

Ursula Ward MSc MA
Chief Executive

Chair, Health Overview & Scrutiny Panel
Customer, Community & Democratic Services
Portsmouth City Council
Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

20 January 2012

Our ref: UW/AS

Dear Chair

Update letter from Portsmouth Hospitals NHS Trust

I write to provide the Health Overview Scrutiny Panel with an update from Portsmouth Hospitals NHS Trust. As we pass in to another calendar year it is timely to reflect on some of the important challenges and achievements for the Trust over the past 12 months.

The Trust's performance has been maintained and indeed in many cases improved. We continue to perform well across a whole range of national indicators. Patient satisfaction has increased throughout the year and privacy and dignity has continued to be enhanced. We continue to receive large numbers of plaudits highlighting examples of excellence in care, acknowledging the skill and dedication of our staff and indeed about the overall appearance and feel of our hospital.

Our standardised mortality rates compare well and, in some recently published outcome data, has shown us to be up there with some of the best in the country. For example, we were rated number one in the country for our treatment of patients with fractured neck of femur and our outcomes from the Neonatal Unit are excellent. We continue to train the largest number of surgeons in the country in laparoscopic colorectal surgery and again our outcomes are nearing the best in the country. In a recent publication from the General Medical Council Portsmouth Hospitals NHS Trust was rated as the best when compared to surrounding hospitals as a place to train for the experience and support they received. This is excellent feedback as they carry out their training in a number of different hospitals and can bring some independent views.

Our commitment to research and development has continued and we are now recruiting close to 4000 patients a year into nationally recognised clinical trials. This ensures the most up-to-date state of the art treatment for our patients. Our endoscopic mucosal resection (EMR service) is going from strength to strength and now provides care to 25 hospitals including virtually all of the South of England. This is a novel approach in the treatment of Oesophageal cancer.

Our people and services continued to win national acclaim throughout the year with numerous awards, too many to outline in this update letter but including:

- A publication by Dr Jane Williams, Chief of Service for Elderly Care, was named the Medical-Surgical Nursing book of the year by The American Journal of Nursing.
- VitalPAC won the Technology and IT to Improve Patient Safety category at the Patient Safety Awards
- The Trust's ALERT course was shortlisted in the Patient Safety Awards
- The Rheumatology Nursing Team was shortlisted in the Innovation in Rheumatology and Rheumatoid Arthritis Award 2011 Nurse Awards. They also won best poster for

Rheumatology Unscheduled Care-Rapid Access and Treatment Services (RATS) at the Long Term Conditions Conference

- The Emergency Department 'Butterfly Scheme' (which ensures the privacy and dignity of patients who are extremely ill) won the Emergency and Critical Care category in the Nursing Times Award
- The Trust came second in the Research Culture category at the HSJ Awards; this was out of over 320 entries.
- The Maternity Digipen was named the winner of the Best use of mobile technology in healthcare category at The EHI Awards
- Sarah Stapley, Trauma and Orthopaedic Surgeon, received the 'Barclays Award for Women' of the year
- The News ran the annual 'Best of Health Awards' which celebrated many teams and staff members including our Alcohol nurses winning much acclaim
- The Diabetes team won many accolades throughout the year including best emergency/in-patient care initiative and NHS Team of the Year working in the Diabetes in the Quality in Care Awards.

There were a number of new initiatives implemented throughout the year. A new Hepatitis C service was established ensuring patients could be treated locally. This is particularly important given the high incidents of Hepatitis C in our local community. We were awarded the contract for Bariatric (surgery for obese people) surgery and this is now up and running. We secured our contract with the Ministry of Defence for treating military personnel for a further three years. We also created a new Bowel Screening Procedure Suite, which is making a real difference to patients with potential cancer diagnosis in ensuring they get timely treatment. This is to name but a few.

The Trust is continuing in its fight against hospital acquired infections and we will continue to remain focused and vigilant.

Viral infections – We have been spared influenza although we continue to be vigilant in our surveillance of the infection especially in our highly vulnerable patients. Whilst neighbouring Trusts have been hit badly by Norovirus we have not had any outbreaks within the Trust and thus have been able to keep all our wards and services open.

As in previous quarterly letters I wish to make the Panel aware of the financial challenges facing the Trust. We have an overall target to achieve a break-even position for the 2011/12 financial year. Part of this challenge is the achievement of a savings target of £30.5m, £5.5m of which relates to the impact of PCT demand management schemes. At the end of November, which is month 8 of the financial year, the Trust is reporting a deficit a £1.7m. This compares to a planned deficit of £900k meaning the Trust is £800k adrift of plan at this point in the year. Within this position, the Trust is achieving the required level of savings having recorded savings of circa £15m at the end of November which exceeds the Trust's target for the year to date.

The major pressure the Trust has faced throughout the year in respect of its finances is driven by additional activity with patient volumes continuing to exceed the levels planned in contracts with PCT's. The Trust has been operating with a "capped" contract with PCT's this year so this means it is not automatically paid for additional work once it exceeds agreed levels. As we enter the final months of the financial year, the Trust has now agreed a joint recovery plan with PCT's that will see additional investment made by commissioners to reflect the level of work that the Trust is carrying out. This investment together with the Trust ensuring it continues to achieve on its savings plans should allow the Trust to achieve the required break-even position by the end of the financial year.

On 30 November 2011 the NHS saw widespread industrial action across the country. We worked closely with our trade union representatives who were very clear that they would not take any action that put any patients at risk. Thus the event was well planned and, unlike many surrounding hospitals, we did not have to cancel any patient activity. This is a great reflection of the good relationships we have with the trade unions.

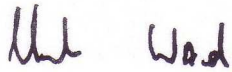
The Trust is well on course to becoming a Foundation Trust. We have the support of the Department of Health, the main commissioning Primary Care Trust and the Strategic Health Authority in reaching this goal. All parties have signed our Tripartite Formal Agreement (TFA) which affirms this commitment. Our next steps are to produce a fully Integrated Business Plan which is being worked on within our Clinical Service Centres.

On the 31 October 2011 a partnership between Portsmouth Hospitals NHS Trust, Southern Health and Solent NHS Trust created the Older Persons' Assessment Service (OPAS). Comprehensive care for the frail older person spans the acute hospital and community, and in response this model of partnership working has come together to enhance care with an Older Persons' Partnership (OPP). This service provides a consultant geriatrician and nurse specialist within the Emergency Department (ED) and the Medical Assessment Unit (MAU) on a 0800-2000hrs 7 day per week basis. All patients over the age of 65 are screened, and those who are identified as being frail receive comprehensive geriatric assessment. The team is supported by the Community ED Team and social care staff operating within ED and MAU to facilitate appropriate discharge for those not requiring hospital admission. Good progress is being made and the Health Overview Scrutiny Panel is invited to a more thorough update at a future meeting.

There are many other examples where the hospital has had successes but I hope this provides a brief overview and assurance that we continue to develop excellent services for the communities we serve.

Finally, I am enclosing for your information two attachments; one is an update on end of life care; the other is a brief overview of the hospital that encapsulates much of what we are about which we the new management team, it is an easy read and you might find it useful.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ursula Ward'.

Ursula Ward MSc MA
Chief Executive