

2022 Audit of Young People attending Sexual Health Dorset

Sexual Health Dorset is an integrated service providing sexual health and contraception services to people of all ages across Dorset. Young people access SHD clinics through referrals from health or social care, schools, sexual assault referral centres, or via self-referral and we well positioned to identify young people with vulnerabilities and who are at risk of child exploitation, as well as meeting with their sexual health and contraceptive needs. In May 2022 young people's walk-in services reopened following suspension during COVID. This audit looks at care provided to young people by SHD since the reopening of these clinics.

Aims

- To assess whether SHD is collecting and recording the information required to make risk assessments for child exploitation.
- To identify whether SHD is documenting young peoples' capacity to consent to medical advice and treatment
- To identify whether sexual health and contraceptive services are being offered to those who need it and to explore the rate of uptake of these services.

Methodology

Retrospective case note review of 80 consecutive new episodes of care in patients aged under 16 starting 1/5/22

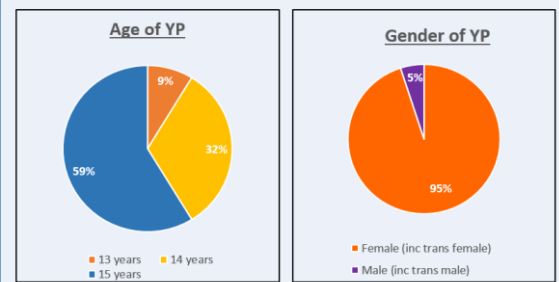
Measures

This audit uses auditable outcome measures and targets from the **British Association of Sexual Health and HIV (BASHH) 2015 National Young Persons Audit** and from the updated **2021 BASHH National Guideline on the Management of STIs and Related Conditions in Children and Young People (2021)** as well as local recommended targets.

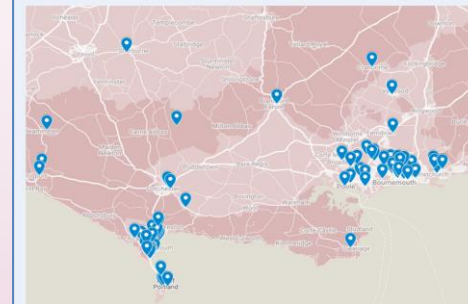
SHD – Sexual Health Dorset YP – young people/person
 CE – child exploitation TOT – Targeted Outreach Team
 LARC – long-acting reversible contraception
 OCP – oral contraceptive pill SP – Sayana Press

Joanna White Jenny Murira Sara Scofield
 Sara Bedford Laura Cutress

Age and gender of young people attending clinic



Residential postcodes of young people



Accompanying person

Percentage of YP where it is documented who accompanied them to clinic = **100%** (Local target 100%)

Confidentiality

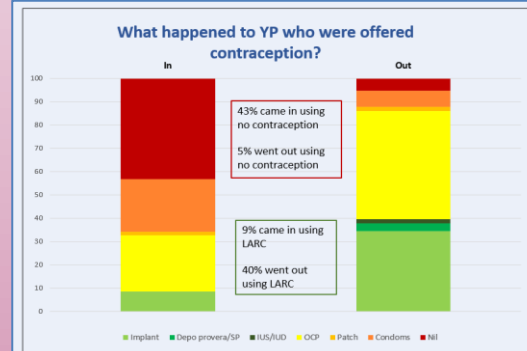
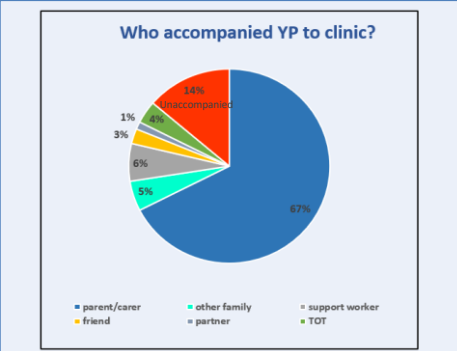
Percentage of YP where confidentiality statement discussed when accessing service for first time = **94%** (BASHH Target 97%)

Capacity assessment

Percentage of YP not accompanied by parent/carer where capacity assessment documented = **88%** (Local target 100%)

Risk assessment

Percentage of YP accessing service for the first time where CE risk assessed = **100%** (BASHH Target 97%)



Pregnancy risk assessment

Percentage of young women who ever had heterosexual sex who have pregnancy risk assessment = **97%** (BASHH target 97%)

