

Portsmouth Hospitals Trust



January 2012

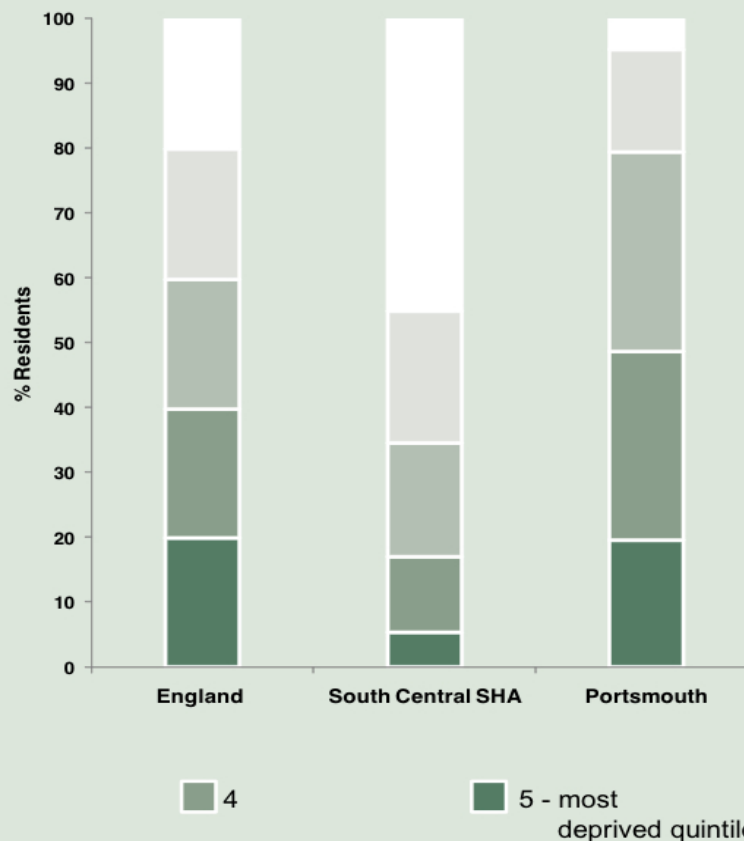
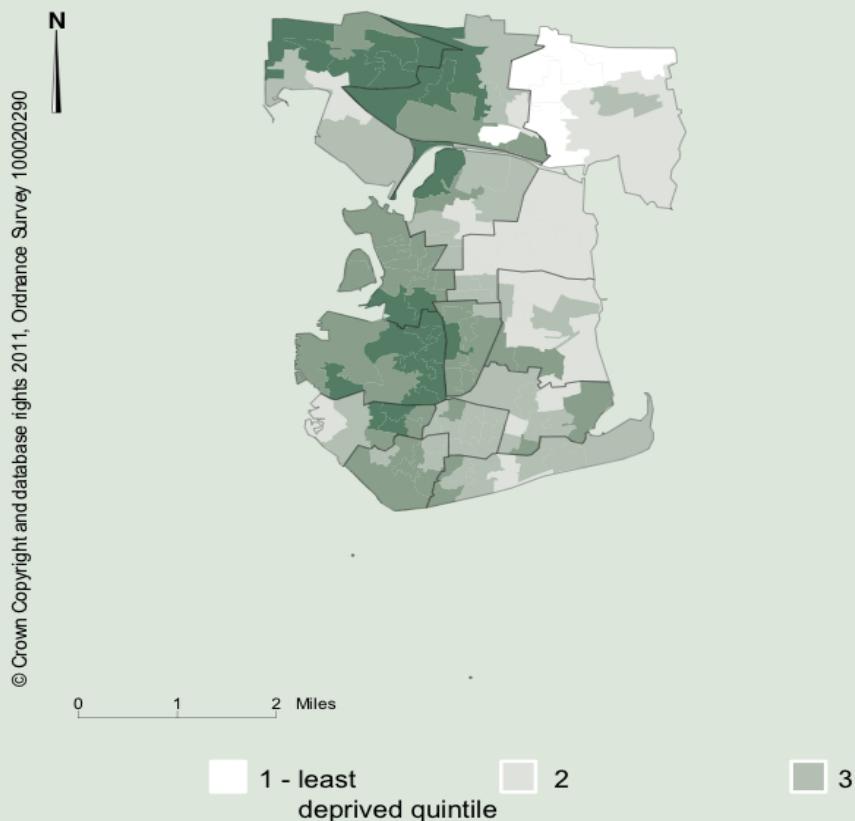
Portsmouth Hospitals Trust

