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Dear Councillor Eddis

Quarterly letter from Portsmouth Hospitals NHS Trust

I write to provide you with details for the Portsmouth Hospitals NHS Trust quarterly update for the Health Overview Scrutiny Panel, providing an update on our financial position year to date, the patient experience and other performance information.

Financial Update

In our March quarterly letter the Trust reported a £5m deficit at the end of January (month 10), which was an improvement on December's position. We also outlined that significant progress continued to be made in delivering against the Trust's cost improvement plan, in order to realise 2010/11's internal cost saving target of £31m.

Following receipt of £6m of income from our local commissioners in March (as payment to recognise pricing issues around local tariffs and also some of the costs the hospital has incurred as activity has been moved of the hospital setting, coupled with the progress that continued to be made towards the internal cost saving target) the Trust ended the 2010/11 financial year with a surplus of £159,000 on income and expenditure. The 2010/11 draft accounts have now been submitted to the Department of Health.

The financial challenge for 2011/12 is equally as tough. The Trust, in common with all NHS Trusts and Foundation Trusts, has to manage a 1.5% reduction in the prices it can charge for treating patients, which is especially difficult at a time when inflation means that costs continue to rise. Therefore the Trust has a requirement to save a further £30.5m in the year ahead, £5.5m of which relates to the impact of Primary Care Trust demand management schemes. Our plans to deliver this are already well established and continue to be monitored on a weekly basis.

Redundancy Programme

Whilst we have identified a significant number of savings schemes as part of our ongoing sustainability plans, helping us some way towards this target, there remains an element of unidentified savings. We continue to make some further tough decisions.

Further reductions in the workforce are necessary and so the Trust has announced that up to 99 posts will be lost through a redundancy programme, initially focusing on a voluntary-basis, with the aim of minimising compulsory redundancies.

A formal thirty day consultation period began on Friday 15 April 2011 for the reduction of up to a maximum of 99 posts. The closing date for voluntary redundancy applications was Friday 29 April 2011.

Safeguarding patient care and the delivery of quality services remains our primary goal. The Trust has been working closely with staff side representatives and union officials in the lead up to this decision and will continue to work closely with them during the consultation process.

Bariatric Surgery

The Trust has been awarded a tender to provide Bariatric Surgery in the Southampton, Hampshire, Portsmouth and Isle of Wight area starting in June 2011, which has the potential of £5m additional income to the Trust over the next three years. This is a developing area of work for the NHS which offers significant potential for the Trust to develop as a centre of expertise for weight loss surgery and work closely with health service partners on broader weight loss and related health issues.

Military Elective Healthcare

The Ministry of Defence has awarded the Trust a contract to provide a military elective healthcare service from April 2011 to March 2013. The contract reinforces Portsmouth Hospitals NHS Trust's links with the Armed Forces and secures over £3m income to the Trust. It also provides an opportunity for the Trust to further improve performance and secure additional payments related to providing an urgent 10 week referral to treatment service to reflect Ministry of Defence operational commitments.

Patient Experience and Feedback

The Care Quality Commission has published the results of the 2010 National In-Patient Survey. The Trust has improved in all eight elements of the survey and is now reported as being "about the same" as other Trusts in England rather than in the lower performing organisations.

NHS Institute for Innovation and Improvement's 'Productive Ward' aims to increase the time that nurses spend at the bedside with the patient and reduce the non-direct care time spent, such as walking to collect equipment from storage areas.

This programme was re-launched at the Trust in September 2010 and combined with the methodology of the High Impact Actions and Essence of Care schemes.

All 41 wards and six other clinical areas have made changes to how they work to improve the direct care time for patients, so nursing staff can spend more time undertaking patient assessments and providing individual care.

We are currently analysing the repeat audits following changes made to wards, and early data (from ten of the wards) shows that register nursing direct care time with patients has increased by 9% and Health Care Support Workers direct care time has gone up by 5%. This work has achieved national recognition.

Care Quality Commission (CQC) Visit

The CQC undertook an unannounced, albeit expected, inspection at the Trust on Tuesday 12 April. The focus of this inspection was to check compliance against Outcome 1 (Privacy & Dignity) and Outcome 5 (Nutrition) in relation to elderly patients.

