

The Brief

April 2022

March winds,
April showers,
bring forth
May flowers...



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Your University Hospitals Dorset

An update from Paula Shobbrook, acting chief executive

I always enjoy reading *The Brief* and this is my first article as acting chief executive. I took over when Debbie Fleming retired from the NHS at the end of March and will be in this post until handing over to Siobhan Harrington who joins us as CEO from Whittington Trust in London from 1 June.

A lot of you will know me from my time as RBCH's director of nursing and midwifery and when I was appointed chief nursing officer and deputy CEO with the creation of UHD. I am very pleased that Fiona Hoskins will be acting chief nursing officer during this time, working as part of our executive team and Board of Directors. I hope over the next few weeks to meet many more of you around our sites so please do say hello when you see me.

At the start of the year, I was hopeful that by the time the clocks changed and we moved towards spring, the impact of Covid would have reduced across our hospitals. The last few weeks have shown us that it is anything but over, with increasing prevalence in the community and number of patients in our wards.

I know many of us have been off with Covid and I know what a toll this virus can take on our health, so please do try and take care when recovering. The message remains: we are continuing our infection prevention control measures across our hospitals to protect our patients, our visitors and each other. I thank you all for your support with that.

In addition, there are significant other pressures we face, which we know are across the NHS. The number of ambulances queuing outside, the number of patients who are medically ready to leave our hospitals, and the long waits for elective or outpatient services, results in an unsustainable position for each of us, our patients, and the population we serve. We have learnt a lot during the Covid pandemic and from our conversations, my sense is two years on as an organisation we have a desire to do things differently.

There is already so much work on all these issues, and we now want to focus together as UHD and with our partner organisations in health and social care across Dorset.

Therefore our priorities over the next few months will be on our emergency patient pathway - from ambulance handovers to safe discharge - and our elective patient pathways so we can treat our patients who have been waiting for our care.

But none of this will be possible without you and we need to do everything we can to support everyone working across the trust as we all have a part to play in this work, no matter what our role. We need to involve everyone in the changes and we need to do this as a team to make a difference. If we can reduce the pressure across our services and provide the care we aim to for our patients, I know this will have a positive

impact for us all. Please do look out across our staff publications for developments and also for opportunities to get involved across the trust.

Finally I would like to add my personal tribute to Debbie. She achieved the merger of two organisations to create University Hospitals Dorset, provided strong, effective leadership during the Covid pandemic, and has left solid foundations for us all to build on. She genuinely cares about staff and patients, which is reflected in the values of our organisation. I would like to take this opportunity to wish her all the best for her future and thank her for her 38 years of service to the NHS.

Paula



A fond farewell to Debbie and David

We have said a fond farewell to our chief executive, Debbie Fleming OBE, who has retired after 38 years of dedicated service to the NHS.

Debbie said: *"I'm very happy and proud of my time in the NHS and wish you all the success for the future."*

Professor Paula Shobbrook, acting chief executive, added that Debbie had always focused on patients and their care, saying: *"It runs through you like a stick of rock."*

We also bid goodbye to David Moss, our chairman, in March after a long and successful career in the NHS. Philip Green, is now acting chairman for UHD.

Thank you for everything, Debbie and David



Reflecting with ribbons

Thank you to all who attended and were involved in our special Covid-19 reflection services.

If you missed the services, you can watch recordings and see photos from the day on our social media channels [f:Facebook](#), [i:Instagram](#) and [t:Twitter](#).



Covid-19 testing for our staff and patients



NHS England has released new guidance outlining a number of changes in Covid-19 testing practices for staff as well as patients.

Currently, we are advising all staff to continue to order free lateral flow device (LFD) tests using the [national ordering system](#). These should continue to be undertaken twice a week, as well as when you have Covid-19 symptoms.

Results should now be reported via the national reporting system [here](#).

We are reviewing the NHS England guidance for patient testing and are planning to implement changes at UHD, which we will share once the changes have been agreed.

You can access the links to order a kit and report your results on our staff app.

Patients with incidental Covid-19

New guidance outlines how best to manage patients with Covid-19 in our hospitals, including those patients whose Covid-19 infection is not the primary reason for admission (known as incidental Covid).

The guidance includes updates on:

- admissions pathways
- bay and ward closures
- contact management
- good practice on wards open to admissions

- terminal cleans for ward/bay closures

The guidance can be read [here](#) or accessed via the 'IPC and Covid-19' tile on the intranet front page. It will continue to be reviewed and updated.

Changes to guidance for household contacts

If you live in the same house as someone who has Covid-19, or are a close contact of a friend or relative, you can now continue to work as normal if you do not have symptoms and feel well.

You **do not need** to have a PCR test in order to return to work and a formal risk assessment is **no longer** required. However managers should consider the area in which the colleague is

returning and ensure a risk-based approach to reduce contact with people who, in spite of vaccination, are at higher risk of serious illness from Covid-19.

You must continue to test twice weekly and report through the **gov.uk portal**.

