

# PORTSMOUTH HOSPITALS NHS TRUST

## QUALITY ACCOUNTS 2010 – 2011

### SUMMARY



## Introduction

For ease of reference, this is a summary of the key points contained within the Portsmouth Hospitals NHS Trust Quality Account for 2010/2011. Further detail can be found in the main Quality Account.

This summary provides the details of our achievements against last years priorities, priorities set for 2011/2012 and quality improvement highlights for 2010/2011.

## Achievement against last year priorities (Quality Account 2009/2010).

The Quality Account published in 2009/2010 identified nine areas of quality improvement to focus on during 2010/2011.

- **Falls**

The progress to reduce injuries from falls, despite significant proactive initiatives, has not delivered the results we would have hoped. Although we have seen an increase in reported falls resulting in an injury (moderate harm), we have seen a reduction in deaths (severe harm) as a result of a hospital fall and therefore we have achieved the 10% reduction in the overall severity of harm caused. It is recognised that further work is required to reduce moderate harm as a result of a fall.

- **Venous Thrombo-embolism (VTE)**

The Trust achieved the 90% level of compliance for the completion of risk assessments upon admission.

- **Pressure Ulcers**

The Trust achieved the aim to reduce grade 3 and 4 hospital-acquired pressure ulcers. An internal target of 25% was set; this was exceeded with a reduction of 34% being seen.

- **Hospital Standardised Mortality Ratio (HSMR)**

There has been significant data analysis in respect of the Trust mortality data and we have remained below the national average. However, the Trust will continue to focus on this to make further improvements, hence, this remains an improvement quality priority for 2011/2012.

- **Clinical Audit**

Improving Clinical Service Centre (CSC) audit reporting and the production of priority based forward audit plans was achieved. However, the review and development of the Clinical Audit Policy is in progress. The Trust has increased its focus on clinical audit over the past year; the positive outcomes of this are reflected in parts 2 and 3 of this account.

- **Early recognition of the deteriorating patient**

Roll out of VitalPac, allowing electronic real time recording of observations and data analysis, has been achieved.

- **Privacy and Dignity**

Completion of building works and improving data collection and reporting has enabled the Trust to declare full compliance with the Department of Health guidance on same sex accommodation.

- **National in-patient survey**

The Trust saw improvement in all sections of the National in-patient survey including improvements in the score for four out of the five 'key questions'. This remains a priority as further work is required.

- **Complaints**

The Trust has reduced the total number of complaints within the year by over 50%.



## Quality Improvement Priorities 2011/2012

The Trust Board has established the following quality improvement priorities for 2011/2012.

### Patient Safety

- **VTE**

The priority for 2011/2012 is to sustain the risk assessment practice in line with the requirement of the CQUIN indicator. In addition, we want to improve the implementation of appropriate treatment following the risk assessment and this forms part of the Quality Contract held with the Commissioners. The target is to aim for 100% initiation of Thromboprophylaxis for all clinically appropriate patients identified as being at risk of thrombosis, with a minimum compliance of 98%.

Another priority is to continue to report and carry out root cause analysis on all cases of Hospital Associated Thrombosis (HAT).

- **Falls**

Falls is one of the top reported incidents within the Trust with 2,438 incidents having been reported on the DATIX reporting system in 2010/2011. The Trust recognises that further work is needed to reduce the number of injurious falls, and although there has been a significant amount of work relating to falls reduction, there will be a continued focus to ensure practice is embedded and reduction sustained. This also forms part of the Chief Nursing Officer's High Impact Actions for nurses.

In line with the Quality Contract, we aim to reduce the number of 'moderate' and 'severe' in-patient falls by 10% compared to the data for 2010/2011.

In order to achieve the target the three key areas of focus will be the early identification of patients at risk of falling, improvement in the number and quality of patient centred falls prevention interventions and data analysis and targeting of patients who fall multiple times.

- **Medication**

As recently identified by a Trust-wide audit and as part of our on-going Care Quality Commission (CQC) compliance assessments, medication safety practice is an area where further improvement is needed. This has been set as a patient safety priority.

Allergy incidents are amongst the top ten causes of medication-related incidents within the Trust and are largely preventable. Allergy status should be recorded for all patients admitted in line with the Medicines Management Policy; this is an area the Trust needs to improve upon.

Prescribing errors can result in harm to patients. The aim of medicines reconciliation, when patients are admitted to hospital, is to ensure that important medicines are not stopped and that new medicines are prescribed, with a complete knowledge of what a patient is already taking.

