

GRAPEVINE



▶ **Yvonne Jeffrey, left, and Dr Ann Hemingway, from Bournemouth University, proudly show off the Trust-wide accreditation plaque**

PRACTICE (DEVELOPMENT) MAKES PERFECT

Poole Hospital has become the only acute Trust in the country to receive coveted independent accreditation for its entire range of clinical services.

Practice Development Unit (PDU) status is awarded to health services found to be progressive, patient-centred and high quality following a rigorous assessment process.

In December, surgery and trauma, outpatients, oncology and palliative care were presented with their accreditation, joining the children's unit, older people's medicine, acute medicine, critical care and emergency care which already hold PDU status.

The accreditations were presented by Dr Ann Hemingway, from Bournemouth University's health and social care faculty.

The vote of confidence has supported, and will continue to deliver, even better patient care, said Yvonne Jeffrey, assistant director of nursing (practice).

"The award of this status throughout the Trust is a ringing endorsement of how we continually evolve and challenge services, and involve our patients, to provide the best healthcare possible.

"I'd like to congratulate all members of staff working across the hospital for their commitment and dedication in securing PDU accreditation. It is not easy to achieve, and the fact the entire hospital

is now covered speaks volumes for the excellent practices taking place."

Chairman, Angela Schofield, added: "To have all areas of the Trust accredited is a fantastic achievement."

PDU accreditation forms part of the Trust's strategic aim to achieve university hospital status.

Elsewhere, the British Society of Echocardiography has awarded Poole Hospital rare accreditation in all echocardiography techniques, as well as training.

"There are few centres in the UK that are in this position due to the high standards required - put simply, this award echoes our reputation as a first class imaging centre for patients and staff alike," said professor Kim Greaves, consultant cardiologist and specialist in cardiac imaging.



▶ **Members of teams accredited with PDU status show off their plaques**

IN THIS ISSUE...



04
The Human Touch campaign launch



05
Productive operating theatres feature



08
Service transformation at Poole Hospital

CHIEF EXECUTIVE'S COLUMN

As we approach 2012 we can look back at the last twelve months and be very proud of what you have achieved.

This includes becoming the first Trust to be fully Practice Development Unit-accredited across all our services (see the front page), the opening of the Harbourside Gynaecology Centre (page 11), strong performance in environmental, privacy and dignity and food scores in our latest PEAT assessment and the launch our new Human Touch campaign, including the Golden Rules (page 4).

We are now in a much more stable financial position than we were a year ago and our clinical services continue to be recognised for their excellence.

As we all recognise, the NHS faces unprecedented challenges that will require enormous change over the coming years. With the decision to pursue a merger with the Royal Bournemouth and Christchurch Hospitals (page 4) I am confident that our combined efforts will ensure that services will remain high quality and become more sustainable.

Constructing a vibrant, innovative and viable new healthcare organisation is vital to the populations both organisations serve. Merger presents us with undeniable challenges as well as great opportunities for service development. We also recognise that for staff at both trusts this will be a period of some uncertainty.

Therefore we will make sure that you are kept up to date with progress as we develop our plans over the coming months. The weekly Staff Bulletin, my briefings and communications from our clinical and non-clinical managers and leaders will all help to ensure you remain informed as we move forward.

To achieve a merger of two Foundation Trusts is a complex exercise with a number of regulatory, governance and legal issues to overcome. It will take us some time to reach a point where a single new Foundation Trust is authorised by Monitor, the regulator. Current estimates are that the formal merger, if agreed by Monitor, will occur sometime between December 2012 and April 2013.

Finally, I would like to thank you for all your hard work during 2011 as I know only too well things have not been easy.



Chris Bown, Chief Executive



PUTTING THE 'FUN' IN FUNDRAISING

WALKING - Walk for Walkers saw Mark and Phil complete an 85 mile hike in largely glorious sunshine and surrounded by the most wonderful scenery. They raised a fantastic £2,000 to purchase specially developed walkers for the Child Development Centre.

GOLFING - Pauline Polley handed over a cheque for £4,500 to Poole Hospital Charity following a charity golf day held at Dudburys Golf Club. The Dorset Cancer Centre's day care unit will use the money to improve patient comfort by buying footstools and refurbishing patient bays.

PADDLING - Ten teams took part in the Dragon Boat Race in Poole Park in September raising more than £3,000 for Poole Hospital Charity and the Poole Africa Link. The Goat Boat took first prize with the Pennyfarthing Pirates and the 59ers coming in a close second and third.

DANCING - Local breast cancer support group The Harbour Girls organised a glamorous pink ball at the Haven Hotel, raising more than £30,000. Funds raised have been used to refurbish and re-equip the lymphoedema unit, purchase a breast board for the radiotherapy department and help establish a bra-fitting service in the Ladybird Unit at Poole Hospital.

CYCLING - The Around the World in Eight Days static cycle challenge, held in June, raised more than £65,000, shared between the Dorset Cancer Centre, Breast Cancer Care and Cancer Research. Our chief executive, Chris Bown, was delighted to receive a cheque for £45,000 which will go towards purchasing additional equipment for the radiotherapy service.

SINGING - The Dorset Police Male Voice Choir concert, at St Peters Church in Ashley Cross, raised around £800. A thoroughly

enjoyable evening listening to the dulcet tones of the choir was had by all.

EVERY LITTLE HELPS - Sainsbury's raised £4,000 for the neonatal intensive care unit (NICU) with various events throughout the year.

SUNSHADE APPEAL - Lucie Allen, chairman of the Sunshade Appeal, presented a biopsy chair to staff in the breast screening unit, she said, "We are a small, very local charity and raise money for Cancer treatment by holding an annual fancy dress themed party with live music, fabulous food and a varying venue each year to keep it fresh.

PREEMIE BABIES - founder Tanya Broome presented a cheque for £4,700 to staff at NICU. Tanya's aim is to raise funds for equipment that will help to save the lives of premature babies. "This is just the start," said Tanya. "I'm hoping to raise enough money to be able to buy a £25,000 incubator."



FUNDRAISER AND SUPERMARKET TEAM UP FOR CHILDREN

Gail Prior, a longstanding fundraiser for the children's ward, and Waitrose branch manager Ian Burdkin, handed over a cheque for more than £400 to ward staff in September.

