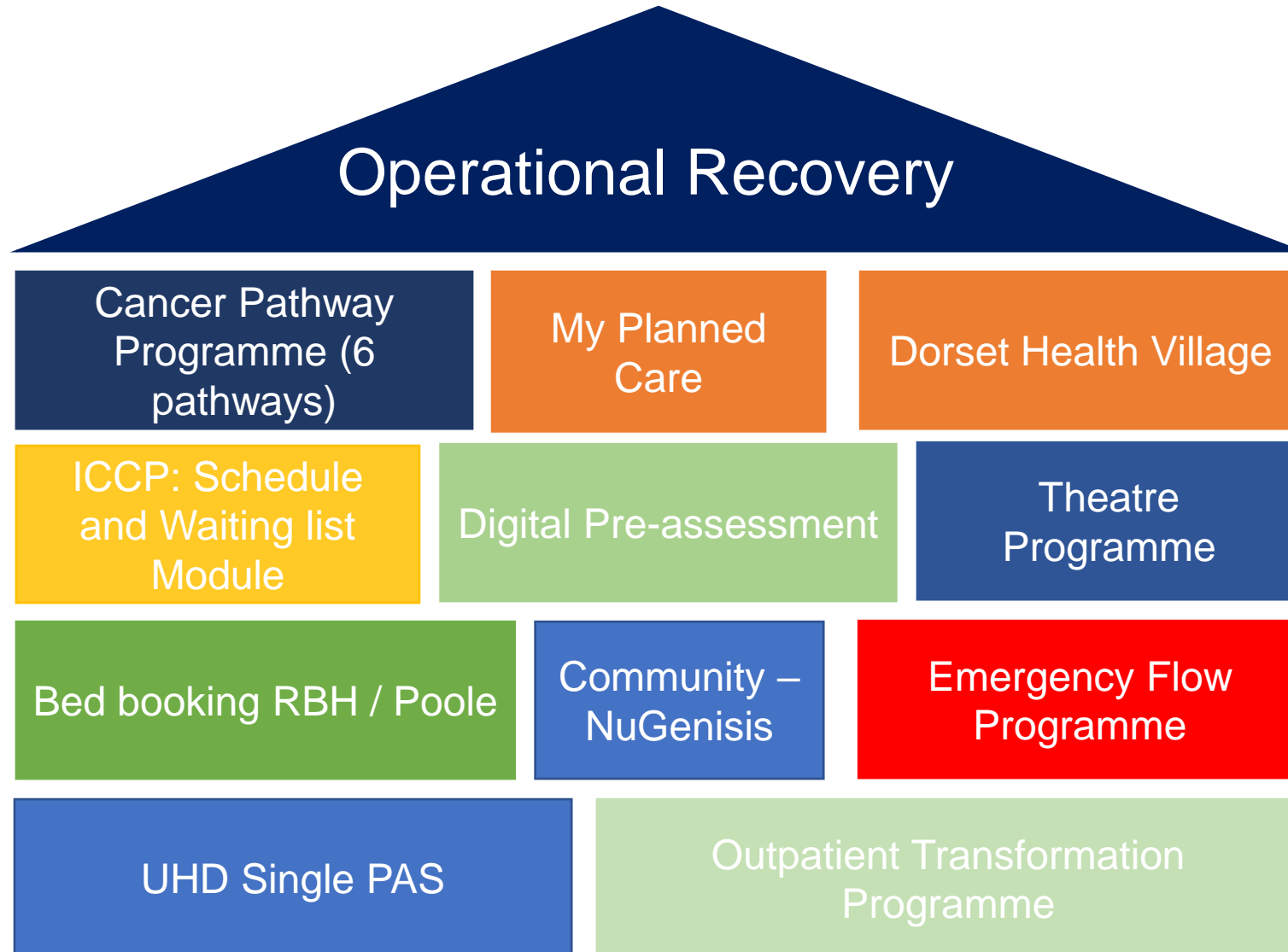
Gender

Age

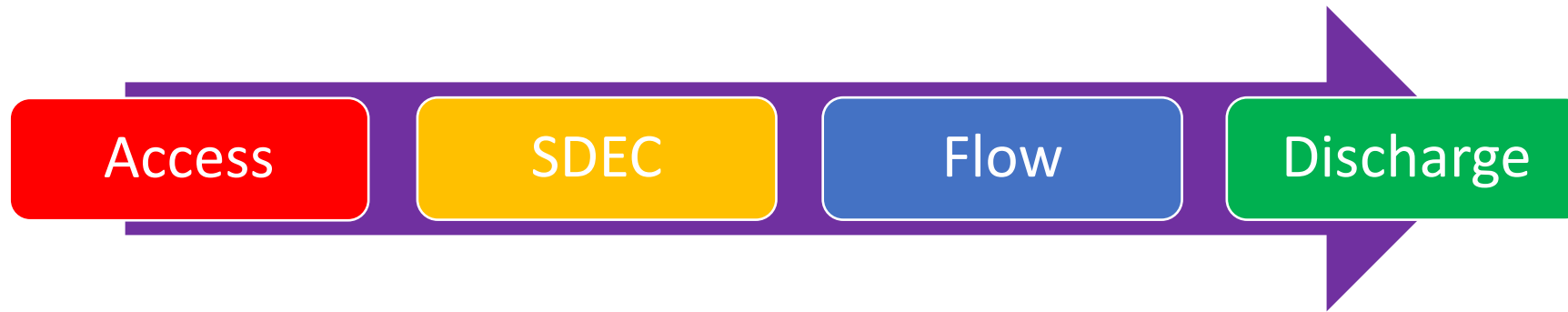
Sexual orientation

Digital access,
skills and
confidence

Enablers to operational recovery



Transforming Our Hospital Flow



“The right care
in the right
environment at
the right time”

Always Improving (further potential).....



Key Ingredients

Same day emergency care can be successfully achieved by:

- Early senior decision making
- Streamlining access to diagnostic services
- Collaborative working
- Providing an environment that supports same day emergency care

Inclusion/exclusion criteria

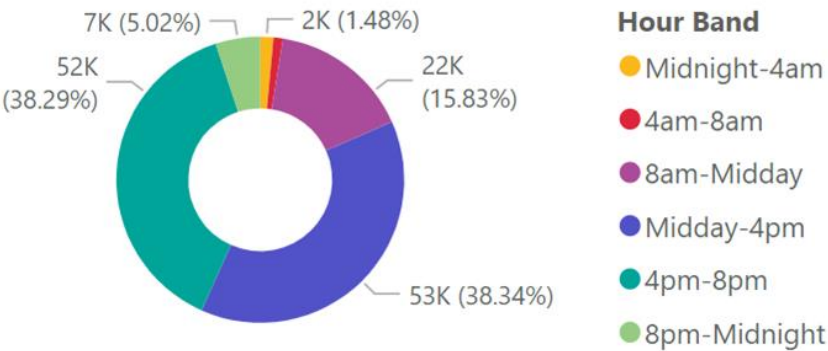
The more criteria there are the more complicated the system becomes.

Complex systems need simple rules.

- Is the patient clinically stable?
- Is the patient functionally capable of receiving care in AEC?
- Would the patient otherwise have been admitted?
- Could their needs be better met in an alternative outpatient/community service?

Assumes good knowledge of the local health system.

Discharges by Hour Band



When can I go home?

To help patients and families plan effectively, we have set a standard time for all hospital discharges.

