

Trust Headquarters  
F Level, Queen Alexandra Hospital  
Southwick Hill Road  
Cosham  
PORTSMOUTH, PO6 3LY  
Tel: 023 9228 6376

**Mark Cubbon**  
Chief Executive

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

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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.

I am delighted to have joined Portsmouth Hospitals NHS Trust in the role of Chief Executive, which started on 31 July and I very much look forward to working with you. My background is within the NHS, an organisation that I am passionate about. I trained as a nurse, working in critical care and cardiology. I then moved in to general and senior management roles within the NHS and held Executive roles in a number of high profile London Hospital Trusts before working as Regional Chief Operating Officer for the Midlands and East at NHS Improvement. I am committed to working with patients, championing the best outcomes for each and every one.

I published my 100 day plan in my first week for all to see. My focus is tackling challenges and focussing on stabilisation of the hospital trust. I have four key priorities:

1. Strengthening leadership
2. Addressing urgent care and patient flow challenges
3. Resolving quality and governance issues
4. Developing a plan for financial stability

You will be aware that the Care Quality Commission published their report into emergency, urgent and medical services at Queen Alexandra Hospital. The report made difficult reading and we have fallen short in some key areas, but I am confident that we can and will do better.

I am convinced that we have the skills, dedication and ambition to address all the issues raised by the CQC and ensure we give the best possible care we can to every patient. Since the inspections in February and May the Trust has made some significant and important changes, including strengthening the joint working of our doctors and nurses in the emergency department, urgent and medical services. We have also seen very significant improvements for vulnerable patients, including those who have mental health issues. We have active, early risk assessments in our Emergency Department, a Mental Health Liaison Team, working much more closely together and much stronger cross organisation working with colleagues from partnership organisations.

I am working hard to build stable leadership capability for the Trust and am delighted to welcome Dr John Knighton as our new medical director; John brings a lot of experience to the board and has overseen 'outstanding' rated services at the Trust.

I am also making a number of new appointments to my Board and I am appointing a new Chief Nurse and Director of Communications and Engagement to ensure we better engage with our patients, partners and community.

I will be also focused on a number of initiatives in the coming months to ensure all of our attention is patient focussed. Already in action, but needing a roll out across the whole hospital, is some superb work on the 'Red2Green' campaign. This approach is being used to reduce internal and external delays and can make a real difference to a patient's experience of care. We hope to make this a standard approach across the hospital ensuring we are all respecting the patient's time.

We will also be focused on 'PJ paralysis' which aims to get patients up out of bed and moving. This is a remarkably simple initiative which stops patients deteriorating. This is important because 65% of patients admitted to our hospital are 65 or older and a person over 80 who spends 10 days in a hospital bed will lose 10% of muscle mass. This could be the difference between going home and going to a home.

My colleague Peter Mellor will be happy to further expand on this information and answer any other questions that you might have at the meeting.

Kind regards



Mark Cubbon  
Chief Executive  
Portsmouth Hospitals NHS Trust  
Tel: 023 9228 6770  
Email: [mark.cubbon@porthosp.nhs.uk](mailto:mark.cubbon@porthosp.nhs.uk)  
Twitter: @MCUBBON.NHS