

The Brief

November 2022



Step inside Christchurch

See
more on
page 10



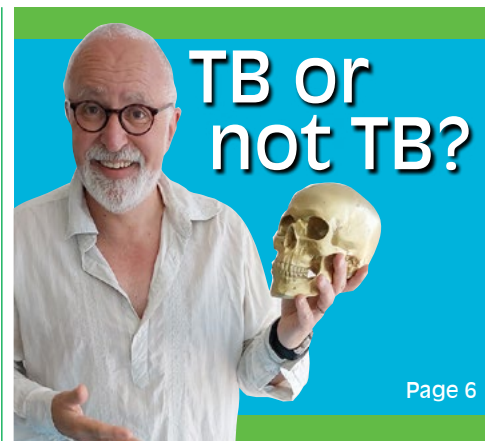
OUT OF AFRICA!

Page 26



#NHSpound Save

Page 8



TB or not TB?

Page 6

Your University Hospitals Dorset

An update from chief executive, Siobhan Harrington



Our hospitals have been under sustained pressure all summer, so it can be hard to think what we can do more as we prepare for winter. I know how tired many of you are after the year we have had and I thank you for all the work done to help care for our patients and for each other.

The NHS nationally is expanding plans to manage pressure this winter and asking local systems to implement additional measures to expand capacity, improve ambulance handovers, minimise hospital admissions and discharge delays, and maintain elective activity. I highlighted in the last edition of *The Brief* we are also launching our Patient First programme to help empower you to make positive, sustainable change happen.

I attended a national CEO meeting during the month given by NHS England where there was acknowledgement of how challenging winter will be and to continue our focus on patient safety and staff wellbeing.

We're ensuring that this focus is maintained during our current planning for winter and ensuring we offer additional support to you wherever possible.

One of the biggest issues we are still facing is the high number of patients we have across our hospitals who are medically ready to leave but can't because there isn't suitable support in the community. We are working locally alongside the national 'When am I going home?' campaign from NHS England that aims to reduce the length of time long-stay patients spend in hospital. Evidence

shows it's much better for a patient's physical and mental wellbeing to leave hospital as soon as they are able. Thanks to all colleagues who have been involved in continuing our work to improve flow focusing on board rounds and discharge.

Last month we were visited by the CQC to both our Poole and RBH sites. One consistent message we received from all the areas visited was the commitment of our dedicated staff. The approach stood out to the inspectors and I was so proud you were recognised for going above and beyond what was expected. They also recognised that the resiliency of our staff was low, this was not unexpected, but we're working hard to put in place as much support as we can. We are still awaiting the full report from the visit, but we were pleased with the opportunity to talk to them about how we can make improvements for you and our patients.

October was also Black History Month. As part of this celebration, I was pleased to welcome Yvonne Cogill, previously director of the Workforce Race Equality Standard Implementation in NHS England and deputy president of the RCN, virtually to UHD. She hosted a live Teams event focusing on compassionate leadership, authentic allyship, speaking up and changing attitudes. Listening to colleagues, we still have a lot of work to do to ensure that nobody faces discrimination, abuse or even violence. One thing that struck me was the official reports we receive of racial abuse are much

lower than anecdotal reports so I would encourage everyone to report incidents so we can build up a better picture of any issues. I would also encourage all managers to do all they can to deal with any incidents, to call out unacceptable behaviour and to report it as well. This can be done by our Lern form from the homepage of our intranet.

We need to do all we can to care for each other and this will also mean that we can better care for our patients.

Please do have a look at the staff wellbeing offers we have on page 20. I know that many of you are worried about money over winter and paying bills so please do look at our pages on our intranet with advice and support.

The other thing that will make a huge difference this winter is if as many of us as possible have both the Covid and flu vaccines to help protect our patients, our colleagues and our families. You can now book for further clinics and of course you can get your vaccines elsewhere which may be more convenient for you - but if you do, I would urge you to ensure you update our records so that we can keep an eye on the total figures. Details of all this are included on page 7.

I have been glad to have the opportunity to tour many areas across our hospitals to hear from you about how you are feeling and what we can do better to help support you in your roles. Thanks to everyone who has been so open with me. However, we are a substantial organisation with 10,000 staff, so it is really important to get an accurate

as possible picture of what it is like to work here and what we could do to improve. The best way to do this is if everyone completes the Staff Survey. I appreciate how busy everyone is but would encourage managers to make it as easy as possible for colleagues to do this. It really does only take 20 minutes or so, it is definitely anonymous, and the results are really listened to and acted upon, so if you haven't done it, please do try to before 25 November.

Another way you can get involved and make a difference is by becoming a staff governor. These are really important posts - staff governors work with our public governors in many ways, including taking an active part in committees, which give the opportunity to bring staff experience to the attention of others and really influence what we do in UHD. Further details on page 23.

Finally, I believe this is going to be a difficult winter, but if we focus on what we can do together and how we can support each other, I believe we will be able to get through anything. In October alone we saw 36,372 patients in our outpatients department and an additional 7,790 virtually. We carried out 1,267 day-case procedures, supported the birth of 342 babies, attended 13,572 patients in ED and started 211 new patients on their radiotherapy journey. I am very proud of all of you for this achievement and thank you for your hard work and resilience after such a challenging few months.

Thank you for everything you are doing.

Thank you

Siobhan

You said...

As part of her October all staff briefing, Siobhan asked: What more can we be doing to support colleagues during the winter?

Our executive team has been working through your feedback...

Cost of living

- Keep the canteens/coffee shops open out of main hours.
- Ensure our staff have a hot meal every day while working.
- Offer reduced hot breakfast during winter.
- Make sure staff have access to a fridge so they can make their own food and drinks.
- Free fruit and veg for staff.



Mark Mould
Chief operating officer

▶ Mark says:

“We’ve been working really hard on a winter wellbeing plan to support our staff during these really challenging times. We’ve got a number of substantial discounts on hot food and drink - all the details are on page 20 so please share with your teams. A discounted fruit and veg stall will also run weekly from Poole and RBH.”

Patient flow

- Create or increase a home from hospital team.
- Use our volunteers to help ease some pressures.
- Those with clinical frailty score 8 or 9 should not come to acute hospital and should be managed in community. Those with frailty score 7 should only very occasionally be managed in hospital.

▶ Mark says:

“These are all good ideas and we are considering all options to help ease what we know will be a challenging winter. We have a well-established winter plan and are working closely with our ICS partners on a number of schemes, including the expansion of our discharge teams on the wards and increasing same day emergency care across specialities and sites. You can read more on page 7.

“We’ve recently appointed four discharge facilitators and are re-advertising for more. We’re also looking at how best to use our pool of volunteers as well as staff volunteers over the winter period.”

Work management

- Align IT support working cross site. It's a nightmare accessing department files as well as personal ones if working at both sites.

Wellbeing

- A mutual understanding that it isn't just frontline staff who are under pressure. It doesn't feel 'caring' being spoken to in an incredibly rude manner with the expectation this is acceptable because they're under pressure.
- Check on people to see how they're doing. Help everyone to feel valued. Help all teams to feel supported.
- Exit interviews to understand why staff actually leave.



Deb Matthews
Director of organisational development

▶ Deb says:

"Being polite and courteous to others are at the heart of our values at UHD. At times like this, when the pressures on us seem unrelenting, it's more important than ever to be civil, kind and respectful. How we treat each other, the smallest gesture in a fleeting moment, can have a positive or detrimental impact on our colleagues and how they experience their day at work."



Karen Allman
Chief people officer

▶ Karen says:

"We are very keen to understand your experience of working in the trust and your reason for leaving. Comments help us to highlight any areas of concern in order to put appropriate action into place to improve the working lives of our staff. As such, we will be launching a new leavers process very soon, so keep an eye on *The Brief* and the *Staff Bulletin*."



Peter Gill
Chief informatics and IT officer

▶ Peter says:

"Currently most devices are connected to one of two domains, XPOOLE or XRBCH. We need to migrate to a new UHD domain which will make cross site working seamless. The migration process takes less than an hour and no data will be affected. All new users and devices are now created directly in the UHD domain too and we will be targeting non clinical areas during December and January. In February we will start to migrate clinical areas."

"All departments will be contacted with the provisional dates for the migration - if you want to be prioritised, send a request to uhddomain@uhd.nhs.uk."

Leadership

- Senior leaders as volunteers.
- Senior leaders on the shop floor as support staff.