We want to get you

Home for Lunch

To help you and your family plan for leaving hospital, your doctor and nurse will discuss your estimated date of discharge with you. On the morning of your discharge, you will be asked to vacate your bed by lunchtime. From here you will either go home directly or move to our Central Discharge Lounge. Here you can wait in comfort for your transportation medication. This will enable us to start treating another patient. If you need to be transferred to a community hospital, we will send you to the first available bed. This may not be the one closest to where you live.

The SAFER Patient Flow Bundle

S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A - All patients will have an Expected Discharge Date and Clinical Criteria Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F - Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

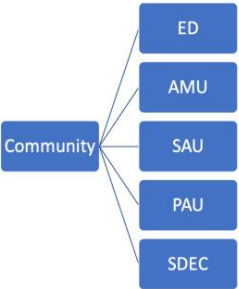
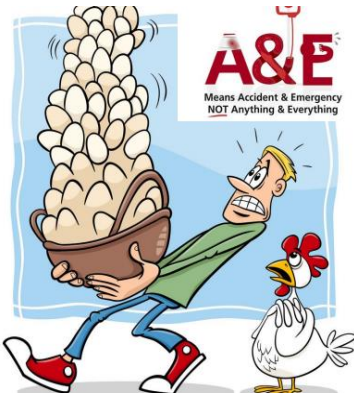
E - Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R - Review. A systematic MDT review of patients with extended lengths of stay (> 7 days - 'stranded patients') with a clear 'home first' mind set.