Contraception provision

Percentage of young women who have ever had or are likely to have heterosexual sex in near future and not on established contraception offered contraceptive methods including LARC = **95%** (BASHH target 97%)

Chlamydia testing provision

Percentage of sexually active YP accessing the service for the first time offered chlamydia testing = **72%** (Local target 100%)
 Percentage of sexually active YP accessing the service for the first time tested for chlamydia = **56%** (Local target 97%)

Learning

- Young people living in large parts of Dorset are not accessing existing SHD clinics.
- Most young people attend the service accompanied and we are excellent at documenting this.
- We performed risk assessments in all young people that attended the clinic for the first time.
- In order to reach our set target we need to improve documentation of capacity assessment in young people.
- Our pregnancy assessment and contraception provision for young people, including LARC methods, was very good.
- In order to reach our set target we need to increase the offer and uptake of chlamydia testing in sexually active young people.

Actions

- Audit findings were discussed at a pan-Dorset learning meeting.
 - Staff were reminded to formally document capacity assessments when seeing under 16s using the existing safeguarding proforma.
 - Staff advised to offer chlamydia testing to all sexually active young people (in clinic or via postal kits).
- Opportunities explored to open clinics in lesser served areas of Dorset. A new weekly clinic in Shaftesbury opened in February 2024. A site for a Poole clinic has been identified. Opportunities for a Dorchester clinic being explored. A dedicated clinic slot for under 16s and a 48-hour emergency slot incorporated into existing Blandford clinics to improve access for young people. Targeted Outreach team to review input into school in areas where YP are not attending from.
- Re-audit planned for 2024/2025

25



Innovations at Dorset County Hospital Library and Knowledge Service

Library-In-A-Box contributes to patient care

Library In A Box is designed to meet users' needs in their own workplace – if they can't get to the Library, the Library will go to them!

The scheme is now being used to promote the service to off-site departments and has even spread further afield to Gloucester Royal Hospital.

This has saved staff time and gives them a thirst for knowledge and confidence. It has also contributed to patient care, for example, a member of staff read a book from the Box about non-verbal communication which informed their understanding of how to communicate with a particular patient. It has also encouraged staff to attend training on health literacy, information skills and accessing the library's other resources.



Pauline Kirtley, Deputy Sister working with Dorset County Hospital Library and Knowledge Service

DCH Library = "a hidden gem"

Natalie Violet, Business Manager, studied a masters degree in senior leadership and was a regular user of the library service - to obtain books and seek advice on referencing.

I can not speak highly enough of the library team, they are very helpful and go out of their way to locate the necessary resources for me, I think they are a hidden gem in the hospital and I know I would not be achieving the results I am without their support.



Natalie Violet, Business Manager working with Dorset County Hospital Library Service

Librarians and Knowledge Specialists bring the evidence to inform healthcare decisions

Living Library promotes staff wellbeing and increases meaningful conversations at Dorset County Hospital NHS Foundation Trust

I often tell people parts of [my daughter's] story and talk a little about my experience as a carer, but it is not often these days that I have an in depth conversation about all that happened. I found it therapeutic...The Chief People Officer met with me and one of the things that we discussed was the support that is available for carers at DCH.



Without Limits Network for Staff with Disabilities and Long-Term Health Conditions working with Dorset County Hospital Library and Knowledge Service

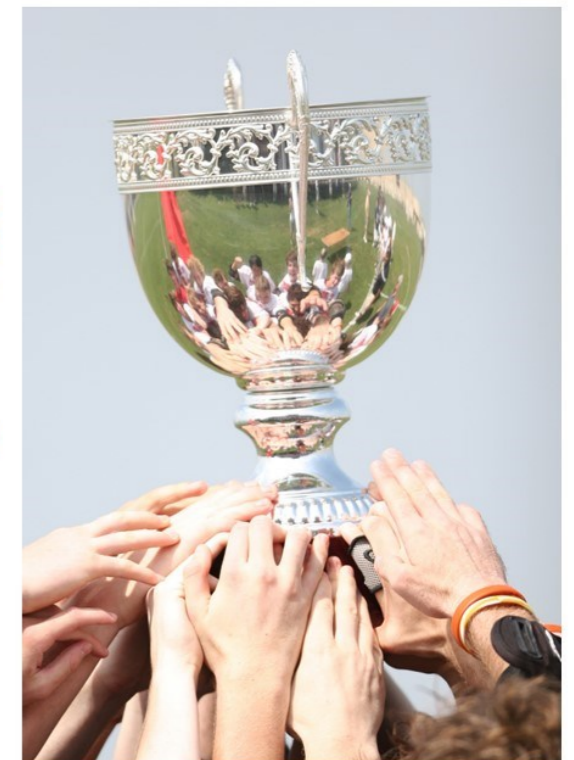
Health Literacy Champions at Dorset County Hospital