Have symptoms? Take a lateral flow test and only return to work when you are feeling better. If positive, self isolate and repeat your LFT on day

5 and 6 if you are well, before returning to work.

Symptoms: Please be aware NHS England has updated the list of Covid-19 symptoms, which [can be viewed here](#).

Asymptomatic: Staff should continue to take LFTs twice a week. You can order your tests [here](#).

Our HR guidance is being updated to reflect this. Please keep an eye on the intranet.

“March winds and April showers bring forth May flowers...”



Dr Matt Thomas

This proverb about the promise of good to come after hardship is especially true now, centuries after its first reference in the *Canterbury Tales*.

March winds

There is much reason to reflect two years on from the first lockdown. The personal and professional sacrifices that have, and continue to be made, will feature heavy for some. But we should also remember the resourcefulness and commitment of all our staff and volunteers that have got us to this point.

And this could, in some ways, be the hardest struggle on our journey before we see the opportunities before us. Not because of increased illness in our Covid patients (vaccination has helped mute that) but because Covid absences combined with increased

infectivity and the disruptive nature of Covid pathways means that we are all (in my view) under as much pressure as any point previously. This has meant that morale is under pressure, again like no other point in the pandemic, and in no small way due to the relentless nature of life inside and outside the trust in the last two years. We all have lives outside that have been altered, some irrevocably. We are not just the UHD staff member in front of you.

It is at times such as this that we need to remember our compassion, for each other as well as our patients. I recognise this is easier to write than to do. When we are tired and stretched, we let our guard down and the wrong phrases can slip out all too easily. It takes effort to ensure we work together for our patients. I want us all to make that effort, to say the kind word instead of the sharp word. “How can I help?” is so much more powerful than “why are you doing that?”

And it is worth it. A patient reminded me of the power of a gentle touch and a kind word when listening to their story this week. They recounted to me the effect that a hand on the shoulder and meaningful communication had on them at the height of their illness. That power is equally present when talking to colleagues.

April showers

Many changes are happening regarding testing and infection control as I write, but most importantly the community numbers have started to turn downwards. If this continues, it means that our hospital numbers, and the disruption we feel, should start to ease as we go through April.

May flowers

As the weather improves and people tend to spend more time outdoors, respiratory viruses tend to diminish, so we can start to recover both ourselves (very important for us) and the system (important for our patients). Getting the balance right in that is key. My own view is there is no system recovery without personal recovery and I hope the wider NHS sees that.

We all recover in different ways but it is important we do recover. Some do it best by keeping busy, others by taking advantage of our beautiful locality. Yet more will be singing and dancing their way to recovery through the UHD show ‘Pandemonium’, and I hope many of you will be able to support them by attending and in turn support our charity.

It will need the resolve that you have all shown to get us up this last bit of the hill but by the time we do I hope the flowers will be blooming and the view will be better.

It's Pandemonium!

Our UHD Revue crew are working hard in rehearsals for our production of 'Pandemonium'. The show is by our staff, for our staff, and will be an evening of sketches, songs and laughter. This is a great opportunity for us all to come together with our colleagues, take a lighter look at life in the NHS and support our UHD Charity through ticket sales.

You can watch the show on 25 and 26 May at Talbot Heath School in the STEAM hub auditorium. Doors will open at 7pm, with the show starting at 7.30pm. Tickets cost £10 (plus booking fee) and include an interval drink during the show.



[You can buy tickets here.](#)

Tackling pressures at the front door

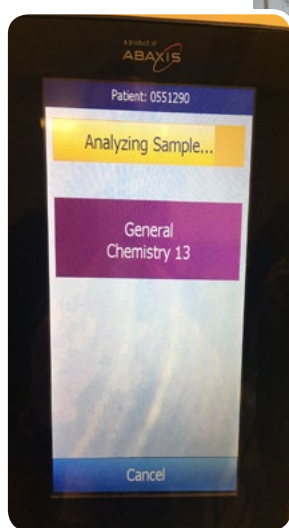
Our ED team at RBH have started a six week pilot to trial two different procedures to improve patient flow and pressure on the front door.

The team are trialling a clinical member of staff receiving patients at the door, whether they come in by ambulance or walk in. A range of clinicians of all grades, including junior doctors, ACPs, registrars and consultants, will be based at the entrance to look at all patients fairly. They will consider how unwell the patients are and begin their diagnosis sooner, or advise patients to get alternative care from an urgent treatment centre or GP.

Meanwhile a new 'point of care testing lab' with three new rapid blood test machines has also been set up in the emergency department. These machines - one of which returns blood

results in four minutes - can help inform a patient's pathway more quickly, reducing decision waiting times and improving the overall clinical pathway. Working closely with the team in our laboratories, it is hoped the results can reduce patient waiting time and ease pressure on the laboratory.

So far, the trial has been running for a few weeks and the teams have already identified multiple patients with different journeys this speedy process has helped. Well done!



Developing a civil and respectful culture at UHD

“Together we can support each other to understand and change uncivil behaviour...”

