



PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST QUALITY ACCOUNTS 2020 - 2021

Our annual report to the public on the quality of services we deliver

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE	4
QUALITY IMPROVEMENT PRIORITIES 2021 / 2022	5
QUALITY IMPROVEMENT PRIORITIES 2020 / 2021 – Our achievements	7
Statements of assurance from the board	8
Review of services	8
Participation in clinical audits	8
Research: participation in clinical research	12
Commitment to research as a driver for improving the quality of care and patient experience	12
Goals agreed with Commissioners	13
Statements from the Care Quality Commission (CQC)	13
Data quality	14
Data Security and Protection Toolkit attainment levels	15
Learning from deaths	15
Seven day services - progress in implementing the priority clinical standards for seven day hospital services	17
Freedom to Speak Up (FTSU)	18
National Quality Priorities	20
REVIEW OF QUALITY PERFORMANCE	29
Patient Safety	30
Clinical Effectiveness / Outcomes	35
Patient Experience	38
Staff feedback	44
National Staff Survey.....	44
Quarterly Staff Friends and Family Survey.....	45
Workforce	45
Equality Delivery System and Workforce Race Equality Standard (WRES)	45
Workforce Disability Equality Standard (WDES)	46
Culture change programme	46
Leadership Development	47
Doctors and Dentists in training	47
Divisional Quality Improvement highlights 2020 / 2021	52
Statement of Directors' responsibilities in respect of Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020	59
Clinical Commissioning Group – Commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020	60
Healthwatch Portsmouth – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020	64
Portsmouth HOSP – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020	67

QUALITY ACCOUNTS 2020 / 2021

Table of contents

Healthwatch Hampshire – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020	67
Limited Assurance report	68
Appendix A - National Clinical Audit: actions to improve quality	69
Appendix B – Local Clinical Audit: actions to improve quality	81

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

I, on behalf of the Trust Board and all colleagues at Portsmouth Hospitals University NHS Trust (PHU), am pleased to introduce our Quality Account for 2020/21, which highlights our continued dedication to improving all aspects of quality for patients and staff.

The last twelve months have been like no other, however the importance that colleagues have placed on ensuring we continue deliver safe, compassionate, effective care and improved patient experience has been clear throughout. The contents of this report should be considered against the background of the continuing pandemic; however, we recognise there are areas of improvement and will continue working alongside health and social care partners to achieve these.

Following the achievement of our good rating from the Care Quality Commission (CQC) in January 2020, we have continued working closely with health and social care partners across the Hampshire and Isle of Wight system to continue building on these improvements.

We were delighted that this year the Care Quality Commission (CQC) recognised our improvements in urgent care and removed their requirement for us to report in relation to our Section 29A Warning Notice, which results from their 2019 inspection and how we triaged and cared for patients who self-presented at our emergency department and the absence of sustainable improvements to reduce ambulance waiting times. We are committed to driving further improvements and ensure actions highlighted by the CQC's most recent report are built into our ongoing quality improvement programme.

Patient experience remains an integral part of our work around improvements, despite difficulties presented by the pandemic. Following feedback from patients and their loved ones, we introduced the Family Liaison Service, where employed staff and volunteers work alongside each other to support the relationship between patients and their families and the Trust. This service has been key in the positive experience of our patients across PHU, particularly

during times of restricted movement, as well as for staff who have been freed up to focus on other areas of work.

The emphasis we have put on high-quality sustainable improvements across the Trust were highlighted in our most recent national Staff Survey results where 74 per cent of our colleagues said they would recommend PHU as a provider of care to their family and friends, an increase of four per cent from the previous year. While we also scored higher than average in staff reporting we treat staff involved in errors, near misses or incidents fairly, as well as encouraging the reporting of errors, near misses and incidents. A clear indicator on the focus we put on learning and education.

Our priorities for 2021/22 show an increased emphasis on involving and gaining further insight into the views of both patients and our staff in driving improvements. We continue focusing on our objectives to support safe, high-quality patient focused care while supporting the improvements needed to ensure we have created a service which provides for the communities we serve both now and in the future. As services increase capacity, we must manage the clinical risk associated with extended waiting times, waiting list sizes and the additional support patients and our staff may need in addressing this demand.

To the best of my knowledge the information presented in this report is accurate and represents a balanced view of the quality of services that the Trust provides. I sincerely hope you find it informative.



Penny Emerit, Chief Executive (Interim)
Portsmouth Hospitals University NHS Trust

Trust Headquarters, F Level, Queen Alexandra Hospital, Southwick Hill Road, Cosham,
Portsmouth, Hampshire, PO6 3LY
Telephone: 023 9228 6877 Ext: 6670
E-mail: Penny.Emerit@porthosp.nhs.uk

QUALITY IMPROVEMENT PRIORITIES 2021 / 2022

During 2019/2020 the NHS faced unprecedented levels of pressure from the COVID-19 pandemic. In response, the Quality Account Regulations were amended to remove the previously fixed deadline for publication, and replace it with a recommendation for a December 2020 publication date.

During the pandemic the Trust prioritised work to support quality and safety in clinical areas. This led to the Quality Account improvement priorities being agreed in October 2020, with the Account being published in December 2020.

Due to the re-prioritisation of work and staff, some of the work relating to the priorities was paused. The priorities have been re-visited by key members of the Trust staff who lead on quality matters, who propose that these are still relevant in the current climate.

These priorities will ensure that the Trust is able to maintain focus on the strategic objectives by supporting safe, high-quality patient focused care, taking responsibility for the delivery of care now and in the future and continuing to invest in the capability of staff to deliver on the Trust vision.

The Trust will continue to report progress against these improvement priorities to the Trust Board and the Quality and Performance Committee on a monthly and quarterly basis through the Integrated Performance Report (IPR) and patient safety, experience and effectiveness reports.

This Quality Account and associated priorities focuses on the three domains of quality; patient safety, patient experience and clinical effectiveness which are integral to the Trust's vision, strategic aims and values.

QUALITY ACCOUNT PRIORITIES 2021 / 2022

Improving the safety, experience and effectiveness of care for our patients

PATIENT SAFETY

In order to reduce avoidable harm to patients in our care we will be using learning themes from incident reporting, mortality reviews and complaints to engage with staff to improve outcomes. The intention is that this will lead to a:

- Reduction in Never Events (procedure related incidents in particular)
- Reduction in the number of moderate/severe harm and death incidents (key themes related to follow up, timely review of investigations and transfer and handover of patients have been identified)
- Reduction in Health Care Associated Infections
- Increased level of low harm and near miss reporting which provides the opportunity to learn and intervene in advance of potential harm occurring

In addition, the patient safety team will continue to work with colleagues in tissue viability, VTE and falls services to reduce in-patient harm.

Learning themes related to medication incidents will be addressed in collaboration with the medication safety team -specific work related to medication on discharge, oxygen use and insulin is underway

Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee

CLINICAL EFFECTIVENESS

To provide patients with the best possible clinical outcomes for their individual circumstances by:

- **Adhering to evidence, guidelines and standards to identify and implement best practice**
 - demonstrated through National audit reports, GIRFT reports, compliance with NICE guidance and external reviews and/or accreditation visits outcome
- **Using quality improvement tools (such as clinical audit) to review and improve treatments and services**
 - demonstrated through delivery and outcomes of our annual clinical audit plan, National audits, PROMS and activities to seek patients/service users' views and act on them
- **Influence future developments by identifying areas of care that need further research**
 - evidenced by our research portfolio and delivery

Monitored through the Clinical Effectiveness Committee, with quarterly reporting to the Quality and Performance Committee

PATIENT EXPERIENCE

Real Time Feedback

- Implement digital feedback methodology for our patients, enabling Wards and Departments to respond to patient feedback within real time
- In line with feedback from National Inpatient Survey 2019, improve feedback related to
 - Access to own medicines if brought into hospital
 - Noise at night
 - Time spent waiting for a bed on a ward

Family Liaison Service

- Establish a substantive Family Liaison Service which supports the connection between patients and loved ones, both during and beyond Covid-19

Accessible Information standard

- Develop and implement a plan to meet the requirements of this standard

Nutrition and Hydration

- In line with feedback from the National Inpatient Survey 2019 and Real time feedback, develop and implement a plan which ensures that our patients receive help and support from staff to eat their meals

"With Compassion"

- Reintroduce and further develop the 'With Compassion' work that commenced January 2020 to ensure our patients receive care and treatment with compassion
- Use Real Time Feedback, 'Sit and See/Observations and results from 2019 National Inpatient Survey to measure 'compassionate care'

Patient & Carer involvement

- Develop a plan to ensure patients and carers are involved in the co-design of services
- Ensure the Patient/Carer Collaborative sees access to opportunities for providing feedback from seldom heard groups
- Review the Patient experience Group and develop a structure that reflects the needs of patients, carers and the organisation

Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee

QUALITY IMPROVEMENT PRIORITIES 2020 / 2021 – OUR ACHIEVEMENTS

The Quality Account published in December 2020 identified areas of quality improvement to focus on during the year. A brief summary of the Trust's achievements against the priorities is outlined below, with further detail contained in part 3 of this Account.

QUALITY ACCOUNT PRIORITIES 2020 / 2021

Improving the safety, experience and effectiveness of care for our patients

PATIENT SAFETY

In order to reduce avoidable harm to patients in our care we will be using learning themes from incident reporting, mortality reviews and complaints to engage with staff to improve outcomes. The intention is that this will lead to a:

- Reduction in Never Events (procedure related incidents in particular) - **Achieved**
- Reduction in the number of moderate/severe harm and death incidents (key themes related to follow up, timely review of investigations and transfer and handover of patients have been identified) - **Partial Progress**
- Reduction in Health Care Associated Infections - **Partial Progress**
- Increased level of low harm and near miss reporting which provides the opportunity to learn and intervene in advance of potential harm occurring - **Partial Progress**

In addition, the patient safety team will continue to work with colleagues in tissue viability, VTE and falls services to reduce in-patient harm.

Learning themes related to medication incidents will be addressed in collaboration with the medication safety team - specific work related to medication on discharge, oxygen use and insulin is underway

Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee

CLINICAL EFFECTIVENESS

To provide patients with the best possible clinical outcomes for their individual circumstances by:

- **Adhering to evidence, guidelines and standards to identify and implement best practice** - **Achieved**
 - demonstrated through National audit reports, GIRFT reports, compliance with NICE guidance and external reviews and/or accreditation visits outcome
- **Using quality improvement tools (such as clinical audit) to review and improve treatments and services** - **Achieved**
 - demonstrated through delivery and outcomes of our annual clinical audit plan, National audits, PROMS and activities to seek patients/service users' views and act on them
- **Influence future developments by identifying areas of care that need further research** - **Achieved**
 - evidenced by our research portfolio and delivery

Monitored through the Clinical Effectiveness Committee, with quarterly reporting to the Quality and Performance Committee

PATIENT EXPERIENCE

Real Time Feedback - **Partial Progress**

- Implement digital feedback methodology for our patients, enabling Wards and Departments to respond to patient feedback within real time
- In line with feedback from National Inpatient Survey 2019, improve feedback related to
 - Access to own medicines if brought into hospital
 - Noise at night
 - Time spent waiting for a bed on a ward

Family Liaison Service - **Partial Progress**

- Establish a substantive Family Liaison Service which supports the connection between patients and loved ones, both during and beyond COVID19

Accessible Information standard - **Partial Progress**

- Develop and implement a plan to meet the requirements of this standard

Nutrition and Hydration - **Partial Progress**

- In line with feedback from the National Inpatient Survey 2019 and Real time feedback, develop and implement a plan which ensures that our patients receive help and support from staff to eat their meals

"With Compassion" - **Partial Progress**

- Reintroduce and further develop the 'With Compassion' work that commenced January 2020 to ensure our patients receive care and treatment with compassion
- Use Real Time Feedback, 'Sit and See/Observations and results from 2019 National Inpatient Survey to measure 'compassionate care'

Patient & Carer involvement - **Partial Progress**

- Develop a plan to ensure patients and carers are involved in the co-design of services
- Ensure the Patient/Carer Collaborative sees access to opportunities for providing feedback from seldom heard groups
- Review the Patient experience Group and develop a structure that reflects the needs of patients, carers and the organisation

Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee

STATEMENTS OF ASSURANCE FROM THE BOARD

Review of services

During 2020/2021 Portsmouth Hospitals University NHS Trust provided and sub-contracted 36 NHS services. Three significant services are sub-contracted to non-NHS providers: the Disablement Services Centre, orthotic service and community dialysis services.

The Portsmouth Hospitals University NHS Trust has reviewed all the data available to it on the quality of care in all 36 of these NHS services.

The income generated by the NHS services reviewed in 2020/2021 represents 99.7% of the total income generated from the provision of NHS services by Portsmouth Hospitals NHS Trust for 2020/2021.

Participation in clinical audits

During 2020/2021 39 national clinical audits and 9 national confidential enquiries covered NHS services that Portsmouth Hospitals University NHS Trust provides.

During that period Portsmouth Hospitals University Hospitals NHS Trust participated in 100% (36/36) national clinical audits (three were excluded as they were delayed/postponed nationally due to the pandemic) and 100% (7/7) national confidential enquiries of those it was eligible to participate in (two were excluded as they are still under development).

The national clinical audits and national confidential enquiries that Portsmouth Hospitals University NHS Trust participated in, and for which data collection was completed during 2020/2021, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of national clinical audits (this number is from both 2020/2021 and some reports that were published from data supplied in 2019/2020) were reviewed by the provider in 2020/2021. Appendix A highlights the actions Portsmouth Hospitals University NHS Trust intends to take to improve the quality of healthcare provided.

NATIONAL CLINICAL AUDITS			
Audit title	Details	Participation	% cases submitted
Antenatal and New-born National Audit Protocol 2019 - 2020	KPI data	✓	100%
British Association of Urological Surgeons (BAUS)	Urethroplasty	✓	85%
	BAUS Cystectomy Audit	✓	112.6%
	BAUS Female Stress Urinary Incontinence Audit	Not applicable	Not applicable
	BAUS Nephrectomy Audit	✓	76%

QUALITY ACCOUNTS 2020 / 2021

Statements of assurance from the Board

NATIONAL CLINICAL AUDITS			
Audit title	Details	Participation	% cases submitted
	BAUS Percutaneous Nephrolithotomy	✓	100%
	BAUS Radical Prostatectomy Audit	✓	94.57%
British Spine Registry	Audit	Not applicable	Not applicable
Case Mix Programme (CMP) - Intensive Care National Audit and Research Centre (ICNARC)	Audit	✓	100%
Cleft Registry and Audit Network (CRANE)	Audit	Not applicable	Not applicable
Elective Surgery (National PROMs Programme)	Pre-operative questionnaires	✓	14.5%
	Post-operative questionnaires	✓	70.9%
Emergency Medicine Quality Improvement Project (QIPs)	Care of Children in the Emergency Department	✓	100%
	Assessing for Cognitive Impairment in Older People in the Emergency Department	✓	100%
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	43.4%
	Hip Fracture Database	✓	100%
	Inpatient Falls Audit	✓	14 cases submitted
Inflammatory Bowel Disease Programme (IBD Programme)	Inflammatory Bowel Disease Registry	✓	162 cases submitted
Learning Disability Mortality Review Programme (LeDeR)	Audit	✓	100%
Mandatory Surveillance of Healthcare Acquired Infections (HCAI)	Audit	✓	100%
National Asthma and COPD Audit Programme	COPD	✓	100%
	Asthma in Children	✓	100%
	Asthma in Adults	✓	94 cases
	Pulmonary Rehabilitation	Not applicable	Not applicable
National Audit of Breast Cancer in Older People (NABCOP)	Audit		100%
National Audit of Cardiac Rehabilitation (NACR)	Audit	✓	100%
National Audit of Care at the End of Life (NACEL)	Audit	✓	95%
National Audit of Dementia	Audit	Delayed due to COVID-19	Delayed due to COVID-19

QUALITY ACCOUNTS 2020 / 2021

Statements of assurance from the Board

NATIONAL CLINICAL AUDITS			
Audit title	Details	Participation	% cases submitted
National Audit of Pulmonary Hypertension (NAPH)	Audit	Not applicable	Not applicable
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Organisational Audit	✓	100%
National Bariatric Surgery Register (NBSR)	Audit	✓	100%
National Cardiac Arrest Audit (NCAA) – ICNARC	Audit	✓	100%
National Cardiac Audit Programme (NCAP)	National Adult Cardiac Surgery Audit	Not applicable	Not applicable
	National Audit for Adult Percutaneous Coronary Interventions	✓	100%
	National Audit of Cardiac Rhythm Management	✓	100%
	National Congenital Heart Disease Audit	Not applicable	Not applicable
	National Heart Failure Audit	✓	114%
	Myocardial Ischaemia National Audit Programme	✓	>100%
National Clinical Audit of Anxiety and Depression (NCAA)	Audit	Not applicable	Not applicable
National Clinical Audit of Psychosis	Audit	Not applicable	Not applicable
National Comparative Audit of Blood Transfusion programme-2020 Audit of the management of paediatric anaemia	Audit	Postponed due to COVID-19	Postponed due to COVID-19
National Diabetes Audit – Adults	Diabetes in Pregnancy	✓	100%
	Inpatient Audit	✓	98%
	Foot Care	✓	95 cases submitted (2015-2018)
	Harms	✓	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Audit	✓	100%
National Emergency Laparotomy Audit (NELA)	Audit	✓	70%
National Gastro-Intestinal Cancer Programme	National Bowel Cancer Audit	✓	104%
	National Oesophago-Gastric Cancer	✓	74-84%
National Joint Registry (NJR)	Audit	✓	97%
National Lung Cancer Audit (NLCA)	Audit	✓	100%

QUALITY ACCOUNTS 2020 / 2021

Statements of assurance from the Board

NATIONAL CLINICAL AUDITS			
Audit title	Details	Participation	% cases submitted
National Maternity and Perinatal Audit (NMPA)	Audit	✓	100%
National Neonatal Audit Programme (NNAP)	Audit	✓	100%
National Ophthalmology Audit – NOD	Audit	✓	98%
National Paediatric Diabetes Audit (NPDA)	Patient and Parent Reported Experience Measures	✓	162 responses
	Audit	✓	100%
National Prostate Cancer Audit	Audit	✓	100%
National Vascular Registry	Audit	Not applicable	Not applicable
Neurosurgical National Audit Programme	Audit	Not applicable	Not applicable
NHS provider interventions with suspected/confirmed carbapenemase producing Gram negative colonisations/infections	Not applicable	Project closed due to COVID-19	Project closed due to COVID-19
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	Audit	Not applicable	Not applicable
Paediatric Intensive Care Audit Network (PICANet)	Audit	Not applicable	Not applicable
Perioperative Quality Improvement Programme (PQIP)	Audit	✓	0.8%
Prescribing Observatory for Mental Health (POMH-UK)	Audit	Not applicable	Not applicable
Sentinel Stroke National Audit Programme (SSNAP)	Audit	✓	100%
	Organisational	✓	100%
Serious Hazards of Transfusion (SHOT): UK National Haemo-vigilance Scheme	Audit	✓	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Audit	✓	100%
Surgical Site Infection Surveillance Service	Audit	✓	>100%
The Trauma Audit & Research Network (TARN)	Audit	✓	100%
UK Cystic Fibrosis Registry	Audit	Not applicable	Not applicable
UK Registry of Endocrine and Thyroid Surgery	Surgical Outcomes	✓	100%
UK Renal Registry National Acute Kidney Injury Programme	Audit	✓	100%

NATIONAL CONFIDENTIAL ENQUIRIES			
Audit title	Details	Participation	% cases submitted
Child Health Clinical Outcome Review Programme	Transition from Child to adult health services (NCEPOD)	Study currently under development	Study currently under development
Maternal and Newborn Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance Report	✓	100%
	Saving Lives, Improving Mother's Care	✓	100%
	Perinatal Confidential Enquiry, Stillbirths and Neonatal Deaths in Twin Pregnancies	✓	100%
	Perinatal Mortality Review Tool	✓	100%
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Dysphagia in Parkinson's Disease	✓	66.7%
	In Hospital Management of Out-of-hospital cardiac arrest	✓	91%
	Physical Health in Mental Health Hospitals	✓	100%
	Epilepsy	Study currently under development	Study currently under development
Mental Health Clinical Outcome Review Programme	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	Not applicable	Not applicable

The reports of 14 local clinical audits were reviewed by the provider in 2020/2021. Appendix B shows examples of local audits and the actions Portsmouth Hospitals University NHS Trust intends to take to improve the quality of healthcare provided.

Research: participation in clinical research

Commitment to research as a driver for improving the quality of care and patient experience

Portsmouth Hospitals University NHS Trust recruited 8713 research participants into clinical research studies during 2020/21. Of these patients, 4,694 were recruited into 12 Urgent Public Health (UPH) studies, prioritised nationally as part of the government's response to the Covid-19 pandemic.