An increasing number of health literacy champions is contributing to the way the organisation delivers patient information. Health Literacy Champions are recruited by the Trust's librarian and are trained and receive support and signposting skills in order to use, advocate and promote tools and techniques with their patients and service users.

A health literacy champion responds to the training they received:

I learnt how low literacy levels are in the UK and how much that impacts on our patients' healthcare opportunities and health outcomes. I also learnt what the expectations are for health literacy champions and how we will be supported and learn from good practice.

Diabetes Specialist Dietitian, Isobel Hooley working with Dorset County Hospital Library and Knowledge Service



Plans!

- Review our protocol based on findings and feedback and run a second trial, working towards rolling this out as a permanent, pan-trust offering.
- Write up and (hopefully!) publish our findings and experience so far
- Adapt a more substantial Mindfulness offering, based on research and findings
- Seek support in expanding staffing resource to be able to increase our offering over time..

For more information, contact:

- **The Adult Psychology Service**
01305 361700

27

Mindfulness-Based Therapies For Unusual Experiences

“How can we create parity in our Mindfulness therapy offering for people living with unusual experiences?”

1. Why wasn't there parity before?

Intra-institutionally:

- Lack of a pre-existing protocol
- Lack of a solid research base

Internationally:

- Concerns about harm/adverse effects
- Clinical pessimism / stigma / inequality

3. So, what happens next?

Trial of Protocol in group and 1:1 formats

- 1 group with 4 participants
- So far, 5 x 1:1 participants
- Still ongoing: outcomes from feedback and measures to be collated over coming months!

Development of first Protocol: “Pocket-Sized Mindfulness for Unusual Experiences”

Based on

- Research into existing adaptations of mindfulness and other therapies
 - Pier specialist guidance
- Oxford Mindfulness Centre support

2. What have you done so far?

Preliminary research review:

- Evidence of the benefits of Mindfulness-Based Interventions (MBIs) for people living with unusual experiences
- No evidence of disproportionate / systemic adverse effects or harm.

My winding path to clinical academia

Clinical

2023 National Institute for
Health and Care Research
(NIHR) ARC
Wessex/Alzheimer's Society
Post doctoral research
fellowship

2015 Alzheimer's Society &
University of Southampton
Clinical Doctoral Research
Fellowship

2013 NIHR Masters in
Research

2012 NIHR Internship



Dr Pippa Collins
(The Cycling Advanced
Clinical Practitioner)
Pippa.collins@nhs.net

There is no prescribed path to a clinical
academic career. You need to be
creative.