The money is a combination of Gail's fundraising and a store donation from their community fund.

The children's unit will use the funds to purchase a new saturation monitor, especially useful in the winter months.

Workout@Work for health

Working long hours without a break can have a detrimental effect on everyone's health.

And spending lots of time sitting, carrying out repetitive tasks, or doing physically demanding work incorrectly can lead to significant health problems, such as stress and musculoskeletal disorders (MSDs), which are problems affecting muscles, tendons, ligaments, nerves or other soft tissues and joints.

In September, help was at hand, thanks to Poole Hospital's therapy department and the national Workout@Work Day, organised by the Chartered Society of Physiotherapists.

And the best part is that staying healthy

while at work is something everyone can do.

The team offered a host of practical advice and encouragement to promote physical activity and exercise in the workplace, including postural stretches and exercise advice in the Dome, active at work advice in the Dolphin, lunchtime escorted walks in Poole Park, as well as circuits taster sessions. One of the most popular events staged was a Zumba dance fitness session after work (see picture, above).

Organiser Louella O'Herhily, senior physiotherapist, said: "Staff really entered into the spirit of the day, especially those participating in the Zumba class, but behind the fun lay a serious message."

DID YOU KNOW?

- The Confederation of British Industry (CBI) estimates the annual cost to business of poor health is £517 per employee
- More than 570,000 people in the UK suffer from musculoskeletal problems, like muscle or back pain, caused or made worse by their work.
- A further 435,000 suffered from stress, depression or anxiety as a result of their work, which regular exercise can help
- Other benefits include improved staff retention and higher employee satisfaction.

INTERNATIONAL ACCLAIM FOR POOLE HOSPITAL AT PRESTIGIOUS FORUM

Earlier this year a delegation from Poole Hospital attended the International Forum on Quality and Safety in Healthcare, a pre-eminent international gathering looking at how to improve patient safety and quality of care. Here, Dr Mike Masding, consultant diabetologist, tells Grapevine how our medical teams are helping to carve out a deserved international reputation for quality.

"Held in Amsterdam this year, more than 2,500 delegates from around the world attended the forum, including a delegation from Poole Hospital.

"From the 2,000 submissions of examples of good quality care received by the International Forum, around 500 are accepted for poster presentation, and just 90 for oral presentation. I am delighted to say that two groups from Poole were selected to present: Dr Hushi Hu and Dr Jackie Gilbert gave a talk on improving the medical elective admissions process, while Dr Jenny Barker presented a poster about her group's work on improving night time handover using our electronic handover system.

"We all found the forum to be very inspiring and came across great examples from around the world of how the safety and

quality of healthcare can be improved. Many people were interested to see Jenny's work on the electronic handover system, which is far superior to handover systems in most of the hospitals in the UK and in other parts of the world. Hushi gave a brilliant presentation of her group's work on the medical elective admission process. She was congratulated by all those present on the excellence of their project and her presentation.

"These are examples of work carried out by the core Foundation Programme doctors as part of the Changing Practice programme, where groups of Foundation Programme Year 1 doctors work on a quality improvement project. In the past this has led to the introduction of the electronic patient handover system, the e-blood system, improvements in blood glucose monitoring on the wards and more recently, great improvement to the medical elective admission process. It is great testament to their hard work, innovation and motivation that they have presented their work at such a prestigious meeting."

- To find out more about the programme, contact Mike by emailing mike.masding@poole.nhs.uk

Find Grapevine online at: www.poole.nhs.uk/publications

GOLDEN RULES TO BETTER PATIENT CARE

December saw the launch of a new initiative to help us to improve still further the experience our patients have in hospital.

We know that at Poole Hospital the vast majority of our patients enjoy a good patient experience and benefit from excellent clinical care. The Golden Rules, part of the Human Touch campaign, seeks to ensure staff follow some simple steps that will help us to get it right for every patient, every time.

The Human Touch awareness campaign comes after a recent flurry of media coverage based on official reports detailing 'falling standards' in the NHS, and an inability for some hospitals to 'simply get the basics right'. While Poole Hospital was not the subject of any of these reports, the coverage serves as a sharp reminder of what can happen without proper focus on our patients.

Dr Prem Fade, clinical director for the department for medicine for the elderly, explains more: "Report after report has shown the NHS is not always giving patients and their families the care and support they deserve.

"While Poole Hospital performs well in patient surveys and external reviews this



is not a time to be complacent - patients should be at the centre of our vision."

And Mandy Baker, assistant director of nursing (governance) and pictured above at the launch, agrees.

"The Human Touch awareness campaign is our response to the concerns raised in these reports," she said.

"It's about highlighting the need for care and compassion, and ensuring that we do our best for patients."

A well attended information event in the Dolphin restaurant, in which handy Golden Rules coasters and bookmarks were given out, marked the launch.

THE GOLDEN RULES

Never walk by any patient who needs help or is in distress without giving or seeking help.

On every contact with every patient ask, observe, check, and follow the Golden Rules:

- G**reet the patient and find out how they are feeling
- O**bserve the patient - do they look comfortable, do they have adequate pain relief?
- L**isten to the patient and their relatives, and address their wishes and concerns.
- D**rink - always ensure the patient can reach a drink and the call bell before you leave
- E**xplain what you're doing and ensure the patient understands why you're doing it
- N**ever walk through closed curtains without asking permission first
- R**espect for all - regardless of race, religion, gender, sexual preference or ability.
- U**nderstand how your behaviour, language or attitude may seem to patients or colleagues
- L**ook out for problems and take ownership – don't assume someone else will
- E**mpathise with patients and colleagues – what is it like to be in their shoes?
- S**hare good practice so that everyone can benefit

Merger best option for retaining sustainable services

The Boards of Directors at Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust have both agreed to progress to a formal and public phase in a merger process.

The decisions come in response to the significant challenges facing the NHS over the coming years. These include:

Medical Royal colleges and national guidance on the delivery of high quality services and the need to provide more consultant delivered care 24 hours a day, 7 days a week.

Workforce trends and legislation affecting staffing.

The move to treat more patients in the community rather than in hospital.

Changes in the way hospitals receive payment for the work they carry out and the efficiency challenge now facing the NHS.