▶ Peter says:

"I've volunteered on and off now for 10 years having trained as a voluntary meal time companion in 2012. I love it. I find it very helpful/uplifting in so many ways - it helps me to understand ward life, make new friends, feel like I am making a real contribution (on days where I sometimes feel like I am making no headway in my role). It anchors me to the real world of the hospital. I am always so humbled and impressed with the care and compassion that is all around. I wish I could do more and one day in the long distance it may be my next role"



Dr Ruth Williamson
Acting chief medical officer

▶ Ruth says:

"Having visited ward 14 last week, I had a chance to see how skilled some of our support workers are. Invite me to your ward or area, show me what you need and how to do it and I'll roll up my sleeves."

New emergency calls

We have now replaced our emergency paging system across UHD.

Dr Matt Thomas, deputy chief medical officer, said: *“Paging is still the best way to reach people reliably in emergency situations. Our new emergency pagers are modern and the system will be much more resilient. Not only that, but we now have a clear structure for emergency calls for UHD - so that calls and responses are the same whichever site you are on.”*

Please familiarise yourselves with the new call structure, which is now live. Laminated posters and ID badge cards have been distributed to wards, but if you require any more of these please contact Dan Richter.

We wanted the new calls to be simple to understand and remember, and easy to distinguish which call to make. Please don't worry about making a call and getting it wrong though. We will seek to educate staff who genuinely put out the wrong type of call. And calls will be managed dynamically, so can always be upgraded or downgraded where appropriate.

We know it can be hard to keep composed in an emergency situation. But help will arrive quicker if you do two simple things:

1 Use the full name of the team and location
 e.g. • Bournemouth clinical assistance team to eye outpatients
 • Poole security, missing patient, Ward B4

2 Wait for confirmation by the operator - don't just hang up!

FAQS:

Q: Why is it not a cardiac arrest call any more at Bournemouth?

A: Because if someone's condition is so serious that it is imminently life-threatening, a single clinical emergency response is more focused and timely. We have a 'medical emergency' call which is for cardiac arrests or similar level emergencies, and if someone calls Switchboard mistakenly asking for the cardiac arrest team we will ensure they are given the medical emergency team.

Q: What is the boundary of the internal emergency calls?

A: You can make **2222** calls for any incident within the hospital site boundaries. All emergencies are managed dynamically and the responders may decide it is expedient to call **999**, for example to safely transport someone who is immobile in a car park.

Q: What if I am on site but can't get to an internal phone?

A: It is always preferable to call from an internal phone if you can, because this is routed quicker through the Switchboard as a priority call. Calls will still go through if you dial the whole number from a mobile if you genuinely cannot get to an internal phone. You could put **0300 019 2222** into your mobile phone and store as a contact.

If you have any further questions email dan.richter@uhd.nhs.uk



TB OR NOT TB?

This month we launch our TB or Not TB? campaign, and everyone can play a part.

TB did not die out in the 19th century. In fact, it is the world's all-time largest cause of death from an infectious disease.

But crucially it is preventable and curable and we all have a role in spotting the symptoms, helping people access treatment quickly, and stamping out the stigma.

After all, one-quarter of the world's population is infected with latent TB - it's an illness any one of us, or our patients, could have. And we can stop the spread.

So throughout the month, look out for messages from your colleagues across our UHD social media - we're even taking to TikTok! And keep an eye out for screensavers and posters in key clinical areas as well as our new TB pages on the intranet.

It doesn't stop in November though - we've sliced our campaign into three parts:

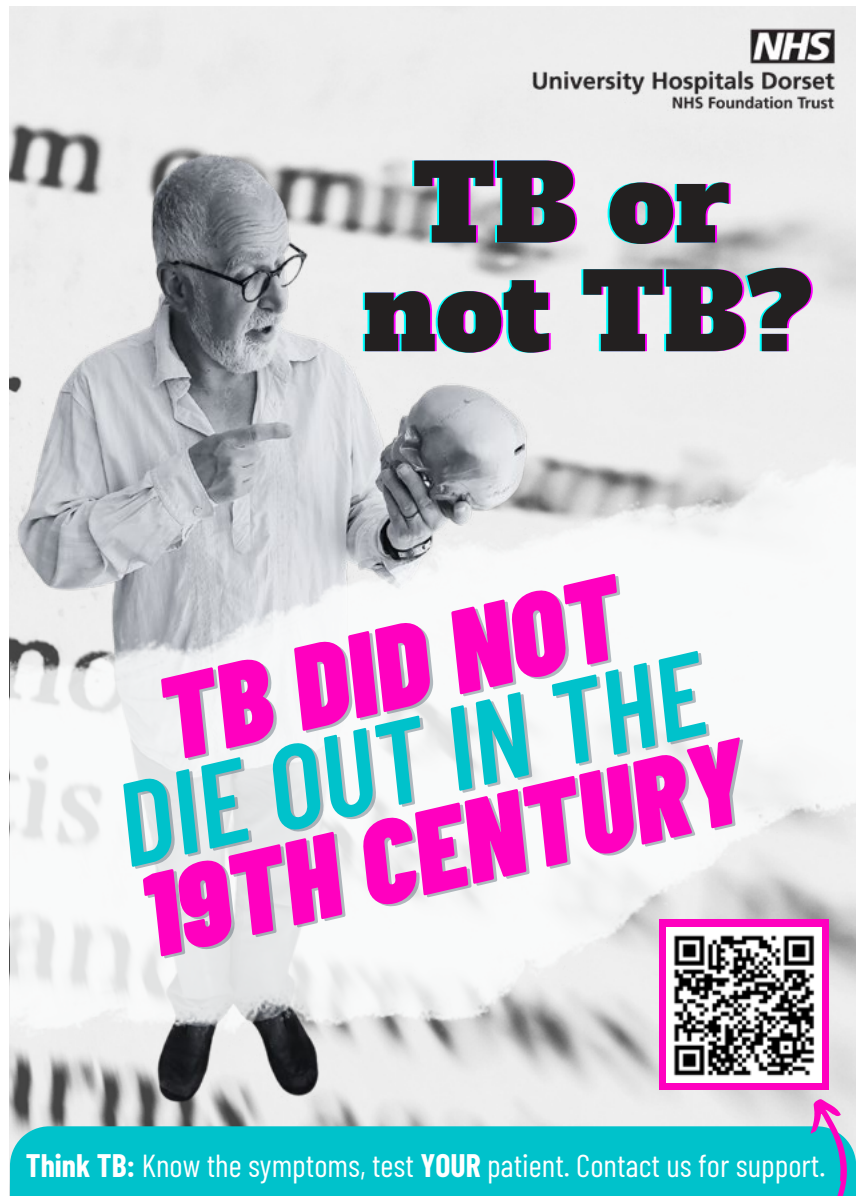
Stage one: Team UHD, meet TB. Let's know the symptoms, identify the at-risk groups and request appropriate investigations. We have a TB team - they are awesome and can help you.

Stage two: Time to take the messages to primary and secondary care across Dorset and beyond... let's cut investigation delays!

Stage three: Let's help the high-risk communities so they know the signs and symptoms of active TB and how to access investigations.

Symptoms:


- cough for three weeks or more
- weight loss
- fevers or night sweats
- tiredness and fatigue
- loss of appetite
- swollen lymph nodes



NHS
University Hospitals Dorset
NHS Foundation Trust

TB or not TB?

TB DID NOT DIE OUT IN THE 19TH CENTURY



Think TB: Know the symptoms, test **YOUR** patient. Contact us for support.

Fast facts:

- TB is usually spread when people with TB in their lungs cough, sneeze or spit.
- Only 5-15% of those infected with latent TB will fall ill with active TB.
- Latent TB is not infectious and has no symptoms but can activate at any stage in our lives causing serious disease and spread TB bacteria to others.
- TB rates in the UK are highest among those born overseas.

So join the movement and email us at tb@uhd.nhs.uk to see how we can support you.

Winter is coming ...



Our annual winter plan sets out how the trust will prepare and organise itself to meet the challenges of increased activity and seasonal illnesses in the months ahead.

Our plan for 22/23 takes account of this summer being one of the busiest and most challenging on record for the NHS and for UHD. The plan has been updated to reflect the impact that illnesses like Covid-19 and flu may have on our communities, patients and teams, as well as wider health and social care system pressures.

This may mean that while demand for our services is expected to increase, our capacity to care for patients will stay the same, or reduce, without taking the actions outlined in the plan.

