

For staff, foundation trust members, volunteers and the public



Poole Hospital
NHS Foundation Trust

Connect

Spring/Summer 2020

COVID-19
THROUGH THEIR EYES

INSIDE:
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TRUST NEWS
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FOR MEMBERS

CHIEF EXECUTIVE'S COLUMN

Welcome to the latest issue of Connect, the newsletter for all Foundation Trust members, Poole hospital staff, patients, and supporters.

I am so delighted to be able to introduce this edition, as it gives me the opportunity to highlight the quite phenomenal commitment and dedication demonstrated by our staff, whatever role they have, across every department within our hospital.

Whilst the NHS routinely prepares for major incidents, there has been nothing routine about Covid-19! Across the world, it has stretched all health care systems to near breaking point, and made demands on populations that have never been seen before.

And it is against this stark backdrop that Poole Hospital staff not only rose to meet these challenges, but exceeded every expectation placed upon us.

I was incredibly proud to see the whole hospital come together, to continue providing emergency and urgent care in these most difficult of circumstances. Despite all the fear and uncertainty that swept our land, our staff focused on changing their working arrangements to provide care in different ways, continuing to support each other to keep essential services going.

It has been wonderful to see the great outcomes that we have achieved within the hospital, with the vast majority of our Covid patients making a good recovery and eventually being discharged. However, whilst I look back and feel very proud of the Trust, I know that for lots of people, this has been a time of great sadness. Many families have been through a dreadful time, with many losing loved ones. My deepest sympathies

go to all those who have been so terribly impacted by Covid-19.

In this edition of Connect, I hope you will learn a little more about the people behind our response to this pandemic. The staff we have highlighted inside are just a handful of the many individuals who have quietly gone about their work in these extraordinary times. Behind every member of staff is a story of resilience and optimism, and a determination that to do their very best for patients.

It is right to take stock at this time - to not only look back and gain all the learning, but also to acknowledge the tremendous contribution that individual members of staff have made. It is truly humbling and inspiring to listen to their stories.

Looking more broadly, it is wonderful to see the contribution made by Poole Hospital to the global body of research that has been carried out aimed at finding effective treatments for Covid-19. Our staff are involved in a range of projects that will make a massive difference over time in the detection and treatment of Covid 19 - and like everyone else, we hope that a safe and effective vaccine will soon be found.

Covid-19 has placed renewed emphasis on the importance of research and innovation in healthcare, and "keeping ahead of the game". As we make our final preparations for merger with The Royal Bournemouth and Christchurch Hospitals on the 1st October this year, I am delighted that we have been successful in our ambition to achieve University hospital status. In future, our new merged organisation will be known as University Hospitals Dorset NHS Foundation



Trust - a stronger, more resilient organisation, but still made up of people who are completely focused on delivering the highest standard of patient care.

Thank you for all your on-going support to our Trust. And very importantly, thank you for the role that you have played - whether as a member of staff, a member of the public, another key worker, or simply a supporter of the Trust - in helping us to respond to Covid-19 together.

Debbie Fleming



Joint Chief Executive, Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

COVID-19: THROUGH THEIR EYES

Poole Hospital's response to Covid-19 was well underway when the World Health Organisation (WHO) declared it a global pandemic on 12 March. The virus was first detected in late December 2019, following a cluster of cases of pneumonia from an unknown cause in Wuhan, China.

In January, the WHO published its first guidance to governments throughout the world, and just days later the first cases of Covid-19 were identified outside of China.

The novel coronavirus was officially named Covid-19 in early February, with 100,000 global cases reached on 7 March.

On 23 March, Prime Minister Boris Johnson announces strict new rules aimed at slowing the spread of virus, urging the public to stay home and protect the NHS.

By this time, Poole Hospital's critical care capacity had been tripled, with nursing, medical and therapeutic colleagues from other specialties working to support

the intensive care teams. Protocols for assessing and admitting patients with suspected Covid-19 were in place, and routine activity suspended to ensure resources were prioritised to meet the forecasted unprecedented demand from acutely unwell patients over a sustained period of time.

Over the next few pages, Connect talks to just some of the staff that formed our response to this global health crisis.

SAFETY FIRST

Please note that this edition of Connect features some pictures of staff taken either before the Government introduced guidance on face masks for NHS staff, or were taken in a way that adhered to social distancing guidelines.



The critical care specialist

David Gooby has worked at Poole Hospital for 15 years and is the matron for critical care services.

"Day to day I'd be overseeing and managing capacity and flow through the unit, looking at governance and risk to ensure we are operating safely whilst maintain a high quality service. There's a lot of personnel management in the role, ensuring we have the right staff with the right skills at the right times.

"As the emerging risk from Covid-19 became apparent, there was a complete transformation in our service and our systems of working.

"For example the critical care unit is usually in just one area – the anticipated number of patients we may need to look after meant this expanded to three separate units, moving from 11 beds to more than 30.

"Medical and nursing staffing numbers all had to increase, and rotas created to support patients 24/7.

"We changed practices, for example how nursing handovers happened and how patients were intubated to minimise the risk of transmission, and made some bold decisions at the outset whilst guidance continued to emerge and change.

"We recognised that our IT provision would need to scale up markedly. Critical care is heavily dependent on IT systems – for example all our ventilators and pumps 'talk'

to control stations - and so we needed to increase our infrastructure to handle this. IT really made our expansion in beds possible.

"Looking at the global picture, and hearing first hand from healthcare workers in northern Italy where the situation was very grave, we benefited from their experiences and were able to purchase seven more ventilators thanks to our great relationship with our suppliers, who were amazing, before the national demand for these went through the roof.

"All of this equipment counts for nothing without staff, particularly nursing staff. We called on nurses working in other specialities, our operating department practitioners and theatre support workers, nurses working in the private sector, nurses returning to the NHS and coming from primary care.

"It was a real mix of people from different backgrounds and with huge variation in critical care experience.

"For some, the training literally began with 'this is a ventilator and you will be working under supervision' and ended with them being highly skilled practitioners.

"We have had some incredible feedback from those who came to work with us, and some have applied to remain with us. That's a real vote of confidence.

"How we managed PPE was another big challenge. We were wearing a significant amount of it on every shift and it was very

uncomfortable at times. We never ran out – and that is down to our incredible buyers and logistics teams who sourced and distributed it – but we would often need to be flexible.

"Supporting staff has been a big priority, and some staff have found it quite a difficult time, but support services here just appeared, like psychologists for example.

"No one teaches you how to cope with the emotional traumas of something like Covid-19. I'm very lucky to be able to compartmentalise and don't take work home mentally. I have the support of a fantastic family, and find things like gardening great for my mental health. I think these events have helped people to focus on what is really important to them.

"It is really gratifying that pulling together – IT, medical engineering, nursing, medical and therapies staff, logistics and many others - has resulted in significantly better outcomes for our patients when benchmarked against other hospitals.

"I'm also pleased that it has placed a spotlight on critical care, and the public has perhaps seen just what a complex and diverse area of medicine it is for the first time.

"Ultimately though, it is about the patients, and seeing people leave hospital who almost certainly would not have done so without our intervention, is the most rewarding thing of all."



The logistics manager

Steve Randle, supply chain manager, heads up a team of 22 staff responsible for ensuring supplies reach where they're needed.