- Large District General Hospital – largest hospital in the country without a medical school (major provider of undergraduate and post graduate education)
- Designated Regional Services (to a population in excess of 2million)
 - Wessex Renal Unit
 - Wessex Kidney Transplant Unit
- National designated Cancer Centre
- A variety of extended local services covering Portsmouth, Isle of Wight, Chichester and some Channel Islands

Deprivation: a national view

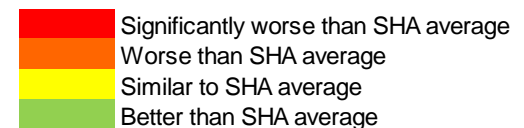
This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

This chart shows the percentage of the population in England, this region, and this area who live in each of these quintiles.



Our patients have profound medical problems.

| <i>2009 Population (000s):</i> | Portsmouth 204 | Gosp 80 | Chich 113 | Arun 150 | Fareham 111 | EHant 61 | Win. 62 | IoW. 140 |
|--|---------------------------|--------------------|----------------------|---------------------|------------------------|---------------------|--------------------|---------------------|
| People diagnosed with diabetes | Red | Red | Red | Red | Red | Red | Red | Red |
| GCSE (5A*-C inc. Eng & Maths) | Red | Red | Red | Red | Red | Green | Green | Red |
| Road injury/death | Yellow | Red | Red | Yellow | Green | Red | Red | Red |
| Excess winter deaths | Red | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red |
| Early deaths from cancer | Red | Red | Yellow | Yellow | Green | Yellow | Yellow | Red |
| Teenage pregnancy (<18) | Red | Red | Yellow | Red | Yellow | Green | Yellow | Yellow |
| Healthy eating adults | Red | Red | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| Male life expectancy | Red | Red | Yellow | Yellow | Green | Yellow | Green | Red |
| Deprivation | Red | Red | Green | Red | Green | Green | Green | Red |
| Proportion of children in poverty | Red | Red | Green | Red | Green | Green | Green | Red |



Source: Analysis of 2011 Health Observatory detailed heat maps

PHT – current key financial issues

1 **Achieving Break-even forecast for 2011/12**

- Recovery plan agreed involving PCT's
- Savings target of £30.5m

2 **Long term Financial Sustainability**

- Dept of Health (McKinsey) work reviewing 22 PFI hospitals
- Recognises PHT can become an FT but will need additional activity diverted.

3 **Contracts & Commissioner affordability**

- Current contract arrangement has a “cap” that PHT is working beyond
- PHT will need to accept application of contract penalties in return (currently waived) next year

4 **Financial implication of service changes**

- PHT services under threat from two angles, move to community provision and centralisation agenda.
- Direct conflict with outcome of McKinsey review above
- Fixed costs of PFI make this a particular problem for PHT

Strengths

- New hospital – world class facilities
- Innovation
- Clinical care
- Hospital efficiency
- Training
- Research

Strengths - New Hospital

- 28 theatres – 4 dedicated Endotheatres
- 4 state of the art linear accelerators
- 2 purpose built interventional radiology suites
- PET scanner – only one in the region
- State of the art pathology laboratory
- Superb critical care facilities

Strengths - Innovation

- ALERT - a training package developed in PHT and sold all over the world – latest version available.
- Digipens - technology that converts written word into hospital notes / instructions.
- VIMAS - the most advanced facility for laparoscopic and endoscopic training. Courses undertaken for trainees, consultants and theatre personnel in surgical and laparoscopic skills, sponsored by Ethicon and Storz