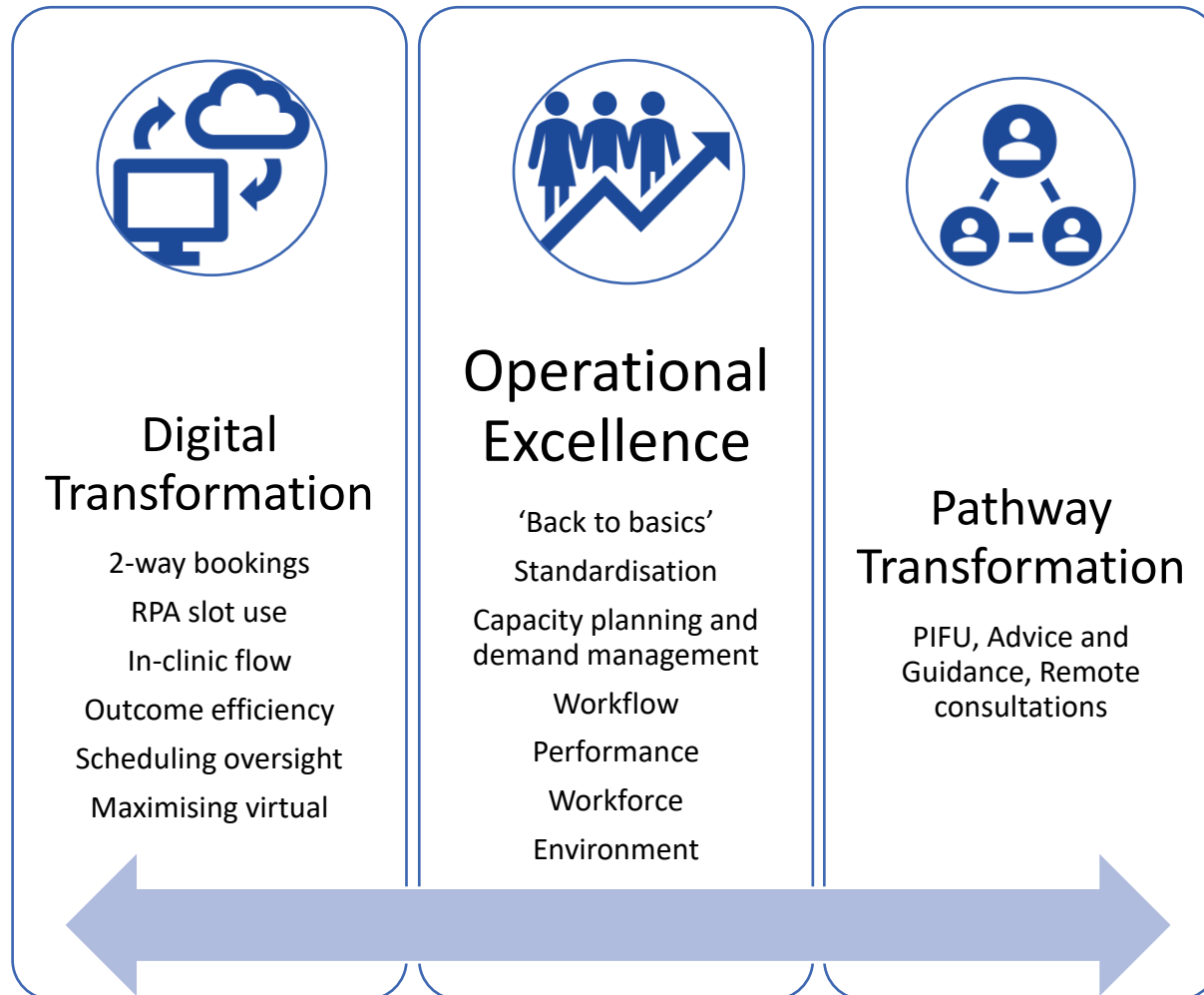
Our latest report looking at building community capacity, highlights the work of South Warwickshire NHS Foundation Trust, which developed a virtual ward which resulted in 48 per cent of conveyances for over 80s being avoided. [@nhsswft](https://www.nhsconfed.org/case-studies/r...) [nhsconfed.org/case-studies/r...](https://www.nhsconfed.org/case-studies/r...)

11/01/2022, 13:14



Outpatient transformation programmes

Analysis of population health management datasets for elective waits in Dorset have shown the **utilisation of A&E** services is higher for people in more deprived areas and those with longer waits times. Managing patient waits for consultations could have a positive impact on ED demand.