Nationally, a collective effort into fast tracking patient recruitment into UPH studies has provided vital new evidence and resulted in changing practice to improve outcomes for Covid-19 patients; for example Dexamethasone is now offered to Covid-19 patients as standard care.

Statements of assurance from the Board

Clinical research is an important tool for improving hospital performance. A growing body of evidence highlights that treatment in Trusts with sustained high participation in interventional clinical research is independently associated with better outcomes. Other wider advantages as a result of enhanced research activity within the workforce have also been reported,

including benefits to infrastructure, the learning and skill development of clinicians as well as quicker uptake of new treatments.

In 2020/21, 27 clinical departments participated in research approved by a research ethics committee, covering a number of specialities and clinical support departments.

Goals agreed with Commissioners

Portsmouth Hospitals University NHS Trust income in 2020/21 was not conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation (CQUIN) payment framework, as emergency payment arrangements that excluded CQUIN

processes and payments were in pace for the duration of the contract year covering all commissioners.

Statements from the Care Quality Commission (CQC)

Portsmouth Hospitals University NHS Trust is required to register with the CQC and is currently registered with no conditions placed upon the registration.

Trust was subject to a full CQC inspection in October and November 2019, following which the Trust rating improved from 'Requires Improvement' to 'Good'. In September 2019, the Trust was also inspected under the 'Use of Resources' framework, resulting in a 'Good' rating.

Ratings	
Overall trust quality rating	Good 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 
Are resources used productively?	Good 
Combined quality and resource rating	Good 

The Trust worked with the CQC during 2020/21 to provide evidence of its compliance with a Notice served on the Trust after the 2019 inspection under section 29A concerning practice in the Emergency Department (ED), focussed principally on:

Statements of assurance from the Board

- Reducing delays to the handover to the Trust of patients brought to the ED by ambulance
- Improving the oversight of self-presenting patients in the ED waiting areas

The Trust is very pleased to confirm that the Commission confirmed in a letter dated 1st April 2021 that the requirements have been delivered in full.

The CQC conducted a brief focused inspection on medicine safety in July 2020. The inspection had a broadly positive outcome, and there was no impact on any of the Trust's ratings.

There is regular liaison with the Care Quality Commission regarding delivery of improvements. This has included the introduction in February 2021 of

specific quality assurance metrics pertaining to the Emergency Department as part of the weekly reporting on Non-Elective Flow and Transformation to the Trust Leadership Team.

The Trust continues to work on a range of projects to ensure that the improvements delivered during 2020/21 are sustained. The revised approach to quality governance, developed in partnership with the CCGs, continued during 2020/21. This helped to promote an open and transparent governance structure and to balance compliance activities with the pursuit of aspirational and ambitious improvement.

Data quality

Portsmouth Hospitals University NHS Trust submitted records during 2020/2021 to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The latest available scores from NHS Digital's Maturity Index (2020-2021, up to month 11 April 2020 to February 2021) show the following data quality scores:

Included the patient's valid NHS number:

- 99.9% for admitted patient care (national average 99.5%)
- 100% for outpatient care (national average 99.7%)
- 99.6% for accident and emergency care (national average 98.0%)

Included the patient's valid General Medical Practice Code:

- 96.6% for admitted patient care (national average 99.8%)
- 97.9% for out-patient care (national average 99.7%)

- 94.0% for accident and emergency care (national average 98.8%)

Portsmouth Hospitals University NHS Trust will be taking the following actions to improve data quality:

- Continue development of the Data Quality Working Group
- Comply with the national opt out scheme and ensure all processes are up to date to reflect this
- Promote compliance to Data Quality within the Trust and getting the data right at point of entry
- Establishing a report review group to ensure national returns are regularly reviewed and accurate against the national guidance
- Create new Data Quality dashboards to show both good compliance and areas of improvement
- Encourage good Data Quality beyond our usual KPIs, this includes audits into additional information such as Ethnicity

Statements of assurance from the Board

The payment by results audit programme no longer exists; therefore, the Trust was not subject to an external audit.

Additional evidence of data quality beyond the specific indicators listed above:

Included the patient's valid Commissioner Code:

- 100% for admitted patient care (national average 96.0%)

- 99.6% for out-patient care (national average 93.6%)
- 98.2% for accident and emergency care (national average 93.1%)

Included the patient's primary diagnosis:

- 99.3% for admitted patient care (national average 97.8%)
- 100% for accident and emergency care (national average 75.5%)

Data Security and Protection Toolkit attainment levels

Information Governance is concerned with the way the Trust handles or "processes" information. It covers personal data (relating to patients/service users and employees) and corporate information (such as financial and accounting records).

The Data Security and Performance (DSP) Toolkit is a performance tool produced by NHS Digital which draws together the legal rules and central guidance surrounding data protection and presents them in one place as a set of information governance standards. The Trust is required to carry out a yearly self-assessment of compliance against these standards

Portsmouth Hospitals University NHS DSP Toolkit Report for 2020/2021 has not been submitted as the deadline for submission has been moved to 30th June 2021 due to the impact of the Coronavirus on Health Services. The Trust anticipates that it will submit the toolkit on time, but several assertions will be incomplete. This will give the Trust a 'Standards Not Met' rating. Improvement Plans for the outstanding mandatory evidence items will be submitted for evaluation by NHS Digital. If the action plans are agreed by NHS Digital, the Trust's status would change to 'Standards Not Met – Plan agreed.' Depending on the deadlines set by NHS Digital for the completion of the action plans, the Trust may be able to achieve 'Standards Met' if the work is completed by the end of 2021.

Learning from deaths

- During 2020/2021 2,647 of Portsmouth Hospitals University NHS Trust inpatients (PHUT) / Emergency department (ED) patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
 - 562 patients died in Q1
 - 499 patients died in Q2

- 641 patients died in Q3
- 947 patients died in Q4

- The number of deaths in each quarter for which a case record review was carried out at the Mortality Review Panel (MRP) by the Medical Examiner (ME) was:

Statements of assurance from the Board

- Q1 524
- Q2 458
- Q3 639
- Q4 945
- By 31st March 2021, 2566 case record reviews had been carried out. This figure includes all inpatient deaths, with the exception of 81 cases. Of those 81 cases, 4 were neonates (investigated externally, as per regional guidance) and 77 were ED deaths. In Q1 and Q2, the ME's completed a notes review of all patient deaths in ED, and they were able to provide guidance and support both to the ED Medical team and Coroners department as a result of their review. From September 2020 all patient deaths in ED were presented and discussed as part of the MRP. This change in process accounts for the 81 cases that were not reviewed via the MRP in Q1 and Q2.
- The number of deaths in each quarter for which an investigation¹ was carried out was:
 - Q1 20
 - Q2 25
 - Q3 35
 - Q4 31
- 111 investigations¹ have been carried out in relation to 2,647 of the deaths included in first bullet point. 13 of these were requested at coroner's inquest (some cover deaths occurred in Q4 2019/20)
- This data reflects completed investigations only, those still ongoing, particularly from quarter 3 and 4, are not included in the numbers above. The reduced numbers of investigations completed were significantly

impacted directly as a result of COVID-19, where investigations have been delayed due to a focus on clinical facing duties.

- 3 cases (1 in Q1, 1 in Q2 and 1 in Q4), representing 0.1% of the patient deaths during the reporting period, were initially judged to be more likely than not to have been due to problems in the care provided to the patient. All 3 cases received further investigation both internally via departmental Mortality and Morbidity meeting and externally via Coroners review.
- Four cases were subject to a Serious Incident investigation (from Q1-Q4 2020/21). Two of the cases have been deemed unavoidable, one case was felt to have slight evidence of avoidability, and one case was deemed possibly avoidable but not very likely. In relation to each quarter, this consisted of:
 - One, representing 0.2% of the total deaths for the first quarter
 - One, representing 0.2% of the total deaths for the third quarter
 - Two, representing 0.2% of the total deaths for the fourth quarter (still ongoing investigation)
- These numbers have been derived from case reviews at mortality review panels, in-depth reviews by Mortality & Morbidity groups (M&M), Serious Incident Investigation and Coroner's Inquest.
- The Medical Examiner's office undertakes a review for all cases. They also contact the family of the deceased patient to identify any feedback they may have, prior to discussion at the Mortality Review Panel with medical staff who cared for the patient. This allows for more in depth examination of any area of concern or learning points.

¹ This considers review by the relevant morbidity and mortality meeting as well as coroner's inquest where an investigation has been completed.

Statements of assurance from the Board

- The following the key patient care and treatment themes were identified from the reviews described above. There needs to be greater emphasis on the importance of reviewing the falls risk for patients as their clinical condition and/or environment changes. There needs to be emphasis on earlier senior review in treating deteriorating patients. On a positive note there has been increasing evidence of earlier discussions with patients about their wishes, treatment escalation plans, resuscitation status and improved documentation of these discussions. However, it is noteworthy that this does not occur consistently and is continually reviewed at MRP and M&Ms are requested where there is any cause for concern. Communication with family could be improved to ensure that they are involved in the decision-making process of treatment and care where appropriate to do so. Documentation as whole across the multidisciplinary team could be improved.

- Actions taken to address the themes identified include the sharing of the information with partner organisations, including CCGs, primary care providers and other NHS trusts, as well as internally amongst care groups.
- Mortality review group meets regularly to monitor the trust status in relation to peer and national data and explore areas of good practice and learning themes.
- The Trust is committed to learning from deaths and as such a post for a learning from deaths manager has been approved to support organisational learning.

Seven day services - progress in implementing the priority clinical standards for seven day hospital services

Substantial evidence exists which indicates significant variation in outcomes for patients admitted to hospitals in an emergency at the weekend across the NHS in England. This variation is seen in patient experience, length of hospital stay, re-admission rates and to a lesser extent mortality rates. In December 2012 the NHS Commissioning Board (now NHS England) published “Everyone counts: Planning for patients 2013/14”, which set out the initial steps towards identifying how there might be better access to services seven days a week.

The Ten Clinical Standards for seven day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. These standards define what seven day services should achieve, no matter when or where patients are admitted. The purpose of the standards is to deliver safer patient care, improve patient flow through the acute system, enhance patient experience

of acute care and reduce the variation in appropriate clinical supervision at weekends.

The Ten Clinical Standards	
1. Patient experience	2. Access to key Consultant-directed interventions *
3. Time to first Consultant review *	4. Mental Health
5. MDT Review	6. Ongoing daily review by a Consultant or a delegate *
7. Shift handovers	8. Transfer to community and primary and social care
9. Access to diagnostics *	10. Quality Improvement

**Priority Clinical Standards*

To support quality improvement and measure progress in the achievement of seven day hospital services, all acute Trusts were asked to participate in self-assessment surveys since the Spring of 2016. These surveys covered the management of patients admitted as an emergency during a specified seven-day period, measured against the four priority clinical standards.

Statements of assurance from the Board

A national self-assessment tool had been developed to allow organisations to baseline provision of seven day services. The tool enabled Trusts to self-assess current level of service provision, using nationally agreed definitions, and helped understand local needs and requirements to deliver extended services.

We have participated in all seven national surveys, with our final submission in November 2019, the last six using the online tool described above. The national team will no longer be seeking central submission, but recommend and annual review be conducted internally by each Trust using a similar template to that employed for the NHSEI returns, supported by an internal audit. The results for all four priority clinical standards were initially satisfactory and encouraging and following a sustained effort by many

colleagues in different specialties we achieved full compliance for all four priority clinical standards in the Spring 2018 survey. We lost compliance with weekend review standard 8 in the Spring return of 2019 and this was thought to relate to a documentation issue in terms of clear flagging of patients requiring a weekend senior review. In our most recent audit in January 2020 (for patients admitted in August 2019) we had recovered to 91% of target patients having a once daily senior clinical review at weekends (target 90%, position recovered from 83% the previous year). This restores us to full compliance with four priority clinical standards.

Portsmouth Hospitals University NHS Trust plans to complete and update 7-day service internal audit within the 2021/2022 financial year.

Freedom to Speak Up (FTSU)

To ensure that the Trust's vision and values are at the forefront of everything it does, openness, transparency and dealing with any issues that may arise in a confidential, timely, consistent, fair and appropriate manner is fundamental. It is a right of employees in the Trust, if they have any concerns about wrong-doing at work, to be able to raise these concerns through the Trust's Raising Concerns (Whistle Blowing) Policy. Any disclosure or 'whistle-blow' is handled in a confidential manner, taken seriously and investigated appropriately.

The Trust's Freedom to Speak Up (FTSU) Guardian continues to help staff raise concerns in a confidential, supporting and anonymised manner, signposting appropriately. The Guardian is available to be contacted by all staff for advice and support in raising and managing concerns about their working life, including concerns surrounding patient safety and quality and bullying and harassment. This is a key role in promoting an open and honest

culture of listening, learning and not blaming, so that concerns raised are welcomed, acted upon in a fair manner and addressed. The Guardian has access to anyone in the Trust, including the Chief Executive, and can, if necessary, seek further support from outside of the Trust.

The Guardian is supported by a number of FTSU Advocates across the Organisation. Advocates champion the FTSU agenda and provide a direct link between individuals, departments and the FTSU Guardian. We have ensured that our team of Advocates represent a broad sector of the workforce.

Staff can raise concerns to the Guardian via a number of routes and over the past year the further development of an online reporting portal via DATIX has proven to be beneficial. The online portal allows staff to raise concerns that will go directly to the Guardian and can be raised anonymously if required.

QUALITY ACCOUNTS 2020 / 2021

Statements of assurance from the Board

FTSU Advocates are in place from all Divisions / Care Groups and Corporate Functions to support the Guardian role. During 2019/20 the Trust's FTSU service has seen marked improvement in the number of concerns that are being managed effectively at a local level with support and guidance without the need for escalation, this was evidenced within our recent CQC Well Led report where it was felt that the culture across the organisation had

improved, Staff felt respected, supported and valued. Identifying an open culture where patients, their families and staff could raise concerns without fear. We continue to receive positive feedback on the use of the service, with staff feeling that they are supported and that their concerns are listened to and valued. On average 80% of all concerns raised with the Guardian are able to be resolved at a local level without a requirement to escalate further.

NATIONAL QUALITY PRIORITIES

The following are a core set of indicators which are to be included in the 2020/21 Quality Accounts. All trusts are required to report against these indicators using standardised statements. The information is based on data made available to the Trust by NHS Digital. This data is presented in the same way in all Quality Accounts published in England; this allows fair comparison between hospitals.

It should be noted that the most up-to-date data provided by NHS Digital, stated below, may relate to a different reporting period to that of the Quality Account (Data source: <https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>).

National Quality Priorities						
Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions						
SHMI	Oct. 17 - Sep. 18		Oct. 18 - Sep. 19		Oct. 19 - Sep. 20	
	PHU	National Average	PHU	National Average	PHU	National Average
The value of the summary hospital-level mortality indicator ("SHMI") for the Trust.	1.0212	1	1.0423	1	0.975	1
The banding of the summary hospital-level mortality indicator ("SHMI") for the Trust.	As expected (2)	As expected (2)	As expected (2)	As expected (2)	As expected (2)	As expected (2)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust. The palliative care indicator is a contextual indicator	29.20%	33.60%	40.00%	36.00%	40.00%	36.00%
Trust statement Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The Trust intends to, or has taken the following actions to improve mortality and harm, and so the quality of its services: <ul style="list-style-type: none"> • Maintaining a sustained focus on mortality, ensuring all mortality data, provided from both internal and external sources, is reviewed by the Trust's monthly Mortality Review Group, chaired by the Medical Director. • Undertaking case review of all inpatient deaths, both adult and child, through the multi-professional mortality review panel. • The Medical Examiner Service, as per national guidelines, provides an independent service that scrutinises all adult inpatient deaths and links with families to discuss patient experience and also discuss the cause of death and what will be documented on the death certificate. • Identification of any cases where there have been concern and recommending the level of investigation needed, from Care Group Mortality Review, Structured Judgement Review or Serious Investigation Requiring Investigation. 						

National quality priorities

- All deaths of a patient with known Learning Disabilities undergo an internal Structured Judgement Review to ensure learning is identified at the earliest opportunity. In addition all deaths are reported nationally using the LeDeR referral form (Learning Disabilities Mortality Review); a national programme aimed at making improvements to the lives of people with learning disabilities.

Note: banding category: 1 – where the Trust’s mortality rate is ‘higher than expected’, 2 – where the Trust’s mortality rate is ‘as expected’, 3 – where the Trust’s mortality rate is ‘lower than expected’.

For the SHMI, a comparison should not be made with the highest and lowest trust level SHMIs because the SHMI cannot be used for direct comparison of Mortality outcomes between trusts and, in particular, it is inappropriate to rank trusts according to their SHMI.

National Quality Priorities

Helping people recover from episodes of ill health or following injury.

Patient Reported Outcome Measures (PROMs) finalised (EQ5D Index)	Apr. 17 - Mar. 18				Apr. 18 - Mar. 19				Apr. 19 – Mar. 19			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
Groin hernia surgery	0.108	0.089	0.13	0.029	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Varicose vein surgery	*	0.095	0.134	0.034	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hip replacement surgery (primary)	0.463	0.458	0.566	0.376	0.469	0.465	0.557	0.348	0.553	0.453	0.529	0.344
Knee replacement surgery (primary)	0.318	0.338	0.416	0.233	0.304	0.338	0.405	0.265	0.372	0.355	0.419	0.215

Trust statement

Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the nationally published dataset using responses provided by the patients experience at the Trust.

The Trust intends to take the following actions to improve this rate, and so the quality of its services:

- Continuing to monitor the patient’s experience of its performance to ensure the operations patients receive continue to improve their health compared with their health before they had their operation
- To improve patient participation rates to ensure they meet the national average for each procedure.
- To promote patient completion of questionnaires by providing more engagement at a local leadership level to improve patient participation rates.

*Data not published due to small numbers of procedures

n/a: NHS England have stopped measuring and producing this data; therefore, no national data not available’

National quality priorities

National Quality Priorities	
Helping people recover from episodes of ill health or following injury.	
Re-admission within 28 days of being discharged	
Percentage of patients aged 0 to 15	Data not updated since 2013.
Percentage of patients aged 16 or over	
Trust statement Although data for patients readmitted to hospital within 30 days of being discharged is available on NHS Digital, the Quality Account guidance states that the regulations refer to 28 day readmissions rather than 30.	