Simulation Suite

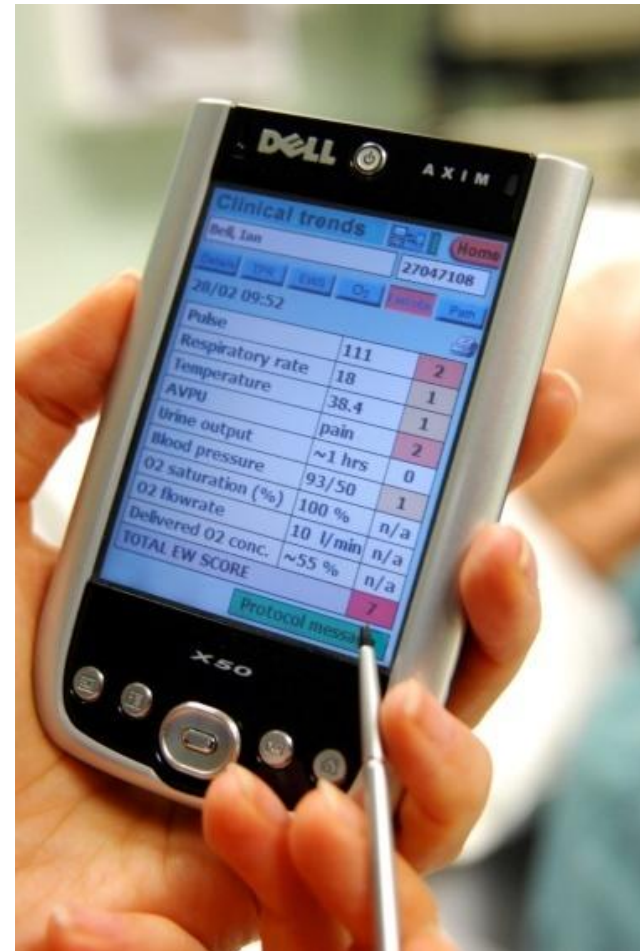
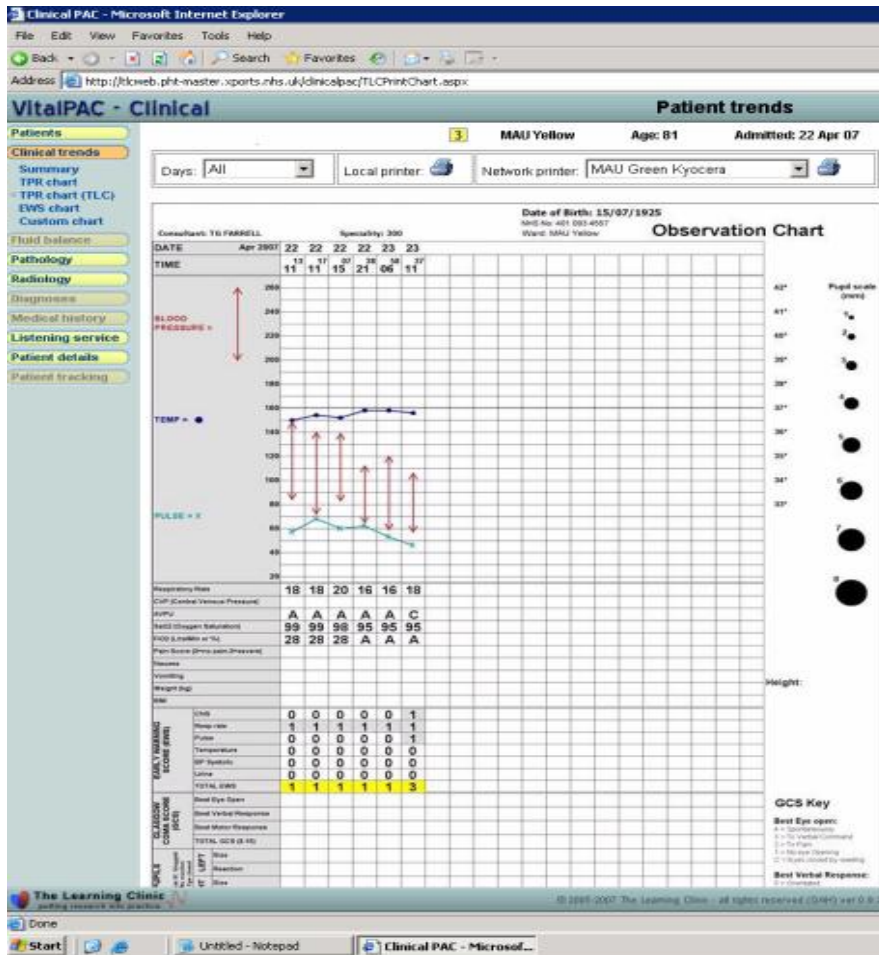