2024 Band 8a Advanced
Clinical Practitioner/Clinical
Academic

2020 Band 7 Advanced Clinical
Practitioner- Dorset
Healthcare

2019 Band 6 Physio Southern
Health - Acute Frailty Team

2017 Band 7 Advanced Clinical
Practitioner - AHSN project

2015 Band 6 Physio University
Hospitals Southampton Acute
Medical Unit (AMU)

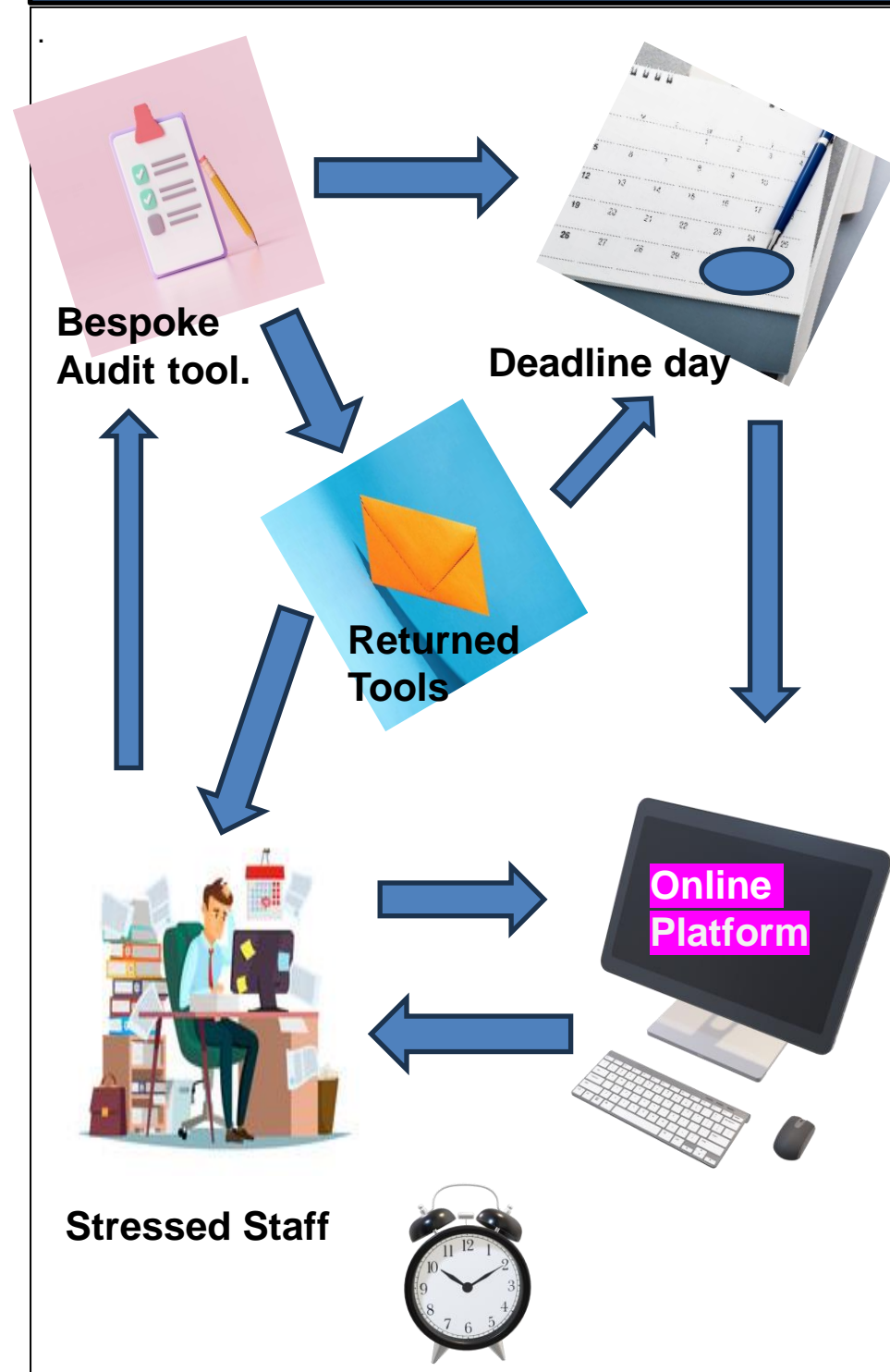
2012/13 Band 6
Physiotherapist Poole Hospital.
AMU for older people/Front of
house



Adobe Stock | #576793047

Prescribing Observatory for Mental Health (POMH) A data Collection Triumph!

The old way, chaotic and time pressured.



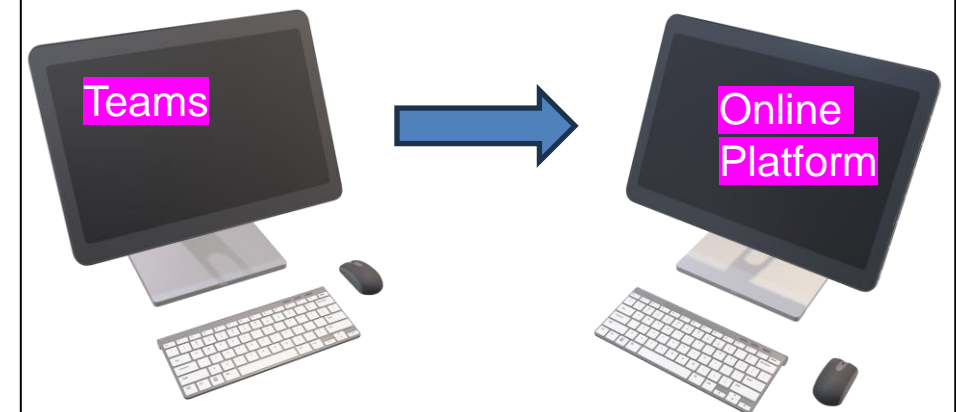
Background:

POMH is a subscription based National Audit Program run by the Royal College of Psychiatrists. Each Quarter the Trust are sent tools and instructions with guidance to the topic that is being audited within Mental health, with a predesigned audit tool (PDF) to complete and an online platform to submit the results onto.