"A usual day would begin with an 8am briefing with the team about the day ahead, then I'd head back to my desk to answer emails and continue working on some of the projects I have on. If the team is busy I'll head down and help but by and large we'd just get on with things.

From late January, though, we started daily briefings and things just ramped up from there. It was difficult – I was at home self-isolating as my wife, Nananka, had symptoms and I didn't return to work until 2 April.

At the outset, the need for PPE was very apparent. We started to put the wheels in motion around how to store all this safely. To give you an idea, we'd use around 800 masks a day before Covid-19. That number soon became 8,000 every day.

Since the start of April, finding and delivering PPE has been what has driven my days. The procurement team has worked wonders getting what we need. They have such a great relationship with our suppliers that I think we may have struggled without them.

My 22-strong logistics team have put themselves into high risk areas and

they have my greatest respect. I think all hospital staff will have benefited from the contributions they have made, and I'm sure staff have renewed respect for them.

Since 2 April, I've been based on-site living in Parkstone House accommodation. This is to shield Nananka, who is in a high risk group, and she has been incredibly supportive of this – knowing she is safe has really helped me to stay focused on what needed doing.

The biggest challenges have been in meeting expectations, and of course running out of PPE and keeping tabs on what is arriving. Quite often what we were expecting has turned out to be something else altogether, but we have been resourceful. One night I even drove to Cardiff to pick up a consignment of masks and gowns in order for it to be on wards the morning.

It's been so rewarding to know that as a logistics team, together we've ensured that PPE is available when it has been needed. The way the team came together, and the support from our management, has been huge.

I think we will have to learn from the Covid-19 experience and adapt the way we do things. This has been a step into the unknown and has been a learning curve, from the stock the hospital carries, to the space physically needed to store it."



The therapist

Rachel Tufts, senior physiotherapist in stroke and neurology, has worked for the trust for more than six years.

"I'm usually found on the stroke and neurology wards, looking after patients with acquired brain injuries or conditions like MS or spinal conditions. I also work with respiratory patients on critical care as part of my Respiratory On-call weekend working pattern.

"That all changed as Covid-19 emerged, with all physios on the respiratory rota like me redeployed to become part of a larger team running a full seven day service, with the same amount of respiratory physiotherapy staff in at the weekend as during the week.

"My base became the critical care unit and the medical wards. The team would meet together twice a day to see what physio support might be needed between ITU and the wards for the day. We had a lot of training and a lot of support in the care and treatment for patients specifically with Covid-19 symptoms, as well as infection control practices of course.

"For example we had to avoid any techniques or treatments which could create an aerosol of fine mist as this could potentially pass on Covid-19. Many patients we treated required ventilation and sedation, and it was challenging to work using treatments and clinical reasoning that some of us do not undertake day to day.

"We worked very closely with the experienced respiratory physios and were able to all support each other and up-skill, and in turn we were also able to offer our neurological physio skills to assist with early management to maintain range of movement and positioning for those sedated on ITU. We were then able to support with early rehabilitation as the sedation was reduced.

"I think one of the biggest challenges was to make sure everyone felt confident,

and updated on the latest best practice. This was an emerging virus and there were frequent updates on the best treatment plans. There was so much extra reading to do and information from other hospitals – it was a lot to stay on top of.

"The way the respiratory leads managed and responded to the pandemic was really impressive and helped us all to adapt really quickly.

"The most rewarding aspect was to see a patient's journey from critical care to a step down ward, where their condition had improved so much from the time they were admitted, and all the way planning for them to go home. It was really satisfying to see someone so weak being able to walk and use stairs again.

"The Bubble was a great idea and great to have available for staff. A chance to get away from the clinical environment and have a moment to yourself. The team has been so supportive in work, and I think it's been really important to be able to switch off outside of work, for example just to be in the garden to relax.

"I've really enjoyed working so closely with other specialties, we were able to bring our stroke and neurology skills into rehabilitation, and respiratory brought their skills to us. I'd really like that to continue.

"It's great that the public has shown its appreciation for the NHS, and we've been able to show such a wide range of what we do."



The nurse

George Bianchi is a sister in our emergency department (ED) and has been a nurse there for 11 years.

"In ED I would be managing the flow of patients through the department and overseeing the safety of patients there, as well as managing staff. I make sure patients are seen in a timely way and according to their need.

"At the start of the pandemic patients were coming to ED for testing and we would need to explain to patients what we would be going through with them.

"Although I was fit and well, I was 16 weeks pregnant and as guidance for healthcare workers changed, all of a sudden I was in a shielding category.

"Initially I was redeployed to help with the logistics and stores team – they are a great group of people and worked so hard to make sure everywhere received what they needed as soon as possible.

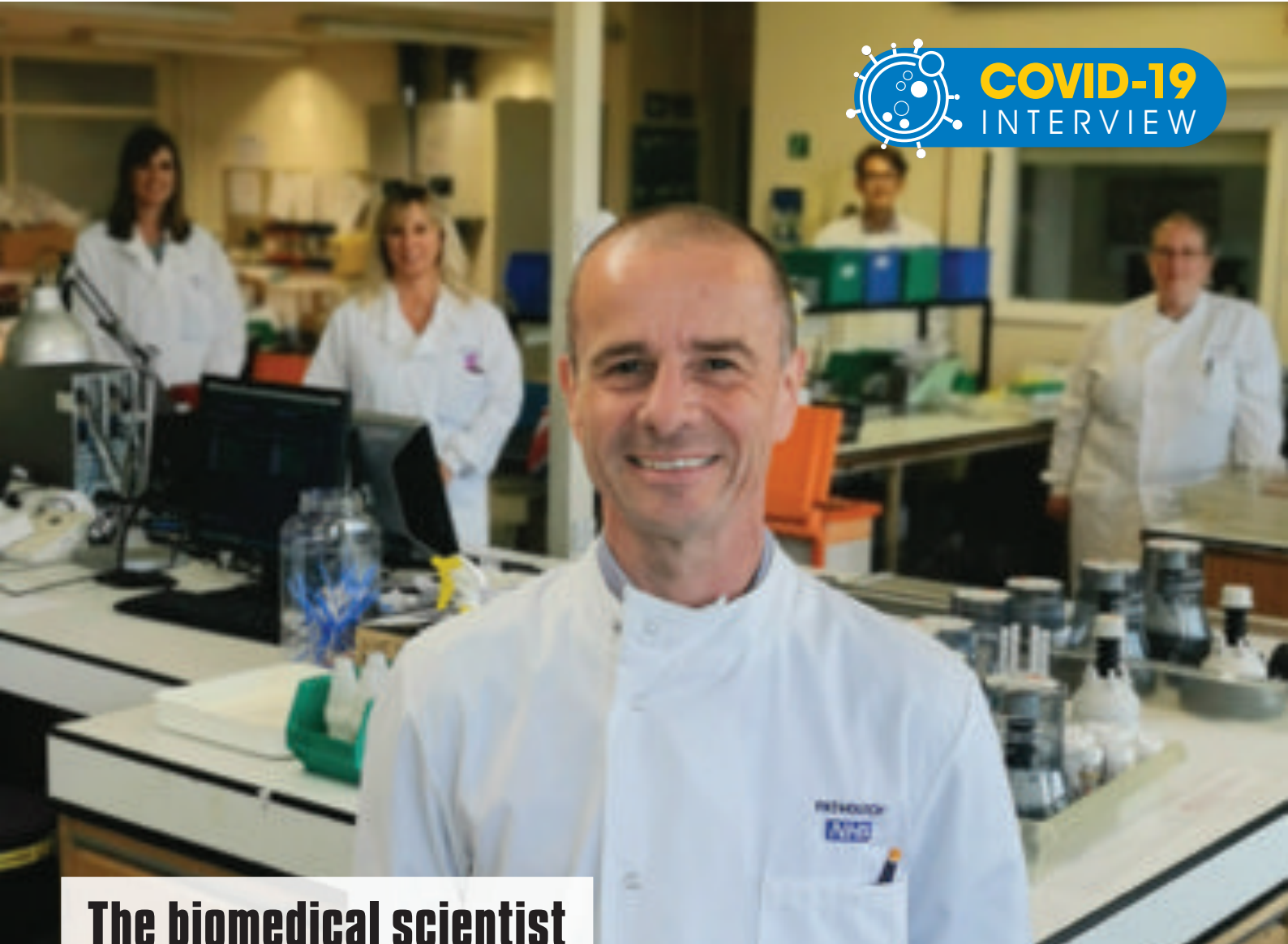
"Because of my clinical background I also supported the infection control team in making clinical decisions around PPE and testing. I would work with the microbiology service to 'triage' inpatient testing swabs, and work with microbiology to assess the swabs and make a clinical decision on who should be tested.