In line with the Patient Safety Federation (PSF), 'No Needless Medication Errors' work stream, the Trust aims to increase documentation of patients' allergy status. The target is 100% documentation of allergy status on all patients' drug charts, with an initial minimum increase of 5% per annum.

The Trust also aims for 100% of patients having Level 2 Medicines Reconciliation within 24 hours, with an initial minimum increase of 5% per annum.

### Patient Experience

We wish to build on the improvements seen in this years National In-Patient Surveys and Local Patient Survey results, in particular, focussing on the continued delivery of single sex accommodation and improving communication to staff and service users. We aim to improve the response rate to local and national surveys by ensuring surveys are accessible to all, including difficult to reach groups.

The National In-Patient and local survey results, although demonstrating improvement in many areas, still show that there is a need for further work and forms the basis of the patient experience priorities.

- **Privacy and dignity**

We aim to achieve 90% or above compliance with the Privacy and Dignity audit standards.

We will continue to deliver the new Department of Health Single Sex Accommodation requirements and monitoring of any breaches.

- **Engagement and involvement**

Improving engagement and involvement of service users is in response to national surveys and the Parliamentary and Health Service Ombudsman report 'Care and compassion?' Report of the Health Service Ombudsman on ten investigations into NHS care of older people (February 2011).

Focus for the coming year will include:

- Improve responses to local and national surveys for questions relating to engagement and involvement.
- Undertake a detailed stakeholder analysis.
- Increase patient representation on key committees.
- Enable difficult to reach groups to participate by adopting different methods of involvement.
- Improve staff and patient communication.

To improve patient communication we will focus on the provision of information prior to intervention. We will pilot the use of 'information prescriptions' (information prescriptions guide people to relevant and reliable sources of information to allow them to feel more in control and better able to manage their condition and maintain their independence) in the two areas which have the highest complaints relating to patient communication.

To improve staff communication we have implemented a robust Team Brief cascade process and are working with Aston University to improve team working. In addition to further expansion upon the Trust Values work undertaken in 2010 (with the focus on integrating the core values into everyday business), Human Resources are leading on staff engagement improvements through an improvement plan. Developed in partnership with the Council of Governors, Trade Unions and staff, this plan will take forward the long term and far reaching cultural change work from the 2009 plan as well as integrating the 9 key areas for improvement from the 2010 survey results.

- **Improving the patient journey**

In order to improve the patient experience we recognise that work to improve patient pathways is crucial. This will involve looking at the whole patient journey from admission to discharge. Improving the patient discharge experience is one of the priorities for LINK. We aim to reduce time waiting in the Emergency Department, reduce the number of patients remaining in Medical Assessment Unit (MAU) for longer than 48 hours and reduce the number of 'outliers' (patients being cared for on a ward not covered by their named Consultant).

## **Clinical Effectiveness**

Monitoring of clinical outcomes and efficacy of treatment is essential to the Trust. This is often achieved by individual clinicians or clinical teams, but needs to be co-ordinated and open to scrutiny. NICE provides guidance on individual drugs, new technologies and clinical guidance of the management of certain conditions. These NICE publications are reviewed by the Clinical Effectiveness Steering Group and Trust compliance with the guidance is assessed on a regular basis.

- **Hospital Standardised Mortality Ratios (HSMR)**

The Board have identified that HSMR is an important measure of assessing the quality of care, and given the financial challenges and changes within patient pathways we want to ensure that we closely monitor HSMR to ensure the expected benefits are achieved. Whilst much work has been undertaken to improve rates of coding, there is further work needed to improve the depth of coding.

We wish to further develop the monitoring of HSMR by conducting in-depth analysis of Dr Foster data to identify any clinical issues and also improve coding practice which will impact on the overall HSMR.

- **National Clinical Audit**

There has been much work undertaken to improve participation in National Clinical Audits and the Trust has recognised that further work is required to improve follow up and implementation of recommendations to improve service provision. This has formed part of the Clinical Effectiveness priorities.

- **Cancer Peer Review**

Outcomes from a recent Cancer Peer Review and the National Cancer Patient Experience Survey have identified areas for further improvement and therefore this has been set as a priority. We will monitor peer review reports and the Trust action plans to increase scrutiny.

