



PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST

QUALITY ACCOUNTS

2021 - 2022

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

QUALITY ACCOUNTS 2021 / 2022

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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 2021/22, which highlights our continued dedication to improving all aspects of quality care for patients and staff.

We have made great progress in improving our services for our patients and local communities. I am proud of our staff and how they have tackled the additional challenges of the pandemic whilst continuing to innovate and implement changes in their workplace. This report shares our main achievements and outlines the areas we will develop further in 2022/23.

Ensuring our patients receive safe, high-quality care is at the heart of all that we do. We have an experienced patient safety team reporting to our Chief Nurse and working in partnership with our Medical Director. The team have been working with our clinical teams to further develop our approach to incident management to maximise our learning opportunities.

We were proud to see our Vascular Assessment Unit maintain its Improving Quality in Physiological Services (IQIPS) accreditation for another year. The unit has held this accreditation status since 2015 and is one of only a handful of vascular ultrasound services in the country to have this, demonstrating the high-quality care delivered to patients.

We continue to be at the forefront of innovative technology to ensure excellent clinical effectiveness. Patients with liver cancer can expect better outcomes and enhanced care with the implementation of microwave ablation – a new treatment for early-stage lung cancer - Stereotactic Ablative Body Radiotherapy (SABR). And our Breast Screening Department has invested in three new mammography units, which will have a significant impact on the ability to find new cancers at an early stage.

As a University Hospital, clinical research is central to us influencing and 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. During 2021/22, we recruited 14,241 research participants into clinical research studies and of these patients, 6174 were recruited into 10 Urgent Public Health (UPH) studies, prioritised nationally as part of the government's response to the Covid-19 pandemic.

Our priorities for 2022/23 are aligned to our Trust strategy and True North objectives, in which we describe our long-term ambition to eliminate all avoidable harm and provide the best possible patient experience. We have a continuing to focus on safe, patient focused care with an emphasis on reducing the number of inpatient falls and the incidence of hospital associated pressure ulcers. We will continue to ensure patient experience is improved by keeping people informed about appointment waiting times and ensuring timely discharges from hospital. 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. Looking further into the future, we were delighted to receive planning permission for the building of our new Emergency Department. This will allow us to transform emergency care with double the number of resus bays, a new CT scanner and faster access to radiology. There will be improved privacy and this will allow for a more streamlined way of working.

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Statement on quality from Chief Executive

The new department will complement the changes already made this year with establishment of an Emergency Care Centre, Medical Village on D Level with extended Same Day Emergency Care (SDEC) capacity and co-located Acute Medical Unit and Short Stay. There is also extended SDEC capacity in Oncology and Older People's Medicine as well as additional overnight capacity.

We would like to thank everyone who has engaged with us in producing this Quality Account and to all our staff for their continued commitment to deliver the highest standard of care to our patients every day.

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.



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QUALITY IMPROVEMENT PRIORITIES 2022 / 2023

The Trust constantly strives to improve the quality, safety and effectiveness of the care provided to patients and their families/carers and aims to improve services based on what patients say matters most to them.

The Trust develops its priorities for quality improvement by triangulating evidence available through a variety of internal and external sources. These include complaints, incident reporting, national quality initiatives, national and local patient surveys, clinical audit and NICE guidance.

Each year, key priorities are chosen for inclusion in the Quality Account. The chosen priorities are expected to have the greatest impact on reducing harm and improving patient experience and outcomes.

The priorities for 2022/2023 have been aligned to the Trust Delivering Excellence Every Day (DEED) programme to help achieve delivery of the Trust vision of *'Working together to drive excellence in care for our patients and communities'* and the Commissioning for Quality and Innovation (CQUIN) framework which supports improvements in the quality of services and the creation of new, improved patterns of care.

The quality priorities contained within this Account were developed and approved by the subject matter experts and presented to and approved at the Trust Quality, Safety and Patient Experience Group in March. The CQUIN performance measures are currently being agreed with Commissioners; therefore, further detail will be provided in the updates provided to the Trust Quality, Safety and Patient Experience Group and the Quality and Performance Committee.

A full range of quality measures and how the Trust is working towards achieving these will be reported to the Trust Board and the Quality and Performance Committee on a monthly basis through the Integrated Performance Report (IPR) and quarterly through the Patient Safety, Patient Experience and Clinical Effectiveness reports.

This Quality Account and associated priorities are presented around the three domains of quality: patient safety, patient experience and clinical effectiveness.

The Account summarises the Trust's performance and improvements against the quality priorities and objectives the Trust set itself for 2019/2020 (set out in the 2018/2019 Quality Account).

QUALITY ACCOUNT PRIORITIES 2022 / 2023

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

PATIENT SAFETY	
Our Quality Priorities	What success will look like
Inpatient Falls: We will reduce the total number of inpatient falls (20% reduction by March 2023, from 2021/2022 levels)	<ul style="list-style-type: none"> • Total number of falls • Total number of falls per 1000 bed days • Number of falls with serious harm
Hospital Associated Pressure Ulcers: We will reduce the incidence of hospital associated pressure ulcers in our inpatient wards (20% reduction by March 2023, from 2021/2022 levels)	<ul style="list-style-type: none"> • Total number of hospital associated pressure ulcers • The number of category 3 and 4 pressure ulcers
Treatment delays: We will reduce the number of serious incidents relating to delays in treatment and patients who are lost to follow up	<ul style="list-style-type: none"> • We will ensure patients are informed of how to escalate a concern if they have not received information/ or an invitation to attend as expected.

PATIENT EXPERIENCE	
Our Quality Priorities	What success will look like
Waiting Times: We will keep our patients informed and keep in regular contact with regards to waiting times for outpatient appointments	<ul style="list-style-type: none"> • Patients will be updated regarding service delays (either via the volunteer calls pilot or by the individual service).
Discharge: We will improve the experience of our patients and carers in relation to discharge from hospital	<ul style="list-style-type: none"> • Reduce the length of time patients are waiting for their medicines to take home (TTOs). • Improve the % patients who agree they were given an explanation of how to take their medicines at the time of discharge from hospital.
Patients & carers with additional communication requirements: We will improve the experience for our patients, service users, carers and parents who have additional communication requirements or who have a disability, impairment or sensory loss	<ul style="list-style-type: none"> • We will reliably ask patients if they have any information or communication needs and reliably record this information • We will act upon requirements as appropriate

CLINICAL EFFECTIVENESS

Linked to the Commissioning for Quality and Innovation (CQUIN) framework; at the time of writing the Quality Account performance measures are being agreed with Commissioners; therefore, further detail will be provided in the updates provided to the Trust Quality, Safety and Patient Experience Group and the Quality and Performance Committee

Our Quality Priorities	What success will look like
Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions: We will adhere to evidence-based steps in the identification and recording of deteriorating patients, enabling swifter response.	60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, will have: <ul style="list-style-type: none"> • a NEWS2 score, • time of escalation (T0) and time of clinical response (T1) recorded in the medical records
Compliance with timed diagnostic pathways for cancer services We will ensure that patients receive rapid assessment and diagnostics for suspected prostate, colorectal, lung and oesophago-gastric cancer, in line with the 'Faster Diagnostics Standard' national guidance for each tumour site.	<ul style="list-style-type: none"> • 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meet timed pathway milestones by the end of Quarter 4
Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery We will have quality shared decision-making conversations, supporting patients to make informed decisions based on available evidence, their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them about both their clinical condition and the consequences of the Covid pandemic	<ul style="list-style-type: none"> • Achieve 75% score using nationally-recognised questionnaire in all patients having new complex pacing device implants by the end of Quarter 4

QUALITY IMPROVEMENT PRIORITIES 2021 / 2022 – OUR ACHIEVEMENTS

The Quality Account published in June 2021 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 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) - **Not 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) - **Not achieved**
- Reduction in Health Care Associated Infections - **Not achieved**
- Increased level of low harm and near miss reporting which provides the opportunity to learn and intervene in advance of potential harm occurring - **Partially achieved**

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- **Achieved**

- 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 - **Partially achieved**

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

Accessible Information standard- **Achieved**

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

Nutrition and Hydration- **Achieved**

- 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" - **Achieved**

- 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- **Achieved**

- 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 2021/2022 Portsmouth Hospitals University NHS Trust provided and sub-contracted 19¹ 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 19 of these NHS services.

The income generated by the NHS services reviewed in 2021/2022 represents 99.6% of the total income generated from the provision of NHS services by Portsmouth Hospitals NHS Trust for 2021/2022.

Participation in clinical audits

During 2021/2022 48 national clinical audits and 6 national confidential enquiries covered NHS services that Portsmouth Hospitals University NHS Trust provides.

During that period Portsmouth Hospitals University Hospitals NHS Trust participated in 98% (46/47) national clinical audits (one was excluded as it was delayed/postponed nationally due to the pandemic) and 100% (5/5) national confidential enquiries of those it was eligible to participate in (one was excluded as it is 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 2021/2022, 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 2021/2022 and some reports that were published from data supplied in 2020/2021) were reviewed by the provider in 2021/2022. Appendix A highlights the actions Portsmouth Hospitals University NHS Trust intends to take to improve the quality of healthcare provided.

Audit title	Details	Participation	% cases submitted
Case Mix Programme (CMP) - Intensive Care National Audit and Research Centre (ICNARC)	Audit	✓	100%
Chronic Kidney Disease Registry		✓	100%
Cleft Registry and Audit Network (CRANE)	Audit	Not applicable	Not applicable

¹ Based on Care Quality Commission Regulated activities

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Statements of assurance from the Board

Audit title	Details	Participation	% cases submitted
Elective Surgery (National PROMs Programme)	Pre-operative questionnaires/ Post-operative questionnaires	✗	0% Elective ward transferred to Medicine ward during COVID-19
Emergency Medicine Quality Improvement Project (QIPs)	Pain in Children (Care in Emergency Departments)	✓	Ongoing data collection
	Severe sepsis and septic shock (care in Emergency Department)	Not applicable	Royal College of Emergency Medicine decision not to run the QIP in 2021-2022
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	Ongoing data collection
	Hip Fracture Database	✓	100%
	Inpatient Falls Audit	✓	100%
Inflammatory Bowel Disease Programme (IBD Programme)	Inflammatory Bowel Disease Registry	✓	20.5%
Learning from Lives and Deaths, People with a Learning Disability and Autistic People (LeDeR)	Audit	✓	100%
National Adult Diabetes Audit	National Diabetes Core Audit	✓	Ongoing data collection
	National Pregnancy in Diabetes Audit	✓	100%
	National Diabetes Footcare Audit	✓	Ongoing data collection
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit- Harms	✓	100%
National Asthma and COPD Audit Programme	Paediatric Asthma Secondary Care	✓	100%
	Adult Asthma Secondary Care	✓	100%
	Chronic Obstructive Pulmonary Disease Secondary Care	✓	156 cases submitted
	Pulmonary Rehabilitation- Organisational Audit	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 Cardiovascular Disease Prevention	Audit	Not applicable	Not applicable
National Audit of Care at the End of Life (NACEL)	Audit	✓	100%
National Audit of Dementia	Audit	-	Delayed due to COVID-19, due to commence in 2022
National Audit of Pulmonary Hypertension (NAPH)	Audit	Not applicable	Not applicable

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Audit title	Details	Participation	% cases submitted
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Organisational Audit, Clinical Audit (in part)	✓	100%
National Cardiac Arrest Audit (NCAA) – ICNARC	Audit	✓	100%
National Cardiac Audit Programme (NCAP)	National Audit of Cardiac Rhythm Management	✓	100%
	Myocardial Ischaemia National Audit Project	✓	100%
	National Audit of Cardiac Surgery Audit	Not applicable	Not applicable
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	100%
	National Heart Failure Audit	✓	100%
	National Congenital Heart Disease Audit	Not applicable	Not applicable
National Child Mortality Database		✓	100%
National Clinical Audit of Psychosis	Audit	Not applicable	Not applicable
National Comparative Audit of Blood Transfusion programme-	2021 Audit of Patient Blood Management and NICE Guidelines	✓	100%
	2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	Not applicable	Postponed due to COVID-19
National Early Inflammatory Arthritis Audit (NEIAA)	Audit	✓	Ongoing data collection
National Emergency Laparotomy Audit (NELA)	Audit	✓	73%
National Gastro-Intestinal Cancer Programme	National Bowel Cancer Audit	✓	>80%
	National Oesophago-Gastric Cancer	✓	65-74%
National Joint Registry (NJR)	Audit	✓	99%
National Lung Cancer Audit (NLCA)	Audit	✓	Ongoing data collection
National Maternity and Perinatal Audit (NMPA)	Audit	✓	Trust data not included in 2021 annual report
National Neonatal Audit Programme (NNAP)	Audit	✓	100%
National Paediatric Diabetes Audit (NPDA)	Audit	✓	100%
National Perinatal Mortality Review Tool	Audit	✓	100%
National Prostate Cancer Audit	Audit	✓	100%
National Vascular Registry	Audit	Not applicable	Not applicable

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Statements of assurance from the Board

Audit title	Details	Participation	% cases submitted
Neurosurgical National Audit Programme	Audit	Not applicable	Not applicable
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	Audit	Not applicable	Not applicable
Paediatric Intensive Care Audit Network (PICANet)	Audit	Not applicable	Not applicable
Prescribing Observatory for Mental Health (POMH-UK)	Prescribing for depression in adult mental health services	Not applicable	Not applicable
	Prescribing for substance misuse: alcohol detoxification	Not applicable	Not applicable
Respiratory Audits	National Outpatient Management of Pulmonary Embolism	✓	100%
	National Smoking Cessation 2021 Audit	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	Audit	✓	100%
Serious Hazards of Transfusion (SHOT): UK National Haemo-vigilance Scheme	Audit	✓	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Audit	✓	100%
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	Audit	✓	100%
The Trauma Audit & Research Network (TARN)	Audit	✓	85-100%
UK Cystic Fibrosis Registry	Audit	Not applicable	Not applicable
Urology Audits	Cytoreductive Radical Nephrectomy Audit	✓	Audit closed in 2020
	Management of the Lower Ureter in Nephroureterectomy 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)	✓	Ongoing data collection
Maternal and Newborn Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance Report	✓	100%
	Saving Lives, Improving Mother's Care (Lesson learned to inform maternity care from UK and Ireland Confidential Enquires into Maternal Deaths and Morbidity 2017-19)	✓	100%
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Physical Health in Mental Health Hospitals	Not applicable	Not applicable
	Epilepsy	✓	43%
	Crohn's Disease	✓	Data collection in progress
	Community Acquired Pneumonia	-	Study under development

NATIONAL CONFIDENTIAL ENQUIRIES			
Audit title	Details	Participation	% cases submitted
Mental Health Clinical Outcome Review Programme	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	Not applicable	Not applicable

The reports of 28 national clinical audits were reviewed in 2021/2022, 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 14,241 research participants into clinical research studies during 2021/22. Of these patients, 6174 were recruited into 10 Urgent Public Health (UPH) studies, prioritised nationally as part of the government's response to the Covid-19 pandemic.