"The biggest change for me was the change in pace – ED is full on, all of the time. In my temporary roles I've met a lot of people around the hospital and have learnt a lot about other wards and departments. It's given me a really good insight into the hospital and what people do day-to-day.

"At first I was upset to leave my team but grateful to have a role that had a purpose to it, and still supporting the hospital efforts with Covid-19.

"I hope people will respect the NHS more and use services more appropriately, and that the support for what doctors, nurses and all the other staff here do continues."





The biomedical scientist

Andy Barber is the hospital's acting laboratory manager for infection sciences, and has worked for the trust for nearly 40 years.

"A usual day for me would be working with my team of biomedical scientists (BMS), associate practitioners (AP), biomedical support workers (BSW) and admin staff to ensure the delivery of a high quality microbiology service to patients, leading on the implementation of a new laboratory computer system and ensuring the teams are working to the highest service standards.

"My role evolved significantly during Covid-19, in addition to overseeing the usual service we provide. Routine work reduced while Covid-19 testing meant we were busier than ever.

"Initially things changed almost daily with the requirements for who was being tested, where the samples were sent to and how quickly we would get results back. The nature of the virus meant that we had to modify areas of the lab to ensure staff were not put under any risk whilst handling potentially infectious material.

"The pressure was on to introduce local testing, but obtaining the reagent (used to conduct the test) was a struggle. I'm

pleased to say that we were able to provide a responsive service, allowing staff on the wards to make important clinical decisions.

"More recently I have been working on the introduction of the Covid-19 antibody test. Usually this test would be performed by the virology department, part of microbiology, but the reagents allocated and the number of tests required meant that biochemistry had the capacity to deliver this.

"It's of paramount importance that I support my team during these changing times. Fortunately, things are slightly calmer now, but there are still regular changes that come along to challenge us and usually with a very short deadline.

"For me the biggest challenge was meeting the increased demand for testing, data gathering and dealing with what seemed like daily changes to what we were expected to deliver. Timescales were unbelievably ambitious but it is to the credit of everyone working within pathology that we were able to meet these.

"It has been really rewarding to see my team rise to the challenge presented to them, and to just get on with what was required in a professional way. They have helped introduce three new testing systems

in microbiology alone and in very short timescales. There have been numerous changes in protocols, usually late in the day, and they have always delivered more than was expected of them. I don't think I can give them enough recognition for their efforts – they have been incredible.

"My very supportive family, a small circle of close friends and a brilliant team in the lab all helped to support my wellbeing, and having trained and taught martial arts for over thirty years as well as recently running ultra-marathons, I consider myself to have good coping strategies (my wife might call me stubborn!). I have to admit though that there have been days when I have really had to dig deep and having this resilience has been a definite benefit. My wife and daughter's cooking has also helped!

"With regards to the future and the wider NHS, until we learn more about immunity and hopefully have a vaccine, we will have to always consider the risk of Covid-19. This will have a major impact on how we return to 'business as usual.' On a positive note the past few months have shown the general public that the NHS is an amazing organisation staffed by extremely dedicated people."

The clinical director

Mr Mukhtar Ahmad is a consultant general and colorectal surgeon, as well as our clinical director for surgery.

“My days are always packed because of my leadership role as clinical director looking after ENT, oral and maxillofacial and general surgery.

“Week to week varies but typically has three days of full clinical commitments, including in theatres, endoscopy and clinics. There’s a management day in there too, and a day for supporting professional activities and development. I like the mix, it’s a good blend for me.

“When Covid-19 arrived, everything stopped and almost all clinical activity ground to a halt, except for our emergency work.

“As surgeons, there was limited scope for us to use our skills in the wider hospital’s efforts, so we spent time re-training so that we could work in critical care or A&E. Thankfully the number of cases in Dorset was not as bad as feared and we did not have to be called upon.

“So what we did do was spend time continuing to develop detailed plans for the reconfiguration of clinical services, which places Poole Hospital as the centre for all planned care and the Royal Bournemouth as the centre for emergency care.

“We’ve also been looking at our waiting lists to make sure the patients who need our care the most receive it first when we start to see patients again.

“One thing that Covid-19 created was a need to challenge ourselves to do things differently, and to think differently, and we can think about this in our planning as well as in our day-to-day roles.

“For example I’m about to do a virtual clinic, in which I will see a patient on screen instead of in clinic.

“This technology is something we have talked about for years, but Covid-19 has quickly unlocked any barriers that may have existed in the past. Most of our diagnoses are done by looking, and with the aid of diagnostic tests, so virtual clinics make a lot of sense.

“I really enjoy seeing patients in this way, and the patients are positive about it too. I find that patients can really be involved in their care despite the distance.

“The biggest challenge has been making sure that our patients with cancer and other

urgent referrals are safe. There are currently a lot of older people with significant health problems who have been told to stay at home – many are still apprehensive about contacting GPs or coming into hospitals.

“During the lockdown, our advanced nurse practitioners have been keeping in touch with those patients that have been diagnosed with or suspected to have cancer to make sure they felt supported and offered review appointments if their symptoms worsened. I think it has worked quite well.

“I think the most rewarding aspect of recent months has been the opportunity to use this time to challenge ourselves to be more responsive, more dynamic and friendlier, going forward.

“Personally, I will remember for a long time helping an elderly patient to make a video call with her family from hospital. The lady was refusing our care and medication but we had her son’s number and contacted him. From there we gave the lady my iPad and it was so lovely to see her open up with them, and she was great afterwards. It really made a big difference to the care we were able to provide to this lady.

“It became apparent early on that the majority of healthcare workers who had died from Covid-19 that we were seeing in the media were from a Black and Minority Ethnic (BAME) background. This clearly caused me some anxiety, speaking as a BAME staff member.