Strengths - Innovation

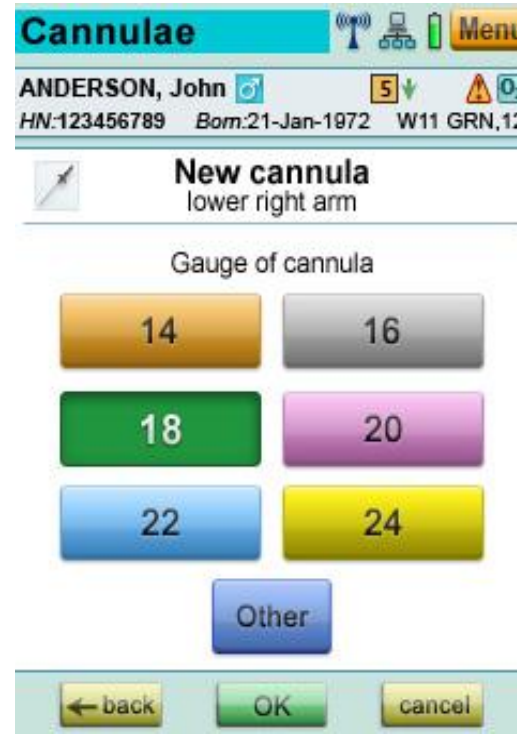
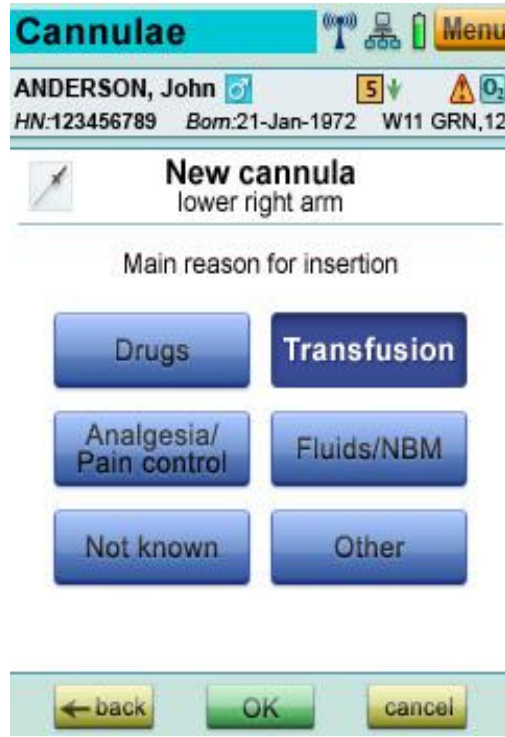
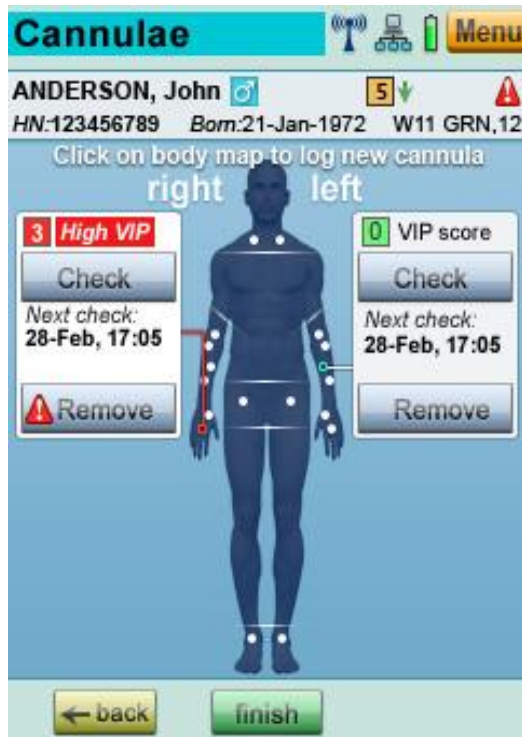
Vital PAC

- Developed in PHT as a patient safety innovation. Electronic monitor of patient vital signs and triggers elevation of EWS (Early Warning System).
- Further developments have included patient safety and quality components such as Venous Thrombo Embolism assessment, pain scores, infection control etc
- The technology has been sold to a number of other Trusts and is an on-going business.

