

Ursula Ward MSc MA
Chief Executive

Trust Headquarters
F Level, Queen Alexandra Hospital
Southwick Hill Road
Cosham
PORTSMOUTH, PO6 3LY
Tel: 023 9228 6877

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

20 October 2015

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. The NHS is a challenging environment just now and whilst the Trust continues to be extremely busy we continue to provide the full range of services and to further build upon many of our success to date.

The ongoing pressures in the workplace are clearly seen in our workforce. This is compounded by some staffing shortages which we continue to supplement with bank and agency staff as necessary to continue to provide safe and effective care for our patients. That said we have been extremely proactive with recruitment campaigns including overseas, particularly nursing staff. We have had great success in recruiting from abroad and it was a relief to have confirmation that nursing is to be included in the shortage occupation list with immediate effect. We continue to work with the Universities in ensuring our workforce requirements for the future are being met. Our strategy is to continue to recruit substantial staff thus reducing our reliance on temporary and agency staff. Our staff as ever are truly committed and continue to work over and above the call of duty.

The unscheduled care pathway performance remains challenging. We continue to see a rise in attendances and increasing demand for services for the frail elderly population. The hospital is running at occupancy rates frequently well in excess of 94% and that is even with additional escalation beds opened. Despite these pressures performance improved from 82.3% in July to 86.95% in August. The key area within the Trust for further improvement is delivery of the ward standards and discharge targets set by our Clinical Service Centres in their 'Safer' bundles. This will require an improvement in the number of 'simple' discharges achieved by clinical teams and good progress is being made.

The key area for improvement for partners is the sustainable reduction in the number of patients that do not need to be in an acute bed for their continuing health or social care. The number of patients in this group is frequently in excess of 130 at any given time, the equivalent of 4 wards. It was agreed several months ago, as part of the system wide Accountability Framework that there would be no more than 64 patients in the first instance in a hospital bed who did not need to be there. This issue is particularly acute on the Medicine for Older People wards and is being escalated with partners and the CCG to resolve.

We remain very focused on other key national standards, for example referral to treatment times, cancer waiting times and access to imaging. By and large we are holding well on these standards but continually seeking ways to improve.

Our track record on safety and quality remains central to what we do and as the challenges become ever more difficult, we will be vigilant on our monitoring of these standards.

We continue to make good progress with our Care Quality Commission (CQC) Quality Improvement Plan. Members will remember that the Trust was inspected by the Care Quality Commission in February 2015, with additional unannounced visits on 25 and 26 February and 2 March 2015. We were delighted that the CQC rated the overall care that our staff provides as outstanding.

Our detailed action plan that has been agreed with the CQC is being implemented and monitored by both the Board and our Regulator monthly. We continue to work with our colleagues within the local health and social care system to effect the system wide changes that were identified as essential by the CQC during the inspection. You can view detailed updates about our performance, finance and other key operating data each month in our [Board Reports](#) at www.porthosp.nhs.uk.

I am proud that we have again been recognised at a national level for our innovation. We won at the EHI Awards in the Best Use of IT to Promote Patient Safety and were also highly commended for our entry in the Best Use of IT to Support Healthcare Business Efficiency.

Our winning project was for the implementation of the Nervecentre Software Hospital@Night solution. Ward requests are entered onto the online software and sent electronically to the hospital at night coordinators who assign tasks to relevant doctors or nurses with a single click. Since the implementation of Hospital@Night our results have shown huge improvements to patient care. Notably, the system has significantly reduced wasted time allowing nurses and doctors to spend more time on the wards with the patients. The latest results show that there has been 100% reduction in out of hours adverse deaths and a 50% reduction in red and amber incidents.

Our other EHI Award success was led by our Procurement team who have undertaken a major project to implement a best-practice inventory management system fully utilising GS1 standards. We are one of the first hospital Trusts in the UK to roll out a single inventory management system across the entire organisation. As an industry best practice example, we are already heralded as the NHS benchmark for inventory management success. Our ultimate long-term goal at the start of the implementation was to have the ability to track all products through to point of use, at patient level; something which few hospitals have accomplished, which we have achieved and will now be rolled out to all areas.

We have also been recognised for a prestigious national HSJ Award working together with colleagues at Wessex AHSN. We won in the Value in Healthcare Awards: Value and Improvement in the use of Diagnostics. The winning project is: MISSION Severe Asthma – Modern Innovative Solutions to Improve Outcomes in Severe Asthma.