“I was anxious for a while but didn’t really talk to anyone else about it, but at the same time I was disappointed that no one else was talking about it. When Debbie Fleming [chief executive] wrote a letter to BAME staff – that meant more than people may imagine.

“I felt we had reached a point where there was quite clear action being taken, and that this was being monitored at the highest levels. There followed national guidance and risk assessment frameworks, and that while Covid-19 remained an issue for people from a BAME background, it was being mitigated.

“I think that the appreciation for the contribution that every individual in the NHS makes will stay with the public – Covid-19 has shown that the NHS isn’t just about doctors and nurses but an entire team working together. We can’t do our jobs without the support of countless others.”





The governor and wellbeing lead

Marie Cleary is a staff governor, and an organisational development practitioner with responsibility for staff experience, and has worked at the hospital for nearly 30 years.

“My typical day is full of different activities, all of which are focussed on helping our staff have the best experience of working in the NHS. From supporting the training needs of staff, for example delivering Mental Health First Aid training, to supporting our staff networks covering groups and working for change through our activity for the Workforce Race Equality Standard, Workforce Disability Equality Standard or our Gender Pay Gap results - no two days are ever alike.

“At the start of our response to Covid-19, my role changed at a tremendous pace to focus on support the changing needs of our staff. Change quickly became the norm and helped us to be courageous in our responses.

“We immediately brought together the organisational development teams of

Poole and Bournemouth into one, with a clear focus on supporting staff health and wellbeing equitably across our hospitals. This enabled us to deliver support in different ways, responding immediately to ever changing needs. I have been involved in many areas including the setting up of local emotional and psychological support services, ensuring staff had nutrition and hydration, setting up ‘safe spaces’ for staff relaxation and working with the Poole Hospital Charity team to manage and share all the many and varied gifts and offers we received from our supporters – our communities have been simply amazing!

“The biggest challenge, which was also an opportunity, was to quickly develop an understanding of the needs of teams and respond swiftly to make sure support was delivered to staff. This involved setting up excellent communication within our own team, and continuously engaging with clinical and non-clinical teams to make sure we were

getting the offers right. Alongside this we were learning to work differently, with much of our communication using Microsoft Teams.

“Knowing that my work in the team was directly supporting colleagues was the most rewarding part of the last few months. It was a privilege to be able to care for those who were caring for others, and I could not have done so without working with some incredible people inside and outside of the organisational development team.

“I have never been prouder of colleagues to wear my NHS badge, and that gave me energy and determination to give my best. In advising others to self-care I knew that I needed to do so myself, but this was often hard to manage at times when there was so much to be done.

“Covid-19 has shown that we can be courageous and deliver high quality services in extraordinary times. This knowledge could be an enabler for doing things differently in the future.”

The patient

Greg Wain, 62, was a previously fit and healthy nurse when he contracted Covid-19. Having held senior nursing roles elsewhere in the NHS, including as lead nurse for tissue viability at the specialist Broomfield Hospital in Essex, Greg had settled in Swanage and works at the community hospital there. He was admitted on 15 April and was discharged in late July following months of rehabilitation initially in critical care, then Portland Ward, to regain lost mobility and muscle mass.

"I started to feel out of sorts and fatigued, and so I thought I had better get tested for Covid-19. But I felt so unwell that I ended up going straight to A&E at Poole Hospital and within 20 minutes of being there I'd lost consciousness.

"The next seven weeks were spent on the critical care unit. For most of those weeks it

was a blur, but as I came round and started to be aware of where I was I would have these distressing, vivid dreams.

"I used calming images and memories from my childhood to soothe myself, and did a lot of praying, and that brought real comfort.

"I have been told I had a very close shave and my life was hanging in the balance.

"I have been incredibly humbled by the staff on critical care and on Portland Ward.

On critical care I was blown

away by their professionalism, their compassion and kindness was simply awe inspiring.

"In terms of a leading centre of excellence, critical care is right up there. The multidisciplinary team, the nurses, doctors, therapists, everyone – it was a real team effort to turn things around for me.

"I'm just incredibly grateful and the experience has made me thankful for each day.

"What I would like the public to take away from my experiences is the importance of social distancing and wearing face masks to avoid spreading and contracting the illness in the first place.

"Covid-19 does not discriminate, anyone can catch it, and that's why there should be no complacency."





The junior doctor

Dr Stephanie Austin is a Core Medical Trainee 2 (formerly known as an SHO, or senior house officer).

"Before Covid-19 I would look after a mix of patients on wards or on-call, including new patients coming into hospital or those that are more unwell.

"As Covid-19 emerged, I then took on a new role, junior doctor workforce co-ordinator - the hospital needed someone who understands the system, in terms of demand and capacity, and how junior doctor roles fit into this.

"I would devise rotas that provided seven day junior doctor cover across medicine and elderly care, working alongside other specialities.

"I would work with the hospital's senior management team to ensure wards were covered, and I'm hoping that the improvements like the introduction of electronic systems for rotas will carry on after Covid-19.

"I also helped to set up the [private] Harbour Hospital for urgent elective care, and got involved in designing the patient pathway and junior doctor staffing arrangements for it, and would see two or three lists a day there.

"In the role I still worked clinically, including on call when needed.

"I think the biggest challenge was in balancing the clinical needs across specialities - it took some doctors away from their areas to be redeployed elsewhere.

"Putting that into place, and at the same time as supporting the doctors and making sure they didn't feel like chess pieces, was difficult at times, but I hope everyone felt they were part of a wider team effort.

"It's been as tiring as it has been rewarding, but I have really enjoyed it. The junior doctors have bent over backwards to make this work, and I think it has really shown the passion that we have for our patients.

"It's been hard being available at all times and all hours, there have been some barriers to unblock but I think we got through them all.

"I'm lucky - my home is on a river and so I can retreat there, turn my phone off and recharge.

"The NHS has been used as a political football in the past and I hope that people now appreciate better just what we do and have a new-found appreciation for us."





The fundraiser

Sara Frupp, fundraising manager, has worked for the Trust for 16 years.

“Day to day I’m responsible for running of the Poole Hospital Charity fundraising team. We organise and deliver events, plan campaigns and provide donor stewardship to generate charity income which supports and enables enhanced patient experience across the hospital.

“Covid-19 changed almost everything for us – we could not plan events or put on the ones we had already arranged. The day after lockdown was announced, 23 March, we were inundated with offers of support.

“We had to adapt to ensure the needs of our frontline staff were being met, and worked closely with the health and wellbeing team.

“We distributed thousands of items to staff – anything from Easter eggs to hand creams and lots more! We supported the creation of the relaxation spaces for staff, The Bubble, Hideout and The Nest, so staff had somewhere as a respite from the busy clinical environment, and co-ordinated the distribution of food and drinks for staff.

“We also ensured we continued to support our donors who responded to our incredible Poole Hospital Heroes campaign, and secured funding from NHS Charities Together to support both staff and patient welfare impacted by Covid-19.

“It was lovely to work alongside other hospital teams during this time, including the organisational development team, and getting to know colleagues from the Royal Bournemouth. We built on the strength of some of our community partnerships, including our friends and neighbours from St Mary’s Church Longfleet, who provided volunteer support and facilitated storing and organising of donated items for our staff.