Although this visit will contribute to the Trust's overall CQC assessment, it was specifically undertaken as part of a dignity and nutrition inspection programme at the request of the Secretary of State for Health. This visit was particularly in response to the recent Ombudsman report and Dispatches programme, which raised concerns around care of the elderly in the NHS.

The inspection team visited two elderly care wards. A full report is expected from the CQC within 28 days of the visit. The Trust is still anticipating a further full CQC compliance assessment inspection to be undertaken in the form of another unannounced visit.

High Impact Actions for Nurses and Midwives

The High Impact Actions for Nurses and Midwives were launched by the Department of Health's Chief Operating Officer and strives for the best quality and safe care basics across community and acute providers in the NHS.

The High Impact Actions have demonstrated that if these are taken forward that healthcare provision is improved for patients through safer quality care and more efficient use of resources.

The High Impact Actions consists of:

- **Your Skin Matters:** early detection and nursing care intervention to minimize the risk of development/deterioration of pressure ulcers.
- **Staying safe & preventing falls:** focuses upon early detection and nursing care intervention to minimize the risk of falls
- **Keeping nourished:** focusing on the assessment and care intervention for meeting patients hydration and nutritional needs.
- **Promoting normal birth:** aims to reduce the c-section rate where clinically appropriate.
- **Important choices:** promoting positive end of life care in partnership with families and multi-agencies, focusing on providing end of life care support to meet the patient needs wherever they wish to die, focusing on death with dignity.
- **Fit and well to care:** focuses on staff well-being and reducing staff sickness and absence
- **Ready to G:** focusing on multi-agency partnership to support patients discharge
- **Prevention from Infection:** focusing upon preventing urinary tract infections and the management of indwelling catheterisation

The Essence of Care benchmarks were updated and re-launched by the Department of Health Chief Nursing Officer in October 2010 and set standards of care around: Bladder and bowel care; Care environment; Communication; Food and Drink; Prevention and management of pain; personal hygiene; prevention and management of pressure ulcers; promoting health and well-being; record keeping; respect and dignity; safety; self care.

As these standards overlap they have been "bundled" into the modules of the Productive Ward programme (which was re-launched in Portsmouth Hospitals in September 2010). Therefore when nurses complete modules of Productive Ward, they are more efficient with their time and able to re-invest time saved into direct patient care. One example of this is investment in the early assessment of patients on admission of their pressure ulcer risk and then intervention as required by the patient. This has been effective as Portsmouth Hospitals NHS Trust has seen an increase of reporting of pressure ulcers on admission, evidence of prompt nursing assessment."