Nationally, a continued collective effort into fast tracking patient recruitment into UPH studies has continued to provide vital new evidence and resulted in changing practice to improve outcomes for Covid-19 patients. The Randomised Evaluation of COVID-19 Therapy (RECOVERY) trial has continued to support the identification of new treatments, recently demonstrating Baricitinib, an anti-inflammatory treatment normally used to treat rheumatoid arthritis, reduces the risk of mortality resulting in improved patient outcomes.

Clinical research continues to be a crucial 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. Moreover, our workforce benefits from infrastructure developments and our clinicians through the uptake of new treatments, knowledge and skill sets.

In 2021/22, -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 2021/22 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 of assurance from the Board

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.

The CQC have not taken enforcement action against Portsmouth Hospitals University NHS Trust during 2021-2022.

The Trust was last subject to a comprehensive CQC inspection in October 2019 followed by a specific well-led inspection in November 2019, following which the Trust was rated as 'Good' overall



The Trust continues to work on improving quality throughout all its service; particularly in the CQC's 'safe' domain and across the urgent and emergency care pathway, both of which remain rated as 'requires improvement'.

There is regular communication with the CQC regarding delivery of improvements, including weekly briefing calls, and quarterly engagement events.

Like most CQC registered bodies, during the pandemic the Trust has not undergone the comprehensive inspection which would normally have taken place and allowed for a review and revision of its ratings.

The CQC conducted a brief focused inspection on Maternity Services in July 2021. The service was not rated following the inspection; the previous rating of 'requires improvement' remains. The inspection had a broadly positive outcome; with the CQC recognising the progress which had been made since the 2019 full inspection. However, one 'must do' recommendation regarding policies and procedures (Regulation 12) was received. The Maternity Service is working to achieve compliance with the action.

Data quality

Portsmouth Hospitals University NHS Trust submitted records during 2021/2022 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 (2021-2022, up to month 11 April 2021 to February 2022) show the following data quality scores:

Included the patient's valid NHS number:

- 99.9% for admitted patient care (national average 99.6%)
- 100% for outpatient care (national average 99.7%)

- 99.7% for accident and emergency care (national average 96.2%)

Included the patient's valid General Medical Practice Code:

- 96.9% for admitted patient care (national average 99.7%)
- 97.8% for out-patient care (national average 99.6%)
- 92.8% for accident and emergency care (national average 98.6%)

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

Statements of assurance from the Board

- Regular Data Quality Steering Group meetings to investigate and showcase data quality issues or improvements made in Trust data
- Audits of data quality reports used in the Trust to ensure they are accurate and fit for purpose
- Regular Report Review meetings to ensure national returns are reviewed and accurate
- Continued monitoring of the SUS data quality dashboards to identify outliers and areas in need of improvement
- 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 in line with the Trust Data Quality Policy
- Working with the national team to create new data quality dashboards for ECDS to show more up to date data for both good compliance and areas of improvement

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 97.9%)
- 100% for out-patient care (national average 95.7%)
- 94.4% for accident and emergency care (national average 91.2%)

Included a valid site code of treatment:

- 100% for admitted patient care (national average 97.5%)
- 100% for out-patient care (national average 96.7%)
- 92.2% for accident and emergency care (national average 99.0%) – please note for May 2021 to February 2022 this has been 100% for the Trust. The lower than national average is due to one month (April 2021) of poor data quality

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

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 Protection (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 was submitted on 30th June 2021. The Trust submitted the toolkit on

time, but several assertions were incomplete. This gave the Trust an ‘Approaching Standards’ rating. Improvement Plans for the outstanding mandatory evidence items were submitted for evaluation by NHS Digital and agreed. However, the Trust was unable to meet the final deadline for submission of additional evidence, therefore the Trust's rating remains ‘Approaching Standards’. The DSPT submission for 2021-2022 will be submitted on 30th June 2022.

- TIAA Data Security and Protection Toolkit (DSPT) audit is undertaken in two parts (February 2021 and June 2021) have given the Trust a ‘substantial’ rating in 12 out of 13 mandatory assertions, and one

Statements of assurance from the Board

mandatory assertion as a moderate. The overall risk rating for the Trust is 'substantial'.

Learning from deaths

- During the 2021/2022 2,375 of Portsmouth Hospitals University NHS Trust inpatient (PHUT) / Emergency Department (ED) patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
 - 495 patients died in Q1
 - 576 patients died in Q2
 - 705 patients died in Q3
 - 599 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:
 - Q1 490
 - Q2 571
 - Q3 698
 - Q4 598
- By 31 March 2022, 2,357 case record reviews had been carried out. This figure includes all inpatient deaths, including deaths that occurred in the Emergency Department (ED), with exception of 18 cases. Of those 18 cases, 10 cases were neonatal deaths, these are not reviewed by PHU's Medical Examiners system as they are deemed to be subjected to robust external investigations which are fed back to PHU to gain any learning points. 8 of the 18 deaths that were not reviewed due to them being paediatric deaths whom were brought into the Emergency Department with police referral to the coroner already completed.
- The number of deaths in each quarter for which investigations² were carried out:
 - Q1. 69
 - Q2. 75
 - Q3. 89
 - Q4. 70
- 303 investigations have been carried out in relation to 2375 of the deaths that occurred during the period 2021/2022. 205 of these were requested at coroner's inquest (some cover deaths occurred in 2020/2021)
- This data reflects completed investigations only, those still ongoing, particularly from quarter 3 and 4, are not included in the numbers above.
- 5 cases (Q1 =1, Q2 =1 & Q3 = 3), representing 0.2% of the patient deaths during this reporting period, were initially judged to be more likely than not to have been due to problems in care provided to the patient. All cases were referred to the coroner, 3 had post-mortems, 2 being taken for a coroner's inquest. Internal reviews occurred for all these cases in the form of a Morbidity and Mortality (M&M) meeting or a Structured Judgement Review (SJR).

² This considers review by the relevant morbidity and mortality meeting as well as coroner's inquest where an investigation have been completed

Statements of assurance from the Board

- 9 cases were subject to a Serious Incident Investigation (from Q1 – Q4 2021/2022). Three cases were deemed to have been unavoidable, two cases were felt to have slight evidence of avoidability, three cases were deemed to be possibly avoidable, but not very likely and one case has been deemed to have been probably avoidable (>50:50). In relation to each quarter, this consists of:
 - One, representing 0.2% of the total deaths for the first quarter
 - Two, representing 0.3% of the total deaths for the second quarter
 - Two, representing 0.3% of the total deaths for the third quarter
 - Four, representing 0.2% of the total deaths for the fourth quarter
- These cases have been derived from the case reviews at mortality review panels, in-depth reviews by Morbidity & Mortality groups (M&M), Serious Incident Investigation, Structured Judgement Reviews 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 (MRP) with a Qualified Medical Practitioner who cared for the patient. This allows for a more in-depth examination of any area of concern or learning points.
- Patient care and treatment themes that were identified came from the reviews described as above. Timeliness, appropriateness, completion and communication need to be considered more when completing Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) paperwork and when End of life decision are being made. Work with Wessex neuro was prompted from the coroners with regards to the Head Injury Pathway. Areas of improvement as a whole, across the multidisciplinary teams include documentation, communication and decision making.
- 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 (MRG) 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 a new Learning from Death's manager had been appointed to support organisational mortality 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

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. The Trust has participated in all seven national surveys, with our final submission in November 2019.

The national team no longer seek central submission, but recommend an annual review be conducted internally by each Trust using a similar template to that employed for the NHSEI returns, supported by an internal audit. Due to the Covid pandemic and operational pressures there has been no re-audit since January 2020. The Trust plans to re-audit during 2022.

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 who champion the FTSU agenda and provide a direct link between individuals, departments and the FTSU Guardian. The Trust has

ensured that the team of Advocates is representative of a broad sector of the workforce.

Staff can raise concerns to the Guardian through a number of routes, including, but not limited to:

- A dedicated phone line for the Guardian
- A confidential email address
- An online reporting portal via the DATIX system -that will go directly to the Guardian and allows concerns to be raised anonymously as required
- A network of FTSU Advocates

Alongside these routes to access the FTSU service the Trust is also committed to ensuring alternative avenues are available for staff with the provision of a 'whistleblowing' line, a 'respect me' service and staff network groups. All of which the FTSU Guardian has formed strong links.

There is an intranet page for Freedom to Speak Up and posters containing contact details of the Guardian are well distributed throughout the organization.

Whilst 2021/2022 has been challenging for many aspects of the organisation, with a number of staff being redeployed and others facing the challenges of

QUALITY ACCOUNTS 2021 / 2022

Statements of assurance from the Board

COVID pressures the FTSUG was able to continue availability to ensure the service was maintained and available to all staff groups.

During this period, we saw an increase in the number of anonymous concerns that were raised via the online portal. Whilst anonymous concerns have their own challenges the FTSU Guardian has continued to see positive responses and engaging from the management teams of areas concerned.

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. 18 – Sep. 19		Oct. 19 – Sep. 20		Oct. 20 – Sep. 21	
	PHT	National Average	PHT	PHT	National Average	PHT
The value of the summary hospital-level mortality indicator ("SHMI") for the Trust.	1.0423	1	0.975	1.0423	1	0.975
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	40.00%	36.00%	40.00%	40.00%	36.00%	40.00%
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 that all mortality data, provided internally and externally, is reviewed by the Trust's monthly Mortality Review Group, chaired by the Medical Director or nominated representative • Undertake scrutiny of care received by all inpatients and Emergency Department patients whose stay resulted in death. • As per national guidelines, the Medical Examiner Service provides an independent service to review all patient's deaths to ensure good quality patient care, supportive communication with relatives and accurate documentation of the Medical Certificate of Cause of Death • Identification of any cases where there have been concerns and a recommendation for further scrutiny from Morbidity and Mortality meetings (M&M), Structured Judgement Reviews (SJR) or Serious Incident Requiring Investigation (SIRI) • All deaths of patients with a known Learning Disabilities (over the age of 4) and Autism (over the age of 18) received a Structured Judgement Review to ensure any learning is identified at the earliest opportunity. In addition, all deaths are reported nationally using the LeDeR (Learning Disabilities Mortality Review) online referral system, a national programme aimed at making improvements to the lives of people with learning disabilities and autism. 						

National Quality Priorities

Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions

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. 18 - Mar. 19				Apr. 19 - Mar. 19				Apr. 20 - Mar. 21			
	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest
Groin hernia surgery	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Varicose vein surgery	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hip replacement surgery (primary)	0.469	0.465	0.557	0.348	0.553	0.453	0.529	0.344	-			
Knee replacement surgery (primary)	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.

During the reporting period the joint surgery school, where the questionnaires are issued, was postponed due to the Covid pandemic. In addition, the elective ward was transferred to Medicine to cope with demand. Since recommencing elective orthopaedics and once the cancelled patients were operated on (who had completed PROMS forms and submitted) PROMS collection was recommenced on all new listed patients

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

QUALITY ACCOUNTS 2021 / 2022

National quality priorities

National Quality Priorities												
Helping people recover from episodes of ill health or following injury.												
Patient Reported Outcome Measures (PROMs) finalised (EQ5D Index)	Apr. 18 - Mar. 19				Apr. 19 - Mar. 19				Apr. 20 - Mar. 21			
	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest
n/a: NHS England have stopped measuring and producing this data; therefore, no national data not available'												

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	Apr. 18 - Mar. 19				Apr. 19 - Mar. 20				Apr. 20 - Mar. 21			
	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Lowest
Based on the average score of five questions from the National Inpatient Survey	67.3	67.2	85	58.9	65.3	67.1	86.2	54.4	74.1	74.5	85.4	67.3

National Quality Priorities												
Ensuring that people have a positive experience of care.												
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"> Continue to enhance and expand a real time digital feedback methodology for patients, including outpatient departments, 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) Continue to seek feedback through a variety of mechanisms (digitally, family liaison service, volunteers) 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 Further development of the Patient Experience Ambassadors who lead on changes and improvement in their areas Areas of improvement identified from the National Inpatient Survey results and Trust-wide priorities are actioned by the Patient Experience Group. Progress is monitored and reported by the Head of Quality- Patient Experience 												

National Quality Priorities												
Ensuring that people have a positive experience of care.												
National Staff Survey results	Apr. 18 - Mar. 19				Apr. 19 - Mar. 20				Apr. 20 - Mar. 21			
	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%	70%	71%	93	29%	74%	73%	91%	62%
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 Continued implementation of the 'Delivering Excellence' operating model – specifically 'Proud to be PHU' which has a focus on implementing a real time staff feedback The approved EDI Strategy and Action Plan 2022-2025 published in April 2022 will outline deliberate and explicit actions for improvement, working towards intentional inclusion Continued focus on the Prevention of Violence at Work initiatives Delivering continued improvements in supporting staff health and wellbeing with a particular focus on the recovery of staff 												

QUALITY ACCOUNTS 2021 / 2022

National quality priorities

National Quality Priorities												
Ensuring that people have a positive experience of care.												
National Staff Survey results	Apr. 18 - Mar. 19				Apr. 19 - Mar. 20				Apr. 20 - Mar. 21			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
<ul style="list-style-type: none"> Investment in management and leadership development Providing dedicated Organisational Development support to Divisions 												

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-22	106,060	1,694	1,031,897	10,036	10.28%	16.88%	81%	86%	12%	9%
Dec-21	100,667	1,519	996,641	9,453	10.10%	16.07%	80%	87%	13%	10%
Nov-21	111,094	1,758	1,117,795	10,785	9.94%	16.30%	77%	83%	16%	11%
Oct-21	112,197	1,881	1,161,934	11,733	9.66%	16.03%	75%	78%	17%	15%
Sep-21	116,261	1,930	1,183,009	12,036	9.83%	16.04%	75%	81%	17%	13%
Aug-21	114,354	1,919	1,135,116	11,215	10.07%	17.11%	77%	83%	16%	11%
Jul-21	117,673	1,811	1,210,575	11,944	9.72%	15.16%	76%	81%	16%	12%
Jun-21	116,863	1,930	1,177,019	11,585	9.93%	16.66%	79%	82%	13%	12%
May-21	127,246	1,971	1,176,099	10,800	10.82%	18.25%	82%	86%	11%	8%
Apr-21	112,369	1,806	1,054,767	9,694	10.65%	18.63%	84%	89%	9%	6%
Mar-21	101,715	1,750	909,096	9,771	11.19%	17.91%	87%	88%	8%	7%
Feb-21	79,595	1,264	707,708	6,725	11.25%	18.80%	88%	90%	7%	5%
Jan-21	72,633	1,238	665,918	6,646	10.91%	18.63%	88%	90%	7%	6%
Dec-20	78,624	1,297	793,542	7,801	9.91%	16.63%	87%	90%	8%	7%
No data reported over the last year										
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:										