“We were overwhelmed with the support from our community, and I know every thoughtful donation and act of support has touched staff.

“It’s a great problem to have – how to distribute all this generosity – but a problem nonetheless!

With such a small team, getting thousands of items to more than 200 different wards, departments and teams across the hospital was a real challenge.

“It was important to prioritise the areas most in need, whilst trying to ensure donations were distributed as fairly as possible.

“It’s been humbling to meet so many staff working with such dedication, commitment and care in extraordinary circumstances.

“In terms of our own wellbeing in the team, to be honest I think we put our own needs on hold despite pushing ourselves both emotionally and physically. Outside of work, I’ve been enjoying designing and landscaping my garden which has been a lovely thing to focus on and given some welcome headspace.

“I hope that from Covid-19 comes more consideration for the health and wellbeing of NHS staff and the amazing work they do.”

Rev. Declan McConville

The Rev. Declan McConville is the hospital's head of chaplaincy and has worked here for 18 years.

"Chaplaincy is about responding to the pastoral care needs of patients, staff and relatives, being a listening ear, and sharing in the fears, concerns and joys of all who we encounter each day. Sadly a lot of our time is naturally supporting people at difficult times, for example illness, death, bereavement. But it is also a privilege to share the laughter and joy of patients and colleagues.

"Having to don scrubs and masks on wards was a first for us, but it enabled us to safely work alongside our colleagues and be able to provide appropriate pastoral, spiritual and religious support to patients. With reduced chaplaincy resources we prioritised end of life support, and also our colleagues working with patients with Covid-19.

"Between us we amended our shifts to ensure that we kept each other safe and that we could continue to maintain a 24/7 service. We produced prayer and religious materials for patients from all major faiths that were disposable, alongside pastoral material for families that could not attend the funeral of a loved one. We also supported many staff members who had relatives die overseas and who were unable to attend their funerals.

"The greatest challenge throughout this time has been preparing for the unknown, and keeping ourselves, our colleagues and our families, safe and well.

"But it did bring about a heightened sense of solidarity as we all looked out for each other and learned to negotiate this uncharted Covid-19 journey. It was also very rewarding to find creative new ways of working and gaining new ideas from shared learned from chaplaincy networks nationally.

Fraser's support, and the good humour, professionalism and kindness of so many colleagues across the Trust, were crucial to my own and to the chaplaincy service's survival during this incredibly difficult time.

"For the future, I think that chaplaincy nationally as well as locally will need to take time to reflect on and harness the new creative ways of working that we pioneered and to see what we can take forward into the 'new normal.' One thing is certain – I'm delighted to be welcoming back to the hospital our hard working volunteers.

"We have only been able to perform our roles through Covid-19 with the support of staff across the hospital. I'd also like to thank Patricia (Reid, director of nursing) and Jenny (Williams, head of patient experience) for their concern and constant support, and to our colleagues in the cash and bereavement offices next door to the chaplaincy space and who not only watched out for us but were a source of inspiration with their unwavering smiles and dedication."



Emma Booker

Emma Booker is a patient experience facilitator and has worked at the trust for almost five years.

“Usually the patient experience centre is busy with visits from carers, volunteers, work experience students, patients, relatives and the general public, here to make enquiries, seek advice, raise concerns or share thanks.

“No two days are the same and we have to work flexibly, prioritising our work to enable us to respond to the needs of patients and relatives as they occur, speaking with staff, visit patients, attend meetings and partake in staff and patient surveys.

“The centre closed to the public at the end of March, however the service has remained very much open but our contact with patients and relatives and the wider public has been via phone and e-mails, rather than face to face.

“In some ways things haven’t changed - we’re still here to support patients – but how this looked was very different, as we try to keep patients, relatives and staff safe.

“The need for restricted visiting created additional distress for patients and their families and it was quickly apparent that we needed to set up a number of communication initiatives to ensure patients and relatives felt connected as much as possible.

“These included a patient parcel delivery service, introducing a designated email address that allows relatives to send a message, drawing or photo to their loved one, and setting up of virtual visiting through video calls.

“We had a number of staff working from home and another redeployed to clinical duties. Simple tasks, like asking your colleague a quick question, something we had always taken for granted, were no longer possible.

“We quickly had to familiarise ourselves with Microsoft Teams, Zoom and Skype to call, meet and chat with the team remotely.

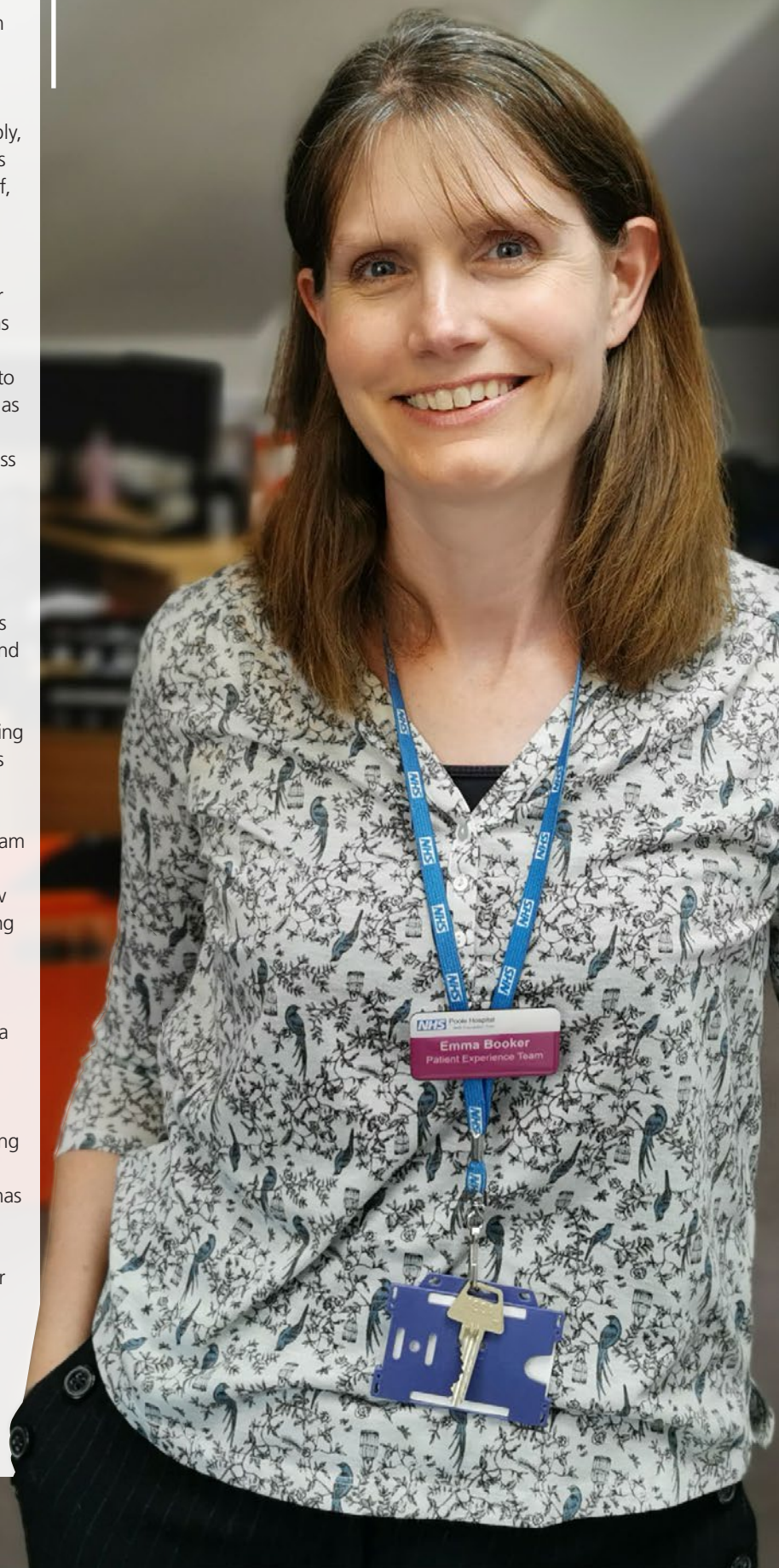
“It’s been good to have the opportunity to evaluate how we’ve been working and to look at new ways of connecting with patients and relatives, and providing support at the point of need.