MISSION Severe Asthma is a project that recognises the benefits to be made in supporting self-care and enabling patients to manage their own conditions. This project uses a model of asthma assessment and care that aims to reduce the length of time before uncontrolled asthma is recognised. MISSION supports two clinics, one rapid access asthma clinic and one severe asthma assessment clinic.

At the beginning of the sessions 64% of people who responded to a patient survey said that they felt confident or very confident in managing their asthma; at the end of the sessions this increased to 93%. Data from three participating surgeries also show a 24% reduction in oral steroid courses and a 25% reduction in non-routine GP appointments. This work is being led by Professor Anoop Chauhan who is a Respiratory Consultant here in the Trust. We are looking to see how this way of caring for patients with asthma could be applied across a number of other chronic disease areas. Feedback for General Practitioners and patients has been hugely positive.

As I said above the hospital continues to be extremely busy with high numbers of patients accessing the complete range of our services. It is ever important that we maintain the standards that we have been achieving to minimise patient exposure to infections.

Research published in the journal BMJ Quality and Safety shows how our combination of simple clinical measures and computer-based surveillance promptly identifies and manages patients who had been infected with Norovirus. This has meant that Norovirus outbreaks in our hospital dropped by 91% between 2009-10 and 2010-14. The drop was much larger than the reduction in outbreaks reported by other hospitals in the Wessex region and across England.

Norovirus is the most common cause of epidemic gastroenteritis and outbreaks in hospitals are frequent, particularly during winter. The virus causes diarrhoea and vomiting, and can cause fatal complications. When a Norovirus outbreak is identified, affected wards may be closed to admissions resulting in a loss of bed capacity, often during the winter months when bed pressures are at their highest. Outbreaks also result in a loss of productivity, as many staff may be affected.

We worked with The Learning Clinic to develop computer software called VitalPAC Infection Prevention Manager. It uses an existing hospital-wide electronic vital signs system (VitalPAC), which uses Apple iPods to record patient observations such as nausea and vomiting, to create a series of alerts that highlight potential cases of norovirus infection. It speeds up notification of the infection prevention and control team, who can then respond faster by instituting simple bedside measures. Where appropriate, patients were moved into isolation, hand hygiene measures were enhanced and bed areas, crockery and utensils were intensively cleaned to prevent infection spread.

This innovation sets us apart from other hospitals in England. By application of simple measures we have significantly reduced the number of cases of Norovirus and other gastrointestinal viruses which can cause serious and unpleasant symptoms in patients and massively disrupt the operational capacity of the hospital. The combination of new technology and better training and organisation of our staff has contributed hugely to our successful results in this field.

Our relationship with our military colleagues is as important as ever. We are delighted to have received an Employer Recognition Scheme Silver Award in recognition of our support of reservists. We work closely with our Military Defence Unit South colleagues, employing a number of reservists whom we support by allowing them time to undertake the necessary training and deployments to fulfil both their military and NHS commitments.

As our elderly population increases we need to be innovative in considering different ways of working to support this vulnerable part of our society. Thus we have launched a new service called Home from Hospital. Older people's charity, Royal Voluntary Service, supported by funding from Legal & General has allowed this to happen. The service means volunteers are working alongside hospital staff to prepare older patients for going home and supporting them following their discharge with up to six weeks of regular home visits to help them settle back in their own environment.

As part of the service, the volunteer will prepare the person's home, making sure the heating and lights are on and that the kitchen is stocked with essentials. Once home, they offer companionship and simple tasks such as helping with shopping, collecting prescriptions and medication and providing transport to follow-up medical appointments. In addition, they can refer onto other services if required by the individual and help plan longer-term social and practical help.

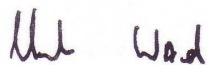
This support can make a huge difference to patient recovery. Previous research conducted by the charity, assisted by the Kings Fund, identified that older people returning home from hospital without enough support are more than twice as likely to be readmitted within three months.

We continue to work as part of the wider community across the city and are committed to making our contribution beyond healthcare. Our commitment to the apprentice scheme remains and the benefits on both sides have been enormous.

As the second largest employer in the city, we have much to offer and are committed to making a wider contribution.

Finally, I am pleased that our 2014/15 annual report is now available following our Annual General Meeting on 24 September 2015. Copies have been sent out, but you can also view [online](#) at www.porthosp.nhs.uk

Yours sincerely

A handwritten signature in black ink that reads "Ursula Ward". The signature is written in a cursive style with a large initial 'U'.

Ursula Ward MSc MA
Chief Executive