UHD Digital Outpatients – Target Investment Fund Projects

2-way booking

Establishing a patient booking portal to give patients and their carers the ability to proactively manage their appointment requirements, access information related to their care needs and for UHD to reduce the incidence of wasted appointments and reduce the administrative burden within booking teams. Aims to reduce DNA's improve Slot utilisation and drive efficiencies within administration team

RPA Slot Usage

Utilising Robotic Process automation to identify unused & “last-minute” slots in the PAS and undertake the currently manual process to make them available for booking. This links heavily with the 2-way booking system and will enable Last minute slots to be more filled more effectively.

Outcome Efficiency

Deployment of digital dictation and speech recognition technologies to capture clinical notes directly into PAS to reduce handoffs, improve quality of notes and reduce administration. This project is also aiming to implement outcome e-forms that will enable better data capture and ensure patient and GP are automatically updated with the outcome of the appointment.

Room Booking

Deployment of room booking software onto Poole site to create equality across the Trust. Giving better control over room bookings, reduce administration and enable better utilisation of spaces.

In-clinic Flow

Deployment of self check-in service (software & check-in kiosks) to standardise across UHD sites.

Maximising Virtual Consultations

Communications & Training rollout for conducting virtual consultations and improving VC usage

Cancer Programme

To enable the delivery of a sustainable cancer services recovery programme, ensuring alignment to Dorset Cancer Partnership's and Wessex Cancer Alliance's strategic priorities and the wider national operational guidance.

ED presentations: 58%* presenting with stage 3 or 4 although overall numbers stable compared to previous years

Design - the solution and ensure stakeholder engagement in key interventions, prioritisation and approach

Data and analytics

- Review progress on demand and capacity analysis related to each of Dorset's 6 priority tumour sites
- *Review diagnostic and performance indicators and identify any gaps*

Interventions and intensive support

- Review recovery plan, inc. gap analysis, clarify issues to be resolved, the 'art of the possible' and an assessment on whether the plan addresses these
- Roadmap for delivery created and agreed
- Review completeness of problems & prioritisation
- Identify cross-cutting blockers and map interventions
- Agree and apply prioritisation framework for interventions and clarify quick wins

Governance and team

- Engage and test existing programme governance, accountability and leadership
- Map existing improvement resources and identify areas requiring intensive support from PwC/WCA

Implementation - of the recommendations, working closely with key stakeholders to maximise the realisation of the opportunities identified

Data and analytics

- Support progression of high level demand and capacity analysis for each of Dorset's six priority tumour site
- Enhance existing tools and processes to monitor progress and benefit realisation, forecast trends and identify variation

Interventions and intensive support

- Development of cohesive, aligned, phased, outcome oriented recovery and improvement plan
- Identification of top priority interventions related to capacity enhancement or demand management
- Deliver prioritised quick wins
- Link between consultant teams to support relationships
- Create capacity within services to deliver defined interventions

Governance and team

- Establishment of programme documentation
- Provide direct project management support in agreed areas
- *Review and optimise existing governance structures*

Sustain - Create the skills, governance and metrics to make the recovery of cancer services sustainable

Data and analytics

- Agree metrics and KPIs to monitor impact with BI/ops team
- Demand and capacity analysis evidenced for each of Dorset's six priority tumour sites

Interventions and intensive support

- Support the implementation of standardised ways of working across sites/ specialties and best practice process
- Delivery of improvement actions against phase 1 of recovery plan
- Embedding of DCP/WCA cancer dashboard into specialty governance structures to monitor progress and identify unwarranted variation

Governance and team

- *Develop* programme plan and handover
- *Capability development where required*
- Governance structure in place

The size of the programme defined with a clear roadmap for delivery of the programme in the implementation phase, including delivery of quick wins

The realisation of benefits identified through the programme, with processes in place to track and monitor progress

Theatre Improvement Programme

Programme Workstreams

A. Digital Change

- Implementation of Scheduling Tool
- Implementation of virtual pre-op assessment platform
- Review and implement processes and SOPs
- Rolling PA Insights across both Sites

B. Capacity Planning and Demand Management

- Demand and capacity modelling including anaesthetics
- Theatre utilisation

C. Workforce

- Develop a workforce strategy
- Role Innovation
- Skill mix review

D. Community Services

- Secondary care capacity that could/should be provided in the community
- Community capacity that should/could be provided in secondary care

E. Wellness and wellbeing

- Environmental factors
- Support in place for workforce
- A 'good day in theatres'