We should all come to work knowing we will be shown, and we will show, kindness, civility and respect to one another - this means being polite and respectful, showing esteem, care, and consideration for each other's dignity.

While we all aim to show these attitudes, working under extraordinary pressure can lead to uncivil behaviours. Stress, fear and anxiety can lead us to lose our tempers, be rude and say or do things we normally wouldn't. Within a clinical setting these behaviours can have a significant adverse impact on our own performance, the performance of our colleagues and our patient's health outcomes.

It's likely we have all experienced incivility in the workplace and it is also likely that most of us have shown uncivil behaviours towards our own colleagues when under pressure. None of us should want to cause our colleagues to feel upset or disrespected, so together we can support each other to understand and change uncivil behaviour, addressing the causes and results to create a productive outcome.

Our UHD culture is not to blame and punish when something goes wrong, but to learn from mistakes and ensure they are not repeated through constructive conversations, including in cases of incivility in our workplace.

We have launched new intranet pages where you can find:

- tools and workshops to help you have difficult conversations with colleagues
- help to resolve conflicts and build resilience
- support to report incidences of incivility
- an opportunity to thank colleagues if they've improved your working environment

These pages can be accessed on the A-Z of the UHD intranet under 'civility' or 'respect'.

We are
#TeamUHD

Congratulations to our education team!

Our education team has been shortlisted by the Student Nursing Times for the Student Placement of the Year Award.

Deputy head of education, Alice Girling, said: "We are so proud to have been able to support our students throughout the pandemic, and have been consistently amazed by their kindness,

compassion and courage. We hope this nomination also highlights to our current and future placement students that the education team is always here to look out for them."

The awards will be celebrated on 27 May in a live ceremony at the Grosvenor House Hotel, London.



“The biggest change in acute medicine at RBH in a decade...” SDEC and AMU together at RBH

Same day emergency care (SDEC) and the acute medical unit (AMU) are now co-located at RBH and a new patient pathway is in place with the hope of reducing hospital admission.

The pathway involves patients being ‘SDEC patients’ until proven otherwise when they first come into AMU. They will undergo a rapid assessment by a senior member of the acute medical team in the new assessment area and then either be admitted into AMU or through to SDEC. It’s anticipated this should result in more patients being treated in SDEC, with an ethos of “admission is the exception”.

The departments themselves are linked through a bay on AMU into the SDEC area, and the new trolley/chair assessment area - for up to five patients - allows greater flexibility in the management of the acute medical patients.

The new pathway will result in less pressure and requirement of inpatient beds, and will mean patients are assessed earlier in their journey, allowing them to be treated and cared for in the most appropriate environment.

Earlier assessment also means initial diagnostics can be arranged sooner which will contribute to a reduced length of stay, helping with bed flow.

Waits in ED and wait times for GP patients (currently waiting an hour in a waiting room without assessment) will also be reduced.

Mel Ivory, matron for the acute and ambulatory directorate, said: *“This is the biggest change in acute medicine at the RBH site in the last 10 years and will have a really positive impact on patients and hopefully the flow of patients coming in. We are really excited to see the changes take effect.*

“A huge thank you to everyone involved in the project who has helped build our vision and make it a reality. The input from staff has been incredible and I know their openness to new ways of working will make this new pathway a success.

“We hope to be able to direct stream from the ED front door from May 2022.”



UHD PAS is coming - are you ready?

Our single UHD Patient Administration System (PAS) is already rolling out in many areas across outpatient services in the trust. On 17 May UHD will have a fully-shared version of eCaMIS in operation in our hospitals, replacing the current separate systems. And there’s a new way to stay up-to-date with the latest need-to-know news, with the introduction of a

[weekly update newsletter](#).

The update is aimed at all staff, but especially useful for those whose roles currently involve the use of or dependence on PAS.

Benefits at a glance:

- allows the creation of single waiting lists at specialty level across all sites
- standardises waiting times across UHD

- offers improved patient choice about where they are seen
- more efficient booking processes, utilising just one PAS episode
- is an evolution of the PAS systems used currently
- makes more efficient use of our resources

Find out more on the intranet [here](#).

£500k investment in new Dorset Clinical Trials Unit

Our Dorset Clinical Trials Unit (DCTU) has officially opened at RBH, providing a dedicated space for patients to take part in life-changing research and an opportunity for you to develop your research skills.

Based within the trust's Dorset Clinical Research Centre, the DCTU was funded through a £500k Getting Building Fund awarded by the Dorset Local Enterprise Partnership and will support the development of research across the Dorset health system, helping to strengthen research evidence in priority areas of the National Institute for Health Research (NIHR).

A huge thank you to everyone who has helped get us to where we are now.

How does this benefit staff?

The creation of the DCTU brings the opportunity to both retain talented staff interested in developing their research careers locally, as well as attracting new research experienced staff who share an ambition to strengthen and grow research culture in the region.

What does this mean for patients?

