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Chair, Health Overview and Scrutiny Panel
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Via Email

Dear Chair

Update letter from Portsmouth Hospitals NHS Trust

I write to provide the Health Overview and Scrutiny Panel with an update from Portsmouth Hospitals NHS Trust. This is a further submission to the letter provided to the Panel on 20 February 2017.

All major arterial surgery has now moved from Portsmouth Hospitals NHS Trust to University Hospital Southampton NHS Trust. This means that patients requiring vascular surgery will now be treated at Southampton General Hospital rather than the Queen Alexandra Hospital in Portsmouth, where they will have access to a specialist vascular team 24 hours a day, 7 days a week.

Patients will only be asked to travel where there is clear evidence of benefit in doing so – namely for complex procedures. Other services will continue to be delivered locally, with patients receiving their pre-operative care and follow-ups at the Queen Alexandra Hospital. Vascular surgeons will continue to offer day surgery at Queen Alexandra Hospital (such as for varicose veins) and run outpatient clinics from Portsmouth, Gosport, Havant & Fareham Hospitals, including diabetic foot clinics. Abdominal aortic aneurysm (AAA) screening continues to be provided as before.

Local surgeons and other clinicians have worked together to ensure Southampton General Hospital has the capacity and flexibility to cope with the additional volume of patients, which is expected to be around 300 patients a year. Arrangements have also been made to monitor the move for patients needing complex vascular surgery at Southampton General Hospital.

There will continue to be a vascular surgeon available at Portsmouth during weekdays in outpatients and on the wards. This will mean that patients with diabetes, kidney problems, cancer or injuries will be seen by a vascular surgeon. We will continue as the major regional renal (kidney) centre and patients will continue to be treated for complications that arise from dialysis. There will be a handful of cases each year where a patient who needs dialysis will need urgent/emergency treatment at Southampton which needs an overnight stay and temporary dialysis will be available for them at Southampton during their stay.

Since I last wrote to you we have published the outcomes of our NHS Staff survey. This is recognised as an important way of ensuring the views of staff working in the NHS informs local improvements and national assessments of quality, safety, and delivery of the NHS Constitution. The results of this annual survey are also used by NHS England to support national assessments of quality and safety, and the Care Quality Commission uses the results to inform its Intelligent Monitoring work to help to decide who, where and what to inspect.

We chose to survey all of our staff in 2016, as we have in previous years. A total of 3949 staff took the opportunity to complete and return a survey, a 58% response rate. This places us in the highest 20% for acute trusts in England and compares with a response rate of 59% in the 2015 survey.

Our top ranking scores included:

- More staff are satisfied with flexible working opportunities
- There is good communication between senior management and staff
- There is recognition and value of staff by managers and the organisation
- The percentage of staff working extra hours is low
- There is support from immediate managers
- There is organisation and management interest in, and action on, health and wellbeing

Our bottom ranking scores were:

- Staff recommendation as a place to work or receive treatment
- Staff experiencing bullying or harassment or abuse from patients, relatives/public
- Staff experiencing physical violence from patients, relatives or the public
- Staff witnessing potentially harmful errors, near misses or incidents
- Staff attending work despite feeling unwell because they felt pressure from their manager, colleague or themselves
- Staff reporting most recent experience of harassment, bullying or abuse
- Staff experiencing physical violence from staff

The overall staff engagement score when compared with all acute trusts has remained at 'above average'. From ranking in the worst 20% in 2012 and 2013, average in 2014 and above average in 2015 with a scale summary score of 3.85 (a slight decline of 0.03 from 2015).

We are very proud of our innovation here in Portsmouth. In 1999 we developed a training course to help qualified staff recognise when a patient's condition was deteriorating, enabling staff to initiate appropriate treatment and care, and help to prevent unnecessary admissions to the intensive care unit. Known as the ALERT™ Course (Acute Life Threatening Events Recognition and Treatment) this has been hugely successful and is now franchised across the UK and the world, including USA, New Zealand, Qatar and Dubai - generating valued income which is invested to support NHS patient care here in QA. All newly qualified clinical staff are required to attend this course when they join the Trust to ensure patient safety.

We recently marked the retirement of Cathy Stone, Director of Nursing. Deciding what career pathway to take can be confusing, but not for Cathy who was born into a legacy of nurses. Cathy's Grandfather commenced nurse training in 1935, with her Grandmother joining the profession not long after. Cathy's Father followed in their footsteps in 1959, from RMN in 1960 to SRN OBE in 2000. Cathy's own career path saw her qualify after three years and she was the winner General Student Nurse of the year. Cathy joined us in 2015 and she will be greatly missed by her colleagues. We hope to appoint to the post of Director of Nursing in the coming months.

My colleague Peter Mellor will be happy to further expand on this information and answer any other questions that you might have. We will continue to provide you with the financial and performance monitoring data that you have asked for.

Yours sincerely

Tim Powell
Chief Executive