F. Operational Excellence

- Environment
- Theatre efficiency
- Theatre Model
- Staff development
- Review and implement processes and SOPs

G. Data and benchmarking

- Four Eyes Diagnostic Review
- Benchmarking data; GIRFT, Model Hospital etc.
- Best practice

Outcomes

Key Performance Indicators

Performance Metrics

Quality outcomes

Health Inequalities

Productivity

- Unused/wasted capacity
- Over running lists
- Case Opportunity
- Late starting lists

Finance

People KPIs

- Staff Survey

Patient experience

- Friends and Family Test
- Complaints

Dorset ICS Theatres
Programme

NHSE SW Theatres
Programme



Key messages

- Maintaining safety is our number 1 priority
- Good news – Covid-19 modelling is less than expected
- Great examples of new ways of working but also examples where we are trying to be even better with what we have got
- System-wide discussions continue
- Balancing elective / emergency / cancer remains a challenge
- Supporting recovery – (Cancer / Theatre / Outpatient work / Flow)



**for everything that
you are doing**

Quality Improvement & Estates Transformation

Richard Renault

Quality Improvement Support 2022-23

Reflecting on 21-22

- Agreement on 50% of time implementing strategy, 50% of time supporting QI projects
- Clinical/Risk led selection of areas most needing support (4 focus areas)

IV Fluids – QI input until Q1 22/23

Deteriorating Patient – QI support required for 22/23

Safety Checklists – Qi support required for 22/23

Difficult IV Access – limited support required for 22/23

Deteriorating Patient Workshop

Thursday 22nd July

9am-12 midday

Butchers Coppice Activity Centre



222 views of the initial celebration

314 hits on the poster page

Tens of thousands of views and almost a thousand people engaged on social media channels

Views



20,926



Our Qi accounts	UHD accounts	TOTAL
-	6,426	6,426
8,067	5,158	13,225
-	1,275	1,275
		20,926

Engagements

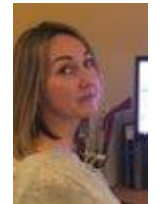


855



Our Qi accounts	UHD accounts	TOTAL
-	374	374
234	181	415
-	66	66
		855

Good progress on implementing strategy, raising profile of QI, deploying training (156 trained), supporting over 150 registered projects



220 (est.) staff spoken with on stands



Quality Improvement Team



Proposals for 2022/23

Increase capacity for QI across Trust

- 50% of team time spent on implementing QI strategy (culture of improvement, training, awareness, support) to increase capacity
- Specifically encourage service managers, clinical directors, nurse managers and support staff to undertake QI training projects
- Maintain capacity to support grass roots improvement

Provide dedicated QI support from 50% of QI team to clinical and operational focus areas

Clinical safety focus areas:

- Completion of the four 21-22 clinical priorities (already underway and supported)
- AKI/Dialysis management – group set up, limited QI input
- Deteriorating patient in ED – add to existing workstream and support
- Medical and Pharmacy communication – scope and initiate project

Possible operational focus areas:

- | | |
|------------------------|---------------------------------------|
| • Cancer | • Discharge |
| • Covid Elective Reset | • Trauma pathway redesign |
| • Pathways flow | • Christchurch process transformation |

Where to focus, do first?

Estates Ward Guide

We are caring, one team, listening to understand, open and honest, always improving, inclusive.

NHS
University Hospitals Dorset
NHS Foundation Trust



Estates Ward & Department Guide 2021-2022

We are caring, one team, listening to understand, open and honest, always improving, inclusive.

Beds

- The Safe working load for an electric bed is 250kg /39 stone.
- Bariatric beds are also in use.

PASSED✓
JIR PAT Testing
Tel: 01750 283 854
This equipment is safe for use

Appliance ID: 000636
Test Date: June 2018
Tested By: John Rose

PASSED
App ID: 00001
Tested: Any Date
Re-Test: Any Date
Engineer: Your Name
Your Company Name
Contact Number


**ELECTRICAL
SAFETY TEST**

- Before using the bed please ensure that the Portable Appliance test is still in date.
- Any faulty or out of date beds should be reported to docket line.

Common Problems

- Please check the key pads are unlocked before reporting a faulty handset.
- If it appears there is no power, check that the switch is turned on.

Estates Ward Equipment Guide Version 1




We are caring, one team, listening to understand, open and honest, always improving, inclusive.