Patients will be invited to take part in crucial research projects in a variety of ways; helping to inform the development of the unit; inputting into the design of research studies; taking part as participants the research studies and assisting in sharing the results in patient groups and forums.



Terry Levy,
R and D clinical director:

“ Covid has highlighted to the world the importance of medical research. Our DCTU will allow us to support research ideas from our local community that hopefully will lead to wider benefits for society.”

Nicki Lakeman,
lead research nurse:

“ This is an exciting era for research in Dorset. As well as creating a platform for local researchers to develop and explore their ideas, it opens the door for more people to become involved in this rewarding and important area.”

Joanna Samways,
lead research nurse:

“ Evidence shows clinically research-active hospitals have better patient care outcomes and we look forward to delivering even more clinical research at UHD in the future.”

Network news

We are #TeamUHD

Black, Asian and Minority Ethnic network - Celebrating Ramadan

This month is Ramadan, which for our Muslim community is a time for prayer, spiritual reflection, and meals with extended family and friends to break daily fasts.

Your colleagues and patients may be participating in daily fasting during Ramadan, starting at sunrise and finishing at sunset over April. This means abstaining from food, drink (including water) and smoking. While fasting is an important part of Ramadan, it is also a time of self-reflection and self-evaluation for Muslims.

Our chaplaincy team said: *“During Ramadan the hospital prayer spaces will be open as usual for prayer, and you can call us via the switchboard. The chaplaincy service offers our Muslim colleagues a happy and peaceful Ramadan.”*

Ramadan will finish on Sunday 1 May, concluding with the community celebration of Eid-UI-Fitr. If you have any questions, please contact our chaplains, human resources, or our BAME network. More information is [available on the intranet](#).



LGBTQ+

Rainbow badges - it's time for phase two

Did you know that 23% of LGBT people have witnessed anti-LGBT remarks made by healthcare staff, and almost a quarter of healthcare staff have witnessed colleagues behaving in a way that could be considered homo, bi or trans-phobic?

At UHD, our core values include being inclusive and diverse, and we are one of 150 trusts who are enrolled in the rainbow badge scheme.

We're now moving into phase two of the programme, commissioned by NHS England. This allows us to be assessed and accredited for our commitment to reducing the barriers and showing work we have already undertaken to support the LGBTQ+ community.

Part of the second phase is a staff survey. We want to hear about your views and experiences working at this trust so we can create a better and more inclusive healthcare setting for all LGBTQ+ colleagues and patients. Please fill out this anonymous five-minute [survey](#) to share your experiences



We are Veteran Aware

We have been named a Veteran Aware Trust, in recognition of our commitment to improving NHS care for veterans, reservists, members of the armed forces and their families. The accreditation, from the Veterans Covenant Healthcare Alliance, acknowledges our commitment to a number of key pledges, including:

- Ensuring that the armed forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant.
- Training relevant staff on veteran specific culture or needs.
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims.
- Supporting the armed forces as an employee.



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

ProAbility Network

The ProAbility Network will be supporting Deaf Awareness Week from 2-8 May. Information and resources are available [here](#) including free online training with We Support Deaf Awareness.



Pro Ability network

European Network

The network has information on its [intranet pages](#) to help you apply for the EU Settlement Scheme. Although the deadline has passed there are still options to be able to apply. The local Citizens Advice Bureau has a dedicated team who can help with applications and give advice.

★★★★★ **EU Network**

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

Patient information needs you

You come to an appointment and are told you need a procedure. You forget to ask questions, you hear someone mention next steps but your mind can only focus on how you will get the time off work. You go home, have a cup of tea and finally start to feel a bit calmer. You open the information leaflet you were handed and start to read...

The patient information we produce has the ability to profoundly affect how our patients feel, how involved they are in their care, and how efficiently our services run. High quality, consistent, evidence based information is vital and after an interim process that has seen us through the pandemic and merger, we are looking to reinstate our accreditation and put a robust system in place.

As part of this, we need volunteers from every department and specialty of our trust to join our leaflet review panel. People who are passionate about supporting our patients, able to imagine how patients may feel reading our leaflets, and who are confident asking questions and giving feedback.

Julie Dowdney, head orthoptist, has been involved in reviewing leaflets for several years. She said: *"I love being part of the leaflet review panel and being involved with patient information generally. I work here in the Eye Unit, but through my involvement I have made strong connections with colleagues across our trust, as well as learning so much about the services and procedures we offer patients. It's both an interesting and important role and it quickly becomes clear just how much of an impact outstanding patient information can have on our patients, their families and friends."*



Jenny House, safeguarding lead, added: *"It's so important to put our patients at the heart of all we do and a commitment to excellent patient information is part of that. If we get our patient information right we can reduce anxiety, improve access to knowledge and be alongside our patients in their care and recovery whether they are here in our hospitals or at home."*

If you would like to find out more about what being on the panel involves, or would like to register your interest, please email lucy.thomas@uhd.nhs.uk. To find out more about the process our patient information goes through, or if you are interested in creating new leaflets for your own area, please head to the patient information page on the intranet, which can be found under 'p' on the A-Z.