New Seating

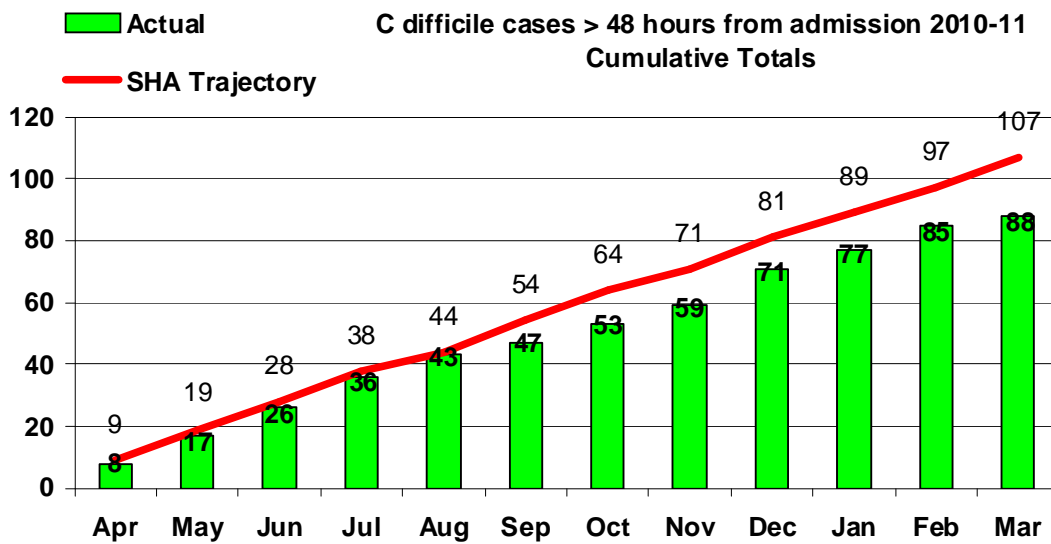
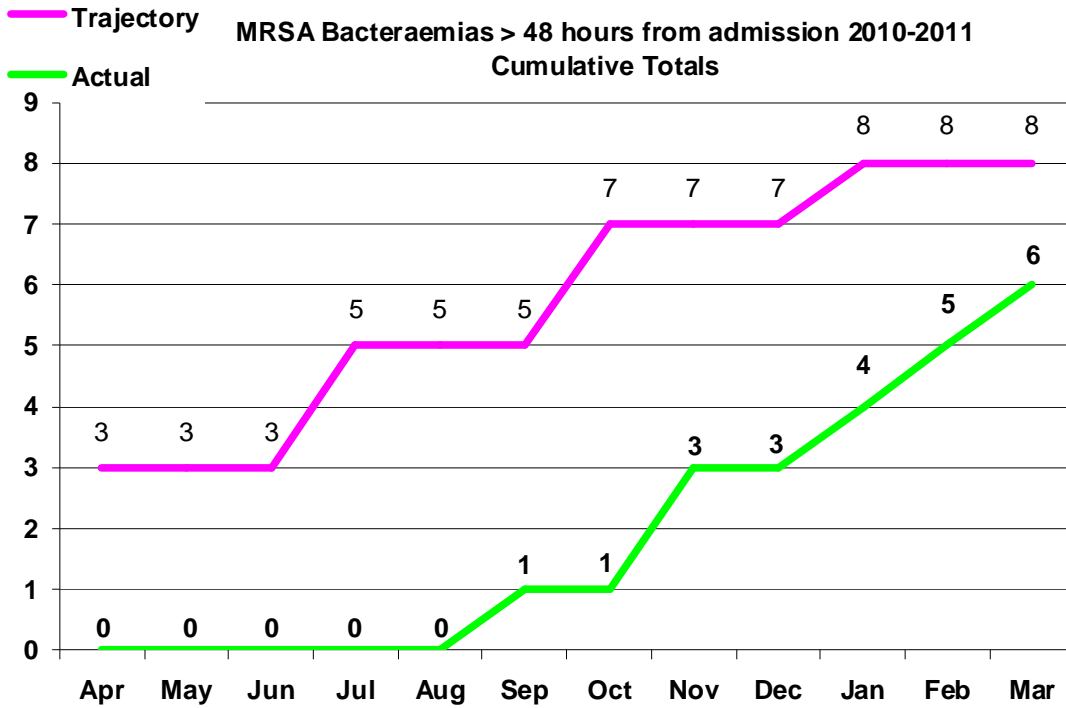
In our last quarterly report we told you that we had listened to feedback from our patients, visitors and Governors at the Trust and installed new folding, wall mounted chairs around the Queen Alexandra Hospital to give an opportunity to rest, if needed, when walking along some of the long hospital corridors.

The installation of additional seating has now been completed. A total of 27 seats have been installed in various locations around the hospital on levels B to G. These seats are in addition to a number of seats and sofas already in various locations around the hospital.

The new seats were funded by the Trust's Charitable Funds Committee.

Infection Prevention and Control

The Trust performed well in regard to hospital acquired infection rates in 2010/11. The Trust achieved 171 days without a single report of MRSA and the number of cases dropped from 19 cases in 2009/10 to six in 2010/11 (a reduction of 69%). We also met our targets for C. diff cases. Against a whole year target of 107 cases, the Trust recorded 88, which was a 21% reduction compared to 2009/10. While the Trust recognises the reduction in infection rates as a significant achievement, our ambition is to continue reducing hospital acquired infections. Please see charts below:



I do hope that you find this quarterly letter from Portsmouth Hospitals NHS Trust both useful and informative. If you would like further information on any of the items listed above, please do not hesitate to contact my office.

Yours sincerely

Ursula Ward MSc MA
Chief Executive