The decision to prepare a business plan for merger – the decision to merge has not yet been made – creates the potential to develop centres of excellence by bringing together the skills, expertise and technology from both organisations, promoting safe and sustainable services for the people of east Dorset, and beyond. It may also reduce the number of patients who travel out of the county for care.

Chairman of Poole Hospital NHS Foundation Trust, Angela Schofield, said: "Our decision is firmly fixed on the benefits that a merged organisation can provide for

the local community. Having the capability to sustain and develop services in the future is vital."

Chief Executive of Poole Hospital NHS Foundation Trust, Chris Bown, said: "These decisions are made in recognition of the unprecedented challenges that lie ahead and of our responsibility to ensure that first class health services can continue to be provided and developed over the coming years. Our focus remains on delivering the best healthcare services to our patients."

- **Keep up-to-date by attending open staff briefings, reading the Staff Bulletin or using the front page link on our intranet**

WHAT A DIFFERENCE A YEAR MAKES

Roll out of the productive operating theatre (TPOT) programme, developed by the NHS Institute for Innovation and Improvement (NHSI), has been gathering pace since it was introduced here in January 2011. TPOT is a nationally recognised scheme that takes learning from around the NHS and encourages hospitals to introduce best practice 'modules' that look at different aspects of how theatres operate to benefit patients and staff.

At Poole, the TPOT programme, led by sister Helen Cornish, has been able to utilise the Trust's own service transformation (PMO) team's Lean training. Lean, a way of looking at processes that helps to eliminate waste and remove bottlenecks to improve efficiency, supports theatres staff to work smarter in the day-to-day running of their departments.

Lean has brought better organisation, with brightly coloured labels now adorning each speciality's area to ensure equipment and consumables have a designated and easily identifiable place to be stored. The head and neck team, led by sister Anna Schwaiz, piloted this in their area of main theatres, inspiring the rest of main and day theatres to organise and label their own sections. The former anaesthetic room has been turned into valuable storage areas with equipment areas again prominently marked.

A workshop in April, supported by NHSI, focused on patient safety and understanding how human factors influence decision-making. The event was thought provoking and generated some lively discussions back in the working environment, and highlighted the importance of good communication, and so new tools have been introduced to complement the checks that are already in place.

These included implementing a debriefing, whereby staff can give and receive feedback on how effectively a surgical session went, while the importance of completing the surgical safety checklist, to ensure the necessary checks have been carried out pre- and post-operatively, has been reinforced.

These have been fundamental in creating a positive working environment for all staff.

July saw a significant change of practice in main theatres for both many patients and staff with the introduction of walk-in patients. This meant that those patients who were clinically assessed and able to walk to theatre, mainly in the day surgery unit, could do so. Research shows that many patients prefer this independence, rather than being wheeled into theatre on a trolley, and day surgery staff certainly report positive feedback to this initiative from many patients.

Theatre support workers Rob Brown and Dan Jones have worked hard to ensure their colleagues understood and supported this new practice and have been avid TPOT champions, and together with sisters Sharon Cawdron (day surgery ward) and Lesley Reid (main theatres), theatres and wards have developed even closer working relationships.

In addition, the walk-in patient initiative has also improved our efficiency as we're able to start more operations on time as our patients arrive with us more quickly.

They've also established an operational status board in day theatres, prominently showing essential information like the staff currently on duty, important messages and the day co-ordinator. Again, this helps to improve efficiency as all the key information we need is visible at a glance without the need to refer to paper notes or a computer. Theatres staff played a very active role in designing the layout of the board and it has improved communication throughout the department.

Lastly, for now at least, in December the team implemented the 'golden', or key, patient concept. The key patient is the first on a surgical list for each session, and by having this clear focus, among not only theatres staff, but pre-assessment teams and admissions office and others who support our work, on starting on time has helped us to prevent unnecessary delays. Staff in all these areas also now have a far clearer understanding of each others roles and feel part of a bigger team.



▶ *The writings on the wall, thanks to the new operational status board which Helen is updating*



▶ *Helen shows student operating department practitioner Alex Bidwell how everything has its place thanks to clear signage.*

To date TPOT has seen a decrease in late-starting surgical sessions, patients taking part in the walk-in scheme arriving in theatre 5-10 minutes earlier than those who have to wait for a trolley and an increase in the number of patients treated because of better efficiency.

"I am really pleased at how well we have done in our first year," said Helen. "The staff are positive and motivated by the changes that have been made that ultimately benefit our patients.

"These improvements have been made possible by the commitment and contributions from all staff, working as a team."

There is more to do as the Trust continues to provide our patients and staff with even more efficient and high quality surgical services and theatres - look out for more news on TPOT throughout 2012.

A CUT ABOVE – HEAD OF DAY THEATRES RETIRES

Sister Anne Greetham, head of department for day theatres retired in July after 31 years at Poole Hospital. Anne started out in main theatres as a staff nurse, and then the sister responsible for gynaecology, before moving to day theatres.

Anne has been the head of day theatres for the last six years. Her colleagues describe her as having never lost sight of a desire to improve the working environment and making the patient experience as comfortable and stress-free as possible. Anne was respected by all who worked with her, and her retirement was marked with no less than two leaving events! Her colleagues wish her all the best for the future.



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Kevin's winter warmers

GRAPEVINE HAS LONG SUSPECTED CATERING SERVICES MANAGER KEVIN BAILEY TO BE A MASTERCHEF FAN – AND WITH HIS RECIPES YOU CAN TRY AT HOME INCLUDING LEEK ICE CREAM WE THINK OUR SUSPICIONS MAY BE RIGHT.

Leeks are an extremely versatile vegetable, with their own distinctly subtle flavour, and are widely available in the winter months. They can either be combined with many other ingredients or else served on their own with either a butter or cream sauce as an accompanying vegetable. Cock-a-leekie and Crème Vichyssoise are just two classic leek soups, but many other soups recipes call for leeks.

Preparing your leek

No one over the age of five likes to eat mud so it's very important to wash leeks thoroughly before cooking to remove any earth and grit that may have lodged itself between the white sections at the base. To prepare leeks cutaway the top leaves, trim the base and cutaway the first layer of white. Then cut a slit from one end to the other and wash thoroughly under cold running water ensuring that it is able to get between all sections to rinse out any dirt. You can then slice the leeks crossways and put them into a colander for a final rinse under cold water.