Understanding Fibromyalgia

Wednesday 27 April at 5.30pm

Darren Cains, senior physiotherapist, and rheumatology practitioner, and Caroline Wood, occupational therapist at UHD, will talk about what fibromyalgia is and some of the symptoms that can be experienced as well as some of the self-help treatments.

The free event will run via Microsoft Teams and is open to everyone - access the link on the events page of the UHD website. A recording of the talks will also be available after the event, just search 'library' at www.uhd.nhs.uk. The library is ever-growing and includes talks on a range of health issues, including last month's Understanding Prostate Cancer talk.



Frailty eLearning

You can now access the 'Frailty eLearning for excellence in frailty identification, assessment and personalised care (Tier1)' in the BEAT catalogue. The education programme is compliant with the 'Frailty, A framework of core capabilities' (2018) and has been funded through Health Education England's Urgent and Emergency Care Workforce Collaborative for London. The eLearning also compliments the Tier 3 British Geriatrics Society capabilities and skills.

Ask Aly

Join us at 1pm on 21 April for Ask Aly, hosted by our chief medical officer, Dr Alyson O'Donnell. It's a great opportunity to ask questions, raise concerns or share your views. You can join the meeting [here](#) and if you'd like to send any questions in advance, pop them through to communications@uhd.nhs.uk and we can ask on your behalf.

Easter services in our prayer spaces

Our prayer spaces will continue to be available for quiet contemplation throughout the Christian Holy Week. On Good Friday the spaces will be open for quiet prayer and on Easter Sunday, Poole (at 10am) and RBH (at 2.30pm) will have an Easter worship service open to all staff.

Join our app community:

University Hospitals Dorset NHS Foundation Trust
@UHD
app for staff

8117
users to date

443 of you
downloaded the
app in March!

occupational health

noun:

the study or activity of trying to prevent people becoming ill because of their job

hospital occupational health:

a dedicated team of nurses, physiotherapists, counsellors and wellbeing advisors who play a vital role in supporting us so we can support our patients

“The ever impressive and diverse workforce in the NHS continually inspires and motivates me...”

The pandemic shone a very worthy spotlight on our occupational health team, who worked tirelessly to support Team UHD through unprecedented pressures, and continue to do so every day. *The Brief* meets Jenni and Michelle from Team OH to find out more...

“The NHS has always been a difficult and challenging place to work so our work has always been busy. Covid has simply changed the way we work and changed the work coming in,” explains Jenni Fancy, senior occupational health nurse advisor.

Jenni has been in the team for two years and in the field for 15. Her role, and that of the team, is to look after and protect the health of trust employees and support them when their health and wellbeing is affecting their work, or vice versa.

“Together with musculoskeletal issues, stress is the main reason someone will be referred to us. We’re seeing more significant stress than before, exacerbated by the pandemic.”

“With Covid, we couldn’t get rid of the stressor that was causing the issues, but we could give people the tools to manage their resilience,” she adds.

The team also supports new staff joining the trust, in particular junior doctors on rotation and our overseas workforce.

“I love looking after the overseas staff, checking in with them when they have their immunisations etc. but also how seeing how they are,” says occupational health nurse Michelle Elliott.

Michelle joined the team in September having been in the trust since 1999 as a HCA and then a nurse.

“I’ve always had this passion for the staff I’ve worked with, looking out for them. Ultimately I believe you need to look after the staff because they’re the

ones who will then go and look after the patients.”

Jenni agrees:

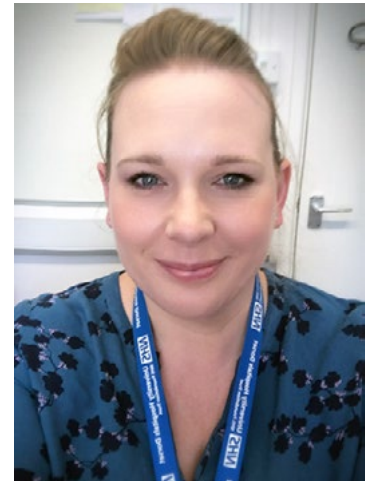
“Occupational health is such a rewarding job. Being able to support the staff and making them safe and effective means patients get the care they deserve.”

“Working in OH means that you can support other people to work in a challenging environment but give them the tools they need. There are things in place we can offer to support staff, and we also have access to the wellbeing team for psychological support. The offer of support from external places is also really large and there are lots of avenues we can dip in to.”

“The NHS is a rich community...”

“For me, the draw to this job is the diversity of what we are offering, being able to understand so many different roles and jobs. With the NHS, it’s been my home. I started my career at 16 in medical records and have always felt drawn back to the NHS.”