The plan's purpose is to promote patient safety, by providing care

in safe environments, to as many patients as possible. It also aims to promote good flow - our ability for patients to move through the hospital system from arrival to discharge smoothly and in a timely way - and preserve our planned care services, vital as we continue to address the backlog of patients the pandemic has created.

The winter plan reflects four main themes:

- **Leading well** - our role as a key partner in the wider health and social care structure in the county
- **Looking after our people and patients** - including looking after ourselves and each other so we can continue to look after our patients
- **Creating capacity to meet demand** - including reducing admissions by providing enhanced same day

emergency care, ensuring patients leave with appropriate discharge plans when they no longer need to be in hospital, and maintaining emergency and routine surgery, and

- **Preparing our people and communities** - ensuring our staff know the actions they can take to support themselves, their colleagues, our hospitals and patients, and that the public make good decisions about their care.

The plan also includes completely new initiatives like virtual wards where patients in five specialties will receive the care they need at home without needing to come into hospital, supported by technology and remote monitoring.

The winter plan 22/23 will be available on the intranet later this month, following agreement at the trust board.

Get jabbed in the week

We now have a series of weekday vaccination appointments available to book - [click here](#), go to the occupational health pages on the intranet, see the UHD app or scan the QR code.



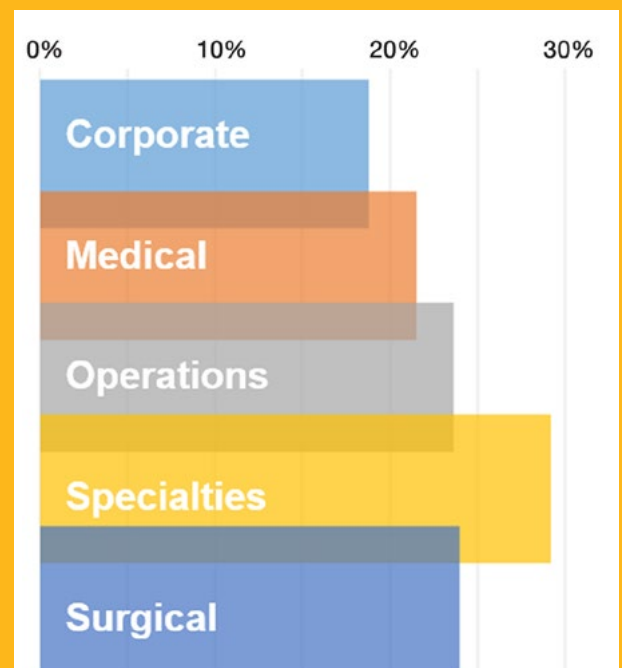
The appointments will run through November and take place in our occupational health departments. You can have the Covid booster, flu vaccination, or both.

If you're registered with a GP, you can book Covid jabs for free via the national Covid-19 vaccination booking portal [here](#).

Important - had the jab elsewhere?

If so, please let us know using this simple and confidential online form. The information is not shared with NHS trusts and forms an important part of knowing how protected we are as an organisation.

How are we doing? Care group, corporate and operations services take up



Our NHS Pound

Team UHD working together on our financial health

Right now, financial pressures are everywhere - and not surprisingly, UHD is affected too. The budget that UHD is allocated to provide healthcare now needs to stretch further than ever as our population lives longer and demand outstrips capacity in many areas.

You may be surprised to know that the NHS is one of the industrialised world's most efficient health care systems, with lower costs than France, Germany, Sweden or Switzerland, and since 2010 productivity has increased faster than the rest of the UK's economy.

Despite this, we know that across the trust, you can see inefficiencies, time-wasting processes and wasted resources. It can be really frustrating to get responses like *'this is what we have always*

done' and feel like there's no point in suggesting things.

Well now is the time to speak up... you can make a difference! And we can all help protect, save, invest and use wisely, Our NHS Pound.

There are various ways that you can put your idea forward.

- 'QR code' posters which link directly to specialty general managers have recently rolled out in medical areas such as AMU by Rick Bradley. Keep a look out - these will be coming soon to specialties, surgical and other areas.
- Talk to your colleagues/ manager.
- Email NHSPound@uhd.nhs.uk
- Click the link from the productivity and efficiency team's intranet page.

#NHSpound

Save

#NHSpound

Invest

#NHSpound

Use wisely

#NHSpound

Protect

Small changes = big savings

You can also see a reminder about using our resources wisely [here](#)... kindly sent in by Alison Gay.



#NHSpound

Save

Our dental nurses in the outpatient's department are a brilliant example of thinking small to make a big impact...

Problem

The team sees an estimated 16 patients per day on an average treatment list. For each of these patients, our dental nurses were using four reusable forceps, plus eight disposable bipolar forceps. Based on a 48 week working year, this meant a total of 15,300 items thrown in the bin annually!

The plan

The team researched whether they could stop purchasing the more expensive disposable items and switch to reusable forceps for all patients. Sterile service costs would have to be considered also.

The result

Per year, using the disposables costs the trust £51,456. The reusable items total £5,752, meaning a saving of £45,703 per year. As well as being a more environmentally



sustainable option, this is a dramatic saving for the trust.

Watch an animation about the savings [here](#).

Why should you fill out the NHS Staff Survey?

We could give you countless reasons why you should fill out the NHS Staff Survey, but we thought we'd let our colleagues do the talking...

We are caring

“ I'm passionate about patient care and do what I can to make our hospitals less daunting.

Filling out the staff survey is one way I can use my voice and experience to make a difference. ”



Emilio Aparicio Oliete
Porter

We are one team

“ Team UHD is made up of many different voices.

We all have something valuable to say, let's not waste this opportunity to say it. ”



Maria Zerega
clinical audit facilitator and service development lead

We are always improving

“ The staff survey is a critical tool for measuring the health of our hospitals and our team.

Staff are the best placed to identify areas for improving the care we deliver to our patients. ”



Dr Jonathan Marks
consultant in rheumatology and clinical director for outpatient services

And one more reason...

This year, everyone who completes the NHS Staff Survey will be entered into a prize draw. Our survey provider, IQVIA, will draw the names of 20 lucky winners who will win £20. There will also be a £200 award for the team with the most improved response rate! The prize draw will not affect confidentiality.

If you haven't yet received your survey, look out for your personal invitation from insightandfeedback@iqvia.com or by post. If you have any questions, please contact organisational.development@uhd.nhs.uk

Preventing falls is everyone's business

Falls and related injuries are a common and serious problem for our older community. We see a 30% increase in falls in people who are 65 and over and this rises to 50% for 80-year olds.

With falls in hospital being UHD's most reported safety incident, and to mark Falls Awareness Week, our falls team went on tour around our hospitals to talk to staff, patients and visitors on identifying falls risks and how to prevent falls.

Information stations were set up in the marquee at RBH, in outpatients at Christchurch and in the dome at Poole. Teams were asked to make a pledge on how they will reduce falls in their areas and individual staff were asked to "think of something small to prevent a fall".

This has shown an excellent example of our trust values - one team, listening to understand and always improving.



Step inside Christchurch



As a trust that employs over 10,000 people, everyone has an important part to play in the running of our hospitals. In this edition on *The Brief*, we are shining a light on the different teams who make Christchurch Hospital a special place to work. Let's meet some of the Christchurch crew...

Ramona - therapy assistant

“It feels like a family over here...”

My job involves seeing patients and assessing their strength, mobility and balance. I love the variety of the work and the diversity of the patients I get to meet and build relationships with. I am so proud to have made a difference in their lives and it makes me feel happy when patients return for their regular appointments and they have dramatically improved.

I am in my final year of returning to practice and have worked in various departments across the trust. I have enjoyed every minute and everyone at Christchurch has been so helpful and supportive, it really feels like a family over here.



Maxine - catering assistant

“I am so proud to support the teams here...”

I have worked here at Christchurch for over seven years and have seen lots of change in this time. However, one thing that does not change is how proud I am to support the teams here. I run the café by myself and my role involves cooking and preparing the food, ordering stock, serving and keeping the café clean. I love the responsibility I have, and the staff are all so kind when they can see I am busy.

I missed everyone during the constraints of the pandemic. It's great that restrictions are back to normal now in the café and people can come, have a break and sit and enjoy their lunch.



Eric - housekeeping supervisor

“My colleagues are always grateful...”