National Quality Priorities												
Ensuring that people have a positive experience of care.												
In-patient survey	April 17 - Mar.18				Apr. 18 - Mar. 19				Apr. 19 - Mar. 20			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
Based on the average score of five questions from the National Inpatient Survey	65.9	68.6	85	60.5	67.3	67.2	85	58.9	65.3	67.1	86.2	54.4
Trust statement												
Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.												
The Trust has taken action by:												
<ul style="list-style-type: none"> Pilot of a real time digital feedback methodology for patients, enabling Wards and Departments to respond to patient feedback within real time (data is collated and made available to the leadership teams within 24 hours) in nine clinical areas The nine pilot areas received multiple data captures collected by the Family Liaison service (FLO's) prior to a necessary pause in collection to allow the FLO's to prioritise supporting patients due Covid-19. Collection of feedback is expected to recommence in May 2021 following a review of the pilot Patient feedback mechanisms will be further tailored in response to COVID -19 (NHS Think 111/Attend anywhere) We plan to continue to use our family liaison service as a means of increasing access to feedback opportunities for people from seldom-heard groups. This will ensure the views received are more representative of the community 												

QUALITY ACCOUNTS 2020 / 2021

National quality priorities

National Quality Priorities												
Ensuring that people have a positive experience of care.												
National Staff Survey results	Apr. 17 - Mar. 18				Apr. 18 - Mar. 19				Apr. 19 - Mar. 20			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	68%	70%	87	41%	68%	70%	87	41%	70%	71%	93	29%
Trust statement Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The Trust has taken action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> • Delivering the objectives set out within the Workforce and Organisational Development Strategy • Continuation of our 3-year Culture Change programme (currently in phase 3) • Implementation of a new 'Delivering Excellence' operating model • Targeted work to reduce inequalities and protect staff whilst at work • Continued focus of the Prevention of Violence at Work initiative • Delivering continued improvements in supporting staff health and wellbeing with a focus on recovery of staff • Developing a system to collect real time feedback from patients and carers during their stay in hospital • Tailoring patient feedback in response to the Covid-19 pandemic • Working closely with clinical teams, providing teaching and education to support transparency and promote a no blame culture • Working with clinical leaders to support teams to improve safety awareness, increase reporting and reduce patient harm events • Patients and their families are involved in serious investigations to ensure that their questions are considered as part of the outcomes To note: The 2020 National NHS Staff Survey published in March 2021 demonstrated a 4% increase in this measure												
National Quality Priorities												
Ensuring that people have a positive experience of care - A&E - patients who would recommend the Trust as a provider of care to their friends or family												
Reporting period	Total Responses		Total Eligible		Response Rate		Score (% recommend)		Score (% not recommend)			
	England	PHU	England	PHU	England	PHU	England	PHU	England	PHU	England	PHU
No data reported over the last year												

QUALITY ACCOUNTS 2020 / 2021

National quality priorities

National Quality Priorities										
Ensuring that people have a positive experience of care - A&E - patients who would recommend the Trust as a provider of care to their friends or family										
Reporting period	Total Responses		Total Eligible		Response Rate		Score (% recommend)		Score (% not recommend)	
	England	PHU	England	PHU	England	PHU	England	PHU	England	PHU
Jan-20	140,033	2,225	1,196,806	11,018	11.70%	20.20%	85%	88%	9%	7%
Dec-19	135,618	2,201	1,170,813	11,078	11.60%	19.90%	84%	89%	10%	6%
Nov-19	141,846	2,281	1,177,902	10,758	12.00%	21.20%	84%	87%	10%	8%
Oct-19	143,139	2,107	1,169,049	10,489	12.30%	20.90%	86%	86%	9%	7%
Sep-19	140,179	2,517	1,147,243	12,307	12.20%	20.50%	85%	88%	9%	7%
Aug-19	151,757	3,012	1,148,147	12,063	13.20%	25.00%	86%	88%	8%	7%
Jul-19	151,767	2,673	1,225,392	13,303	12.40%	20.10%	85%	89%	9%	6%
Jun-19	140,198	2,658	1,160,167	12,666	12.10%	21.00%	86%	88%	9%	6%
May-19	142,493	2,727	1,181,288	12,476	12.10%	21.90%	86%	88%	9%	7%
Apr-19	132,440	2,454	1,152,055	12,026	11.50%	20.40%	86%	86%	8%	8%
Mar-19	146,219	2,701	1,184,605	12,172	12.30%	22.20%	86%	88%	8%	7%
Feb-19	129,415	2,481	1,065,038	10,961	12.15%	22.60%	85%	86%	9%	8%
Jan-19	136,601	2,798	1,147,053	11,236	11.90%	24.90%	86%	89%	8%	6%
Trust statement Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The Trust has taken action by: <ul style="list-style-type: none"> Pilot of a real time digital feedback methodology for patients, enabling Wards and Departments to respond to patient feedback within real time (data is collated and made available to the leadership teams within 24 hours) in nine clinical areas The nine pilot areas received multiple data captures collected by the Family Liaison service (FLO's) prior to a necessary pause in collection to allow the FLO's to prioritise supporting patients due Covid-19. Collection of feedback is expected to recommence in May 2021 following a review of the pilot Patient feedback mechanisms will be further tailored in response to COVID -19 (NHS Think 111/Attend anywhere) We plan to continue to use our family liaison service as a means of increasing access to feedback opportunities for people from seldom-heard groups. This will ensure the views received are more representative of the community 										

QUALITY ACCOUNTS 2020 / 2021

National quality priorities

National Quality Priorities										
Ensuring that people have a positive experience of care - Inpatients - patients who would recommend the Trust as a provider of care to their friends or family										
Reporting period	Total Responses		Total Eligible		Response Rate		Score (% recommend)		Score (% not recommend)	
	England	PHU	England	PHU	England	PHU	England	PHU	England	PHU
No data reported over the last year										
Jan-20	233,941	2,897	975,440	9,106	24.00%	30.80%	96%	96%	2%	2%
Dec-19	202,164	2,575	894,893	8,275	22.60%	31.10%	96%	98%	2%	1%
Nov-19	240,314	2,800	970,381	9,133	24.80%	30.70%	96%	97%	2%	1%
Oct-19	254,242	2,868	1,016,006	9,339	25.00%	30.70%	96%	97%	2%	1%
Sep-19	229,679	3,002	919,357	8,268	25.00%	36.30%	96%	97%	2%	1%
Aug-19	235,194	3,139	918,751	11,464	25.60%	27.40%	96%	96%	2%	1%
Jul-19	239,144	3,228	942,672	9,914	25.40%	32.60%	96%	97%	2%	1%
Jun-19	217,804	2,862	883,875	8,798	24.60%	32.50%	96%	97%	2%	1%
May-19	222,874	2,940	923,582	9,218	24.10%	31.90%	96%	97%	2%	1%
Apr-19	207,240	3,153	884,485	9,072	23.40%	34.80%	96%	97%	2%	1%
Mar-19	237,570	3,260	967,640	8,377	24.60%	38.90%	96%	96%	2%	1%
Feb-19	206,673	2,890	852,586	7,633	24.20%	37.90%	96%	96%	2%	1%
Jan-19	220,244	3,717	927,670	8,651	23.74%	43.00%	95%	96%	2%	1%
Trust statement										
Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.										
The Trust has taken action by:										
<ul style="list-style-type: none"> Pilot of a real time digital feedback methodology for patients, enabling Wards and Departments to respond to patient feedback within real time (data is collated and made available to the leadership teams within 24 hours) in nine clinical areas The nine pilot areas received multiple data captures collected by the Family Liaison service (FLO's) prior to a necessary pause in collection to allow the FLO's to prioritise supporting patients due Covid-19. Collection of feedback is expected to recommence in May 2021 following a review of the pilot Patient feedback mechanisms will be further tailored in response to COVID -19 (NHS Think 111/Attend anywhere) We plan to continue to use our family liaison service as a means of increasing access to feedback opportunities for people from seldom-heard groups. This will ensure the views received are more representative of the community 										

QUALITY ACCOUNTS 2020 / 2021

National quality priorities

National Quality Priorities				
Treating and caring for people in a safe environment and protecting them from avoidable harm.				
VTE Risk Assessment	PHU	National Average	Highest	Lowest
Percentage of patients receiving a VTE Risk Assessment				
No data reported over the last year				
Quarter 3 2019-20	93.66%	95.3%	100%	71.6%
Quarter 2 2019-20	95.59%	95.5%	100%	71.7%
Quarter 1 2019-20	95.59%	95.6%	100%	69.8%
Quarter 4 2018-19	95.14%	95.7%	100%	74.0%
Trust statement Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The Trust has taken action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> Commissioning an Electronic Medication/Prescribing platform which will evidence number of patients receiving VTE prophylaxis treatment. VTE assessment will be a mandatory field within Bed view (IT platform repository for patient's clinical assessments and treatments) Recruitment of a VTE Patient Safety Practitioner role 				

National Quality Priorities												
Treating and caring for people in a safe environment and protecting them from avoidable harm.												
Rate per 100,000 bed days of c.Difficile infection	Apr. 17 - Mar. 18				Apr. 18 - Mar. 19				Apr. 19 - Mar. 20			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
Rate per 100,000 bed days of c.Difficile infection amongst patients aged 2 or over	13.9	15.1	95.5	0	8.9	13.5	90.2	0	11.6	14.9	64.6	0
Trust statement												
Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.												

QUALITY ACCOUNTS 2020 / 2021

National quality priorities

N.B: Previous year's data has been updated to reflect changes in the attribution algorithm that were implemented in 2019/20. Rates displayed for Hospital-Onset, Healthcare Associated cases.

The rate of C.difficile attributed to the Trust increased slightly in 2020/21, although a reduction in cases attributed to the trust was noted. This was because of an overall reduction in activity, while the trust managed the COVID-19 pandemic. National rates of C.difficile also increased in 2020/21, reflecting the complexity of patients being cared for during this time.

Although the management of the COVID-19 pandemic was the main focus in 2020/21, the Trust has taken the following actions to improve this rate, and so the quality of its services, by:

- Appropriate and timely testing and isolation of patients, including in the outpatient setting
- Emphasising the importance of cleaning and decontamination
- Increased focus on antimicrobial stewardship
- Investigation of all cases attributed to the Trust for learning opportunities

National Quality Priorities

Treating and caring for people in a safe environment and protecting them from avoidable harm.

Patient Safety Incidents (per 1,000 bed days) (Acute non-specialist)	Oct. 18 - Mar. 19				Apr. 19 - Sept. 19				Oct. 19 – Mar. 20			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
Number of patient safety incidents	8050	5841	22048	1278	9591	6275	21685	1392	9195	6501	22340	1271
Rate of patient safety incidents	44.5	46.1	95.9	17	52.9	49	103	26.3	51.1	50	110	16
Number of patient safety incidents that resulted in severe harm or death	35	19	72	1	10	19	95	0	12	20	93	0
% of patient safety incidents that resulted in severe harm or death	0.19%	0.15%	0.49%	0.01%	0.06%	0.16%	0.67%	0.00%	0.07%	0.15%	0.52%	0.00%

QUALITY ACCOUNTS 2020 / 2021

National quality priorities

National Quality Priorities												
Treating and caring for people in a safe environment and protecting them from avoidable harm.												
Patient Safety Incidents (per 1,000 bed days) (Acute non-specialist)	Oct. 18 - Mar. 19				Apr. 19 - Sept. 19				Oct. 19 – Mar. 20			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
Trust statement Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The Trust has developed a supportive reporting culture which is indicated in the number of incidents reported being higher than the national average over the various sections. The Trust has taken action to sustain and improve on this number, and so the quality of its services, by: <ul style="list-style-type: none">• Training clinical staff to undertake investigations (where able) to ensure learning occurs and opportunities to influence a safety culture are maximised.• Improving the cascade of lessons learned from incidents across the organisation via various methods, including Watch Out posters, safety huddles, patient safety newsletters.• Working in collaboration with clinical leaders to support teams in developing safety awareness. Emphasis is placed upon the impact Human Factors have on incidents of patient harm events.• Trust Incident Management Process has improved and this has resulted in more timely investigations and an increase in the quality of reports												

REVIEW OF QUALITY PERFORMANCE

This part of the Quality Account provides an overview of how the Trust has performed against quality initiatives in 2020/2021. This information is presented under the three quality domains: safety, effectiveness and experience.

The Trust monitors and tracks all aspects of quality through detailed reporting to the Trust Board and the Quality and Performance Committee via the Integrated Performance Report and quarterly reports analysing performance.

Patient Safety

Ensuring our patients receive safe, high quality care is at the centre of all that we do.

To ensure continuous improvement and support for staff the Trust has established a dedicated Patient Safety Team. Supported by the Trust Medical Director and Chief Nurse, the team have been working with colleagues to change the Trust approach to the management of incidents to maximise learning opportunities.

In such a high risk working environment it is important that all staff are able to recognise when patients may come to harm, feel safe to raise their concerns and when things do go wrong know that it is important to report these incidents so that any learning can be identified and shared.

The Trust Incident Review multi-disciplinary panel is held weekly to review moderate and above harm incidents as well as those events that are suggestive of system or process issues within the Trust. Membership of the panel includes a representative from the CCG, Safeguarding team, Medical Examiner's Office, Pharmacy, Patient Safety Team, Governance and Risk team. This is a collaborative process where the teams involved outline the events so that early actions can be taken to minimise further harm occurring. As a result of this process, serious incidents are recognised promptly, terms of reference for investigations are created and duty of candour is reliably initiated with patients from the outset of the investigation.

The Patient Safety team is also involved in facilitating quality improvement work linked to learning from themes that arise from incidents across the organisation in order to share learning with staff and improve patient outcomes and their overall experience of care.

QUALITY ACCOUNT PRIORITIES 2020 / 2021

Improving the safety, experience and effectiveness of care for our patients

PATIENT SAFETY

In order to reduce avoidable harm to patients in our care we will be using learning themes from incident reporting, mortality reviews and complaints to engage with staff to improve outcomes. The intention is that this will lead to a:

- Reduction in Never Events (procedure related incidents in particular) - **Achieved**
- Reduction in the number of moderate/severe harm and death incidents (key themes related to follow up, timely review of investigations and transfer and handover of patients have been identified) - **Partial Progress**
- Reduction in Health Care Associated Infections - **Partial Progress**
- Increased level of low harm and near miss reporting which provides the opportunity to learn and intervene in advance of potential harm occurring - **Partial Progress**

In addition, the patient safety team will continue to work with colleagues in tissue viability, VTE and falls services to reduce in-patient harm.

Learning themes related to medication incidents will be addressed in collaboration with the medication safety team -specific work related to medication on discharge, oxygen use and insulin is underway

Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee

In order to reduce avoidable harm to patients in our care we will be using learning themes from incident reporting, mortality reviews and complaints to engage with staff to improve outcomes. The intention is that this will lead to:

Reduction in Never Events (procedure related incidents in particular) - Achieved

- The Trust has seen a reduction in the number of 'Never Events' reported during April 2020 to March 2021, from nine during the previous year 2019/2020 to three during the financial year 2020/2021

Date of incident	Nature of incident	Level of harm
June 2020	Wrong site procedure; anesthetic block	Low
August 2020	Retained guidewire	Moderate
November 2020	Medical air administered in place of oxygen	Low

Learning from Never Events

- The theatre safety team was introduced to provide oversight of practice and procedures and ensure ongoing education programmes is delivered. The Safer Surgery Forum has become established and continues to trial, modify and improve upon several theatre Local Safety Standards for Invasive Procedures (LocSSips). The Safer Surgery Checklist is now included within simulation training provided to staff
- The Theatre Safety Matron has recently completed several investigations for other Divisions with regards to invasive procedures and is currently

addressing all outstanding actions that have been delayed due to the COVID-19 pandemic

- Two of the never events (August and November 2020) have been related to clinical activity undertaken routinely at night. Learning has been shared with the teams involved and some minor adjustments made to processes to minimise the risk of further occurrence. It is notable however that in both cases there were variations in the 'normal' process due to patient factors which then impacted on the clinicians' actions, emphasising the importance of Human Factors awareness for all staff

Reduction in the number of moderate/severe harm and death incidents - Partial Progress

- There has been a gradual increase in the number of moderate and severe incidents reported over the year, which is reflective of activity during the COVID-19 pandemic. However, it is reassuring that incident reporting for adjusted bed days has returned to the mean, despite the increased operational pressures associated with late autumn and winter, as well as the rise in COVID-19 activity in December 2020
- All reported Incidents graded as moderate harm or above are reviewed at the weekly Trust Incident Triage. Cases are selected for discussion at a

weekly incident review panel (IRP) and the team involved in the incident and the potential for learning is identified. In addition, an avoidability learning score is calculated as well as the risk grading. Those incidents confirmed as serious are reported externally and an investigation is undertaken to provide learning which can be translated into action by the teams involved and where appropriate be shared more widely across the organisation and/or system

Reduction in Health Care Associated Infections - Partial Progress

- During 2020/2021, the NHS saw unprecedented challenges due to the COVID-19 pandemic; therefore, the major focus for the Trust was the management of the pandemic
- Throughout the year the Trust has needed to be agile in its approach to the pandemic with significant changes needing to be made in different clinical areas and more widely throughout the organisation dependent on the patients admitted with COVID-19
- The Trust was part of the NHS approach to the pandemic which involved all organisations with the local system and beyond. This approach focused on the safety of patients and effective care delivery
- The Trust continued to report on all alert organisms as per national requirements, although no new objectives were published by NHS Improvement and planned changes to the apportioning algorithms were delayed
- Daily and weekly infection prevent dashboard were developed to provide oversight, in addition to weekly completion of the Trust-wide prevention precautions audit tool
- During the pandemic the Trust monitored the COVID-19 position; holding daily COVID-19 outbreak meetings attended by Senior Lead Nurses / Matrons / Clinicians of affected areas to share key messages and learning
- The national Infection Prevention and Control Board Assurance Framework was updated and aligned with the 10 key actions required with regular reporting to the Trust Gold Command
- The previous year's C.difficile objective was rolled over to 2020/2021, and the Trust successfully achieved this, with 63 cases against an objective of the same value
- Infection Prevention will continue to be a focus for the Trust in 2021/2022, need to learn from the COVID-19 pandemic and to transform the Trusts approach to Infection Prevention and Control so as to embed a robust Trust-wide approach
- To provide greater focus the Trust has established an Executive lead Infection Prevention and Control Transformation Programme. This group will meet weekly to ensure the required continued focus

Increased level of low harm and near miss reporting which provides the opportunity to learn and intervene in advance of potential harm occurring - Partial Progress

- Incident reporting for adjusted bed days has remained at a stable level. This is despite the increased operational pressures associated with winter, and the significant increase in COVID activity during 2020/21. The coronavirus pandemic has led to a surge in operational activity described as two waves. This has had a significant impact upon achieving the objective of demonstrating increasing safety this year as the reporting of moderate and severe harm incidents has risen, with pressure ulcers a common factor in many of these incidents

In addition, the patient safety team will continue to work with colleagues in tissue viability, VTE and falls services to reduce in- patient harm.

Tissue viability

- All hospital-acquired pressure ulcers (PU's) are deemed to be those that are identified more than six hours after a patient has been admitted to hospital and validated by the Tissue Viability Nurse (TVN) team. Reducing the number of hospital-acquired pressure ulcers and the harm they cause to patients is imperative
- Historically, every category 3, 4 and unstageable pressure ulcer has been investigated by the Division and supported by the TVN team to determine any learning for quality improvement. Due to increased ward pressures during the COVID-19 pandemic, the TVN team have been undertaking investigations on behalf of some of the wards to reduce any delays to learning. The TVN team have shared the learning from these reports with senior nurses and supported the respective leaders to produce thematic

divisional action plans for local ownership and delivery of the recommended actions

- Compared to quarter 4 last year there has been a 48% increase in the number of, and a 51% increase in the severity (category 3, 4 and unstageable) of reported PU's. The number of category 2 PU's has also reduced by 57%. During quarter 4, 44 patients who had developed pressure ulcers tested positive for COVID-19. This data indicates the acuity, frailty and immobility of inpatients cared for at the Trust
- Two category 4 sacral pressure ulcers were externally reported during 202/21; both wounds developed from a suspected deep tissue injuries. Prior to this there had been a period of 15 months without a category 4 pressure ulcer occurring at the Trust

VTE

- Compliance with recording early VTE risk assessment has decreased from December 2019 to the present date with a significant decrease during quarter 4 (77%) against the required threshold of 95%. Problems with IT systems and the capture of VTE assessments continue to affect accuracy of reporting of compliance.

- A newly recruited VTE Specialist Nurse commenced in post 1st March 2021 and has begun to make a significant impact in understanding the service delivery challenges contributing to the deteriorating performance against VTE compliance

Falls

- Reducing the level of harm from inpatient falls is a key aim at the Trust. Unwitnessed falls have increased in part because vulnerable, confused patients have had to be nursed in unobservable bed spaces within contact bays or cubicles due to COVID-19. The practicalities of 'donning and doffing PPE' has also created a delay in staff's ability to respond in

the moment when confused patients identified at high risk of falling begin to walk unaided

- Despite the continued rise in reported falls, 74% of falls remain no harm incidents. This is an improvement when compared to quarter 4 (2019/2020) where 70% and quarter 3 (2020/2021) where 69% were no harm incidents

- In quarter 4 the Trust implemented the National Inpatient Falls and Fracture pilot, falls investigation template. This involves an immediate review of factors that may have contributed to the fall and supports identifying any immediate actions required to maintain the patient's

safety (falls hot debrief). This is followed by a falls' after-action multidisciplinary meeting with the aim to identify good practice, implement timely interventions and identify learning themes where appropriate

Learning themes related to medication incidents will be addressed in collaboration with the medication safety team -specific work related to medication on discharge, oxygen use and insulin is underway

- The reporting rates of medication safety learning events have been affected by COVID-19. Prior to COVID-19 there had been regularly over 250 medication safety learning events (SLE) reported per month
- It is encouraging to see an increase in March's total number of SLEs at 295 as staffing levels improve and the volume of inpatients receiving treatment for COVID-19 declines
- There has been a reduction in the percentage of medication SLEs resulting in harm to patients. Overall the percentage of reported harm remained at 19% during Q3 and Q4
- There is a continual encouragement to report SLEs including no harm and near miss events to enable identification of emerging themes and a positive impact on safety from valuable feedback and learning. During the surge of coronavirus during the winter there has been a reduction in reporting of no harm / near miss events. However, staff continue to report general concerns regarding medication safety issues and delays, particularly in relation to intravenous medication.
- The Electronic Prescribing and Medicines Administration (EPMA) project has been launched. The EPMA team is producing standard electronic drug profiles which will help to prevent prescribing errors related to chart selection, unclear handwriting, or transcribing from drug chart to TTO

when rewriting a drug chart. EPMA is also expected to lead to a reduction in missed doses, by flagging the medication that is due.

- Insulin prescriptions and administration errors remain a common theme and are often multi-factorial. It is anticipated that the roll out of EPMA could potentially prevent 46% of insulin events by enabling easier oversight of inpatients prescribed insulin and providing prescription guidance real-time to doctors. Greater input is required to provide support and education to staff in the use of insulin
- Overall the number of reported events related to oxygen remained the same (18) during quarter 3 and quarter 4, although there was a reduction from 50% harm in quarter 3 to 39% in quarter 4. Oxygen usage has reduced since January 2021. Further review of the transfer policy and training concerning transfer of patients on oxygen is planned to ensure that patients are transferred and accompanied by the correct level of trained nursing staff
- The Trust has invested in a substantive transfer team which will provide opportunities for training to occur which will help to reduce patterns of error occurring repeatedly

Clinical Effectiveness / Outcomes

Clinical effectiveness is defined as the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing, and monitoring practice.