QUALITY ACCOUNTS 2021 / 2022

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**

- Continued development and strengthening of Realtime Feedback across the Trust including outpatients
- Further development of the Patient Experience Ambassadors to respond to FFT feedback and make changes and improvement in their areas
- Strengthening of volunteer roles in ward area and the Emergency department. This includes the recruitment of specific feedback volunteers to increase response rates and engage patients and carers to inform where there are opportunities for our A&E team to improve satisfaction scores

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
Jan-22	121,207	1,516	698,120	8,633	17.36%	17.56%	94%	92%	3%	4%
Dec-21	120,502	1,402	730,417	7,634	16.50%	18.37%	94%	92%	3%	4%
Nov-21	140,978	1,707	785,490	8,747	17.95%	19.52%	94%	93%	3%	3%
Oct-21	140,057	1,722	765,039	8,660	9.66%	16.03%	94%	90%	3%	4%
Sep-21	144,246	1,625	798,867	8,544	18.06%	19.02%	94%	91%	3%	5%
Aug-21	140,077	1,633	755,813	8,463	18.53%	19.30%	94%	92%	3%	4%
Jul-21	154,275	1,788	806,951	9,045	19.12%	19.77%	94%	92%	3%	4%
Jun-21	156,484	1,870	767,213	9,399	20.40%	19.90%	95%	93%	2%	4%
May-21	155,190	1,763	788,026	8,968	19.69%	19.66%	95%	92%	3%	4%
Apr-21	135,820	1,512	711,645	8,227	19.09%	18.38%	94%	94%	3%	3%
Mar-21	124,944	1,410	715,454	8,037	17.46%	17.54%	95%	94%	3%	3%
Feb-21	87,197	1,010	562,440	6,274	15.50%	16.10%	94%	94%	3%	3%
Jan-21	76,781	1,069	514,810	6,245	14.91%	17.12%	95%	94%	3%	3%
Dec-20	95,837	1,093	624,247	7,382	15.35%	14.81%	94%	93%	3%	4%

No data reported over the last year

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:

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**

- Continued development and strengthening of Realtime Feedback across the Trust including outpatients
- Further development of the Patient Experience Ambassadors to respond to FFT feedback and make changes and improvement in their areas
- Strengthening of volunteer roles in ward area and the Emergency department. This includes the recruitment of specific feedback volunteers to increase response rates and engage patients and carers to inform our ward teams where there are opportunities to improve Inpatient satisfaction scores

National Quality Priorities

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

VTE Risk Assessment Percentage of patients receiving a VTE Risk Assessment	PHU	National Average	Highest	Lowest
VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. This was communicated via letter on 28 th March 2020.				
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:

- Re-established the Thrombosis Committee to discuss divisional performance, mitigation and learning from VTE events. The Committee will focus on patient safety and broader governance issues pertaining to thrombosis
- Collaborative working with the Patient Safety Team and the clinical governance leads to identify and share learning from the Hospital Associated Thrombosis (HAT)
- Continued focus to promote the importance of timely VTE assessments within all Care Groups, including collaborative working with all ward teams to embed processes to improve compliance
- Roll out of the Electronic Prescribing and Medicines Administration (EPMA) pilot continues
- Patient advice regarding signs of VTE and prevention are included within the Trust's electronic discharge summary for all adult inpatients
- VTE prevention patient information leaflets have been reviewed and updated

QUALITY ACCOUNTS 2021 / 2022

National quality priorities

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. 18 - Mar. 19				Apr. 19 - Mar. 20				Apr. 20 - Mar. 21			
	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest
Rate per 100,000 bed days of c.Difficile infection amongst patients aged 2 or over	14.1	13.5	90.2	0	15.5	14.9	64.6	0	17.7	18.1	80.6	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. The rate of C.difficile attributed to the Trust increased in 2021/22, although remained below the national average. Rates of C.difficile also increased nationally in 2021/22, reflecting the complex nature of patients being cared for during this time. Whilst the management of the COVID-19 pandemic continued to be the main focus through 2021/22, the Trust has taken the following actions to improve this rate, and so the quality of its services, by: <ul style="list-style-type: none"> • Successful recruitment of an Antimicrobial Pharmacist • Recommencement of the C.difficile ward rounds to identify learning and common themes from cases identified at, or admitted to, PHU • 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 The Portsmouth Hospitals University NHS Trust intends to take the following additional actions in 2022/23: <ul style="list-style-type: none"> • Continued investigation of all cases attributed to the Trust for learning opportunities • Deployment of a targeted Trust-wide education programme • Collaborative working with our Infection Prevention colleagues across the local region to identify and share learning across the system 												

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)	Apr. 20 - Mar. 21			
	PHU	National Average	Highest	Lowest
Number of patient safety incidents	16,254	12,502	37572	3169
Rate of patient safety incidents	51.1	58.4	118.7	27.2
Number of patient safety incidents that resulted in severe harm or death	47	55	261	4
% of patient safety incidents that resulted in severe harm or death	0.3%	0.44%	0.69%	0.13%
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. Incident data is now yearly; therefore, no historical data is available. 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"> • All reported Serious Incidents continue to be reviewed at the weekly Trust Incident Review Panel. The cases are discussed by the panel and the team involved in the incident and the final grading is confirmed. In addition, a potential learning score is calculated as well as the risk grading • A programme of education has been designed by the Patient Safety Team to share learning from incidents across the organisation. A number of delivery methods have been chosen to support these messages reaching as many staff as possible in a co-ordinated way • The education syllabus now includes a patient safety study for HCSWs and a separate one for staff nurses. These days are scenario-based workshops for staff to explore different techniques to manage a range of situations and support each other by sharing ideas to that increase patient's safety 				

REVIEW OF QUALITY PERFORMANCE

This part of the Quality Account provides an overview of how the Trust has performed against quality initiatives in 2021/2022. 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.

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) - **Not 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) - **Not achieved**
- Reduction in Health Care Associated Infections - **Not achieved**
- Increased level of low harm and near miss reporting which provides the opportunity to learn and intervene in advance of potential harm occurring - **Partially achieved**

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) - Not achieved

- The Trust reported one more Never Event than in the previous year, with four reported this financial year, compared to three reported in the financial year 2020/21, and nine in the year 2019/2020
- The Theatre safety team have repeated training and cascaded this at scale promptly via a video regarding WHO checklists and stop before you block principles. It was recognised there has been a significant increase in new theatre staff during the pandemic and the learning from previous never events had become diluted

Date of incident	Nature of incident	Level of harm
July 2021	Incorrect procedure - Insertion of a drain	Severe (permanent or long term harm caused)
July 2021	Wrong site surgery	Moderate (Short term harm - patient(s) required further treatment, or procedure)
June 2021	Wrong site procedure: - anaesthetic block	Low (Minimal harm - patient(s) required extra observation or minor treatment)
April 2021	Misplaced naso-gastric tube	Severe (permanent or long term harm caused)

Reduction in the number of moderate/severe harm and death incidents - Not achieved

- There has been an increase in reported moderate and severe incidents in the past 12 months
- The increase has been predominantly driven by the incidence of pressure ulcers and inpatient falls. A programme of education has recently been designed by the patient safety team to share learning from incidents across the organisation. A number of delivery methods have been chosen to support these messages reaching as many staff as possible in a coordinated way
- Other drivers of this increase in reported harm are occurring in the Medicine and Urgent Care Division linked to patients attending in mental health crisis, self-harming and receiving chemical restraint
- Lost to follow up trends have been identified in endoscopy, ophthalmology, and gynaecology services
- All reported Incidents graded as moderate harm or above continue to be reviewed at the weekly Trust Incident Triage meeting

Reduction in Health Care Associated Infections - Not achieved

- The management of Covid-19 remains a key priority for the Trust, however, it is recognised that the management of other healthcare associated infections must also be a priority. The Infection Prevention and Control Transformation Programme commenced in April 2021, bringing together six main workstreams (Operations, IPC Team, Digital and Reporting, Education, Facilities and Management and Communications). The Programme is led by an Executive Team with involvement from representatives across the organisation, to drive positive changes across the Trust and ensure that they are communicated effectively
- The Trust did not meet the threshold for C.difficile infections in 2021/22. This is largely due to the increase in community-onset, healthcare

associated cases identified in recent months. This is also being identified across the wider community in patients with no recent prior attendance at the Trust. A review of community-attributed cases is underway, which will consider the role of antibiotic prescribing and whether there have been any changes in community prescribing during the pandemic which may have contributed to the increase. In addition to this, the IPC Team and Antimicrobial Pharmacist are conducting C. difficile ward rounds to identify any learning or common themes from cases. All cases attributed to the Trust continue to be investigated for learning opportunities, and in 2022 a new targeted Trust-wide education programme will be deployed to raise awareness of C.difficile and the importance of timely testing, isolation, and decontamination.

- The Trust did not achieve the 2021/22 thresholds for Gram negative bloodstream infections (E.coli, Pseudomonas and Klebsiella). However, the thresholds included a 5% reduction based on the 2019 calendar year as a baseline, to avoid changes related to the pandemic. When comparing

to the 2020/21 output, the Trust achieved a 13% reduction in Klebsiella, and a 10% reduction in Pseudomonas.

- PHU are looking forward to working with the IPC team for the new ICB (community) whose role will be to support primary care and social care sectors and integrate more with local authority public health. Part of their work will be in developing the IPC network across the system, supporting training opportunities and a supportive sounding board for difficult issues.
- As part of the digital and reporting workstream, the new IPC audit tool has been trialled in Oncology. Further work is underway to resolve an issue identified, as well as to make some improvements to the audit output. Following this, the audit tool will be rolled out Trust-wide, allowing for timely reporting via the IPC weekly dashboard
- Work towards the IPC Transformation Programme will continue in 2022/2023

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

- Partially achieved

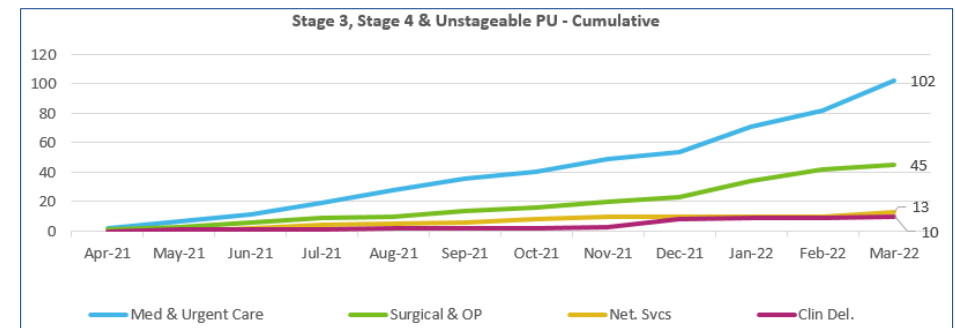
- In an effective safety culture, we would like to maintain a high level of incident reporting with a shift over time towards an increased number of near miss/ no harm/ low harm events and a reduced number of serious incidents. This would represent learning which has been applied and embedded and a workforce with an understanding of the learning opportunities and positive impact on patient safety afforded by reporting of lower harm and near miss incidents
- The Trust has continued to experience sustained periods of Operational Pressures Escalation Level (OPEL) 4 which is a high escalation level and declared when a hospital is 'unable to deliver comprehensive care'. This sustained level of operational pressure places strain on staff working within systems
- Despite the high level of sustained operational pressures throughout this financial year the percentage of patient safety incidents reported as low/no harm has remained stable

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 (HAPU'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
- During the COVID-19 pandemic, the TVN team have completed care reviews to ensure opportunities to learn are quickly identified and actions to prevent future harm are implemented promptly.
- The Divisions have produced thematic divisional action plans for local ownership and implementation
- There has been an increase in the prevalence and severity of HAPU's during this period. The TVN team have delivered a programme of education, as well as bedside training and documentation reviews with ward teams to improve their skills and practice.

- Investment has resulted in the recruitment of 3 additional TVNs which has enabled a prompt response to referrals. More patients are benefitting from their expertise, including patients with pressure ulcers present on admission. Prevention and management plans are reliably being devised in a timely manner to reduce the risk of existing pressure damage deteriorating in our care. There are strategies in place to reduce the number of patients developing hospital -acquired pressure damage



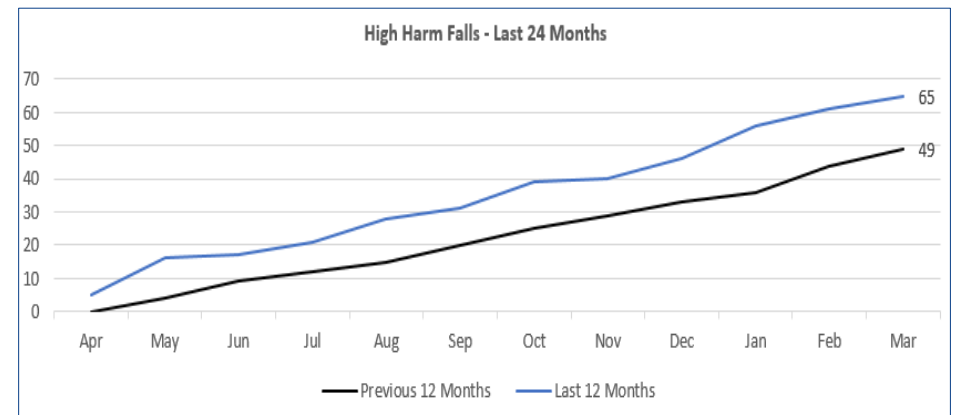
VTE

- VTE assessments are undertaken by clinicians to determine whether it is appropriate to prescribe chemical and/or mechanical prophylaxis for every admitted patient aged 16 or over
- The Trust has not achieved the required 95% compliance with recording VTE risk assessment during the year
- The Trust has re-established the Thrombosis Committee to discuss and increase divisional performance and learning from VTE events. The Committee will focus on patient safety and broader governance issues pertaining to thrombosis

- The Patient Safety Team are working collaboratively with the clinical governance leads to identify learning from Hospital Associated Thrombosis (HAT)
- There is continued emphasis on the importance of timely VTE assessments within all Care Groups. All ward teams are encouraged to adopt a standard process to improve compliance with this standard
- Patient advice regarding signs of VTE and prevention are included within the Trust's electronic discharge summary for all adult inpatients

Falls

- Falls remain one of the leading causes of harm to our inpatients. Falls usually result from interactions between several factors: each patient has unique/specific risk factors, the physical environment, and the riskiness of the patient's own behaviour. Falls in hospital are associated with an increased length of stay and can cause significant pain, distress, and functional impairment.
- All inpatient falls resulting in moderate harm and above are investigated by the Division with support from the trust falls prevention lead. Staff complete a hot debrief tool within hours of the fall occurring to ensure actions to increase the patient's safety are taken promptly. A multi-disciplinary after-action review (AAR) is also completed within 5 working days of the fall to ensure there is a comprehensive strategy in place and an opportunity to share learning more widely in the clinical area



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

- Reducing the level of harm from medication events is a key aim for the Trust and nationally with the World Health Organisation (WHO) Global Patient Safety Challenge: Medication Without Harm
- A significant piece of work has been completed to improve the safe storage of medication at the bedside. A further 156 lockers were repaired with suited keys and distributed to another 5 wards in January, with a total of 15 wards having benefited from the repair and replacement project to ensure secure medication storage
- An e-learning module will provide an education update on the process of issuing discharge medication, and this will be mandatory on ESR for trained nursing staff
- The electronic discharge checklist is now available on Bedview including a medication TTO section. The checklist includes a confirmation that each of the items of medication have been checked, that patients have been referred for ongoing care, and that extra checks required when discharging patients prescribed high risk medications such as warfarin or insulin have been completed
- The Digimeds team rolled out the Electronic Prescribing and Medicines Administration (EPMA) pilot to C7 and CCU in December. EPMA will prevent missed doses, lost drug charts, prescribing errors on chart rewrites or transcription to discharge prescriptions and misinterpretation of handwritten prescriptions and alert the prescriber if a medication is contraindicated. Work is ongoing to develop standardised protocols for

Review of quality performance – Patient Safety

- high-risk medications and the pilot is being used to review and refine processes as the roll out process is planned. Vancomycin and gentamicin guidelines are to be reviewed and updated by the Antibiotic Stewardship Pharmacist in line with the EPMA role out
- The Trust Delivering Excellence Program in Clinical Delivery Division is ongoing and includes a focus on insulin related events. The Digimeds Team are developing a sub-cutaneous insulin electronic prescribing protocol, which will replace the current paper charts. This new process will reduce errors by listing insulins by brands including their length of action and time of administration in relation to mealtimes. The insulin dosages will include a minimum and maximum dose range, to guide safe prescribing and administration practices
 - A review to update the processes and reflection forms used following a medication error is in progress incorporating NHSE Just Culture Guidance, to support managers and to increase standardisation across the Trust
-

Clinical Effectiveness

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 continues to evolve to ensure it meets the requirements of the Clinical Effectiveness agenda.