My day to day is never the same - I can do up to 20,000 steps every day! I have worked here for nine years so am keeping quite fit. I help with everything I can; linen, waste and moving patients if needed. It's like family here, my wife also works in the Macmillan Unit so it's just like being at home. It's the appreciation I receive from my colleagues that spurs me on, they are always grateful for the work that housekeeping does, and they always make sure they show it.



Steven Kitching - Macmillan therapy team

“I take pride in knowing I have helped...”

One of my main responsibilities is supporting hospice at home. I support patients who are having problems with mobility, patient medications, their welfare and listening to their needs.

I have worked at Christchurch for nine years. I was originally a healthcare assistant on the wards which is where I learnt everything about how to interact with patients from the brilliant staff. I love my work, everyday something new happens or throws up new challenges. I enjoy supporting patients and helping them stay at home for as long as possible as well as working closely with the families and earning their trust. It can be quite emotional, but I take pride in knowing I have helped even in the smallest way.





Matt - year 3 student

“I have learnt so much from all my colleagues...”

Throughout my life I have always worked in the community and found it rewarding. This is my second placement and in my final year to become a nurse. This is my favourite placement and I have really enjoyed my time here. The staff are very supportive and have allowed me to get stuck in.

After I finish my studying, I would like to split my time between Macmillan and hospice at home. I enjoy the challenge of making patients' homes as comfortable as possible for them.

Laura Martin - clinical lead, Day Hospital

“Working at Christchurch gives such a feeling of belonging...”

I have been extremely fortunate to have worked at Christchurch for 22 years, working on various wards.

I am currently enjoying my role as one of the clinical leads in the Day Hospital. I am responsible for managing a large multidisciplinary team who provide specialist assessment, treatment and rehabilitation for older people.

I love the fact that my role is so versatile. As well as supporting my amazing team, I can carry a clinical workload and continue to maintain and enjoy face to face interaction with patients. This understanding of patients and their problems enables me to contribute to the improvement and development of our service.

Working at Christchurch gives such a feeling of belonging. Coming in to work and receiving the cheery good mornings from so many of my friends and colleagues as I walk to my department gives me such a lift every day. Many of these people have been greeting me for most of my career. Christchurch Hospital is a place you really want to stay and has a supportive family feel.



Guiding principles behind our new Internal Professional Standards

UHD is more than just a collection of people, policies and procedures. The way we work together is critical to the provision of safe, effective and quality care.

With this in mind, we are launching our new Internal Professional Standards, a set of guiding principles, which puts the patient firmly at the centre of what we do. These align with our trust values and the 'Patient First' ethos.

The standards apply to all staff, in any role, in any specialty, involved in delivering the safest patient journey across inter-specialty relationships and keep the patient at the focus of what we do.

As one of our three key priorities for 2022/23, emergency care and patient flow are essential to the smooth running of our hospitals. Our emergency care teams, working with colleagues across all care groups, have helped develop

the standards to help efficiently and effectively navigate patients through our hospitals.

“The patient journey across UHD has become increasingly complex,” explains Dr Tristan Richardson, medical director for the medical care group, pictured below.

“There are many reasons for this, and we've recognised for a while now that developing a set of principles - our Internal Professional Standards - would help to orientate all staff around the patient, ensuring we do what is right for them.

“Ultimately, it is quite a straightforward ethos - to deliver the right care, in the right place, at the right time - but one that can be hard to consistently deliver on. The supporting framework of the standards will help ensure it is something we can all do, every time, for every patient.”



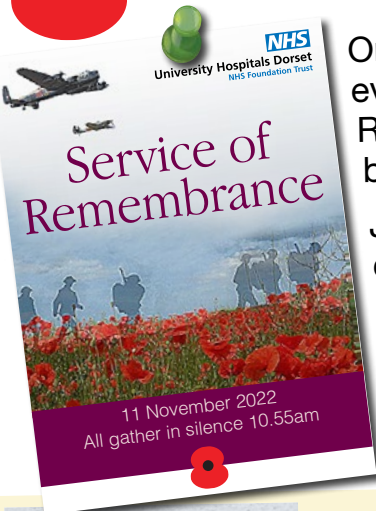
The standards will be formally launched this month at a range of events where key clinical and non-clinical colleagues will be invited to sign up to them. They will also be available on our intranet shortly.

Level up your social skills

Start 2023 the social way and sign up to your communications team's next **social media workshop**. The session takes place in seminar room 3, Education Centre, Poole on **Thursday 26 January**, 10am-12.30pm. If you'd like to learn more about social media, and how to run a UHD channel, this session is for you - simply book a space by emailing emma.welham@uhd.nhs.uk.



🌸 A time to remember



On **Friday 11 November**, we will be holding remembrance events at the new flag pole at Poole outside the Dolphin Restaurant, by the lake at RBH, and by the war memorial boards at Christchurch Hospital.

Join in person or tune in via our social media channels. Please gather at 10.55am and look out for a downloadable order of service closer to the date.



Ask me...

Join us at 12.30pm on 17 November for Ask Me, hosted this month by Dr Isabel Smith, our medical director for strategy and transformation.

It's a great opportunity to ask questions about anything, 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.

Virtual Understanding Common Skin Conditions talk

Rescheduled date

Thursday 24 November 5pm



Dr Ian Pearson, consultant dermatologist at UHD



Teams link available at www.uhd.nhs.uk/news/events

(news and events page)

No booking required

Transformation update

Delivering the planned and emergency hospitals

I'm sure you've seen the amazing progress in building works across RBH and Poole, (and there is more to come!)

We're now looking in more detail at the best and safest ways to transition to the emergency and planned hospitals. Our clinical teams, GPs, ambulance service and other partners have come together recently to look at this.

One exciting conclusion was an appetite to achieve the benefits earlier than planned, potentially towards the end of **2024/25 financial year** (i.e. two years from now). This would be earlier than the original target date of 2026 for some services.

The next stage is working with partners to consider options and evidence (such as more detail on safe phasing of moves and finance costs), so that we can agree the best way forward.

The "end state" remains the same as has been approved

through many years and processes. The focus now is on the implementation of those plans.



We will continue to keep you informed as this is a big set of changes. One way is via our relaunched intranet portal plus via briefings and you asking questions. If you want a team briefing just let me or strategyandtransformation@uhd.nhs.uk know.

Overall, these are hugely complex set of changes, to improve the care delivered and facilities. We are grateful for the investment and your patience as we build for the future.



Richard Renaut,
chief strategy and
transformation
officer

Find out more...

...about our overall transformation plans on our [relaunched intranet portal](#), with updates by site, clinical area and our plans in the news. You can also watch our medical director for strategy and transformation, Dr Isabel Smith, and emergency medicine consultant Dr Harry Adlington, give a talk on our transformation programme [here](#).

Positive feedback for Christchurch plans

Our ambition still remains to rebuild the Macmillan palliative care hospice, with the support of Macmillan Caring Locally (MCL) charity, on our Christchurch Hospital site. Due to Covid, and the recent change in economic situation, these plans have had to be slowed down from when they were first published in 2020. The new completion date will be dependent upon the fundraising, for which the trust is supporting MCL.

The next stage of the project will be the planning application. We have had positive feedback from our initial meetings with planners and the public

and over the next few months we look forward to publishing more information as these exciting plans are developed.

Find more about the future plans for Christchurch and all our sites [here](#).





Ruth's reflections

with Dr Ruth Williamson

Some of you may know that my background is as a radiologist with much of my career spent alone in a darkened room. This month I have been 'getting out more' to try to learn more about the hospital. I've also been to our Annual Members Meeting and our Council of Governors.

What have I learned?

I visited ward 14 with Paul Johnson the chief medical officer for NHS Dorset. It was great to be able to have a conversation with our postgraduate doctors about what they need from consultant ward rounds and to recognise their contribution to continuity of care where we work with 'consultant of the week' models of care. We were able to talk to the amazing discharge coordinator about her work to ensure that everything was done to get people back home as quickly as possible when they are well, and to hear the frustration when best laid plans can get scuppered by a tiny thing. Hearing it first-hand allows us to understand the reality of ward life.

In the emergency department we had conversations regarding keeping patients moving and seeing the impact of a bunged-up system. There

are a number of possible ways of working, including planned times for ward moves which we are looking at so teams know what to expect when. No magic bullet but part of a number of tiny changes which when added up may make a bigger difference than we would think.

I've also got a workaround with estates planned which will teach me more about the team of staff who keep the lights on and the water running - more on that next month.