“It’s a national team,” adds Michelle. *“Yes we work in different departments but you’ve got everyone together, from housekeepers to consultants. There’s a good sense in that, it’s a good feeling. It’s a rich community. The NHS is built on a very good sound structure and it’s good to be part of something you’re proud of.”*



▲ Jenni Fancy, senior occupational health nurse advisor



▲ Michelle Elliott, occupational health nurse



Let's get social

Our social media channels have had a spring in their step this March - the month we saw our Twitter followers top 10,000!

Our Twitter posts were viewed over 169,000 times, while over on Facebook our posts were read over 272,632 times. Some 1,121 people interacted with our content on Instagram and our YouTube videos received 28,200 views.

f On Facebook our celebration of Jackie's 40 years of service in UHD's maternity team reached more than 9,200 people. Jackie has worked as a midwife, safeguarding lead and since retirement, as a maternity receptionist. More than 120 people left comments celebrating Jackie's work.



t Our top Tweet received 171 likes and 15,217 impressions, as we said a very fond farewell to our chief executive, Debbie Fleming. In the post we thanked Debbie for her contribution to the NHS on behalf of #TeamUHD and colleagues across Dorset.

ig 1,366 people saw our Instagram post introducing Mitch, a member of our portering team. Some 122 people liked the post, where Mitch explained more about his role, and what day to day life is like for a porter at UHD.



YouTube

1,564 people watched our most recent YouTube videos in March, with 598 people tuning in to listen to Mary and Jacqui from our gynaecology team raising awareness of the signs and symptoms of ovarian cancer during Ovarian Cancer Awareness Month.



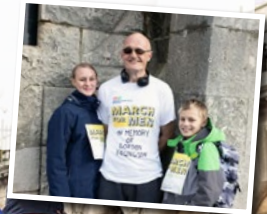
Have some good news you would like to share?
Get in touch with the communications team on
communications@uhd.nhs.uk

March for Men success

Our University Hospitals Dorset NHS Charity was joined by 200 supporters and their friends and family for March for Men 2022. The fantastic event, which was opened with live music from the brilliant Samba Panache, saw participants complete a sponsored run or walk along the Bournemouth seafront, raising a fantastic £8,000 so far.

Each year our hospitals treat thousands of men for a whole range of health conditions, including prostate, bladder, or testicular cancer.

Tommy Johnston, co-lead of the urology department, said: *“We are very grateful for the charitable donations we have received through March for Men over the years. Their support has enabled us to introduce a range of new procedures and techniques which have improved the diagnostic accuracy and treatment efficacy of common conditions affecting men’s health. Thank you to everyone who took part.”*



Here come the girls!

Our Twilight Walk for Women’s Health is back in person and brighter than ever.

Join the charity from 7pm on Friday 6 May and dazzle in your most sparkly outfit as you walk or run 5km through Harbourside Park, Poole, starting at Baiter recreation ground.

Thousands of women in our community are living with serious breast or gynaecological health concerns. Whoever they are, every one of our women’s health patients rely on the care provided at our hospitals. So, we are once again asking Dorset to walk with us for every woman in our community.

Since 2013, our amazing Twilight Walk participants have raised over £150,000 for breast and gynaecological projects. This year we hope to build on that success and continue to raise money for new state-of-the-art equipment.

Entry tickets are £15 for adults and £8 for children (under 5s go free) - and adults will receive their very own Twilight Walk t-shirt.



To sign up visit
[UHDcharity.org](https://www.UHDcharity.org) or call 0300 019 4060/8449.

If you are interested in finding out more about how you can support the charity:

Follow @UHDCharity on  Facebook  Instagram and  Twitter Visit [UHDcharity.org](https://www.UHDcharity.org), or contact the office on 0300 019 4060/8449

Transformation update

Time to 'BRAG'

Welcome to the first of our monthly updates from our Benefits Realisation Assurance Group (BRAG), where we review the many achievements of our wonderful teams since merger in October 2020. I hope you find these examples of interest!

Dr Ruth Williamson,
deputy chief medical officer and BRAG chair

Leading the way with the Dorset Care Record



Nearly two thirds of overall usage of the DCR was from our practitioners with 49,131 records accessed by over 1,300 staff during March. By sharing data we're improving the patient pathway - avoiding duplication and simplifying the clarification of medications.

Single Sign On (SSO)

More than 7,000 of us are now live with SSO, which means that logins and passwords are now automated. Around 50,000 login events per day are now automated and all enrolled users have access to their password vault on any device. The time saved can be channelled back into direct care for our patients.

Sharing bed capacity across sites

Our operations team are daily balancing bed capacity between sites to give patients the most appropriate bed available, especially while we are under pressure.

Harmonised security response

We are on course to gaining the Community Safety Accreditation Scheme standard, improving the response to patients needing support from our security services.



Reducing, reusing, and recycling computer equipment

As a result of thinking differently about how we replace our kit, we have reduced waste and cost (the latter giving us back c.£75k - that's two nurses!).

Improvements in child health

Our teams have reduced waits for screening in the school age neurodevelopment service from 17 to four weeks, for a school age child that is more than a term's difference.