QUALITY ACCOUNT PRIORITIES 2021 / 2022

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. The reports noted areas where the Trust is performing well and a number requiring further improvement. Details of national audit reports are reported through the Clinical Effectiveness quarterly report to the Trust Quality and Performance Committee
- Examples of outcomes and actions to improve the quality of healthcare can be found at Appendix A of this Account
- There is an increasing number of published NICE guidance each month. Despite increasing numbers of published guidance, the Trust compliance rate remains high
- Work continues to ensure all external visits are appropriately captured with the Divisions reporting through the Quality, Safety and Patient Experience Group
- There is an increasing number of published NICE guidance each month. Despite this, the Trust compliance rate remains high with no non-compliant guidelines
- Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change
- A series of 18 national reports have been published by GIRFT highlighting best practice and priorities for implementation. The GIRFT action plan is being updated to include the recommendations (approximately 1,600) and will be available on the NHS Futures site
- Implementation of the GIRFT recommendations sit with, and are owned by, the specialties and Divisions, and form part of their Performance Review reporting and business planning
- The Urology department is a national leader in the delivery of day case pathways in urology and is an exemplar for the use of advice and guidance services; experience has been fed into the GIRFT Academy
- Recent GIRFT deep dive sessions with the national team include:
 - Adult Orthopaedic Trauma – highlighting good practice within the hip fracture service, the virtual fracture clinic and the consultant-led and delivered trauma service
 - Rheumatology - highlighting good practice with short waiting times from referral and retention of the hydrotherapy service and areas for review regarding the use of biosimilar drugs and the development of an early arthritis clinic

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

- The Clinical Audit programme for April 2021 - March 2022 has been ratified by the Clinical Effectiveness Committee
- The annual clinical audit programme April 2021 - March 2022 consisted of 583 clinical audits including national audits, local clinical audits, and quality improvement projects
- Validated PROMS outcome data for replacement hip and knee surgery is reported annually. Due to Covid-19 the joint school was suspended, and no patient PROMS questionnaires were submitted for the period April 2020 – March 2021. Elective work has recommenced, and paperwork is now being submitted

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 thirteen thousand one hundred and thirty-nine patients recruited into trials 2020/21
- Over 195 studies are currently open to recruitment and the Trust maintains in a strong position nationally year on year
- At the end of year 2020/21, when compared to 42 Large Acute Trusts, the Trust is currently ranked 1st in terms of patient recruitment into research studies. Nationally, when compared to all NHS Trusts (n=742), the Trust is currently ranked 13th 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. As a Trust we have continued our recruitment into a complex portfolio of 10 UPH Covid-19 research studies, several of which are multi-arm and interventional. The Trust is currently ranked third highest recruiter nationally for our delivery of Urgent Public Health studies, whilst successfully managing to restart 81% of our pre COVID-19 portfolio studies
- The Research department continues to work with all stakeholders in the development of a new strategy, aiming to grow awards and grants from national funders and deliver a step change in academic and research activity
- The Trust, in collaboration with the Wessex Clinical Research Network (CRN) successfully launched the Portsmouth Research Hub within John Pounds Community Centre. The Hub officially launched in 2021 and has already seen the successful delivery of 4 COVID-19 vaccination studies recruiting 288 participants into both commercial and non-commercial studies. Initial results from the COV-BOOST vaccination study delivered at the Portsmouth Research Hub has helped to inform national policy and guide the booster vaccination programme. The team were also the first in the UK to recruit into the COV-BOOST study. The collaborative model with University of Southampton, CRN and local organisations will continue to support a community research hub within the heart of the city

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.

QUALITY ACCOUNT PRIORITIES 2021 / 2022 Improving the safety, experience and effectiveness of care for our patients

PATIENT EXPERIENCE

Real Time Feedback - **Achieved**

- 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 - **Partially achieved**

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

Accessible Information standard - **Achieved**

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

Nutrition and Hydration - **Achieved**

- 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” - **Achieved**

- 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 - **Achieved**

- 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 - **Achieved**

- Real Time Feedback (RTF) pilot recommenced in June 2021 in the pilot wards following the national pause at the outset of the Covid pandemic
- RTF, facilitated by the Family Liaison Offices continues in the nine pilot areas which includes seven adult inpatient wards, a day case unit and a maternity ward
- Detailed reports continued to be shared with wards within 24 hours, allowing concerns to be addressed, actions to be taken in a timely manner and enabling department leads to share and celebrate positive feedback in the 'here and now'
- The patients spoken to have consistently provided positive feedback
- Themes are monitored through the Patient Experience Group and actions are generated to deliver improvements where required

Family Liaison Service

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

- **Partially achieved**

- The Family Liaison Officer (FLO) service continues to be valued, and actively support the collection of RTF
- During October - December the service was impacted due to redeployed staff returning to substantive roles and a reduction in the availability of volunteers as they gained paid employment outside of the Trust
- During periods of high operational activity within the trust the FLO's prioritised compassionate support to inpatients and facilitated video calls between patients and families
- Charitable Funds supported the purchase of wellbeing games and activities for inpatients to enjoy
- A number of patients have been compassionately supported to attend virtual funerals for their loved ones when they have been too poorly to attend in person
- In November, the Family Liaison Service Manager won the Inspirational Leader award at the Pride of Portsmouth Awards and the Family Liaison Team won the Working Together with Compassion award
- A plan is in place to increase laptop availability and spare mobile phones
- The Winter Ward Companion initiative has led to the recruitment of eight new FLO volunteers providing half a day each per week, initial feedback of this approach has been positive. Lisa Ward (Winter Ward FLO volunteer & Director of Comms & Engagement) commented *"It's great, isn't it. I've done a few now and a brilliant way to connect with patients and families and getting to know colleagues on the wards. The views are great, and we are helping to provide such a special service"*.

Accessible Information standard

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

- The Trust is committed to developing and sustaining an effective and meaningful Accessible Information infrastructure. Our scope is to consistently identify the needs of our patients, service users, carers and parents' information and communication needs, where they relate to a disability, impairment, or sensory loss. We are also dedicated to improving the methods of recording our populations needs of our community
- The Policy to meet the AI Standard has been approved; work is underway to communicate the implementation process of this across the Trust
- AIS training accessed via ESR will become part of routine Trust induction process and mandatory training
- The Emergency Department will pilot a new process where the navigation nurse will ask patients about their communication needs upon arrival and the admin team will record any identified needs on their electronic patient record system called Oceano as an alert.
- A similar process will be required from the booking and reception teams to ensure all patient are asked to ensure a record of their communication need is created
- The digital team are reviewing options for creating flags and refreshing this information as patients are referred between trust services and departments
- Clear face masks have been trialled within the Speech and Language Therapy (SALT) team in neuro, audiology dept, respiratory team and ED. There has been good feedback about how they have enhanced communication. Stock has been ordered and will be distributed upon receipt
- Deaf service users have provided feedback about the current interpreting service and how this could be improved
- We are planning to recruit non clinical staff to become 'communication champions' across the Trust. The Sage and Thyme trainers together with our SALTs are developing a communication study day for the 'communication champions' to commence this training from July 2022

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 - **Achieved**

- 82% of Inpatients reported they had received enough help to eat their meals in the 2020 National Adult Inpatient Survey compared to 76% in 2019
- The introduction of Ward Companions throughout winter has led to increase in support provided to clinical areas at mealtimes
- Funding has led to the opportunity to recruit a registered nurse/midwife/AHP for six months to reintroduce volunteers to ward areas

“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’**

- Achieved

- RTF scores continue to demonstrate a high level of satisfaction
- Investment will result in an increase to our Voluntary Services Structure. This will ensure that the Trust can rebuild, restore, and redesign the volunteer and patient representative community with roles that support and improve patient experience
- The bereavement team continue to deliver a first-class service to all our families at such a difficult time. All relatives are able to visit their loved ones at the end of their life.
- The PALS and Complaints Teams have attended two workshops facilitated by NHS Elect that have focussed on compassion, negotiation, and conflict resolution techniques.
- Complaints and PALS performance is monitored and reported via the Patient Experience Group, with Trust-wide representatives contributing to ideas for improvement

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**

- Achieved

- We are committed to listening 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 Patient, Family and Carer Collaborative (PFCC) has been implemented to maximise the voice of patients, their families, and carers in assessing existing services and being involved in the development of new services. The PFCC also wishes to celebrate and advertise excellence. Members of the Collaborative have varied backgrounds, bring different skills to the group, and want to improve patient experience
- Members have been involved in the Quality Review process including:
 - Carrying out an audit of Haemodialysis Transport at the Trust and satellite dialysis units. After presenting the data to Renal, an invite was received to join the Haemodialysis Transport Group which meets monthly with South Central Ambulance Service, the Clinical Commissioning Group and Commissioning Support Unit
 - An audit confirmed patients in the Discharge Lounge were waiting for Patient Transport, family members to collect and medication (TTO). Pharmacy invited members of PFCC to contribute to the Rapid Process Improvement Week (RPIW) to evaluate and redesign the TTO Pathway

- PFCC members also attended the Ophthalmology RPIW workshop, which reviewed the patient pathway in the Emergency Eye Clinic to reduce patients who are lost to follow up due to booking process errors. The

workshop was multi-disciplinary and demonstrated how important it is for all members of a team to understand each other's role

Veteran Aware

- The Veteran service is going through a phase of transition as the support provided by the Defence Medical Welfare Service (DMWS) is revised and veteran service referral pathways strengthened
- The Trust launched a patient questionnaire asking for feedback regarding the service and although the quantity of responses was low, those who gave feedback would suggest that a high percentage were aware that we are a 'Veteran Aware' hospital and those who received support were very pleased with the service commenting:

- *"My mother received excellent care", "I was fortunate enough to not require additional support when I was an in-patient, but I am now much more aware and will spread the word."*

- The Trust was one of the first two Trusts in the country to be revalidated with the Veteran Covenant Hospital Alliance (VCHA) and have now been recognised as the benchmark and gold standard

Dementia

- The Trust Dementia strategy has been launched and is available on the Trust internet. The strategy will be monitored via the dementia steering group which will feed into Quality, Safety and Patient Experience Group
- We have expanded our volunteer programme in collaboration with St Johns Ambulance, training an additional eight volunteers who will be placed on wards across in which there are the highest population of patients with a diagnosis of dementia
- Our weekly support group for carers continues in collaboration with Havant and Waterlooville Primary Care Network. In partnership with a Young Onset Dementia Specialist Nurse within Wessex Neurological Centre, we have developed a monthly young onset dementia group to support carers who caring for someone with a diagnosis but during and post their admission.

- Our Admiral Nurse has commenced in post and is developing the Standard Operating Procedure for the service. The post supports patients with dementia and their families who have complex needs surrounding their inpatient stay and discharge
- We are working with Dementia Case Workers; including reviewing how their roles will fit with the Admiral Nursing service and how their support can be increased across the Trust
- Our Dementia Champion Network continues to meet quarterly to develop knowledge and skills and work on improvement projects. We held our first champion day of the year which focused on the development of a dementia board in ward areas and a dementia folder in which resources, information and signposting will be kept

STAFF FEEDBACK

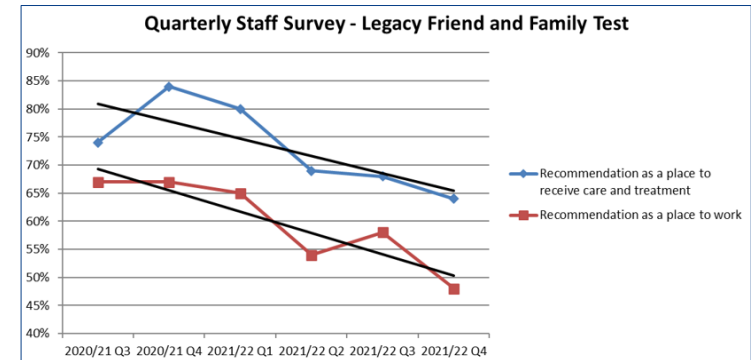
National Staff Survey

- The NHS Staff Survey is an official statistic ran to the highest standards of quality and accuracy. It is one of the world’s largest workforce surveys. In line with the commitment in the 2021 People Plan, the survey has been redeveloped to align with the People Promise which sets out what we can expect from our leaders and from each other to make the NHS the workplace where people want to stay, to stay well, and where others want to join us.
- The survey ran from September to November 2021 with 3,998 members of staff taking part, this is a 49% response rate and is 5% lower than the previous year and is above average when compared with similar organisations.
- The survey showed staff in the service continue to be under extreme pressure; legacy Staff Friends and Family Test questions show declines that are mirrored across the benchmark group. Although most themes have been adversely affected by the disruptive impact of Covid-19 there were reductions in staff experiencing physical violence, harassment, bullying or abuse and increases in staff reporting these incidents which demonstrates the continued focus on the Prevention of Violence at Work initiatives
- Organisational wide improvement priorities in response to staff feedback remain aligned to existing workstreams. These include:
 - Delivering the objectives set out within the Workforce and Organisational Development Strategy
 - Continued implementation of the ‘Delivering Excellence’ operating model – specifically ‘Proud to be PHU’
 - The approved EDI Strategy and Action Plan 2022-2025 will outline deliberate and explicit actions for improvement, working towards intentional inclusion
 - Delivering continued improvements in supporting staff health and wellbeing with a particular focus on the recovery of staff
 - Investment in management and leadership development



Quarterly Staff Friends and Family Survey

- NHS England resumed central data collection in July 2021 with a new Staff Survey. The Quarterly Staff Survey (QSS) is the national survey which replaces the Staff Friends and Family Test (Pulse) arising from the NHS People Plan and includes the 9 questions within the annual national survey 'engagement' theme and 5 additional local questions on health and wellbeing.
- The Trust Strategy 'Working Together' and the Workforce and Organisational Development strategy 'Working Together to Invest in our People' both have developing compassionate inclusive leadership for cultures of safe, high quality, compassionate patient care as a fundamental thread running through them. This is set out within the objective 'to embed a culture that supports the achievement of our vision'
- The responses and data are primarily for action at a local level which will build on the yearly, granular level data available from the National Staff Survey.
- The Trust has been through unprecedented times with substantial and sustained pressure with the Covid-19 pandemic, the return to normal activity, elective recovery and high demand on the Emergency Department. This has continuing to have a negative impact on staff morale as demonstrated in this table.