Other escapes from my 'darkened room' were to the Annual Members Meeting. Anyone who lives locally, who works for the trust or who has ever been a patient can be a member. Our members elect the trust governors and give us feedback on what is going well and what needs to change. It was great to receive both good and constructive feedback and to share with them the plans for our moves to emergency and planned hospital sites.

I'm writing this immediately after our Council of Governors meeting. NHS foundation trust governors make our trust accountable for what we do. They are pivotal in representing our

local patients and population and in holding the leadership team to account. Among them are staff governors and this year there are vacancies for staff from allied health care professionals/scientific and technical staff, medical and dental and administrative, clerical and management staff. More details on page 23.

Finally a couple of things I would like to flag - Covid is still with us and flu is predicted to be nasty this year. There's still time to get jabbed. I did and after a couple of paracetamol I felt ok with just an achy arm. I forgot to take a picture but I promise that I'm jabbed.

And finally finally - the staff survey is a chance to say it like it is. This year's took about 10 minutes to fill out and allowed me to say confidentially what is not good in the NHS right now and to show that despite our pressures I work with amazing teams of fantastic people. If you want to change things for the better this is a chance to speak up.

Thanks for reading this far and please keep up the invites to get me out of my darkened room and to have the opportunity to walk in your shoes.

Ruth



doctor

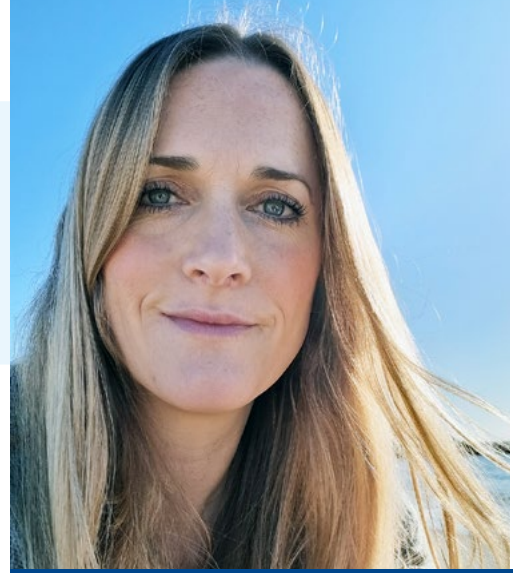
noun:

a person who is qualified to treat people who are ill.

SAS doctor:

speciality and specialist doctors; a diverse group with a wide range of skills, experience and specialities.

Dr Pam McGibbon is an intensive care SAS doctor, and has worked with Poole Hospital's critical care team for over eight years. She spoke to The Brief about her profession, and her passion for raising awareness of the role...



“I chose to come out of the emergency medicine training pathway to become a specialty doctor in intensive care medicine and over this time, I've had the opportunity to develop and shape a career that would not have been available on a training pathway. I am an elected member of the SAS professional advisory group for the Intensive Care Society, and a strong advocate for the SAS career pathway.

“However, the SAS profile is poor, with many not being aware of our existence, some believing we are just doctors who failed to become consultants, and some having no interest in us as a group at all. SAS doctors make up a large body (20%) of the medical workforce, but we can often feel undervalued, lack support and be misrepresented.”

Here are Pam's top five facts...

- 1 SAS doctors are a diverse range of doctors, some qualified for four years and some for more than 30 years. Some SAS doctors have extensive experience from working abroad.
- 2 The SAS group is expected to make up 50% of the medical workforce by 2030.
- 3 Becoming an SAS doctor is a viable alternative career pathway for those wanting a consultant post via the CESR pathway, or becoming a specialist doctor, autonomously working with your own patient caseload and being recognised as a senior, experienced specialist.
- 4 SAS doctors often face more adversity, lack of recognition and sometimes disrespect. Please take time to understand what we do, use our expertise and treat us fairly.
- 5 The SAS career pathway is an exciting opportunity to carve your own career and can allow you to have special interests alongside your chosen specialty.

“Being an SAS doctor is an exciting and rewarding alternative career pathway for a doctor and it's been fantastic to see UHD promote SAS Week to raise awareness and our profile.”

Double delight

Huge congratulations to Professor Jonathan Cole, consultant in clinical neurophysiology, who has been elected President of the International Federation of Clinical Neurophysiology, only the third British physician to be so honoured since 1947!

Professor Cole, who has worked at Poole since 1990 diagnosing nerve and muscle disease and assessing brain function, was also awarded the British Society of Clinical Neurophysiology's highest award, the Grey-Walter Medal, for 'outstanding service.' He is the eighth recipient of this in over 40 years. Bravo!



Gardening gongs

Bravo to Jo Sheppard and Anne Creasey, pharmacy technicians at RBH, who scooped a silver gilt in the 'commercial spaces' category and gold in the 'loving care homes' category at this year's Bournemouth in Bloom awards.

The pair turned an unused courtyard close to their pharmacy department into a flourishing staff rest space three years ago, providing a safe place for staff and a flourishing home for nature.

Anne said: *"I love this garden; it feels like it has heart and soul."* We couldn't agree more.

IPC on tour

Well done to our infection and prevention control teams for displaying their work at the national Infection Prevention Conference. The team presented their research into the benefit of multi-disciplinary teams and how this positively impacts our service, and also a service improvement project trialling new disinfectant and surfactant wipes to decontaminate commodes.

"One wipe or more" ... That is the question

University Hospitals Dorset NHS Foundation Trust

Aim
To trial a new disinfectant and surfactant wipe to decontaminate commodes on two wards, where a period of increased incidence of Clostridium difficile (C.diff) was identified and to see if this could improve the standard of decontamination.

Method
The framework used included:
• identification of current practice - survey staff using a questionnaire
• commode cleanliness audit - reviewing current education & resources
• building a new wipe to decontaminate commodes - providing education - demonstration of how to use the product & information leaflet
• support & evaluation
• post-trial survey evaluating response rates & commode cleanliness audit
• Evaluation & comparison between the wipes
• Assessing technique to decontaminate commodes.

Conclusion
The framework used included:
• identification of current practice - survey staff using a questionnaire
• commode cleanliness audit - reviewing current education & resources
• building a new wipe to decontaminate commodes - providing education - demonstration of how to use the product & information leaflet
• support & evaluation
• post-trial survey evaluating response rates & commode cleanliness audit
• Evaluation & comparison between the wipes
• Assessing technique to decontaminate commodes.

Other findings
Additional benefits were that the wipes are environmentally friendly and safer for the staff to use in the restricted and poorly ventilated disciplinary facilities than the current chlorine wipe in use.

Future steps
A more detailed benefit analysis needs to be completed to compare the cost of trial wipes against the potential cost of Clostridium difficile infection (CDI). There is an increase in the cost per sporadic wipe, but considerably less were being used.

Acknowledgements
Carol French, Head of Infection Control & Prevention, North Dorset and Bournemouth, Dorset Health and Social Care Trust
Lisa Dunning, Infection Control & Prevention, Dorset Health and Social Care Trust

University Hospitals Dorset NHS Foundation Trust

A Multi-faceted Gem The Multidisciplinary IPC Team

Background
The Infection Prevention and Control (IPC) team at NHS Dorset and Bournemouth, Dorset Health and Social Care Trust, is a multidisciplinary team with a focus on preventing and controlling infections in the community.

Data
IPC team at NHS Dorset and Bournemouth, Dorset Health and Social Care Trust, is a multidisciplinary team with a focus on preventing and controlling infections in the community.

Aim
To improve the effectiveness of the IPC team by developing a multidisciplinary approach to IPC.

Methods
A multidisciplinary approach to IPC was developed, involving the IPC team, clinical microbiology, and other relevant departments.

Results
The multidisciplinary approach to IPC has resulted in a number of positive outcomes, including a reduction in the number of healthcare-associated infections (HAIs) and an increase in staff awareness of IPC.

Conclusion
The multidisciplinary approach to IPC is a successful model for preventing and controlling infections in the community.

Contact
IPC Team at NHS Dorset and Bournemouth, Dorset Health and Social Care Trust

Diabetes team commended at QiC awards

The ComPASSION team, made up of our UHD diabetes team and the Dorset eating disorders team from Dorset HealthCare has been commended in the Diabetes Collaborative of the Year finals of the Quality in Care Diabetes awards 2022.

The team ran a pilot scheme supporting people with type 1 diabetes and an eating disorder. They developed an integrated mental health and physical health approach to this really complex condition and were able to demonstrate significant improvements both in physical parameters of diabetes and psychological and emotional markers.