The Trust Clinical Effectiveness Committee has been paused due to COVID-19 and is currently undergoing a review to ensure it meets the requirements of the Clinical Effectiveness agenda.

QUALITY ACCOUNT PRIORITIES 2020 / 2021
Improving the safety, experience and effectiveness of care for our patients

CLINICAL EFFECTIVENESS

To provide patients with the best possible clinical outcomes for their individual circumstances by:

- **Adhering to evidence, guidelines and standards to identify and implement best practice - Achieved**
 - demonstrated through National audit reports, GIRFT reports, compliance with NICE guidance and external reviews and/or accreditation visits outcome
- **Using quality improvement tools (such as clinical audit) to review and improve treatments and services - Achieved**
 - demonstrated through delivery and outcomes of our annual clinical audit plan, National audits, PROMS and activities to seek patients/service users' views and act on them
- **Influence future developments by identifying areas of care that need further research - Achieved**
 - evidenced by our research portfolio and delivery

Monitored through the Clinical Effectiveness Committee, with quarterly reporting to the Quality and Performance Committee

To provide patients with the best possible clinical outcomes for their individual circumstances by:

Adhering to evidence, guidelines and standards to identify and implement best practice demonstrated through National audit reports, Getting it Right First Time (GIRFT) reports, compliance with NICE guidance and external reviews and/or accreditation visits outcome - Achieved

- The Trust has not been identified as a national outlier for any of the published national audit reports. There are a number of areas within the reports where the Trust is noted as performing well and a number requiring further improvement (full details available in the Clinical Effectiveness quarterly report)
- There is an increasing number of published NICE guidance each month. Despite this, the Trust compliance rate remains high with no non-compliant guidelines
- Work continues to ensure all external visits are appropriately captured. The majority of visits have been postponed due to COVID-19 restrictions
- Due to COVID-19 the GIRFT programme was temporarily paused to allow Acute hospitals to focus on direct clinical care. Some reviews have been stepped back up with the Paediatric Trauma GIRFT review having been held in March 2021. Revisits and re-engagement will commence from April 2021 onward

Using quality improvement tools (such as clinical audit) to review and improve treatments and services (demonstrated through delivery and outcomes of our annual clinical audit plan, National audits, PROMS and activities to seek patients/service users' views and act on them) - Achieved

- As stated above the Trust has not been identified as a national outlier for any of the published national audit reports, with a number of report noting good performance; examples of outcomes and actions to improve the quality of healthcare can be found at Appendix A of this Account
- Validated PROMS outcome data for replacement hip and knee surgery is reported annually. Provisional figures were published by NHS Digital in August 2020 for the period April 2019 to March 2020. The Trust is similar to the national average for hip replacements and just below the national average for knee replacements; both are within control limits

Influence future developments by identifying areas of care that need further research (evidenced by our research portfolio and delivery) - Achieved

- Research at the Trust continues to meet national and local performance targets, with over eight thousand participants recruited into trials in 2020/21
- Over 170 studies are currently open to recruitment and the Trust maintains a strong position nationally year on year
- At the end of year 2020/21, when compared to 42 Large Acute Trusts, the Trust was ranked first in terms of patient recruitment into research studies. Nationally, when compared to all Trusts (n=742), the Trust was ranked 18th in terms of patient recruitment
- Following the onset of Covid-19, recruitment into most research studies was paused nationally and attention turned to supporting Urgent Public Health (UPH) studies. The Trust has recruited into a complex portfolio of 12 UPH Covid-19 research studies, several of which are multi-arm and interventional. The Trust was the ninth highest recruiter nationally into

the Recovery trial and eighth nationally for the ICU Remap Cap Trial. The Trust was the first organisation to open the Siren study in Wessex; this is an UPH study looking at whether infection from the SARS-CoV2 virus protects against future infection. The Trust is also collaborating with the University of Portsmouth, sequencing the virus from infected individuals to identify trends in viral mutations and prevalence. Overall, 4694

participants were enrolled into UPH studies at the Trust in 2020/21, placing the organisation in 20th position nationally for UPH activity

- Following the announcement that the Trust was awarded University Hospital status, the Research department started developing a new strategy to support the transition of the Trust into a University Hospital. The department aims to grow awards and grants from national funders and deliver a step change in academic and research activity

Patient Experience

Ensuring patients have the best possible experience when they come into the Trust is an absolute priority.

The Trust is committed to listening to patients, families and carers to understand what matters most and responding by using their feedback to improve services.

It is important that the organisation knows when things have gone well so that this can be fed back to teams and share good practice across the organisation. It is also important to know when things have not gone well so areas for improvement can be identified.

The Patient Experience Team will:

- Listen and respond to comments, concerns and complaints, helping the organisation to understand what matters to our patients, families and carers, what can be done better and what is done well
- Work with people in local communities including patients, families and carers to co-design, develop and deliver services
- Support wards and departments to support patients and families through the volunteer roles and volunteer recruitment programme
- Provide pastoral, spiritual and practical support to you, your family, carers and staff and support bereaved families with the process of certification after death

QUALITY ACCOUNT PRIORITIES 2020 / 2021

Improving the safety, experience and effectiveness of care for our patients

PATIENT EXPERIENCE

Real Time Feedback - Partial Progress

- Implement digital feedback methodology for our patients, enabling Wards and Departments to respond to patient feedback within real time
- In line with feedback from National Inpatient Survey 2019, improve feedback related to
 - Access to own medicines if brought into hospital
 - Noise at night
 - Time spent waiting for a bed on a ward

Family Liaison Service - Partial Progress

- Establish a substantive Family Liaison Service which supports the connection between patients and loved ones, both during and beyond COVID19

Accessible Information standard - Partial Progress

- Develop and implement a plan to meet the requirements of this standard

Nutrition and Hydration - Partial Progress

- In line with feedback from the National Inpatient Survey 2019 and Real time feedback, develop and implement a plan which ensures that our patients receive help and support from staff to eat their meals

“With Compassion” - Partial Progress

- Reintroduce and further develop the ‘With Compassion’ work that commenced January 2020 to ensure our patients receive care and treatment with compassion
- Use Real Time Feedback , ‘Sit and See/Observations and results from 2019 National Inpatient Survey to measure ‘compassionate care’

Patient & Carer involvement - Partial Progress

- Develop a plan to ensure patients and carers are involved in the co-design of services
- Ensure the Patient/Carer Collaborative sees access to opportunities for providing feedback from seldom heard groups
- Review the Patient experience Group and develop a structure that reflects the needs of patients, carers and the organisation

Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee

Real Time Feedback

Implement digital feedback methodology for our patients, enabling Wards and Departments to respond to patient feedback within real time
In line with feedback from National Inpatient Survey 2019, improve feedback related to:

* Access to own medicines if brought into hospital * Noise at night * Time spent waiting for a bed on a ward

- Partial Progress

- This year has seen the pilot of a digital real time feedback methodology for patients, enabling Wards and Departments to respond to patient feedback within real time (data is collated and made available to the leadership teams within 24 hours)
- The Trust has worked in partnership with Northumbria NHS Trust to devise personalised patient experience surveys for nine pilot areas; which include a combination of adult wards, endoscopy and maternity
- The nine pilot areas have received multiple data captures of real time feedback in October, November and December 2020, collected by the Family Liaison service (FLO's) prior to a necessary pause in collection to allow the FLO's to prioritise supporting patients. Both positive comments and concerns are fed back to the wards/depts in real time to ensure rapid response
- The most recent collection shows that overall satisfaction score is 8.46/10 for October/November 2020
- Real time feedback pilot data has demonstrated similar results to National Inpatient Survey 2019 highlighting the need for support at mealtimes and noise at night
- Scores reported via feedback demonstrate that patients feel they are treated with compassion, with an overall score of 9.6/10
- Collection of feedback is expected to recommence in May 2021 following a review of the pilot results

Family Liaison Service

Establish a substantive Family Liaison Service which supports the connection between patients and loved ones, both during and beyond COVID19

- Partial Progress

- The Family Liaison Officer (FLO) Team were actively supporting the Realtime Feedback pilot across 9 clinical areas using dedicated iPad until coming to a pause in Dec 2020 to allow the FLO's to prioritise patient and loved one communication
- The service is evolving and integrating with the wider Trust Patient Experience teams such as Patient Collaborative
- The FLO service is fundamental to the Quality Team and is developing internal and external links to further strengthen the team and service
- This innovative team has received some great feedback from staff, patients, relatives, carers and presented the patient/carer story at the Trust Board meeting in September 2020. The service has been highlighted as an example of "inspiring initiative" by the CQC and the team won the Chief Executive's Award in the Pride of Portsmouth Awards 2020
- A business case to both expand the service and for it to become a substantive service is currently underway

- The FLO service completed over 2000 video calls from September 2020 - January 2021 and were able to provide cover across bank holidays including Christmas and New Year, with over 50 calls on Christmas Day
- Recent operational pressures has resulted in increased support being requested from Ward areas where FLO's have been asked to provide and facilitate final conversations between patients and their loved ones at the end of their lives

Accessible Information standard

Develop and implement a plan to meet the requirements of this standard - Partial Progress

- The Trust is committed to developing and sustaining an effective and meaningful Accessible Information infrastructure; consistently identifying the needs of patients, service users, carers and parents' information and communication needs, whether they relate to a disability, impairment or sensory loss. The Trust is also dedicated to improving the methods of recording the needs for the community which the Trust serves
- The Quality Team organised a successful Deaf Awareness training in October 2020 for Trust staff, which was facilitated by a trained British Sign Language interpreter and Southsea Rotary Club. This was well received by staff and following feedback, further sessions will be arranged for Summer 2021
- The team is also working in partnership with IT to enable patients with accessibility needs to be flagged on our electronic records systems and exploring all patients' letters being available in either digital format or in large font/easy read format
- There is ongoing work within the team to develop the Trust's Accessible Information Policy accordingly and ensure accessible information is incorporated into our Patient Experience Strategy as it is developed. The next step is to form a steering group for Accessible Information, comprising of staff and patients, to help the Trust work towards enhancing patient experience

Nutrition and Hydration

In line with feedback from the National Inpatient Survey 2019 and Real time feedback, develop and implement a plan which ensures that our patients receive help and support from staff to eat their meals - Partial Progress

- Ensuring patients receive adequate support with receiving nutrition and hydration remains a top priority for the Trust
- Moving forward the Quality Team shall be working collaboratively with the Head of Dietetics to realign priorities and restart the Nutrition and Hydration steering group, to facilitate the achievement of our Nutrition and Hydration Quality Account Priority
- The interdependencies of safe staffing during the second COVID wave and its impact on meeting our patients needs have been identified. Support from a wide variety of staff groups was gratefully received and worked in conjunction with Armed Forces colleagues, as meal time volunteers who were able to support patients during meal times ensuring nutrition and hydration needs were met

“With Compassion”

- **Reintroduce and further develop the ‘With Compassion’ work that commenced January 2020 to ensure our patients receive care and treatment with compassion**
- **Use Real Time Feedback , ‘Sit and See/Observations and results from 2019 National Inpatient Survey to measure ‘compassionate care’**
 - Partial Progress
- RTF scores demonstrate that patients feel they are treated with compassion, with an overall score of 9.6/10
- Volunteers are helping to support new services and the delivery of compassionate care
- The Bereavement team continue to be responsive and work in compassionate and innovative way to best support our patients, carers, families and staff, particularly during the pandemic
- The Quality Team are supporting the Complaints team with delivery of compassionate and transparent responses

Patient & Carer involvement

- **Develop a plan to ensure patients and carers are involved in the co-design of services**
 - **Ensure the Patient/Carer Collaborative sees access to opportunities for providing feedback from seldom heard groups**
 - **Review the Patient experience Group and develop a structure that reflects the needs of patients, carers and the organisation**
 - Partial Progress
- The Trust is committed to listening, hearing and acting on feedback from people who use Trust services. The Patient Family and Carer Collaborative is a patient led group which leads the Trust’s engagement and involvement work
- The group includes current and former patients, carers, primary care patient participation group members, representatives of Healthwatch Portsmouth and Hampshire and a number of special interest groups. They advise on the development of Trust Strategies and provide support and advice to the hospital. The group are trained to undertake quality monitoring and help with teaching and education across the Trust. They help the Trust think differently, acting as advisors and experts in care and are regularly involved in strategy development and improving the experience of our patients.
- The Collaborative are involved in a number of areas across the Trust, for example helping the Trust learn from feedback from patients, a review of patient transport in Renal services and a review of the patient discharge service across the Trust. The Collaborative is undertaking a recruitment campaign to increase the number of members, recruiting a diverse and inclusive number of patient representatives who are experts by experience.
- The Trust actively involves people in the running of their hospital and works in partnership with patients and community groups to design and develop services, engaging and involving people who use those services in quality monitoring. This includes:
 - Care quality reviews – patients, community partners and third sector organisation’s join staff in the regular reviews of quality and

- standards throughout the hospital and observing care. The COVID- 19 pandemic has paused this process temporarily.
- Experts by Experience – learning and development programmes are increasingly including people who have experience of local hospital care, both good and not so good; an example of this was the training delivered around hidden disabilities and deaf awareness
- Recruitment – patients are involved in stakeholder groups and participation on interview panels to some posts within the Trust
- Patient representation in Trust meetings – including the End of Life Committee and the Patient Experience Steering Group

Veteran Aware

- As a Veteran Aware Hospital the Trust strives to be an exemplar of the best care for veterans and their families by encouraging all patients to let us know if they have ever served in the HM Armed Forces so that we can best support their care needs and learn from patients and their families to improve quality of care
- The Veteran Service is proud to have been shortlisted for a HSJ Award and English Veteran Award. The Armed Forces Covenant Lead Nurse (AFCLN) has also been asked to support other organisations wishing to achieve silver or gold Employer Recognition Scheme awards
- Working with our military personnel, the AFCLN has helped deliver on a number of initiatives over the past year. With a long-standing tradition in military history, the ‘Challenge Coin’ is given in recognition of individuals who have gone ‘above and beyond’ when performing their duties in

relation to the military community. Receiving a coin as a reward for excellent performance builds pride and morale. The coin also provides a natural link between the military and the emergency services who also have a history of using challenge coins to honour service or special accomplishments in the line of duty



PALS & Complaints

- From 14 October 2020 an Interim Complaints Consultant (CC) was brought in to review all processes surrounding PALS and Complaints. An overview was undertaken as the main issue was the backlog of complaint responses. To address this, the CC identified opportunities for improvement. This was with a specific focus on providing an improved quality of response within 25 working days. PALS have remained relatively consistent in responding to 60% of cases within the 5 day timeframe.
- PALS established the ‘Messages to Loved Ones’ service early on in the pandemic and this continues to be a huge success and remains extremely valuable and worthwhile to all patients and their families who have used it. Messages are received via e-mail or telephone (Monday to Friday). Every day during the week the messages, along with any photos, are printed, laminated and delivered to patients by the bag drop service (run by the volunteers’ service). Since the service began, there have been over 1600 messages from loved ones have been successfully delivered to patients

• **Friends and Family Test (FFT)**

- Nationally, FFT was put on hold in March 2020 due to COVID-19. During this time the Trust took the opportunity to reconfigure processes on how data is collected. Close working with clinical teams has supported the switch to fully digitalised
- The Trust also took the opportunity to create bespoke in-depth surveys for specialist units e.g. paediatrics and NICU, in order that more meaningful feedback can be given to staff to help them monitor the quality of service that they provide
- The FFT question has also been incorporated into the RTF, as to capture the scores in its fullest sense whilst going through the change process

Dementia

- The Trust is dedicated to improving the experience of people with dementia and their families during an admission
- The last year saw the implementation of a carers clinic in collaboration with a local primary care network and the national charity Dementia UK. Due to the restricted visiting and reduced social support for families affected by dementia, there was a need to provide enhanced support for carers within the community. The clinic is held virtually and occurs every week. The feedback from the carers has been very positive with many suggesting it has been a lifeline during the pandemic
- Unfortunately, there has been a decline in the number of screening assessments completed for people with dementia during emergency admission. This is being addressed with making this a mandated field on the patient record system. The update to this system is due to launch in late April 2021
- In early 2021, the Trust recruited a lead nurse role, specifically for dementia. This has replaced the previous model of a split role that

- The national FFT question has now changed; patients are asked “overall, how was your experience of the service” and to rate this from “very good” to “very poor”. This means that a percentage of positive and negative satisfaction scores is received. It must be remembered that FFT was paused nationally from March 2020 to January 2021, hence there is a large gap in reporting:

- April 2020-March 2021:
 - Inpatients = 89% positive, 6% negative
 - Outpatients = 94% positive, 3% negative

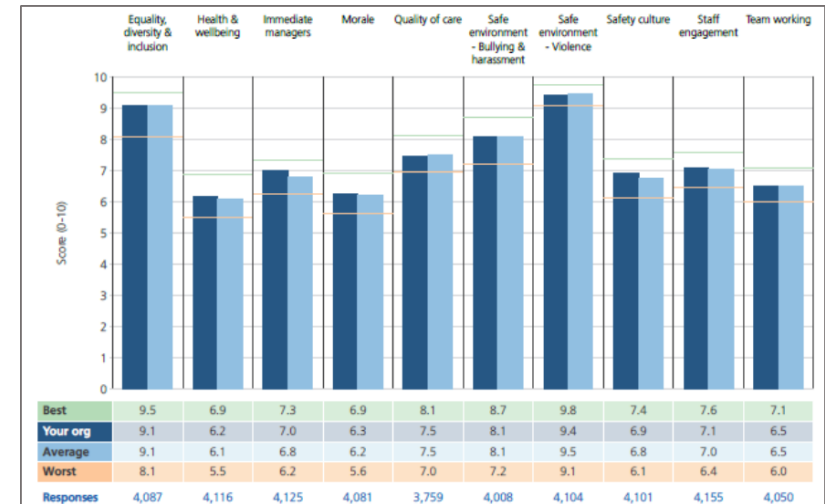
encompassed both dementia and end of life. The new Lead Nurse for Dementia commenced in February 2021 and has since carried out a scoping exercise to outline the priorities for the year ahead. The year ahead will focus on the development and implementation of a Trust dementia strategy; a review and update of dementia training for all staff in line with national standards and the development of a pathway across Hampshire to support families from peri-diagnosis through to post-bereavement in collaboration with other organisations.

- Two other workstreams that sit alongside dementia is the support for carers and the identification and management of dementia. A delirium task/finish group has now been created with the priority for this group being identification, education and treatment. With regards to the carers work stream, a carers steering group is going to be created in which the focus will be the development of a carer’s strategy and the implementation of enhanced support for carers as both patients and staff

STAFF FEEDBACK

National Staff Survey

- The NHS Staff Survey is the largest survey of staff opinion in the UK and one of the largest staff surveys in the world and each year NHS staff are encouraged to share their views on the range of their experience at work. Results from this survey are used to improve care for patients and working conditions for staff
- The survey ran during October and November 2020 with 4194 members of staff taking part, this is a 54% response rate, 2% higher than 2019 and above average when compared to the benchmark group of Acute and Acute and Community Trusts
- The survey showed staff in the service under extreme pressure but still positive about working in the NHS. The overall indicators were broadly stable with an improvement in the health and wellbeing and safety culture measures. The staff engagement score held stable, however the team working score was adversely affected by the disruptive impact of Covid-19
- The survey results are divided into 10 themes; of the ten, four demonstrate a statistically significant improvement since 2019, four have remained unchanged and two themes have declined
- During 2020, throughout the Covid-19 pandemic the trust focused on the accessible and timely mental and physical wellbeing of staff which has been borne out in the survey results. Providing wellbeing support for staff is important to the Trust and a continued Trust-wide focus on staff wellbeing remains a priority.