Workforce working as one

Our resourcing teams, based in Yeomans House, have successfully integrated and are dealing with up to 2,000 job applications per month - supporting more than 1,000 new starters since merger.



If there is something you want to 'BRAG' about in our next update, please get in touch with Helen Rushforth, head of productivity and efficiency, at helen.rushforth@uhd.nhs.uk

Refreshing the estates masterplan for UHD

Our refreshed masterplan reflects the significant changes to the environment we operate in, includes our green travel plan to reduce traffic and improve lifestyles, and plots the future for the next five years.

- **Poole:** Significant internal refurbishments of wards, theatres and facilities, and removal of large amounts of

backlog maintenance - this creates the planned and community hospital hub.

- **RBH:** A new build ward and theatre block, significant internal refurbishments, creation of a link road to the Wessex Way - this creates the major emergency hospital.
- **Christchurch:** Creation of the new Macmillan Unit, which

then releases land to expand the affordable senior living and community hub facilities on site.

You can read the masterplan document on the intranet.

Watch out for a range of staff and public engagement events where we plan to share our plans over the next months.



Alyson's Blog

Alyson O'Donnell, chief medical officer

Yet again this morning I have found myself not quite appropriately dressed for the weather. There is definitely a disconnect between my brain believing what my eyes are seeing and what the little weather station on my window sill is telling me. I only realised I had completely messed it up when I saw everyone else in coats and gloves and me in bare legs and a little jumper. Perhaps it is that real drive to think that spring is here and warmer brighter times are ahead in more ways in one. Note to self, pay more attention to outside temperature rather than the colour of the sky - blue extremities are not attractive to anyone.

I know things feel a bit like that in our hospitals too. We keep thinking there is hope on the horizon - which there is - but the horizon keeps moving. There is a lot of Covid in the community and, as we are all members of

our community, there are a lot of staff affected. It is another reminder to keep ourselves and our families safe and to protect those who are extremely vulnerable and still open to significant illness. It also makes it so difficult when the background activity in our hospitals is so high. I would like to thank all of you for your caring and flexibility in helping us to provide good care for patients in such difficult circumstances. It makes me intensely proud to work with such amazing #TeamUHD people, but I know you are really getting tired. I feel like I've said this a lot but it does look like we will be turning the corner in the next week or two and I have everything crossed that this is the case.

Meanwhile we continue to watch what is happening in the wider world. The response of the UK people to what is happening in

Ukraine has been amazing with people not only opening their hearts but their homes to those needing shelter. I continue to hear wonderful stories of our own staff's effort despite all of the above. As an executive team we really want to know what we can do to support you, as much of the 'health offer' is managed centrally.

Once again I am struck by the small moments which bring things home. My father was at the liberation of Bergen-Belsen concentration camp on 17 April 1945 and the human connection of realising he might just have met Boris Romanchenko who was killed in shelling aged 96 years really rocked me. The kindness of strangers and a little girl singing 'Let it go' in a bomb shelter reminds us that we are all human. Nothing is more important than that in these really difficult times. So I will remind myself to be kind, take care of others and above all be human even when it's tough. Take care of each other and yourselves.

Alyson

Improving your feedback skills

Our organisational development team is running virtual feedback skills workshops to help provide you with the skills, knowledge and motivation to give positive and developmental feedback. Participants will be able to define what positive and developmental feedback is, explain the importance, understand their role in providing feedback to others and be able to identify and work through the barriers they may face while doing so.

These workshops are suitable for staff who either manage or help develop others. Book your place [here](#).

We launched our first workshop in March as a pilot and have had some great feedback:

"All the reflection activities and models in the workbook were very helpful. Hearing people's experiences and thoughts/feelings was also very illuminating and (at times) validating!"

"Going forwards I will prepare my feedback according to one of the appropriate models until it becomes second nature to present my feedback in such a way. I'll also make sure I'm more active in asking for feedback."

Best foot forward this April

Walking to Work Day this month is a chance to change up your routine and add a little more time to it. For many people, the journey to and from work are the bookends of the day. Of course walking isn't just great for physical and emotional health, it is also great for our planet. If we all spent one day without our car, less air pollutants would be emitted into the air, causing and contributing to problems like asthma.



Better physical fitness

If you walk fast enough to raise your heart rate, temperature and breathing, you can still reap the same rewards as a run on a treadmill.

Fewer health issues

A walk to work and back can strengthen your heart, and reduce your risk of high blood pressure.

More time to yourself

Download an audiobook, podcast or listen to your favourite band to stimulate multiple parts of your brain as you walk.

Lower stress levels

Fresh air and gentle exercise can help us feel less stressed and able to concentrate better.

Save money

The fare you would usually put aside for transport over time will slowly add up! UHD is also part of the cycling to work scheme, why not put that spare money towards a brand new bike?

Wellbeing update - improving our rest spaces

Our 'improving staff experience' team has been hard at work this month planning for the delivery of more enhancements and initiatives across UHD to improve our wellbeing. In the coming months,

they will be holding an audit of our current staff rest areas, identifying where improvements need to be made and how we can make these spaces better for our teams to relax in during your shifts.