Dr Helen Partridge, consultant in diabetes at UHD, said: *“Working in collaboration with our mental health care team colleagues was a real opportunity to explore*

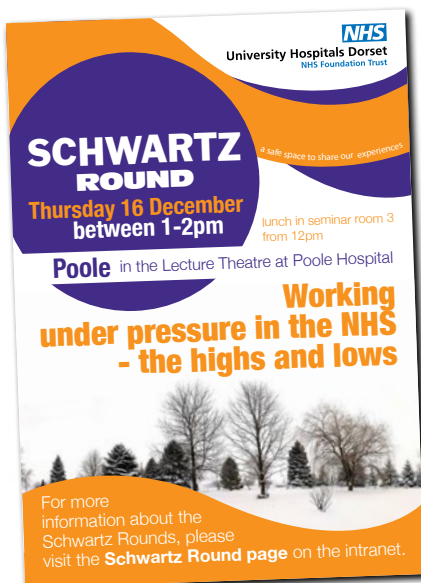
innovative ways of supporting people with type 1 diabetes and disordered eating. We know how much emotion and psychology can influence the ability to manage diabetes and when working together this is a model of how we can adopt a much more holistic approach.

“It should be a model going forward for many health conditions and we were honoured to see the effort of the whole collaborative team praised.”



Schwartz Rounds for ALL

Our Schwartz Round steering group spoke with staff over the summer to raise awareness of rounds and help identify future themes that would benefit you. Many staff thought that the rounds were solely for clinical staff - this is not the case. Schwartz Rounds are for all Team UHD and provide a structured forum where **all staff** come together regularly to discuss the emotional and social aspects of working in healthcare. Each round includes three or four short stories from colleagues based on a particular theme, after which the discussion is open to all. The one-hour sessions are led by our team of trained facilitators and all thoughts and views shared during the session are confidential.



Our Schwartz Round team will be spreading the word about the rounds again in December, and will also promote how mini Schwartz Rounds can help your own team or department. They'd love to see you so pop along and see them...

- 2 December: In the Dome at Poole from 12-1pm
- 6 December: Between the restaurants at RBH from 12.30-1.30pm

For more information see the [Schwartz Round page](#) on the intranet.

Our next Round: Working under pressure in the NHS - the highs and lows
This takes place on 16 December between 1-2pm in the lecture theatre at Poole (lunch in seminar room 3 from 12noon). *We look forward to seeing you there.*

Staff development

Coaching at UHD

'Usually the brain that contains the problem also contains the solution - often the best one.'

Coaching aims to support an individual to work through issues, challenges and situations in the workplace in order for them to develop personally and professionally. A typical coaching programme is about 4-6 sessions, allowing you to work towards your goal over a number of weeks or months. You will be able to tailor this to your individual needs and work commitments and fit it around your role.

At UHD, we are all able to access coaching to support us in our personal and professional development. Because coaching promotes different ways of thinking and reflection, it often improves self-awareness and your ability to problem-solve in complex or challenging situations.

Interested? To find out more about our coaching offer at UHD or to register for a coach, [click here](#).

Leading your team through integration workshops

In October we launched the first of these workshops, supporting team leaders with tools and techniques to begin their team development journey. Feedback included:

"I really enjoyed it, got some good tips and ideas and good to hear everyone has similar challenges with their teams. I will definitely recommend it."

If you are a team leader who is managing a team that you need to bring together in support of the wider integration work, or who needs to work more effectively together, then book yourself on! For further information, [click here](#).

Supporting new and aspiring leaders

Some 22 members of Team UHD have taken part in our new two-day Leadership Fundamentals Programme, helping develop personal leadership skills through the use of self-awareness tools, and understanding how individual values impact those around you. We can't wait to hear about the positive changes they make.

If you're interested, find out more [here](#) and keep an eye out for new dates coming soon. If you have any questions, email organisational.development@uhd.nhs.uk

BU-UHD partnership event: Collaborative research now and in the future

The first in a series of BU-UHD joint research events took place in October at Bournemouth University and was a sell-out success.

Delegates were invited to participate in developing living walls of research ideas on the themes of access and health inequalities, digital futures, people and workforce, sustainable futures and medical sciences.

Representatives from the research department at UHD, BU research development service and doctoral college, as well as colleagues from the BU-UHD partnership programme, were on hand to answer queries from new and experienced researchers alike.

Sue Varley, programme manager for the BU-UHD partnership, explained: *"This event aimed to educate, inform and inspire staff about the potential for research to assist with some of the challenges we have at work and that our organisations currently face. It was great to have so many staff involved, make new contacts and share their research ideas."*

Search 'university' on the intranet for more information on the BU-UHD partnership and review new pathways developed to support staff interested in research.



We are **always improving**

Network news

BAME

Black Asian and Minority Ethnic Network



The Brief speaks to Monica Chigborogu and Judith Dube, our BAME Network co-leads...

Tell us about the network

Judith: “The BAME network is a forum open to all ethnic minority staff, and our allies, to discuss and exchange views on improving our experience at work. The network acts as a voice for those who are seldom heard and provides a space for staff to speak confidentially about their work experiences. We play a fundamental role in helping the trust to deliver high-quality care and equality through overcoming negative perceptions, advising on cultural differences and ultimately working in ways that embrace diversity and inclusion.”

When and why did you get involved?

Judith: “I got involved with the network in 2016 as one of the founding members. As someone from a black and minority ethnic background, I faced a lot of assumptions and microaggressions. This fuelled my desire to challenge and overcome the negative perceptions directed towards minority staff. Personally, I channel my energy into championing and promoting equal opportunities and career progression in the workplace.”

Monica: “I first attended a network meeting to discuss some of the challenges faced by staff of ethnic minority backgrounds. This inspired me to get more involved, initially supporting behind the scenes but when the position became available, I took on the co-lead role.”

Why is the network important to members?

Judith: “The network is like a family away from home, we provide pastoral support and help those undergoing any difficulties in their workplace. We also sign post to other services if we are unable to act.”

Monica: “This is especially important for our international nurses who need to get familiar with the new environment and cultural differences. Through the network they can engage with people from diverse backgrounds. They are also given information about community groups, job development opportunities, peer support, and other useful information that can help them have a positive experience inside and outside of work.”

Judith: “We provide feedback on strategic areas of work such as policy reviews to ensure they do not impact on minority ethnic staff and feed back issues affecting our staff to senior management. On a lighter note we like to celebrate our cultural diversity.”

How important are allies to the network?

Monica: “Allies are essential, their main function is to support and promote a safe, positive and inclusive working environment, challenge system disadvantages and contribute to eliminating racial discrimination. They are also vital to integration and cultural celebrations.”

To join the BAME Network as an ally or a member, email bame@uhd.nhs.uk

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



Winter Wellbeing at UHD: Food offers from 7 November

Monday

**Half price hot drinks
for staff at:**

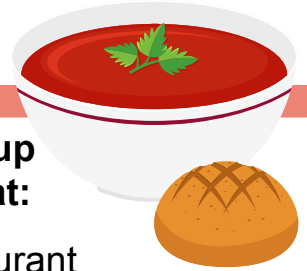
The Dolphin Restaurant
The Shelley Restaurant
Fairmile Cafe



Tuesday

**£1 homemade soup
and a crusty roll at:**

The Shelley Restaurant
The Atrium Cafe
Fairmile Cafe
The Dolphin Restaurant



Wednesday / Thursday

15% staff discount at onsite farmers market stall
with fresh produce and local goodies from 10.30-5.30pm.

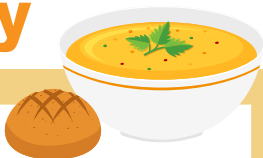
**Stall will be at RBH west entrance on Wednesdays and Poole main entrance
on Thursdays.**



Friday

**£1 homemade soup
and a crusty roll at:**

The Shelley Restaurant
The Atrium Cafe
Fairmile Cafe
The Dolphin Restaurant



Saturday

**Half price
hot drinks
for staff at:**

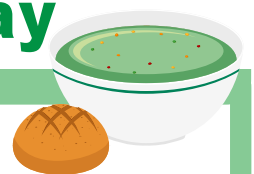
The Dolphin Restaurant
The Shelley Restaurant



Sunday

**£1 homemade soup
and a crusty roll at:**

The Shelley Restaurant
The Atrium Cafe
The Dolphin Restaurant



Find more financial wellbeing resources [here](#).
Find more emotional wellbeing resources [here](#).

