Team Brief – November 2015

A chance to...

talk  think

discuss  listen

inspire  debate

Passion & Pride
Chief Executive’s Report

- National context – staff briefing sessions
- ECIP visit
- Trust Board and Governors – thank you
- Best People Awards – 26 November
• Correct **Patient identification** is essential to minimise medication and wrong blood in tube incidents

• Patients under **mental health section**- specific discharge requirements

• **Datix review**- action plan now being implemented

• All **alterations to a prescribed medication** require the original entry on the drug chart to be crossed off and re-written as a fresh entry. Please remember to sign and date all entries

• Dining and dementia companions – new initiatives

• Newly constituted **patient safety steering group (PSSG)** has met for the first time in October. Work stream leads will be invited to join a new patient safety working (PSWG) group as from January 2016

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**How you can help**

• Label samples at patient's bedside
• Use multiple points of patient ID before all interventions including phlebotomy and drug administration
• Re-write, date and sign any alterations to drug chart medications

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Mr Simon Holmes  
Medical Director

Cathy Stone  
Director of Nursing
How you can help

- Remember delivery of these standards makes a real difference for patients and staff
- In line with the CQCs findings, reduce unnecessary variation in daily practice to improve the safety and quality of care for patients
- We are improving, we need to maintain this and do better in some key areas
At the end of September the Trust’s financial position was £5.9m worse than plan. Year to date we have spent £15.6m more than we have generated in income.

The original financial plan for 2015/16 was for a £16m year end deficit. Since then the Trust has been issued with a stretch target to reduce the year end deficit to £9.7m in the current financial year.

Achievement of the original plan therefore requires the Trust to break even for the rest of the financial year, and delivery of the stretch target requires a surplus for the remaining 6 months of the year.

There are a number of factors contributing to the adverse financial position against plan, principally:

- Continuing high levels of expenditure on temporary staff and unfunded extra capacity
- Premium costs associated with delivery of base activity plans
- The impact of fines and penalties associated with contractual performance standards
- Overspends against devolved budgets. and our financial recovery plans will need to address these if we are to meet our financial objectives in the current year
- Slippage and shortfall in delivery of Cost Improvement Plans and Financial Recovery Plan schemes
Next Steps

• CSCs have identified a range of improvement opportunities which will improve our services to patients and to the financial position in the recent Performance Review meetings

• The Executive Team is working with CSCs and back office functions to ensure that our systems and processes are consistent with the most effective use of all our resources including budgetary management arrangements

• Detailed action plans, with clear accountabilities and support arrangements for delivery are being developed for all efficiency and recovery plan workstreams

• The Trust is working closely with its partners to identify opportunities to mitigate risk and improve the financial health of the system

• A detailed financial assessment of a range of scenarios in relation to the system winter planning processes and RTT recovery plans is being undertaken

• A review of the Trust’s capital programme has identified opportunities to release resources in the current financial year

How you can help

• We need everyone to support these initiatives

• Constant focus on making the best use of our resources
• Flu vaccines for frontline staff are currently 8% lower than for the corresponding period last year. Flu from Australia and South East Asia will arrive in this country and it does kill both young and old. The only way to protect yourself is to be immunised

• Rate caps for agency workers will be introduced from the end of November and will see a reduction to some of the current high rates that are paid. The workforce directorate will be working with those areas affected

• The Junior Doctor ballot for industrial action will close on the 18th November. Contingency plans are being developed based on an expected ‘yes’ vote in favour of industrial action

• Our CQC action plan commits us to ensuring that our medical staff are compliant with their essential skills training. All staff are reminded of the need to keep their essential skills up to date

• Portsmouth, at 74% compliance, are currently joint 2nd in Wessex for trained Named Educational / Clinical Supervisors supporting Junior Doctors. Our focus continues on achieving the mandatory 100% by July 2016

• L&D will shortly begin sending staff reminders of course enrolments via a text messaging service. Messages will be going out to staff to ask them to ensure current personal mobile numbers are recorded in ESR

**How you can help**

• Ensure that ESR is updated with personal mobile numbers
Listening into Action

NHS Staff Survey 2015

HAVE YOUR SAY!

A polite reminder to tell us your views on working at Portsmouth Hospitals

Final reminders (which contain another questionnaire) have now been distributed to those who have not yet taken the opportunity to complete and return their survey which closes on the 27 November.

Your answers will be treated in confidence; no one in this organisation will be able to identify individual responses.

Results will be used to improve local working conditions, and provide public accountability on levels of quality and safety.