Quarterly Staff Friends and Family Survey

- Since April 2014, the Staff Friends and Family Test (FFT) has been carried out in all NHS trusts. The Staff FFT is helping to promote a significant cultural shift across the NHS, encouraging staff to have both the opportunity and confidence to speak up, and ensuring that the views of staff are heard and addressed.
- Research has shown a clear relationship between staff engagement and individual and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is, therefore, important that the Trust strengthens the staff voice, as well as the patient voice.
- NHS England has 'paused' central data collection since Quarter 4 (2019/20). Although no survey was undertaken locally in Quarter 4 2019/20 due to the national pandemic just being announced, it took place in Quarter's 1, 2 and 4 in 2020/21. Data collection will resume in July 2021 with a new Quarterly Staff Survey. This table presents the response by the two Staff Friends and Family Test questions since 2018/2019 and demonstrates an upward trajectory



WORKFORCE

Equality Delivery System and Workforce Race Equality Standard (WRES)

- The WRES is a requirement for all NHS organisations to publish data and action plans against 9 indicators of workforce race equality
- Research and evidence strongly suggest that black and minority ethnic staff in the NHS have a poorer experience or opportunities than White staff and this has a significant impact on the efficient and effective running of the NHS and impacts the quality of care received by all patients
- WRES aims to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace and support NHS organisations make the necessary structural and cultural changes needed to advance workforce race equality
- To view the Trusts WRES Annual Report 2020 and improvement priorities, please go to: [WRES Annual Report](#)
- In 2019, the WRES published the Model Employer paper which sets out an ambition to increase black and minority ethnic representation at all levels of workforce by 2028. This ambition has been expedited by the NHS People Plan 2020 to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is highest
- The Trust has set year on year targets to increase ethnic minority representation in bands 7 to VSM and developed actions to achieve this. To view the Trust's Model Employer targets, please go to: [WRES Model Employer](#)

Workforce Disability Equality Standard (WDES)

- The WDES is a set of 10 measures that enables NHS organisations to compare the work experience of Disabled and Non-Disabled staff. The WDES launched in 2018 last year and 2020 is the second year of reporting. The data gathered is used to develop and publish action plans that aim to improve the work experience of Disabled staff. Every year comparisons are made to enable us to demonstrate progress against the indicators of disability equality
- The WDES is important because we know that an included and valued workforce helps to deliver high quality patient care and improved patient safety. It also allows us to better understand the experiences of our Disabled employees and supports positive change for all by creating a more inclusive environment
- To view the Trusts WDES Annual Report 2020 and improvement priorities, please go to: [WDES Annual Report](#)

Culture change programme

- Portsmouth Hospitals three-year Culture Change Programme launched in March 2018.
- The programme has a three-stage approach; Discover, Design, Deliver and was developed by NHS Improvement working in partnership with The Kings Fund and Centre for Creative Leadership.
- Its focus is on helping organisations to develop a culture, through staff led change, that enables and sustains safe, high-quality, compassionate care.
- Culture Change Agents who are members of staff from all areas of the Trust and at all grades were recruited via a selection process and worked together to undertake a cultural audit to identify the gaps between what the culture is now and what it needs to be in the future to successfully deliver the organisational priorities.
- During 2019, Phase 2 Change Agents considered all twenty-six recommendations that emerged from Phase 1 and identified which ones best supported delivery of the organisational strategic priorities and key work streams.
- Phase 3 began in November 2019 with a newly recruited team of Change Agents who will engage and work with staff across the organisation to further shape, test and deliver the proposals agreed in Phase 2.
- The Culture Change work was paused during the Covid-19 pandemic with the monthly workshops restarting in July 2020 with a review and reset. The immediate priorities were re-focused on;
 - Agreeing and implementing a Leadership Behaviours model
 - Developing a standard Local Induction Pack
 - Reviewing and launching an employee long service recognition scheme
- The Culture Change Agents made admirable efforts to complete these priorities and for the elements within it to be commended and fully endorsed by the Trust Leadership Team

Leadership Development

- In support of our vision to have a compassionate and inclusive leadership culture and in response to the pandemic, leadership development has rightly been focused on health and wellbeing of leaders and their teams and enabling managers to hold effective conversations with staff about their physical and mental health as previously described. Non-essential training resumed for a few months between wave 1 and wave 2 of the pandemic with full commencement planned in April 2021
- Increased provision has been put in place for coaching and mentoring of leaders and they have been able to access support through Leadership Support Circles, which provides leaders and managers with a safe reflective space to share their experiences and challenges of leading at this time
- During 2020/21 staff Appraisal compliance rate reduced as a result of the pandemic, with compliance at 72.2% in February 2021 against a target of 85%. This is expected to increase over the coming months with a renewed focus and guidance provided on ensuring appraisal conversations address the recovery of staff and wellbeing, looking to the future and career aspirations. Many staff will be considering their future careers, having been exposed to both difficult circumstances and new and interesting opportunities to develop and take on new roles, so continuation of talent management discussions is important
- Compliance with the Trust's essential skills training and currently stands at 89.2%, remaining above the target of 85%

Doctors and Dentists in training

As part of the Doctors and Dentists in Training Terms and Conditions of Service (TCS) introduced in 2016, Trusts are required to annually report on the number of rota gaps and the plan for improvement to reduce these gaps.

Background

The Trust has 492 training posts and has increased from 106 to 159 Trust appointed posts for service in the year 2020/2021. This is a total of 651 junior doctor posts. The Trust treats training doctors and locally employed doctors the same in terms of working hours and rotas.

The training posts are appointed regionally via the Health Education Wessex Deanery and allocated to the Trust based on the trainee's requirements for training and personal requests. Locally employed posts are advertised and appointed directly by the Trust. If the Health Education Wessex Deanery does

not provide a trainee for one of their allocated posts, the Trust may choose to directly appoint to these.

For the purposes of this report doctors in training and locally employed doctors employed for service will be described as Junior Doctors.

Junior Doctors are allocated to a rota when they join the Trust. Junior Doctors will work different rotas during their time in Portsmouth – depending on their training requirements and contract.

There are currently 76 established rotas covering the Trust, plus ad hoc bespoke rotas to meet specific requirements of a junior doctor or department. Training doctors and locally employed doctors work the same rotas. Some rotas also have allied health professionals, advanced nurse practitioners or specialty doctors (SAS) grades working alongside the junior doctors. All less than full time junior doctors are working bespoke

personalised rotas, as required by version 8 of national Terms and Conditions of Service for all part time Doctors in Training.

Vacancies

If a vacant post is not filled, it will become a gap on the rota. There are occasions when gaps occur due to long term sickness, maternity leave, or reduced hours for health or personal reasons.

There can be partial gaps where the whole post is not vacant, for example a junior on less than full time hours, or unable to work unsocial hours due to health reasons.

How gaps are managed

There are four approaches to managing rota gaps:

Short term gaps

1. Fill the gap with locums

The department may fill the gap with a locum. The gaps could be filled on a shift by shift basis by junior doctors already employed in the Trust, or via the Trusts Bank which may include external agencies. Potentially a long-term external locum could fill the whole gap i.e. all the shifts this gap has generated. This option does mean full service provision can continue to be given, but can cause uncertainty due to the lack of contractual responsibility the doctor has to the Trust. This can be an expensive route with potential risk if the doctor is unknown to the Trust.

2. Leave gaps on rota

This can occur if locum requests have not been filled or the department decides not to advertise. This approach means that departments do not have junior doctors changing from shift to shift with the uncertainty of quality of the junior doctor, however does put pressure on the remaining staff to provide a high quality service. This can also generate a risk to

patient safety if there are not enough Junior Doctors to maintain ward cover, but this would be mitigated by Consultants acting down

Long term gaps

3. Change the rota template

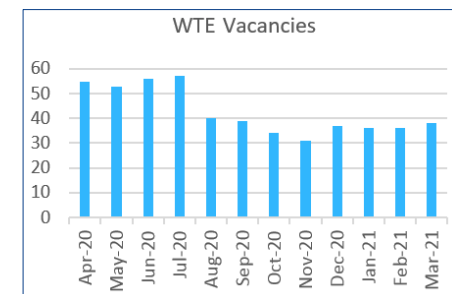
Some rota templates can be redesigned to match the number of junior doctors available to work that rota. This will reduce the gap but could impact on the service provided by the department. It also allows for Consultants to act down to cover work which should be undertaken by Junior Doctors to ensure patient safety.

4. Fill the gap with a locally appointed doctor

If the rota gap is for a significant amount of time (4 months plus) or can be combined with another gap either in the same rota or a different department, the department may decide to advertise for a locally appointed doctor. The doctor would be appointed to the Terms and Conditions of Service for Trust Appointed (Non-Training) Trust Doctors and Dentists and will be paid at the same grade with the same enhancements as all the doctors on the rota.

Number of gaps in the past year

During the period in question, 1st April 2020 to 31st March 2021, there has been an average vacancy rate for junior doctor posts of 7% (42.7 WTE). The highest vacancy rate was 9% (57 WTE) and occurred in July 2020.



The lowest vacancy rate was 5% (31 WTE) in November 2020.

The vacancy rate has remained stable after reducing in August although it has begun to increase again as international doctors have started to return home with the lifting of Covid-19 travel restrictions.

Doctors in Training rotate and change posts in February, March, April, August, September, October and December therefore these months all have the potential for vacant gaps to fluctuate. Locally employed doctors are more likely to rotate and change posts in February and August only.

How the Trust reduces rota gaps

- **Rostering**

In line with NHS England's recommendations, the Trust is introducing electronic rostering system for Junior Doctors. The aim of this initiative is to allow greater oversight into staffing levels and reduce the number of shift gaps by utilising Junior Doctors more effectively across the Trust. AMU is the pilot specialty.

- **Clinical Fellowship**

The Clinical Fellowship, introduced in 2015 was designed as an attractive recruitment route for doctors to receive high quality training and education either as international doctors who need additional time to make a formal specialty decision or UK trainees who decide to take a break from the formal training pathway. This was considered a priority in areas that were routinely facing challenging staffing numbers due to increasing Deanery vacancies. The aim of the programme was to reduce locum doctor expenditure and increase medical workforce quality and stability by attracting and retaining locally employed doctors with supportive and high quality training and education.

- **Innovative Medical Fellowship**

The Innovative Medical Fellowship was introduced in August 2019 to attract locally employed doctors into hard to recruit medical specialties

with enhanced opportunities for flexibility or non-clinical special interest time including research, simulation and sports medicine. The aim of this programme is to retain high quality doctors who require a break in the traditional training route or wish to add to their CV with additional skills and experiences.

- **Flexibility – time and training**

Many junior doctors wish to work less than full time, have career breaks or work outside the traditional training pathway. Divisions are now working with these junior doctors to enable them to work at the Trust at the same time as maintaining a work life balance. The Trust is looking to accommodate those junior doctors who may not get employment elsewhere due to their working day requirements for personal, career development or health reasons.

This route is also suitable for supporting doctors wishing to work towards becoming Specialty Doctors if they decide that they do not wish to become a Consultant in the future. Some specialties are also offering support to candidates who wish to follow the certificate of eligibility for specialist registration (CESR) route towards becoming a Consultant which is more common for international medical graduates and is an increasingly attractive addition to a standard locally employed post.

- **Guardian of Safe Working, Champion of Flexible Working and Supported Return to Training**

As part of the Doctors and Dentists in Training Terms and Conditions of Service, each Trust is required to have a Guardian of Safe Working to oversee the hours of work undertaken by Junior Doctors. The Guardian produces a quarterly report for the Trust Board. This report includes data on exception reporting, work schedule reviews, rota shifts vacant, locum booking and any other issues relating to junior doctors' working hours or training experience in the Trust. The Terms and Conditions require each Trust to appoint a Champion of Flexible Training; a post specifically for

supporting Doctors in Training who wish to work or train on a part time basis. A national initiative was introduced in 2019 which has allowed the Trust to appoint a Supported Return to Training Champion. They have the responsibility for working with all available stakeholders to provide a bespoke package of support for Doctors in Training who have been out of clinical practice for more than 12 weeks to encourage more trainees to return to work.

- **Chief Resident**

Alongside the Future Hospital Programme, the Royal College of Physicians introduced a scheme for Chief Residents (nee Registrars) to bridge the gap between junior doctors and management, and to enhance the working lives of all junior doctors. This role was piloted in 2016 and from August 2017, the Trust has had a least one senior Deanery trainee in post. They spend 50% of their time clinically and 50% of their time on the project to enable them to remain connected to the medical community and provide a stable link between junior doctors, Consultants, SAS doctors and management. So far, the Chief Residents have improved communication in between the various groups, introduced a colour coded lanyard scheme to make it easier to identify the different grades of doctors at a glance, provided a monthly forum for junior doctors and supported the introduction of the Junior Doctor Executive Form.

- **Junior Doctor Forum**

Both the Guardian and the Chief Resident support a monthly Junior Doctor Forum where junior doctors can raise any issues they may have in relation to hours and their rotas.

The Junior Doctor Executive Forum was introduced in February 2020 to comply with the BMA/NHS Employers Framework document. The purpose of this Forum is to review and approve rota patterns that are not currently compliant with the rota rules; the Trust has increased the responsibility of the group to include review for all rota template changes

in order to ensure transparency and consistency. The sign off process has been designed to encourage quality rota design which delivers training and education requirements alongside supporting the service delivery.

- **International Recruitment**

The Trust sent representatives to the Academy of Royal Colleges Medical Training Initiative (MTI) Hosts days in 2019 and 2020 to investigate the different opportunities available for recruiting junior and senior training doctors from overseas. These doctors are usually sponsored by a Royal College for their training in the UK and are in the UK for a maximum of 2 years. Currently the Trust has International Training Fellows in Anaesthetics, Neonatal Medicine, Critical Care, and Respiratory and there are new International Fellows in the pipeline for Anaesthetics, Critical Care, General internal Medicine and Radiology.

A specialist international recruitment programme has been approved by the Trust to identify and attract suitable candidates from overseas who have not worked in the NHS before and will be supported with a 10 week package of training and education before they are introduced to the wards. This programme has been designed to follow the recent successes of the international nurse recruitment programme with the first cohort recruited and due to begin training in April 2021.

- **Rota redesign**

The Trust has reviewed the current number of rota patterns and each division and specialty has been required to analyse the templates against updated rota requirements set out by the BMA/NHS Employers Framework Document and version 8 of the Terms and Conditions. Certain rota templates which have previously carried gaps have been amalgamated to provide a single larger rota, with more junior doctors and less risk of vacancies. This also improves the work life balance for junior doctors in turn increasing the morale within the department.

- **Physicians Assistants/Associates**

The Trust is working in partnership with the University of Portsmouth to provide a 2-year masters degree qualification for Physicians Associates. This is a new grade of employee who will support the departments and

junior doctor workforce however will not be a medical professional. The first graduates for this course are expected to qualify in 2021 and departments have been encouraged to look at offering opportunities to these candidates.

DIVISIONAL QUALITY IMPROVEMENT HIGHLIGHTS 2020 / 2021

The four Divisions are each led by a team made up of a Consultant, a Nurse or Allied Health Professional and a Manager. Each leadership team is accountable for the quality, performance and financial sustainability of their division as well as being responsible for working together across the other divisions to ensure patients receive a seamless pathway of care.

Each of our divisions has made a number of service improvements over the year; a sample of these is highlighted below:

MEDICINE AND URGENT CARE DIVISION

- Changes in the use of G5: Pre-pandemic Respiratory High Care Unit (RHCUC) was situated on E6, a fit for purpose Level 2 High Care Ward (10 beds). Covid-19 meant that a greater High care capacity was required, therefore, RHCUC moved to G5 (18 beds). This also allowed for greater infection control measures. During the pandemic, extra staffing and equipment (central monitoring) was put in place to mitigate the risk as the ward design of G5 did not lend itself to a high care area. As a result of the pandemic and to ensure a skilled workforce moving forwards, a structured training plan has been established which allows rotation through the three respiratory wards to ensure that the nursing staff are upskilled and have the required training to nurse Non-invasive ventilation (NIV) patients at Level 2. This will allow the transfer of staff between the areas and greater cohesive team working
- Access to staff wellbeing services: recognised that a number of staff have been affected as a result of the increased stress and working conditions. Group counselling and 1:1 sessions are taking place
- Development of a robust support network for our new International recruits. During the pandemic, it has been difficult to support these staff as we would have liked due to reduced staffing numbers due to sickness, shielding etc. Plans currently being made to provide a buddy system and a more robust support network for these staff to allow them to adapt to the different culture and ways of working within the hospital
- Cardiology Outpatients: Ambulatory service established for heart failure patients; patients admitted as day cases, assessed and treated with diuretics and discharged. Led to a decrease in the number of admissions of patients with heart failure. Ambulatory service to continue.
- Improved working relationship with the cardiology nurses on the IOW, invited to attend Trust training sessions via zoom
- Development of a remote consultation checklist for the Fast Access Chest Pain Clinic to provide governance assurance
- Implementation of the FLO role across many of our areas supporting and maintaining links with relatives and friends for our inpatients to support their wellbeing and to provide much needed communication for their relatives and to provide updates on progress

SURGERY AND OUTPATIENTS DIVISION

- **General:**
 - Introduction of the Trauma Assessment Unit, which has been very successful at reducing demand on ED, as well as reducing admissions onto Trauma wards
 - Introduction of the Virtual Fracture Clinic for follow up patients in Orthopaedics
 - Continued usage of the MAKO robot for arthroplasty in Orthopaedics, with Mr Rushbrook performing his first day case knee replacement over the summer in 2020 (between COVID-19 1st and 2nd wave)
 - Significant increase in non-face to face activity due to the need to decrease foot fall on site, we are expecting to maintain as much of this as possible into 2021/2022

Review of quality performance – Divisional quality improvements

- Opening Oak Park for community based imaging in Ophthalmology which significantly increases capacity
- New stack & scope purchases for the Head & Neck team which enables us to scope a higher volume of patients in a quicker timeframe
- Purchase of high volume evacuators for the Head & Neck team which shortens the downtime between aerosol generating procedures enabling us to treat more patients per session
- Training of 2 dental nurses to become dental therapists who can then see new patients in clinic
- A strengthened nursing structure in Ophthalmology
- **Rheumatology Service Provision and Patient Support**
 - The Clinical Nurse Specialist and Consultant team have provided a Virtual ward to prevent hospital admissions for patients significantly unwell- this required a daily patient contact call and management plan and community/ virtual care support- e.g physiotherapy etc
 - The Patient Advice and Information Line- pre, during and post COVID-19 waves, the Rheumatology Patient Advice and Information line has continued to receive large numbers of calls
 - IT Solutions: Attend anywhere: ongoing work to increase patients wanting to utilise this as Consultants have shown significant interest in using attend Anywhere
 - Funding secured for an isolation POD in Surgical High care
 - Ward E2 stepped up as an elective ward for multiple specialties to support the most urgent planned surgery for all specialties in the Trust
 - Outpatient teams supported rapid moves to many 'virtual' clinics
 - Outpatient teams supported the Trust with specialist testing of masks (FIT Testing) running this service to meet the needs of staff on all shift patterns
 - Inflammatory Arthritis Pathway: Work to achieve this has continued with the Disease Modifying Anti Rheumatic Drugs escalation clinics, with a plan to work on 6 and 12 month reviews to include cardiovascular and bone health reviews
 - Community Phlebotomy: Members of the Associate Practitioner team support Community Blood tests and COVID-19 swab for Shielding/ Virtual Ward patients unable to access timely bloods.
 - Successful recruitment of three Clinical Nurse Specialists and induction training programme

NETWORKED SERVICES DIVISION

- **Renal**
 - Fareham Hospital now hosts the regional home therapies hub for patients training and receiving peritoneal and Home Haemodialysis. The modern facility offers more training space to maximise the number of patients who can benefit from dialysing from home rather than at a haemodialysis centre.
 - Respiratory High Care at University Hospitals Southampton is now hosting the onsite acute haemodialysis service enabling patients to dialyse at UHS rather than travel to QA for dialysis. We are looking to continue to work in partnership with UHS to embed and expand this service.
 - G6 has become a "super clean" transplant ward to safeguard the service during both waves of COVID-19; we have successfully transplanted deceased donor and living donor kidneys.

- The department have worked closely with South East Hants CCG to introduce Consultant Connect – a service aimed at improving GP access to secondary care advice in Gynaecology. There is a dedicated mobile telephone carried by the consultant on call – GP's call the Consultant Connect telephone number and request Gynaecology advice, and the service will connect the GP to the consultant on call. By enabling this direct contact, the aspiration is that more patients can be managed over the telephone without the need for attendance at an Emergency Service

- Maternity were celebrated as part of the Wessex AHSN World Safety Day publication for the implementation of the Birmingham Symptom-specific Obstetric Triage System in the Maternity Assessment Unit. The team implemented this during the height of the Covid-19 pandemic wave one , training 91 staff over a period of two weeks to launch the service within one month. The measurable improvement was immediate, with 90% of women now triaged within 15 minutes of arrival to MAU. During August, 699 women were triaged via MAU. Professor Sara Kenyon fed back “you are an example of excellence”.
- <https://wessexahsn.org.uk/news/1976/ahsn-celebrates-world-patient-safety-day>
- Highly active maternity services pages on social media which provides a channel of instant communication to our population of pregnant

- The strengthening of the Advice and Guidance service offered to GP's during Covid-19 wave one and two: during this time our service

outpatients' group. These are working alongside new referral pathways for primary care reducing the amount of time and number of trips patients have to make to hospital.

- Appointment to three additional consultant posts, which have been essential to support the activity within the Obstetrics and Gynaecology Services and improve both elective and emergency pathways
- Introduction of robust pathways for grading and reviewing of advice and guidance – reducing the need for patients to attend hospital unnecessarily

women , this has been extremely useful in keeping women updated with the changes in services that have happened over the Covid-19 Pandemic period.