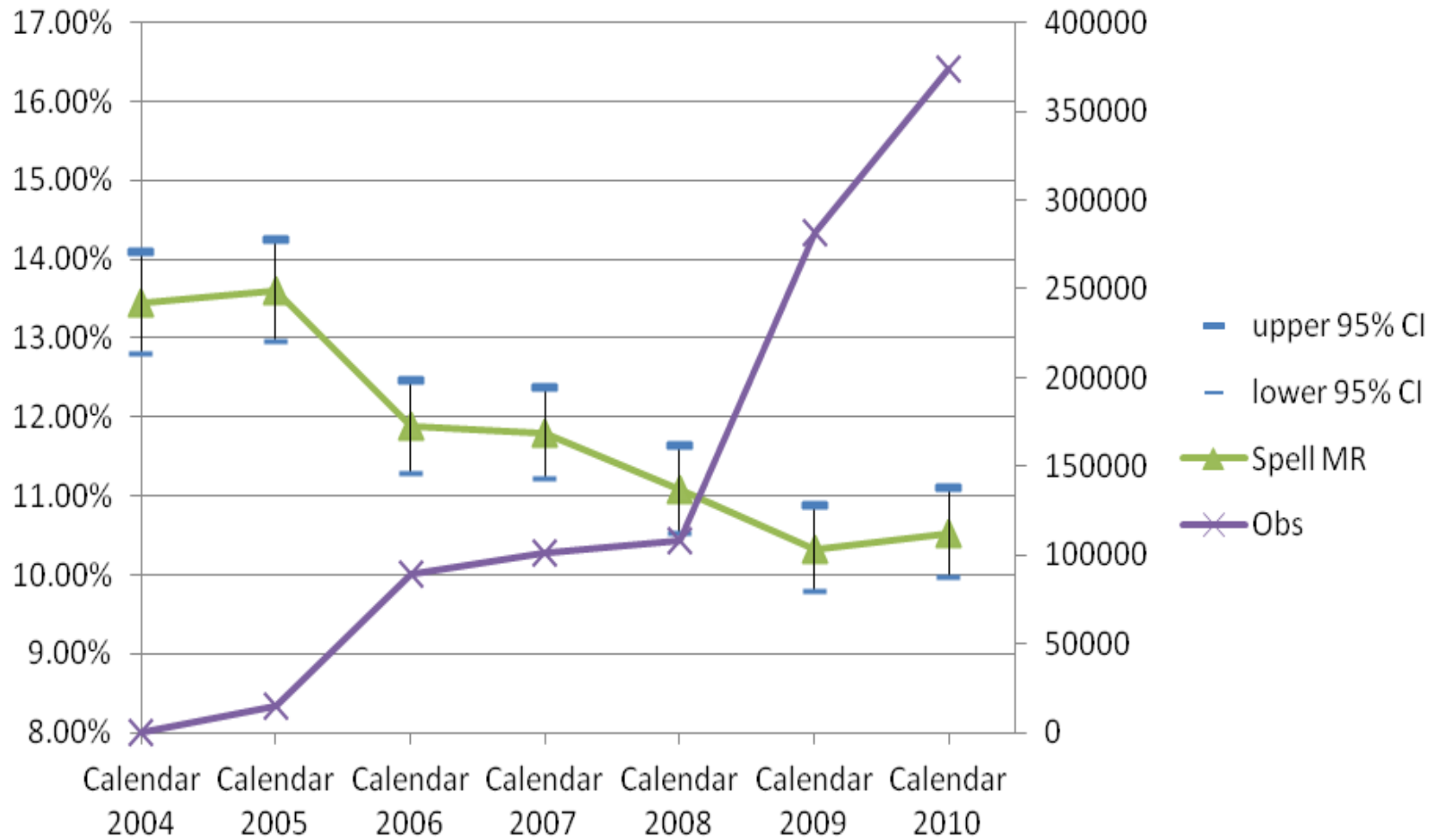
VitalPAC



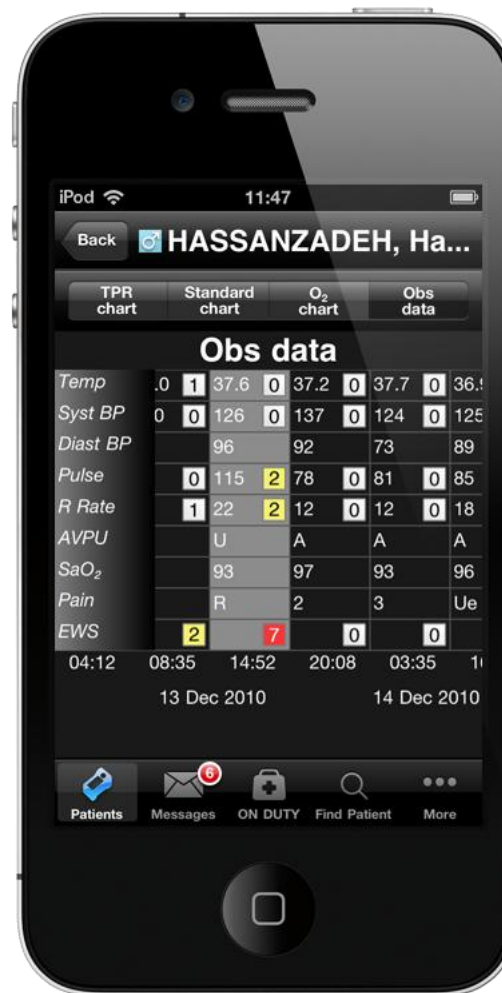
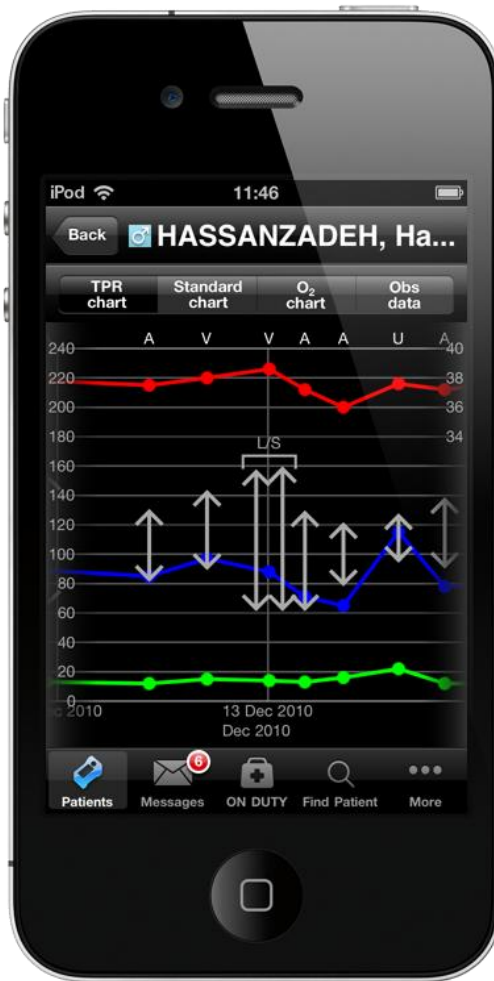
Reducing infection: Tracking Cannula use