WORKFORCE

Equality, Diversity and Inclusion

- PHU is committed to ensure that equality, diversity and inclusion (EDI) is integrated into all that we do, and this becomes a natural part of everyone's every day. We want EDI to be a core part of Trust business, not an initiative or project that lacks sustainability. We recognise that to make this a reality and make a difference to the health and wellbeing of our workforce, patients and our communities we need to place conscious

consideration of EDI at the centre of all we do and be deliberate and explicit in our actions.

- Our commitment to EDI will be evidenced by the elimination of unlawful discrimination, promotion of equal opportunity and fostering good relations in everything we do in our obligations as a service provider and employer.

Equality Delivery System

- The Equality Delivery System is a framework for NHS organisations to continuously improve the services they provide for their local

communities and provide better working environments, free of discrimination, for those who work in the NHS.

Review of quality performance –Staff and workforce

- In January 2019, an EDS2 workshop was held where stakeholders came together to grade the EDS2 and develop equality objectives in a collaborative and inclusive way. Via a series of activities, stakeholders agreed four priorities to be taken forward as the Trust's equality objectives for 2019-2023. These four priorities remain a key focus for EDI

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 2021 and improvement priorities, please go to: [WRES Annual Report](#).

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

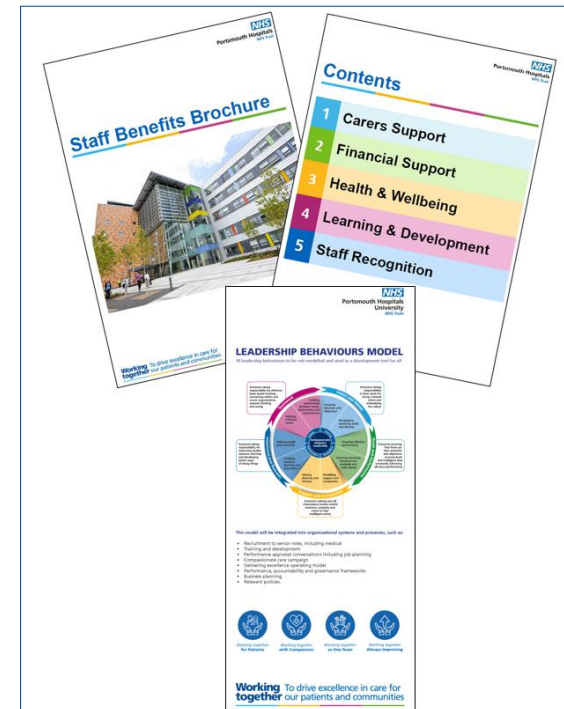
at PHU and actions to address these have been embedded within the EDI action plan.

- Details of the Trusts EDS2 summary report can be found here: [EDS2 Summary Report 2019-2023](#).
- 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 black and 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](#).
- 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 2021 and improvement priorities, please go to: [WDES Annual Report](#).

Review of quality performance –Staff and workforce

Culture change programme

- The Trust Board committed to an evidence based 3-year culture change programme in March 2018 following a Well-led inspection in May 2017.
- In Phase 1 ‘Discover’ we recruited a team of 15 Change Agents who undertook a cultural audit and identified 3 themes for improvement – Valuing staff, Improvement and Leadership.
- These themes informed the work led through Phase 2 ‘Design’ with a new team of 15 Change Agents, which included a number of quick wins and longer programmes of work.
- The Trust started Phase 3 ‘Deliver’ in November 2019 with 15 new change Agents and 3 from previous phases. The focus of work was quickly adapted to respond to the Covid-19 pandemic – to support the increasing priority of staff health and wellbeing as well as delivering the original workstreams
- 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.
- Change agents presented feedback to the Board at the end of 2021 and talked about next steps for improving culture and how any future work needs to continue to align to organisational priorities and in particular our improvement approach



Leadership Development

- Most non-essential training has now recommenced and scheduled for 2022. This includes Passport to Manage, Compassionate Leadership, Coaching Skills, How to Present yourself with Impact, Conflict, Constructive Conversations. We have secured dates for the 2022 cohort of Beyond Boundaries, our bespoke positive action programme for 30 places. This will take place from May to October and will be facilitated by externally.
- Work is in progress to monitor the numbers of staff meeting Passport to Manage competencies and develop a process for identifying those outstanding.
- We have put in place a number of bespoke leadership development offers and interventions for discrete teams, to address specific challenges.
- Working as part of the Hampshire and Isle of Wight ICS Enhanced Wellbeing project, we have commissioned 16 places for REACT Mental

Health Train the Trainer along with 6 licences for the system to develop managers and leaders skills in holding conversations about mental health and staff at risk of harm.

- A coaching network has been developed for existing coaches and those that are already going through the ILM level 5 training. We have commissioned a further cohort for 15 more coaches to be trained which commences in June 2022.
- Appraisal compliance has remained below target since prior to the pandemic and has been challenging to bring this back up to target levels. An engagement exercise is in progress to cover areas of compliance, talent and succession planning, and staff experience of appraisals. This should provide useful intelligence on how to increase compliance; enhance talent and careers discussions; and improve staff experience of appraisals. A report and associated actions on how to improve appraisals

going forward will be produced and implemented and monitored through performance meetings with the executive team.

- A talent strategy for PHU has been prepared aligned to the Delivering Excellence approach, which will be presented to the TLT for approval in the coming months. Succession Planning is a key element of our Talent management approach and we have already supported the executive directors' succession planning process, though conclusion of this has been delayed by covid and operational challenges. A final talent review meeting with the executive team is scheduled for April to identify successors to the executive team. Separately meetings have taken place with the Surgical and Outpatients Division, in conjunction with the Workforce Planning team to pilot the introduction succession planning into business planning and workforce planning processes at divisional and care group level.

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 532 training posts and has increased from 159 to 210 Trust appointed posts for service in the year 2021/2022. This is a total of 742 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, physicians' associates, advanced clinical 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 doctor 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 may be mitigated by Consultants acting down. There is also a risk to a reduction of training (quality as well as quantity) received by the junior doctors if the gaps become long term and the service needs are prioritised.

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 workforce planning in advance including facilitating Consultants to act down or utilising other staff groups to cover work which would, under normal circumstances, be undertaken by Junior Doctors to ensure patient safety.

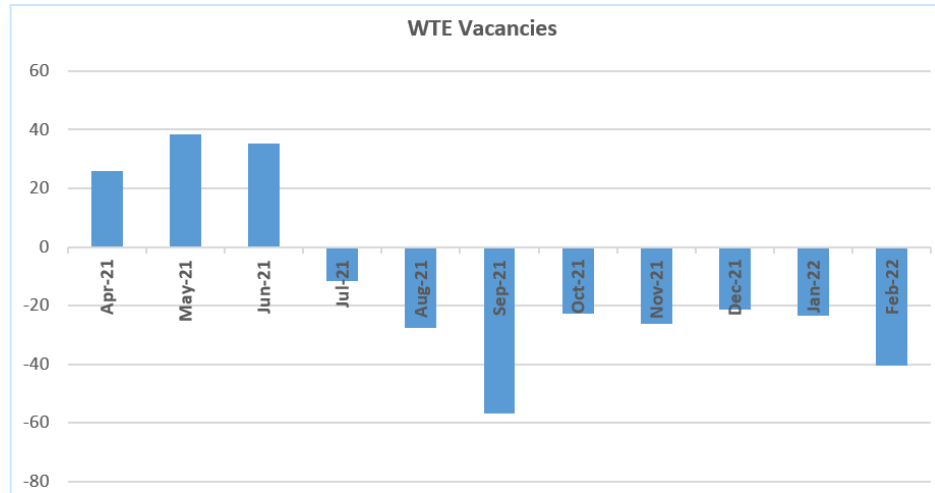
4. Fill the gap with a locally appointed doctor

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 employed 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 2021 to 31st March 2022, there has not only been an extensive expansion of posts but for 8 months of this period, the vacancy rate for junior doctor posts has been -4% with an average of 11 WTE over establishment. The highest vacancy rate was 6% (38 WTE) and occurred in May 2021 which compares to the lowest vacancy rate of 2020/2021 of 5% (31 WTE) in November 2020.

Review of quality performance – Staff and Workforce



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.

The international recruitment programme had cohorts in April 2021, September 2021, and January 2022.

How the Trust reduces rota gaps

- International Recruitment**

The Trust has continued to support the Royal College Medical Training initiative where 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, General internal Medicine, Respiratory (Research), Radiology and Surgery. There are new International Fellows in

the pipeline for Cardiology (Research) General internal Medicine, Neonates, Oncology and Surgery.

A successful Trust wide international recruitment programme to identify and attract suitable candidates from overseas who have not worked in the NHS before welcomed 32 new junior doctors in Emergency Medicine, Obstetrics and Gynaecology, General Surgery, Orthopaedics, Older Peoples Medicine, General internal Medicine and Oncology. There were 3 cohorts and were supported with a 10-week package of training and education before being introduced to the wards. This initiative was designed to recruit substantive junior doctors with the aim to support and train them to become senior medics within the organisation in future.

General internal Medicine have also extensively recruited to support the creation and implementation of a Medical Village to support the increased demands on the Trust.

- Rota redesign and Self Development Time**

Self Development Time (SDT) was introduced nationally for Foundation Doctors in Training in August 2021 and is time allocated within the work schedule to focus on non-clinical activities to support career and personal development. PHU offered SDT to all junior doctors as part of the standard rota to further support attraction and retention of locally employed doctors. All rota templates were reviewed and adjusted to accommodate the new SDT allocated to Junior Doctors.

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 recruited the first cohort of Physicians Associates in August 2021 and there are now several working within posts across the Medicine and Urgent Care Division having replaced a junior doctor vacancy.

- **CESR Programme**

The Trust is creating a specialist programme in conjunction with Isle of Wight NHS Trust to support doctors wishing to follow the certificate of eligibility for specialist registration (CESR) route towards becoming a Consultant which is an increasingly attractive addition to a standard locally employed post.

- **Rostering**

In line with NHS England's recommendations, the Trust is introducing electronic rostering 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.

- **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.

The Trust has continued to recruit to the Innovative Medical Fellowship which has been designed to attract locally employed doctors into hard to recruit medical specialties utilising enhanced opportunities for flexibility or non-clinical special interest time including research, simulation, and teaching. The aim of this programme is to retain high quality doctors who

require a break in the traditional training route or wish to enhance their CV with additional skills and experiences.

- **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 (JDEF).

- **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.

2021 OVERVIEW

April

- The PHU Veteran Challenge Coin has been launched to recognise individuals from the Trust who go above and beyond for the Armed Forces community.

Former military colleague and armed forces covenant lead nurse, Keith Malcolm, said: "I just felt that we all go the extra mile in our own ways therefore why should this not be recognised."
"The PHU Veteran Challenge coin is not just to support the person wearing or who wore a uniform but also to support and recognise the sacrifices made by their families."
Read more at <https://www.porthosp.nhs.uk/.../phu-launches.../330127>
- "Go get checked" is the message from 45-year-old John Arnell, a charge nurse at Queen Alexandra Hospital, who worked right through the COVID-19 pandemic caring for sick and vulnerable patients while battling his own illness of stage 3 bowel cancer.

Read about John's story for [#BowelCancerAwarenessMonth](https://www.porthosp.nhs.uk/.../nurse-battling.../347887) here: <https://www.porthosp.nhs.uk/.../nurse-battling.../347887>

May

- Three of our colleagues here at PHU have been awarded with a Chief Nursing Officer Silver award.

The award recognises staff for their major contributions to patients and their profession.

Our surgical divisional nurse director Steve Thomas, staff nurse Corporal Ivie King and head of quality – patient experience and ward accreditation, Alison Cole were all surprised by Ruth May, chief nursing officer for England, who presented the awards at a virtual meeting.

PHU chief nurse Liz Rix said: 'I am thrilled that our three colleagues have been recognised for the work they have done throughout the last year. They have shown leadership and compassion.'

Read more here. <https://www.porthosp.nhs.uk/.../three-phu.../358405>

- Meet Theo! Theo is three years old and has been enjoying some music therapy whilst receiving treatment for leukaemia.

Joining Theo in this session is music therapist, Cathy Birch, who completed her first few COVID secure sessions in the Paediatrics Department at QA with some of our young patients.

Theo and Cathy's session was made possible thanks to [George's Rockstars](#), a charity set up by a Fareham based family following the passing of their son George to leukaemia in 2019.

George's mum Amy said, "We are thrilled that our charity has been able to fund Cathy for the department and it is so lovely to hear about the patients who have been able to enjoy the sessions just like our George."

- Our amazing research and innovations team have successfully retained their spot as the top recruiting Trust out of 42 other large acute trusts, with over 170 open studies.

To celebrate, one of the team made an amazing cake and were joined by chief executive, Penny Emerit, and Anoop Chauhan, executive director of research and innovation, who spoke about his enormous pride for his team and their incredible work which has played a key role in supporting colleagues across the Trust in clinical and non-clinical roles.

You can read the full story here: <https://www.porthosp.nhs.uk/.../phu-research-and.../365790>

- Congratulations to our mortuary team who were presented with a Coronavirus Civic Award from Portsmouth City Council.

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Senior anatomical pathology technician John Shave said: “As a team we are extremely proud to have won this award in recognition of all our hard work and dedication during the COVID pandemic.”

Read more on our website: <https://www.porthosp.nhs.uk/.../mortuary-team.../389794>

June

- Launch of the Covid Booster Trials taking place in the Portsmouth Research Hub
- Patients with liver cancer can expect better outcomes and enhanced care with the implementation of a new service within the Diagnostic Imaging Department.

Microwave ablation of a liver tumour is a procedure that is used to destroy cancerous cells through heating. This new service will provide safe and efficient care for patients, reducing recovery time and saving resources.

Dr Christopher Ball, consultant radiologist, said: “We are delighted to be introducing this new service, not only to improve the experience of our patients, but to also benefit the professional development of the Diagnostic Imaging team by learning new skills.

