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Chair, Health Overview & Scrutiny Panel
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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.

You will be aware that the Care Quality Commission (CQC) carried out an unannounced inspection in February. This was a review focusing specifically on unscheduled care. Their findings were published in a report on 9 June.

The hospital was clearly under massive pressure during their inspection, and they observed an emergency department, and hospital, that was very congested. In some instances this negatively impacted on patient experience.

We fully accept the inspector's findings and have already made changes since their visit. Our first priority has been to decongest the Emergency Department (ED). We have changed the way in which some patients are admitted to the Acute Medical Unit, stopping the referral of patients who do not need the clinical skills of the ED team and promoting the fact that GPs can refer urgent patients directly to ambulatory services and our outpatients' clinic.

Our second priority has been to reduce the number of medically fit patients who are delayed in hospital by making our care more consultant-led, increasing the number of times a patient is reviewed each day by a senior doctor and working more closely with our health and social care community colleagues to remove delays in the patient treatment and discharge pathway.

We have taken steps to comply with the enforcement action, issued in the s31 Notice by the CQC. We immediately ensured the large multi-occupancy ambulance, known as the 'jumbulance' is no longer in use; we have appointed a senior leader, Dr Rob Haigh, as the Executive Director for the Emergency Care pathway; we have put in place an escalation system and provide the CQC with daily monitoring information which is provided on a weekly basis.

Through our internal Urgent Care Improvement Programme (UCIP), we are identifying patients who are expected to have a short stay in hospital when they are admitted. We will prioritise tests and investigations, reviews and referrals and increase the focus on reducing delays to patient discharge.

We continue to work with our health system partners on a number of initiatives and we are progressing well in our Emergency Care Improvement Programme (ECIP), which focuses on improving performance across both health and social care, helping to further improve outcomes and patient experience and we strive to ensure we provide the very best care for our patients, who are at the centre of everything we do.

I am delighted that despite the unscheduled care pressures and resulting operational challenges the overall performance across all quality measures remains strong. The Trust is forecasting achievement of 5 of the 8 national cancer standards. Our Referral to Treatment (RTT) performance also remains strong.

The Trust achieved its financial plan in 2015/16, albeit at a considerable deficit position of £23.5m at year end. This year the financial improvement target has been set at £32.2m as part of the planned budget surplus of £1.2m.

I hope that this update has been informative, and my colleague Peter Mellor, Director of Corporate Affairs, will be delighted to further expand on this information or answer your queries at the HOSP meeting. We continue to offer our hospitality to you if you would like to come and visit the hospital, to view for yourselves the patient centred care we are provide.

Kind regards

A handwritten signature in black ink, appearing to be 'TP', with a stylized, flowing script.

Tim Powell
Interim Chief Executive