Save energy, save money and save the planet

University Hospitals Dorset spends **£20,000 per day** on electricity ⚡

A **10%** saving would pay for an extra **21 nurses per year**

You can play your part:

- Turn off lights, computer monitors and other unused equipment where possible.
- Report faults or issues to estates through Docketline.



Did you know that our trust spends £20,000 a day on electricity? Or that the trust consumes enough gas each year to fill 2000 hot air balloons? From April next year, this is due to double.

We have committed to reach Net Zero by 2040 and are working towards our green plan. Whether to reduce costs or CO2 emissions, we have never had a better reason to find ways to save energy.

The good news is that we can all help. We can help save costs at work and reduce energy consumption at home. The trust has published an [easy guide](#) with some practical tips we can all use. The guidance also covers a range of financial support offerings that exist to help you with more efficient home energy use and guidance for those needing advice for paying bills.

Keep an eye out for our GUHD energy campaign screensavers or print a poster for your workspace [here](#).

Look out for the tiger!

We cannot ignore it - our NHS produces a large amount of waste. As a result of Covid, hospitals have also increased infection control procedures resulting in an increased use of single use plastics. Masks, gloves, and other PPE supplies have led to an increase in the amount of medical waste that is produced by hospitals.

This is not a new issue, however. The increased use of waste in healthcare has been a concern for some time and we all have a part to play in creating initiatives to benefit our hospitals and environment.

At RBH and Christchurch hospitals, currently our waste from a non-infectious patient goes into orange bags - the same bag as the waste from infectious patients. All these bags are then sent to the Stericycle incinerator plant at RBH and this incinerator operates at 1,000 degrees. At the end of this

incineration this ash is sent away to a hazardous landfill site.

If we can separate our waste effectively and put our non-infectious waste into new striped tiger waste bags, we have the opportunity to send this waste away to a domestic energy waste facility operated by Veolia. This incinerator runs at a much lower 600 degrees and the ash at the end of the process gets a second life potentially being used in resurfacing roads or in the building industry.

The project is due to start on ward 1, endoscopy and orthopaedic outpatients at RBH shortly but you can download your waste poster now [here](#). If you have any questions, contact dan.thomas@uhd.nhs.uk.

NHS
University Hospitals Dorset
NHS Foundation Trust

Look out for the tiger!

Introducing the offensive waste stream

Tiger Waste is: Healthcare waste from a non-infectious patient.

Why: UHD plan to send all tiger waste to a domestic waste plant which produces energy from waste. This will have both environmental and financial benefits for the trust.

Ensure it is in: Yellow and black striped bag.

- ✓ Empty catheter bags, incontinence pads, hygiene waste, gloves and aprons - all of which have no infection risk.
- ✗ Pharmaceutical, infectious and domestic waste.

Contact UHD waste manager dan.thomas@uhd.nhs.uk

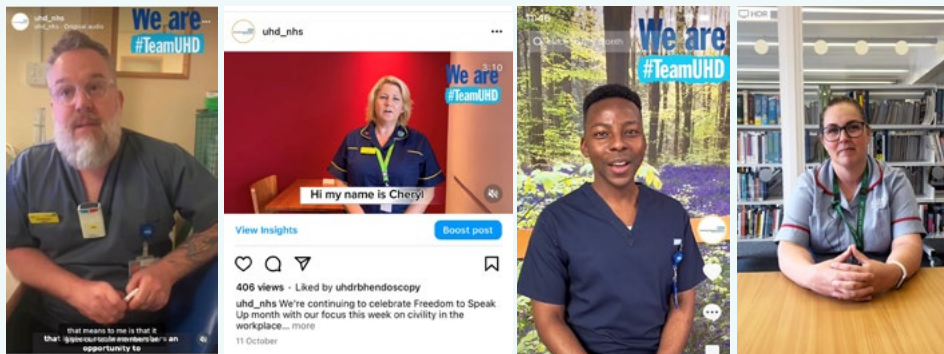
Let's get social

October has been jam-packed with awareness events to keep our social media channels buzzing with content and notifications! As always, be sure to tag @uhd_nhs in your tweets and posts so we can keep an eye on your latest news and support you or your team with anything you want to share more widely.

Speaking up and showing support

We kickstarted the month with three national campaigns; Freedom to Speak Up, Black History, and Stoptober, that have collectively helped us create some powerful storytelling of colleagues' lived experiences across our socials.

A huge thank you to Helen Martin for leading the Speak Up conversation, and to Will Windsor, Cheryl Richardson, Pablo Pule, and Tara Vachell, for each sharing their speak up stories with us.



As well as engage with our own BAME network members, Black History Month provided us with an opportunity to showcase local and national events across our social media that highlighted the dedication and contribution to the NHS made by BAME staff members.

Our top tweet for October earned over 7,000 impressions, signposting to a webinar hosted by Owen Chinembiri, senior implementation lead at NHS Race and Health Observatory.

Top Tweet earned 7,046 impressions
As part of **#BlackHistoryMonth** @NHSEngland is holding conversations with people who have a story to tell. Owen Chinembiri, senior implementation lead @NHS_RHO, is passionate about using data to reduce race inequality and improve experiences. Listen in here: bit.ly/3S5ujmX pic.twitter.com/MBiDYlgcmM



A wave of support

Social media can sometimes get a bad rep for many reasons. It's a constantly shifting environment which is as exciting as it is unpredictable, but it can be a force for good, and this was proven no better than during Baby Loss Awareness Week. Our Women's Network, maternity bereavement teams, along with local charity Our Angel Bears, UHD's own charity SPRING, and our chaplaincy teams, united to raise awareness and provide support for all those who have suffered the devastating loss of a baby. Thank you to everyone involved with this poignant movement.

So proud of our maternity bereavement team who led the Wave of Light with SPRING charity on Saturday to remember our babies who died too soon
@SPRING_UHD@UHD_NHS@UHDcharity@paula_shobbrook@SpecialtiesUHD



Over on Instagram, our top post reached over 1,000 accounts, featured the smoking-in-pregnancy and inpatient cessation team at St Mary's Maternity Unit.



Have some good news you would like to share or thinking about joining social media? Email communications@uhd.nhs.uk.

2022 Council of Governors elections

Could you help shape the future of our hospitals in Dorset?

We are searching for governors to continue to strengthen the link between our community and our hospitals. By applying to be a governor, you can make a real difference. We currently have the following vacancies available:

- **Staff:** Administrative, clerical and management (one vacancy)
- **Staff:** Allied healthcare professionals, scientific and technical (one vacancy)
- **Staff:** Medical and dental (one vacancy)
- **Public:** Bournemouth (three vacancies)
- **Public:** Christchurch, East Dorset and Rest of England (four vacancies)
- **Public:** Poole and Rest of Dorset (four vacancies)



Find out more by emailing ftmembers@uhd.nhs.uk or go to www.cesvotes.com/uhd2022 for a nomination form. Deadline for nominations is 5pm on Thursday 10 November.

AMM and transformation talk

If you missed our Annual Members Meeting in October, you didn't miss out. A recording of the meeting is now available [here](#).

During the meeting, chief executive Siobhan Harrington, and chief finance officer Pete Papworth, gave a presentation on the 2021/22 Annual Report and Accounts and forward planning for 2022/23, while Sharon Collett, lead governor, spoke about the Council of Governors.

Following the AMM, a talk on the transformation of our hospitals was presented by Dr Harry Adlington, emergency medicine consultant, and Dr Isabel Smith, our medical director for strategy and transformation. The talk gave an update on the exciting changes happening to our hospitals and the benefits these will bring. If you missed it, you can catch up [here](#).



Sensory projector brings joy to patients living with dementia

Patients at RBH can now benefit from an innovative piece of equipment which uses meaningful activities to encourage movement, active participation and shared enjoyment in patients living with dementia.

The omiVista Mobii interactive projection system is designed for people at all stages of dementia and provides both calming and stimulating activities which can be projected on to floors, bedside tables and beds.

Many patients who are living with dementia can become withdrawn while waiting to leave hospital. This equipment enables staff to engage their patients in meaningful group activities as well as personalised one on one activities to build relationships.

Katie Horswill, dementia and delirium team lead at RBH, said:



“In dementia care, therapeutic engagement is so important and more often than not, it reduces the need for medications to manage the behavioural and psychological symptoms of dementia.