“Sometimes it has been the small acts that were the most memorable - our team was instrumental in ensuring a patient in critical care got to listen to their favourite music, for example. Their gratitude and learning of the patient’s recovery was a reward in itself.

“A daily dose of Joe Wick’s workout with the family, along with the odd glass of something cold in the garden has helped keep me energised and de-stressed at a time that has brought lots of uncertainty for us all.

“I’d like to thank all the hospital staff who despite their increased workload have continued to be responsive to our requests for help with patient/relative concerns and have continued to work to provide timely resolutions.

“I hope that Covid-19 leaves behind a more flexible way of providing healthcare that uses technology to compliment the amazing service the NHS already provides every day.”





A PERSONAL MESSAGE FROM DAVID MOSS, JOINT CHAIR POOLE HOSPITAL NHS FOUNDATION TRUST AND THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

As you can see from this latest issue, for a whole range of reasons, the last few months have been an extremely challenging time for everyone in the hospital and wider NHS!

The onset of Covid-19, of course has had a huge impact on all our services. We have had to reconfigure the hospital site and radically change the way in which we delivered our services to the public. This has been a huge team effort, involving significant change and an enormous amount of work for our clinical and non-clinical staff alike. I cannot thank our staff enough for all that they have done over the past few months, in order to step up to this challenge and maintain safe services for our patients.

Looking ahead, you will see in this edition an update on progress being made on merger with The Royal Bournemouth and Christchurch Hospitals. With the recent

positive news both from the Competitions and Markets Authority and NHS Improvement we are much closer to an exciting future ahead of us as the new University Hospitals Dorset NHS Foundation Trust. We know that we can serve local people better as a larger, more resilient organisation, and we are committed to delivering real benefits as a consequence of this change.

In the midst of all the distress that the pandemic has clearly caused, we are determined to come through this together, stronger as a consequence of all we have collectively learned. We look forward to continuing making great progress together as we commence a new era for healthcare later in the year.

Please continue to stay safe over the rest of the summer and thank you for your continuing support for Poole Hospital.



CONTACTING US

For all membership queries, bookings of events and to contact a governor please contact the membership office on 01202 448723 or e-mail us at members.contact@poole.nhs.uk.
Thank you

Your Council of Governors

Poole

**Shirley Brooks**

Shirley has been teaching within further and higher education for more than 20 years. Shirley's first 3 year tenure commenced on 1 November 2018.

**Robert Bufton**

Robert has a background as an accountant and has served as a governor in education. Robert's first 3 year tenure commenced on 1 April 2019.

**Christine Cooney**

Christine has come from a financial background as well volunteering with a mental health charity, Christine's second 3 year tenure commenced on 1 November 2019.

**Steve Heath**

Steve was a teacher before moving into senior management in clinical healthcare and technology businesses. Steve's first 3 year tenure commenced on 1 November 2018.

**Diane James**

Diane has been a trustee for a club for people with learning disabilities for 30 years. Diane's first 3 year tenure commenced on 1 November 2019.

**Dr Andrew McLeod**

Andrew has been a doctor since 1973 and was appointed as the first cardiology consultant for Poole hospital in 1988. Andrew's first 3 year tenure commenced on 1 November 2018.

**Richard Negus (Lead Governor)**

Richard has been a governor since 2015 and was re-elected to serve a second 3 year term commencing 1 November 2018 and is The Trust's Lead Governor.

**Patricia Scott**

Patricia has been a governor for Dorset Healthcare University NHS Foundation Trust and commenced her first 3 year term on 1 November 2019.

Purbeck, East Dorset & Christchurch (2 vacancies)

**Carole Light**

Carole has worked with young people and those with a disability in a variety of roles. Carole's first 3 year tenure commenced on 1 November 2018.

North & West Dorset, Weymouth, Portland and Rest of England

**James Myles**

James had a 40 year service in the armed forces leaving in the rank of Major and commenced his second 3 year term on 1 November 2018.

Bournemouth

**Sharon Collett**

Sharon has a background in Education and has a keen interest in Healthcare. Sharon's first 3 year term commenced on 1 April 2019.

**Allan Petrie**

Allan served in the army until 1987 when he left in the rank of Colonel to be headmaster at Bournemouth School, retiring in 1996. Allan started his first 3 year term on 1 November 2018.

Staff Governors

**Dave Barnett - Clinical Staff Governor**

Dave has worked in theatres at Poole Hospital for more than 20 years. Dave's first 3 year tenure commenced on 1 November 2018

**Marie Cleary - Non-Clinical Staff Governor**

Marie works in HR as the Staff Experience Lead and started her first 3 year term on 11 October 2019.

**Joy Johnson - Clinical Staff Governor**

Joy works as a Biomedical Scientist within Poole Hospital and started her first 3 year term on 1 November 2019.

**Gary Smith - Clinical Staff Governor**

Gary works in the plastering room as an Orthopaedic Practitioner and started his first 3 year term on 1 April 2019.

Appointed Governors

**Roger Burbidge**

Roger is a Volunteer at the Hospital and sits as the appointed volunteer on the Council of Governors. Roger's first 3 year term commenced on 22 March 2019.

**Cllr Cathy Lugg**

Cathy is a Councillor for Dorset Council and commenced her first 3 year term on 5 July 2019.

**Keith Phalp**

Keith is a Professor and Executive Dean of the Faculty of Science and Technology at Bournemouth and Keith's first 3 year term commenced on 5 February 2019.

**Dr David Richardson**

David is a GP in Poole and is a member of the Dorset Clinical Commissioning Group, appointed for a second 3 year term on 1 November 2018.

**Cllr Ann Stribley**

Ann is a Councillor for BCP Council and commenced her third and final 3 year term on 27 June 2017.

ELECTIONS 2020

It is a requirement of our provider licence as a foundation trust to hold regular elections that coincide with the expiry of governors' terms of office. This is also true following the dissolution of foundation trusts and the formation of a new organisation. This is because a new Council of Governors of the new Foundation Trust is required. With the plans to merge Poole Hospital NHS Foundation Trust and the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust we are planning to hold elections for a new Council of Governors during the autumn of 2020. The public constituency seats will be:

- Bournemouth 6 seats;
- Christchurch, East Dorset and Rest of England 5 seats;
- Poole and the Rest of Dorset 6 seats.

