

PORTSMOUTH HOSPITALS NHS TRUST

QUALITY ACCOUNTS 2009 – 2010



Quality Accounts 2009/10

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PART 1 – STATEMENT ON QUALITY FROM CHIEF EXECUTIVE

Our Vision is:

'To be recognised as a world-class hospital, leading the field through innovative healthcare solutions focused on the best outcome for our patients delivered in a safe, caring and inspiring environment'.

We see the building blocks for achieving our vision as comprising excellence in care, staff and facilities. Under each category we have set ourselves new strategic aims which are designed to facilitate measuring and communicating how successful we have been. These are:

Best Care

- Provide best care as measured by clinical effectiveness, safety and the patient experience.
- Being the hospital of choice for patients.

Best People

- Achieve our strategic aims through living our values, and through the skills and personal development of our staff.
- Being the employer of choice in South East Hampshire.

Best Hospital

- Be in the top quartile of NHS Hospitals for 95% of all of the services we provide.
- Work with our partners to create a sustainable economic enterprise which eliminates waste and provides real value for money.

Through 2009/10 we have continued on our improvement journey and this is reflected in our first Quality Account. We are proud of the progress we have made against our core objectives, whilst acknowledging that we have a challenging agenda and there is no room for complacency.

This report demonstrates that we listen to what our patients tell us: we have continued to deliver excellent infection control performance and we are committed to monitoring and improving patient safety. Quality of care and patient safety are the Trust's highest priorities and we are focused on achieving the best outcomes for our patients. We are disappointed at our achievement against some of the National Performance Indicators and we are placing emphasis on turning this position around in 2010/11. Also disappointing were the results in some areas of the national in-patient survey and we see improving our performance in these areas as a top priority for us.

Our Quality Account 2009/10 establishes a baseline against which we will monitor our progress with safety and quality in 2010/11.

In October 2009 the Trust was delighted to be rated as 'excellent' for quality of service by the Care Quality Commission, the second consecutive year that the Trust has received this rating. Following a change in systems by the Care Quality Commission, the Trust will no longer be the subject of 'ratings'. Instead the Trust will be measured against compliance with the Essential Standards of Quality and Safety. The Trust was successfully registered with the Care Quality Commission, without conditions, with effect from 1st April 2010.

For National Priorities, there are 13 indicators applicable to Portsmouth Hospitals NHS Trust. The Trust anticipates achieving 9 of these indicators; underachieving against 2 indicators (breast feeding initiation/smoking during pregnancy and staff satisfaction survey), and failing to achieve against 2 indicators (18 weeks and quality of stroke care.) This would equate to an adequate rating for National Priorities.

For National Commitments, there are 10 indicators applicable to Portsmouth Hospitals NHS Trust. The Trust has achieved 6 of the indicators; underachieved against 3 indicators (outpatients waiting longer than 13 week standard, reperfusion waiting times and Accident and Emergency waiting times) and failed to achieve 1 indicator (delayed transfers of care). This would equate to a good rating for National Commitments.

The Trust recognises the challenge for 2010/11 and aims to achieve all national targets and to provide high quality care with good outcomes for all patient groups.

To the best of my knowledge the information and data contained within this Quality Account is accurate.



Ursula Ward
Chief Executive

PART 2 – PRIORITIES FOR IMPROVEMENT IN 2010/11 AND STATEMENTS OF ASSURANCE FROM THE BOARD

The Trust continues to develop Quality Indicators within our Quality Dashboard to monitor performance; this is reviewed by the Board monthly. Divisions and clinical teams are developing their own quality dashboards to monitor the important indicators in their specialty in addition to Trust priorities.

Priorities for the coming year have been identified through incident data, requirements of the Quality Contract and as part of our ongoing patient safety work programme. Where appropriate, a review of current work against each of the priorities can be found in Part 3 – Review of Quality Performance.

All of the 2010/11 objectives will be monitored by the Trust Board through quarterly reports.

Patient Safety

Objective one: Falls

A 10% reduction in severity of harm caused to patients as a result of a fall in hospital, using 2009/10 data as a baseline.

Includes:

- Robust reporting.
- 100% risk assessment and falls plan for all patients.
- Increasing awareness of risk assessment and prevention strategies.
- Monitoring through the Falls Prevention Group and the Clinical Standards and Quality Committee.

Objective two: Venous Thrombo-embolism (VTE)

90% of adult inpatient admissions having had a VTE risk assessment.

Includes:

- Compliance with the requirements of CQUIN.
- Implementation of electronic surveillance through the introduction of the VitalPAC (a hand-held computer system which monitors patients vital signs in real time) VTE module.
- Improving data collection through VitalPAC.
- All incidents being subject to appropriate Root Cause Analysis and investigation following a Serious Untoward Incident panel meeting.
- Monitoring through the Patient Safety Working Group and the Clinical Standards and Quality Committee.

Objective three: Pressure Ulcers

A reduction in new grade 3 and 4 hospital-acquired pressure ulcers.

Includes:

- Compliance with the requirements of CQUIN.
- Robust reporting.
- 100% risk assessment and pressure ulcer prevention plan for all patients
- All grade 4 incidents being subject to a root cause analysis and Serious Untoward Incident panel investigation.
- Monitoring through Pressure Ulcer Working Group and the Clinical Standards and Quality Committee.

Clinical Effectiveness

Objective four: Hospital Standardised Mortality Ratio (HSMR)

To achieve better than the National Average on HSMR rates.

Includes:

- Enhanced scrutiny of the number of deaths by specialty and deaths in low risk categories.
- Analysis of mortality within 30 days of a specific procedure being carried out.
- Analysis of patients re-admitted within 28 days of discharge.
- Monitoring through Clinical Standards and Quality Committee.

Objective five: Clinical Audit

To show demonstrable service improvements as a result of Local and National Audits.

Includes:

- Divisional annual clinical audit reporting.
- Clinical Audit policy development.
- Priority based forward audit plans.
- Monitoring through Clinical Standards and Quality Committee.

Objective six: Early recognition of the deteriorating patient

Includes:

- Complete roll-out of VitalPAC.
- Electronic real time recording of observations through VitalPAC.
- Audit and data analysis.
- Monitoring through the Patient Safety Working Group.

Patient Experience

Objective seven: Privacy and Dignity

Elimination of mixed sex accommodation as laid out in the 2010/11 NHS Operating Framework.

Includes:

- Completion of all building work (bathrooms and toilets).
- Robust data collection and reporting.
- Monitoring through the Nursing and Midwifery Advisory Committee.

Objective eight: National In-Patient Survey

To show a year-on-year improvement in scores

Includes:

- Compliance with CQUIN.
- Focus on five key questions from the Annual in-patient survey, as indicated within CQUIN.
- Monitoring through Clinical Standards and Quality Committee.

Objective nine: Complaints

A reduction in the total number of complaints received.

Includes:

- Improved local resolution of concerns to avoid formal complaints.
- Optimum – data collection and analysis of real time patient feedback.
- Action planning and implementation based on findings.
- Reporting of service improvements as a result of complaints.
- Monitoring through Governance and Quality Committee.

Statement of assurance from the Board

Review of services

During 2009/2010 the Portsmouth Hospitals NHS Trust provided and/or sub-contracted 37 NHS services.

The Portsmouth Hospitals NHS Trust has reviewed all the data available to them on the quality of care in all 37 of these NHS services.

The income generated by the NHS services reviewed in 2009/2010 represents 85% per cent of the total income generated from the provision of NHS services by the Portsmouth Hospitals NHS Trust for 2009/2010.

The Trust has undertaken an initial review of the quality of care in all services and for the coming year will undertake a more in-depth analysis.

Participation in clinical audits

During 2009/2010, 43 national clinical audits and 8 national confidential enquiries covered NHS services that Portsmouth Hospitals NHS Trust provides.

During that period Portsmouth Hospitals NHS Trust participated in 95% (41/43) national clinical audits and 100% (8/8) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust was eligible to participate in during 2009/2010 are listed in the table below.

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The national clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in, and for which data collection was completed during 2009/2010, 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.

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust was eligible to participate in during 2009/2010

	Participated during 2009/2010
Major Complications of Airway Management in the UK - 4th National Audit Project (NAP4)	Participated
British Thoracic Society - Adult Asthma	Participated
British Thoracic Society - Paediatric Asthma	Participated
Asthma in Adults	Participated
Blood Collection Process - NHSBT	Participated
Audit of the use of red cells in neonates & children	Participated
Bowel Cancer (NBOCAP)	Participated
Head & Neck Cancer (DAHNO)	Participated
Mastectomy & Breast Reconstruction (MBR)	Participated

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust was eligible to participate in during 2009/2010	
	Participated during 2009/2010
National Lung Cancer Audit (NLCA) - LUCADA	Participated
National Oesophago-Gastric Cancer Audit (NOGCA)	Participated
Fractured Neck of Femur - CEM	Participated
Pain in Children - CEM	Participated
Cardiac Rhythm Mgt (pacing/implantable defibrillators)	Participated
Coronary Interventions - BCIS (e.g. angioplasty, opening up heart artery)	Participated
Heart Failure	Participated
Myocardial ischaemia (MINAP) heart attack	Participated
National Audit of Cardiac Rehabilitation (NACR)	Participated
National Diabetes Audit (09/10)	Not participated
National In-patient Diabetes Audit	Participated
National Joint Registry (NJR)	Participated
National Audit of Dementia	Participated
Multicentre Audit of current practice of Radiographically Inserted Gastrostomy tube in UK	Participated
National Audit of Continence Care - Clinical	Not participated
National Audit of Continence Care - Organisational	Participated
National Carotid Interventions Audit - preventing stroke (Carotid Endarterectomy - CEA, part of the National Vascular Database) Round 2	Participated
National Falls and Bone Health Audit Programme (Services for people who have fallen) - Falls Patient Involvement Project 2009	Participated
National Sentinel Stroke Audit - Organisation Of Stroke Care	Participated
Parkinson's Disease Society Audit Tool: Service Description Audit & New Patient Audit	Participated
National Audit of Mini Screws / Temporary Anchorage Devices (TADs)	Participated
National Hip Fracture Database (NHFD)	Participated
National Study on Bisphosphonate related Osteonecrosis of the Jaws	Participated
National Vascular Database (Aortic aneurysm, infrainguinal bypass and amputation operations)	Participated
Trauma Audit & Research Network (TARN) - Abdominal and Spinal Injuries	Participated
Trauma Audit & Research Network (TARN) - Orthopaedic Injuries	Participated
Trauma Audit & Research Network (TARN) - Thoracic Injuries	Participated
Trauma Audit & Research Network (TARN) - Head Injuries	Participated
British Association for Sexual Health and HIV (BASHH)	Participated
National Neonatal Audit Programme (NNAP)	Participated
Staging of Uterine Cancer 2009	Participated
Patient Related Outcome Measures (PROMs) Groin Hernia	Participated
PROMS – Knee Replacement	Participated
PROMS – Hip Replacement	Participated

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust was eligible to participate in during 2009/2010	
	Participated during 2009/2010
PROMS - Varicose Vein	Participated
Acute Kidney Injury: Adding Insult to Injury	Participated
Deaths in Acute Hospitals: Caring to the End	Participated
Parenteral Nutrition	Participated
Elective & Emergency Surgery in the Elderly (EESE)	Participated
Surgery in Children	Participated
Peri-Operative Care Study	Participated
Maternal deaths	Participated
Confidential Enquiry into Maternal and Child Health (CEMACH) - Head Injury in Children	Participated

We do not have complete data for the percentage rate of submitted cases for each of the above audits. This will be included in our next account.

The reports of 24 national clinical audits were reviewed by the provider in 2009/2010 and Portsmouth Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Portsmouth Hospitals NHS Trust intends to improve further the processes for monitoring the recommendations of National Audits and Confidential Enquiries for 2010/11 by ensuring:

- All published reports are easily accessible on the Clinical Audit Intranet Site.
- The results, recommendations and associated action plans of National Audits will be presented to the Clinical Standards and Quality Committee for monitoring.
- The newly established Governance Leads Forum, reporting to the Clinical Standards and Quality Committee is made aware of published reports and discusses Trust-wide implications of the recommendations and validates the resulting action plans.

Examples of actions being taken:

Blood Collection Process

This report was discussed at our Hospital Transfusion Committee and at our Governance and Quality Committee. As the Trust was following the national guidelines and had achieved 100% against all the required standards, no further actions were necessary.

National Lung Cancer Audit (NLCA) – LUCADA

The lung cancer Multi Disciplinary Team (MDT) determined that the most effective way they could enhance their service with reference to the LUCADA data, was by improving the accuracy and completeness of the data submitted to the audit. Previous audits had highlighted that some data points had not been captured which affected data completeness. Therefore, this year the team have changed the way they run their MDT meetings with the focus being to improve the quality of data captured with the use of a pro-forma to ensure that all key data points are recorded.

National Oesophago-Gastric Cancer Audit (NOGCA)

We have been successful in providing 100% data and have already reviewed our data at a recent Network Peer Review. We have set up a work programme to implement the actions required.

The Action plan for Upper Gastro Intestinal (UGI) MDT for 2010-2011 is to:

1. Improve the dietetic input into the UGI MDT which has been recognised as a vital part of the care of these patients but is currently under provisioned.

2. Shorten the care pathway of our patients by providing on site scanning.
3. Continue to develop and improve minimal access surgery for these patients through investment in equipment and staffing.

Coronary Interventions - BCIS (e.g. angioplasty, opening up heart artery)

We contribute all of our results to this national dataset. Our data is presented locally to the network at least twice annually and our volumes and outcomes are comfortably within expected limits.

National Falls and Bone Health Audit Programme (Services for people who have fallen) - Falls Patient Involvement Project 2009

An example of service improvements, some of which have commenced and are on-going, include:

- To establish a multi-professional working group to develop and implement a Fast Track protocol from Emergency Department to ward - aim for patients to reach Orthopaedic ward within 2 hours.
- To develop a protocol for nursing assessment and management in line with Royal College of Physicians clinical audit indicators to include supporting documentation.
- To ensure routine pre-op assessment by orthogeriatrician.
- Ensure that all appropriate patients are referred to a falls clinic according to existing pathways i.e. Recurrent, unexplained or single fallers with gait and balance disorders.
- To develop poster and patient leaflets for use in fracture clinic to better inform patients of the need for bone health treatment.

National Hip Fracture Database (NHFD)

Our results were very good and some of the actions being taken are similar to those being taken in the National Falls Programme.

- To define and implement a Fast Track protocol from Emergency Department to ward - aim for patients to reach Orthopaedic ward within 2 hours.
- Prioritising of hip fracture patients on trauma list - aim for surgery within 36 hours unless medically unstable, in line with best practice tariff (achieved in 76% last year).
- Continued collaborative working between Orthopaedics, Orthogeriatrics and Anaesthetics.
- "Lean" review of processes from Emergency Department, to the ward, to surgery and Day 1 post-op.
- Currently reviewing the pathway from Orthopaedic ward to discharge - aim is to facilitate more patients discharged straight home from acute.
- Regular multidisciplinary team meetings to review rehab progress and drive discharge.
- Review of physiotherapy and occupational therapy input to hip fracture patients.
- The new hip fracture pathway documentation is due to be implemented 1st August 2010.
- Continue to input robust data to NHFD, including all follow up.

Trauma Audit & Research Network (TARN) - Abdominal and Spinal Injuries/ Orthopaedic Injuries/ Thoracic Injuries

- To ensure proper trauma CT protocols are agreed with Radiology, making it easier to get Trauma CT's.
- To ensure all trauma admissions are assessed in the new resuscitation area with appropriately skilled staff.
- To continue to improve communication with surgeons for more efficient trauma calls.

Deaths in Acute Hospitals: Caring to the End National Confidential Enquiry

- To review consultant on call arrangements.
- To Improve handover arrangements between shifts in preparation for Hospital at Night
- To undertake a review of all trainee rotas to match demands on service.
- To change culture of trainees to seek senior input particularly after hours - convey best practice at times of new trainee intake.
- To ensure roll out of VitalPAC to all ward areas.
- To increase number of agreed algorithms for diagnostic pathways for common surgical conditions.
- To introduce an electronic flagging system to ensure communication of critical, urgent or unexpected radiological findings.

The reports of 122 local clinical audits were reviewed by the provider in 2009/2010 and Portsmouth Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Portsmouth Hospitals NHS Trust intends to improve further the processes for monitoring the recommendations of Local Clinical Audits for 2010/11 by ensuring:

- All Specialties develop a prioritised Clinical Audit forward audit programme.
- The audit actions are implemented and a re-audit is planned to ensure sustained improvements can be demonstrated.
- A Clinical Audit Policy is to be developed to ensure audit leads are accountable for ensuring implementation of actions and each specialty develops their own Annual Clinical Audit report.

Examples of actions being taken:

Audit of Liverpool Care Pathway (LCP) Usage on Acute Division of Medicine for Older People (DMOP) Wards

Results were encouraging however LCP needs further promotion in DMOp. This will be carried out by:

1. Continuing to use DMOp lunchtime meetings to teach on prognosis and promote LCP usage.
2. Results being shown and LCP promoted at DMOp Rolling Half Day.
3. By DMOp nurses to spend time on Charles ward to see LCP in use.
4. By the End of Life Care Steering Group using audit results to support presentation to PHT Board requesting further investment in the Hospital Palliative Care team (who could educate and support LCP usage).

Intra-operative assessment of axillary sentinel lymph nodes (SLN)

The Times and the Daily Mail recently ran a story about how 500 women with breast cancer who have been treated at the Trust have now had their chances of needing a second operation cut, by finding out if their disease has spread during initial surgery for the tumour. This is done by using the Breast Lymph Nodes Assay procedure and involves checking the glands and lymph nodes under the arms to see if the cancer has already spread at the same time as a patient has surgery to remove an initial tumour. Portsmouth Hospitals NHS Trust was the first Trust in the country to introduce this test in 2007. Recommendations implemented; it is now our standard of care. (*Recognition received in the Sunday Times on 31 October 2009*)

Audit of the use of COX2 inhibitors amongst the Rheumatology Department between December 2007 and December 2008- NICE TAG 27 NOW CG79

- An action plan was agreed following presentation of the findings of this audit to the Department. This included an undertaking to document reasons for COX-2 use over alternative NSAIDs in the patient notes and a commitment to increase the awareness of risk associated with their use.
- A re-audit is planned in 1 year's time after raising awareness of the revised guidelines within the department.

Audit of 'How effective is the emergency department in the identification and early management of patients with severe sepsis?'

An action plan was agreed to include:

- A teaching session for Emergency Department nurses in February 2010.
- Education posters for the department to be produced.
- ID badge aide-memoire to be produced.
- Re-audit following education is due to take in 2010.

Research: Participation in clinical research

The number of patients receiving NHS services provided or sub contracted by Portsmouth Hospitals NHS Trust in 2009/2010, who were recruited during that period to participate in research approved by a research ethics committee, was 3268. Of these, 3136 were recruited into 142 studies adopted under the National NIHR Portfolio. This compared with 901 patients from 104 Portfolio studies ongoing in the previous year (an increase in accruals of 248%). 100 were recruited into non-Portfolio studies (*NB: it should be noted that systems for recording non-portfolio activity are presently under-developed and that the accuracy of non-Portfolio accrual data will improve over time*).

There has been a significant increase in research activity in Portsmouth Hospitals NHS Trust during 2009/2010. The Research Department has seen a 50% rise in applications submitted; an 80% increase in the numbers of projects approved; a 60% increase in the numbers of projects open to recruitment during the year and an 88% rise in NIHR Portfolio studies open and in the active phase. In total, Portsmouth Hospitals NHS Trust has participated in 243 ongoing research projects during 2009-2010, showing a 17% improvement on April 2008 to March 2009.

This increasing level of participation in clinical research demonstrates Portsmouth Hospitals NHS Trusts' commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our research activity spans across all of the clinical divisions and there is commitment from the Trust Board, Research department, clinical specialities and professional groups that patient participation in high quality research must be supported. Active promotions of the NIHR Portfolio database and improvements in research capacity and infrastructure have been key strategic objectives; those have been successfully under-pinned with external funding from Hampshire and Isle of Wight Comprehensive Local Research Network (HIOW CLRN). In addition, Portsmouth Hospitals is the lead organisation for 16 studies ongoing within 2009-2010; has secured 2 NIHR 'Research for Patient Benefit' grants; and is a co-applicant on a large prestigious grant award from the Medical Research Council.

Portsmouth Hospitals NHS Trust has used national systems in the research governance and management of studies in proportion to risk. These include governance checks using NIHR standard operating procedures; national model template agreements; national costing templates for industry-sponsored Portfolio research; and national guidance for the (HR) management of external researchers and use of the NHS research passport.

Appendix 1 shows the Trust Research Activity Summary.

Goals agreed with commissioners

A proportion of Portsmouth Hospitals NHS Trust income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between Portsmouth Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2009/2010 and for the following 12 month period are available on request from Governance Compliance Manager, Room 1.27, Old Health Records Building, Queen Alexandra Hospital, Cosham, Hampshire, PO6 3LY.

Statements from the CQC

Portsmouth Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is 'Registered'.

Portsmouth Hospitals NHS Trust has the following conditions on registration: no conditions applied.

The Care Quality Commission has not taken enforcement action against Portsmouth Hospitals NHS Trust during 2009/2010.

With effect from 1st April 2010 the following was registered with the Care Quality Commission:

Location	Regulated Activity	Service Type	Service User Band
Queen Alexandra Hospital (QAH) Southwick Hill Road Cosham Portsmouth Hampshire PO3 6AD	<ul style="list-style-type: none"> • Treatment of disease, disorder and injury • Surgical procedures • Diagnostic and screening procedures • Maternity and midwifery services • Termination of pregnancies 	<ul style="list-style-type: none"> • Acute services • Rehabilitation services 	<ul style="list-style-type: none"> • Whole population
St. Mary's Hospital (SMH) Milton Road Portsmouth Hampshire PO6 3LY	<ul style="list-style-type: none"> • Treatment of disease, disorder and injury • Surgical procedures • Diagnostic and screening procedures • Maternity and midwifery services • Termination of pregnancies 	<ul style="list-style-type: none"> • Acute services • Rehabilitation services 	<ul style="list-style-type: none"> • Whole population
Gosport War Memorial Hospital (GWMH) Bury Road Gosport Hampshire PO12 3PW	<ul style="list-style-type: none"> • Treatment of disease, disorder and injury • Diagnostic and screening procedures • Maternity and midwifery services 	<ul style="list-style-type: none"> • Acute services • Rehabilitation services • Urgent Care Services 	<ul style="list-style-type: none"> • Whole population
Petersfield Hospital (PH) Swan Street Petersfield Hampshire GU32 3LB	<ul style="list-style-type: none"> • Treatment of disease, disorder and injury • Diagnostic and screening procedures • Maternity and midwifery services 	<ul style="list-style-type: none"> • Acute services • Rehabilitation services 	<ul style="list-style-type: none"> • Whole population

In addition, the Trust has applied for Registration of its three renal satellite units to carry out the regulated activity of 'Treatment of disease, disorder or injury' and to carry out the regulated activity of 'Assessment or medical treatment for persons detained under the 1983 mental Health Act' at each of its locations. At the time of writing, the Trust is waiting to hear from the Care Quality Commission regarding registration of these additional locations and regulated activities.

Portsmouth Hospitals NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was in October 2009 (for the review period 1st April – 31st March 2008). The CQC's assessment of the Portsmouth Hospitals NHS Trust following that review was 'Excellent'.

Portsmouth Hospitals NHS Trust intends to take the following action to address the points made in the CQC's assessment.

- The Trust underachieved in the target of 'Stroke care'. However the Trust provides a model of care that does not currently fit with the Care Quality Commission measurement to achieve the target. Not all our patients are admitted directly to a dedicated stroke unit and, although they receive the appropriate care from a multi-disciplinary team in other clinical areas, this does not meet the criteria for reporting purposes.

Portsmouth Hospitals NHS Trust has made the following progress by 31st March 2010 in taking such action.

- The introduction of the 'Accelerating Stroke Improvement Metrics' has prompted discussions with the Commissioners to establish achievement of these by 2011. Meetings have been arranged for June 2010.
- Work is on-going to progress the feasibility of designated beds on the Medical Assessment Unit.
- There are further plans to look at options to improve direct admission to the stroke unit.

Portsmouth Hospitals NHS Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2009/2010:

- Prevention and control of infections.
- Children's Services Mapping – data submitted February 2010 the validation process is currently underway, the outcome of the exercise has, at the time of writing, yet to be published.

Portsmouth Hospitals NHS Trust intends to take the following action to address the conclusions or requirements reported by the CQC.

Prevention and control of infections

In May 2009 the Care Quality Commission conducted an unannounced inspection of Queen Alexandra Hospital. The Trust was fully compliant in eight out of the nine measured areas. Within the eight areas assessors were impressed with the Trust's effective arrangements for the cleaning of wards and equipment and the facilities for the public to practice good cleanliness. In the ninth measure, a small amount of dust was found on the curtains of one ward which the Trust took very seriously and put extra cleaning measures in place. After a follow-up unannounced inspection in August 2009 the Trust was fully compliant in all nine measured areas. Assessors praised specific areas such as patient beds, trolleys, bedside furniture, stands, fixtures and fittings for being cleaned to a good standard. This means that we have the legal right to deliver healthcare under these requirements.

Portsmouth Hospitals NHS Trust has made the following progress by 31st March 2010 in taking such action.

The Trust is now fully compliant with all nine measures below:

1. Performing a programme of audit to ensure that policies and practices are being followed.
2. Having cleaning arrangements that detail the standards of cleanliness required and making cleaning schedules available to the public.
3. Having an adequate provision of suitable hand-washing facilities and antibacterial hand rub.
4. Using effective arrangements for the appropriate decontamination of instruments and other equipment, which are detailed in appropriate policies.
5. Having a policy for uniforms and work wear to ensure that staff wear clothing that is clean and fit for purpose.
6. Providing patients and the public with general information on how the Trust is preventing and controlling infections, and providing other service users involved in the transfer of patients with key policy information.
7. Providing or securing adequate isolation facilities.
8. Following appropriate policies and protocols on the prescription of antimicrobial drugs.
9. Ensuring that the environment for providing healthcare is suitable, clean and well maintained.

NHS Number and General Medical Practice Code Validity

Portsmouth Hospitals NHS Trust submitted records during 2009/2010 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was:
97.4% for admitted patient care (national average 98%);
98.8% for out patient care (national average 98.2%); and
93.8% for accident and emergency care (national average 89.5%).

- which included the patient's valid General Medical Practice Code was:
100.0% for admitted patient care (national average 99.9%);
100.0% for out-patient care (national average 99.8%); and
100.0% for accident and emergency care (national average 99.5%).

The Trust scores for data quality are close to in one case and exceeds in five cases, the national average.

Information Governance Toolkit attainment levels

Portsmouth Hospitals NHS Trust score for 2009/2010 for Information Quality and Records Management assessed using the Information Governance Toolkit was 84%.

There is no national average score for this Information Governance measure; however the overall compliance score for the Information Governance Toolkit is 70%. Therefore we are assured of good information management within the organisation.

Clinical coding error rate

Portsmouth Hospitals NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Primary Diagnoses Incorrect: 9.3% (90.7% accuracy)
Secondary Diagnoses Incorrect: 4.9% (95.1% accuracy)
Primary Procedures Incorrect: 7.4% (92.6% accuracy)
Secondary Procedures Incorrect: 11.6% (88.4% accuracy)

The Trust continues to maintain consistent coding practice.

PART 3: REVIEW OF QUALITY PERFORMANCE

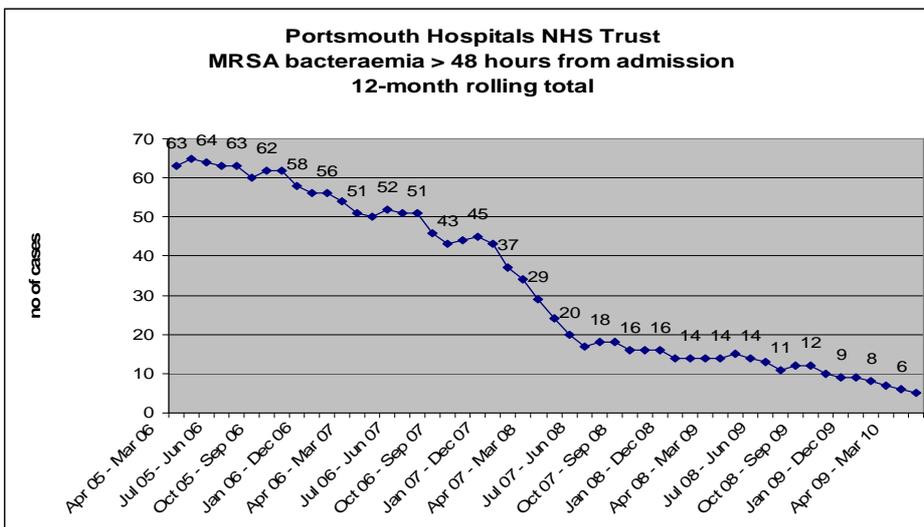
The past year has been a very challenging one for Portsmouth Hospitals NHS Trust. The single largest 'event' of 2009/10 was the completion of the redeveloped Queen Alexandra Hospital in June 2009 and formally opened by the Princess Royal in October. The new facilities won the national Best Building Award at the Health Business Awards in December 2009 and enables us to deliver an enhanced range of services to patients and to flex the facilities as clinical needs change.

During this period, thanks to the commitment and hard work of all our staff, we have had a year of further achievement in delivering high quality healthcare to our patients. The Trust is continuously striving to provide the people of Portsmouth and far beyond with an excellent standard of care.

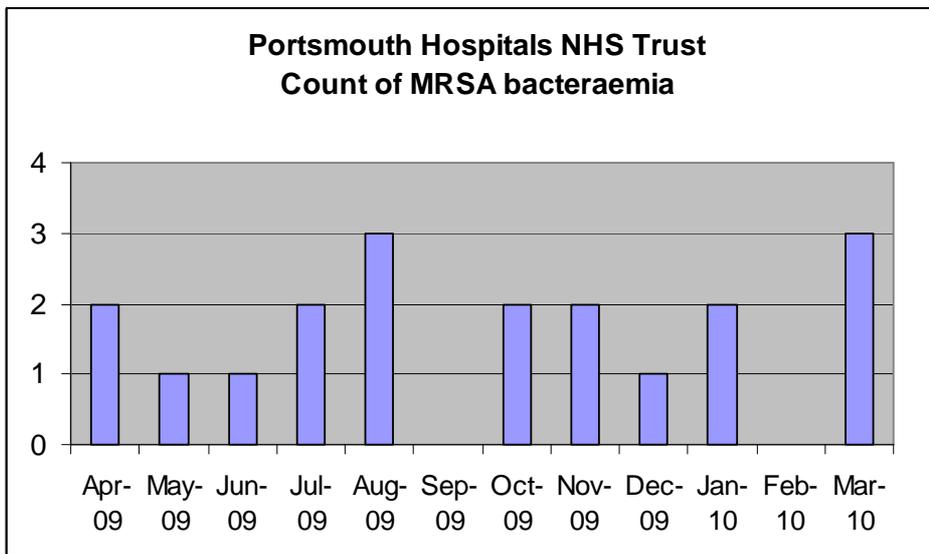
Patient Safety

We are proud of our achievement in delivering the reduction in the incidence of Methicillin Resistant Staphylococcus Aureus (MRSA) cases. The Trust year end position (April 2009 – March 2010) is 19 cases of MRSA against a target of no more than 22. Whilst this is good, our ambition is to reduce the number further.

The graph below shows the reduction in MRSA bacteraemia since April 2005 (rolling 12 month total).



The graph below shows the reduction of MRSA bacteraemias for the year 2009/10.



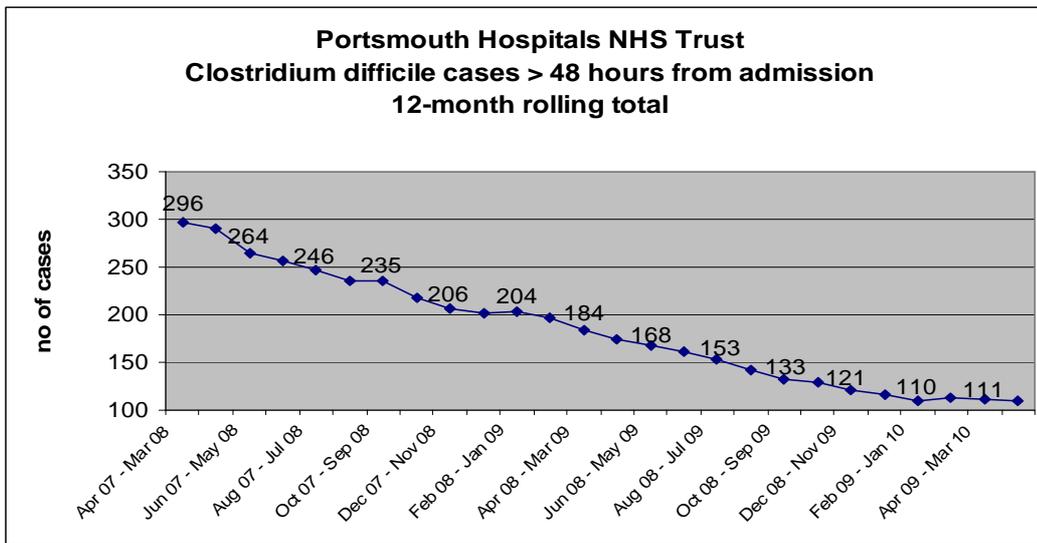
To reduce the number of MRSA cases within the Trust, a MRSA Screening programme has been introduced.

The Trust complies with Department of Health guidelines which say that relevant patients who are coming in to hospital for planned treatment should be screened for MRSA.

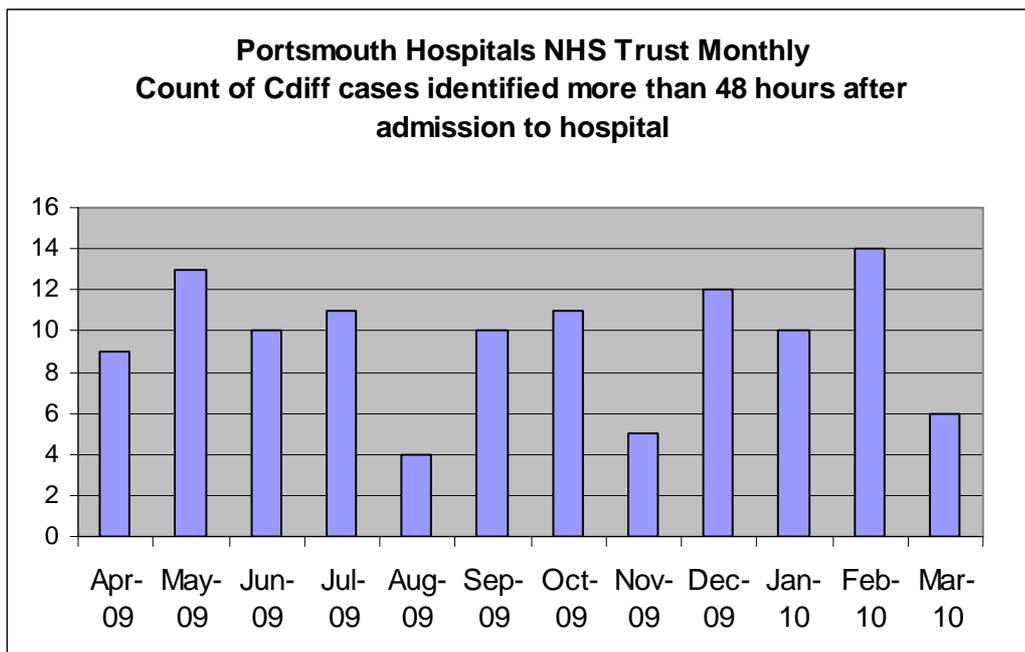
The Trust has adopted early MRSA screening of all emergency patients since 2008; this is three years earlier than the Department of Health target of 2011.

We also surpassed our target for the incidence of Clostridium Difficile (C.diff) cases. The Trust year end position (April 2009 – March 2010) is 115 cases of C.diff against a target of no more than 263 (an improvement of 72 on the previous year). We will continue to work with our Primary Care Trust colleagues to reduce further both community-acquired and hospital-acquired infection.

The graph below shows the reduction in C.Diff cases since April 2007 (12 month rolling total).



The graph below shows the cases of C.diff for the 2009/10.



The Infection Prevention and Control Team have devised a dashboard which is presented to Trust Executives and Non-Executive Directors in Board meetings, and provides monthly details of:

- Progress against MRSA and C.difficile trajectories
- MRSA screening for elective and emergency admissions
- Outbreaks
- Hand Hygiene
- Management of Infection related Serious Untoward Incidents (SUIs).

The team were approached by South Central Ambulance Service to provide consultancy on infection control, decontamination, outbreak management, infectious diseases and Care Quality Commission registration.

Reducing infection through public engagement

The Infection Prevention and Control Team were awarded third place at the Oxoid Infection Control Team of the Year Awards for 2009 for excellent communication of infection prevention and control issues within the hospital and the wider community.

The *Stop the Bugs* campaign, launched in 2008, continued to raise public awareness of the fight against hospital infection. The campaign involved the local press, the use of posters on buses, billboards at bus stops and activities in local schools: feedback indicates the great impact of children impressing the need for good hygiene on their parents.



The Trust has demonstrated its commitment to safety by signing up to the National Patient Safety First Campaign, the vision of which is of an NHS with no avoidable death or harm.

As part of this we have signed up to the evidence-based interventions, which include:

- Identification of and response to the deteriorating patient.
- Reducing central line infections and ventilator associated pneumonia.
- Reducing harm through improvements in perioperative practice (WHO Surgical Safety Checklist)
- Reducing harm from high risk medications.

As part of the campaign we are also participating in the 'Matching Michigan' project. This project is a UK national initiative sponsored by the Patient Safety Agency, with full support from the UK Intensive Care Society. It is targeting a reduction in the rate of bloodstream infections related to Central Venous Catheters (CVC) in the intensive care unit (ICU). The Trust signed up and went live with this project on December 1st 2009, at the start of the national roll-out.

In the first 2 months of the Matching Michigan data we have 0 catheter-related blood stream infections in 460 CVC days.

In addition to the Trust signing up to the National Patient Safety First Campaign we are also supporting the Strategic Health Authority Patient Safety Federation work programme, which encourages all the local healthcare organisations to collaborate and share learning around their patient safety initiative.

In October 2009, as part of the Leading Improvements in Patient Safety Programme, we agreed a set of ambitious goals for improving patient safety for our patients and reducing avoidable harm. This work focuses on six priority areas (detailed below), and we have established measures to help us determine how successful we are being at driving improvements in these areas. Our goals will be reviewed as we achieve against them and we will share our achievements and challenges in this and future reports.

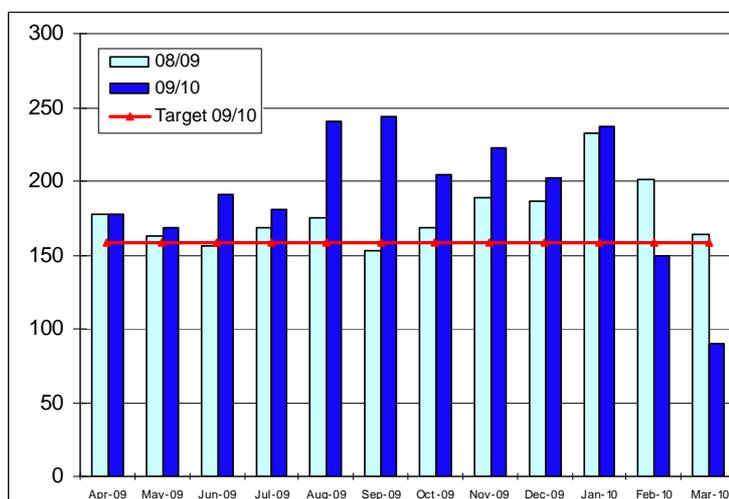
Six priority areas for 2009/10

- Falls
- Venous Thrombo-embolism (VTE)
- Pressure Ulcers
- Medical Outliers
- Leadership for safety
- WHO Surgical Checklist implementation

Falls

The table below shows the numbers of falls for 2009/10 compared against 2008/09 (please note that at the time of writing March data had yet to be verified).

Falls – 2008/09 : 2009/10



There are a number of initiatives going on within the Trust which focus on falls reduction. These will assist with achieving our target in 2010/11:

- There is a Falls Pathway implementation programme in progress on the renal unit and ward D6 working with the ward-based falls champions and the practice development teams.
- An updated Falls Assessment and Care Plan document is now available.
- A trial of a new extra low profiling bed has been successfully completed, with favourable results.
- A Clinical Governance Award has been granted. It is intended to use this money to support the programme of work in relation to patients at very high risk of falls.
- The Trust is taking part in a national clinical trial run by Portsmouth University to test a new shock absorbing flooring material to reduce injury should a patient fall, commenced on 20th April for a period of 18 months.
- The Trust continues to encourage reporting of falls in order that we can learn from incidents and improve practice as a result.

Venous Thrombo-embolism (VTE)

Additional systems have been put in place for all inpatient VTE events to be reported via the Adverse Incident Reporting (AIR) scheme. Events are coded amber; notes are then investigated to see whether appropriate VTE prevention strategies were put in place for the patients concerned. If all appropriate action is seen to have been taken, the event is logged and no further action taken. If all preventative measures are not

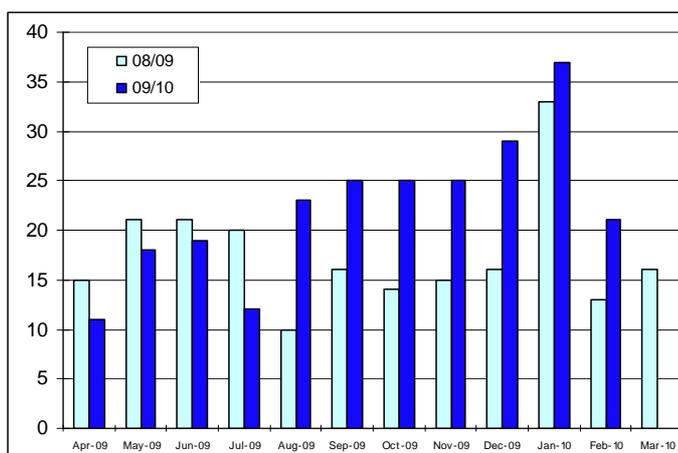
in place, cases are taken to a 48 hour panel where it is decided whether further action needs to be taken and a full SUI investigation carried out.

The Trust achieved VTE Exemplar Centre status in 2009; this highlighted the Trust as a national centre of excellence in VTE prevention. The Trust was able to demonstrate VTE guidelines and risk assessment tools for each specialty, evidence of raising staff and public awareness, evidence of root cause analysis on in-patient VTE events and a willingness to share best practice with other healthcare organisations.

Pressure Ulcers

The table below shows the numbers of pressure ulcers (all grades) for 2009/10 compared against 2008/09 (please note that at the time of writing March data has yet to be verified).

Pressure Ulcers – 2008/09 : 2009/10



The Trust has seen an increase in the reporting of pressure ulcer incidences following a significant amount of work to raise awareness and encourage identification and reporting of pressure ulcers.

The Tissue Viability Team continues to work proactively with clinical areas to support in the management of pressure ulcers. A Pressure Ulcer Working Group has been established to drive forward the implementation of a Trust wide strategy to reduce pressure ulcers.

Safer Surgery

Safer Surgery

In July 2009 the Trust implemented an adapted version of the World Health Organisation (WHO) Surgical Safety Checklist for implementation within all operating theatres at Queen Alexandra Hospital.

Following implementation of the checklist, the Trust undertook an audit and staff survey to determine the effectiveness of the form and has since further revised the checklist and will be implementing this and team briefings in May 2010. When introduced, this will mean that before each surgical procedure, teams will have a briefing to ensure that every member of staff is clear on their role and responsibility. The lead surgeon and anaesthetist will explain the procedure and patient background, and ensure that any anticipated problems are discussed and shared with the team.



The Trust is a study site as part a multi-centre national study by Imperial College looking at the introduction of the WHO checklist.

Early recognition of the deteriorating patient

There has been significant progress made in relation to the early recognition of the deteriorating patient. This work has been recognised by a national patient safety award.

National Patient Safety Award 2010 WINNER!



VitalPAC, technology co-developed by the Trust and The Learning Clinic Ltd. has been commended for improving patient safety in a national awards scheme.



VitalPAC, a hand-held computer system which monitors patients vital signs in real time, was co-developed by Portsmouth Hospitals NHS Trust and The Learning Clinic Ltd. It won the 'Technology and IT to Improve Patient Safety' award at the national Patient Safety Awards in February 2010. Patient vital signs data can then be viewed anywhere in the hospital by staff using PCs. Professor Smith, the team leader, said: "The system allows us to observe patients better, detect deterioration earlier and ensure early intervention by nurses and doctors in a sick patient's care. This increases the chance of a better outcome for the patient. Early research data suggests that VitalPAC may be having a significant effect on reducing mortality within the hospital".

Serious Untoward Incidents (SUIs)

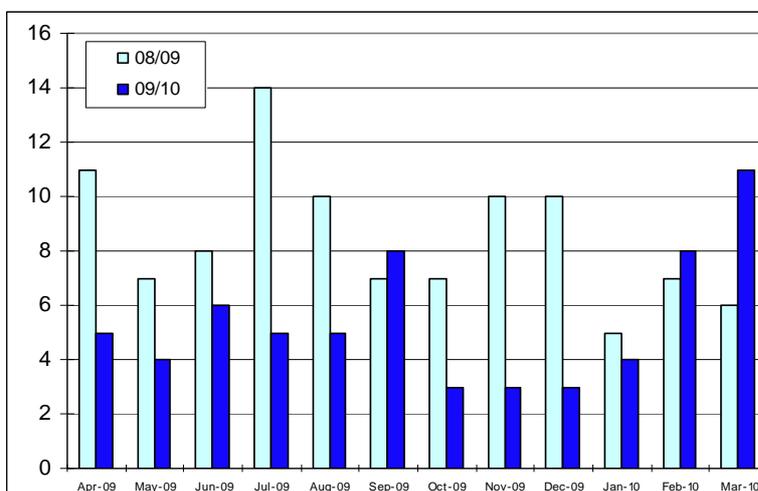
All incidents are reported through the Trust Incident Reporting Systems and all red or potential red incidents are subject to a panel review (first panel within 48 hours) and full root cause analysis investigation prior to being presented to the Serious Incident Review Group (SIRG). This group is chaired by the Medical Director or Chief Nurse who approve the final reports prior to submission to the Primary Care Trust.

There have been significant improvements in the SUI process and management over the last year which has been acknowledged by our Commissioners. The Board receives monthly SUI updates.

SIRG seeks to ensure that all significant events are actively investigated and improvement plans are delivered to ensure lessons learnt and subsequent risk reduction. The group has seen growing engagement from senior clinicians, nurses and Commissioners.

The total Number of SUIs in 2009/10 (excluding those relating to infection control) compared with 2008/09 can be seen in the chart below:

SUIs: 2008/09 : 2009/10



The total number of SUIs in 2008/09 was 102 compared to 65 in 2009/10 demonstrating a significant reduction. The rise in reported SUIs for March 2010 is attributed to grade 4 pressure ulcers, previously not reported as a SUI.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Primary care trusts are required to monitor the occurrence of never events within the trust and publicly report them on an annual basis.

In 2009/10 the Trust reported zero never events.

Monitoring and data analysis

The Trust has also been monitoring the rate of harmful events as measured by a monthly review of a random set of patient notes using a national tool. The use of this technique helps to identify areas where care could be improved, and allow for feedback to clinical areas on areas which are not necessarily picked up through other review methods.

Another focus for the year has been on establishing a more rigorous structure for overseeing and measuring whether our processes are safe and effective. We have introduced a Patient Safety Working Group and also a Serious Incident Review Group so that we can be assured that we are learning from errors made across the organisation.

On a monthly basis the Board reviews a range of clinical metrics. These are reported on a rolling basis so that we can quickly identify trends of improvement or deterioration across areas such as infection rates, patient falls, pressure ulcers and medication errors.

An information analysis and reporting system provided by Dr Foster called Real Time Monitor also supports the Trust with the review of data. This system helps the Trust to closely monitor its own performance and also how the performance rates against other hospitals across the country.

In December 2009, Dr Foster placed the Trust in band 4, out of a possible 5 for patient safety (5 being the highest). The statistics emphasise that we continue to improve in many areas but we will continue to use the data to provide focus for future improvements.

Patient Experience

The Trust has focused more on what our patients and their families and carers experience whilst they are in our care, and how we can work more effectively within the hospital and with our partners to improve their experiences. We have introduced a real time patient feedback solution, supported by Information Technology. This patient feedback function has been a vital part of our desire to build an organisation that is open to feedback, learns from mistakes, and wants to put our patients' needs at the heart of what we do.

Real time patient feedback

The National Inpatients survey provides the Trust with a snapshot of what patients are saying about their experience. In order to gather continual feedback the Trust has purchased the Optimum system for capturing patient experience in near-real time. This system allows for a number of surveys to be completed in a variety of ways such as on-line; at a booth situated in the main entrance of the hospital; through hand-held devices for use when interviewing patients in clinical areas and paper copies available at departments. The surveys available on the system are Inpatients, Outpatients, Cancer Services, Maternity, Stroke and Discharge from Hospital.



Optimum system in use at the main entrance to the hospital



Hand held device in use

Clinicians and managers are able to access the system from Board to operational level by division and department to see what patients are saying and where improvements to patients experience can be made.

We are currently working to produce key performance indicators to reflect the feedback received and ensure actions are taken.

National Inpatient Survey 2009

We undertook the National Survey of Adult Inpatients in 2009. 850 questionnaires were sent with 458 having been completed and returned, equating to a 56% final response rate, compared to a National response rate of 52%.

Please note: the scores are not percentages, so a score of 80 does not mean that 80% of people who have used services in the trust have had a particular experience, it means that the trust has scored 80 out of a maximum of 100.

The following areas showed an **improvement** of at least 5 points since 2008:

Statement	2008	2009
Did you ever share a sleeping area with patients of the opposite sex?	66	76
Did you have somewhere to keep your personal belongings whilst on the ward?	59	66

The following areas showed a **decline** of at least 5 points since 2008:

Statement	2008	2009
Upon arrival, did you feel that you had to wait a long time to get to a bed on a ward?	80	62
How do you feel about the length of time you were on the waiting list?	85	78
How would you rate the hospital food?	57	46
Did you get enough help from staff to eat your meals?	75	63
Did a member of staff explain what would be done during the operation or procedure?	87	82
Were you told how you could expect to feel after you had the operation or procedure?	71	66
Afterwards, did a member of staff explain how the operation or procedure had gone?	80	73
Did you feel you were involved in decisions about your discharge from hospital?	68	63
Were you told how to take your medication in a way you could understand?	81	76

The Trust is disappointed with the results of the annual inpatient survey. As a result, we are doing some focused work both in the way we measure patient experience and to focus more on what our patients tell us is important to them. Each Division has a robust action plan to address the in-patient survey overall, these action plans also address the five key questions outlined below. This will be a particular focus for 2010/11.

However, we are encouraged to have received 85 out of a maximum of 100 for the last two years for patients feeling they were treated with respect and dignity whilst they were in the Trust. This reflects the priority the Trust has placed on the privacy and dignity agenda.

The five inpatient survey questions shown below are included within the Commissioning for Quality and Innovation (CQUIN) elements of 2010/11 contract the Trust holds with its Commissioners and improving performance is a top priority for the Trust in 2010/11.