- Introduction of USS reviews in MAU reducing follow up Consultant appointments in AN & peripheral clinics and improving the woman's experience
- Securing the availability of blood pressure monitors from NHS England to support the introduction of remote BP monitoring of pregnant / PN women at home
- The introduction of a variety of platforms on which to facilitate virtual clinics and Trust meetings improving efficiency and unknowingly supporting new and innovative ways of working

converted our referral pathway to start with advice and guidance, and this has meant that all requests coming in have been robustly

reviewed by a Paediatric Consultant with advice given on whether the presenting issue could be managed without the need for referral or whether the patient needed to come in and be seen. This has meant that we have been able to manage many more patients in the community as an alternative to bringing them in for a consultant appointment in a time period where hospital attendance has been

discouraged unless necessary. This has had excellent feedback from GP's

- Implementation of the Attend Anywhere system to enable virtual appointments – reducing the need for patients to physically attend the hospital thereby making it easier for patients to access services.
- Work on the Dermatology referral pathway during Covid has helped us to think differently about how this could be delivered and design the plan to transform and thereby reduce the number of unnecessary referrals into the service. This will help reduce the wait time for those who are in need of Dermatology Services
- Innovative use of virtual appointments and nhs.net account to receive patient photographs of skin issues prior to telephone consultations has helped to reduce the requirement for physical attendance at hospital, making access to the service more flexible and improving experience for patients

• Regional Cancer Centre

- The Five Year Cancer Strategy for PHU has been written and published 2021 – a document which sets out our aspirations to provide a personalised experience of the best care in an environment where research can flourish, and staff can develop. This brings together our vision with our partner organisations in our commitment to provide first-rate cancer services and experience of care to all those patients who require it. It sets out the roadmap for the next five years to achieve these ambitions and support the NHS Long Term plan – from 2028, 55,000 more people each year will survive their cancer for at least five years after their diagnosis.

CLINICAL DELIVERY DIVISION

• Imaging

- Development of qualified quality improvement facilitators within each modality has begun to embed quality improvement into everyday practice. Ultrasound (US) have two Sonographers who have undergone the QSIR practitioner training and the Clinical Director is a QSIR associate; the aim being to form teams in each sub speciality with a Radiographer/Sonographer from each modality therefore creating strong teams with a common goal of improving the patient experience

Examples of current quality improvement projects:

- MRI Club with input of Children's services Play Therapists to lessen General Anaesthetic (GA) for children 4 -7 to de-sensitise them to MR to both lessen the need for GA, to decrease the failure rate and

improve image quality for 4-9 year olds or older children with intellectual / cognitive difficulties

- Interventional US team to improve the pathway of patients
- New post to improve the flow of work through the Radiology Access Unit by utilising the Band 7 radiographer workforce. This enables the radiologist to report undisturbed, reducing errors and improving report turnaround times

Local audits improving practise:

- Dr D Flowers RDCU /vascular intervention patient interaction / pre-test assessment process audit
- Inpatient CTC referral / vetting patterns and waiting list turnaround.

Review of quality performance – Divisional quality improvements

- Streamlining imaging request receipt > vetting > appointing has reduced waiting times for inpatient Colonography and therefore reduced inpatient stay

Changes made as a result of Covid:

- CT patients who require water as an oral contrast media now drink at home rather than in the department for an hour – improved patient experience
- Dedicated parking spaces for CT East – happy patients and reduced load on waiting room mean we could continue with shorter appointments; maintaining capacity
- Introduction of night shift for Radiography Department Assistants (RDA) – improves safety for staff and patients
- Introduction of out of hours acute MRI spinal imaging via on call – Improves service to patients
- Introduction of weekend acute MRI stroke imaging – reducing Length of stay

• **Dietetics**

- Staffing challenges and impact of Covid resulted in service being unable to deliver inpatient contacts for simple nutrition support. To minimise risk to patients the following service changes were implemented:
 - Nutrition support discharge packs created. Bags made up containing samples of nutrition supplements, information and

• **Phlebotomy**

- Phlebotomy is now an Appointment System to allow social distancing
- Staff have increased on the Early Bird Phlebotomy ward round to support Patient Pathway and patient discharge
- Haematology and Oncology Phlebotomy Clinic times have increased from four mornings a week from 09:00 – 12:00 to Mon – Fri 08:00 – 16.30. Including Bank Holidays mornings only

- CT1 and 3 replacements completed - improved scanning technology, improved reliability
- In bore MRI video system to reduce GA requirement and help claustrophobic patients

Summary outcomes below:

- Decreased the number of days Inpatients wait for procedures
- Total bed days waiting February 131, September 91- even though more procedures performed in September- decrease of 31%
- Decrease in bed days waiting per month of 40
- Across the year extrapolated to 480 bed days saved- (£427/night) translates to £204,960 saved
- Decreased impact on weekend on call
- All patients waiting more than 2 days in new system had clinical reasons for wait

signposting for support and GP letter requesting prescription and advising next steps. These have since also been rolled out to high demand outpatient areas

- Worked with digital partners to include nutrition requirements on electronic discharge summary

- Additional Slots to provide Pre-Op/Urgent Blood Requests/ Cancer patients required on the day
- G5/B4 now part of the daily Phlebotomy Ward Round
- Additional Phlebotomy to all wards on Sundays

• Pharmacy

- Delivering excellence work ongoing within the pharmacy department on the QA site looking particularly at process mapping working with the QI team to improve the quality of service provided.
- A new robot and inpatient dispensary opened in February 2021 and was designed using feedback from dispensing error investigations regarding contributory factors.
- The Regional Drug Purchasing Centre have moved to a new location and have purchased a new robot to allow safer and more efficient picking of stock orders. This new facility and robot has allowed them to take on new work from the Isle of Wight NHS Trust and will allow them to take on work from other trusts in the future
- Both the Regional Drug Purchasing Centre and the Pharmacy Manufacturing Unit have liaised with the NHS Regional Procurement

Leads to ensure that medicines in short supply during the COVID pandemic were utilised and distributed appropriately. This ensured that NHS Trusts both in and outside of our region had equitable access to these essential medicines

- The pharmacy department worked very closely with clinicians, nursing staff, engie, estates and IT to ensure that both piped oxygen and oxygen cylinder supply was maintained during the pandemic. A real time piped gas monitoring system was produced using a capacity model produced by Engie
- Pharmacy have played an integral role in the set up and maintenance of the COVID vaccination hub

• Theatres

- New Theatre Patient Safety Team established – consisting of a Matron, Surgeon Lead and Lead Anaesthetist. Key workstreams to come out of this include the development and implementation of the 'New Safer Surgery Checklist', delivery of Sim Training and Human factor training to reduce the risk of Never Events, Trust-wide collaboration to reduce preventable harm via the establishment of the Safer Procedure Steering Group & an improved, multidisciplinary response to patient safety concerns, incidents, etc that supports 'Well-led' CQC quality initiatives
- Development of the Theatre Procedures during COVID-19 working party and protocol. A multi-disciplinary team consisting of Nursing/AHP leaders, Consultant Anaesthetists, Lead Surgeon, Care group Director and microbiologist established clear protocols and patient pathways that enabled patients to undergo invasive procedures safely throughout COVID-19. New ways of working have now been established as a result of this workstream that has ensured that both patient and staff safety remain a key priority

- Development of Anaesthesia Associates – A business case and Governance policy is progressing well, with an aim to advertise through NHS jobs once the final agreement is in place
- A re-structure and service redesign has been commenced to enable increased efficiencies within the pre-operative assessment service that offers greater flexibility and patient choice in going forwards
- The cross-skilling of staff, as part of COVID-19 wave 1 and wave 2 over 150 staff from the Care Group provided ongoing support to the Department of Critical Care which has resulted in a much richer skillset across the relevant departments. This has resulted in a much more flexible workforce in going forwards
- Work has recommenced regarding Theatres 21 and 22 and plans for progressing with this have now been approved
- Theatre Well-being Group. A multi-disciplinary team support by anaesthetists and Theatre staff members that are offering emotional and practical support to those that have been affected by the pandemic. A well-being room is now available for all Theatre staff to

Review of quality performance – Divisional quality improvements

access and a well-being link practitioner has been appointed who is able to deliver yoga sessions and offer other well-being care and support as required

• Critical Care

- Innovative staffing models to utilise Critical Care nurses to train up large cohorts of non critical care staff to support escalation of Level 3 beds
- Rotations with theatre staff to maintain skill base of all staff; Medical staff – middle grade staff patterns also rotational.
- MIST (Medical Intensive support team) model adopted to allow Critical Care to be supported by anaesthetics
- Changed Consultant work pattern which is now reflected in a Trust wide adoption of remuneration package for Consultants working overnight, in a resident capacity with input into the negotiations
- Conversations with medical and surgical teams to encourage those teams to triage those patients more rigorously before referring to ICU as part of the shared decision-making process
- Adaptable workforce enabled significant and sustained surge demands since March 2020. ICU Bed occupancy relative to baseline capacity > 300% at peak with multiple ICU PODS opened
- Cross-skilling and support to re-deployed staff helped maintain patient safety, good working relationships and opportunities for professional development
- Contributions to public health messages with staff contributing to BBC <https://www.bbc.co.uk/news/uk-england-hampshire-55590637> and ITV <https://www.itv.com/news/meridian/2021-02-23/hospitals-in-the-south-east-hardest-hit-by-extra-patients-in-icu> media coverage
- Contributions to national policy statements. Critical Care Recovery & Restitution. Intensive Care Society https://www.ics.ac.uk/ICS/ICS/News/Statements/Recovery_and_Restitution_of_intensive_care.aspx (lead author Steve Mathieu)

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST QUALITY ACCOUNTS 2019/2020



Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

NB: sign and date in any colour ink except black

29/1/21 Date: *Jenny Poole* Chair

29/06/21 Date: *De* Chief Executive (Interim)

Stakeholders comments

The Quality Account regulations require the Account to be distributed to Stakeholders, including the CCG by 30th April. Owing to the late notification of the requirement to publish the Account by 30th June, this was not possible. The usual Quality Account process will be implemented next year to ensure all requirements are met.

CLINICAL COMMISSIONING GROUP – COMMENTARY ON PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST QUALITY ACCOUNTS 2019/2020



**Commissioning House
CommCen Building 008
Fort Southwick
James Callaghan Drive
Fareham
Hampshire
PO17 6AR**

Penny Emeritt
Chief Executive
Portsmouth Hospitals NHS Trust
Queen Alexandra hospital
Southwick Hill Road,
Cosham, Portsmouth,
PO6 3LY
By email

10th June 2021

Dear Penny,

Trust Quality Account 2020/21: Supporting Commissioner Statement

Thank you for providing an opportunity to comment on the trust's quality account for 2020-21. I am responding on behalf of NHS South Eastern Hampshire Clinical Commissioning Group (CCG), NHS Fareham & Gosport CCG, (now part of Hampshire, Southampton and Isle of Wight CCG), NHS Portsmouth CCG as well as the trust's associate commissioners.

We are grateful for the trust's continued positive approach to working with commissioners during 2020-21, in order to ensure high quality care is available to our local population.

We fully recognise that this has been an incredibly challenging year for the trust and the wider health economy. The significant impact of the COVID-19 pandemic on every aspect of our lives has led to a level of innovation, fast-paced change and collaborative working that is unprecedented in the modern NHS. Despite the ongoing pressures, commissioners recognise the trust's continued achievements during this year.

We acknowledge that many of the 2020-21 quality account priorities have been partially achieved due to the urgent need to redeploy staff to support with the response to, and the impact of the COVID-19 pandemic, and its surges of demand. We fully support the trust's proposal to revisit and refresh these priorities for 2021-22, focusing on patient safety, patient experience and clinical effectiveness for the coming year.

The trust is currently rated good with the Care Quality Commission (CQC) following their inspection visit in November 2019. Commissioners recognise

Stakeholders comments

the work the trust has undertaken against the CQC improvement requirements related to the Emergency Department, specifically reducing ambulance handover delays and oversight of self-presenting patients. Commissioners welcome the news that the CQC has confirmed that these requirements have been delivered in full. We also note the focussed CQC visit in July 2020 to look at medicines safety which had a broadly positive outcome. Commissioners welcomed the trust's continued focus on medicines safety including the focus on controlled drugs, discharge medications and insulin. Commissioners were concerned regarding the quality of maternity and ophthalmology services during the year however have received assurances that actions have been identified and are being progressed to improve services as required.

Commissioners are pleased to note the reduction in never events and acknowledge the positive impact from the theatre patient safety team and their improvement programme despite the need to reconfigure part of the theatre footprint to create extra critical care capacity during the pandemic. We welcome the continued focus on reducing never events and lower level harm incidents with the recently introduced theatre safety checklist and work of the Safer Surgery Forum in their work on Local Safety Standards for Invasive Procedures (LocSSIPs).

Commissioners note the impact that the pandemic has had on incident reporting patterns and the type of incident being reported with the associated increase in some types of incident such as falls. We acknowledge this general trend was shared by all acute providers in the Hampshire and Isle of Wight footprint as a direct consequence of the increased operational pressures creating a need to isolate a greater number of patients that normally would benefit from direct observation.

We welcome the decision to reappoint a venous thromboembolism (VTE) specialist nurse to help drive improvements in VTE risk assessment and prevention of VTE as this has been an area where the trust has been challenged to meet its contractual requirements.

We acknowledge the continued positive impact that the trust's incident review processes have with the weekly triage meeting and incident review panel (IRP). This open approach continues to provide the CCG with a good level of assurance through our attendance at IRP. We offer our support in further refining this process through exploring the feasibility of joint sign-off panels for serious incidents, reducing the time it takes to make completed reports available to patients and families. We welcome the trust signing-up to the Hampshire-wide approach to reviewing nosocomial COVID-19 deaths.

We are pleased to see the trust is seeking out the views of its patients through the use of digital real time feedback through the family liaison officers (FLO). Although wider roll-out of this initiative was hampered by the pandemic we note that the initial feedback identified improvements could be made with access to own medicines, noise at night and time spent waiting for a ward bed, themes also highlighted by previous national inpatient surveys. It is reassuring to see that feedback also showed that 96% of patients felt they are treated with compassion. We are supportive of the approach that the trust is continuing to further develop its 'With Compassion' programme to continue this positive trend. We further recognise the significant positive impact the family liaison service has had during the pandemic providing a vital link between patient and their loved ones during the restricted visiting due to national guidelines.

Stakeholders comments

Commissioners applaud the work the trust has undertaken to support carers through the work of the patient/carers collaborative. We fully support the approach of improving patient experience from first contact to the last and this is evidenced by the various programmes that have been highlighted in the account including real time feedback and the role of the family liaison officers. We are pleased to see the continued improvement focus on areas such as noise at night and nutrition & hydration as these are a recurrent feature in patient and carer feedback over the last couple of years, we hope the trust can make progress with these areas.

Commissioners welcome the focus on meeting the requirements of the Accessible Information standard as this is an area that has been identified by service users as an area for improvement. We note the trust has implemented deaf awareness training in response to learning identified following service user feedback.

We note the challenges the trust has faced to ensure compliance with dementia screening and are pleased to see that to support this vulnerable patient group changes to improve were made to the consistency of this process. We also welcome the recruitment of a dedicated lead nurse for dementia and the additional focus on the recognition and management of delirium.

Commissioners recognise the thorough approach of the medical examiner process and how this follows through to the trust's patient safety investigation process and how learning from this process is used to identify improvements at the trusts mortality review group which the CCG attend. We welcome the trust's focus on implementing learning from this process such as reviewing falls risk assessments when patients' conditions and/or environment change and

the emphasis on earlier senior review when patients deteriorate. Commissioners note that whilst there have been clear improvements around communication with patients and families regarding palliative care and resuscitation decisions there is still scope for further improvements. Commissioners welcome the opportunity to work with the trust to continue to improve this process in the trust and across the local healthcare system.

We are pleased to see the trusts continued engagement in the 'Getting it Right First Time' programme (GIRFT) going forward to reduce unnecessary variation and improve outcomes, but note the need to pause GIRFT programmes during the pandemic. The trusts continued engagement with the national clinical audit programme is well evidenced. It is reassuring to see the trust acknowledges areas identified through these processes for improvement.

Commissioners recognise the achievement of the trust with regards to research activity. The significant numbers of participants recruited is reflected in the trust being ranked first compared to 42 large acute trust peers and 18th out of all trusts nationally. The trust has also played a significant role in research during the pandemic taking part in 12 urgent public health studies whilst other research studies were put on hold.

Commissioners note the results of the National staff survey and recognise the impact that the pandemic has had on some measures. It is welcome to see that despite the huge pressure staff were under there were improvements in the health and wellbeing and safety culture measures. We also welcome the continued improvement trend with staff recommending the trust as a place to work. This supports the continued benefit of the trust's culture change programme. We welcome the trusts implementation of a new 'Delivering Excellence' operating model and look forward to seeing the ongoing benefits

QUALITY ACCOUNTS 2020 / 2021

Stakeholders comments

this programme will bring, particularly the targeted work to reduce inequalities and protect staff at work.

The programme of commissioner and trust joint quality assurance and improvement continues alongside commissioner attendance at trust internal meetings for assurance. The monthly joint meeting to share intelligence to identify priorities of work has enabled us to continue to identify areas for improvements including the discharge processes and through better two-way information sharing across the system thereby enabling better working relationships and helping lead to improved patient experience and outcomes. Commissioners welcome a continuation of this process for 2021/22 with a renewed focus on jointly driving improvements.

Finally, we can confirm that this quality account complies with national guidance and demonstrates areas of achievement as well as areas where improvement is required. Commissioners are satisfied that the overall content of the quality account meets the required mandated elements. Commissioners are satisfied that the trust's quality accounts for 2020/21 provide a clear and accurate statement.

We would like to thank the trust for its ongoing efforts to improve the quality of services it provides to our population in these challenging times, and look forward to continue our collaborative working in 2021-22 to the benefit of our patients and wider population.

Yours sincerely,



Sara Tiller
Managing Director, South East
Hampshire.
Hampshire, Southampton and
Isle of Wight CCG



pp Louise Spencer

Julie Dawes
Executive director of quality &
nursing
Hampshire, Southampton and
Isle of Wight CCG

Cc Zaid Hirmiz, Clinical Director - South East Hampshire. Hampshire, Southampton and Isle of Wight CCG

Healthwatch Portsmouth – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020



5 June 2021

Healthwatch Portsmouth welcomes the opportunity to comment on the draft, Portsmouth Hospitals University Trusts' Quality Account. The information presented within the Quality Accounts is consistent with information that Healthwatch Portsmouth are aware of through its regular meetings with the Executive Team at PHUT and its ongoing membership of the PHUT Shared Assurance and Improvement Programme meetings, also attended by the Portsmouth and South East Hampshire including Portsmouth CCG's.

It is only right that, whilst it does not form part of the services reported on in this account, we mention the role Portsmouth Hospitals University Trust have played in delivering the Covid-19 Vaccine. We wish to take this opportunity to express our gratitude to them for their commitment and application to being part of the largest vaccination programme in the history of the NHS. Healthwatch Portsmouth places on record its recognition and thanks to all their staff who have been involved.

Over the last year the country and the NHS has faced an unprecedented challenge from Covid-19 and we understand the difficulties the Trust has faced. It has, and remains, incredibly difficult to manage expectations and demands whilst maintaining and committing to improving the quality and safety of the patient journey. We commend the Trust and their staff for their continued

efforts and desire to adapt and change services to ensure they provide safe care as well as making the trust a safe place to visit or work in.

We have some comments and questions to add to our initial commentary.

As with previous years reports which we have been asked to comment upon, these reports are bulky and often use health service language and we have questioned before who the audience for these reports is.

It is great to see the inception and appointments to the role of Family Liaison Service and we await data on how this progresses.

With regard to Patient Safety, how will the public be aware of the Learning from Incident reporting and where is the patient/carer voice on your Incident Panels. How do you plan to reduce your 'Never Events' and reduce your moderate/severe harm and death incidents and reduce Health Care Associated Infections?

For your reduction of Never Events we ask do your Investigators receive Serious Incident Investigator training and does it include a session on 'human factors' as the Quality Accounts note that "emphasising the importance of Human Factors awareness for all staff".

Stakeholders comments

We should like to see more details on the “With Compassion” work and how it is evidenced and who does the ‘sit and see observations’.

We ask the question “How does the Patient & Carer Collaborative recruit new members to ensure its continuing relevance?”

Healthwatch Portsmouth are concerned about the term “partial progress” on some of the Quality Account Priorities even with the pandemic as a factor limiting business as usual.

On page 18 of the draft report there is a section we are concerned about “we lost compliance with weekend review Standard 8 in the Spring of 2019” – we feel this needs clarity.

There is a good position on the 91% of patients having a once daily senior clinical review.

We are pleased to see the Freedom To Speak Out Guardian role and are interested to know more especially how matters a fully resolved.

There is a Parliamentary Health Services Ombudsman (PHSO) emphasis on the ease and accessibility of making a complaint and this gets no mention, we cannot in these Quality Accounts see the number of complaints that were investigated by the PHSO.

We are aware there have been some changes to the way patients access the Emergency Department by contacting NHS 111 and Health Portsmouth have had many conversations & meetings with PHUT about this and still feel this new approach needs to be widely publicised locally.