PROPOSED TIMETABLE

- Nominations will be open on Friday 2nd October 2020

- Deadline for nominations on Monday 19th October 2020
- Voting will open on Thursday 5th November 2020
- The declaration of results will be on Friday 27 November.

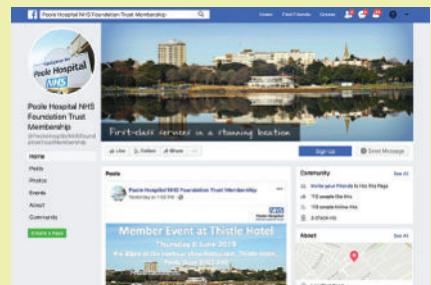
WHO CAN STAND FOR ELECTION?

You must be a member of the Foundation Trust and you must be aged 16 or over. Public Governors must live in the geographical area that they wish to represent. Staff and volunteers cannot stand as public governors while they are employed by the trust. However, they can stand as candidates for a staff governor role.

Public Governors are elected by you – our members – they are there to represent your views on the Council of Governors, so every vote counts! Please keep looking at the Trust's website for regular updates including virtual prospective governor events taking place in September 2020

GOVERNOR COLUMN

We asked Marie Cleary, staff governor and organisational development practitioner, to tell us how she has seen the Covid-19 pandemic from her perspective. Find her interview on page 9.



FACEBOOK PAGE FOR MEMBERS

The membership Facebook page continues to attract views and likes and all the information about the membership events, meetings and elections can be found on the page, just search for Poole Hospital NHS Foundation Trust Membership.

You are welcome to observe the public meetings of the Council of Governors or the Board of Directors. Please refer to our website www.poole.nhs.uk for agendas, supporting papers and confirmed timings.

ANNUAL MEMBERS' MEETING – 17 SEPTEMBER 2020

The Trust's Annual Members' meeting will take place on Thursday 17th September 2020 at 2pm when the Trust's Annual Report and Accounts are due to be presented. Owing to the current restrictions this year's Annual Members' meeting will take place as a virtual meeting utilising "Teams Events". Further updates will be provided closer to the time.



Should any members have events that they would like to see a Poole Hospital Governor attend or have suggestions for venues or topics, please contact the membership office on 01202 448723 or memberscontact@poole.nhs.uk

Clinical Presentations

Clinical presentations take place to inform our members about areas of the Trust's work. The aim of these presentations is to give members a wider understanding of particular services within the hospital. They provide an opportunity to ask questions and find out more about the topics covered.

Details of all clinical presentations can be found on the Poole Hospital Website under the Support Us section. If you wish to attend any of our events you will need to reserve a place by calling 01202 448723 or emailing us at memberscontact@poole.nhs.uk. Places will be allocated on a "first come first served" basis.

MERGER DATE NEARS AS NEW NAME UNVEILED

As you may know, Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust will merge on 1 October.

In discussions with our regulator earlier this year, we agreed that our priority must be to deal with the impact of Covid-19, allowing our clinicians to remain focused on this challenging and unprecedented situation.

We have also been discussing the prospect

of this new, merged organisation attaining 'university hospital' status with our partners at Bournemouth University.

We are pleased to confirm that in recognition of the extremely close working relationship the hospitals and the university has enjoyed over many years, we have agreed with the university that from the outset we will have 'university hospital' status.

To reflect this, the new organisation will

be named University Hospitals Dorset NHS Foundation Trust.

Debbie Fleming, chief executive, said: "I am delighted to cement and develop further our partnership working with Bournemouth University.

"By becoming established from the outset as a university hospital, the commitment within our new organisation to learning, innovation and research will be clearly demonstrated."

Hazel is support worker of the year

A Poole Hospital maternity support worker has been named national support worker of the year by her professional body.

Hazel Harvey has been in the role for seven years, and works with vulnerable mums-to-be and their families as part of the safeguarding team.

Hazel was put forward for the award, from the Royal College of Midwives (RCM), by her manager and the hospital's lead midwife for safeguarding, Kerry Medina. Kerry wanted to recognise her colleague's determination to provide complete support for women, and the professional development opportunities she took in order to do so.

The role sees her work closely with mums-to-be from early pregnancy right up to, and beyond, the birth.

She helps mums to be who are smokers to quit, and provides women with practical parenting skill to boost their confidence.

She is a trained newborn behavioural observation practitioner, which helps her to identify if a baby's needs are being met, and how best to support the mum and family to provide for them.

"For me, it's all about the bonding," explains Hazel. "Some mums struggle with their mental health around pregnancy, and with bonding and attachment.

"My role is really to support the mum and their family to create the best possible environment for their baby, and to be with them every step of the way."

Gill Walton, chief executive of the RCM, said: "Hazel's work has made a big difference to the many women and their families in Dorset and I wholeheartedly congratulate her on being named MSW of the year."





A decade of dedication as unit turns 10

The Rapid Access Consultant Evaluation (RACE) unit was introduced in late June 2010 to reduce the time older patients spend in hospital and to mitigate the negative effects that a hospital stay can have.

The unit's performance – nearly halving the length of stay for older patients from 14 to around eight days, and safely discharging around half of all patients within 48 hours with comprehensive care plans – has prompted interest nationally and internationally from others seeking to replicate its success.

The results are down to a multidisciplinary team approach, involving doctors, nurses, physio and occupational therapists, pharmacists and social services, from the moment a patient arrives on the unit. Consultants are available seven days a week

to ensure that senior clinical decisions can be made about each individual patient, and treatments plans altered as required.

The unit has attracted supporters including Government ministers who have visited the service to hear first-hand about its ethos, while it has won national awards in recognition of its seven-day care approach.

In June, past and present staff, including clinicians and nurses, therapists, social services and the British Red Cross, which provides assisted discharge services to patients returning home that need a little extra support, 'gathered' virtually to celebrate the milestone.

Among them was Poole Hospital's medical director, Dr Matt Thomas, who helped establish the unit in 2010.

"It is a great milestone and we have all

become incredibly proud of RACE," he said.

"The success of RACE in its early days was due in large part to super-charging our multi-disciplinary working across specialties and roles, and the support that social services were able to give us.

"Over the years we've had visitors from all over the country, and from all over the world, keen to learn more about this model of care."

Dr Naomi Fox, clinical director for older people's care, added: "The RACE unit is a real beacon in our older people's services, and has become a successful model in use around the country.

"Our staff love the dynamic pace in which they work, and our patients love the comprehensive care they receive which means they get to go home sooner."



A message from Debbie Fleming, joint Chief Executive; Dr Alyson O'Donnell, shadow Chief Medical Officer, Dr Matt Thomas, shadow Deputy Chief Medical Officer; Joint BAME Staff Network; the Joint Inclusion and Diversity team, and the Joint Human Resources Directorate:

The brutal death of George Floyd by American police has ignited anger and a call for an end to racism, discrimination and injustice for black people across the world.