Bed/Trolley Repair Procedure

These simple measures will help the Trust reduce health and safety risks to patients, staff, visitors and contractors, by eliminating the practice of leaving dirty patient beds or trolleys along the corridors and keeping the fire exits and access routes clear. **Clinical staff must thoroughly clean the bed of all bodily fluids and affix 'I am sani clean' tag before placing in corridor.**

- Decontaminate as per Trust Decontamination Policy. Attach a **GREEN** 'Decontaminated' tag to state the bed is clean.
Please ensure all bed linen is removed prior to decontamination.
- Phone the Estates Helpdesk on extension: 8056 or use the Intranet report via Docketline.
- Annotate the **GREEN** 'Decontaminated' tag with the Works Order (WO) number to assist Estates staff in diagnosing the fault.

SAFETY NOTE: Under no circumstances should beds/trolleys be removed from wards and left along the corridors **without** a **GREEN** tag.



Estates Ward Guide (2)

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

Fault Reporting

When reporting a fault please provide the following information:

- Your Name and Department
- Room number and / or location of the problem - Bay / Bed etc.,
- Your telephone number
- Brief details of the problem and any potential access issues
- Any identity number i.e.: Serial number / asset / equipment number.

Ways to report

Intranet: Follow the link from the intranet in the Estates section. When prompted enter your username and password (each department has their own login, if you are unsure of the details please contact 8056). Follow the on screen instructions to process your call.

Telephone: If the intranet system is not available please call Helpdesk on 8056. Availability - 08:00 to 16:30 Monday to Friday

You will be issued with a CALL number for your reference, signifying your request is in our work schedule. **PLEASE RETAIN THIS NUMBER—check where this is normally recorded on your ward.**

Medical Equipment

- All Medical Equipment or out of date labels, repairs and faults please telephone Clinical Engineering on ext. 2244

Emergencies

- For emergencies outside of normal hours (08:00 to 16:30) please contact CMT who will arrange for an on call emergency engineer. **This is an off site call out service for emergencies only.**
- All Medical Equipment Emergencies telephone Clinical Engineering on ext. 2244 or via switchboard out of hours.

Estates Ward Equipment Guide Version 1

3

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

Department Login Details For Docketline

Username

Password



The docketline link can be found from the main intranet page under the A-Z section—"E" for Estates.

<https://intranet.poole.nhs.uk/index.php/estates>

Estates Ward Equipment Guide Version 1

4

Example pages – guide to reporting maintenance jobs

Vaccination as a condition of deployment (VCOD)

Karen Allman

VCOD for Healthcare Workers

Government made new legislation on 6th January, approved by Parliament, which amended the Health and Social Care Act 2008

This legislation provided that as a CQC registered healthcare provider we could only deploy or engage a person who had face to face contact with patients and service users, if the person provided evidence that they had been fully vaccinated (2 vaccinations), subject to specific exemptions

As an organisation we began to prepare to meet the new regulatory requirements in partnership with staff side colleagues. This included:

- webinars & Q&A sessions with Covid-19 experts
- writing to staff whose vaccination status was unclear, and
- line managers holding compassionate and supportive 1:1 conversations with staff to understand and respond to vaccine hesitancy
- we also made it as simple as possible for people to receive the vaccine through Occupational Health

VCOD for Healthcare Workers (2)

However, on 31st January the Government announced that VCOD is being reconsidered and is subject to further consultation and parliamentary vote

Whilst we await the outcome of this consultation we will be pausing our internal processes, but will **continue to encourage and support all of our staff to take up the vaccine as it remains the best way to protect yourself, your family, your colleagues and, of course, our patients from the virus**

At the time we began to plan and prepare for VCOD 88.4% of our staff had been fully vaccinated. Today 93.2% of our staff are fully vaccinated and 83.8% have received their booster, and we would like to thank all those staff that have engaged with us during this time

As soon as we are aware of the outcome of the consultation, we will communicate with staff and advise on next steps

Continued access to information and expert advice regarding vaccinations and wellbeing is available and if you would like to receive the vaccine or discuss any concerns you may have please contact occupational.health@uhd.nhs.uk

Pension Scheme

Moving to the NHS 2015 pension scheme on 1 April 2022?

All pension scheme members will move to the 2015 NHS Pension scheme on the 1 April 2022 regardless of age and scheme membership.

**You do not need to retire before 1 April in order to
secure your current pension benefits**

For more information go to the **pensions department** of
the intranet

Questions and Answers

Please use the Q&A bar to submit any questions

A row of colorful speech bubble tags hanging from a string. The tags are in various colors: purple, orange, green, blue, teal, and red. The focus is on a large orange tag in the foreground.

Over to you