Cooking leeks

Leeks can be steamed or boiled or stir fried or roasted. Whichever way you prepare them do not allow them to brown as this makes them tough and unappetising.

BACON AND LEEK TART

INGREDIENTS

450g shortcrust pastry
250g streaky bacon - small dice.
600g leeks trimmed, thoroughly washed and sliced
100g cream cheese
1 tbs mustard
Pinch cayenne pepper
Salt and freshly ground black pepper



METHOD

1. Roll out the pastry on a well floured surface. Line a 28cm flan dish. Put the pastry case in the fridge for 30 minutes.
2. Pre-heat oven to 190°C. Remove the flan dish from the fridge, line with a piece of aluminium foil and pour in some baking beans to weigh it down. Put the flan dish on the middle shelf of the oven cook the pastry case for 15 minutes.

Remove the foil and the beans and cook for a further 5 minutes until the pastry is blonde and dry.

3. Cook the streaky bacon in a pan until crisp. Add the leeks and continue to cook for 3 – 4 minutes. Remove from the heat.
4. In a large bowl beat together the cream cheese, eggs, mustard, cayenne pepper and seasoning.
5. Add the leeks and bacon. Pour the filling into the pastry case and return to oven and bake for a further 35 – 40 minutes until golden.
6. Remove from the oven and leave stand for 10 minutes before serving.

LEEK, POTATO AND STILTON SOUP

INGREDIENTS

750g Leeks, trimmed, thoroughly washed and sliced
150g Onions peeled and sliced
600g Potatoes, peeled and diced
25g butter
150g Stilton Crumbled
2500mls Vegetable Stock
150mls Single Cream
Salt and freshly ground black pepper
Chopped Parsley to garnish



METHOD

1. Fry the onions and leeks and potato in the butter until they begin to soften. Do not brown.
2. Add the stock and simmer for 25 mins until the potatoes are soft.
3. Puree/blend the mixture until smooth.
4. Add the stilton and cream and puree again.
5. Season to taste. Reheat thoroughly.
6. Garnish with parsley.

LEEK ICE CREAM

INGREDIENTS

600ml milk
400ml double cream
4 vanilla pods
160g caster sugar
100g liquid glucose
250ml Crème Fraiche
10 egg yolks
1kg leeks thoroughly cleaned and thinly sliced



METHOD

1. Simmer the leeks in the milk until soft. Drain, and reserve any cooking liquor. Puree the leeks through a fine mesh sieve.
2. Bring the cream, vanilla pods and any left over leek liquor to the simmering point.
3. Whisk the egg yolks, sugar and glucose until pale and creamy.
4. Pour the hot cream through a sieve on to the egg yolk mixture, whisking continuously. Return the custard to a clean saucepan and cook over a low heat, stirring all the time, until the mixture coats the back of the spoon.
5. Pour the custard into a stainless steel bowl, set over an ice bath, and leave to cool.
6. Whisk in the leek puree, crème fraîche Cool, and churn in an ice cream machine until set. You can also freeze the ice cream in the freezer - remember to give it a good beat every 30 minutes to break up any ice crystals.
7. This ice cream is best made at least 1 hour before you need it, and is ideally eaten within 24 hours.

BAKED STUFFED LEEKS

INGREDIENTS

4 x large leeks, cut in to quarters
100g carrot, finely diced
30ml sunflower oil
50g butter
100g onion, finely diced
1 large sprig of sage, finely chopped
50g apricots, roughly chopped
200g breadcrumbs
Seasoning

METHOD

1. Blanch the leeks in boiling water for a few minutes, refresh in ice cold water then place in kitchen paper to drain.
2. To make the stuffing, saute the onion and carrot in butter and oil until tender then add the chopped sage and apricots. Stir well and cook for 1 minute, then add the breadcrumbs and season well.
3. Take the blanched leeks and remove the centre, chop the centre finely and add to the stuffing. Place the stuffing in a piping bag and fill the leeks with the stuffing mixture. This can be done in advance and chilled until required.
4. Place in an ovenproof dish and brush with butter, add a couple of tablespoons of water,

DID YOU KNOW?

Leeks were grown widely in ancient Egypt and continued to be consumed during both the Greek and Roman periods. They were clearly also enjoyed during the Dark Ages in England. Leeks fell out of favour with the fussy aristocracy in the 16-18th centuries as they were deemed 'unfashionable'. Leeks will grow in all sorts of climates and were often dubbed 'poor mans asparagus', helping to make a substantial meal for the less well off. A number of English place names including Leckhampstead and Leighton Buzzard are derived from the word leek. The leek has been a national emblem of Wales for hundreds of years.

then cover with foil. Bake in the bottom of the oven at 180°C for approximately 25mins until just tender.

Christmas Lunch hit-list

Here are some handy tips to help reduce the stress on the big day and enable you to spend more time with your loved ones.

- **Christmas Pudding** – I always heat mine using the microwave - not only is it much quicker but also it also frees up one of your rings on the hob.
- **Brandy Butter** – Make 2 or 3 days ahead, cover and store in the fridge
- **Stuffing, Bread Sauce and Cranberry Sauce** – All can come out of packets or jars, but for a higher quality they can also be made fresh then frozen up to a week in advance and reheated on the day. Remove from the freezer on Christmas Eve to defrost overnight.
- **Turkey** – If using a frozen bird ensure you allow enough time for it to thoroughly defrost. Usually this would take at least two-three days, depending on size. Once defrosted it must be kept in the fridge. Remove the wishbone before cooking the turkey to ease carving on the day.
- **Bacon Rolls, Sausages and Sausage Meat Stuffing Balls** – All these can be put onto oven trays on Christmas Eve and left in the refrigerator overnight or somewhere cool on the day until required for cooking.

Vegetables

- **Sprouts** – these can be prepared the day before.
- **Carrots** – although they can be prepared the day before it is best to do them on the day as they take little time and will have a better flavour.