The audit team identify the teams and Clinicians and then make contact inviting them to take part in the POMH.

In 2021 a new method of collecting the required data was devised.

The new way, personalised, and sustainable.



Quotes from Clinicians:

Really good. First time using teams for an audit, and I would recommend it.

The personal touch is motivating & helpful.

This was a quicker ,and more fun way of doing audit so congratulations a very good idea.

This is a very efficient way of collecting the audit data, saves time and paper, audit approach via teams is best.

Was a good experience and learnt a lot.

Challenges of the old way

- Lack of engagement from Clinicians.
- Non personalised approach.
- Time pressure both Clinicians and Audit Staff.
- Poor illegible documentation on returned forms.
- Data quality checks post submission.
- Constant chasing for responses.
- Extra stress on Audit staff.

Benefits of the new way

- Better Engagement from Clinicians as quicker process.
- More personalised approach, easy to explain the full process.
- No data quality issues (saving time).
- Clear communication.
- All responses straight onto online platform.
- No chasing required.
- Teams booking allows the dedicated time to complete the audit process for all involved.

Designed by:

Melitta King-Clinical Audit Facilitator.
dhc.clinaudit.nhs.net

Acknowledgment to C. Tizzard – Business and Performance team.

What are we trying to accomplish?
 How will we know that a change is an improvement?
 What change can we make that will result in improvement?



RE-audit of pre-coil history taking in Sexual and Reproductive Health

Background/Context

Clinicians were seeing some patients who were attending for contraceptive coil fitting appointments who were not appropriate. We wanted to ensure that patients are suitable to be booked for coil fitting appointments to avoid wasting patient and clinic time and so that the fitter has all the necessary information to facilitate safe intrauterine contraception fitting.

Aim

We aimed to improve information gathering during pre-coil assessment telephone consultation so that all necessary information was available for fitting clinicians.

We hoped to reduce the number of appointments where the procedure could not go ahead.

We managed to significantly improve the comprehensiveness of history taking for a number of measures which will better inform appropriate booking of patients.

Improve overall efficiency to make contraception appointments as one-stop shop, especially complex contraception clinics.

Measures

Our initial audit measured baseline performance and was repeated following education sessions.

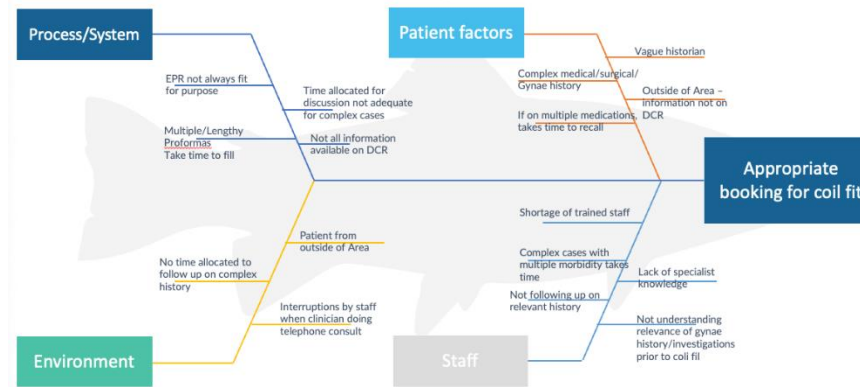
Informal staff feedback has shown improvement in information available and appropriateness of booking.

We did not involve patients in this audit.

Audit Results

Previous gynae procedures and investigations are being missed that could be clinically relevant and could potentially affect management. This leads to lengthy complex contraception appointment and sometimes not possible to do in a single appointment.

QI Tools used



Steps taken so far

Education sessions given to staff undertaking patient assessment encouraged understanding of why the information was important and how it could improve clinician and patient satisfaction and appropriate use of appointments.

We are now giving feedback on individual cases to hopefully improve this further. The results have been discussed with the team to further embed this learning.

Learning

Some staff doing initial patient assessments were not aware of the importance of some of the information they were gathering.

As a team we have looked at the best way to capture patient information on our electronic patient record so as to be easily available at subsequent appointments.