“We recently treated our first patient using this state-of-the-art equipment which was a success. They are now at home recovering well.”

Read more on our website: <https://www.porthosp.nhs.uk/news/liver-cancer-patients-to-receive-enhanced-care-using-state-of-the-art-equipment-at-queen-alexandra-hospital/400647>

- We are excited to have taken the next step in developing a brand-new emergency department (ED) at Queen Alexandra Hospital after submitting an outline planning application earlier this month.

The new ED is a positive opportunity for us to provide the best possible care for patients and enhance patient safety as well as providing a more streamlined way for colleagues to work.

- He has performed with Cliff Richard, can list The Rolling Stones as one of his support bands and sold a million copies worldwide of his first album.

Now rock ‘n’ roll veteran Russ Sainty, born Alfred Sainty, has released an album to raise money for the cardiology department at Queen Alexandra Hospital and thank the team for his care.

Find out how you can stream or purchase the album here:

<https://www.porthosp.nhs.uk/news/rock-n-roll-veteran-russ-sainty-has-released-an-albu..>

- "The use of remote surgery, televised teaching and training is going to increase in the future and success of such programs depend on excellent IT facilities, technical abilities and above all great team working. At PHU we have all of that and I am so proud of it"

Words from Professor Jim Khan, consultant colorectal surgeon at PHU, who ran the UK's first ever televised training session in robotic surgery.

Find out more about robotic surgery and the training session here:

<https://www.porthosp.nhs.uk/.../portsmouth.../417855>

July

- Diagnostic imaging officially unveiled their new state-of-the-art room (30 June), which will allow the interventional team to deliver a more timely and high-quality service for patients needing image guided procedures.

This is the second room to be upgraded, which will bring the department some great benefits with more flexibility, improved waiting times for patients and ultimately a better hospital experience.

The million-pound equipment and room replacement will allow the team to carry out a range of procedures. “By increasing our multitude of examinations and taking on new cases means we can develop our skills as

2021 overview

a team and provide a better service for our patients,” noted Louise Oakley, lead interventional radiographer.

Leading the project with Louise was David Flowers, consultant interventional radiologist and clinical lead for interventional radiology at PHU. He added: “This cutting-edge room will allow us to deliver fantastic treatment options for our patients and increase capacity to deal with the growing demand. It’s really great news for the department and I’m delighted to see it open.”

More here: <https://www.porthosp.nhs.uk/.../new-state-of-the.../430016>

- It has been an exciting time for our maxillofacial team who have welcomed the Trust’s first 3D printer!

The team will be able to print models of bones and soft tissue to help surgeons plan operations ahead, reducing theatre time and patient risk.

Find out more on our website:

<https://www.porthosp.nhs.uk/.../maxillofacial.../434852>

- Planning permission received for the new emergency department (ED) at QA

Penny Emerit, chief executive, said: “Receiving outline planning permission from Portsmouth City Council is an exciting milestone in our plans to develop a brand-new emergency department for our patients, colleagues and our local community.

“As well as giving us the capacity we need to meet the needs of our local residents, the new department will enable us to work more efficiently to give all our patients the very best possible care.”

August

- Chief executive Penny Emerit and Joint Hospital Group (South) Commander Karen McCullough re-signed the Armed Forces Covenant aboard the HMS Victory in Portsmouth’s Historic Dockyard.

The covenant represents our pledge to support our military community.

Penny said: “The re-signing of the Armed Forces Covenant today reinforces our commitment to our military community and we are proud to work alongside them as part of the Joint Hospital Group South and care for our veterans, reservists, serving personnel and their families as patients.”

Read more here: <https://www.porthosp.nhs.uk/.../portsmouth.../467131>

- Last week, consultants Shihab Romeed and Golam Yahia hosted an Eid celebration in our multi-faith room at QA. Colleagues were able to take a break, tuck into food and mingle.

Golam Yahia said: “It’s so important for all staff to feel included and have a dedicated space where they can go and celebrate their faith.”

Our lead chaplain, Dawn Banting, also attended the gathering and said: “It was an honour and a privilege to be invited to the Eid celebration and to receive such a warm welcome from everyone in our Muslim community. There is so much we can share together as well as opportunities to learn about one another’s lives, faith and cultures.”

September

- Fantastic news for our Vascular Assessment Unit who has been successful in maintaining its Improving Quality in Physiological Services (IQIPS) accreditation for another year.

The unit has held this accreditation status since 2015 and is one of only a handful of vascular ultrasound services in the country to have this, demonstrating the high-quality care delivered to patients.

Michelle Bonfield, consultant clinical scientist and head of vascular assessment, is extremely proud of her team. She said: “As a small team facing staffing challenges, it is a considerable achievement to be one of only a handful of vascular ultrasound services in the country to hold IQIPS accreditation and each team member plays an important role in achieving this together. Well done everyone and thank you for all your hard work.”

2021 overview

- Our colleagues at PHU have implemented a new treatment for early-stage lung cancer and have successfully treated their first patient. Stereotactic Ablative Body Radiotherapy (SABR) is a highly focused radiation treatment that gives an intense dose of radiation concentrated on to the cancerous region. Dr Yoodhvir Nagar, consultant clinical oncologist at QA, said: “We’re extremely proud to become one of the national centres in the UK to provide this exciting new treatment. Our teams have worked tirelessly to provide this and always put patient care first.” The first patient to receive this treatment at QA said: “The staff have been absolutely amazing. They are always respectful and keep me informed. The treatment means a lot to me and I know it will mean a lot to many other people.” Read the full story here: <https://www.porthosp.nhs.uk/.../queen-alexandra.../483587>

October

- Our Breast Screening Department has invested in three new mammography units, which will have a significant impact on the ability to find new cancers at an early stage. These new state-of-the-art machines offer a new technique and improved image quality allowing teams to provide safer and more timely care. The replacements have come at a perfect time for the department as it begins to increase services since the COVID-19 pandemic. Vicky Bremner, superintendent radiographer, said: “The department has had to adapt and undergo a complete refurbishment, including the installation of three new mammography machines. These new machines provide improved techniques, increasing our ability to detect breast cancer in the very early stages. This not only enhances the patient experience but also improves staff morale as we can now offer the latest imaging techniques and see more patients in our clinics.”

Thanks to the hard work of the team, the programme has also acquired two new mobile units. There are now three units situated across the local area, as well as support clinics running at QA. Since the beginning of October, the mobile units relocated to Locksheath and Cosham.

Although screening can be daunting or uncomfortable, women are encouraged to attend when they are invited. These scans are vitally important and if anything, abnormal is spotted early, it could potentially save a person’s life.

Read more here: <https://www.porthosp.nhs.uk/.../portsmouth.../500024>

- Congratulations to our IT and emergency department teams for winning Best Health Tech Solution of the Year and highly commended in the Best Use of AI and Automation Tools category at the Health Tech News awards.

Read more about the AI technology here <http://porthosp.nhs.uk/.../ai-technology-system.../503773>

- Project Choice interns. The young adults have joined PHU and will take part in placements across several departments, including pathology, the discharge lounge, catering, clinical coding and portering.

Tristan King is one of our new students and will be joining our portering team. He said: “I am looking forward to helping people get to where they need to be.”

The project, run by Health Education England, is designed to help develop a path into the world of work for young people, aged between 16 to 24, with learning disabilities, difficulties and/ or Autism.

Find out more about the internships on our website: <https://www.porthosp.nhs.uk/.../project-choice.../510739>

- Thank you to Nicola, one of our stroke nurses for sharing her story after suffering a stroke herself at work.

“We all know the main signs of a stroke: face drooping to one side, people not being able to lift their arms and slurred speech, but it just

highlighted to me the lesser known signs and I think it is so important that people know more about them.

"I think the experience has made me a better nurse and I can really empathise with what my patients are going through."

Read more here about Nicola and the symptoms of a stroke:

<http://www.porthosp.nhs.uk/.../world-stroke-day.../515953>

November

- Mammograms, blood tests, ultrasound scans and heart monitoring will be some of the new testing facilities available to our patients closer to home, thanks to the development of a community diagnostic centre at St Mary's Health Campus in Milton.

It means people will be able to be diagnosed and start treatment sooner, for serious conditions like cancer and heart problems.

The centre forms part of local NHS plans, following the region securing a share of a £350 million national investment fund.

There will also be satellite clinics at Fareham Community Hospital in Sarisbury Green and Oak Park Community Clinic, Havant.

- A new group of midwives joined our maternity department recently and are excited to help our families bring their babies into the world.

Leah Goodspeed is thrilled to be back at PHU as a midwife after starting life off in the Trust as a maternity support worker.

She said: "Becoming a midwife is something I have wanted to do since I was 15 or 16 years old and I think to be a midwife, you have to be passionate about it. It isn't just a job but it is the best job in the world."

Read more at <http://www.porthosp.nhs.uk/.../new-group-of.../519248>

- Recognised for their leadership and supporting their teams to deliver education, we would like to congratulate two special colleagues for winning a Cavell Star Award.

The awards programme, organised by the Cavell Trust, recognises nurses, midwives, nursing associates and healthcare assistants who shine bright and show exceptional care to colleagues, patients, and their families.

Jill Pallister, professional education manager and Lisa Toft, resuscitation and simulation manager were put forward for the award by their colleague Anna Jones, head of professional education.

She said: "I nominated them both for their vision for education. They have played an integral role in developing education across the organisation, supporting their teams and looking at new ways of working. I am really proud of them both, and the ambition, compassion and dedication they bring to their roles."

- We have teamed up with the National Museum of the Royal Navy to further support our patients with dementia using 'chatterboxes'.

The 'chatterboxes' feature photos, stories and objects linked to HMS Victory to help our activities coordinator stimulate conversations and memories as part reminiscence therapy.

Community producer at the National Museum of the Royal Navy, Joanna Valentine, said: "Victory is everywhere in our city and we hope that by exploring the themes connected to HMS Victory that families and staff will learn more about each other and support patient wellbeing."

Read more at <http://www.porthosp.nhs.uk/.../phu-teams-up-with.../520133>

- Congratulations to our endometriosis team who have won the British Society Gynaecological Endoscopy Surgical Video Competition 2021.

The video showed demonstrated skills and techniques from a multi-disciplinary team during surgery for severe pelvic endometriosis.

Consultant gynaecologist Nadine Di Donato said: "We are thrilled to have won the competition with our endometriosis surgery video as it was a result of strong collaboration between a number of specialities, including

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colorectal surgeons, urologists, endometriosis gynaecologists and radiology.

"This collaborative working is key for positive outcomes for patients and delivering high quality and compassionate care."

- "The Portsmouth Enablement Centre gave me back a part of my life I thought I had lost forever."

Derek Cassie, amputee patient at PHU, raised money to fund an eBike for the Portsmouth Enablement Centre (PEC). The eBike will give amputees the tools and confidence to see that riding a bike is something they can still do and work towards achieving.

Derek said: "Without the PEC and the fantastic team of physiotherapists, prosthetic technicians and admin staff, I would still be going on bikes rides with my family on a mobility scooter. They gave me support, encouragement and belief in myself."

December

- One year on and over 70,000 vaccinations delivered since launching our hospital hub at QA, playing our part in combating COVID-19.

We were one of 50 hospital hubs to launch on this day a year ago, jabbing people over the age of 80, care home workers and NHS workers who were higher risk. One of the first patients to be called up on day one was Mervyn Bell.

"I was ecstatic getting that call to come up and get my vaccine," explained Mervyn. "For me, this was the first sign that things were going to improve."

Mervyn has been a long-standing volunteer at QA, with most people recognising him as a hospital guide. Being 80 years old, it meant that Mervyn was keeping himself safe at home and unable to do what he loves most - volunteering at the hospital.

He added: "Being a volunteer is my lifeline, I love getting out and meeting different people, but I wasn't able to do that for a long time due to the restrictions that were in place. So, when I was invited in to get my jab, I immediately took them up on their offer. QA were absolutely brilliant on the day, hats off to the NHS."

Read more here: <https://www.porthosp.nhs.uk/.../one-year-on-and.../534681>

- Winter plan has come into action with the opening of the modular ward building with two new wards opening in the new location.

This additional space will improve the experience for patients who are staying with us short term, whilst also providing additional capacity and better flow throughout the hospital this winter. Anyone visiting the new ward should enter the hospital via the usual access points (North, Main and East Entrance) and follow the route from there.

This is part of a number of significant improvements being made to the QA site, more information can be found on our website:

<https://www.porthosp.nhs.uk/developing-QA-Hospital.htm>

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST QUALITY ACCOUNTS 2021/2022



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

24 June 2022 Date Terence Poole Chair

24 June 2022 Date Penny Smith Chief Executive

Clinical Commissioning Group commentary



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

7th June 2022

Dear Penny,

Trust Quality Account 2021/22: Supporting Commissioner Statement

Thank you for providing an opportunity to comment on the trust's quality account for 2021/22. I am responding on behalf 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 2022/23, in order to ensure high quality care is available to our local population.

We fully recognise that this has been another incredibly challenging year for the trust and the wider health economy. The continued significant impact of the COVID-19 pandemic on the health and social care system, as well as every aspect of our lives cannot be underestimated. Despite the ongoing challenges, particularly in the urgent and emergency care pathway, necessitating making changes at scale and pace with system partners, commissioners recognise the trust's continued achievements during this year.

We are encouraged to see that many of the quality account priorities for 2021/22 have been achieved but note the difficulty achieving the patient safety priorities. We acknowledge that the continued impact the COVID-19 pandemic and its surges of demand will have impacted on your ability to meet these priorities. We fully support the trust's quality account priorities for the coming year as the local health system moves forward to understand and recover from the impact of the pandemic. We are further reassured to see that these priorities are aligned with the trust's Delivering Excellence Every Day (DEED) programme. We welcome the focus on treatment delays and waiting times, in particular how patients are communicated with and raise

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concerns if they need to whilst waiting for treatment. We hope this work will be undertaken jointly with commissioners and partners in primary care to ensure seamless pathways of care. Commissioners welcome the trust's intention to drive quality improvements in all nine of the applicable Commissioning for Quality and Innovation (CQUIN) framework requirements. We are pleased to note the revised approach to driving improvements in these areas.

The trust is currently rated good with the Care Quality Commission (CQC) following their inspection visit in November 2019. Commissioners recognise the continued work the trust is undertaking internally and with system partners related to the urgent and emergency care pathways which remain 'requires improvement'. We note the improvements the trust has made within Maternity Services and whilst a brief focussed inspection by the CQC did not provide an updated rating, with the previous rating of 'requires improvement' remaining, commissioners are assured by the revised governance processes in place within Maternity Services under the current Maternity leadership team, monitored through the Maternity Committee, which CCG representatives attend. We look forward to completion of the work regarding Maternity policies and procedures and the removal of the associated Regulation 12.

Commissioners were concerned regarding the continued serious incidents within ophthalmology services during the year however we have received assurances that updated actions and management processes have been identified and are being progressed to improve services and prevent further harm as required. We will continue to monitor these processes through the trust's incident review panel and updates to our joint shared assurance and improvement programme (SAIP) meetings.