### **2010/2011 Quality improvement highlights**

- Mike Pringle, an ear nose and throat Consultant, has received national press recognition for his implant operation. A local female patient was given a middle ear implant device consisting of a rechargeable battery, a signal processor and a microphone, all implanted under the skin. The lady could not wear a conventional hearing aid, and this implant has made a dramatic improvement to her life and so far is one of a kind.
- Following their assessment in September 2010 the Macmillan Information and Support Centre has been successful in gaining the Macmillan Quality Environment Mark (QEM). The Macmillan QEM, developed by Macmillan Cancer Support in collaboration with people living with cancer and the Department of Health, is designed to help ensure people affected by cancer, are treated and supported in quality environments that improve the quality of care they receive. Consideration has to be given to such things as the greeting people receive when they come to a centre, the use of natural light and outdoor space, and the availability of private rooms. All of these areas that were highlighted as really important by people living with cancer who helped develop the award. Sites and services are approved only after a detailed assessment and are given the award because of their dedicated work in cancer care and the support they provide to patients with cancer and their families. The department will be presented with the Macmillan QEM award as a visible identification and reassurance of environmental quality to patients, staff and visitors. The award is for a three year period (36 months from the date of assessment) after which the department will be reassessed.
- In September 2010 the Trust launched Primary Angioplasty 24/7 enabling the treatment of people with heart attacks more quickly and more effectively. This has reduced length of stay for heart attack patients and has improved outcomes for patients.
- The new outpatient texting system has reduced Do Not Attend rates by nearly 40% freeing up time for extra appointments.
- The Trust is now administering haemodialysis at home for renal patients who want it, allowing them more independence and flexibility over their treatment.
- The Trust has received recognition and praise for the way we treat patients. The Dr Foster Hospital Guide 2010 recognised the Trust for treating a high number of patients with hip fractures within the recommended two-day time frame.
- Patients with diabetes are twice as likely to be admitted to hospital. They have a length of stay twice that of non-diabetic patients and higher complication rates. The Trust identified that around 18% of its in-patients had diabetes but only about 5% of these patients were referred to the Diabetes team. Diabetes control can affect a patient's risks in hospital and can slow down the healing process, thereby causing delay in discharge from hospital.
- To improve patient care, the Diabetes In-Patient Prospective Service (DIPPS) was set up in 2009 to provide daily contact with patients from the diabetes specialist team (DST) in four specific areas within Queen Alexandra Hospital, to improve the education of ward staff and doctors and to prevent incidence of hypoglycaemia (an abnormally low level of sugar in the blood).

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- Since then, staff are more confident in assessing and managing patients with diabetes. A patient's length of stay has reduced by about 1.4 days and patients are prevented from being re-admitted. Additionally, patients are half as likely to suffer from hypoglycaemia while in hospital and are less likely to develop hospital-associated infections. The cost of overall care across the trust has reduced by an estimated £2m.
- DIPPS won the Acute Care Award category at the regional Health and Social Care Awards and the team was then shortlisted for the national award. The team won the national Acute Care category. The category recognises innovative practice which improves the delivery of services and experience for patients in hospital.
- VitalPAC was declared the winner of the Bupa Foundation Patient Safety Award at the Bupa Foundation Awards.
- Portsmouth Critical Care Unit consistently has one of the lowest Standardised Mortality Ratio in its comparator group of over 50 Intensive Care Units as reported by ICNARC (the Intensive Care National Audit Research Centre). They also participated in the National Patient Safety Agency project "Matching Michigan" (relating to central venous catheter-related blood stream infections), a data collection and infection-reduction exercise. Having returned complete data the Trust had the lowest infection rate nationally. No central venous catheter-related blood stream infections in the 16 months of the project. The design of the new unit has provided comfortable rooms and space for families as well as quiet rooms for discussions with staff. In addition, the abundance of natural daylight and the ability to safely turn conscious patients to face the windows and views, all of which significantly enhance the patient and family's experience.
- The Trust Pathology Department has developed a Real Time Reporting System that interrogates information from the Laboratory Information Management System (LIMS) and allows the laboratory to view Real Time information of specimens from critical areas and their current status. This development ensures that critical tests from areas such as the Emergency Department are processed within the agreed time period. By introducing real time reporting to the laboratories, the turnaround times of all specimens received are improving and therefore the quality of service delivered has improved. Staff can clearly identify those specimens that are reaching a breach status and action accordingly. This helps reduce patient waiting times as previously this information would have to be run as a paper report. Real time reporting is a new innovation. Tools have been developed to aid the extraction of data from live systems with multiple applications. This information allows users to view up-to-date information and make decisions based upon this live feed.
- Pharmacists visit all wards each day and one of their roles is to order medication for specific patients. This was historically performed manually and was time consuming. This caused delays in the medication being dispensed from the pharmacy. We have designed a web based program that can be accessed from any computer in the hospital, including wireless computer tablets.
- The electronic ordering system is revolutionising the way we work in the Trust. Urgent medication or just general stock medication can now be ordered at the touch of a button. The function that informs if the drug is in stock allows the user to resolve problems before making the request, therefore reducing time wasted by the dispensary staff. The wireless computer allows you to order medicines from anywhere including from a consultant ward round. This system improves safety by getting the right medicines to the right patient at the right time.
- The NHS Cervical Screening Programme (NHSCSP) has over the last two decades led to many cancers being prevented and a significant reduction in the death rate from cervical cancer in this country. The introduction of liquid based cytology between 2003 and 2008 led to significant reductions in 'inadequate tests' (from rates of approximately 9–10% down to approximately 2%) which means that fewer women are recalled for repeat tests.
- In 2007, as part of the Government's Cancer Reform Strategy, the Department of Health pledged to reduce the waiting time for cervical screening results from a turn-around-time of up to 6 weeks. The completion date for this target was set at December 2010 and all women must now receive the result of their screening tests within 14 days of the sample being taken. The Trust has