We improved the proportion of bookings considered appropriate from 81 % to 98% in the re-audit.

Next steps

- **Refresher teaching for staff** with more examples of how gynae history/previous investigations/procedures effect coil fitting procedure.
- Clinician taking **complex history** to put **on task list to follow up the information requested** from GP/hospital **before booking the patients in complex clinic.**
- **Protected admin time for leads to follow up patient** added on task list before booking the patients in complex clinic.

For any questions please contact:

Dr Julia Willis-Owen, Speciality Dr in CSRH, 0300 303 1948

Dr Shruti Batham, Consultant in CSRH, 07467 733063

Transforming Stroke and Cardiology Services:

Enhancing patient care through reconfiguration

1 CONTEXT

Stroke and Cardiology bed based services at University Hospitals Dorset combined in April 2023 onto the Royal Bournemouth Hospital site. This reconfiguration has brought significant improvements in patient care.

2 THE NEED FOR CHANGE

- A growing elderly population with changing health needs in Dorset
- Variable quality of care out of hospital
- Inconsistent quality in hospital-based care
- Staffing challenges in specialist services
- Financial pressures with a projected £200m funding gap by 2020/21



3 EXPECTED OUTCOMES

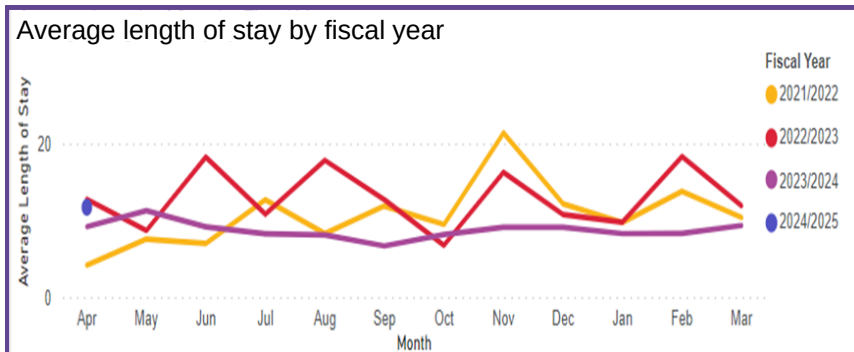
- Saving 17 to 29 lives annually through quick access to treatment for NSTEMI (Non-ST segment elevation myocardial infarction) patients
- Financial savings: approximately £1.2m via bed closures alone
- Improved patient outcomes: reduced mortality, lower risk of subsequent heart attacks and strokes, enhanced patient experience

4 PATIENT BENEFITS

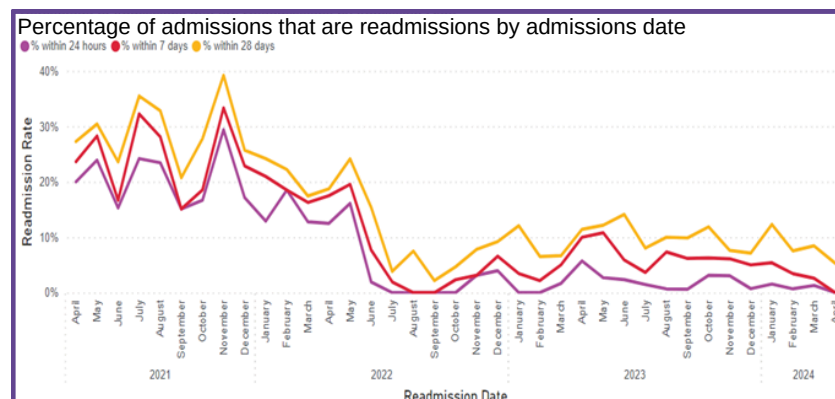
- Shorter times to treatment
- Reduced length of stay in hospital
- Greater access to diagnosis and treatment services
- Improved out-of-hours consultant cover

5 INNOVATION IN STROKE SERVICES

- Better utilisation of MDT (multidisciplinary team) workforce resources
- Upskilling of stroke recovery unit team leading to reduction in cross-site medical cover
- Implementation of key performance indicators and critical time standards
- Reduced length of stay by eliminating cross-site transfers
- Consolidated expert workforce and staffing efficiencies
- Improved co-location of facilities



Consolidation of services onto one site has led to improved efficiency



Length of stay savings:

- Average reduction of 0.5 bed days (Jun 2023 - Mar 2024)
- Total discharges: 1,373
- Estimated savings: £190k