- **Red cabbage** – braised red cabbage can be cooked Christmas Eve and re-heated in the microwave. This dish actually benefits from allowing the flavours to develop.
- **Root vegetable purees** – these are easy to make and can be eaten on their own or in combinations. Just cook the vegetables until soft then puree with either a hand blender or pass through a sieve. Stock or butter and/or cream can be added to enrich the flavour and achieve the correct consistency. All purees can be made in advance and reheated in the microwave just before service.
- **Potatoes** – These can be peeled the day before and left covered in water with a slice of bread on top until you are ready to use them. You can also par boil the potatoes for roasting Christmas Eve and leave them in a cool place until the next day – but don't cover these with water! When roasting ensure the fat in the pan is hot before adding the potatoes in order to achieve crispy. Goose fat makes the best roasties, while Desiree, Maris Piper and King Edwards are regarded as the best potato varieties by many.
- **Gravy and Sauces** – These can be made earlier on Christmas Day and stored in Thermos flasks until required (in order to keep as warm as possible always heat the inside of the Thermos with boiling water first).

Good luck, and in the event of any problems please contact me on ...(only joking).

Have a great Christmas with best wishes from all in the catering department!

Kevin Bailey
Catering service manager

CHRISTMAS QUIZ

1. What were the names of all seven Von Trapp children?
2. What actor played the part of Hilt the Cooler King?
3. Which town did Clarence the angel visit in It's a Wonderful Life?
4. What was the name of the country in which the Child Catcher lived?
5. Who were The Odd Couple?
6. Which film starred John Wayne along side the singer Glen Campbell?
7. Which famous detective solved the mystery of the "Death on the Nile"?
8. What make of car was the Gnome Mobile?
9. What was Garrett Breedlove's previous occupation in Terms of Endearment?
10. Which year did Marty McFly and Doc Brown visit in the first Back to the Future film?
11. Who played Sheriff of Turley in Silverado?
12. Who or what is a 'Donk'?
13. How many Academy Awards did E.T. win?
14. What sort of hat does Indiana Jones normally wear?
15. How tall were the 'Clock' family?

Tie Break Question – According to a recent survey what percentage of Britons thought that Santa Claus is aged 66?

Send your answers to Kevin Bailey, Catering Department, by 20 January 2012. A tray of 12 Chocolate Muffins will go to the first most-correct entry drawn.

CHRISTMAS EXERCISE FOR THOSE OVER 50

KEVIN MAY BE MORE KNOWN FOR HIS CATERING PROWESS BUT HE ALSO TAKES HEALTH MATTERS SERIOUSLY...SORT OF.

- Begin by standing on a comfortable surface, where you have plenty of room at each side.
- With a 5kg potato bag in each hand, extend your arms straight out from your sides and hold them there as long as you can.
- Try to reach a full minute, and then relax.
- Each day you'll find that you can hold this position for just a bit longer.
- After a couple of weeks, move up to 10kg potato bags.
- Then try 50kg potato bags and then eventually try to get to where you can lift a 100kg potato bag in each hand and hold your arms straight for more than a full minute (I'm at this level).
- After you feel confident at that level, put a potato in each bag and repeat the exercise.

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▶ *Left-right: Michelle Burden, Chris Graham, Brian Kaliczynskij - head of service transformation (PMO) - and Elspeth Hardy are some of the team ready to support you*

SERVICE TRANSFORMATION – WHAT CAN IT DO FOR ME?

The service transformation (PMO) team has been around in its current guise since the autumn. They're the Trust's 'fixers', helping you to turn your good ideas, for example ways of improving the patient experience or increasing efficiency, into a reality using their know-how in a range of disciplines. Service transformation sounds a bit grandiose though - what can the team actually do for you? Grapevine finds out.

You've just seen the fifth different form asking for similar patient information that you know four of your colleagues, perhaps in other departments, have already filled in – could a single form free up time, perhaps on direct patient care? Ever wanted to do something about situations like these? You've just identified yourself a project.

Many of us may have never actively managed a project before. Or have we - you might be surprised. A project is simply a way of arranging things - people, resources, processes and activities - to achieve a set of goals in a planned and measurable way over time.

Organisations and systems can be complex, which is why the project management support available from the service transformation (PMO) team is invaluable. They'll help you look at the bigger picture - what services are you dependent on or depend on you, what practical steps need to happen, and when, for your project to be a success? The team can help you to create a simple plan, listing the key people, steps and objectives, and allocate the project a senior sponsor, usually a director.

Sometimes no amount of effort or team work can deliver the results you want to for colleagues and patients. Now's the time to look at what, how and why you're doing things. This is where the team's skills in Lean come to the fore. Lean is a method of spotting bottlenecks, unnecessary processes or delays, and then working out how best to make changes for the better. Lean is truly collaborative - it's the service or department involved that are encouraged to find their own solutions, with support from the team to put them into practice.

Another area of the team's know-how is programme management - some projects may be looking to improve the patient experience, others may want to reduce length of stay or produce efficiency savings without affecting quality or safety. But all projects have defined outcomes, which the team helps you to keep an eye on.

The team is also a goldmine of learning resources, as well as putting you in touch with education or training. And working with the finance department, a tool is now available which can measure the efficiency of each element of a patient's care throughout their stay. Service Line Reporting and Service Line Management can produce some interesting findings - right down to an individual patient's level. It can be used to build a picture of where your key activities (and likely expenses) are.

- For more information, visit the service transformation (PMO) section of the intranet, via the link on the left hand side of the homepage, or call them on extension 2914.

VIEW FROM THE CHAIR



This is the first edition of Grapevine since I was appointed Chairman in May and I am very pleased to have this opportunity to say a big thank you for the very warm welcome I have received.

It is a great privilege to be a part of this marvellous hospital and to experience the tremendous professionalism and commitment to high quality care which is at the heart of everything we do. This could not happen without fantastic staff. I am extremely impressed when I visit all parts of the hospital and I would like to thank everyone for their enthusiasm and dedication.

I am writing this on the day on which the Human Touch awareness campaign, including the Golden Rules, is being launched. This epitomises the spirit of Poole Hospital. It is a genuine grass roots initiative which is grounded in the personal service we provide for patients. It also applies to everyone in the organisation. Whatever our role, the Golden Rules are us!