General Medicine Crude Mortality Rate



VitalPAC

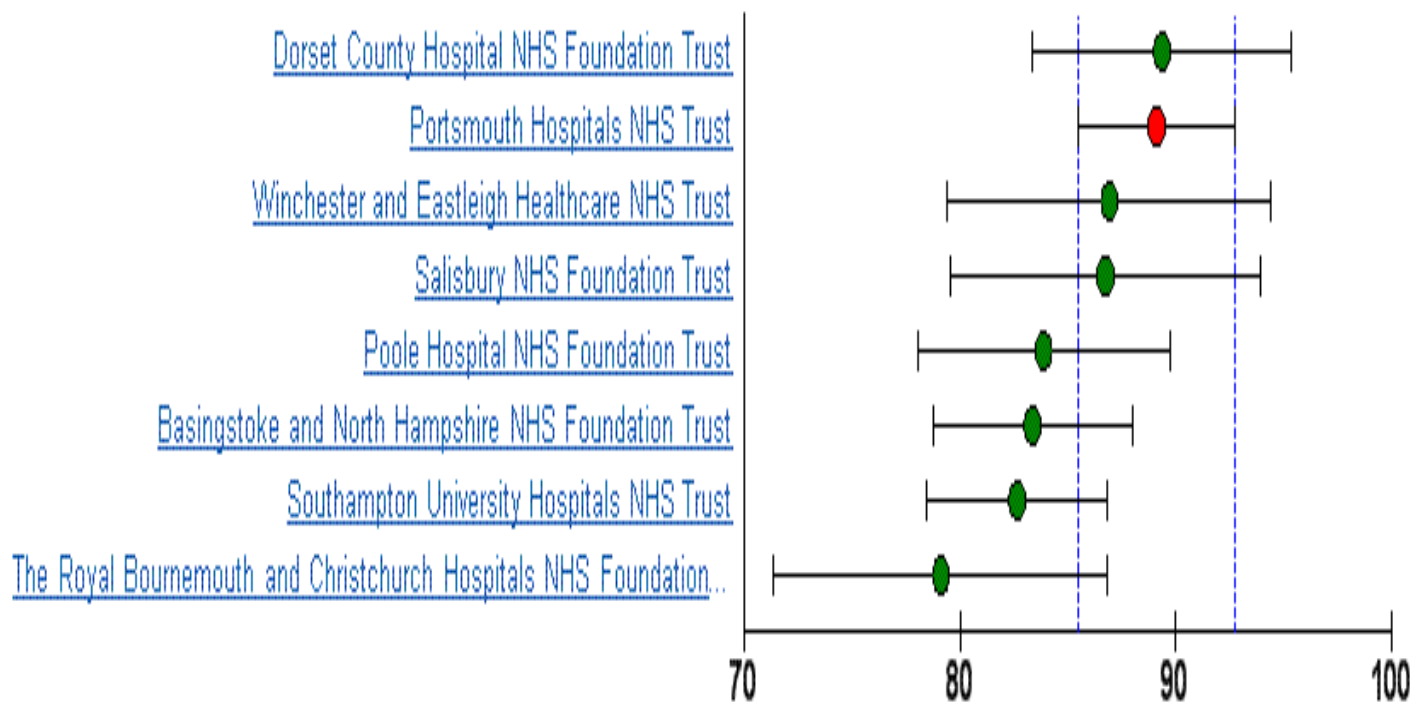


Strengths - Training

- National Laparoscopic Colorectal training centre, one of 6 in the UK - trained more people than any other UK centre.
- National Breast Oncoplastic Fellow (only nine National Fellows)
- National paediatric Emergency Department / Paediatric Intensive Care Unit training fellows
- National Endo Mucosal Resection training centre

National GMC Survey of Postgraduate Training - 2011

This indicator provides a global satisfaction score.



PHT vision

- Why do trainees want to come to PHT?
- Why do consultants want to come and work here?
- How does this fit with PHT vision for the future?

Clinical Care - Diabetes

- Healthcare and Social Award 2010 - for inpatient diabetes care
- Named as Centre of Best Practice in inpatient diabetes care by NHS Diabetes, 2011
- Silver Award in Best Team of the year, Quality in Care Diabetes 2011 (top amongst teams based in acute trusts)
- Bronze award in Inpatient diabetes care innovation, Quality in Care Diabetes 2011
- Innovative model of diabetes care delivery hailed by NHS Diabetes and Sir Bruce Keogh as template of integrated care, incorporating acute and community trusts.

Clinical Care - Rheumatology

- Rheumatology Nurse Team of Year 2011-RCN/ Nursing Standard
- National Rheumatoid Arthritis Society Health Champion 2011- presented at House of Commons November



RCN
Rheumatology
Nursing team
Finalist
2011



Health Champion
Rheumatology
Department
2011

National Hip Fracture Database 2011

| | National Average | PHT |
|---|------------------|---------------------------------|
| Patients admitted to an orthopaedic ward within 4hrs | 58% | 76% |
| Patients assessed pre-operatively by Orthogeriatrician | 37% | 94% |
| Patients are discharged on bone protection medication | 66% | 82% |
| Patients who received a falls assessment prior to discharge | 81% | 99% |
| Patients who receive both falls and bone health assessment | 71.8% | 99% |
| Mean Length of Stay | 16.4 | 14.9 |
| Discharge destination from trust home to home | 45.7% | 70% |