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introduced changes in working practices using 'LEAN methodology' recommended by the NHS Improvement Team. A turn-around-time of 14 days was achieved for 98% of all samples by November 2010, bringing benefits for both the patient and the NHS.

- The Trust is a leading unit in the UK of an endoscopic service that allows patients with early pre-cancer and cancer lesions in the bowel and oesophagus to be removed endoscopically in place of major surgery. The intestinal failure unit uses a "virtual ward" system with patient centred care focus to allow previously long term ward patients with intestinal failure to be managed at home safely prior to surgery. This has revolutionised our care of patients and is being reviewed at a national level.
- The Department of Rheumatology continues to improve on engaging with patients and the public. The work undertaken related to patients and public conferences have resulted in the department being nominated for the Nursing standard - Rheumatology Nursing Team of the year.
- Stroke service developments:
  - 2010/2011 saw the introduction of 24/7 thrombolysis, direct admission and 7/7 Transient Ischemic Attack (TIA – which is similar to a stroke, but the symptoms disappear within 24 hours) services. The service has hosted visits from Professor Roger Boyle, National Director of Heart Disease and Stroke and Damian Jenkinson, National Clinical Lead for Stroke and received positive feedback about the progress against national targets.
  - Direct admission has risen from 14% to 58% (target 90%).
  - 90% stay in a stroke unit has risen from 30% to 64% (target 80%).
  - 62% high risk TIA patients are seen and investigated within 24 hours of the referral (target 60%).
  - The Stroke Service will continue to improve in order to meet the targets set. Business opportunities are being explored with neighbouring organisations.
  - The nationally acclaimed early supported discharge scheme, the Community Stroke Rehabilitation Team has expanded and now covers all stroke patients admitted from the area. This has enabled the Trust to meet the target of 40% stroke patients discharged home early.
  - The Medicine for Older People, Rehabilitation and Stroke Medicine for Older People (MOPRs) CSC is working with partner organisations to write a proposal to develop an Early Supported Discharge team for patients with dementia. This work will support the discharge home quality elements of the Dementia Strategy.
  - Younger persons' rehabilitation services will explore business opportunities with Military Services to ensure injured personnel receive high quality rehabilitation.
- An End of Life Care Team is in place within the Trust and is supporting patients and their families across the MOPRs service centre. Plans are being developed to extend the service to other areas. Feedback from families has been very good with the end of life survey demonstrating 87% service satisfaction within the MOPRs CSC.
- The ambulatory pathways were introduced to improve patient care by allowing selected patients presenting with specific suspected diagnosis to be investigated and managed on an urgent out-patient basis. The educational video developed in partnership with the Learning and Development team, has been designed to introduce these pathways to all staff (medical, nursing and secretarial) and to ensure they are used safely and effectively.

The training resource comprises a multimedia presentation with audio commentary and video presentations of a simulated patient scenario to highlight important steps in the pathways. This educational tool will be published on the Trust intranet/internet for use by members of staff that use the pathways to be accessed at induction and as a refresher throughout their time within the Trust.

The objectives are to increase the use of these pathways within the trust and improve compliance with the process; therefore improving patient's experience, reducing clinical risk and benefiting the Trust by reducing avoidable hospital admissions.