AHP workforce project: The lowdown

Workforce planning ensures that people with the right skills, competencies and behaviours are able to meet patient needs both now and in the future...

What?

The Strategic Allied Health Professionals Workforce Project, supported by Health Education England, ran from October 2021 to March 2022. It looked at retention and support for students, newly qualified workforce and early careers, supporting return to practice, international recruitment, apprenticeships, AHP support workforce, finance, and workforce data and intelligence.

Who?

Amanda Weaver, Chris Efford, Karolina Cryer and Sam Jacobs, supported by Dr Deborah Lane, associate director of AHPs and HCS.

Benefits and progress to date?

- Increased communication, engagement and representation of AHP groups within the trust.
- All AHP student activity now recorded via 'ScheduleIt' in BEAT to ensure accurate HEE Tariff funding.
- AHP Tariff funding and AHP learner support identified with further proposals planned, including BEAT practice educator for AHPs.
- Dorset AHP return to practice website and publications launched, supporting eight applicants so far.

- Guides produced to support AHP international recruitment.
- AHP apprenticeship guide produced and increased numbers of offers for AHP apprenticeship courses, including diagnostic radiography and operating department practitioners.
- AHP support worker questionnaire, training gap analysis and workforce profile completed.

So what's next?

- Profession/department specific workforce planning
- Electronic job planning
- AHP safer staffing
- Launch of AHP preceptorship
- Launch of the AHP support worker skills passport
- A new AHP support worker forum

For further information please contact **deborah.lane@uhd.nhs.uk** and see the [AHP intranet pages](#)





Let's talk about IT

Do you have your speech recognition licence?

We have purchased about 800 Dragon Medical One (speech recognition) and Winscribe mobile licences, as well as additional typist licences and a small number of microphones.

The benefits we hope this will bring include:

- removal of time for typing
- admin overtime

- reduction in outsourced typing
- increased productivity
- faster turnaround time for GPs to receive the letters

Request your licence via the IT Service desk with 'Dragon Medical One licences for applications support' as the subject. If a member of staff

leaves, please let us know so we can reallocate the licence.

The microphones will be allocated on a first come first served basis. Further devices can be ordered via the equipment request form on the service desk.

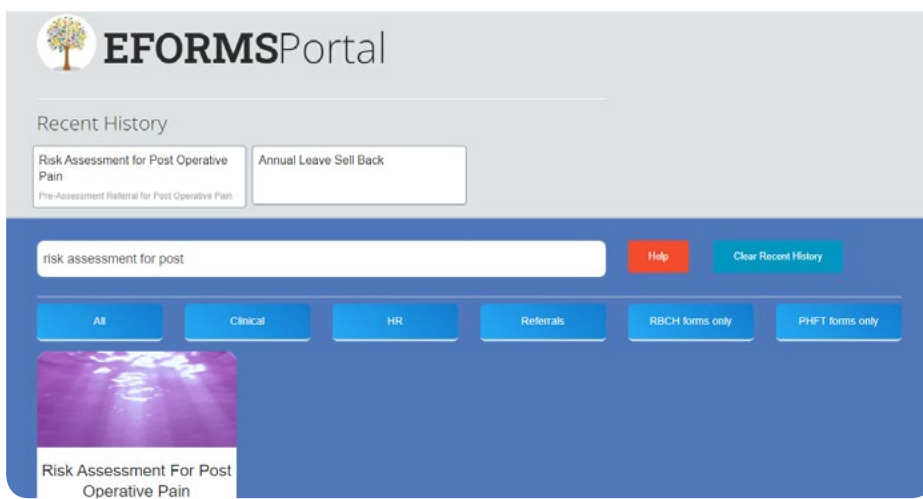
If any directorate would like to be more involved in looking at the benefits, contact **Helen Rushforth**.

Risk assessment form speeds up referrals

Our pre-operative CBT service team and eForms and automation development team had recently implemented the new risk assessment for post-operative pain form, which can be found on the eForms portal.

The pre-op team offers one-to-one preoperative cognitive behavioural therapy to patients who are worried or anxious about their forthcoming surgery. The new form will enable the team to assess if their patients will need help with pain management post operatively.

Research nurse, Debbie Branney, said: *"The eForm makes the referral process much easier, as we previously had to collect paper versions of the forms from each department. Mandy from the team has even embedded a link in the form, allowing the practitioner to print out the patient information leaflet, so it can be given to the patient at the time of their appointment."*



Updating our clinic letter eForms

We want to improve the process of how outpatient clinic letters are created and sent to GPs and patients.

Currently the majority of the clinic letters are produced by staff on the eCaMIS module of clinical support system. However, clinicians are increasingly using a variety of electronic and eForms to create clinic letters. The old system also makes it difficult to send letters to GPs electronically for the same reasons. We therefore want to develop electronic clinic templates in EPR which can capture and send out clinic letters.

To ensure we get the design right, share your feedback [here](#).