It is important, briefly, to provide feedback from the Board of Directors on the decision to proceed with a formal merger process with our colleagues at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust - this is a big step. Both Trusts have sought highly qualified external advice and listened very carefully to a wide range of people. The conclusion is that we can best enable our local communities to receive excellent, responsive healthcare which is clinically and financially sustainable by coming together to form one organisation. Our Board realises this may be an unsettling time for many members of staff, and I would encourage you to attend Chris Bown's briefings when you can and read the Staff Bulletin which will provide the latest information. If you have any concerns or issues please discuss these with your manager.

The financial position is a high priority for the Board. We are very pleased that the Trust should achieve the planned surplus for 2011/12 and are closely studying the plans for 2012/13.

I would like to finish by paying tribute to the Governors of Poole Hospital. They are an extremely valuable link between the hospital and local residents. They also keep the Board on its toes by scrutinising our decisions. They give their time freely and generously in the interests of the hospital.

I hope that you all have a very happy Christmas and look forward to Poole Hospital going from strength to strength in 2012.

**Angela Schofield
Chairman**

WAW DIARY

A five-strong team from Poole Hospital flew out to Southern Sudan on 19 November for the latest Poole Africa Link (PAL) visit to support the work of Wau Hospital.

The team included Hilary Fenton-Harris, PAL co-ordinator, nurse/midwife, Dr Antoinette McAulay, consultant paediatrician, Dr Judith Mella, associate specialist surgeon, Alison Ahvee, deputy paediatric sister and Jane Griffin, senior midwife. Here the team tells the story of their visit in their own words.

Saturday 26 November

We're here at last! We eventually arrived yesterday, after days of frustrating delays. It was wonderful to touch down on the dirt runway of Wau airport, to be greeted by Dr Majok and other hospital staff.

There have been considerable problems with food shortages in Wau and huge rises in prices following independence in July. Water is still brought here by donkey. There is generally electricity from a generator for eight hours in the day and a few hours at night.

Many more people are dying from malaria due to the lack of basic drugs. There are very few drugs in the hospital now - they have had big issues with security at night and the nurses are so frightened they have to hide or just don't turn up.

The new emergency department is functioning, and there have been definite improvements on the surgical ward too. They are now doing observations using the sphygmomanometer we brought last time and recording them - though only on a scrap of paper.

Sunday 27 November

We've planned a full teaching programme of

practical and lecture sessions for junior doctors and nursing staff, along with ward teaching.

It's now exactly two and a half years since my last visit. What a change! There is a new outpatient block with a bright and shaded waiting area with a smart reception desk, a new laboratory has been built which, although remaining limited in resources and available tests, is now light, airy and three times as big as before. There is also a refurbished paediatric ward and maternity unit. There are considerably more junior medical staff too, with 20 pre-registration house-officers. There are also many other signs of improvements: rosters for the surgical doctors, common antibiotic doses posted on the children's ward and proper sheets on the children's beds. There is still only one, currently non-functioning, oxygen concentrator.

Monday 28 November

Jane delivered her first baby and has struck up a very good relationship with the midwives. There is a big drug shortage here in Wau, and often patients can't afford to buy them anyway. Jane has taken some of the drugs we have brought with us for emergency team use to an extremely sick lady who had a Caesarean section nine days ago and has sepsis.

Tuesday 29 November

Ally has been very involved in the care of a seven-month-old child who has symptoms of acute advanced meningitis: he was very sick and would have been in an ICU if in the UK. She called a paediatrician and gave him fluids, and involved the student nurses in his care; we have done all we can and can only hope he survives.

The patient in maternity who received our antibiotics has improved and is out of bed following a blood transfusion. Blood is normally donated by relatives, as there are no blood banks or storage facilities.

Judy has spent the day in theatre, and is relishing in skin grafts following snake bites and huge hernia repairs not often seen in the UK. Teaching is going remarkably well: all are attending lectures with great enthusiasm.

Wednesday 30 November

We arrived today to find the child with meningitis had sadly, but not unexpectedly, died during the night, but another boy with encephalitis was very much better.

Jane has been on the delivery ward where a lady having her first baby was in the second stage of labour for more than three hours; the baby was alive but must have become severely asphyxiated shortly before delivery. Both Jane and Antoinette tried to resuscitate the baby for half an hour but it was too late. One obstetrician has been in Addis for six weeks and is now stuck in Juba and the other we haven't seen since we arrived.

Thursday 1 December

I took Jane to meet the midwife at the remote Eastern bank clinic and deliver a supply of instruments and dressings. The clinic is very run down, and has almost no supplies. A mother suddenly rushed in carrying her 18-month-old semi-conscious son it seemed had eaten almost a whole box of iron tablets, potentially very dangerous. We decided to take them straight to the children's ward, and he was unconscious and unresponsive by the time we arrived. I found one of the paediatricians who put up a drip and inserted a nasogastric tube. Three hours later, I'm happy to say he was looking much better - able to drink some soup. It was fortunate we were there as the clinic could not have helped them.

Saturday 3 December

We were delighted the child we had brought in from the Eastern bank had made an excellent recovery. We then went to the Ministry of Health for a formal meeting with the state minister of health, Dr Isaac Cleto. We received many thanks and were also each able to speak about the achievements of our visit.

It has been another amazing time; we achieved our objectives and delivered a huge amount of teaching in the time available. We've met old friends and made new ones, and I believe our contribution will lead to further improvements in patient care.

▶ **Angelo, the baby who had swallowed iron tablets, now looks far healthier, and his mother happier.**



▶ **Antoinette and Ally teaching the student nurses**



TO READ THE FULL WAW TEAM BLOG, VISIT
www.poole.nhs.uk/fundraising/poole-africa-link.asp

Find Grapevine online at: www.poole.nhs.uk/publications

News round-up

KEYHOLE CANCER SURGERY RECEIVES £11,500 BOOST

New equipment to boost state-of-the-art keyhole surgery carried out at Poole Hospital has moved a step closer as Rotarians handed over an £11,500 donation to the service.

The appeal for a brand new colonoscope for internal examinations began under Peter Brookes, Rotary Club of Poole's former president, raising £4,500 in his year in office.

His successor, Bill Fulton, enthusiastically carried on where Peter had left off and contributed a further £7,000 towards the vital equipment.

The hospital has been using keyhole, or laparoscopic, surgery techniques to remove cancers in the intestine for more than two years. The technique avoids the need to make large, highly invasive incisions, thereby reducing the risk of infection and promoting faster recovery times and better health outcomes for patients.