“We are currently caring for a gentleman who was quite withdrawn when he first came

into hospital and we needed to find a way to engage with him. We chose a picture of an unpainted fence projected on to a table. I placed one of the paint brushes in his hand and asked him if he would kindly help me paint the fence. He instantly started painting - it was so lovely to see and quite emotional to watch.”

Staff fundraiser spotlight:

Band night

Join staff band ‘On the NASH’ on Friday 11 November for a fun evening of lively covers. The band, made up of staff members from RBH, will be at Canvas in Bournemouth. Doors open at 7.30pm and money raised will support our charity. Tickets are available [here](#).

Community fundraiser spotlight:

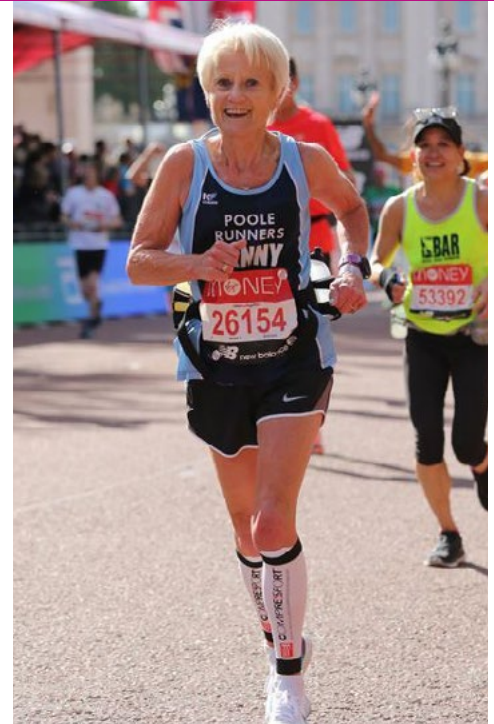
Marathon effort

Huge congratulations to Penny Jarvis who achieved a personal best and came first in her age category at the Chicago Marathon!

Penny, who worked for Poole Hospital for over 40 years before retiring in November 2021, has fundraised for the hospital for many years, raising a very impressive £40,000.

Penny, 72, said: *“My achievement makes me number one in the UK for both the marathon and the mile. Think I must be a late developer!”*

Her achievements for the hospital have included various marathons, the Costa Rica coast to coast, trekking the Great Wall of China and the Vietnam and Miramar cycle challenges.



Quiztastic fundraisers

Quiz lovers came together in October to test their general knowledge and raise nearly £2,500 for our robotic tilting table appeal.

made up of hospital staff, subcontractors and neighbouring businesses Amiri and JP Morgan.

The evening was hosted by UHD's main contractor for its transformation projects, Integrated Health Projects (IHP), with teams

The event also included a 'tower' building challenge and the overall winners were the UHD team, 'Stroke of Genius'.

IHP project director, Bruce Preston, said: "It was great to be able to get together with so many of our team, professional colleagues, and hospital staff for an enjoyable evening."

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

OUT OF AFRICA!

Our Poole-Africa Link (PAL) team are back from a successful two-week trip to universities and hospitals in Lira, Uganda.

Intensivist Dr Franki Dormon led the trip and found it both positive and productive...

“This was our first visit post-pandemic, so it was with a little trepidation that we set off. Dr Pasco Hearn, a microbiology consultant, already had experience of Uganda, having worked in Mbarara some time ago. Dr Luke Turley, a GP, has extensive experience in various roles in Africa.

“Our midwives, Emily Seddon and Rosie Farnworth, were keen to get stuck in and Dr Ben Chambers, another anaesthetist /paediatrician was ready for whatever came his way.

“The LU hospital is keen to open an HDU, but although they had the space and staff, they had not been able to develop any protocols and needed some help. This ended up being my project for most of the trip, ably assisted by Ben.

“We spent much of our time in the skills lab, covering airway, ABCDE assessment and other scenario drills. The highlight of the trip for the students was a PROMPT course and practical multidisciplinary obstetric emergency drills. They are always glad to get a certificate!

“During the second week we saw more of the third-year students, who received a mix of midwifery and anaesthetics. Emily is particularly experienced in the mental health aspects of mothers. In addition, they identified a potentially simple strategy to identify blood loss following birth, a major cause of mortality across the world.

“Pasco spent most of his time at LRRH. He took part in ward rounds and discussed the use of antibiotics. It is possible to buy almost any antibiotic at the pharmacy without a prescription and antibiotic resistance is a major problem across the country.

“Alongside our trip we saw what Judy Mella has achieved with a grant from UK Aid, which she secured just before the pandemic hit, to set up a breast screening service. This included training radiographers, nurses and midwives to examine breast lumps. While we were there, Judy saw about 150 patients, finding some six cases of breast cancer.

“Although the whole country was on alert due to an outbreak of Ebola in the west of the country, we avoided any problems and arrived home safe after a really rewarding trip.”





Let's talk about IT



A note from Peter Gill, our chief informatics officer...

Firstly a sincere apology from me on behalf of informatics and our supplier Graphnet, about the severe disruption to clinical services with EPR outages. The informatics team know the impact this has on you and are doing everything they can to understand the underlying cause and ensure it is resolved.

The October board of directors has received an outline business case to replace our Patient Administration System and EPR with a single modern system shared with Dorset County Hospital. With the board's support, we will launch a procurement exercise over the next few months. This is a long-term plan with an expected implementation sometime during 2025. More information will be shared as we progress this journey over the coming months.

Update on IT hardware requests

IT is continuing to experience delays of up to nine months for the delivery of hardware including laptops, tablets, printers and webcams due to a number of issues with the global trade market. We are working closely with our partners in procurement, other trusts and third party suppliers to relieve pressures as much as possible.

When placing your order, please be mindful of the delay and see if an alternative solution/ arrangement can be made. Please remain polite and courteous when speaking to procurement/IT staff regarding your order - they share the same frustrations!



DCR success

Congratulations to the Dorset Care Record who were highly commended for the national Health Tech Efficiency Savings of the Year award.

Benefits of the Record include the delivery of just over £2m in efficiency savings to its health and social care partners in 2021-2, with efficiency savings increasing over time as more data was added, making it easier for users to find information without logging into other systems or making enquiries.



Secure [uhd.nhs.uk](mailto:@uhd.nhs.uk)



Our email service (@uhd.nhs.uk) has achieved secure email accreditation from NHS Digital.

This mean emails containing patient and other confidential information can be sent between @uhd.nhs.uk and NHS Mail accounts without the need for additional encryption.

Notification about our secure email status has also been added to the text included on externally sent emails to spread the word.

Emails containing patient or other confidential information being sent to organisations that do not have secure email accreditation will still need to be manually encrypted.

The Brief



Wednesday 2 November - spread the word

Please use this sheet to communicate the key messages from *The Brief*. Return your form to Siobhan Harrington, CEO, or email it to communications@uhd.nhs.uk

Update	Shared?
<p>You said: Your comments from the October all staff briefing were invaluable. See what issues you raised, and our exec team's response, on page 3.</p> <p>Winter and vaccines: Read all about our winter plan on page 7 and find out how to book a weekday vaccine. We need to look after ourselves so we can care for patients.</p> <p>Winter wellbeing: We have a number of discounts on hot food and drink this winter, as well as a discounted fruit and veg stall visiting our sites. See page 20.</p> <p>Our NHS pound: Across UHD there are many ways we can be more efficient and protect our precious resources so we can continue to deliver high-quality care. So let's share our ideas and support our financial health. Page 8.</p> <p>New emergency calls: We have replaced our emergency paging systems across UHD – see page 5 for details and be sure to 'note this number'!</p> <p>TB or Not TB: Look out for Hamlet, Tik Toks and posters as we launch our TB or Not TB campaign. Can you help spot the symptoms and stamp out the stigma? See p.6.</p> <p>Network news: Our networks continue to be very busy and a great source of support. Meet our BAME network leads on page 19.</p> <p>Speak Up Spark Change – NHS Staff Survey: Join your colleagues and have your say about what it's like to work here. It's how we make improvements. Page 9.</p> <p>And finally: See <i>The Brief</i> for upcoming events – including our Remembrance services and Schwartz Rounds, useful IT information, how to become a staff governor, staff development opportunities, Humans of our Hospitals, social media spotlight, Green UHD, a Charity round up and much more...</p>	

Staff questions or comments (continue overleaf where necessary):

Department:

Signed:

Date: