



Portsmouth Hospitals  
University  
NHS Trust

# Portsmouth Hospitals University NHS Trust Quality Accounts 2022 - 2023

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

**Working  
together** To drive excellence in care for  
our patients and communities

## QUALITY ACCOUNTS 2022 / 2023

### Table of contents

<b>STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE .....</b>	<b>3</b>	<b>Limited Assurance report.....</b>	<b>57</b>
<b>QUALITY IMPROVEMENT PRIORITIES 2023 / 2024 .....</b>	<b>5</b>	<b>Appendix A - National Clinical Audit: actions to improve quality .....</b>	<b>58</b>
<b>QUALITY IMPROVEMENT PRIORITIES 2022 / 2023 – Our achievements.....</b>	<b>7</b>	<b>Appendix B – Local Clinical Audit: actions to improve quality .....</b>	<b>66</b>
<b>Statements of assurance from the board.....</b>	<b>8</b>		
Review of services .....	8		
Participation in clinical audits .....	8		
Research: participation in clinical research - Commitment to research as a driver for improving the quality of care and patient experience .....	13		
Goals agreed with Commissioners.....	13		
Statements from the Care Quality Commission (CQC) .....	14		
Data quality .....	15		
Data Security and Protection Toolkit attainment levels .....	16		
Learning from deaths .....	16		
Seven day services - progress in implementing the priority clinical standards for seven day hospital services .....	17		
Freedom to Speak Up (FTSU) .....	18		
<b>National Quality Priorities .....</b>	<b>19</b>		
<b>REVIEW OF QUALITY PERFORMANCE .....</b>	<b>28</b>		
Patient Safety .....	29		
Clinical Effectiveness .....	32		
Patient Experience .....	35		
<b>Staff feedback .....</b>	<b>39</b>		
National Staff Survey.....	39		
Quarterly Staff Friends and Family Survey.....	41		
<b>Equality, diversity and inclusion .....</b>	<b>42</b>		
Equality Delivery System.....	42		
Equality Delivery System and Workforce Race Equality Standard (WRES) .....	43		
Workforce Disability Equality Standard (WDES) .....	43		
Doctors and Dentists in training .....	44		
<b>2022 overview .....</b>	<b>48</b>		
<b>Statement of Directors' responsibilities in respect of Portsmouth Hospitals University NHS Trust Quality Accounts 2021/2022 .....</b>	<b>53</b>		
<b>Integrated Care Board commentary .....</b>	<b>54</b>		
<b>Healthwatch Portsmouth and Healthwatch Hampshire combined comments .....</b>	<b>56</b>		

## STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Welcome to the 2022/23 Quality Account for Portsmouth Hospitals University NHS Trust. The aim of this report is to provide an open account of how we provide quality care for our patients, families and carers.

During 2022- 23 we have continued to experience sustained periods of high demand for our services which has led to us operating at the highest level of escalation OPEL (Operational Pressure Escalation Level) 4 for much of the year. It is recognised that this context puts pressure on our staff and can impact patient experience and safety.

Alongside many health systems across the country we have needed to take extreme action to ensure our patients remained safe. This resulted in the Trust operating in critical incident mode at several points during the year.

During and after each incident we have gathered the learning and used this to help us shape more robust and dynamic services going forward. We have also worked closely with our system partners to ensure patient flow into and out of the hospital is as safe, effective and timely as possible.

In early 2022 we received inspection visits from the Care Quality Commission (CQC) to our medical care and urgent and emergency services and a well-led inspection. The results of the inspection led to the Trust being rated as 'Good' overall for the second time with medical care now rated as 'Good' across all five domains and urgent and emergency services making significant improvements moving to 'Good' in effective, caring and well-led. To sustain this rating in the backdrop of a global pandemic and unprecedented levels of demand is an incredible achievement.

One of our True North objectives is to eliminate avoidable harm. Our improvement focus this year has been to reduce the number of hospital acquired pressure ulcers (HAPU) and we have increased our focus on this

throughout 2022 with work being undertaken to understand the contributing factors linked to HAPUs and to effect change to reduce harm. Between August 2022, and late March 2023 we successfully eliminated hospital acquired category 4 pressure ulcers and there have been higher numbers of lower grade ulcers reported due to improvements in education and identification. Matron-led quality and safety walkarounds have also been implemented to ensure appropriate actions are being taken.

24 wards have been visited for ward accreditation this year. The ward accreditation scheme helps us promote safer patient care and share best practice across areas. There are many areas all wards perform well in, including staff engagement and patients feeling they are treated with dignity, respect, kindness and compassion. The main areas highlighted for improvement included controlled drug management, checks on resus trolleys, information on patient wristbands and knowledge of safeguarding procedures.

Having the right environment for care is important and it has been pleasing to see numerous improvements start to take shape including the building of the new Emergency Department which is due to open in late 2024. The unit will open with a new model of care that will help us improve the quality of care we provide to people on the urgent care pathway. The new model of urgent care is in development and will include streaming patients to the right place (whether in or out of hospital) as early in their pathway as possible. To do this we are redesigning our Same Day Emergency care services and how Health Care Professionals can refer into them, ensuring the patient is seen in the right care setting within the hospital. These care pathways are being designed and implemented now and will support the teams to work in the new department by expediting patients to the right place and improving flow through the department.

## QUALITY ACCOUNTS 2022 / 2023

Statement on quality from Chief Executive

Looking forward to next year, we will be introducing the Patient Safety Incident Response Framework (PSIRF), this will support us to continue to build upon aspects of the learning and improvement culture at PHU. Governance and oversight structures will need to be reviewed to support these new processes within the context of a just culture with staff and patient engagement. In common with the Trust's current Delivering Excellence Every Day Strategy, PSIRF advocates a coordinated data driven approach to patient safety incidents. Embedding our response to safety events within a wider system of improvement will lead to a significant cultural shift towards systematic patient safety management.

I would like to thank our teams for the incredible work they do every day to keep our patients safe and provide compassionate care. I am very privileged to work alongside them and be part of the PHU family.

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.

**Penny Emerit, Chief Executive**  
**Portsmouth Hospitals University NHS Trust**

Trust Headquarters, F Level,  
Queen Alexandra Hospital, Southwick Hill Road, Cosham, Portsmouth, Hampshire, PO6 3LY  
Telephone: 023 9228 6877 Ext: 6670

E-mail:



[Penny.Emerit@porthosp.nhs.uk](mailto:Penny.Emerit@porthosp.nhs.uk)



## QUALITY IMPROVEMENT PRIORITIES 2023 / 2024

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 2023/2024 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*'.

The quality priorities contained within this Account were developed and approved by the subject matter experts and presented to and approved at the Trust Leadership Team in April.

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 2022/2023 (set out in the 2020/2021 Quality Account).

## QUALITY ACCOUNT PRIORITIES 2023/2024

The Quality Account Improvement Priorities have been developed to reflect and align to the Trust True North ambition 'Provide the best patient experience and eliminate avoidable harm'; thereby achieving the Trust Vision 'Working Together to drive excellence in care for our patients and communities'

Our quality priorities		What success will look like
PATIENT SAFETY	<b>Hospital Acquired Pressure Ulcers:</b> A pressure ulcer (PU) is an open area on skin which can happen if the blood supply to skin is affected. If a patient is lying in bed for too long or sitting in their chair for too long without moving, then a pressure ulcer can develop. A pressure ulcer can also happen if patients are wearing a device such as an oxygen mask	<ul style="list-style-type: none"> <li>Reduce hospital acquired pressure ulcers by 50% (2022/2023 baseline to be determined)</li> <li>Trust Wide PU action plan to ensure a multidisciplinary proactive approach to pressure ulcer reduction</li> <li>Introduction of a standard for skin assessment in all direct admission areas</li> <li>Reduce average length of stay by 10%</li> </ul>
	<b>The Trust priority is to provide safe care for patients:</b> Spending a long time in hospital can lead to an increased risk of falling, catching infections and sometimes mental and physical deconditioning.	
	<b>Discharge medication:</b> Medication-related harms are among the most common adverse events after discharge from hospital	<ul style="list-style-type: none"> <li>Implementation of Electronic Prescribing and Medicines Administration (EPMA) in all ward and areas and ED from October 2023</li> <li>Reduction in the number of incidents reported relating to discharge medication (2022/2023 baseline to be determined)</li> </ul>
PATIENT EXPERIENCE	<b>High quality, patient centered experience for all patients:</b> We are aiming to be a top acute Trust for inpatients recommending care, using the National Inpatient Survey as a proxy for measuring patient experience	<ul style="list-style-type: none"> <li>To be in the top third of similar acute Trusts for national inpatient score in 5 years, with an aim for the performance to remain static in 2023/24 with an upward trajectory year on year</li> </ul>
	<b>Real-Time Feedback (RTF):</b> Obtaining Real Time Feedback (RTF) from patients and feeding back to teams within 24 hours, helps inform staff where improvements are required to improve patient experience	<ul style="list-style-type: none"> <li>Trust-wide project for the roll-out of patient real-time feedback tool</li> <li>Analysis and triangulation of inpatient survey, FFT &amp; real-time feedback along with qualitative data sources</li> </ul>
	<b>Improving inpatient experience:</b> The National Inpatient survey results identified that multiple ward moves and changing wards at night significantly reduces the quality of patient experience	<ul style="list-style-type: none"> <li>Reduce the number of inpatient moves by 10% through a 'right place first time' approach to improve patient experience</li> </ul>
CLINICAL EFFECTIVENESS	<b>Valuing patients' time:</b> Early diagnosis is key to patients having more options, better support and properly joined up care at the right time in the optimal care setting	<ul style="list-style-type: none"> <li>80% of patients will receive a diagnostic test within six weeks</li> </ul>
	<b>Compliance with cancer pathway standards:</b> Faster diagnosis is proven to improve clinical outcomes: patients are more likely to receive successful treatment when diagnosed earlier	<ul style="list-style-type: none"> <li>No more than 130 patients on a suspected cancer pathway waiting beyond 62 days</li> </ul>
	<b>Timely outpatient follow up appointments:</b> During the Covid-19 pandemic outpatient activity was paused and disrupted, leading to extended waiting times for outpatient follow up appointments.	<ul style="list-style-type: none"> <li>Reduce the number of patients waiting for an outpatient follow up appointment by 25%</li> </ul>

Progress against the priorities will be monitored through the Quality, Safety and Patient Experience Group (QSPE) and Clinical Effectiveness Group as appropriate

## QUALITY IMPROVEMENT PRIORITIES 2022 / 2023 – OUR ACHIEVEMENTS

The Quality Account published in June 2022 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 2022/2023

PATIENT SAFETY		CLINICAL EFFECTIVENESS	
Our Quality Priorities	What success will look like	Our Quality Priorities	What success will look like
<b>NOT ACHIEVED</b> <b>Inpatient falls:</b> We will reduce the total number of inpatient falls (20% reduction by March 2023, from 2021/2022 levels)	<ul style="list-style-type: none"> <li>Total number of falls</li> <li>Total number of falls per 1000 bed days</li> <li>Number of falls with serious harm</li> </ul>	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	
<b>NOT ACHIEVED</b> <b>Hospital Associated Pressure Ulcers:</b> 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"> <li>Total number of hospital associated pressure ulcers</li> <li>The number of category 3 and 4 pressure ulcers</li> </ul>	<b>Achieved</b> <b>Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions:</b> 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"> <li>a NEWS2 score,</li> <li>time of escalation (T0) and time of clinical response (T1) recorded in the medical records</li> </ul>
<b>ACHIEVED</b> <b>Treatment delays:</b> 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"> <li>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</li> </ul>	<b>Not achieved</b> <b>Compliance with timed diagnostic pathways for cancer services</b> 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"> <li>65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meet timed pathway milestones by the end of Quarter 4</li> </ul>
PATIENT EXPERIENCE		Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	
Our Quality Priorities	What success will look like	Our Quality Priorities	What success will look like
<b>Partially achieved</b> <b>Waiting Times:</b> 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"> <li>Patients will be updated regarding service delays (either via the volunteer calls pilot or by the individual service)</li> </ul>	<b>Achieved</b> <b>Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery</b> 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"> <li>Achieve 75% score using nationally-recognised questionnaire in all patients having new complex pacing device implants by the end of Quarter 4</li> </ul>
<b>Partially achieved</b> <b>Discharge:</b> We will improve the experience of our patients and carers in relation to discharge from hospital	<ul style="list-style-type: none"> <li>Reduce the length of time patients are waiting for their medicines to take home (TTOs)</li> <li>Improve the % patients who agree they were given an explanation of how to take their medicines at the time of discharge from hospital</li> </ul>		
<b>Achieved</b> <b>Patients &amp; carers with additional communication requirements:</b> 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"> <li>We will reliably ask patients if they have any information or communication needs and reliably record this information</li> <li>We will act upon requirements as appropriate</li> </ul>		

## STATEMENTS OF ASSURANCE FROM THE BOARD

### Review of services

During 2022/2023 Portsmouth Hospitals University NHS Trust provided and sub-contracted 19<sup>1</sup> 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 2022/2023 represents 99.8% of the total income generated from the provision of NHS services by Portsmouth Hospitals NHS Trust for 2022/2023.

### Participation in clinical audits

During 2022/2023 54 national clinical audits and 13 national confidential enquiries covered NHS services that Portsmouth Hospitals University NHS Trust provides.

During that period Portsmouth Hospitals University Hospitals NHS Trust participated in 96% (50/52) national clinical audits (two were excluded as they were delayed/postponed nationally) and 100% (11/11) national confidential enquiries of those it was eligible to participate in (two were excluded as they are still under development).

The national clinical audits and national confidential enquiries that Portsmouth Hospitals University NHS Trust participated in, and for which data collection was completed during 2022/2023, 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 31 national clinical audits (this number is from both 2022/2023 and some reports that were published from data supplied in 2021/2022) were reviewed by the provider in 2022/2023. 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
Breast and Cosmetic Implant Registry	Audit	✓	100%
Case Mix Programme - Intensive Care National Audit and Research Centre	Audit	✓	100%

<sup>1</sup> Based on Care Quality Commission Regulated activities



# QUALITY ACCOUNTS 2022 / 2023

Statements of assurance from the Board

Audit title	Details	Participation	% cases submitted
Cleft Registry and Audit Network	Audit	Not applicable	Not applicable
Elective Surgery (National Patient Reported Outcome Measures Programme)	Pre-operative questionnaires/ Post-operative questionnaires	✓	56.5%
Emergency Medicine Quality Improvement Project	Pain in Children (Care in Emergency Departments)	✓	100%
	Assessing for cognitive impairment in older people (care in Emergency Department)	Commences April 2023	Not started
	Mental health self-harm (care in Emergency Department)	✓	Ongoing data collection
Epilepsy 12- National Clinical Audit of Seizures and Epilepsies for Children and Young People	Organisational Audit ✓ / Clinical Audit ✗ The Trust has an unfilled post for a consultant with an interest in Epilepsy	✓	50%
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	43.2%
	National Audit of Inpatient Falls	✓	100%
	National Hip Fracture Database	✓	100%
Gastro-intestinal Cancer Audit Programme	National Bowel Cancer Audit	✓	>80%
	National Oesophago-gastric Cancer Audit	✓	65-74%
Inflammatory Bowel Disease Audit	Inflammatory Bowel Disease Registry	✓	7 cases
Learning from Lives and Deaths, People with a Learning Disability and Autistic People	Audit	✓	100%
Muscle Invasive Bladder Cancer Audit	Audit	✓	100%
National Adult Diabetes Audit	National Diabetes Core Audit	✓	100%
	National Pregnancy in Diabetes Audit	✓	100%
	National Diabetes Footcare Audit	✓	100%
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit- Harms	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme-	Paediatric Asthma Secondary Care	✓	100% - Continuous data collection

# QUALITY ACCOUNTS 2022 / 2023

Statements of assurance from the Board

Audit title	Details	Participation	% cases submitted
	Adult Asthma Secondary Care	✓	100% - Continuous data collection
	Chronic Obstructive Pulmonary Disease Secondary Care	✓	100% - Continuous data collection
	Pulmonary Rehabilitation	Not applicable	Not applicable
National Audit of Breast Cancer in Older People	Audit	✓	100%
National Audit of Cardiac Rehabilitation	Audit	✓	100%
National Audit of Cardiovascular Disease Prevention	Audit	Not applicable	Not applicable
National Audit of Care at the End of Life	Audit - The Trust is making changes to the provision of End-of-Life Care and will re-join the national audit once these changes have been implemented	✗	0%
National Audit of Dementia	Care in General Hospitals	✓	100%
National Audit of Pulmonary Hypertension	Audit	Not applicable	Not applicable
National Bariatric Surgery Registry	Audit	✓	100%
National Cardiac Arrest Audit	Audit	✓	100%
National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	✓	100%
	Myocardial Ischaemia National Audit Project	✓	100%
	National Adult Cardiac Surgery Audit	Not applicable	Not applicable
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	100%
	National Heart Failure Audit	✓	93%
	National Congenital Heart Disease Audit	Not applicable	Not applicable
National Child Mortality Database	Audit	✓	100%
National Clinical Audit of Psychosis	Audit	Not applicable	Not applicable
National Early Inflammatory Arthritis Audit	Audit	✓	191 cases - continuous data collection
National Emergency Laparotomy Audit	Audit	✓	210 cases - continuous data collection

# QUALITY ACCOUNTS 2022 / 2023

Statements of assurance from the Board

Audit title	Details	Participation	% cases submitted
National Joint Registry	Audit	✓	100%
National Lung Cancer Audit	Audit	✓	continuous data collection
National Maternity and Perinatal Audit	Audit	✓	100%
National Neonatal Audit Programme	Audit	✓	100%
National Obesity Audit	Audit	✓	50%
National Ophthalmology Database Audit	Audit	✓	100%
National Paediatric Diabetes Audit	Audit	✓	100%
National Perinatal Mortality Review Tool	Audit	✓	100%
National Prostate Cancer Audit	Audit	✓	527 cases - continuous data collection
National Vascular Registry	Audit	Not applicable	Not applicable
Neurosurgical National Audit Programme	Audit	Not applicable	Not applicable
Out-of-Hospital Cardiac Arrest Outcomes	Audit	Not applicable	Not applicable
Paediatric Intensive Care Audit Network	Audit	Not applicable	Not applicable
Perioperative Quality Improvement Programme	Audit - The Trust currently does not have appropriate resources to support the data collection	✗	0%
Prescribing Observatory for Mental Health	Improving the quality of valproate prescribing in adult mental health services	Not applicable	Not applicable
	The use of melatonin	Not applicable	Not applicable
Renal Audits	National Acute Kidney Injury Audit	✓	100%
	UK Renal Registry Chronic Kidney Disease Audit	✓	100%
Respiratory Audits	Adult Respiratory Support Audit	✓	Ongoing data collection
	Smoking Cessation Audit - Maternity and Mental Health Services	Commences 2023	Currently on hold
Sentinel Stroke National Audit Programme	Audit	✓	92.5%

# QUALITY ACCOUNTS 2022 / 2023

Statements of assurance from the Board

Audit title	Details	Participation	% cases submitted
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Audit	✓	100%
Society for Acute Medicine's Benchmarking Audit	Audit	✓	100%
The Trauma Audit & Research Network	Audit	✓	85-100%
UK Cystic Fibrosis Registry	Audit	Not applicable	Not applicable
UK Parkinson's Audit	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)	✓	100%
	Testicular Torsion (NCEPOD)	✓	75%
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal morbidity confidential enquiry - Saving Lives, Improving Mother's Care (Lesson learned to inform maternity care from UK and Ireland Confidential Enquires into Maternal Deaths and Morbidity 2018-20)	✓	100%
	Maternal mortality confidential enquiries	✓	100%
	Maternal mortality surveillance	✓	100%
	Perinatal mortality and serious morbidity confidential enquiry	✓	100%
	Perinatal Mortality Surveillance - MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2020	✓	100%
Medical and Surgical Clinical Outcome Review Programme - National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Epilepsy	✓	43%
	Crohn's Disease	✓	79%
	Community Acquired Pneumonia	✓	78%
	End of Life Care	Commences Summer 2023	Not started
	Endometriosis	✓	Ongoing data collection

NATIONAL CONFIDENTIAL ENQUIRIES			
Audit title	Details	Participation	% cases submitted
Mental Health Clinical Outcome Review Programme	Rehabilitation following critical illness	Commences Summer 2023	Not started
	Physical Health in Mental Health Hospitals	Not applicable	Not applicable
	National Confidential Inquiry into Suicide and Safety in Mental Health	Not applicable	Not applicable

The reports of 175 local clinical audits were reviewed by the provider in 2022/2023 and 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

The number of patients receiving NHS services provided or sub-contracted by Portsmouth Hospitals University NHS Trust in 2022/2023 that were recruited during that period to participate in research approved by a research ethics committee was 8683.

Following record-breaking success in recruiting into trials last year, we have maintained our position as one of the top research organisations; ensuring as many people as possible are offered the opportunity to take part in research

that improves care and patient experience. As a large acute organisation our hospital ranked 2nd nationally for research activity and 1st for complexity weighted recruitment, meaning our local population received access to a broad portfolio of research. These studies included wellbeing initiatives for staff, trialling new treatments and access to new digital innovations. The studies we offered patients spanned 21 different specialty areas and were delivered by our diverse workforce including medics, fellows, nurses, midwives, Allied Health Professionals, trial assistants and office staff

#### Goals agreed with Commissioners

Portsmouth University Hospitals NHS Trust commissioner income in 2023/24 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality Improvement and Innovation framework because pragmatic payment agreements were reached between

Commissioners and PHU with due regard to the atypical financial conditions following the Covid Pandemic.



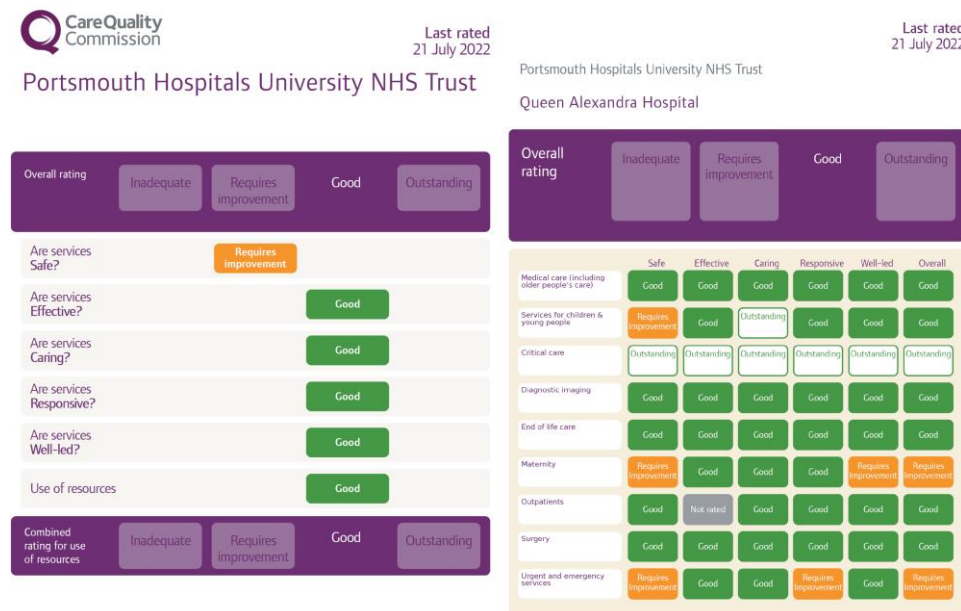
Statements of assurance from the Board

## 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 carried out an announced well-led inspection and unannounced core service inspection (Urgent and Emergency Care and Medical Care) in April and May 2022.

The overall rating remained the same 'Good'. Medical Care was rated Good across all five CQC domains with an improved rating under the Safe domain from Requires Improvement to Good. Urgent and Emergency Services have made significant improvements and moved from Requires Improvement to Good in Effective, Caring and Well-led.



The CQC also conducted an announced inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) of the radiotherapy service at Queen Alexandra Hospital on 20th April 2022. Two areas for improvement were identified, both of which have been actioned. The CQC have confirmed they are satisfied that the actions taken will address

the recommendations made with a view to maintaining compliance with IR(ME)R in the future. As such, they have closed the file on the inspection.

Statements of assurance from the Board

## Data quality

Portsmouth Hospitals University NHS Trust submitted records during 2022/2023 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 (2022-2023, up to month 10 - April 2022 to January 2023) 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 99.8%)
- 99.5% for accident and emergency care (national average 95.3%)

Included the patient's valid General Medical Practice Code:

- 99.4% for admitted patient care (national average 99.7%)
- 99.2% for out-patient care (national average 99.5%)
- 98.3% for accident and emergency care (national average 98.3%)

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

- 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/ECDS 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 other Trusts to review how they monitor data quality and see what we can replicate at our Trust.
- The Trust validator undertakes RTT Pathway training for departments to ensure they are reporting pathways accurately.

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

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

Included the patient's valid Commissioner Code:

- 100% for admitted patient care (national average 98.6%)
- 99.4% for out-patient care (national average 97.8%)
- 99.9% for accident and emergency care (national average 95%)

Included a valid site code of treatment:

- 100% for admitted patient care (national average 97.6%)
- 100% for out-patient care (national average 97.3%)
- 100% for accident and emergency care (national average 99.2%)

## 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 2021/22 was submitted on 30<sup>th</sup> June 2022. The Trust submitted the toolkit on time and all assertions were complete and the Trust was marked as ‘Standards

Met’. The DSPT submission for 2022/23 will be submitted on 30<sup>th</sup> June 2023

- TIAA Data Security and Protection Toolkit (DSPT) audit was undertaken in March 2023. The Trust has been given a ‘medium confidence level’ – which means that the DSPT self-assessment differs somewhat from the independent assessment. Of the 10 assertions none were assessed as critical nor high risk. Three assertions had a score of ‘low’ risk and seven assertions where given a score of ‘moderate’ risk. There is a plan in place for the majority of the assertions to be completed prior to the 30<sup>th</sup> June 2023 submission. There is a risk that the Trust will not be able to meet two of the standards, which would give us a rating of ‘approaching standards’

## Learning from deaths

- During 2022/2023, 2789 patients died under the care of Portsmouth Hospitals University NHS Trust (PHUT) . The quarterly breakdown of these deaths was as follows:
  - 657 patients died in Q1
  - 639 patients died in Q2
  - 747 patients died in Q3
  - 745 patients died in Q4

By 31<sup>st</sup> March 2023, 334<sup>2</sup> case record reviews (structured judgment reviews, SJR, and morbidity and mortality reviews) and 12 investigations (root cause analysis, RCA) had been completed in relation to the 2789 deaths. In 12

cases a death was subjected to both a case record review and a formal investigation. The main focus of such assessments is to identify any learning that will enable us to provide improved care for future patients.

- The number of deaths in each quarter for which a case record review or an investigation was carried out were as follows:
  - 79 in Q1
  - 103 in Q2
  - 77 in Q3
  - 75 in Q4

<sup>2</sup> Previous quality accounts have incorporated the scrutiny that was conducted by a Medical Examiner in the case record review numbers. This year’s account does not

include Medical Examiners Scrutiny, so this Account is accurate for case record reviews, which include SJRs, and M&Ms as stated in the text.

## Statements of assurance from the Board

- During the reporting period, problems with the care provided to patients that may have contributed in some part to their deaths were identified in 6 (0.2%) of the patients for whom reviews were undertaken. In relation to each quarter, this consisted of:
  - 1 in Q1
  - 1 in Q2
  - 3 in Q3
  - 1 in Q4
- Patient care and treatment themes identified from the reviews described above were as follows: clear documentation of decision making; communication; adherence to waiting list priority categories; timely escalation of deteriorating patients.
- Actions taken to address the themes identified include: more consistent use of electronic handover tools through BedView, Minestrone and eHandover, whilst maintaining an emphasis on verbal handover for complex and unwell patients; waiting list management is subject to continuous clinical prioritisation with overview through the operational delivery group; continued oversight and education provided by patient experience team; the deteriorating patient group updated and relaunched

the Deteriorating Patient form, Treatment Escalation Plans and provided an increase in teaching to all clinical areas.

- 2 case record reviews (SJR) and 7 investigations (RCA) were completed after the reporting period of 2021/22 which related to deaths which took place before the start of the reporting period of 2022/23.
- In 2 of the 2021/22 cases which were not reviewed until 2022/23, representing 0.08% of all deaths during 2021/22, problems were identified with the care provided to patients that may have contributed in some part to their deaths. Including these cases, a total of 7 cases, representing 0.29% of 2,375 deaths during the reporting period of 2021/2022, were identified following review in which the care provided to patients may have contributed in some part to their deaths.
- Themes arising from these 7 cases included: delay to treatment; late diagnosis; falls with head injury; and surgical complications. Actions taken to address these themes included a Delivering Excellence Every Day (DEED) improvement approach to falls risk, which included new eLearning modules and an increase in Matron assurance ward rounds.

---

## 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

Statements of assurance from the Board

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

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 2023.

## Freedom to Speak Up (FTSU)

As a Trust we want to enable our people to deliver the best possible care. A key part of this is ensuring people feel valued and respected and that we welcome their views.

We acknowledge the findings of the 2022 National Staff Survey, highlighting the need to provide an environment where raising concerns (speaking up) is not only encouraged, but valued as an opportunity to learn and improve. We are committed to ensuring that everyone working here is confident and supported to speak up and that we will address their concerns appropriately.

The Trust's Freedom to Speak Up (FTSU) Guardian supports people to raise and manage concerns in a confidential, supportive and anonymised manner, with appropriate signposting. This is a key role in promoting an open and honest culture of listening, learning, and not blaming, so that concerns raised are welcomed and acted upon in a fair manner.

Staff can raise concerns to the FTSU Guardian through a number of routes, including a dedicated phone number, confidential email address and an online form, with an option to submit anonymous concerns.

The FTSU Guardian is developing broader network of FTSU Advocates and has links with the 'Respect Me' service, staff networks and 'whistleblowing' line. We are growing the awareness of 'Freedom to Speak Up' across the Trust, with a refreshed intranet page, posters, education sessions at key events and a growing network of FTSU Advocates.

We have implemented the Health Education England Freedom to speak up training modules 'speak up, listen up and follow up' and are working towards ensuring these form part of 'essential/mandatory training' for all staff over the coming year.

Following on from both the Ockenden and Kirkup reports we have focussed efforts on raising concerns within our maternity services, with a dedicated team of 5 FTSU advocates



## NATIONAL QUALITY PRIORITIES

The following are a core set of indicators which are to be included in the 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. 19 – Sep. 20		Oct. 20 – Sep. 21		Oct. 21 – Sep. 22	
	National Average	PHU	National Average	PHU	National Average	PHU
The value of the summary hospital-level mortality indicator ("SHMI") for the Trust.	0.975	1.0423	1	0.975	0.9785	1
The banding of the summary hospital-level mortality indicator ("SHMI") for the Trust.	As expected (2)	As expected (2)	As expected (2)	As expected (2)	As expected (2)	As expected (2)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust. The palliative care indicator is a contextual indicator	40.00%	40.00%	36.00%	40.00%	41.00%	40.00%
<b>Trust statement</b> 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"> <li>Maintained 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</li> <li>Undertake scrutiny of the care received by all inpatients and Emergency Department patients whose place of death was within the Trust</li> <li>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</li> <li>Identification of any cases where there have been concerns and a recommendation for further scrutiny from Morbidity and Mortality meetings (M&amp;M), Structured Judgement Reviews (SJR) or Serious Incident Requiring Investigation (SIRI)</li> <li>All deaths of patients with a known Learning Disability (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</li> </ul>						

## National quality priorities

### 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. 19 - Mar. 19				Apr. 20 - Mar. 21				Current data			
	National Average	Highest	PHU	National Average	Highest	PHU	National Average	Highest	Highest	PHU	National Average	Highest
Groin hernia surgery	PROMs data was collected on varicose vein and groin hernia procedures in England, however following on from the NHS England Consultation on PROMs, collection of these procedures ceased on 1 October 2017											
Varicose vein surgery												
Hip replacement surgery (primary)	0.553	0.453	0.529	0.344	Information from NHS Digital: “In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time.”							
Knee replacement surgery (primary)	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 national dataset using data provided by the Trust.

The Trust has taken action by:

- All patients due to undergo hip and knee surgery attend Joint School pre-operatively. Patients are educated regarding their operative pathway and rehabilitation. They are informed that they will be asked to complete PROMS questionnaires which are important so that we can understand how we can continue to improve our service.
- The PROMS questionnaires are given to all patients on admission for their arthroplasty surgery. They are encouraged to complete the questionnaire whilst waiting to go to theatre. We feel that this is the optimum way to achieve the best compliance.
- The extensive questionnaire will monitor the patient’s experience at the Trust.

National quality priorities

National Quality Priorities	
Helping people recover from episodes of ill health or following injury.	
Re-admission within 28 days of being discharged	
Percentage of patients aged 0 to 15	Data not updated since 2013.
Percentage of patients aged 16 or over	
<b>Trust statement</b>	
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. 20 - Mar. 21				Apr. 20 - Mar. 21				Current data			
	Highest	PHU	National Average	Lowest	Highest	PHU	National Average	Lowest	Highest	PHU	National Average	Lowest
Based on the average score of five questions from the National Inpatient Survey	74.1	74.5	85.4	67.3	74.1	74.5	85.4	67.3	NHS Digital update: “Update 2 March 2023: Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on this page in due course.”			
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"><li>Trust-wide action plan; owned by Divisions has been developed to improve outcomes. This is being reported through the Patient Experience Group, with exception reporting into the Quality, Safety and Patient Experience Group and to the Quality and Performance Committee</li><li>Continued roll-out of real time digital feedback for patients, enabling Wards and Departments to respond to patient feedback within real time (data is collated and made available to the leadership teams within 24 hours)</li><li>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</li></ul>												

National Quality Priorities												
Ensuring that people have a positive experience of care.												
<ul style="list-style-type: none"> <li>One cohort of Patient Experience Ambassadors having completed training and development workshops which included completion of the a Quality Improvement project to improve the experience of patients within their clinical area</li> </ul>												

National Quality Priorities												
Ensuring that people have a positive experience of care.												
National Staff Survey results	2020				2021				2022			
	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	74%	72%	91	49%	68%	66%	89	43%	56%	61%	86%	39%
<b>Trust statement</b> 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"> <li>Co-design of the delivery of the Trust People and Organisational Development Strategy and associated work plans</li> <li>Continued implementation of the 'Delivering Excellence' operating model – specifically 'Proud to be PHU' which has a focus on values integration, cultural improvement, health and wellbeing and improved communications and engagement, including the continued implementation of real time staff feedback</li> <li>Continued implementation of the EDI Strategy and Action Plan 2022-2025 working towards intentional inclusion</li> <li>Continued focus on the Prevention of Violence at Work initiatives</li> <li>Co-designed cultural improvement plans with divisions, care groups and corporate services via a series of trailblazer events</li> <li>Delivering continued improvements in supporting staff health and wellbeing with a particular focus on the recovery of staff</li> <li>Review and implementation of a contemporary and improvement focused organisational development offer, including review of leadership development</li> </ul>												

# QUALITY ACCOUNTS 2022 / 2023

National quality priorities

National Quality Priorities										
Ensuring that people have a positive experience of care - A&E - patients who would recommend the Trust as a provider of care to their friends or family										
Reporting period	Total Responses		Total Eligible		Response Rate		Score (% recommend)		Score (% not recommend)	
	England	PHU	England	PHU	England	PHU	England	PHU	England	PHU
Dec-22	111,811	1,805	1,179,044	12,916	9.48%	13.97%	73%	74%	19%	19%
Nov-22	118,138	2,005	1,200,637	12,201	9.84%	16.43%	75%	78%	17%	15%
Oct-22	121,021	1,946	1,217,117	12,358	9.94%	15.75%	74%	81%	17%	13%
Sep-22	115,748	1,906	1,139,160	11,968	10.16%	15.93%	76%	79%	16%	13%
Aug-22	117,463	1,953	1,101,947	12,537	10.66%	15.58%	77%	82%	15%	12%
Jul-22	114,530	1,990	1,149,903	12,848	9.96%	15.49%	75%	80%	17%	13%
Jun-22	114,471	1,850	1,141,155	11,841	10.03%	15.62%	74%	82%	17%	11%
May-22	116,433	1,901	1,196,383	12,158	9.73%	15.64%	75%	83%	17%	11%
Apr-22	113,879	1,627	1,112,015	10,153	10.24%	16.02%	75%	87%	17%	8%
Mar-22	126,290	1,893	1,209,466	11,578	10.44%	16.35%	73%	79%	18%	13%
Feb-22	108,775	1,659	1,047,553	9,735	10.38%	17.04%	77%	83%	15%	10%
Jan-22	106,060	1,694	1,031,897	10,036	10.28%	16.88%	81%	86%	12%	9%
<b>Trust statement</b> 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"> <li>Volunteers working within the Emergency Department to support patients whilst they are in the Department</li> <li>Further development of the Patient Experience Ambassadors to respond to FFT feedback and make changes and improvement in their areas</li> </ul>										



# QUALITY ACCOUNTS 2022 / 2023

National quality priorities

National Quality Priorities										
Ensuring that people have a positive experience of care - Inpatients - patients who would recommend the Trust as a provider of care to their friends or family										
Reporting period	Total Responses		Total Eligible		Response Rate		Score (% recommend)		Score (% not recommend)	
	England	PHU	England	PHU	England	PHU	England	PHU	England	PHU
Dec-22	130,099	1,649	759,079	8,322	17.14%	19.81%	94%	93%	3%	5%
Nov-22	162,226	2,308	835,425	9,572	19.42%	24.11%	94%	92%	3%	4%
Oct-22	150,509	2,207	797,581	9,346	18.87%	23.61%	94%	90%	3%	5%
Sep-22	142,626	1,892	753,773	8,614	18.92%	21.96%	94%	91%	3%	5%
Aug-22	148,328	1,992	778,209	8,727	19.06%	22.83%	94%	92%	3%	4%
Jul-22	142,600	1,973	741,359	8,758	19.23%	22.53%	94%	91%	3%	5%
Jun-22	143,301	1,828	756,043	8,616	18.95%	21.22%	94%	92%	3%	4%
May-22	152,810	2,091	805,366	9,096	18.97%	22.99%	94%	94%	3%	3%
Apr-22	130,431	1,764	729,614	8,067	17.88%	21.87%	94%	94%	3%	3%
Mar-22	141,347	1,892	799,144	8,984	17.69%	21.06%	93%	92%	3%	4%
Feb-22	132,161	1,465	718,795	8,315	18.39%	17.62%	94%	92%	3%	4%
Jan-22	121,207	1,516	698,120	8,633	17.36%	17.56%	94%	92%	3%	4%
<b>Trust statement</b> 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"> <li>Continued development and strengthening of Realtime Feedback across the Trust</li> <li>Further development of the Patient Experience Ambassadors to respond to FFT feedback and make changes and improvement in their areas</li> <li>Family Liaison Officers on wards to assist patients in accessing and completing the FFT survey</li> </ul>										

National Quality Priorities	
Treating and caring for people in a safe environment and protecting them from avoidable harm.	
VTE Risk Assessment	No data for 4 years - No longer submitted nationally
Percentage of patients receiving a VTE Risk Assessment	
<b>Trust statement</b> 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"><li>• The Thrombosis Committee meets monthly to discuss divisional performance, mitigation and learning from VTE events. The Committee focuses on patient safety and broader governance issues pertaining to thrombosis</li><li>• Collaborative working with the Patient Safety Team and the clinical governance leads to identify and share learning from the Hospital Associated Thrombosis (HAT)</li><li>• 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 resulting in improved compliance</li><li>• Patient advice regarding signs of VTE and prevention are included within the Trust’s electronic discharge summary for all adult inpatients</li></ul>	

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. 19 - Mar. 20				Apr. 20 - Mar. 21				Apr. 21 - Mar. 22			
	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest	PHU	National Average	Highest	Lowest
Rate per 100,000 bed days of c.Difficile infection amongst patients aged 2 or over	11.6	15.5	64.6	0	12.3	17.7	80.6	0	13.03	18.3	59.03	0
<b>Trust statement</b> 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 rate of C.difficile rate for 2022/2023 was 20.7 cases per 100,000 OBDs. This is in comparison to the most recent published national rate of 20.2 cases (last updated end of February 2023). 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"> <li>Continuation of C.difficile ward rounds to identify learning and common themes from cases identified at, or admitted to, PHU</li> <li>Appropriate and timely testing and isolation of patients, including in the outpatient setting</li> <li>Emphasising the importance of cleaning and decontamination</li> </ul>												

National quality priorities

- Increased focus on antimicrobial stewardship, including targeted auditing and education, as well as recommencement of the annual Trust-wide point prevalence audit of antimicrobial prescribing
- Continued investigation of all cases attributed to the Trust for learning opportunities
- Deployment of a targeted Trust-wide education programme
- Development of a new Trust-wide stool chart to aid early identification of patients with increased stool patterns
- Electronic IPC audits rolled out Trust-wide. This enables staff to undertake audits more easily, provides assurance and organisational oversight, and aids targeted education where necessary.
- Development of a comprehensive C.difficile action plan

The Portsmouth Hospitals University NHS Trust intends to take the following additional actions in 2023/24:

- Review the root cause analysis tool and process of investigating cases, to enable quick identification of learning
- Development of PPI (proton pump inhibitors) guidance to encourage staff to consider reviewing and stopping unnecessary PPI usage
- 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)	Current data			
	PHU	National Average	Highest	Lowest
Number of patient safety incidents	<p>NHS Digital update:</p> <p>“Update 2 March 2023: Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on this page in due course.”</p>			
Rate of patient safety incidents				
Number of patient safety incidents that resulted in severe harm or death				
% of patient safety incidents that resulted in severe harm or death				

**Trust statement**

Portsmouth Hospitals University NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.

The Trust has developed a supportive reporting culture which is indicated in the number of incidents reported. The Trust has taken action to sustain and improve on this number, and so the quality of its services, by:

- 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

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)	Current data			
	PHU	National Average	Highest	Lowest
<ul style="list-style-type: none"> <li>Weekly trust wide clinical indicator meetings are being chaired by Matrons and Senior Matrons. Data that is presented includes the top four safety concerns for the previous four weeks; Divisions are able to discuss recent incidents and share learning within this forum.</li> <li>A programme of education has been designed by the Patient Safety Team to share learning from incidents across the organisation. The education syllabus now includes a medication safety day, a patient safety study for staff nurses and a separate one for HCSWs. 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 that increase patient's safety. The training portfolio has been expanded further and the clinical skills team deliver bowel management, naso-gastric tube insertion/care and male catheterisation skills training.</li> </ul>				

### REVIEW OF QUALITY PERFORMANCE

This part of the Quality Account provides an overview of how the Trust has performed against quality initiatives in 2022/2023. 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 2022/2023

PATIENT SAFETY	
Our Quality Priorities	What success will look like
<b>Inpatient falls:</b> We will reduce the total number of inpatient falls (20% reduction by March 2023, from 2021/2022 levels)	<ul style="list-style-type: none"> <li>• Total number of falls</li> <li>• Total number of falls per 1000 bed days</li> <li>• Number of falls with serious harm</li> </ul>
<b>Hospital Associated Pressure Ulcers:</b> 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"> <li>• Total number of hospital associated pressure ulcers</li> <li>• The number of category 3 and 4 pressure ulcers</li> </ul>
<b>Treatment delays:</b> 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"> <li>• 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</li> </ul>

## Patient Safety - review of priorities for improvement 2022/2023

PATIENT SAFETY		
Our Quality Priorities	What success will look like	Outcome
<b>Inpatient falls:</b> We will reduce the total number of inpatient falls (20% reduction by March 2023, from 2021/2022 levels)	<ul style="list-style-type: none"> <li>• Total number of falls</li> <li>• Total number of falls per 1000 bed days</li> <li>• Number of falls with serious harm</li> </ul>	<b>NOT ACHIEVED</b> <ul style="list-style-type: none"> <li>• A total of 3007 falls reported, this is similar to previous year</li> <li>• 7.4 falls per 1000 bed days (this is a slight reduction when compared to 2021/2022)</li> <li>• Four more moderate and above falls were reported in 2022/2023 compared to 2021/2022.</li> <li>• There are opportunities to target interventions further for patients who are confused, who have fallen previously, especially at times when we can anticipate that they may need assistance accessing a bathroom. Further emphasis is required on highlighting a patient's previous falls history, providing effective interventions when completing intentional rounding and maintaining vigilance of patients identified as at risk of falling.</li> <li>• It is anticipated that the continued focus on matron led quality and safety rounds will lead to a reduction in avoidable harm events.</li> </ul>
<b>Hospital Associated Pressure Ulcers:</b> 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"> <li>• Total number of hospital associated pressure ulcers</li> <li>• The number of category 3 and 4 pressure ulcers</li> </ul>	<b>NOT ACHIEVED</b> <ul style="list-style-type: none"> <li>• 480 hospital associated pressure ulcers in 2022/2023</li> <li>• 326 category 3, 4 and unstageable pressure ulcers</li> <li>• A proforma to guide bedside reviews and discussions has been implemented in Medicine, Older Persons Medicine and Renal.</li> <li>• The Tissue Viability team and the digital team have been working on streamlining the electronic record of care to simplify the completion of risk assessment and care plans. This will aim to reduce documentation burden and enable staff to easily identify patients at risk and make care plans easy to navigate</li> </ul>

## QUALITY ACCOUNTS 2022 / 2023

Review of quality performance - Patient Experience

PATIENT SAFETY		
Our Quality Priorities	What success will look like	Outcome
<b>Treatment delays:</b> 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"> <li>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</li> </ul>	<b>ACHIEVED</b> <ul style="list-style-type: none"> <li>A total of seven serious incidents were reported in 2022/2023 linked to delays to treatment compared to 16 in 2021/2022</li> </ul>

# Clinical Effectiveness

Clinical Effectiveness is a quality improvement approach to promote evidence-based healthcare, with the aim of subsequent improved clinical decision making and clinical outcomes. Clinical effectiveness is defined as the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients.

Clinical effectiveness is a collection of activities and tools, based on research and measurement that are used to improve the quality of healthcare. The activities include, but are not limited to, guidelines, audit, research and evaluation.

Clinical effectiveness aims to ensure that healthcare practice is based on the best available data and evidence of effectiveness. It is a key component for improving patient safety and quality health service delivery.

The Trust Clinical Effectiveness Group continues to evolve, including a revision of its Terms of Reference in 2022 to ensure it meets the requirements of the Clinical Effectiveness agenda.

## QUALITY ACCOUNT PRIORITIES 2022/2023

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
<b>Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions:</b> 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"> <li>• a NEWS2 score,</li> <li>• time of escalation (T0) and time of clinical response (T1) recorded in the medical records</li> </ul>
<b>Compliance with timed diagnostic pathways for cancer services</b> 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"> <li>• 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meet timed pathway milestones by the end of Quarter 4</li> </ul>
<b>Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery</b> 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"> <li>• Achieve 75% score using nationally-recognised questionnaire in all patients having new complex pacing device implants by the end of Quarter 4</li> </ul>

## Clinical Effectiveness - review of priorities for improvement 2022/2023

CLINICAL EFFECTIVENESS		
Our Quality Priorities	What success will look like	Outcome
<b>Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions:</b> 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"> <li>• a NEWS2 score,</li> <li>• time of escalation (T0) and time of clinical response (T1) recorded in the medical records</li> </ul>	<b>ACHIEVED</b> <ul style="list-style-type: none"> <li>• Q1 compliance: 93%</li> <li>• Q2 compliance: 94%</li> <li>• Q3 compliance: 92%</li> <li>• Q4 compliance: 87% (reflects the hospital pressures and high activity during the quarter)</li> </ul>
<b>Compliance with timed diagnostic pathways for cancer services</b> 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"> <li>• 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meet timed pathway milestones by the end of Quarter 4</li> </ul>	<b>NOT ACHIEVED</b> <ul style="list-style-type: none"> <li>• The Trust's Somerset Cancer Registry, to record data, has been upgraded to the latest version. However, the Somerset best practice timed pathway's function is not currently fit for purpose and thus cannot be used to monitor / manage compliance against Trust pathways in the measures required by the CQUIN. Even when the functions are made available, there will be a training requirement and change in practice to achieve this data collection and the operating standards required with current operational pressures in some tumour sites</li> <li>• Commissioners are aware, have been involved in discussions over the situation at all times and are in agreement with the Trust long terms plans to address this issue, which includes a National carry-over of this CQUIN objective into 2023/24 for all Provider Trusts</li> </ul>

CLINICAL EFFECTIVENESS		
Our Quality Priorities	What success will look like	Outcome
<p><b>Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery</b></p> <p>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</p>	<ul style="list-style-type: none"> <li>Achieve 75% score using nationally-recognised questionnaire in all patients having new complex pacing device implants by the end of Quarter 4</li> </ul>	<p><b>ACHIEVED</b></p> <ul style="list-style-type: none"> <li>The agreed CollaboRATE questionnaire (a brief patient reported measure of the shared decision-making process) has been used to obtain patient feedback, achieving a score of 94%</li> <li>The patient experience team has provided assistance to ensure all relevant patients are given the opportunity to complete the questionnaire</li> </ul>



## Patient Experience

Ensuring our patients have the best possible experience when they come into our hospital is our absolute priority, by asking, monitoring, and acting upon patient feedback to make improvements in the areas that patients say matter most to them.

It is important that we know when things have gone well so that we can feed back to our teams and share good practice across the organisation. It is also important that we know when things have not gone well so that we can identify and act on areas for improvement.

### QUALITY ACCOUNT PRIORITIES 2022/2023

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



## Patient Experience - review of priorities for improvement 2022/2023

PATIENT EXPERIENCE		
Our Quality Priorities	What success will look like	Outcome
<b>Waiting Times:</b> 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"> <li>Patients will be updated regarding service delays (either via the volunteer calls pilot or by the individual service)</li> </ul>	<b>PARTIALLY ACHIEVED</b> <ul style="list-style-type: none"> <li>Some areas across the Trust and Care Groups have a system in place for calling patients on their waiting lists</li> <li>A pilot is due to commence in Gynaecology using volunteers to contact patients to discuss how they are, providing a reminder about upcoming appointment and anything the patient needs to be aware of, and generally checking on their welfare.</li> <li>This pilot includes the development of a role descriptor for an administrative role for volunteers to support with administrative related tasks; therefore, freeing up staff with more experience to make calls to patients</li> <li>Learning from this pilot will inform work required within other Care Groups</li> <li>We have networked and liaised with other trusts to learn how this has been implemented in other organisations and any issues which have arisen</li> </ul>
<b>Discharge:</b> We will improve the experience of our patients and carers in relation to discharge from hospital	<ul style="list-style-type: none"> <li>Reduce the length of time patients are waiting for their medicines to take home (TTOs)</li> <li>Improve the % patients who agree they were given an explanation of how to take their medicines at the time of discharge from hospital</li> </ul>	<b>PARTIALLY ACHIEVED</b> <ul style="list-style-type: none"> <li>The percentage of patients in the National Inpatient Survey who said they were given an explanation of how to take their medicines at the time of discharge from hospital remains the same as last year at 84%</li> <li>The Trust has a Key Performance Indicator on TTO turnaround times; there has been a steady improvement throughout the year. This remains a focus for the Trust, including a Rapid Process Improvement Workshop relating to discharges scheduled for May 2023</li> </ul>

PATIENT EXPERIENCE		
Our Quality Priorities	What success will look like	Outcome
		<p>TTOs completed within 90 minutes</p> <p>90.0% 80.0% 70.0% 60.0% 50.0% 40.0% 30.0% 20.0% 10.0% 0.0%</p> <p>Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23</p> <p>— TTOs completed within 90 minutes (to support 40% of patients to be discharged by midday) — DEED Target</p>
<p><b>Patients &amp; carers with additional communication requirements:</b></p> <p>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</p>	<ul style="list-style-type: none"> <li>• We will reliably ask patients if they have any information or communication needs and reliably record this information</li> <li>• We will act upon requirements as appropriate</li> </ul>	<p><b>ACHIEVED</b></p> <ul style="list-style-type: none"> <li>• We continue to be dedicated to maturing a sustainable and meaningful Accessible Information (AI) framework. Our vision is to identify the additional needs of our patients, service users, carers and parent's information and communication needs, where they relate to a disability, impairment, or sensory loss. We are dedicated to improving the methods of recording our community populations needs</li> <li>• We follow a working AI Policy and AI Standard across the Trust via our regular Trust wide AI meetings</li> <li>• We have implemented AI training (via ESR) which is part of Trust induction as well as updating the PAS Training with how to record a patient's additional needs once it goes live during quarter 1 2023/2024</li> <li>• AI Awareness is being presented during various training courses including Passport to Manage and the Patient Ambassadors workshop</li> <li>• New posters have been specially designed for patients who may require their information to be presented to them in a different format</li> </ul>

## QUALITY ACCOUNTS 2022 / 2023

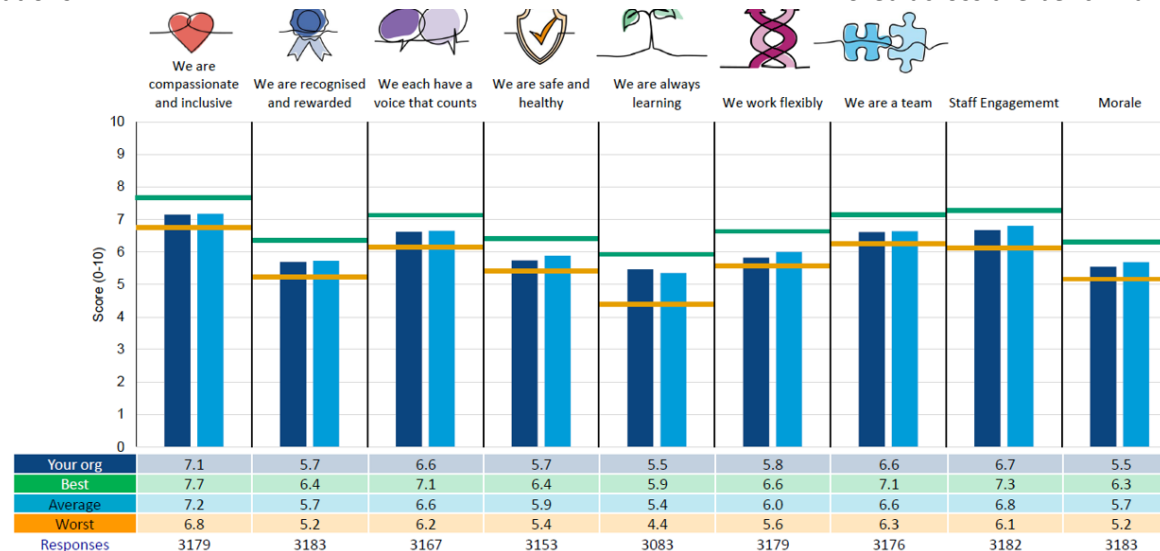
Review of quality performance - Patient Experience

PATIENT EXPERIENCE		
Our Quality Priorities	What success will look like	Outcome
		<ul style="list-style-type: none"> <li>• Drop in session has been arranged for May for staff to meet our provider of interpreting services to share any concerns or training for booking interpreters</li> <li>• We continue to reflect on the use of flags to identify additional needs and are actively exploring how to reduce the number of flags to encourage staff to ask the patient if they have any additional needs</li> <li>• Work to improve accessibility of information for our patients will continue throughout 2023/2024</li> </ul>

## STAFF FEEDBACK

### National Staff Survey

- The NHS Staff Survey provides an annual performance benchmark aligned the NHS People Promise which is an important measure of understanding and responding to the needs of our people. It is essential we enable our people to understand and connect with our organisational values, so we inspire a culture that is kind, compassionate and inclusive. The NHS Staff Survey 2022 was full census meaning that all PHU staff employed on the 1<sup>st</sup> September 2022 were invited to completed the survey. The survey delivery was mixed mode - 5% paper and 95% electronic and was agreed following engagement with Divisional leadership teams. The benchmarking group for Portsmouth Hospitals University NHS Trust is the 124 Acute and Acute and Community Trusts in England.
- The survey ran from 19<sup>th</sup> September 2022 to 25<sup>th</sup> November 2022 with 3,183 of our people taking part, this is a 39% response rate and is 10% lower than the previous year and is below average (44%) when compared with similar organisations.
- The survey showed our people in the service continue to be under extreme pressure with staffing challenges indicated as most significant. Of the nine survey themes (seven People Promise and two additional - Engagement and Morale), one has improved 'We are always learning' and is above average comparator. This theme includes questions regarding our peoples' experience of appraisal and development, and reinforces the improvements seen in appraisal compliance since identifying this as one of the Trusts Breakthrough measures. In addition, in a recent external audit, the appraisal process has been awarded Substantial Assurance.
- Two of the themes have shown no significant change 'We work Flexibly' and 'We are a team' and these are two specific areas where work has started which should see improvement in future surveys. The remaining four People Promise themes and the two additional themes have deteriorated. Though a number of the themes have declined, this is mirrored across the benchmark group.



### Review of quality performance - Workforce

- Although most themes have been adversely affected by the activity and staffing challenges, there were improvements in three of the nine engagement metrics, specifically around involvement. In addition, improvements have been noted in staff can approach their manager to talk about flexible working and my manager listens to the challenges I face, along with the aforementioned measures associated with 'We are always learning'
- Organisational wide improvement priorities in response to our peoples feedback remain aligned to existing workstreams. These include:
  - Delivery of the Staff Survey communication and engagement plan
  - Co-design of the delivery of the Trust People and Organisational Development Strategy and associated work plans, resulting in:
    - an engaged, involved and motivated workforce that connects with the Trust vision and values
    - our people respond positively to our quality, safety, operational and financial obligations
    - we attract, recruit and retain a skilled and committed workforce
  - Continued implementation of the Delivering Excellence Operating Model and Advanced Improvement Leader Training
- Delivery of Proud to be PHU Strategic Initiative managed via Proud to be PHU Working Group incorporating
  - Values integration workstream – Restorative and Just Culture and Civility and Respect initiatives
  - Taking positive action on Health and Wellbeing (We are Safe and Healthy People Promise) including review and refresh of leadership development
  - Working in partnership with Divisions and Care Groups to develop cultural improvement plans in response to survey results via Trailblazer events taking place throughout March and April 2023.
  - Engaging our people to co-design improvement priorities through delivery of a series of NHS People Promise series of #YourVoice listening events that puts a spotlight on NHS Staff Survey Results and offers our people to participate in a conversation on what we are doing well and what we need to improve



## Quarterly Staff Friends and Family 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 nine questions within the annual national survey 'engagement' theme and five additional local questions on health and wellbeing and flexible working.
- 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 continues to experience significant activity and workforce challenges which are continuing to have a negative impact on the morale of our people as demonstrated in this graph
- 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 continued to have a negative impact on staff morale as demonstrated in the graph



## EQUALITY, DIVERSITY AND INCLUSION

We are 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 which has inspired our EDI aim of **Working towards Intentional Inclusion**.

In April 2022, the Trust launched its first EDI Strategy. This is a three-year strategy that pledges to address inequalities for our people, patients and communities with real purpose and action. It was developed from listening to our staff, patients, partners and members of our local communities, and their valuable feedback provided the basis of our equality aims and objectives.

The Trust is committed to improving individuals work experience, employment practices and advance equal opportunities, and addressing and reducing health inequalities by taking actions that will have an impact. This 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 (EDS) is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations, in active conversations with patients, public, staff, staff networks, community groups and trade unions, to review and develop their services, workforces, and leadership. It is driven by evidence and insight and all NHS commissioners and providers are required to implement the EDS which is part of the NHS Standard Contract.
- The EDS comprises eleven outcomes spread across three domains, which are:
  - Domain 1) Commissioned or provided services
  - Domain 2) Workforce health and well-being
  - Domain 3) Inclusive leadership
- Each domain has a number of outcomes that key stakeholders evaluate, score, and rate using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement and required actions.
- In January 2023, the Trust held two EDS engagement events – one for domain 1 with patients, service users and members of the community and one for domain 2 with staff. At these engagement events, attendees reviewed and discussed evidence and gave the outcomes ratings. For domain 3, EDS requires this to be independently tested, that is, by a third party with no direct involvement in managing or working for the organisation(s), alongside trade union staff and staff networks. The Trust invited the Staff Side Representative Joint Consultative Negotiating Committee, staff network Chairs and the Race Equality Programme Leads for Hampshire and Isle of Wight Integrated Care Board to take part in the

EDS assessment. Once all assessments had been completed, the overall ratings for the 3 domains were calculated together to give a total of 16 which means the Trust's overall EDS Organisational Rating is 'Developing'.

As part of the EDS requirement, the Trust will review actions and progress annually and publish updates on the Trust's external facing website.

- To view the Trusts EDS Report 2023 which includes an action plan and a summary of, please go to: [EDS Report 2023](#)

## 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 2022 WRES Annual Report, infographic and action plan, please go to: [WRES Annual Report](#).

- In 2019, the WRES published the Model Employer paper which sets out an ambition to increase black and minority ethnic representation at all levels of workforce by 2028. This ambition has been expedited by the NHS People Plan 2020 to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is highest
- The Trust has set year on year targets to increase black and ethnic minority representation in bands 7 to VSM and developed actions to achieve this
- To view the Trust's Model Employer targets and progress, please go to: [WRES Model Employer](#).

## Workforce Disability Equality Standard (WDES)

- The WDES is a set of 10 measures that enables NHS organisations to compare the work experience of Disabled and Non-Disabled staff. The data gathered is used to develop and publish action plans that aim to improve the work experience of Disabled staff. Every year comparisons are made to enable us to demonstrate progress against the indicators of disability equality. The WDES is important because we know that an

included and valued workforce helps to deliver high quality patient care and improved patient safety. It also allows us to better understand the experiences of our Disabled employees and supports positive change for all by creating a more inclusive environment

- To view the Trusts 2022 WDES Annual Report, infographic and action plan for improvement, please go to: [WDES Annual Report](#)

## 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 542 training posts and has increased from 210 to 233 Trust appointed posts for service in the year 2022/2023. This is a total of 775 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. 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 78 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 part time 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. The departments do not have junior doctors changing from shift to shift with the uncertainty of the junior doctor's knowledge of the department or procedures, however, gaps can put pressure on the remaining staff to provide a high quality service. There can be a risk to patient safety if there are not

enough Junior Doctors to maintain ward cover, this would be mitigated by consultants acting down or other professionals supporting the rota e.g Advanced Care Practitioners. There is a potential 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. If the training provision is reduced significantly, this may trigger a visit from the Health Education Wessex Deanery and training posts may be removed if the training provided is not considered satisfactory.

## Long term gaps

1. 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 number of vacant shifts but could impact on the service provided by the department. It 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.
2. 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. The benefit of this approach is that it allows for continuity of service provision.

## Number of gaps in the past year

During the period in question, 1st April 2022 to 31st March 2023, there has been a small expansion of posts with vacancies remaining consistent at Speciality Trainee 3 and above. In order to mitigate these vacancies, there has

been over recruitment to Specialty Trainee 1&2 level posts so overall there have not been vacancies during the period.

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

## How the Trust reduces rota gaps

### • 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 Neonatal Medicine, Critical Care, Older Peoples Medicine, Cardiology (Research), Oncology (Research) and Surgery. There are new International Fellows in the pipeline for Radiology and Neonatal Medicine.

### • 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. The Trust 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 have expanded their recruitment of Physicians Associates and there are now several working within posts across the Medicine and Urgent Care Division and Networked Services having replaced a junior doctor vacancy.

- **Certificate of Eligibility for Specialist Registration (CESR) Programme**

The Trust has successfully recruited to the first cohort of a specialist programme in conjunction with Isle of Wight NHS Trust to support doctors wishing to follow the CESR route towards becoming a Consultant which is an increasingly attractive addition to a standard locally employed post.

- **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 vacancies, 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 Registrar**

Alongside the Future Hospital Programme, the Royal College of Physicians introduced a scheme for Chief 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 Registrars 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). Several of the Chief Registrars have gone on to become substantive consultants at PHU.

- **Junior Doctor Forum**

Both the Guardian and the Chief Registrar 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.

## 2022 OVERVIEW

### March 2022

- We became one of only two trusts to be re-accredited as Veteran Aware for our dedication to the Armed Forces community
- Professor Peter Brennan, Consultant Oral and Maxillofacial Surgeon, won the 'Silver Scalpel Award 2022'
- We received full planning permission for our new Emergency Department. The new ED will provide a range of new and improved facilities



### April 2022

- A record-breaking 14,240 patients have taken part in 127 studies across 26 departments in the Trust, with more than 7,500 of those involved in COVID-19
- Our wonderful 'Pets As Therapy' dog, Whiskey, was praised for aiding a stroke patient's recovery
- Some of our fantastic nurses took part in a new TV documentary series 'Nurses on The Ward.' The series highlights the realities of nursing and is a behind the scenes look at what happens at QA



### May 2022

- We were visited by local MP, Suella Braverman, to officially open our new Chemotherapy Unit at Fareham Community Hospital
- The Safeguarding Service were awarded our Chairman's 'Hidden Heroes' award. The team have provided advice, supervision and training to support over 4,000 patients this year



## Statement of Directors' responsibilities

### June 2022

- Pioneering robotic and other innovative surgery carried out here at QA was showcased at a visit from the President of The Royal College of Surgeons of England
- We celebrated Healthcare Estates and Facilities Day recognising our wonderful estates and facilities staff and all they do for PHU
- Consultant, Costa Repanos, was nominated for 'Best Doctor' in the national 'Who Cares Wins' health awards by Love Island star Demi Jones following her treatment for thyroid cancer at PHU



### July 2022

- We were pleased to be re-rated 'Good' by the Care Quality Commission. A huge accomplishment for all of our teams and colleagues
- Our Musculoskeletal Outpatient team have created an allotment at the RHS Hampton Court Palace Garden Festival to promote the benefits of gardening for those with arthritis
- Dr Edmund Neville won the 'South East Lifetime Achievement Award' in this year's NHS Parliamentary Awards



### August 2022

- Our first Project Choice cohort graduated! The project is designed to develop supported internships for young people aged 16-24 with learning disabilities
- Our very own Professor Pradeep Bhandari was appointed the new British Society of Gastroenterology Deputy Vice President for Endoscopy



### Statement of Directors' responsibilities

#### September 2022

- Penny Emerit was announced as the Chief Executive of PHU
- We launched our Women's Network! The network aims to bring women and allies together to overcome challenges and improve the experience women have in the workplace



#### October 2022

- Building work started on our new Emergency Department, planned to open in Winter of 2024
- The League of Friends Charity celebrated their 70th anniversary. Over the years they've funded many projects for PHU including an upgrade to the pathology rest room and a birthing coach for the maternity centre



#### November 2022

- We launched a new Trust intranet to improve the way colleagues can access internal information across the Trust
- 'Our first 'Green Plan' was published to support our sustainability agenda. We also signed the 'Green charter' with partners from across Portsmouth
- We had our Pride of Portsmouth Awards, celebrating the achievements of our fantastic staff





### Statement of Directors' responsibilities

#### December 2022

- The Medtronic Symplicity™ blood pressure procedure was performed at QA for the first time. The new procedure will improve quality of life for patients
- We had Christmas visits from some of our community supporters including Portsmouth Football Club, Groundlings Theatre pantomime cast and the Gosport Bikers



#### January 2023

- Spades were poised at the ready to cut the sod as part of the next major milestone in the development of the new Emergency Department. Staff involved in the Building Better Emergency Care project at Queen Alexandra Hospital were joined by Chief Executive Penny Emerit and Chair Melloney Poole for the cutting of the sod ceremony
- Patients who are ready to leave the hospital but need extra support when they get home, can now use a Driving Miss Daisy service. On-call drivers from the scheme pick up patients as soon as the ward discharges them, taking them home via an adapted vehicle for wheelchairs. The driver settles the patient at home, ensuring there are essential supplies such as hot drinks, food, medications and specialist equipment
- Works began on a brand new multi-million-pound Renal Dialysis Unit in Fareham. Planning permission for the 25-bed centre has been approved and the new modular build will begin to take shape in the next few months. It will open its doors in Spring 2023 and provide life-saving treatment closer to home for an additional 150 patients a week



## Statement of Directors' responsibilities

### February 2023

- The Macmillan Cancer Information and Support Centre has re-opened with a new look. The refurbishments were made possible thanks to a generous gift in the will of one of the hospital's oncology patients, with added support from Portsmouth Hospitals Charity, who funded new equipment and soft furnishings across the centre
- For commitment to services that care and support serving personnel, veterans, reservists and their families, we have received the Shaping Portsmouth Armed Forces Covenant Award
- Community Maternity Support Worker Vikki Young has been awarded a national Chief Midwifery Officer award for her commitment to patient safety and the mental wellbeing of patients and colleagues. Vikki said: "I love my job and to be given an award in recognition of how I do it is just the best feeling! My colleagues have been so supportive and all deserve to win an award."
- Young patients were part of QA's first ever 'Rocking Ward' event supported by the charity George's Rockstars. George's Rockstars was set up in 2019 in memory of six year old George who enjoyed music therapy whilst being treated at Bristol Children's Hospital. Music school, Rocksteady Music are long-standing supporters of charity George's Rockstars and kindly donated their time and musicians



## 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

22/06/23 Date Terence Peake Chair

22/06/23 Date Penny Chief Executive



## Integrated Care Board commentary



### Hampshire and Isle of Wight



Hampshire and Isle of Wight Integrated Care Board  
Hampshire Fire & Police Headquarters  
Leigh Road  
Eastleigh  
Hampshire  
SO50 9SJ

7<sup>th</sup> June 2023

Penny Emeritt  
Chief Executive  
Portsmouth Hospitals NHS Trust

Dear Penny

#### Trust Quality Account 2022-23

NHS Hampshire and the Isle of Wight Clinical Integrated Care Board (HIOW ICB) welcome the opportunity to comment on Portsmouth Hospitals University NHS Trust's Quality Account for 2022/23.

#### 2021/22 Quality Review

We are grateful for the Trust's continued positive approach to working with HIOW ICB teams during 2022/23, to ensure high quality care is available to our local population.

We recognise this has been another incredibly challenging year for the Trust and the wider health economy. The continuation of the COVID-19 pandemic had a significant impact on the health and social care system which has been seen through the challenges within the urgent and emergency care pathway and the elective care recovery programme. Despite the ongoing pressures, the ICB recognise the Trust's continued achievements during this year and the achievements that have been made possible through the care, compassion and resilience of the staff at PHU to deliver outstanding care every day.

#### 2022-23 Quality priorities for improvement

We supported the Trust's 2022/23 quality improvement priorities, of which there were nine, covering a range of areas including improving patient safety through a focus on reducing the number of serious incidents relating to treatment delays, improving clinical effectiveness through improved recording of NEWS2 for unplanned critical care admissions and enhancing the experience of patients and carers with additional communication requirements.

As with 2021/22 we recognise that the COVID-19 pandemic has continued to have an impact on the delivery of some of the 2022/23 planned quality priorities, with the Trust responding to the national pandemic effort and operational needs of the service. We acknowledge that several of the 2022/23 quality improvement priorities have been either partially achieved or not achieved as a consequence of the impact of the pandemic but recognise that opportunities to meet these priorities have still been identified within the account and that focus on addressing these improvement measures will continue. We are supportive of the Trust's proposal to both revisit and refresh priorities for 2023/24, focusing on patient safety, patient experience and clinical effectiveness across the coming year.

Despite the local healthcare challenges impacted by the pandemic the Trust have continued to drive improvements in quality, patient safety and experience and staff wellbeing. Among the achievements reported for 2022/23 the ICB would like to draw particular attention to:

- work by the tissue viability team and the digital team to streamline the electronic record of care to simplify the completion of risk assessment and care plans to support identification of patients at risk of developing pressure ulcers
- supporting shared decision-making conversations, the Trust are using a nationally recognised tool to measure patient feedback of the shared decision-making process for patients requiring new complex pacing device implants
- learning from a pilot to contact patients with upcoming appointments using volunteers that will inform work required within other Care Groups
- undertaking a review of the length of time patients are waiting for their medicines to take home (TTOs) to identify opportunities for improvement
- the range of measures in place to improve the experience of patients and carers with additional communication requirements which includes introducing accessible information training as part of the Trust induction process for new starters and awareness sessions for Patient Ambassadors
- launching the Trust's strategy for Equality, Diversity and Inclusion developed from listening events and pledges to address inequalities across all staff and patient groups.

The ICB looks forward to receiving updates regarding the impact that these improvements have had on patient outcomes during 2023/24.

#### Care Quality Commission (CQC)

Following an announced visit that focussed on the Well Led domain and an unannounced inspection of two core services (Urgent and Emergency Care and Medical Care) in April and May 2022, the Trust has maintained its CQC overall rating of *Good*.

We recognise and congratulate the Trust for their work to address the improvement requirements within Medical Care moving from *Requires Improvement* to *Good* for the Safe Domain. In Urgent and Emergency Care there has also been improvement in the domains of Effective, Responsive and Well Led now rated as *Good*. The Safe and Caring domain ratings within Urgent and Emergency Care remain unchanged with *Requires Improvement*. The ICB acknowledge the progress against the improvement actions being made. The ICB looks forward to supporting the Trust in regaining their CQC *Good* rating across all domains for Urgent and Emergency Care services, through the focus on Portsmouth South East Hampshire system wide delivery of the Urgent and Emergency Care Pillars.

#### National confidential enquiries and audits

We are pleased that the Trust participated in all eligible national confidential enquiries and the majority of relevant national clinical audits, we also congratulate the Trust for maintaining their position as one of the top acute hospitals for research activity.

#### Collaborative working

The ICB would like to thank Portsmouth Hospitals University Trust for:

## Stakeholders comments

- inviting ICB representatives into PHU's internal meetings including:
  - Quality and Performance Committee
  - Trust Incident Review Panel
  - Clinical Effectiveness Committee
  - Mortality Review Group
  - Maternity Committee
  - Infection Prevention Control Committee
- supporting system and local place quality and improvement by being an active and valued member of the:
  - Portsmouth and South East Hampshire Local Delivery System Quality Group
  - Portsmouth and South East Hampshire Urgent and Emergency Care Board
  - Hampshire and Isle of Wight Patient Safety Incident Response Framework (PSIRF) Implementation Group
  - Hampshire and Isle of Wight Patient Safety Specialist Network Meeting.

### 2023-24 quality priorities for improvement

The ICB are pleased to review and support the ambition of the seven quality priorities for 2023/24 which have been developed to reflect the Trust's True North ambition 'Provide the best patient experience and eliminate avoidable harm'. The alignment of the quality priorities to the Trust True North ambition will hopefully provide a mechanism to support their progress.

We acknowledge the continued drive, to carry through two of 2022/23 quality priorities into 2023/24:

- Reduce Hospital Acquired Pressure Ulcers - a reset of the baseline and target for 2023/24 that will be supported by a multidisciplinary approach
- Diagnostic pathways for cancer services – a refreshed focus to achieve compliance with timed diagnostic pathways.

The new quality priorities for 2023/24 include:

- a reduction in the number of reported incidents relating to discharge medication and implementation of electronic prescribing and medicines administration (Patient Safety)
- a commitment to understanding and improving patient experience for inpatients that reflects the themes emerging from national and local surveys in regard to multiple ward moves (Patient experience)
- a continued focus to minimise waiting times across all pathways to support patient safety and improved patient experience (Clinical Effectiveness).

During 2023/24 we are keen to work with Portsmouth Hospitals University NHS Trust to further support them in the closure of serious incidents and their work toward implementation of the new Patient Safety Incident Response Framework.

The ICB look forward to receiving updates regarding the impact that the quality priorities and the associated quality improvement work has on patient outcomes during 2023/24. We believe this quality account complies with national guidance and demonstrates areas of achievement as well as areas where improvement is required. We are satisfied that the Trust's quality account for 2022/23 provides a clear and accurate statement and that the overall content of the quality account meets the required mandated elements.

Finally, we would like to thank the staff, students and volunteers at the Trust for their commitment and dedication to the delivery of quality services during a year that has continued to see

challenging circumstances resulting from the continuance of the COVID-19 pandemic that has affected healthcare services.

The ICB are pleased to endorse the Quality Account for 2022/23 and we look forward to continuing our collaborative working with the Trust in 2023-24 to further improve the quality of care for our local population.

Yours sincerely



Nicola Lucey  
 Chief Nursing Officer  
 Hampshire and Isle of Wight Integrated Care Board

CC Wendy Gray – Deputy Director of Quality and Nursing, Hampshire and Isle of Wight ICB  
 Sara Tiller – Hampshire Place Director, Hampshire and Isle of Wight ICB

**Healthwatch Portsmouth and Healthwatch Hampshire combined comments**

Each year Healthwatch is requested to comment on our local health trusts' Quality Accounts. Each year our comment is 'who is the audience for the Quality Accounts?' We ask this as we have very rarely met a member of the public who knows what it is and has read it.

This year's report from Portsmouth Hospitals University Trust starts with an introduction to priorities for 2023/24 stating that "quality priorities contained within this Account were developed and approved by the subject matter experts" but it doesn't state how feedback from patients and carers input to these decisions – 'patient experience' features heavily though as the broad topics of the overarching the priorities. We are pleased though to see the Trust's Improvement Priorities for 2023/24 reflect issues that the public and patients have commented on as issues to local Healthwatch, and also reflect Healthwatch England's priority areas of focus.

Healthwatch suggest that PHUT puts the very interesting 2022 Overview at the beginning of the Quality Account.

We appreciate the level of detail in the rest of the report but it is supported with only a few graphics, charts and pictures which makes for heavy reading. We feel that NHS England/Improvement (NHSE/I) in their guidance to Trusts in the writing of the Quality Account needs to be clear who the target audience is for the Quality Account and provides a suitable template for Trusts to use accordingly. Having read the content in the current template it does come across as a 'Board report' intended to be read by health and care professionals and not aimed or focussed for the public, carers and patients.

HWP commends the anticipated work of volunteers helping PHUT manage their waiting lists with the start of a pilot in Gynaecology and we will watch will interest how this is supported. As members of the PHUT Patient Family Carer Collaborative we haven't yet heard about the detail of this initiative so would like to know what training the volunteers will receive if they are to speak with patients awaiting treatment, whether they will be DBS checked due to handling sensitive patient information and what scale for the pilot project the Trust envisages?

Having reviewed the 15 months of data in the report regarding the PHUT Quarterly Staff Survey which is replacing the Staff Friends and Family Test the rapid and considerable decline in staff confidence in the standard of care on offer it made for uncomfortable reading at Healthwatch Portsmouth. It is something the HWP team will keep under review and discuss further in person with the Executive Team at PHUT. We are interested in the processes and action planning to see future results looking more positive.

*The Trust has forwarded the questions raised to the appropriate Trust leads.*

---

## 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
Case Mix Profile - ICNARC	<p>Intensive Care National Audit and Research Centre (ICNARC) is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units)</p> <ul style="list-style-type: none"> <li>The Trust standardised mortality rate is good, below the national average</li> <li>Unit acquired blood infections, out of hours discharges, non-clinical transfers and unplanned readmissions are all within the expected range</li> <li>The Trust has a high rate of high-risk admissions from the wards; there are multifactorial reasons behind this, and an investigation is to be undertaken to see if there are any areas for improvement</li> </ul>
Emergency Medicine Quality Improvement Programme	<p><b>Pain in Children (Care in Emergency Departments)</b></p> <ul style="list-style-type: none"> <li>The Trust was above the national average in assessment and early treatment of moderate and severe pain with 67% of patients having their pain assessed immediately on arrival</li> <li>High proportion of analgesia given to patients with moderate or severe pain within 30 minutes</li> <li>Appropriate utilisation of the analgesic ladder (regulated level of drugs)</li> <li>Further improvements required in documenting re-assessment of pain one hour after first dose of analgesic and discharge advice given</li> </ul>
Falls and Fragility Fracture Audit Programme	<p><b>Fracture Liaison Service Database</b></p> <p>The Fracture Liaison Service Database (FLS-DB) collects data on secondary fracture prevention care received by patients 50 years and under in England and Wales.</p> <ul style="list-style-type: none"> <li>The Trust is doing well for Key Performance Indicators relating to assessment and treatment which is the primary function of an FLS</li> <li>Issues identified with some key performance indicators underperforming due to some missing data supplied to the national audit.</li> <li>An improvement in adding missing dates and data has been identified and action is being implemented to ensure appropriate reflection of actual practice.</li> </ul> <p><b>National Hip Fracture Database</b></p> <p>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"> <li>The Trust has once again demonstrated its ongoing high-level performance in most aspects of hip fracture care and is in the top performing quartile of trusts achieving the Best Practice Tariff</li> <li>The Trust is one of the highest performers for physiotherapy assessment (99.7%) and for mobilisation day one post operatively (92.8%) compared with 80.7% nationally</li> <li>Despite excellent results of 98.1% of patients not developing a pressure ulcer, pressure ulcer prevention is a key priority for the Trust</li> <li>The Trusts length of stay is longer than the national average at 17.1 days compared with 14.7 days nationally. Although the length of stay is longer the Trust has a higher proportion of patients who are discharged back to their original residence within 120 days. The length of stay will be lower in Trusts that transfer large numbers of patients elsewhere for ongoing rehabilitation. The total length of stay including rehabilitation is not captured by the NHFD</li> </ul>

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"> <li>The number of patients admitted to a specialist ward within four hours requires improvement as it has deteriorated, but the Trust remains in the top quartile</li> </ul> <p><b>National Audit of Inpatient Falls</b></p> <p>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"> <li>The Trust is just above the national average (worse) for inpatient femoral fractures (IFF) at 6 per 1000 occupied bed days compared with the national average of 4 per 1000 occupied bed days</li> <li>The Trust remains marginally lower than the national average in completing a high quality multi-factorial falls risk assessment (MFRA), completing Lying and Standing blood pressure and medication reviews</li> <li>The Trust was above the national average (better) for completing mobility and continence plans</li> <li>Post fall management with the exception of timely medical review remains significantly above the national average</li> <li>The Trust remains above the national average in post fall assessment for injury and the use of flat lifting equipment and slightly below the national rate for medical assessment within 30 minutes</li> </ul> <p>The Trust intends to review the Falls Training resources to ensure these clearly identify Lying and Standing Blood Pressure rates as part of a high quality MFRA and to further investigate reasons for not documenting medication reviews</p>
Gastro-intestinal Cancer Audit Programme	<p><b>National Bowel Cancer Audit</b></p> <ul style="list-style-type: none"> <li>The Trust has excellent rates of minimally invasive surgery at 81% compared with 67% nationally and 73% across the Wessex region</li> <li>Recording of patients being seen by a clinical nurse specialist (CNS) is an issue across the Trust requiring improvement as part of the Somerset Database Improvement Program</li> <li>The Trust continues to monitor its readmission rates and reoperation rates as these are above the national average</li> <li>The Trust has a low rate of permanent stomas at 21% (better) compared with 38% nationally and 31% regionally, the Trust also continues to monitor its rates of stoma closure within 18 months</li> </ul> <p><b>National Oesophago-gastric Cancer Audit (NOGCA)</b></p> <ul style="list-style-type: none"> <li>The Trust continues to have excellent clinical results for patients with oesophago-gastric cancer</li> <li>The clinical and pathological outcomes for patients undergoing radical multi-modal treatment are in the top performance indicator</li> <li>30-day and 90-day mortality rates, length of stay and histopathological outcomes are all in the highest performance indicator category which is a reflection of the excellent levels of care delivered</li> <li>In terms of uploading data and completeness of data for staging and diagnostic data, this has been an ongoing issue due to COVID-19 induced staffing pressures</li> <li>Unfortunately, due to constraints of the NOGCA, retrospectively inputting data has a three-year limitation from when data is first uploaded therefore inaccuracies cannot be rectified retrospectively. As a result of this, The Trust will be unable to improve pre-existing data and efforts will be focused on improving current and future data inputs</li> </ul>



NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p><b>National Oesophago-gastric Cancer Audit - Short Report; Nutrition - Postoperative nutritional management among patients with oesophago-gastric cancer in England:</b></p> <ul style="list-style-type: none"> <li>The report made three recommendations and the Trust was compliant with all three recommendations demonstrating good nutritional management</li> </ul> <p>The Trust was one of only ten hospitals that submitted sufficient data that was used in this report</p>
Inflammatory Bowel Disease Programme	<ul style="list-style-type: none"> <li>The Trust has a plan to ensure its ongoing participation in the IBD Registry for 2023/24 continues after a reduction in participation in 2022/23 due to operational pressures and the setup of a new IBD team</li> <li>The Trust is working towards achieving the national guidelines of a consultant outpatient review at three and 12 months for new inflammatory bowel disease (IBD) patients</li> <li>At present the Trust is below the recommended number of specialist nurses with four whole time equivalent (WTE) nurses in post, the IBD Registry recommends 6.75 WTE nurses for the size of the Trusts catchment population</li> </ul> <p>The Trust demonstrates a good area of practice by providing a telephone and email advice line that patients can contact for advice and receive a response within four days. The calls and emails are triaged daily</p>
National Adult Diabetes Audit	<p><b>National Diabetes Inpatient Safety Audit</b></p> <ul style="list-style-type: none"> <li>Current Trust blood glucose monitors have the potential to be networked but have not been enabled. A procurement process for replacing the meters is in place but the Trust is an outlier for this compared with other large acute NHS Trusts</li> <li>The benefit of networked blood glucose monitors and a dashboard for inpatient use would be improved clinical outcomes and the potential for significant financial savings</li> <li>There has been a focus on achieving safe staffing levels for 5-day support resulting in a further two appointments</li> <li>Standard Operating Procedures are being developed regarding connected care items (pens/pumps/continuous glucose monitoring)</li> </ul> <p><b>National Diabetes Audit - Adolescent and Young Adult Type 1 Diabetes</b></p> <ul style="list-style-type: none"> <li>The national report made three recommendations, which the Trust has reviewed</li> <li>The Trust has a dedicated young person's insulin pump multidisciplinary team</li> <li>The Trust has a transition service, and a plan is in place to further review the effectiveness of this service</li> </ul>
National Asthma and Chronic Pulmonary Disease Audit Programme	<p><b>Adult Asthma Secondary Care Chronic Obstructive Pulmonary Disease Secondary Care</b></p> <p><b>Organisational Audit:</b></p> <ul style="list-style-type: none"> <li>The Trust was one of only six NHS trusts to be fully compliant with all six of the key performance indicators</li> </ul> <p><b>Children and Young People Asthma</b></p> <p><b>Organisational Audit:</b></p> <ul style="list-style-type: none"> <li>Five key performance indicators were assessed as part of this audit; at the time of the audit the paediatric department were compliant with four out of the five indicators</li> </ul>



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"> <li>Confirmation received from the paediatric team they are now compliant with all five key performance indicators; At the time of submission the department did not have a Fractional exhaled Nitric Oxide (FeNO) diagnostic machine but have now added this to their diagnostic and review equipment</li> </ul> <p>Compared to overall national figures, the department are doing well, but recognise that capturing all asthmatics coming through both the Children's Assessment Unit and Paediatric Emergency Department remains challenging</p>
National Audit of Breast Cancer in Older Patients	<p>The National Audit of Breast Cancer in Older Patients was established to evaluate the process of care and outcomes for older women (aged 70+ years) diagnosed with breast cancer in NHS hospitals within England and Wales, compared with women aged 50–69 years.</p> <ul style="list-style-type: none"> <li>The Breast Surgery department and multidisciplinary team (MDT) are risk stratifying patients for surgical intervention as a first line treatment of early invasive breast cancer (EIBC), irrespective of age</li> <li>The rate of re-operations at the Trust particularly for women with ductal carcinoma in situ (DCIS) is higher (worse) than the national average across all age groups</li> </ul> <p>The department is planning a review of the departmental protocol on acceptable margins for DCIS and EIBC</p>
National Cardiac Arrest Audit	<p>The National Cardiac Arrest Audit 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"> <li>The number of cardiac arrests per 1,000 patients were below 1.0 and below the predicted rate</li> <li>The risk-adjusted rate for a return of spontaneous circulation (successful resuscitation) of more than 20 minutes was above the national average</li> <li>The Trust continues to monitor its higher incidence of cardiac arrests occurring in the coronary care unit (CCU), it is felt that this is due to the Trust being a tertiary centre for cardiology including the Isle of Wight</li> <li>The data is presented at the beginning of the Trusts Resuscitation Council UK Advanced Life Support Course to illustrate the frequency and type of cardiac arrest that occur within the Trust to aid learning for the clinicians on the cardiac arrest team</li> </ul> <p>Unexpected non-survivors are continued to be reviewed by the Mortality Review Panel to ensure there are no areas of concern regarding clinical management and if any further investigation is required</p>
National Cardiac Audit Programme	<p><b>National Audit of Cardiac Rhythm Management - Ablation</b></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"> <li>The Trust has achieved the minimum required ablation procedures per centre and per operator for the last four years</li> <li>The Trust is consistently one of the highest trusts for data completeness and is classed as a Tier One centre</li> <li>The COVID-19 pandemic presented challenges with ablation cases being cancelled due to the non-urgent elective nature of some of these procedures</li> </ul>

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
	<p><b>Myocardial Ischaemia National Audit Project</b></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"> <li>The Trust is the largest provider of percutaneous coronary procedures (PCI) in the region and has excellent outcomes and mortality figures</li> <li>Due to the educational programme for the local ambulance crews, the Trust continues to see significant increases in the number of patients with a diagnoses of ST segment elevation myocardial infarction (STEMI) bypassing the Emergency Department and being taken directly to the Cardiac Catheter Labs which reduces call to balloon times (CTB) and door to balloon times (DTB)</li> <li>Ongoing challenges around unscheduled care mean that if patients at any part of their journey are seen in the Emergency Department, they continue to experience significant treatment delays and invariably breach national/MINAP standards for CTB and DTB times</li> <li>There is ongoing work to improve the streamlining of referrals and patient transfer pathways in addition to working with the Emergency Department and local ambulance crews to reduce delays in the treatment pathway</li> </ul> <p><b>National Audit of Percutaneous Coronary Interventions</b></p> <p>The National Audit of Percutaneous Coronary Interventions records all interventional procedures performed in the UK.</p> <ul style="list-style-type: none"> <li>Despite a significant reduction nationally in the number of PCIs, the Trust saw no reduction in the number of cases in 2021/22</li> <li>The Trust has excellent rates of intra-coronary imaging at 88.4% compared with 69% nationally</li> <li>Despite 71% of elective cases being completed as day cases, this is below the national standard of 75% and remains an area for improvement, with ongoing work improving the Cardiac Day Unit patient flow</li> </ul> <p><b>National Heart Failure Audit</b></p> <ul style="list-style-type: none"> <li>The Trust meets the requirements for the Best Practice Tariff funding</li> <li>83% of patients received an echo during their admission which is just under the national average at 85%</li> <li>48% of patients admitted as inpatients were under the care of cardiology which was equal with the national average</li> </ul> <p>A robust ambulatory pathway is being developed and is evolving which will lead to further service improvement</p>
National Early Inflammatory Arthritis Audit	<p>The National Early Inflammatory Arthritis Audit 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"> <li>The Trust has a referral process that works well in identifying patients with early inflammatory arthritis</li> <li>The rheumatology department provide access to urgent advice and timely education for the vast majority of patients and adopts a treat to target approach with the care pathways that have been initiated in recent years</li> <li>At present there is no psychology support and there is only limited access to departmental ultrasound for EIA patients at the Trust. High levels of patients with mental health co-morbidity in our patient population compared to the national average, are being signposted to Community Mental Health support</li> </ul> <p>The department needs to continue to work at improving achievement rates for all the Quality Standards assessed in the audit and further develop systems for seeing suspected EIA patients promptly and ensuring monthly review of patients until disease is in remission</p>

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	<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"> <li>The Trust is a high-volume provider</li> <li>The Trust has a high 100% compliance rate for obtaining patient consent for inclusion and 98% linkability rate</li> <li>The Trust is within the normal range for mortality and revision rates after joint replacement surgery</li> </ul> <p>Total hip and knee replacement implants used at the Trust have low revision rates</p>
National Neonatal Audit Programme	<p>The National Neonatal Audit Programme (NNAP) is a national clinical audit of care for babies admitted to neonatal services. Approximately 1 in 7 babies will require neonatal care because they are born too early, have too low a birth weight or have a medical condition that needs specialist treatment. The Trust performed extremely well in most areas of the NNAP</p> <ul style="list-style-type: none"> <li>The Neonatal Intensive Care Unit (NICU) team received letters congratulating them on being ‘outstanding’ for thermal care (for the fourth consecutive year) and for ‘outstanding’ follow up at two years</li> <li>The Trust received an alarm notification for deferred cord clamping (DCC) and have sent a detailed response to NNAP and this has been discussed with the Trust Medical Director and the CEO. During the pandemic it was felt that it was unsafe to introduce DCC</li> <li>The Trust has now introduced DCC in infants above 30 weeks gestation and the Trust is currently at 22% for this measure</li> <li>The Trust’s bronchopulmonary dysplasia (BPD) rates are above the national average however this reflects the excellent extreme preterm survival rates. This is recognised by NNAP and gives units a ‘treatment effect’ value. The Trusts treatment effect value indicates that the rate of BPD or death is lower than comparable units</li> </ul> <p>The Trust has implemented a robust recruitment plan and recruitment is now under way so there will already be significant improvements to this data moving forward</p>
National Ophthalmology Audit Database	<ul style="list-style-type: none"> <li>The Trust is within expected limits (better than national average) for posterior capsule rupture rates and visual loss rates</li> </ul> <p>The Trust treats patients from other local providers of cataract surgery who experience complications and the complications are then managed by the Trust</p>
National Paediatric Diabetes Audit	<p>The National Paediatric Diabetes Audit 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"> <li>The median Hb1Ac (glycated haemoglobin) has remained steady at 63mmol/mol compared to 61mmol/mol nationally</li> <li>The Trust maintained overall health check completion rates comparable to the national average despite the pandemic restrictions and shortages with staffing</li> <li>The Trust has an above average rate of insulin pump therapy and has seen an improvement in the rates of screening for other autoimmune diseases</li> <li>- The Trust is aiming to improve the completion of all care processes and the number having their Blood Pressure checked annually in patients aged over 12 years</li> </ul>

NATIONAL CLINICAL AUDITS THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2021/2022	
Audit Title	Outcome/Actions to improve quality of healthcare
National Perinatal Mortality 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"> <li>• The perinatal mortality review tool annual report made five recommendations</li> <li>• The Trust is compliant with four recommendations and partially compliant with one recommendation</li> <li>• The Trust has its own in-house maternity smoking cessation services</li> <li>• The Trust has adequate resources in place to allow the PMRT teams to carry out their reviews including meeting rooms and IT equipment</li> </ul> <p>At present there is no administrative support in place for the bereavement midwives, this remains an area for improvement</p>
Sentinel Stroke National Audit Programme	<p>The Sentinel Stroke National Audit Programme measures the quality and organisation of stroke care in the NHS.</p> <ul style="list-style-type: none"> <li>• The Trust remains the largest admitting single site stroke unit in the Wessex region</li> <li>• The Trust provides ongoing training sessions with the Emergency Department to improve early recognition of the signs and symptoms of a stroke</li> <li>• 89.1% of patients received thrombolysis within one hour of clock start compared with the national average of 59%</li> <li>• There are ongoing challenges around access to the stroke unit, although the Trust is above the national average (40.2%) with 50.5% of patients being admitted directly to the stroke unit within four hours of arrival</li> <li>• A business case for additional occupational therapist and speech and language therapy resources is currently being written and is supported by the clinical delivery division</li> </ul> <p>Working groups continue to meet regularly across the stroke pathway to review progress against next steps, focusing on the metrics that improve patient care</p>
Society for Acute Medicine Benchmarking Audit	<p>The Society for Acute Medicine Benchmarking Audit (SAMBA) 2022 provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 23rd June 2022.</p> <ul style="list-style-type: none"> <li>• On the day the Society for Acute Medicine Benchmarking Audit took place, The Trust was the 6th busiest participating unit</li> <li>• Same Day Emergency Care (SDEC) unit and Acute Medical Unit (AMU) performed consistently above the national average across all three clinical quality indicators despite a nine percent increase in demand from 2021</li> <li>• AMU and SDEC have seen an increase in the number of substantive consultants and an increase in the daily number of consultant hours</li> </ul> <p>The Trust is to undertake further work to identify why the same day discharges were lower than the median</p>

## QUALITY ACCOUNTS 2022 / 2023

### Appendix A: National Clinical Audit – actions to improve quality

NATIONAL CONFIDENTIAL INQUIRIES THAT PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST PARTICIPATED IN DURING 2022/2023		
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><b>Perinatal Mortality Surveillance - MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2020</b></p> <ul style="list-style-type: none"> <li>The Trust reviewed the ten national recommendations; Five recommendations were indicated as not relevant, two indicated as met and three indicating further actions required</li> <li>The Trust continues to implement version 2 of the Saving Babies Lives Care Bundle and is pursuing the standards required for continuity of care</li> <li>The Trust does not provide routine preconception advice. However, those with risk factors are screened to determine if aspirin is recommended. Anyone over 40 is seen in an obstetric clinic and will trigger to be on a serial scan pathway</li> <li>The Trust actively engages in research programmes</li> <li>The Trust complies with the requirement to notify all deaths within 2 working days (due to COVID-19 this expectation has been reversed back to the original timeframe of within 7 days)</li> </ul>
Medical and Surgical Clinical Outcome Review Programme	Epilepsy – Disordered Activity	<p>The national report identified that action could be taken, by all trusts, at all points of the patient pathway to improve the quality of care. Beginning with telling the patient's usual epilepsy team if they had been admitted, making sure anti-seizure medications were checked and ensuring the correct investigations were done. Continuing through to more input from the neurology team, as needed, particularly utilising the role of the epilepsy specialist nurse. Finally, planning and communication at discharge to make sure patients and their families/carers understand the risks associated with seizures and epilepsy so that they know what to do if they have a further seizure.</p> <ul style="list-style-type: none"> <li>The Trust participated in this national confidential study which has recently been published and is currently undertaking a review of the recommendations locally, to ensure any required improvements are implemented</li> </ul>

**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
Consumable product availability essential for safer Patient Moving and Handling (5480)	<p>The aim of this audit was to establish the level of compliance with consumable product availability, essential for safer patient moving and handling, including the level of compliance with current legislation (Lifting Operations and Lifting Equipment Regulations (LOLER) 1998), including the Trust policy and manufacturer guidelines.</p> <p>The audit highlighted areas requiring improvement:</p> <ul style="list-style-type: none"> <li>• The Manual handling Advisory Team (MHAT) intend to share the results with wards, clinical department managers, Modern Matrons, Chief Nurse, Practice Educators, Health and safety Committee, Governance Leads and Tissue Viability lead</li> <li>• To provide further workshops for overhead hoist /manual hoist and slings</li> <li>• To deploy a trolley dash for slide sheets and sling recording information to comply with LOLER regulations</li> <li>• Monitor compliance as part of adhoc ward checks to comply with LOLER regulations</li> <li>• To put up posters in ward stock rooms to inform on stock, slide sheets, extension straps, name and date on slings</li> </ul> <p>This audit has identified a need to increase availability of consumable products essential for safer patient moving and handling which will improve staff and patient safety as well as enhance our patients' experience.</p>
Urology Radiotherapy Peer Review Audit (5521)	<p>Peer review in urology radiotherapy has been introduced in the clinical oncology department for just over a year. This is to ensure clinical quality assurance measures are in place to avoid planning-related errors that can impact on patient safety and treatment outcomes. To check compliance with the Royal College of Radiology guidelines to see how the service can be further improved.</p> <ul style="list-style-type: none"> <li>• Regular weekly urology peer review meetings take place – further improvement planned to move the peer review documentation towards a paperless project on ARIA (e-prescribing software)</li> <li>• Planning to have a dedicated Radiotherapy planning office in future</li> </ul> <p>It is the Trusts intention to develop a peer-review record template for urology to audit the clinical outcomes for patients in whom peer-review was completed and to see if there could be further improvements to treatment techniques</p>
Audit into compliance with Critical Care Rehabilitation - NICE Guideline CG83 (5453)	<p>This is an annual audit conducted by the Critical Care Physiotherapy Team. The audit is based on the standards published in the NICE Guidelines CG83, (2009 updated 2018).</p> <p>Actions to further improve the care to these patients were identified:</p> <ul style="list-style-type: none"> <li>• A new higher level rehabilitation booklet designed for patients who have high risk needs, but are not as low-level as others, has been completed</li> <li>• Updated the Physiotherapy daily handover sheet to add reminders to document booklets given out onto the documentation system</li> </ul>

LOCAL CLINICAL AUDITS	
Audit Title	Comments and actions to improve quality of healthcare
	<ul style="list-style-type: none"> <li>Providing formal training for new rotational clinicians to ensure they are quickly up to speed on all standards required. The emphasis will be placed on the areas requiring improvement; re-comprehensive assessments, reviewing goals and giving patients booklets (and documenting this)</li> </ul> <p>Planning to undertake a more detailed review of why patients are not receiving the booklet</p>
Herceptin Audit - NICE Guideline NG 101 (5005)	<p>This audit aims to ensure baseline echocardiograms (pre-Herceptin) and 3 monthly echocardiograms for patients on Herceptin treatment are carried out as per NICE guidelines; to ensure the echo team are peer reviewing left ventricular function as per department protocol and highlighting dropped ejection fractions to the heart failure and oncology teams as per department process: to ensure the echocardiograms being performed are using Simpson's Biplane as the gold standard to assess left ventricular function.</p> <p>Actions to further improve the care to these patients were identified:</p> <ul style="list-style-type: none"> <li>Improving compliance with NICE guidance for pre-treatment echoes</li> <li>Need to improve compliance for 3-monthly surveillance echoes.</li> <li>Introduction of protocol for Herceptin echoes, and new pathway for Oncology echo referrals</li> <li>Need to remind staff of the requirement for peer reviewing of left ventricular assessment and the importance of performing Simpson's Biplane to quantify ejection fractions</li> </ul> <p>There is now a separate pathway for these patients ensuring they get timely echo before and during treatment. All echoes are peer reviewed immediately. Abnormal echoes are also peer reviewed with a doctor. Patients with new Left Ventricular impairment are booked directly into a Cardio Oncology clinic. Patient's Oncologist is informed by email to allow management plan to be in place by the time the patient comes to clinic.</p>
Treatment Escalation Plan (TEP) forms for patients on Surgical Wards including Surgical High Care Unit (SHCU) (5328)	<p>To determine how many patients on surgical wards have TEP forms established and how easy it is to access them, by measuring how long it takes to find them in the patient's note folders. All adult (&gt;18 years of age) non-elective patients (excluding maternity) should have a Treatment Escalation Plan in place completed as early as possible, with an aim for completion within 24 hours.</p> <p>Actions to further improve the care to these patients were identified:</p> <ul style="list-style-type: none"> <li>to ensure widespread availability of TEP forms within surgical departments by restocking the forms and ensuring dedicated drawers as well as clear and dedicated space for such forms in the patients' folders</li> <li>to improve the compliance with the Trust guidelines and subsequently, increase the percentage of completed Treatment Escalation Plans on surgical wards by sharing posters emphasising the importance of assessing and establishing the ceiling of care on admission</li> </ul> <p>Second cycle of the audit has also been planned to ensure successful implementation of the advised plan.</p>





# Portsmouth Hospitals University NHS Trust

Portsmouth Hospitals University NHS Trust



Queen Alexandra Hospital  
Cosham  
Portsmouth  
Hampshire  
PO6 3LY



023 9228 6000