| Achieving Best Practice Tariff | 31% | 78% (ranked first in UK) |

Portsmouth Endoscopic Mucosal Resection (EMR) service

- Caters to 25 hospitals (Brighton to Torbay, Oxford, Reading and Kent. Virtually the whole of south of England.
- We perform 150 EMRs every year
- Run 4-5 hands-on training courses for senior consultants
- Prof Bhandari:
 - Approved National EMR Trainer
 - National British Society of Gastroenterology lead for developing an EMR Policy
 - Advisor to National Institute of Clinical Excellence on Endoscopic techniques
 - Advisor to Health Technology Assessment Unit (DH) on endoscopic research

Portsmouth Endoscopic Mucosal Resection (EMR) service

- International Crystal award 2011: we won this highly acclaimed crystal award for best Patient friendly research in 2011. This was awarded by American Gastroenterology Association
- Introduced the Novel Vinegar technique that was covered by BBC & huge interest nationally
- 2 fellows have got an MD thesis and two working towards it (EMR related research)

Clinical Care - Stroke Services

- Largest stroke service in South Central - admissions > 1200 p.a.
- Stroke Improvement Project – PHT an exemplar site for service improvement.
- Stroke Improvement Project – PHT used as an exemplar of how to develop and deliver Early Supported Discharge (ESD)

Clinical Care - Breast

- One of the original ALMANAC sites which helped develop and introduce sentinel lymph node biopsy in this country
- Intra-operative molecular analysis of sentinel lymph nodes (first centre in UK to introduce it and largest single series in the UK having treated over 1200 patients using this method). Recent publicity (TV, radio and papers) shows the importance of this development
- Mentor site for the introduction of the above in other centres in the UK

Clinical care - Colorectal

- Rate of laparoscopic resection for cancer – 81% of elective procedures (probably highest rate in UK).
- Mortality now 1% after elective cancer resection
- Management of intestinal failure and complex abdomen: Seeking approval as the regional centre for intestinal failure.
- TEMS: Trans-anal endoscopic microsurgical resection for rectal adenomas.