• An award winning Research programme
• Accessible Leadership and Management development
• Meaningful values based appraisal which focusses on the things that matter
• Employee engagement that puts those who know the most at the centre of change
• Fantastic initiatives that are positively improving our patients’ experience

There is also the chance to win one of six iPads and six Kindle Paperwhite Tables which have been funded by the Joint Consultative and Negotiating Committee (JCNC)!

How you can help
• Complete and return your confidential National Staff Survey
• Return undeliverable surveys to Cambridge House, QAH
• Hold your own LiA conversation follow this link for the Toolkit
• Click here to view all the Quick Wins

Watch this space… upcoming LiA conversations

December 2015 – ‘Perfect Day’ LiA event in Theatres
February 2016 – Young People, Improving their experience wherever they are in our hospital
Spring 2016 – Creating a culture of innovation

LiA Quick Wins
THEATRES ACTIVITY TRACKER

You Said… that Theatres and Admission staff found it difficult to predict their workload and wanted to provide patients with regular updates on when their operation might be.

We Did… install an activity tracker that can be viewed from all areas in Theatres, including Admissions and Recovery and which shows when a patient has been sent for, any cancellations, changes to the list order, when a procedure has been completed and when the patient is in Recovery.

Staff can now plan their workload and allocate breaks that meet the service demand. They can identify opportunities to move patients from one theatre to another to avoid cancellations and provide regular updates to patients waiting for surgery. Contact julia.duggan@porthosp.nhs.uk for info.

Click here to view all the Quick Wins
Organisational Development

Mentoring at PHT

What is mentoring?
Mentoring involves the use of the same models and skills of questioning, listening, clarifying and reframing associated with coaching. Traditionally, however, mentoring in the workplace has tended to describe a relationship in which a more experienced colleague uses his or her greater knowledge and understanding of the work or workplace to support the development of a more junior or inexperienced member of staff.

Benefits to the member of staff:
- Knowledge and contacts
- Business and Life skills
- Insight
- Perspective and vision
- Reduced feelings of isolation
- Wisdom and learning from past experiences
- Improved performance
- Talent development
- A sounding board
- Learn how to be a good mentor

Benefits to the Employer:
The employer of a mentored employee gains from greater productivity in the workplace. As employees turn to their mentors for advice, they make fewer mistakes on the job, cutting losses to the employer. Employees in mentoring relationships tend to have greater job satisfaction as well, which can mean a more positive work environment.

How you can help
- Print and display this slide in staff areas
- Think about and discuss mentoring in yours and your direct reports appraisals

Visit the mentor list to see who is a mentor in your CSC. For information about mentorship for pre-registration nursing students, please click here

New and existing Medical Staff, those in management or leadership position, or those aspiring to and are looking for mentoring support should contact the Organisational Development team
The Employee of the Month was Margarida Rodrigues, Staff Nurse, Haematology and Oncology Day Unit who was nominated by patient, Daphne Burgess, for her caring and outstanding work in the Oncology Day Unit which she had to attend recently.

Margarida attended to Daphne whilst she was waiting and gave up part of her lunch break to stay with her. Daphne states that Margarida cared for her with a smile and total commitment which she showed to all around her, and definitely deserves an award for going the extra mile.
Transformation

Urgent Care Pathway
• Work continues on Phase 2 to deliver agreed changes detailed in the 5 High Impact Changes across the pathway

Elective Care Pathway
• Work continues on Phase 2 of the outpatient and surgery components of the pathway
• Phase 3 work plan based on the detailed pathway redesign work completed with surgical specialties this year is being developed for delivery in 2016/17

Paediatric Pathway
• The single point of access urgent care pathway has been agreed with the transition plan currently in development
• Work has begun with the Paediatric team to develop an integrated elective/booked day care pathway and an inpatient pathway reflecting latest national guidance for paediatric critical care and young person services that will facilitate transition from paediatric to adult care for children with long term conditions

Frail Elderly Pathway
• Phase 1 work is nearing completion with the transition plan being developed for approval in January 2016
• Phase 2 will focus on implementing the plan across the whole system over a 3-5 year period
• Funding application made to secure modelling support from the University of Southampton
Digestive Diseases Pathway

- Initial meetings with Gastroenterology, Upper GI and Colorectal services complete and scope of work agreed
- Initial focus will be on a ‘virtual’ integrated pathway for 4 common referral conditions commencing January 2016

IT

- The Trust has been working with SCAS for some months to help them move towards a full electronic system to replace paper patient clinical records
- The new system is called Electronic Patient Records (ePR) and is supplied by Ortivus UK. The system will be going live at Queen Alexandra Hospital on Monday 16th November 2015 at 10:00am
- Instead of paper records, SCAS will be sending ePRs direct to the hospital via the ambulance Toughbook tablets using Mobimed software. Clinical workstations will allow clinicians to see information about patients before they arrive at hospital. It will also allow the crews to message clinicians in ED, CCU and Stroke about patients they are currently treating
- On arrival at hospital staff will be asked to sign electronically for patient handovers instead of providing paper based signatures. The new processes will affect Medicine CSC (Cardiology) MOPRS CSC (Stroke); ED; W&G (Maternity/Paediatrics/Gynaecology)

How you can help

- Secondment opportunities are being advertised shortly to support the pathway transformation work so if you are interested in supporting services with delivering transformational pathway change please apply
Challenges – computers!