Commissioners are concerned regarding the slight in-year increase in never events but acknowledge the impact that the COVID-19 pandemic has had on the work of the Safer Surgery Forum and the theatre patient safety team particularly on Local Safety Standards for Invasive Procedures (LocSSIPs). We hope this programme can now gain momentum.

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 and pressure ulcers. We welcome the continued focus on these important areas of potentially avoidable harm in the quality account priorities for the coming year due to the continued impact they have, not only on the individual involved and their families, but also on the wider health system. We recognise the increased investment the trust has made in these areas.

We acknowledge the continued positive impact of the trust's incident review panel (IRP), but we share the trust's concerns regarding the 'downstream' governance processes and welcome the trusts approach to standardise and refine these processes within the Care Groups and Divisions. Commissioners welcome the recent increased focus on managing the number of overdue serious incidents. We note the impact that clinician availability has had on reviewing these incidents, particularly during periods of COVID-19 surge. We are pleased to see the trust has recently invested and established a bank of incident investigators. Commissioners repeat

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Stakeholders comments

their previous offer to refine the serious incident review process through earlier CCG involvement, for example in helping set the terms of reference for investigations, and the feasibility of joint sign-off panels for serious incidents. This will hopefully enable a more streamlined process with the learning and actions identified sooner and ultimately the reports to be shared with the patients and/or families involved in a more timely manner.

The re-establishment of the PHU Thrombosis Committee is welcomed, and we hope this will aid the trust in meeting the contractual requirements with regards to venous thromboembolism risk assessments which has continued to be a challenge.

We recognise the challenges the trust has had in establishing a substantive Family Liaison Service. This service has undertaken a vital role in providing compassionate support to patients and their loved ones during periods of COVID-19 surge and high operational activity. We hope that although this service is not a defined quality account priority it can continue to be developed as we emerge from the pandemic due to the vital service it has provided. We are pleased to see the additional benefit the family liaison role has provided through undertaking the real time feedback programme.

We welcome the continued focus in the quality account priorities on meeting the requirements of the Accessible Information standard and the experience of patients and carers with additional communication needs. We hope that the appointment of a dedicated senior nurse to lead this programme of work will enable you to meet your goal of reliably asking if individuals have any information or communication needs and then taking appropriate action. This will lead to a significantly improved patient experience for these groups.

We recognise the continued thorough approach of the medical examiner (ME) and review of deaths 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 trust's mortality review group (MRG) which the CCG attend. This triangulation of reports from MRG and the independent reviews of the ME provide valuable assurance of the review of deaths. We commend the trust on its approach to reviewing nosocomial COVID-19 deaths and the subsequent follow up with families as part of the duty of candour process.

We are pleased to see the trust has appointed a highly experienced lead nurse for palliative and end of life care. Whilst not a quality account priority, we note that the trust has continued to drive improvements around communication with patients and families regarding palliative care and resuscitation decisions but acknowledge there continues to be scope for further improvements both within the trust and across the local healthcare system. We welcome the opportunity to work with the trust to continue to improve processes in this important area of practice.

We are pleased to see the trust's continued engagement in the 'Getting it Right First Time' programme (GIRFT), after the programmes recent pandemic related pause, to reduce unnecessary variation and improve outcomes, and note the good practice highlighted by the national team within Adult Orthopaedic Trauma and Rheumatology services. The trust's

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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.

The Trust is congratulated on its continued achievement 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 increasing to 13th out of all trusts nationally. The trust has also played a significant role in research during the pandemic taking part in 10 urgent public health studies over the last year. It is to be applauded that the trust has successfully managed to restart 81% of its pre-COVID-19 portfolio studies.

We note the results of the National staff survey and recognise the impact that the pandemic has had on many measures. It is welcome to see that there were reductions in staff experiencing physical violence, harassment, bullying or abuse which demonstrates the continued focus on the Prevention of Violence at Work initiatives. We acknowledge the impact the COVID-19 pandemic and operational pressures have had on the staff friends and family survey. 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 trust's ongoing approach to reducing inequalities and protect staff at work.

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 2021/22 provide a clear and accurate statement.

We would like to thank and congratulate the trust for its significant and ongoing efforts to improve the quality of services it provides to our population in these extremely challenging times, and look forward to continuing our collaborative working in 2022-23 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



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, Linda Collie, Clinical Lead, Portsmouth CCG & Tina Scarborough, Director of Quality and Safeguarding, Portsmouth CCG.

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Healthwatch Portsmouth commentary

The Trust has responded to the questions raised by Healthwatch Portsmouth as noted below:

- Healthwatch Portsmouth (HWP) are commenting on a draft of the PHUT's Quality Accounts with over 73 pages in a very small size font, set out in landscape format. HWP for another year notes that we worry about the audience read the Trust's Quality Accounts. It is written in a Health Service style and contains a mass of quality data, the format and size of which are not compatible with an 'easy to read style' for anyone.
 - We have worked hard to make the Quality Account as reader/public friendly as possible; unfortunately, we are restricted by the Quality Account Regulations which dictate the format and mandated sections.
 - The National Quality Board have been undertaking a review of the Quality Accounts to determine how they could be improved and updated. This review did not affect the 2021-2022 Quality Accounts requirements; however, it is anticipated that changes may come into effect for the 2022-2023 requirements.
 - The National Quality Board minutes from their meeting in September 2021 (the latest published) state:
 - *6.1 Review of Quality Accounts and an update on the work so far to provide reassurance that this is progressing, with the aim of sign off early 2022. NQB (04)(21)*
 - *6.2 With regards to Quality Accounts, option four is supported by NQB which outlines that updating the content and purpose of Quality Accounts will require legislative change. There is some work to be done around clarifying the purpose of these accounts, specifically who and that they measure. There is also some work required around the production of the accounts, such as tweaking dates and providing clarity on scrutiny.*
- *6.3 NHSE&I are in communication with the Department of Health and Social Care to discuss how to best progress of the Quality Accounts, however it was felt that this is unlikely to happen until the Health and Care Bill is passed.*
- HWP notes the obvious limitations imposed by Covid on the quality systems of the Trust and that there were many positive outcomes as stated in the report.
- Regarding the Quality Improvement Priorities for 2022/23 (p 4) – considering that one of the key elements of the Quality Account is 'patient experience' - it would have been great to read if and how patients had been involved in developing the Quality Priorities prior to their being presented and signed off by the Trust Quality Safety and Patient Experience Group.
 - The priorities are based on the Trust Strategic Aims which are stated in the Trust Working Together Strategy which was developed with involvement from patients and staff.
 - We were initially advised that the publication of the Account was going to be paused due to the on-going Covid pandemic. However, this was rescinded with the original deadlines re-introduced; therefore, our plans to fully involve patients with the specific priorities was not achievable.
- Regarding the section on Clinical Effectiveness Priorities for 2022/23 (p6) it is good to see that 'high quality shared decision making conversations' are to be included in specific specialised care pathways, such as for patients having new complex pacing device implants.

Stakeholders comments

- Regarding the section on Achievements during 2021/22 (p7) it was worrying to see so many priorities in the Patient Safety section were ‘not achieved’ or only ‘partially achieved’.
 - The Covid-19 pandemic has had a significant impact on the Trust, with the Trust continuing to experience sustained periods of Operational Pressures Escalation Level (OPEL) 4 (a high escalation level and declared when a hospital is ‘unable to deliver comprehensive care’), open inpatient escalation areas and high staff sickness due to Covid. This sustained level of operational pressure places strain on staff working within systems, which has impacted on the ability to achieve the priorities from last year as the focus was to ensure prioritisation of safe delivery of care.
 - As you have noted above, we have still achieved many positive outcomes as detailed in the Account, despite the challenges of the Covid pandemic.
- Regarding the Patient Experience section (p38) HWP was surprised to read that the goals of the Family Liaison Service were only ‘partially achieved’. When we had received a presentation on 29th September 2021 to our Healthwatch Portsmouth Advisory Board meeting, delivered by the Family Liaison Officer, the feedback we heard about the established service (including that of the Chief Nurse) was very positive indeed.
 - This priority has been assessed as partially achieved due to the impact of re-deployed staff returning to their substantive roles and a reduction in the availability of Family Liaison Officer’s (FLOs) as they gained employment outside of the Trust during October – December.
- Our FLO team continue to be a very valued and successful resource within the Trust which we continue to promote, and we report through the Integrated Performance Report (available through the Trust Board papers on the Internet) the good work and outcomes achieved by the team.
- As an example, in April, although lifting of visiting restrictions reduced demand for video and telephone calls, the FLO team provided over 400 calls. The team are engaging in ward activities, for example during April 55hrs of mealtime support across wards and 65hrs supporting general ward activities, such as food orders, pharmacy runs, answering ward phones and discharge support.
- Training plans are underway for the FLO team to develop their skills in a particular chosen area, for example, Dementia Champion, Patient Experience Ambassadors, Beyond Boundaries development programme, OPM activity groups. This will strengthen our team’s knowledge and approach to a broad variety of patient’s needs.
- Regarding the month-by-month reporting of achievements in the Overview section (p52) it was interesting to read but could have benefitted from being represented in shorter summaries
 - Thank you, we will take this on board for future.

Portsmouth Health Overview & Scrutiny Panel commentary

- Portsmouth HOSP have not provided any comments

Healthwatch Hampshire commentary

- Healthwatch Hampshire have not provided any comments

Health and Adult Social Care Select Committee commentary

- Health and Adult Social Care Select Committee 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 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
Falls and Fragility Fracture Audit Programme	<p>National Hip Fracture Database (NHFD): The National Hip Fracture Database (NHFD) aims to monitor and drive up the standards of hip fracture care across the country. This is achieved through key performance indicators that Trusts are able to benchmark themselves against.</p> <ul style="list-style-type: none"> The Trust has performed extremely well in the NHFD remaining in the top quartile for five out of the six key performance indicators and was the only Trust to achieve the top quartile in all nine assessment domains. The Trust had the largest number of patients where the best practice tariff was achieved in England and Wales. Operational pressures remain an ongoing issue for delays to surgery, this has been escalated for urgent review and the Trust aims to improve the number of patients who receive their surgery within 36 hours of admission <p>National Audit of Inpatient Falls (NAIF) Interim Report: The National Audit of Inpatient Falls (NAIF) evaluates the delivery and the quality of care for patients aged 60 and over who fall and sustain a fracture of the hip or thigh bone in acute, mental health, community and specialist NHS trusts/health boards in England and Wales.</p> <ul style="list-style-type: none"> The Trust uses a full multifactorial falls assessment within the inpatient areas. All inpatient hip or femoral fractures continue to be investigated and there are regular simulation events to promote the use of flat lifting equipment The Trust has physiotherapists working seven days a week and is in the process of identifying where walking frames are not available and improving the process to ensure that inpatient areas are able to easily access walking frames for their newly admitted patients
Inflammatory Bowel Disease (IBD) Programme	<p>The biological therapies audit captures information on disease characteristics, management of disease including medication, surgery and hospital admissions and measuring patient outcomes.</p> <ul style="list-style-type: none"> The Trust demonstrates a number of good areas of practice within this audit including patients being able to contact the inflammatory bowel disease (IBD) team via telephone and email for advice and receive a response within 72 hours and 100% of patients are screened before starting biological therapies. The Trust acknowledges that there are areas requiring improvement including improving the process to ensure that patients are reviewed at three and 12 months post starting biological therapies. The service does not currently have enough specialist nurses as recommended by the IBD standards based on the Trust's catchment population, the Trusts is actively looking to fill the current IBD specialist nurse vacancies.
Learning Disability Mortality Review Programme (LeDeR)	<p>The Learning Disability Mortality Review (LeDeR) reviews the deaths of people with learning disabilities with the aim to improve the standard and quality of care for people with learning disabilities.</p> <ul style="list-style-type: none"> The Trust carries out a standard judgement review (SJR) using the national template for every person with a learning disability that dies. The lead nurse for safeguarding adults represents the Trust on the Hampshire Child Death Overview Panels.

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
	<ul style="list-style-type: none"> The Trust has learning disability specialist nurses who complete a choking screen on every patient with a learning disability who has been referred to the learning disability team.
National Adult Diabetes Audit	<p>National Diabetes Audit- Type 1 Diabetes</p> <p>This was the first national diabetes audit (NDA) dedicated to people with type 1 diabetes. The type 1 audit report details the findings and recommendations relating to diabetes care process completion, treatment target achievement and structured education for people with type 1 diabetes.</p> <ul style="list-style-type: none"> The report made three recommendations and the Trust was compliant with two and partially compliant with one recommendation. The Trust has a lower than average take up of insulin pump therapy, there has been no clear themes identified as to why this is. The Trust is working with the community teams to ensure eligible patients and patients who are keen to undertake insulin pump therapy are referred to the diabetes team here at Portsmouth Hospitals University NHS Trust. <p>National Pregnancy in Diabetes Audit</p> <p>The National Pregnancy in Diabetes (NPID) audit aims to measure the quality of pre-gestational diabetes care against the NICE guideline and criteria and the outcomes of pre-gestational diabetic pregnancy.</p> <ul style="list-style-type: none"> The Trust has good first contact with the antenatal team for both type 1 and type 2 diabetes. All women with type one diabetes and type two diabetes on basal bolus insulin are offered continuous glucose monitoring at the Trust. This aims to help improve maternal and fetal morbidity and mortality. The Trust is working to reduce the glycated haemoglobin (HbA1c) in the third trimester of women with type 1 diabetes to less than 48mmol/mol. Pre-term admissions to the neonatal intensive care unit are above the national average of 46.3% at 57.1%, this is being closely monitored
National Asthma and Chronic Pulmonary Disease Audit Programme	<p>Children and Young People Asthma Clinical and Organisational Audit</p> <p>The Children and Young Peoples (CYP) Asthma Audit collects information on the care processes, clinical outcomes of treatment for CYP admitted to hospital with attacks as well as the structure and resourcing of children and young people's services in England, Wales, and Scotland.</p> <p>Clinical Audit</p> <ul style="list-style-type: none"> The Trust performed well in a number of areas including 90% of patients being reviewed by the MDT, prompt administration of B2 agonist steroids and 73% of patients having their inhaler technique checked. A revised new asthma discharge bundle to be introduced to ensure that clear improvements are made in the recording of other quality performance indicators. <p>Organisational Audit</p> <ul style="list-style-type: none"> There were two quality improvement priorities identified for the organisational audit. The Trust has a respiratory nurse specialist who is trained in the care of children and young people with asthma.