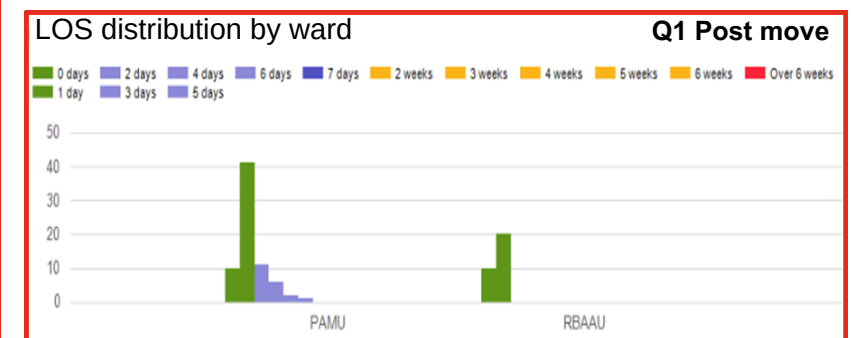
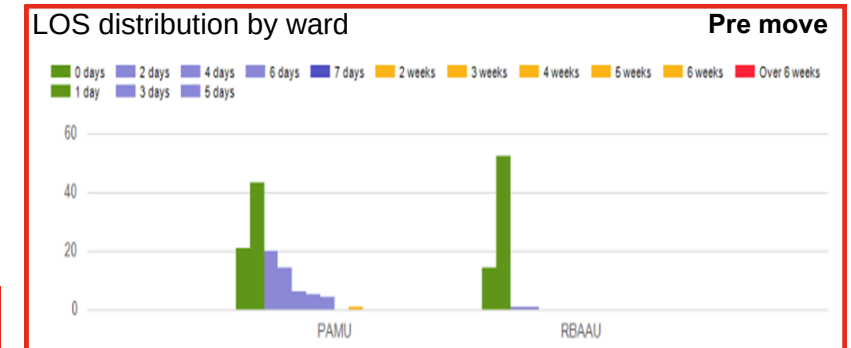
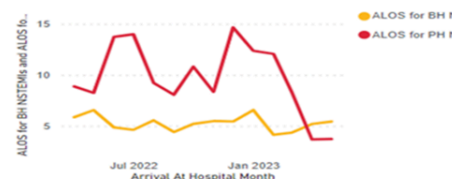
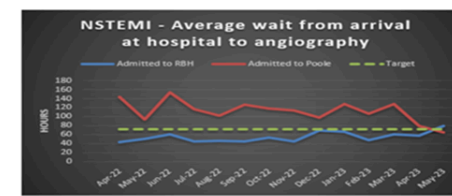
6 INNOVATION IN CARDIOLOGY SERVICES

- Improved out-of-hours cover
- Shorter time to treatment
- Reduced length of stay (LOS)
- Standardisation of pathways and treatment protocols
- Ready access to clinical expertise, diagnosis, and treatment services

LOS data taken from national MINAP audit

MI length of stay and wait for angiography

April 2023 onwards significant drop in average length of stay for Poole hospital NSTEMI following single site cardiology transformation



- Continued decrease in LOS (length of stay) at Poole Hospital Acute Medical Unit (AMU)
- Identifying opportunities in over £500k per annum spend on maintenance contracts
- Cardiac ward savings: £314k

Creating new opportunities for research nursing in the VENus6 leg ulcer study



Our research department and clinical leg ulcer team, successfully delivered a national research study sponsored by the university of York, called VENus6 to improve the treatment of venous leg ulcers for our patients in Dorset.



We asked: do you have a Venous Leg Ulcer?

The treatment examined which compression therapy is better at treating venous leg ulcers?

We successfully **RECRUITED 14 participants to compare different compression therapies.**

Participants had access to 3 treatments and regular assessments. They reported reduced pain levels, improvements in their leg ulcer healing, and greater patient satisfaction and wellbeing.

This study will help people make more informed treatment choices in the future.



The study involved the **senior research nurse** working closely with the **tissue viability team** who delivered the treatments for patients in Dorset Healthcare Trust.

There was also the opportunity for one of our research nurses to oversee the study by acting as the Primary Investigator.

This was an **innovative opportunity for a non-medical member of the team** to adopt this role; **extending their traditional skillset** and going on to **act as a role model** for other staff in the Trust keen to **be more involved in clinical research.**