"We wanted to do something to support the progressive surgical treatments available at our local hospital," said Bill. "Initially we had set a target of raising £10,000, but our members, friends, families and supporters responded with great generosity and we managed to surpass that goal."

"Their contribution marks a significant milestone on our way to reaching the £40,000 needed for a colonoscope dedicated for use in laparoscopic surgery, said Mr Tas Qureshi, consultant laparoscopic surgeon.



▶ Bill explores the inner workings of a pepper using a colonoscope similar to one our laparoscopic surgery service is keen to buy

RESUSCITATION COURSE MARKS 10 YEARS OF TRAINING

Poole Hospital's resuscitation department ran the 20th European Paediatric Life Support (EPLS) course in July – 10 years since the first Resuscitation Council (UK) course took place here.

Since those early days we've developed and now run several such courses, including Adult and Paediatric Life Support, Advanced Trauma Life Support, Acute Illness Management, Neonatal Life Support and Immediate Adult and Paediatric Life Support.

We've developed an excellent reputation

and attract doctors and nurses from all over the world who want to learn with us.

I am very proud to be able to work with Pat Eden, lead resuscitation nurse specialist, Wendy Harris, department administrator and who has ensured each course is well received over the years, and the rest of the team. I'm confident we will continue to attract a high standard of teachers and that our courses will continue to be highly regarded.

DR FRANKIE DORMON,
CONSULTANT ANAESTHETIST

ORAL CANCER AWARENESS WEEK

Former patients, successfully treated for head and neck cancers, joined health professionals to raise awareness of oral cancer last month during national oral cancer awareness week.

Hospital staff held drop-in clinics for anyone concerned about the health of their mouth, and manned displays in the Dolphin Centre to provide advice to members of the public. Volunteers from the Head and Neck Dorset Support (HANDS) charity played a very active role in taking the message to the public.

Karen Roberts, specialist head and neck cancer nurse, said oral cancer awareness week is a great opportunity for the public to learn more about this increasingly common cancer.

"Early detection of problems is so important in achieving successful outcomes for head and neck cancers," she said.

SUN AND MOLE AWARENESS DAY

Organisers of a mole awareness day for staff at Poole Hospital were taken aback by demand – nearly 60 staff members took up the offer of a free mole check.

Skin cancer is the most common cancer in the UK - the number of cases has almost tripled since the early 1980's - and dominates the work of our dermatology department.

Hospital staff booked an appointment with a dermatologist to have their moles checked and then received advice from the specialist nurses regarding prevention of skin cancer, how to check moles/skin for skin cancer and how to keep safe in the sun.

Staff also visited Sandbanks beach festival in the summer to give out sun safety advice, including to the England beach football team.

Irene Burnett-Thomas, bank auxiliary, retired from nursing in August and would like to thank staff for their friendship here at Poole over the past five years, although her nursing career spans more than two decades.

NICU sister Pippa Goudge and charge nurse Danny Lockyer, on behalf of the team, would like to congratulate Claire Gerrish, Mel Lorberg and Pippa Waugh for passing the neonatal course, at Brookes University Oxford, earlier this year. The course included written assignments, examinations and presentations.

For more information on skin cancer visit www.bad.org.uk and if you are concerned about a changing mole see your GP.

CLARE BOWS OUT AFTER 41 YEARS

A fond farewell to Clare Mills, staff nurse in the outpatients department, who retired in August after 41 years in the NHS. Clare would like to thank all who knew her, and has shared a few of her memories with Grapevine.



"Little did I think 22 years ago when I came to take up a staff nurse post in the department that I would be here so long. I had come here from night duty on the MacMillan Unit at Christchurch Hospital, so this was a real change. I have seen so many changes (I'm on my fifth sister!) in personnel and surroundings, Poole Hospital is constantly evolving.

"The nice thing about working in the department is that you can learn so much about all the specialities.

"So I think I have done my share, 41 years is long enough! I shall miss all my colleagues and I hope they will miss me and my cakes."



SKYDIVE THRILL FOR MATHEW

Well done to Mathew Garrod, from pharmacy, who raised more than £700 for Poole Hospital Charity after getting sponsored to throw himself out of a plane this summer.

While he admits to a fear of heights, intrepid Mathew described the experience as 'really amazing.'

CROSSWAYS

They say that time speeds up as you get older, and that's certainly true this year – hasn't 2011 flown by?

It's brought with it successes and failures, laughter and tears, joys and sorrows, by the bucket-load but here we are again at that mad few weeks which in America begins with Black Friday – when the shops see their balance sheets turn from being in the red, to at last being in the black, as something like 50 per cent of the population heads for the malls, to do their Christmas shopping.

We might be forgiven for thinking that Christmas is the annual festival of gluttony and excess, maxed-out credit cards and wanton generosity, and certainly this mid-winter festival came out of the need to break up the long, harsh winters with revelry and celebration. SAD – Seasonal Affective Disorder – isn't a new phenomenon!

By all means, let's enjoy the happiness, companionship and family values that it suggests; perhaps finding time to remember those less fortunate than ourselves – those without homes, jobs, families etc and for whom this time of year is lonely and painful. Let us also remember though that at the heart of this festival is love; for Christians, epitomised in a small, vulnerable child who invites us into relationship with the creator of the universe, and who shows us the full extent of love by his death on the cross.

For people of all faiths and none, united by our humanity, total self-giving love just has to be the route to peace, goodwill and hope for our world in 2012.

Canon Jane Lloyd, head of hospital chaplaincy team

MY PERFECT...

IN A NEW FEATURE, THE GRAPEVINE TALKS TO A MEMBER OF STAFF PICKED AT RANDOM ABOUT THEIR FAVOURITE THINGS. FIRST IN THE HOT SEAT IS ARIELLA CAMPBELL, THIRD YEAR MEDICAL STUDENT.

...day

My perfect day would be waking up late and having good food and hanging out with my friends.

...night out

I like to go clubbing and go for drinks – I like music in the Top 40.

...night in

I love to watch movies, so I'd watch a film.

...film

I like comedy films, and Finding Nemo is my favourite, but it depends what mood I'm in.

...song

Anything by Adele.