For the African and Afro-Caribbean community it is a painful reminder of the parallels in the systemic racism here in the UK, which has led to health inequalities in our very own NHS.

These health inequalities can kill – we know that black, Asian and minority ethnic communities are disproportionately impacted by Covid-19. We have had a few BAME staff receiving treatment for COVID; fortunately they have all have made a positive recovery.

We also know that African and Afro-Caribbean women are five times more likely to die during childbirth than white women in the UK.

We do not tolerate racism and hate crime. Our hospitals are places where all our staff and patients should feel safe, protected, welcomed and listened to.

For more info visit www.poole.nhs.uk for more.



Getting under the skin of a common condition

Acne is a very common condition which can have a major impact on those living with it, but it's hoped that results from a major new study could help the millions of women affected by it in the UK.

It's thought that 95 per cent of the population in the UK has had acne to some degree in their lives, with 20 per cent classed as moderate to severe cases. The condition causes spots, oily skin and sometimes scarring, usually on the face, back or chest.

Sophie Crawford, 22, took part in the Spironolactone for Adult Female Acne (SAFA) study, funded by the National Institute for Health Research and led by the Southampton Clinical Trials Unit, part of the University of Southampton. It involved taking tablets for six months, which may be either spironolactone – a drug normally used to treat high blood pressure and other conditions, and also thought to be beneficial to women with acne – or a placebo tablet.

The outpatients helpdesk co-ordinator

at the hospital has had acne since around the age of 11.

"When I heard about the study I jumped at the chance," said Sophie. "I've had acne since childhood – it has definitely had an effect on my confidence. I can wear make-up now but at 11 years old I couldn't, so it was more visible."

"I was able to talk to the research nurse about it and I'm really pleased to have been involved – it's kind of cool."

Dr Suzannah August, pictured with Sophie, is the clinical lead for the study work taking place at Poole Hospital, and is excited about the possibilities the results may throw up.

"It's thought that spironolactone helps acne because it balances the hormones that drive the condition in women."

"If the SAFA study shows the treatment to be effective, it will have a massive effect on our ability to manage many cases of acne in women."

To find out more about the study visit <http://www.southampton.ac.uk/safa>



IMPROVING SERVICES FOR PATIENTS WITH HEARING LOSS

Support for patients at Poole Hospital with hearing loss has been boosted following a deaf awareness and communication day for the hospital's nuclear medicine department.

With the help of George Raggett, WDDA trustee and tutor, the department is now officially deaf-friendly.

George said: "In the case of hospital appointments, people with hearing loss often experience heightened levels of anxiety that communication will be, or is, difficult when they arrive.

"When they find that departments have been adapted and staff understand their

needs and can communicate effectively with them, it makes a huge difference to them and their families."

As part of the day, staff were given tasks including wearing headphones and a blindfold to simulate being deaf blind. Staff then had to practice using their fingers to write on the palms of others.

Kat Dixon, head of nuclear medicine said the day had been rewarding for all who took part.

"Many blind deaf people have the ability to speak, but to understand a reply they need to have words spelt out in their palm," she said.

"Previously, we used a direct link screen

to a sign language interpreter, but since our training day there has been less need as our department now has fundamental knowledge in communicating with our deaf and hard of hearing patients."

The department has put into place practical steps to improve the environment for patients with hearing loss, and the steps the team has taken has brought praise from patients.

"We were delighted to receive feedback that deaf and hard of hearing patients visiting the department had commented on the high levels of deaf awareness and communication skills of the staff they met," added George.

Warm welcome back to our volunteers

Hundreds of volunteers usually help out across the three hospitals, providing an invaluable service in many wards and departments. However, due to Covid-19, the majority of the volunteers were temporarily stood down at the start of the pandemic with many shielding at home.

Now as the hospital is seeing an increase in outpatients coming in, as well as a return

of visitors, a number of volunteers have also made a welcome return.

Poole volunteer, Maddie Jukes, said: "I am really happy to be working as a volunteer. I was originally due to start volunteering in the emergency department in March and had just received my uniform when unfortunately, due to Covid-19, I was unable to start.

"I am looking forward to meeting a range of people and gaining knowledge from a hospital environment."

Joy Heelan, voluntary services lead at the hospital, said: "I am really pleased to be able to start welcoming back our volunteers – they really do play an invaluable role and the hospital has not been the same without them."



SOCIAL MEDIA

SNAPSHOTS

of support



£170,000 donated to hospital's 'Heroes Fund'

The Poole Hospital Heroes Fund, set up to respond to the health and well-being needs of staff and patients during the Covid-19 pandemic, has so far received £170,000 in grants and donations.

Over the past five months charitable organisations, local businesses and individuals have all contributed to the fund.

Grants were received from NHS Charities Together and the Talbot Village Trust, a charity supporting causes in the Bournemouth, Poole and Christchurch area, which provided an amazing £25,000 grant to support staff wellbeing initiatives.

Other donors included Maverick Race, a Bournemouth trail-running events organiser, which contributed more than £7,000 from the sale of specially designed t-shirts and Elliott Brown Watches, a Poole watch manufacturer, who donated almost £4,500.

Community groups and individual fundraisers have also been a vital source of support with Yarrells School and Nursery holding a 'camp out', with pupils and staff camping in their own gardens, raising £1,223. A garden marathon was also held in place of the annual Poole Festival of Running, which raised £13,425, split between the Poole Hospital Heroes Fund and the hospital's cancer services team.

The money, co-ordinated by Poole Hospital Charity, has so far supported staff safe spaces, which offer a place to rest and reflect; food and hydration, and the establishment of staff support



helplines and counselling services. It has also been used to help patients, particularly those recovering from Covid-19.

The fund has also been used to help with patient wellbeing, helping to purchase delirium activity boxes which include strengthening equipment, puzzles, quiz books, colouring activities, board and card games, and are used by the hospital's respiratory therapy team to aid post-Covid-19 patient rehabilitation.

Looking ahead, the Poole Hospital Charity is working to ensure that a lasting legacy remains from the donations which will be used to continue to support patient wellbeing and look after the psychological, physical and mental wellbeing of staff.

Sara Fripp, Poole Hospital Charity fundraising manager, said: "Without the generosity and support of our fundraisers and local organisations none of this would have been possible.

"We cannot thank our donors and supporters enough for their gratitude and generosity."

For more on how the funds have been used visit www.poole.nhs.uk

Singer on song for charity

A local singer/songwriter has released a single to support Poole Hospital Charity and the children's community service.

The service wanted to create a video to showcase how they have had to evolve to ensure that younger patients and their families continued to receive a great service during the Covid-19 pandemic.

The team visit children and their families in their homes, helping to manage sometimes complex conditions outside of hospital, which is often better for the children.

When a parent suggested that local singer-

songwriter Krista Green might be able to provide a unique song to accompany the video, the service jumped at the chance.

Josie Roberts, lead nurse for the service, said: "We put this film together to help show how we've been able to continue to provide care and support, and to thank our children and their parents for their contribution too.

"To have a song to help tell this story makes it even more special."

You can watch the video on the hospital's YouTube channel, which also has details about how to purchase the single.

We welcome feedback on this newsletter - email it to communications@poole.nhs.uk

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Need larger print, audio or a translation? If so call the Patient Advice and Liaison Service on 01202 448499.