Clinical Care - Others

- **Neonatal Intensive Care Unit** - National audit (2011) – PHT within the top 10% for units in UK for most measures.
- **Alcohol services** - joint service with PCT - award winning service for prevention of admission and long term de-tox service
- **Critical Care-** ICNARC (Intensive Care National Audit Research Centre): PHT Critical Care repeatedly comes out as one of the best in country for SMR compared against similar ICUs. In top 5 for SMR consistently despite being highest for activity. Length of stay remains one of lowest in comparators and has not risen.

Strengths – Hospital Efficiency

- Length of stay - top decile
- New : follow –up top quartile
- Theatre utilisation - 87%
- Theatre efficiency

Average Cases per session

| | 2010/11 | 2011/12 |
|-----------------|---------|---------|
| Orthopaedics | 2.54 | 2.84 |
| Gen surgery | 1.93 | 2.05 |
| Plastic surgery | 2.34 | 2.72 |
| ENT | 2.35 | 2.58 |
| Max Fax | 2.53 | 3/17 |
| Ophthalmology | 2.98 | 3.12 |

Strengths - efficiency

- NHS Institute for Innovation and Improvement
 - Productive theatre
 - Productive ward

- Consultant productivity
 - SHA funded project looking at consultant productivity and how it is measured, consultant incentivisation, motivation and building this into the appraisal process and ultimately the reward process.

Strengths - Research

- We have over 200 trials open for recruitment - an increase of over 400% in the last 4 years
- We recruit over 3500 patients to trials each year – an increase of 275% over last 4 years
- We employ 48 clinical trial nurses, have over 90 principal investigators and fund over 20 Programmed Activities of consultant time from the research budget.

Strengths - Research

- In the recent HSJ awards (Nov 2011) the research team were highly commended coming 2nd out of over 320 entries.
- We have 6 personal Chairs from University of Portsmouth and a number of Honorary Senior Lecturers who are actively involved in research.
- We aim to open a dedicated Clinical Trials Unit in the near future.

PHT financial outlook for 2012/13

1 **Underlying Financial Position of the Trust remains fragile**

- Plan to achieve break-even position this year (2011/12)
- However contracts with commissioner contains lots of “one off” income that has not been committed for the long term

2 **National Funding Settlement – very tough**

- Operating Framework reports that prices (Tariff) will be reduced by at least 1.5%
- Yet costs will rise by circa 2.5% (e.g. pay increments, drugs, utilities, PFI)

3 **PCT's with financial pressures = Demand Management**

- Estimated schemes of minimum £12m for 2012/13 – this represents less income
- PHT left with expensive fixed costs associated with hospital premises

Likelihood is that PHT will face savings target of £25-30m per year for next three years.

Challenges – Unscheduled care

- Existing inefficiencies around unscheduled care
- Unnecessary elderly care admissions due to insufficient community infrastructure
- Interferes with elective work
- Absorbs large amounts of time to manage
- Working with community providers and social care

Opportunities - Commissioning

- Pathology
- Commissioning innovation
 - End to end pathways
 - Out of hours service
- Integrated services - Older People's Assessment Service (OPAS)

Competition

- UHSFT
- Western Sussex Hospitals Trust
- ISTC
- Southern Healthcare
- Solent Healthcare
- Arkanum, Ashley House, GPCC's

Erosion of services by primary care

- Genito Urinary Medicine (GUM)
- Respiratory medicine
- Diabetes
- Rheumatology
- Urology
- Chronic Pain
- Dermatology

Threats - Vascular services

- SHA review resulting from Vascular Society recommendations - initially in South Central and then in South East Coast.
- PHT is already one of the larger vascular units in the country with clinical outcomes that demonstrate high volume and good outcomes.
- The South Coast reviews did not take into account the impact of removing vascular services from a hospital such as PHT

Threats – Vascular services

- PHT hosts regional Wessex Renal Unit
- PHT hosts regional kidney transplant unit
- PHT is a national Cancer centre
- PHT has the largest stroke unit in the area
- PHT has a comprehensive interventional radiology facility
- PHT has an award winning in-patient diabetic service

Summary

- Fantastic healthcare facilities
- Strong local support
- Regional services
- Enormous clinical expertise and loyalty

Summary

- PHT has a state of the art class hospital facility with dedicated, high quality clinical teams serving a population with very complex and significant medical needs.
- We have made significant steps on the road to a sustainable future but now require support from the Strategic Health Authority (SHA) and commissioners to secure FT status.

Next Steps

- Develop Trust Strategy and long term plans
- Continue to work on performance and quality improvements
- Work with commissioners to develop services in line with Tripartite Formal Agreement (TFA)
- FT application 2013

Questions?