...meal

I tried Thai food recently and I loved it.



...holiday

I'd love to go to Egypt. I've never been before, but I like the history – I'd love to see the pyramids.

...person

My mum – she motivates me and loves me no matter what I do and is one of the reasons I'm doing medicine.

ENHANCED CARE FOR WOMEN

NEW INTEGRATED GYNAECOLOGY CENTRE OPENS

MP for mid-Dorset and North Poole, Annette Brook, helped us to mark a new chapter in the provision of high quality women's health services at Poole Hospital when she officially opened the Harbourside Gynaecology Centre earlier this year.

For the first time, all Poole Hospital's women's health outpatient services have been brought together to create a comprehensive range of treatments in a single location.

Robert Syms, MP for Poole, also attended to show his support for the improvements made.

The new centre offers cutting edge and traditional treatments for a range of women's health problems in a relaxed and calming environment, complete with breathtaking harbour views.

Until the centre opened, the individual services, including the emergency assessment and early pregnancy units,

were found in a range of locations around the main hospital, as well as in St Mary's Gynaecology Unit, formerly part of the maternity unit in St Mary's Road.

Now the modern and bright centre brings all these services together in one place to provide a range of high quality consultant and specialist nurse-led clinics and diagnostic services. The centre also offers specialist treatments that are found in just a handful of other hospitals in the south of England, including those for complex menopausal problems.

Mr Tim Hillard, consultant gynaecologist and clinical lead for gynaecology, said: "This is a wonderful development that will improve the experience for all those women attending our Women's Health department for whatever reason."

Marian Seddon, matron for surgical services, said patients and staff alike have appreciated their new environment: "We've had so many positive comments



Annette, supported by Robert, cuts the ceremonial ribbon to officially mark the centre open as Harbourside staff and invited guests look on.

from those who have used the centre since we opened. Coming into hospital can be a stressful time for anyone, but the welcoming environment creates a positive atmosphere – women know as soon as they walk through our doors that we are 100 per cent dedicated to providing friendly professional care."

Find Grapevine online at: www.poole.nhs.uk/publications

THANK YOU

EVERY YEAR THE TRUST RECEIVES HUNDREDS OF LETTERS OF THANKS FROM GRATEFUL PATIENTS AND FAMILY MEMBERS ABOUT STAFF IN ALL ROLES. GRAPEVINE HAS PICKED JUST A FEW TO SHARE WITH YOU.

I wanted to send you my heartfelt thanks on behalf of myself and my family for the excellent care my father received from you all.

It made so much difference to his recovery that he was being so well looked after we could all relax knowing he was in such good hands.

Now I come to the birthday cake! My father is still talking about it - it was such a lovely gesture and we were all so touched that you would do that for him.

Some time ago my father was in a private hospital for a while but he says the standard of care and calibre of nursing staff did not compare to what he experienced with you all.

As a family, we would like to thank you for your kind help and support over the past few months, especially during my father's stay in hospital. In particular please thank the nurses for their kind words and assistance. Once again we appreciate your gratitude and wish you the best success in your jobs and for the future.

Thank you all for the lovely attentive, sympathetic and excellent care you gave my mother in law during her recent stay at Poole Hospital.

You looked after her so well and managed to keep to a minimum the inevitable suffering and distress that can be associated with her condition. She had been extremely unwell and frail in the lead up to her admission and it is to everyone's credit you kept her so comfortable. A heart felt thank you.

I am writing to congratulate you on the high quality of care and commitment of all who worked on the ward I found myself on. The sister was warm and kind, and sharply focused on leading her staff. Most of all, two of your staff nurses both went the extra mile in caring, with humour, and a determination that all should be as good as it could be for their patients.

Ward doctors were similarly kind and helpful, and my surgeon gave me the distinct impression that I was in the hands of a very decent person as well as a most competent surgeon. Your chaplaincy team is great and I could not have wanted better!

Your staff made what could have been a totally dreadful experience of unexpected incapacity into a memorable restoration of confidence in human nature, in general, and of the professionalism and warm humanity of these nurses, and other staff members, in particular. Thank you.

MIDWIVES MARK INTERNATIONAL DAY OF THE MIDWIFE

Midwives from Poole Hospital helped to mark International day of the midwife earlier this year.

Staff from St Mary's Maternity Unit gave out information to the public at the Dolphin Centre, Poole, and Tesco, Tower Park, on a range of initiatives including enhanced support for home births and a new clinic for women who have previously had a caesarean section but may have a normal delivery for their next child.

Members of the public could also find out more about the midwife-led Haven Birthing Suite at Poole Hospital, which includes two birthing pools and provides a comfortable, non-clinical environment for birth. as much choice as possible in their maternity care.



NEXT ISSUE

Grapevine is now published four times a year, in the winter, spring, summer and autumn. The deadline for the next edition is 20 February 2012.

Poole Hospital NHS Foundation Trust, Longfleet Road, Poole, Dorset BH15 2JB

In a children's ward far, far away...

We welcomed some out of this world visitors in late summer when three characters from science fiction film series Star Wars dropped in to cheer some of our younger patients up.



And whilst they may look a Force to be reckoned with, members of the 501st UK Garrison – a costume club devoted to all things Star Wars – went down a 'storm' with the children.

The visit was organised by garrison member Lee Pollit, from Barclays House. Members of the garrison are pictured with youngster Jack Longhurst, a big Star Wars fan.

LAUNCH OF NEW WEEKLY STAFF BULLETIN

We hope by now you will have noticed the introduction of a new weekly news bulletin aimed at our staff and volunteers.



Its aim is to round-up news from across the Trust in a concise and easy format, delivered to you by email in a timely and regular way. Feedback has been positive so far – if you have a comment, suggestion or an item to be considered for inclusion for the bulletin please get in touch with the communications department.

For those without access to email or the intranet, we ask that managers make the important information contained in the bulletin available to these staff by printing a copy for a staff notice board and encouraging staff to read it. Why not make the Staff Bulletin part of your regular team meetings too?

- If you have an item for the Staff Bulletin, email it to communications@poole.nhs.uk or post it to Communications, Churchfield House.
- For Grapevine, email grapevine@poole.nhs.uk or post to the above address
- Alternatively, the communications department can be contacted by telephone on extension 2269.

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