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
	<ul style="list-style-type: none"> At present the Trust does not have access to a fractional exhaled nitric oxide (FeNo) machine as a diagnostic tool. The Trust is looking into funding to be able to purchase a FeNo machine to use within the paediatric services, but at present does not use one. The Trust does have a paediatric respiratory nurse specialist within its services. <p>Chronic Obstructive Pulmonary Disease Secondary Care Audit</p> <p>The chronic obstructive pulmonary disease secondary care audit captures the continuous data collection of care processes and clinical outcomes of the treatment of patients admitted to hospital with COPD exacerbations in England, Wales, and Scotland.</p> <ul style="list-style-type: none"> In five out of the six indicators, PHU was above the national average The Trust is looking at how it can improve the delivery of non-invasive ventilation (NIV) within two hours of arrival to the hospital, especially when patients are being commenced on NIV outside of the respiratory team's jurisdiction.
National Cardiac Arrest Audit (NCAA) – ICNARC	<p>The National Cardiac Arrest Audit (NCAA) captures data on in-hospital cardiac arrests in the UK and Ireland. Any resuscitation event commencing in-hospital where an individual receives chest compressions, defibrillation and is attended by the in-hospital based resuscitation team in response to a 2222 call.</p> <ul style="list-style-type: none"> The number of cardiac arrests occurring within the coronary care unit is above the national average. This is being closely monitored; a contributing factor is believed to be the high acuity number of patients being transferred from other local hospitals for the specialist cardiac catheter laboratory treatment at the Trust. The unexpected non-survivor patient rates are closely monitored, and the mortality committee panel reviews to see if there are any areas of concern regarding clinical management and if any further investigation is required.
National Cardiac Audit Programme (NCAP)	<p>National Audit of Cardiac Rhythm Management</p> <p>The National Audit of Cardiac Rhythm Management captures information about all implanted cardiac devices in addition to all patients receiving interventional procedures for the management of cardiac rhythm disorders in the UK.</p> <ul style="list-style-type: none"> The Trust is categorised as a Tier 1 centre due to the high number of procedures it undertakes annually. The 2-year re-intervention rate for the Trust is slightly above average this is due to having a shorter waiting list, so patients are seen quicker if a re-intervention is required and patients being able to have their procedure at QA rather than having to be referred to a tertiary centre requiring a re-referral and re-joining a waiting list. <p>Myocardial Ischaemia National Audit Project</p> <p>The National Audit of Cardiac Rhythm Management collects information about the care provided to patients who are admitted to hospital with acute coronary syndromes.</p> <ul style="list-style-type: none"> The Trust is the largest provider of primary percutaneous coronary interventions (PCI) in the South-Central Cardiovascular Network. The ongoing education programme for the local ambulance crews has seen an increase in the number of patients with a diagnosis of ST segment elevation myocardial infarction (STEMI) bypassing the emergency department (ED) and taken directly to the cardiac catheter

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p>laboratory. Due to the challenges in unscheduled care any patients who mat any point in their treatment pathway are seen in the ED continue to experience delays in treatment.</p> <ul style="list-style-type: none"> The Trust is dedicated to continuing the paramedic education to ensure a timely and efficient service for its patients. <p>National Audit of Percutaneous Coronary Interventions</p> <p>The National Audit of Percutaneous Coronary Interventions (NAPCI) records all interventional procedures performed in the UK.</p> <ul style="list-style-type: none"> The Trust is a high-volume centre with high rates of radial access used in 95.8% of cases compared with 89.5% nationally There are ongoing challenges around bed capacity, and the Trust is looking into adding an extra four hot beds for emergencies to help improve patient flow Cardiac catheter laboratory capacity has been increased, which should allow for elective and emergency cases to take place simultaneously
National Child Mortality Database	<p>National Child Mortality Database Annual Report</p> <p>The National Child Mortality Database (NCMD) collects information on every child death in England. The information is collected to ensure that lessons from deaths are learned, and the learning is widely shared, and actions are taken, locally and nationally to reduce the number of children who die.</p> <ul style="list-style-type: none"> The report made seven recommendations that have been reviewed by the Trust. The Trust is compliant with all the recommendations and has systems and procedures in place to ensure it continues to meet these. The Trust continues to maintain the quality of its services by ensuring its adherence to national standards of care including the National Institute for Health and Care Excellence (NICE), Royal College of Paediatrics and Child Health (RCPCH) and proactively engages within regional organisations such as the Wessex & Thames Valley Paediatric Critical Care Network, regional sub-specialty networks and Wessex Healthier Together. This enables the Trust to deliver consistent care without unwarranted variation. <p>Child Mortality and Social Deprivation Report</p> <p>The NCMD themed report highlighted the risk of child death linked to deprivation. This applies to all categories of death except cancer.</p> <ul style="list-style-type: none"> The catchment area for PHU includes areas of high deprivation. Throughout the paediatric and neonatal services, the Trust has strong ties with local organisations and charities and is able to refer and signpost service users to these. The Trust has a number of its own services that it can refer service users to, including the smoking cessation service and alcohol misuse team and works closely with the safeguarding children's team. Community services such as health visitors, community paediatricians, social services and local authorities play a vital role in supporting service users and the Trust is keen to maintain good working relationships across its paediatric services <p>Suicide Themed Report</p>

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p>The <u>National Child Mortality Database</u> thematic report aims to identify the common characteristics of children and young people who die by suicide, investigate factors associated with these deaths and identify common themes to help inform policymakers, commissioners, those providing services to children and young people and those involved in reviewing deaths of children and young people.</p> <ul style="list-style-type: none"> The report made nine recommendations and the Trust is compliant with all nine recommendations. The Trust's paediatric services have good links with local services and charities that provide support to service users
National Early Inflammatory Arthritis Audit	<p>The National Early Inflammatory Arthritis Audit (NEIAA) collects data about the first twelve months of specialist care for all patients with rheumatoid pattern early inflammatory arthritis (EIA).</p> <ul style="list-style-type: none"> The team is able to provide urgent advice and timely education for the majority of patients and adopts a treat to target care approach with new care pathways having been initiated in recent years. The Trust has achieved a higher than the national average remission rates at 12 months, despite having below the national average for numbers of medical and nursing staff Referral process is working well in identifying EIA patients. The Trust intends to develop a system for more reliably undertaking annual reviews and for ensuring monthly reviews for patients until their disease is in remission The Trust intends to develop a care pathway for treatment escalation for on-going disease activity and to establish psychology support for patients The Trust intends to establish a dedicated EIA clinic
National Gastro-intestinal Cancer Programme	<p>National Bowel Cancer Audit</p> <p>Trends, characteristics, and outcomes for patients diagnosed under 50 years old with metastatic colon cancer in England</p> <p>Early onset colorectal cancer (EOCRC) is defined as a diagnosis of colorectal cancer (CRC) in patients under the age of 50 years. The incidence of EOCRC appears to be increasing rapidly and the reasons and trends behind this are poorly understood. This report aimed to establish trends over time in England and according to age group, establish the patient, tumour and clinical characteristics, treatment modalities and pathways.</p> <ul style="list-style-type: none"> The report made four recommendations, the Trust is compliant with three of the recommendations and has plans in place to be compliant with the fourth recommendation The Trust has support groups that it encourages all patients to attend Patients under the age of 55 are encouraged to consider genetic testing with the Trust making appropriate referrals to the regional genetics team Patients who are viewed as having a poor prognosis receive a more in-depth surveillance as part of a stratified pathway Faecal immunochemical testing is now part of the Trusts two week wait pathway The Trust meets regularly with Clinical Commissioning Group partners and disseminates any information to local GP practices

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
National Joint Registry (NJR)	<p>The National Joint Registry collects information and monitors joint replacement operations for hip, knee, ankle, and elbow. The collection of this data is to improve clinical standards for patients and clinicians.</p> <ul style="list-style-type: none"> • The Trust is a high-volume provider • The Trust has a high compliance and linkability rate • The 90-day mortality and revision rate for hip and knee replacements were within the expected range
National Lung Cancer Audit (NLCA)	<p>Most recent report published findings by Cancer Alliance and not Trust site specific. Therefore, it is not possible to categorically say that the Trust has improved compared with comparator hospitals either nationally or locally.</p> <ul style="list-style-type: none"> • Local data analysis suggests 66% of patients received chemotherapy treatment. This would place the Trust towards the top of the national cancer alliance record (range from 46% - 67%) and above our local alliance at 49%. • The Trust has now implemented an Optimal Lung Cancer Pathway (April 2019) • The Trust has been successful in joining the Targeted Lung Health Check (TLHC) programme which will provide resources over a four-year cycle to improve our early diagnosis rate in Portsmouth • The Trust has increased oncology consultant and nursing capacity
National Maternity and Perinatal Audit (NMPA)	<p>National Maternity and Perinatal Audit Annual Report</p> <p>The National Maternity and Perinatal Audit is a large-scale audit of NHS maternity services in England, Wales, and Scotland. The audit aims to evaluate a range of care processes and outcomes in order to identify good practice and areas for improvement in the care of women and their babies. The Trust's results were not included in the most recent publication for the 2017-2018 data. There are a number of contributing factors to this, including significant technical difficulties experienced by the NMPA and using a new Maternity Services Data Set (MSDS) for the first time. A number of Trusts were excluded from the report due to an incomplete data set as a result of the data set switch by NMPA. PHU has acknowledged that it did not have a full data set during this time period however with the implementation of a new Badger Net system, it is expected that in the future the Trust will be able to submit a full data set.</p> <p>NHS Maternity Care for Women with a Body Mass Index of 30kg/m² or Above</p> <p>This report focused on maternal and neonatal outcomes of pregnant women with a body mass index (BMI) of 30kg/m² or above who gave birth between 1st April 2015 and 31st March 2017, compared with women with a BMI in the range of 18.5-24.9kg/m².</p> <p>The Trust:</p> <ul style="list-style-type: none"> • was compliant with eight of the nine recommendations, and is partially compliant with one recommendation • has an enhanced recovery programme for patients who have surgical intervention, and the Trust encourages early mobilisation • has a post-natal venous thromboembolism (VTE) prophylaxis risk assessment in place and patients are treated accordingly • has successfully implemented electronic maternity records in 2021 • plans to introduce home blood pressure monitoring for postnatal hypertensive disorders and has plans to improve intrapartum and postpartum bladder management for patients

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
National Paediatrics Diabetes Audit (NPDA)	<p>The National Paediatric Diabetes Audit (NDPA) is an audit of the care processes received and outcomes achieved by all children and young people attending paediatric diabetes units in England and Wales.</p> <ul style="list-style-type: none"> The Trust is aiming to ensure it employs sufficient staff, to enable the paediatric diabetes team to maintain the current level of service with the predicted rapidly expanding number of new diagnoses expected over the forthcoming years. The Trust is aiming to improve the number of patients aged 12 years and over having their blood pressure and foot checks completed, this had been impacted by a reduction in the number of face-to-face appointments due to the COVID-19 pandemic
National Perinatal Review Tool	<p>The perinatal mortality review tool (PMRT) is a review tool to assist units complete a structured, standardised, and thorough review, to provide bereaved parents with information as to why their baby died. PMRT makes it possible for every baby death after 22 weeks gestation to be reviewed</p> <ul style="list-style-type: none"> To improve communication between maternity and the emergency department (ED) a working party has been set up and a lead for obstetric care within the ED appointed PHU is improving its use of external reviewers through reciprocal arrangement with neighbouring units within the Southampton, Hampshire, Isle of Wight, and Portsmouth Local Maternity System (SHIP LMS) to ensure an external presence at PMRT reviews
Sentinel Stroke National Audit Programme (SSNAP)	<p>The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in the NHS.</p> <ul style="list-style-type: none"> The Trust has consistently achieved a SSNAP level score of B (score range A – E) in 2021-2022 and remains the largest admitting stroke unit in the Wessex region The stroke team have been carrying out training sessions for members of the emergency department (ED) to improve early recognition on the signs and symptoms of stroke There has been a significant improvement in the number of patients who were assessed by a specialist stroke nurse (SSN) within 24 hours, this is due to the SSN team moving to a 24/7 service, ensuring that patients receive specialist assessment, escorting the patient through the scanning process and admission to the stroke unit Ongoing challenges remain around admission to the stroke unit with multiple factors affecting this, including demand versus capacity, staffing levels and infection prevention and control complications from the COVID-19 pandemic which are all closely monitored by the stroke team
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	<p>Serious Hazards of Transfusion is a hemovigilance scheme that collects data and information on adverse events and reactions in blood transfusion from all healthcare organisations within the UK who are involved in the transfusion of blood and blood components.</p> <ul style="list-style-type: none"> An electronic system within the blood fridge has been installed to assist staff in collecting the correct units. At present The Trust does not have a vein-to-vein electronic system to reduce the number of errors with sampling and at administration. The system currently in place within the Trust has alerts to prevent the issue of incompatible components. The current electronic system is due to be replaced in 2023 All clinical transfusion adverse events and incidents are reported to the UK hemovigilance schemes as required.

QUALITY ACCOUNTS 2021 / 2022

Appendix A: National Clinical Audit – actions to improve quality

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
The Trauma Audit & Research Network (TARN)	<p>The Trauma and Audit Research Network (TARN) continually assesses the quality of care of trauma patients across England and Wales.</p> <ul style="list-style-type: none">• The Trust is below the national average for patients receiving a scan within 60 minutes of arrival in the emergency department• There is ongoing work to improve early identification of injury within older people, including plans to create a geriatric trauma triage tool• Operational pressures have remained an ongoing challenge for scanning times within the emergency department• The Trust has had its plans approved for the construction of its new emergency department which will include a CT scanner located within the emergency department

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 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

LOCAL CLINICAL AUDITS	
Audit Title	Comments and actions to improve quality of healthcare
	handbook for all new doctors working within the ENT service, which will help increase awareness of the proforma and increase discharge efficiency.
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.

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	Saving Lives, Improving Mother’s Care	<p>Saving Lives, Improving Mother’s Care</p> <p>Rapid Report: Learning from SARS-CoV-2 Related and Associated Maternal Deaths in the UK June 2020 - March 2021</p> <p>This rapid review was undertaken as part of the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK) ongoing response to the pandemic to ensure that any new messages for care and services were identified in a timely manner to implement rapid change.</p> <ul style="list-style-type: none"> • A COVID-19 pathway has been implemented which was developed by the multidisciplinary team and is in active use • The maternity assessment unit has triage guidance and pathways for COVID-19 in use • Virtual appointments were only used at the start of the pandemic and appointments are now face to face appointments
Medical and Surgical Clinical Outcome Review Programme	Dysphagia in Parkinson’s Disease	<p>Dysphagia in Parkinson’s</p> <p>The aim of Dysphagia in Parkinson’s disease was examining the process of recognition and dysphagia care provided to patients with Parkinson’s disease who were admitted to hospital when acutely unwell.</p> <ul style="list-style-type: none"> • The report made 11 recommendations which have been reviewed by the older person’s medicine team and the specialist speech and language team.

QUALITY ACCOUNTS 2021 / 2022

Appendix B: Local 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
		<ul style="list-style-type: none"> • A new dysphagia policy has been published and includes the eating and drinking at risk (EADR) pathway. • The international dysphagia diet standardisation initiative (IDDSI) is used throughout the Trust • There is not a Parkinson's Disease nurse specialist or a formal inpatient Parkinson's Disease service at PHU. It does have geriatricians and neurologists with a specialist interest in Parkinson's disease who run outpatient clinics and are contactable when required.



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