Successes

- QAH – Top recruiter in September to the BSRBR-RA study (Rheumatology) and FixDT (Orthopaedics)
- QAH – 1 of 2 hospitals (n=47) recruited 150th patient to the BRAGGS study (Rheumatology)
- QAH - Top response rate – 93% for the TONIC study pack. Congratulations to Robyn Gentle, Georgina Burke and team
- QAH - First site in the UK to recruit to Select-D trial (Oncology)
- QAH – Top recruiter nationally to the SIFT study (NICU)
- QAH – Top recruiter in the UK to the PIONEER study and have had no withdrawals (Cardiology)

Innovations

- NHSIQ project – Developing the Innovations Pathway so innovations is “what we do around here”

Looking ahead

- HSJ Award night 18 November – shortlisted for Improving Care with Technology
- Alice Mortlock, Research and Quality Manager and Matt Gummerson Partnership Facilitator will be starting in December

How you can help

- Help support the innovations pathway work – more to follow
A nurse who suffered a catastrophic stroke had her baby delivered while she was in a coma was covered by media outlets across the UK and the world including Good Morning Britain, ITV Meridian, BBC South, Five Live and Wave 105. The story reached Hong Kong and Australia including 9News and Women’s Weekly.

School children visit VIMARS to get a taste of surgery – The News

Councillors tell of their frustrations over vascular talks – The News

70 year old donates kidney to a stranger – The News

Channel 5 filmed two PHT/Carillion security guards running in the Great South Run

Paediatrician Howard Wilford is interviewed by Wave 105 as he wins an award after being nominated by a patient

The News celebrates the Best of Health Awards including numerous PHT staff members
• Sierra Leone
  – Ebola free? (7 November 2015)
  – Mentoring of RSLAF 34 Military Hospital
    ▪ PONN Ward
    ▪ LNN Playforth
    ▪ Cpl Upton
• Visit to Vanguard Field Hospital
• Remembrance

How you can help
• Continued support in your day to day engagement with military personnel with a focus on delivering, in partnership, a high standard of safe effective patient centred care
Fantastic Staff Fundraisers!
- Zoe Parton (Play Specialist) and Paediatrics ED team – Held a Halloween cake sale and raised £706 to help fund toys for the department
- Adel Sheikh (Respiratory Directorate Pharmacist) and other members of Pharmacy – London to Brighton Cycle for NICU and raised £740
- Kim Tull and 5 other team members from Surgery and Urology – raised £1,133 from a charity skydive to refurbish D7 Relatives room

Lights for Love Appeal
Light a light for those you love – staff, patients, visitors and family members can all buy a candle and attend the Christmas Service on 10 December at 6:30pm outside the QUAD

Christmas Jumper Day 22 December
Wear your Christmas jumper, socks or crazy headwear to work and donate £1 to a ward/department of your choice – get your team involved!
Cascade of this team brief to all staff should also include key messages to be shared at a Clinical Service Centre, Specialty and/or department level

What is the process and timing?

1. Each month the Executive Team deliver key corporate messages at a face to face briefing to Clinical Service Centre and Directorate representatives and staff members. On the 2nd Friday of each month.

2. Clinical Service Centre and Directorate representatives add relevant local key and priority messages. They meet face to face with senior team leaders to brief them on both the Trust wide and their local information. By the 3rd Friday of each month.

3. Senior Team Leaders meet face to face with their teams to brief them and this continues to cascade down so that all receive Team Brief from their own line manager. By the 1st Friday of the following month.

4. After each team Brief session if there are any ideas, actions or feedback that you need to take further action they should be captured centrally with your CSC management team. As they happen.

For example:
1. On the 12th June 2015
2. By the 19th June 2015
3. By the 3rd July 2015

[Link to Team Brief and dates on the Intranet]
Feedback

• Team Brief is a two-way communication tool for managers and staff to engage

• Ensure you feedback to your manager

• To improve this team brief feedback your thoughts via the Communications Team

• It is always refreshing to hear honest and constructive comments from staff