We now refer to the section on Patient Experience section pages 38 – 43:

PHUT state at the start of this section that the Trust uses patient feedback to improve services. It would be helpful in this section for the Trust to give some examples of what they have done in response to patient feedback to demonstrate this.

Priorities 202/2021 box on page 38:

PALS seems to have been left out of the ‘Priorities 2020/2021’ box despite it being a key service that is given its own section describing its activities with targets in the series of services described on pages 39 – 42 which support patient experience.

Accessible Information Standard section page 40:

NHS Trusts have been legally required to follow the Accessible Information Standard since August 2016. Our question is why is PHUT still only developing and implementing a plan to meet the requirements of this standard after all this time?

Patient and Carer Involvement on page 41:

There is lots of interesting information about the Patient Family and Carer Collaborative but very little about the Patient Experience Steering Group. Could there be a better balance of information provided about the two?

PALS on page 42:

It is good that the Trust describes how the backlog of complaints handling response time has been addressed with a new target of 25 working days. (PHUT website still states 30 working days though). The 5-day response timeframe with only a 60% success

Stakeholders comments

rate is disappointing. (PHUT website states that they respond with 3 working days to confirm if they will be looking into the complaint that has been made by a patient.) These targets need to be looked at.

Overall, we see a very comprehensive report with a clear focus on quality, it is as we have previously stated a document that is written using health service language and we wonder who the intended audience is, in our preview copy there were 76 pages.

It paints a clear picture of the incredibly hard work of the staff and management to ensure that Portsmouth Hospitals Trust consistently give the best care.

Roger Batterbury.

Chairperson, Healthwatch Portsmouth.

Due to timeframes and requirements for publication of the Quality Account, the Trust has agreed with the Chairperson of Healthwatch to respond to all points raised separately

QUALITY ACCOUNTS 2020 / 2021

Stakeholders comments

Portsmouth HOSP – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020

Portsmouth HOSP have not provided any comments

Healthwatch Hampshire – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020

Healthwatch Hampshire have not provided any comments

LIMITED ASSURANCE REPORT

From 2020/21 audit assurance is no longer required

Appendix A - National Clinical Audit: actions to improve quality

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
Antenatal and New-born National Audit Protocol 2019 to 2020	Public Health England (PHE) Screening Programme, identifies healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or informed decisions. There are 19 key performance indicators (KPIs) within this screening programme. They represent the screening offered to all pregnant women and new-born babies within the UK. PHE sets targets that it feels are achievable and acceptable for the data submission. The Trust participates in all the relevant screening programmes and has been able to achieve a high number of achieved and or acceptable performance thresholds for the relevant KPIs. The Trust has a pathway in place for patients that decline antenatal screening to facilitate an informed choice. The Trust ensures that these are in line with the latest PHE guidelines.
BAUS Urology Audits	Individual consultant surgeon outcomes: Urethroplasty - No surgeons identified as an outlier Cystectomy Audit - No surgeons identified as an outlier Nephrectomy Audit - No surgeons identified as an outlier Percutaneous Nephrolithotomy (PCNL) - No surgeons identified as an outlier Radical Prostatectomy Audit - No surgeons identified as an outlier
Case Mix Programme (CMP) – Intensive Care National Audit and Research Centre (ICNARC)	CMP is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units) The Trust uses this data to determine where any areas can be improved and any areas that it is performing well in. COVID-19 saw a substantial increase in the number of patients requiring intensive care and saw the intensive care unit increase its capacity and footprint significantly. Previously to COVID-19 the Trust risk adjusted mortality was 0.84, and risk adjusted mortality for low risk patients was 0.33 suggesting the Trust was doing well comparatively to other units. During the pandemic our patients required more organ support than those admitted across ICUs nationally and had a corresponding increased mortality.
Elective Surgery Patient Reported Outcome Measures (PROMS)	Hip and knee PROMS collect information on the outcome of selected surgical procedures based on responses to patient feedback questionnaires both before and after surgery. The Trust has a low pre-operative participation rate of 14.5% compared with 86.5% nationally. The Trust is currently reviewing this to see how it can improve the pre-operative response rate. For post-operative questionnaires the Trust had a response rate of 70.9% which is above the national average of 59.6%. There are no recommendations made within this report, the trust monitors the results for benchmarking purposes to ensure that patient satisfaction and patient health gain is comparable with other trusts of a similar size.
Emergency Medicine QIPs	Assessing for Cognitive Impairment in Older People: The aim was to monitor documented care against standards published in July 2019, to facilitate improved care. There were three standards that all participating Trusts were asked to monitor. The Trust was significantly above average (46.03% compared with 15.56% nationally) for Standard 1 - There should be written evidence that patients have had an assessment for cognitive impairment during their visit to the emergency department. The other two standards are developmental and aspirational targets, which require improvement nationally. The Trust intends to improve on these areas and has set up a delirium task/finish group to focus on the implementation of time bundles. Delirium training gaps in the Emergency Department workforce are to be addressed by the frailty team. Recommendations in the current standards book: 'Quality of Care for Older People with Urgent and Emergency Care Needs' is to be reviewed and updated.

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p>Care of Children in the Emergency Department:</p> <p>The aim was to monitor documented care against the standards published in July 2019. There were three clinical standards and three organisation standards that Trusts were required to monitor. The Trust was above average for standard 1; Infants presenting with injury are reviewed by a senior clinician whilst in the ED. The remaining two standards have been highlighted as an area for improvement. The Trust is reviewing the Emergency Department's electronic system to implement an improvement in recording, to ensure that better data is captured to provide a more accurate representation. Standard 3 is an aspirational target and remains an area for development and improvement nationally.</p>
Falls and Fragility Fracture Audit Programme	<p>Fracture Liaison Service Database (FLS-DB):</p> <p>The Fracture liaison service database is a clinically led national audit of secondary fracture prevention in England and Wales. The Trust is currently awaiting publication of the 2020/21 annual report, which is currently delayed.</p> <p>National Hip Fracture Database (NHFD):</p> <p>The National hip fracture database monitors the process, quality and outcomes of care provided to patients who presented with hip fractures at trauma units in England, Wales and Northern Ireland. The Trust continues to perform very well in the NHFD audit and as in previous years is the highest performing Trust with regards to the number of patients where the best practice tariff was achieved. The Trust continues to perform extremely well in a number of areas and was in the top quartile for five out of the seven rated outcome domains and is the only Trust to have achieved top quartile results for all nine assessment domains. The Trust has identified areas where further improvements can be made for example in the number of patients admitted to the ward within four hours, although above the national average the Trust acknowledges that there is still room for improvement and has a plan to improve this.</p> <p>Inpatient Falls Audit (NAIF):</p> <p>The national audit of inpatient falls audits the delivery and the quality of care for patients aged 60 years and over who fall and sustain a fracture of the hip or thigh bone whilst in an inpatient setting. The Trust has submitted cases to this audit and is currently awaiting the publication of the 2020/21 annual report.</p>
Inflammatory Bowel Disease (IBD) Programme	<p>The inflammatory bowel disease (IBD) registry is set up to help improve the health of people living with IBD in the UK. This is achieved by the collection and analysis of data from IBD patients in order to improve understanding of the care of people with IBD and their treatments to facilitate research. This report also includes data for biological therapies and key performance indicators (KPI)s.</p> <p>The biological therapies audit has seven KPIs. The Trust was above the national average for four of the biological therapies KPI's. The Trust is committed to ensuring it can improve its performance for the biological therapies audit. The COVID-19 pandemic has had an impact upon the service, but this should be improved now a plan to restore normal services is in place.</p>
Learning Disability Mortality Review Programme (LeDeR)	<p>The learning disability mortality review Programme (LeDeR) is aimed at making improvements to the lives of people with learning disabilities. LeDeR looks at why people with learning disabilities typically die much younger than average. The 2020 LeDeR report published ten recommendations. The Trust is fully compliant with three, and partially compliant with two recommendations. Five of the recommendations are not relevant to the Trust. The Trust has improved and agreed information sharing protocols across Hampshire Health and Care Economy. The Trust is developing a local resource for those caring for people with a learning disability, which will be disseminated across the Trust once finalised.</p>

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
Mandatory Surveillance of Health Care Acquired Infections (HCAI)	Public Health England (PHE) operates a national surveillance programme to collect data on health care acquired infections (HCAI). There are five HCAs that are required to be reported to PHE. The Trust is continuously aiming to reduce its rate of HCAI. The Trusts HCAI rates follow the trends seen nationally. These are continuously monitored monthly by the Trust through an Integrated Performance Report dashboard.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACOP)	<p>Organisational Report: Organisations were marked against ten audit standards, for both COPD and Asthma services and facilities. The Trust was compliant with seven of these standards. Although the Trust does not have a general adult high dependency unit it does have a dedicated respiratory high care unit which is able to provide high dependency care for respiratory patients. The Trust has developed an action plan to achieve the other standards not met which include the provision of having a senior decision maker on the ward round on the acute medical unit (AMU) seven days a week for newly admitted patients.</p> <p>COPD – Regional Report: The COPD regional report provides an overall indication of the provision of quality assured COPD care. This is achieved through the assessment of individual hospitals against six key COPD audit indicators. The Trust is above the national average for five out of six key indicators. Acute treatment with non-invasive ventilation (NIV) is the only COPD key indicator which is below the national average at 23%, the national average is 24%. The respiratory team have a plan in place to reduce the amount of time from arrival to commencing NIV and further plans have been made to ensure that the patients get the right bed at the right time.</p> <p>Asthma in Adults: The adult asthma clinical audit captures the processes and clinical outcomes of treatment for patients admitted to hospital in England, Scotland, and Wales with asthma attacks. The Trust were a late adopter of this national audit but have now registered for this audit. The Trust is now submitting regular data for this audit.</p> <p>Asthma in Children: The Children and Young People's Asthma regional report is designed to provide an overall indication of the provision of quality assured asthma care. It does this by reviewing five key audit indicators for each hospital. Due to the COVID-19 pandemic the number of children who presented with a wheeze has been significantly reduced. The Trust has good adherence to the delivery of systemic steroid delivery within one hour of arrival and the number of patients that had their inhaler technique checked. Areas for improvement include documentation and documenting the smoking history of parents. To improve this the Trust is updating its current asthma checklist to include the questions about smoking and any actions taken. This will include education of the paediatric team to ensure awareness of the updated checklist.</p>
National Audit of Breast Cancer in Older People (NABCOP)	The national audit of breast cancer in older people aims to evaluate the care and outcomes for women with breast cancer aged 70 and over and to compare this to a younger cohort of women aged between 50 and 69 years of age. The Trust has demonstrated several areas of good practice including 100% of patients being seen by a Breast Clinical Nurse Specialist, good rates of surgery for early breast cancer (oestrogen receptor (ER) positive) in all age groups and being above the national average in a number of areas. The Trust has also identified areas for improvement, including having lower levels of triple assessment performed at a single visit for both younger and older age groups, although the Trust rate is still above the national average.
National Audit of Cardiac Rehabilitation	The National Audit of Cardiac Rehabilitation is a British Heart Foundation (BHF) strategic project supporting cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for people with heart and circulatory diseases irrespective of where they live.

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
	The Trust achieved Amber status which meant that it achieved four out of the seven key performance indicators. Areas that require improvement include the average waiting time for cardiac rehabilitation. In order to improve wait times and obtain a green status by achieving all seven key performance indicators, the Cardiac Rehabilitation Team have submitted a business case. The business case is to allow for the service to expand and include the employment of a cardiac rehabilitation instructor and additional nurses.
National Audit of Care at the End of Life (NACEL)	The NACEL focuses on end of life care in an inpatient setting, in particular, the last admission to hospital prior to death. NACEL aims to highlight how in England and Wales hospital care fared against nationally agreed quality standards. The data was collected in 2019/2020 financial year and the audit and analysis took place before the COVID-19 pandemic. The report was categorised into six domains with thirteen recommendations. The Trust scored highly and was above the national average for all domains. Collecting feedback from patients and their families is identified as an area for improvement; this will be achieved with the introduction of the Medical Examiners Service and the introduction of the new Family Liaison Nurse roles. The Trust is fully compliant against these audit standards.
National Audit of Dementia	<p>The collection of data for the national audit of dementia has been delayed due to the COVID-19 pandemic. It is expected that the data collection will resume later in the year.</p> <p>Impact of COVID-19 pandemic on hospital care for people with dementia report</p> <p>The national audit of dementia supplementary report collected feedback between June and July 2020 to examine how hospital care for people with dementia was affected by the pandemic. The Trust is currently reviewing this report to see if there are any lessons to be learnt or any changes required to improve our current practices</p>
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	<p>Epilepsy12 supports the work of the Organisation of Paediatric Epilepsy Networks in the UK (OPEN UK) to join up Health Boards and Trusts into functioning regional paediatric epilepsy networks to encourage and stimulate improvement. The data collected from the audit is collected from hospitals and clinics to support further quality improvement in paediatric epilepsy services. Epilepsy12 is made up of two parts, an organisational part and a clinical audit. The Trust has ongoing information technology problems making it very difficult to access the audit data and results. Improvement to the IT system is required to improve the Trusts data completeness for this audit.</p> <p>Organisational Audit</p> <p>The Trust has good access to epilepsy specialist nurses (ESN) and high levels of parental training. The paediatric department has specific epilepsy clinics, and these are in line with best practice criteria. Interaction with schools has been identified as an area requiring improvement.</p> <p>Clinical Audit</p> <p>The Trusts demographic data is in line with the national audit. The trust has good timely assessments and investigations in line with the national recommendations, with assessments being completed by a paediatrician with an interest in epilepsy and ESNs. The department has identified a requirement to improve access to IT data and improve communication skills.</p>
National Bariatric Surgery Registry (NBSR)	The National Bariatric Surgery Registry (NBSR) examines the data for all patients undergoing certain bariatric procedures between 2013-2018. This is the first time the NBSR has examined access to bariatric surgery in individual countries of the United Kingdom (UK). Analysis of regions in England have demonstrated significant variation in NHS funding as well as the nature of procedures. The Trust has no surgeons identified as outliers and continues to have a very low in-hospital mortality rate for bariatric surgery.
National Cardiac Arrest Audit (NCAA) – ICNARC	The National Cardiac Arrest Audit (NCAA) is the national clinical audit of in-hospital cardiac arrests in the UK and Ireland. Data is collected from any resuscitation event commencing in-hospital where an individual receives chest compression(s) and/or defibrillation and is attended by the

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p>hospital-based team from 1st April 2019 to 31st March 2020. The Trusts number of cardiac arrests per 100 patients is below 1.0 and the number of patients who had a cardiac arrest where a return of spontaneous circulation (ROSC) exceeded the national predicted figure from the NCCA. The number of patients where ROSC was achieved for pulseless electrical activity (PEA) was also above the national average. The report also highlighted that the Trust has a higher number of cardiac arrests occurring on the coronary care unit (CCU) 22% compared with 10% nationally. This has been discussed within the Trust and has been attributed to the cardiac catheter labs being in the same location as the CCU and the Trust undertaking a high number of primary percutaneous coronary interventions (PCI). The Trust will continue to monitor this metric.</p>
National Cardiac Audit Programme (NCAP)	<p>National Audit for Adult Percutaneous Coronary Interventions: The national audit collects data from all UK centres that perform percutaneous coronary interventions (PCIs). Due to technical difficulties no data was uploaded. This is acknowledged by the National Institute for Cardiovascular Outcomes Research (NICOR) in the report and the technical difficulties have been resolved, however it was too late for the data to be included in the annual report. The Trust is a high-volume centre and a high-volume primary PCI service which has been shown to correlate with good outcomes. Radial access rates are excellent and are above the national average. Working in close partnership with the local ambulance services the Trust is working to improve call and door to balloon times. The Trust has a plan in place to improve and update the IT system to ensure that it does not experience technical difficulties in the future.</p> <p>National Audit of Cardiac Rhythm Management (CRM): Ablation: The CRM provides the official record of catheter ablation procedures in the UK. It collects data on a number of quality measures relating to data completeness, standards set by the British Heart Rhythm Society. The Trust has one of the highest rates of data completion in the country and met and exceeded the minimum number of procedures required. The Trust also has a short waiting list in comparison to other centres with patients waiting on average two to four months compared with eight to twelve months in other centres. The Trust is developing a plan to ensure it meets the minimum number of ablation procedures for 2021, including the restricting of clinical duties to ensure these are met.</p> <p>Devices: The National Audit of Cardiac Rhythm Management for Devices reports activity for all heart rhythm management device procedures for England and Wales. The Trust is a high-volume implant centre achieving beyond the minimum number of simple and complex device procedures required to be completed. The Trust is below the national average for one-year re-implantation rates for simple devices and has high levels of data quality and completeness overall. The Trust meet NICE clinical guidelines for more than 90% of permanent pacemakers (PPM) for atrioventricular (AV) block and primary prevention implantable cardioverter defibrillators (ICD). Working with the physiologist the Trust has implemented a plan to improve its data entry and has a plan in place to improve its secondary prevention ICDs.</p> <p>Myocardial Ischaemia National Audit Programme (MINAP): The myocardial ischaemia national audit project (MINAP) collects information about the care patients receive who are admitted to hospital with acute coronary syndromes (heart attacks) between April 2018 and March 2019. The Trust provides a primary angioplasty service for patients with ST- elevation myocardial infarction (STEMI) for the local area and West Sussex and the Isle of Wight and is the largest provider in the region. A key issue remains the delay that patients experience if they at any point in their treatment pathway are admitted to the emergency department (ED). There is ongoing paramedic education in conjunction with local ambulance services to help identify non-ST</p>

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p>segment elevation myocardial infarction (nSTEMI) and STEMI patients to allow them to bypass the ED and go straight to the cardiac catheter labs to improve treatment times.</p> <p>National Heart Failure Audit (NHFA):</p> <p>The national heart failure audit reports on the characteristics of patients requiring admission to hospital with heart failure. The audit describes the in-hospital investigations, treatment and access to specialist care. The audit reviews discharge planning and the follow up treatment patients are offered. The Trust is currently reviewing the report and data to see where it has performed well and where there are areas that can be improved. The Trust has recently implemented a new care pathway for patients with heart failure to improve the quality of life and prognosis for its patients. This service has provided heart failure patients with access to expert specialist care and a rapid review. This service has facilitated early discharges and reduced pressure on community services.</p>
National Diabetes Audit - Adults	<p>Core Audit:</p> <p>The National Diabetes Core Audit (NDA) is an audit of primary care and specialist diabetes services as well as covering care processes, treatment target complications and mortality. The Trust is currently reviewing the latest recommendations from the national diabetes core audit to see if there are any improvements that it can make to its current care and processes.</p> <p>Diabetes in Pregnancy:</p> <p>The National Pregnancy in Diabetes Audit (NPID) aims to support clinical teams to deliver better care and outcomes for women with diabetes who become pregnant. There was no annual report published in 2020-2021. The next annual report is due for publication in October 2021. Previous publication was reported in the Trusts Quality Accounts 2019-2020.</p> <p>Foot Care:</p> <p>The National Diabetes Footcare Audit (NDFA) enables all diabetes footcare services to measure their performance against NICE clinical guidelines and peer units, and to monitor adverse outcomes for people who develop diabetic foot disease. There was no annual report published in the financial year of 2020-2021. Data collection is currently underway for the fifth annual report due to be published in May 2022. Previous publication reported in the Trusts Quality Accounts 2019-2020.</p> <p>Inpatient Audit:</p> <p>The National Diabetes Inpatient Audit (NaDIA) measures the quality of diabetes care provided to people with diabetes while they are admitted to hospital, for any reason and aims to support quality improvement. The NaDIA took place on 28th September 2019. The Trust has identified areas of good practice, which include appropriate glucose monitoring, low intravenous insulin use and low rates of hypoglycaemia in hospital. Prescription and medication errors particularly insulin errors remain an area requiring further improvement within the Trust to regularly review its insulin safety. The Trusts digital strategy involves the implementing of electronic prescriptions which should help to reduce insulin medication errors. Additionally, the Trust plans on recruiting a specialist pharmacist into the diabetes team.</p> <p>Harm:</p> <p>The National Diabetes In-patient Audit - Harms (NaDIA-Harms) is a continuous audit that collects data for four harms that can occur to diabetic patients in England. The Trust participates in this audit and is currently reviewing the report to ensure that it can make further improvements where required, to reduce any potential for any harm to occur to diabetic inpatients.</p>

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NEIAA)	The NEIAA audit aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of sixteen in specialist rheumatology departments in England and Wales. Data was collected between 8 th May 2018 -12 th December 2019. The report had eight key findings. The Trust achieved a higher than the national average remission rates at twelve months from first contact, despite staff shortages. Additionally, when annual reviews have taken place the Trust has been above the national average for achieving a review of key components (assessment of bone health, cardiovascular risk and levels of disability). There are areas that require improvement including the number of annual reviews undertaken (32%) and unplanned admission rates in the first twelve months of care are high. The Trust is developing a more reliable system for undertaking annual reviews and is developing a new pathway for treatment escalation for ongoing disease activity. There is an action plan to establish psychology support for patients.
National Emergency Laparotomy Audit (NELA)	The National Emergency Laparotomy Audit (NELA) aims to improve the quality of care for patients undergoing emergency laparotomy through the provision of high-quality comparative data from all providers of emergency laparotomy. Data was collected from December 2018 - November 2019. The Trust has the highest implementation of laparoscopy for emergency surgery in the country and this is reflected in the Trusts shorter median post-operative stay. The Trust has excellent engagement from consultant surgeons and anaesthetists both prior to and during surgery and has a low rate of unplanned escalation of care to the intensive care unit at 1.5%. At present the Trust does not have Elderly Care Physicians in Emergency Abdominal Surgery although this is noted to be of benefit, to be considered by the Trust to implement in the future.
National Gastro-intestinal Cancer Programme	<p>National Bowel Cancer Audit (NBOCA): The National Bowel Cancer Audit (NBOCA) aims to describe and compare the outcomes and quality of care for patients in England and Wales that have been diagnosed with bowel cancer. The Trust is a high-volume surgical centre for colorectal cancer. The Trust has better than the national and regional averages for 90-day mortality rates for elective and emergency procedures and has very high laparoscopic/robotic rates with excellent outcomes. The COVID-19 pandemic had an impact upon the time frame for stoma reversals and the Trust is working to ensure that these are prioritised to meet the target timeframes. The Trust has implemented a new two week wait and 28-day nurse led pathway to ensure it is meeting the required timelines. The Trust continues to achieve very high standards for its colorectal cancer services and is one of the best performing Trusts in the country.</p> <p>National Oesophago-Gastric Cancer (NOGCA): The national oesophago-gastric cancer audit (NOGCA) was established to evaluate the quality of care received in England and Wales by patients with oesophago-gastric (OG) cancer. The Trust is one of 37 specialist OG surgical cancer centres. The recommendations from the report are currently under review by the Trust.</p>
National Joint Registry (NJR)	The National Joint Registry (NJR) collects information about hip, ankle, elbow and shoulder joint replacement operations (arthroplasty) from all participating hospitals in England, Wales, Northern Ireland, the Isle of Man and the states of Guernsey. The Trust is the 13 th largest NHS Hospital for the number of joint replacements undertaken. The Trust is not an outlier for any of the data and has 99% compliance and 99% linkability (inclusion of NHS number in data entry to allow linking of primary and subsequent revision procedures).
National Lung Cancer Audit (NLCA)	The NLCA aims to understand the current quality of care and outcomes for patients with lung cancer. The Trust remains the largest lung cancer centre in the Wessex region and offered the highest rate for curative treatment options in the region, which should in the longer-term lead to greater survival benefit for our patients. The Trust has seen a significant improvement this year. The Trust was recognised in the audit by the

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
	national college for its improvement work. The Trust is above average for a number of areas but still has some areas requiring further improvement. An action plan has been put into place by the trust to further improve including the introduction of an optimal lung cancer pathway and an introduction of a new IT recording system (Somerset). The Trust intends to re-purpose the respiratory day ward into a recovery area allowing for increased numbers of procedures to be completed each week and an increase in diagnostic capacity.
National Maternity and Perinatal Audit (NMPA)	<p>The National Maternity and Perinatal Audit (NMPA) is a large-scale audit of NHS maternity services across England, Wales and Scotland. The Trust has submitted data to the NMPA and is awaiting the publication of the annual report. Two sub-reports have been published in 2020-2021.</p> <p>Multiple Births Report</p> <p>The NMPA NHS Maternity Care for Women with Multiple Births and Their Babies was a study on the feasibility of assessing care processes and outcomes using data from births between 1st April 2015 - 31st March 2017. This report made six recommendations and the Trust is compliant against five and one was not relevant as the Trust does not carry out specialist fetal procedures locally. The Trust is introducing electronic maternity health records which will allow the Trust to further ensure the robustness in the recording of planned mode of births and actual mode of births.</p> <p>Technical Report</p> <p>A feasibility report evaluating perinatal mental health services using linked national maternity and mental health data sets, based on births between 1st April 2014 - 31st March 2017 in Scotland. This report made five recommendations. The Trust is currently reviewing them to see if it is compliant against these recommendations and to see if improvements can be made to mental health care within its maternity services. The Trust has recently introduced perinatal mental health specialist midwives to work alongside perinatal psychologists.</p>
National Neonatal Audit Programme (NNAP)	The Neonatal Audit programme (NNAP) is a national clinical audit of NHS funded care for babies admitted to neonatal services in England, Scotland, Wales and the Isle of Man. There are fifteen audit measures. The Trust has continued to perform well in this national audit and scored above the national average in eight of these measures and was comparable with the national average for the others. The Neonatal Unit has received a letter of congratulations on “excellent” thermal care of infants from the national college. The Trust continues to follow previous plans to ensure its rates of Retinopathy of Prematurity (eye) screening are optimised and is currently undertaking a staffing review within the department.
National Ophthalmology Database Audit	The National Ophthalmology Database Audit quality assures NHS cataract surgical services for patients. The Trust submits data for this audit to benchmark its performance to see where it can improve its current services. The Trust is currently reviewing the latest 2020 annual report to see where any areas of improvement are required. The Trust has good risk adjusted posterior capsule rupture rates, which are better than the national average rates and an improvement on the previous years results. The Trust risk adjusted visual acuity loss is also better than the national averages.
National Paediatrics Diabetes Audit (NPDA)	<p>Parent and Patient Reported Experience Measure (PREM):</p> <p>The NPDA PREM report measures aspects of children and young people’s and their parents and carers’ experience of diabetes care. The data was collected between 1st February and 31st July 2019. The PREMS gave the Trust a chance to review the way its service users perceive its services. It allows for feedback to ensure that the service is continuing to develop to meet the needs of its service users. The feedback indicated positive</p>

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p>results in the way the diabetes team talk and communicate with children and carers. From this feedback the Trust intends to review and improve clinic waiting areas and to recruit two new consultants to improve the rate patients can be seen.</p> <p>Annual Report: There has been no annual report published in 2020-2021. The Trust submits data towards this audit and is currently awaiting the publication of the next annual report due in May 2021.</p>
National Prostate Cancer Audit	The National Prostate Cancer Audit (NPCA) was created in response for better information about the quality of care services provided to patients with prostate cancer in England and Wales. The Trust has performed very well in the audit and the results compare favourably with previous reports. The Trust is not an outlier in any areas of this audit. The Trust has extremely low complication rates for surgery and the functional outcome data is good. The Trust intends to introduce new techniques to help reduce the number of patients who currently experience gastrointestinal toxicity after radiotherapy.
Perioperative Quality Improvement Programme (PQIP's)	The Perioperative Quality Improvement Programme (PQIP) measures complications, mortality and patient reported outcome from major non-cardiac surgery. There was no annual report published in the year 2020-2021. The next annual report is due to be published in September 2021.
Sentinel Stroke National Audit Programme (SSNAP)	The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales and Northern Ireland. There are two parts to SSNAP, a clinical audit and an organisational audit. The Trust remains the largest admitting acute stroke unit within the Wessex region, and has seen a significant improvement with its overall SSNAP score rating achieving level A status, having previously achieved a level C. The Trust is implementing an enhanced specialist stroke nurse (SSN) service to provide specialist care 24/7, to facilitate an improvement in scanning, thrombolysis and admission to the acute stroke unit. The Trust is investing in further speech and language therapy services for the stroke service.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	SHOT is the UK's haemovigilance reporting scheme. In the 2019 calendar year 4,248 reports were received by the SHOT online reporting system (Dendrite) via the Medicines and Healthcare products Regulatory Agency (MHRA) from hospitals across the country. The Trust reports all incidences in line with the SHOT guidelines. The SHOT annual report gave a significant number of recommendations. The Trust has reviewed all the recommendations and notes the ones it is compliant with and the areas where further improvements can be made. The Trust is considering the use of an electronic tracking system for blood products to ensure accurate patient identification.
Society for Acute Medicine's Benchmarking Audit (SAMBA)	SAMBA provides a snapshot of the care provided for acutely unwell medical patients located on the Acute Medical Unit (AMU). Data was collected on Thursday 27 th June 2019. SAMBA looks at three national quality indicators. The Trust is below the national average for a significant number of areas. However, the SAMBA Audit was taken on a day when the Trust was experiencing extremely high demand for its services. The Trust recognises the areas that it needs to improve on and has formulated an action plan. Part of this action plan is ensuring that there is more consultant cover to see patients within the standard timeframe of between 08:00-20:00. There is a planned move of the department to a different geographical location within the Trust. This move has already been identified as a time to review and adapt process and procedures to better care for the totality of the workload.
Surgical Site Infection Surveillance Service	The surgical site infection surveillance service (SSISS) helps hospitals in England to record and follow up incidents of infection after surgery and reviews the results to change practice as necessary. There are mandatory and voluntary surgical surveillance. There are four categories of

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021	
Audit Title	Outcome/Actions to improve quality of healthcare
	orthopaedic surgery which are mandatory to report and 13 categories of surgical procedures that are voluntary to report. NHS Trusts in England are expected to submit data for at least one of the four orthopaedic categories for at least one continuous three-month period of that financial year. The Trust has participated in excess of the minimum surveillance required. The Trust uses the surgical site infection surveillance to continually improve its performance and to help benchmark its performance on previous results.
The Trauma Audit & Research Network (TARN)	The Trauma Audit and Research Network (TARN) is an audit programme that aims to measure and monitor processes of care and outcomes at a regional and national level, providing information on trauma patient outcomes. The Trust uses the TARN reports to improve its emergency services and treatment of patients who present as a trauma emergency to the hospital. The variation in the reports allows the Trust to highlight specific areas for improvement.
UK Registry of Endocrine and Thyroid Surgery	UK Registry of Endocrine and Thyroid Surgery provides data on the outcomes of thyroid surgery performed by the British Association of Endocrine and Thyroid Surgeons (BEATS) in the UK between 1 st July 2014 and 30 th June 2018. The Trust participates in this registry and no surgeons were identified as outliers.
UK Renal Registry National Acute Kidney Injury Programme	The UK Renal Registry National Acute Kidney Injury Programme describes the current picture related to acute kidney injury (AKI) in England. It aims to support service planning and improvements in people's outcomes following an AKI episode. Data was collected between January 2018 and December 2018, and all blood laboratories in the UK are required to submit any AKI alerts for blood results to the UK Renal Registry. The Trust is fully compliant with this mandate. The inaugural report provided an overview of national data relating to AKI but due to the limited nature of the data submitted and immense variation at a trust level, it is not yet possible to drill down to the finer detail at a local level which could identify outlying issues that require improvement and influence practice. The report acknowledges this and highlights that additional measures of hospital AKI rates and outcomes are under development in order to identify variation between hospitals in the future.

NATIONAL CONFIDENTIAL INQUIRIES THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021		
Confidential Inquiry	Name of Report	Outcome/Actions to improve quality of healthcare
Maternal, Newborn and Infant Clinical Outcomes Programme	Perinatal Mortality Surveillance Report	The perinatal surveillance report focuses on the surveillance of perinatal deaths from 22 weeks gestational age (including late fetal losses, stillbirths and neonatal deaths of babies born between 1 st January and 31 st December 2018. The Trust compares favourably with other similar trusts for neonatal outcomes. The Trust has introduced a growth assessment protocol (GAP) midwife to antenatal clinics where women attending for their first trimester screening are reviewed in line with the GAP pathway. Additionally, a guideline has been developed for babies who are indicated as small for their gestational age, to ensure babies have further follow up and appropriate management. The Trust is also actively working towards improving care provided by implementing all five elements of the 'saving babies lives' care bundle. Stillbirths and neonatal deaths are reviewed using the perinatal mortality review tool to ensure services are targeted to meet the needs of the local population.
	Saving Lives, Improving Mother's Care	This confidential enquiry reviewed the deaths of 547 women who died nationally during and up to one year after pregnancy between 2016 and 2018, from epilepsy and stroke, general medicine and surgical disorders, anaesthetic causes, haemorrhage, amniotic fluid embolism, sepsis and pulmonary embolism. In order to improve the care that

NATIONAL CONFIDENTIAL INQUIRIES THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021		
Confidential Inquiry	Name of Report	Outcome/Actions to improve quality of healthcare
		Mother's receive during pregnancy the Trust has implemented and continues to strengthen current protocols and services. Mother's with epilepsy are to be included in the maternal medicine clinics and the Trust has an ongoing effort to manage antenatal anaemia and risk assess women who are at an increased risk of postpartum haemorrhage. The Trust highlights the need for better access to psychiatric support and to Mother and Baby Units for Mothers with mental health needs or if they become unwell after birth. The Trust has introduced perinatal mental health specialist midwives to work alongside its perinatal psychologists. The Trust also continues to strengthen its multi-disciplinary team working across sub-specialties outside of maternity services.
	Perinatal Confidential Enquiry: Stillbirths and Neonatal Deaths in Twin Pregnancies	This confidential enquiry reviewed 50 twin pregnancies where one or both babies died in 2017. The main aim was to review the quality of care as it was recorded within the medical notes to determine whether different care may have had a difference in outcome. 34 recommendations were made in this report. The Trust is compliant with a significant number of the recommendations made. The Trust has also recently introduced electronic maternity health records which will further improve compliance with these recommendations. A new software update is required on existing software 'ViewPoint' to enable calculation of fetal weight discordance.
	Perinatal Mortality Review Tool	The perinatal mortality review tool (PMRT) aim is to support robust and standardised reviews to provide answers for bereaved parents about why their baby died. The Trust has carried out a self-assessment against the recommendations from the report and is already compliant with the majority of the recommendations and plans are in place to implement further improvements including strengthening ongoing work with the patient safety team and the implementation of regular reviews and action planning of the local PMRT summary reports.
Medical and Surgical Clinical Outcome Review Programme	Dysphagia in Parkinson's Disease	The aim of this confidential enquiry was to examine the pathway of care of patients with Parkinson's disease who are admitted to hospital when acutely unwell. In particular, to identify and explore multidisciplinary care and review organisational factors in the process of identifying, screening, assessing, treating and monitoring the ability to swallow. The Trust has participated in this audit and is currently awaiting the publication of results.
	Physical Health in Inpatients in Mental Health Hospitals	The aim of this confidential enquiry was to identify and explore remediable factors in the physical healthcare of adult patients admitted to an inpatient mental health facility. The Trust has participated in this audit and is awaiting the publication which is due Summer 2021.
	In Hospital Management of Out-of-Hospital Cardiac Arrests	The aim of this confidential enquiry was to highlight the quality of care provided to patients aged 16 and over who were admitted to hospital following an out-of-hospital cardiac arrest. The Trust is currently reviewing the recommendations to see how it performs and where there are areas that it can improve the care it provides.
	Epilepsy	The aim of this confidential enquiry is to investigate variation and remediable factors in the processes of care of patients presenting to hospital following an epileptic seizure. The Trust intends to participate in this audit which is due to commence May 2021.
Child Health Clinical Outcome Review Programme	Transition from Child Health to Adult Services	The Child Health Programme is one of four Clinical Outcome Review Programmes which are designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. There is currently one study under

QUALITY ACCOUNTS 2020 / 2021

Appendix A: National Clinical Audit – actions to improve quality

NATIONAL CONFIDENTIAL INQUIRIES THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2020/2021		
Confidential Inquiry	Name of Report	Outcome/Actions to improve quality of healthcare
		development; Transition from Child to Adult Health Services. This study is currently at the planning stage and the Trust is currently awaiting the publication of more details and plans to participate in this study.
National Confidential Inquiry into Suicide and Safety in Mental Health	Suicide by Female Nurses: A Brief Report	NHS England requested this brief report aimed to establish preliminary data about women who died by suicide while employed as nurses as they have been identified as having a risk of suicide which is 23% above the risk of women in other occupations. The data examined was obtained from the Office for National Statistics. Whilst the Trust did not directly submit data to this audit, it is important to the Trust that any key messages or lessons are taken on board to ensure that the Trust is able to provide and signpost staff to appropriate services and support. The Trust continues to widely communicate support and services it can offer through regular Trust emails, the local intranet and written communications.

Appendix B – Local Clinical Audit: actions to improve quality

Examples of local audits and the actions Portsmouth Hospitals University NHS Trust intends to take to improve the quality of healthcare provided:

LOCAL CLINICAL AUDITS	
Audit Title	Comments and actions to improve quality of healthcare
COVID-19 Risk Assessment Score Audit (4939)	The Trust developed its own COVID-19 risk assessment score. The Trust categorised patients as low, medium and high risk, and each risk category had its own management protocol developed. This aim of this audit was to find how the risk score was utilised and its relationship with the COVID-19 swabs and the management of older persons medicine patients thereafter. Areas of good practice that were highlighted included risk scores being completed in 75% of patients even when none of the typical presentations happened. The risk score also highlighted the percentage of patients who had come from a residential home and helped to decipher discharge destination, which helped with discharge planning in the future. The results confirmed the need to ensure that every patient received a COVID-19 swab. The COVID-19 risk score was good at identifying positive patients; however, it is noted to have some limitations for example in the presentation of COVID-19 in elderly patients. One third of elderly patients with COVID-19 presented as a fall rather than the typically expected respiratory symptoms. Another limitation of the COVID-19 risk score was in identifying COVID-19 in intermediate and low risk patients. Two recommendations were made as a result of the audit including that COVID-19 swabbing is consistent and to investigate barriers for swabbing and also to ensure that every patient has a frailty score calculated and recorded in the notes during their patient stay.
Improving staff confidence when using the Pro-turn® (5002)	Pro-turn® is a specialist piece of equipment that is used to help rotate patients from lying on their backs to lying on their stomachs. The audit aimed to investigate the level of staff confidence using the Pro-turn® equipment within the operating theatres. The audit highlighted a gap where there were a group of staff who would commonly be expected to use a pro-turn® but had never used it before. 60% of participants felt that their understanding could be improved with educational tools. After implementing the educational tools, 100% of respondents felt that the educational tools implemented were useful in learning how to use the pro-turn®. Additionally, staff reported increased confidence and felt safer using the pro-turn®. To ensure ongoing access to the educational tools a poster will remain in the theatre area to advertise this to staff as well as the development of a QR code to link to a video on how to use the pro-turn®.
Getting it right first-time parathyroidectomy audit (4938)	The national recommendation for patients who receive parathyroid surgery is to stay one night post-operatively. The aim of this audit was to compare the length of stay post-operatively in the Trust against the national recommendation. The audit reviewed the patients that had parathyroid surgery between July 2018 - November 2020, that met the inclusion criteria. This audit identified areas of good practice including 72% of parathyroidectomy patients only stay for one-night post-operation. The patients that stay longer often have tertiary hyperparathyroidism as they are more complex renal patients, so a longer post-operative stay is not unexpected. The audit highlighted the need to ensure that the reason for extended post-operative stays are clearly documented within the patient's notes. The audit has resulted in the development of a new parathyroid post-operative proforma which includes the ordering and checking of the post-operative blood tests. This helps to indicate if the patient is ready to go home the day after surgery, or if not what the reason is. The new proforma will be included in the ENT introduction handbook for all new doctors working within the ENT service, which will help increase awareness of the proforma and increase discharge efficiency.

QUALITY ACCOUNTS 2020 / 2021

Appendix B: Local Clinical Audit – actions to improve quality

LOCAL CLINICAL AUDITS	
Audit Title	Comments and actions to improve quality of healthcare
Are all patients undergoing hip replacement surgery following traumatic neck of femur fractures having post-operative check x-rays? (4925)	The Getting it Right First Time Programme in association with the British Hip Society, British Orthopaedic Association and NHS Resolution suggest: “Within the initial course of post-operative care, it should be considered standard practice for an anterior/posterior and lateral x-ray to be performed.” An audit was performed to review how many patients underwent a hip replacement within a certain time frame, who had a post-operative x-ray completed. After the first round of the audit, the result indicated that there was room for improvement and as a result a number of interventions were put into place, including posters on the wards and within the junior doctor’s room and further junior doctor communication. On a re-audit there was an improvement in the number of patients who received a post-operative x-ray after a hip replacement, although it is noted that there is still further improvement to be made.
Are we requesting too many chest x-rays in suspected COVID-19 patients - an audit of x-ray adequacy against BSTI guidance and use of standardised reporting (4741)	The aim of this audit was to assess the appropriateness of chest x-rays requested in suspected COVID-19 patients against the British Society of Thoracic Imaging (BSTI) guidance within the emergency department. The audit identified that good practice was being used within the emergency department to identify patients and no areas of concern were identified. There is a plan to repeat this audit during the second peak of COVID-19 using the same guidance to monitor for changes in current practice.



Portsmouth Hospitals University NHS Trust

Portsmouth Hospitals University NHS Trust



Queen Alexandra Hospital
Cosham
Portsmouth
Hampshire
PO6 3LY



023 9228 6000