Measure	2008/2009	2009/10
Were you involved as much as you wanted to be in decisions about your care and treatment?	68	68
Did you find someone on the hospital staff to talk to about your worries and fears?	57	54
Were you given enough privacy when discussing your condition or treatment?	78	79
Did a member of staff tell you about medication side effects to watch for when you went home?	48	44
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	73	70

Privacy Dignity and Mixed Sex Accommodation

The Trust has been working hard to raise awareness of patient’s privacy and dignity. Theatre Forums called ‘the Patient Experience’, have and continue to take place. The feedback from attendees has generally been positive with staff, patient representatives and volunteers attending.

All Privacy and Dignity initiatives instigated within the last year have been reviewed to ensure that all wards have adopted them and that they are being embedded into practice.

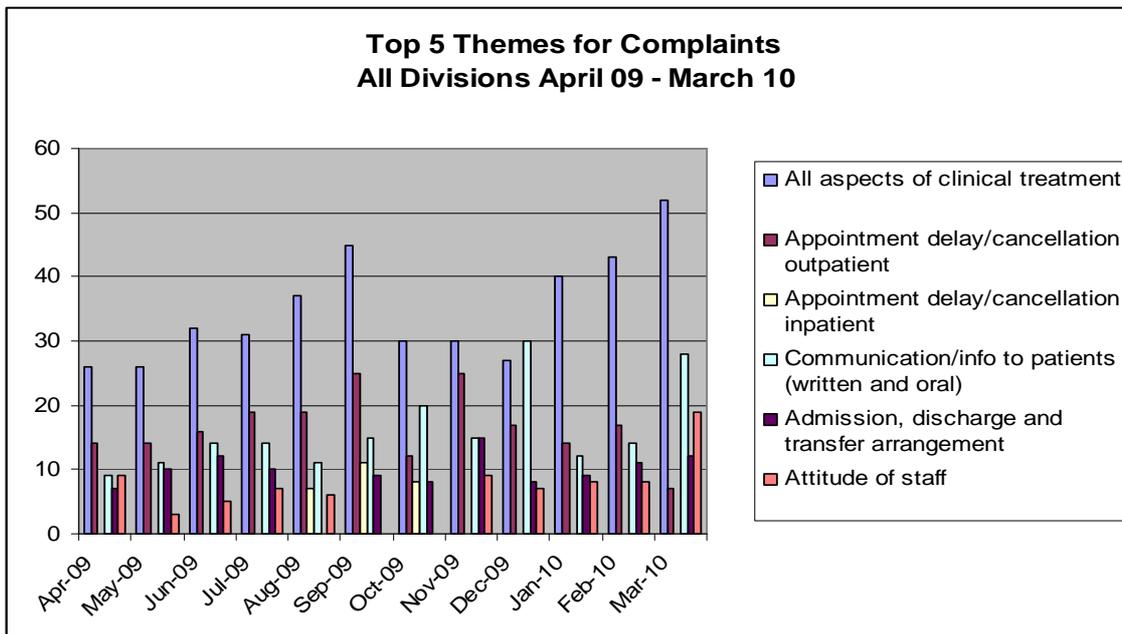
The elimination of mixed sex accommodation continues to improve with the average daily single sex breaches continuing to fall. The Trust now has over 90% of patient accommodation as single sex. Our challenge has been the Assessment Units of which are now the focus of ensuring full compliance. Due to the challenged within in the Assessment Units the Trust has declared non compliance, but has a milestone plan uploaded onto the Trusts website for patients’ to access to achieve full compliance by June 2010.

Complaints and Patient Advice and Liaison Service (PALS)

During 2009/10 the Complaints and PALS team were merged into one unit called the ‘Patient and Customer Services Team’. This was to provide a unified approach to complaints and concern handling in line with the Department of Health recommendations ‘Making Experiences Count’. The emphasis within the Trust is to resolve complaints and concerns as quickly as possible. To assist with this, ‘front facing’ staff are available within the main entrance on the Queen Alexandra Hospital site to provide assistance when required.

In 2009/10 a total of 1,241 complaints have been received compared with 1,114 received during 2008/09, representing an overall increase of 11%.

The following chart shows the top five themes for complaints during 2009/10.



The following are examples of actions being taken to address the top five themes:

All aspects of clinical treatment

Clinical Educators have been working with staff in regards to all aspects of clinical treatment with actual complaints being used as a learning tool. Further to this, staff attend resolution meetings to hear patients concerns first hand and to ensure that lessons are learnt. Some examples of action taken to reduce complaints include:

- The implementation of falls, privacy and dignity champions within operating theatres.

- Ensuring that diabetic nurse specialists are involved on wards sooner if patients' blood sugars are consistently higher or lower than normal.
- The introduction of VitalPAC and associated early warning systems along with new core patient assessment documentation to improve communication and documentation.

Out-patient appointment delay/cancellation

The out-patient improvement steering group is reviewing all areas of out-patient department management including the management of appointment booking.

A text messaging reminder service has recently been introduced to remind patients about their follow up appointment. Full roll out of the system is due to be completed in June 2010; however, early results are demonstrating that the new system is having a positive effect on decreasing the number of patients who do not attend for appointments. The full effect of this service can not be determined until roll out is complete.

Communication and information given to patients

Interactive forum theatre events have taken place throughout the year to educate staff on the importance of communication in an interactive and engaging way. In addition, the Health Information Centre continues to provide health events such as TB day and advice on smoking cessation.

Bed side folders containing information useful to patients and their carers are to be introduced during spring 2010.

Admission, discharge and transfer arrangements

The Trust has a whole systems discharge plan in place involving Social Care, Portsmouth City Council and the Primary Care Trusts. There is a team leading on an electronic discharge summary project with planned rollout commencing June 2010. The integrated discharge bureau is now in operation and improved discharge lounge facilities are available until the dedicated lounge opens in the summer 2010.

A near patient pharmacy service is currently being trialled on a number of wards to facilitate timely discharge, with the pharmacy team being available via a bleep to expedite TTO's (discharge medication) and ensure patient medication counselling prior to discharge. A paging system to alert outpatients that their drugs are ready for collection is to be introduced shortly.

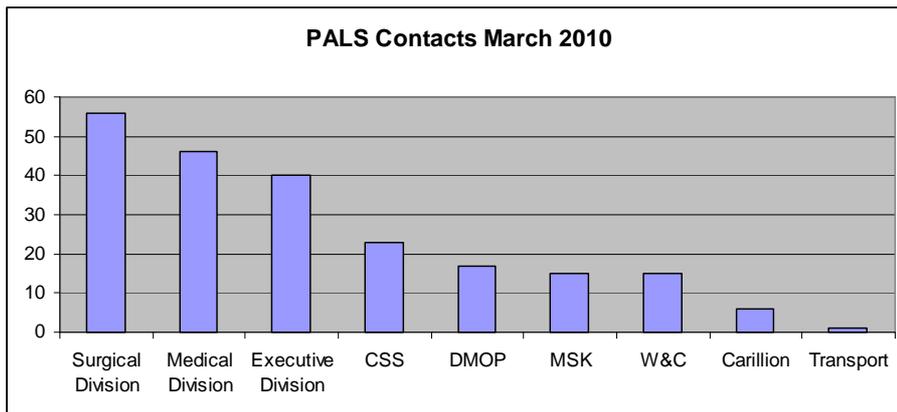
Attitude of staff

Customer care training in various forms has taken place throughout 2009/10 and foundation year 1 doctors received customer care training in January/February 2010.

It is important to acknowledge that the Trust receives a number of plaudits praising the staff and the standard of care received.

Patient Advice and Liaison Services (PALS)

PALS activity is such that it can vary from simple enquiries, requests for information to addressing immediate concerns. Having a PALS presence in the main entrance on the Queen Alexandra site has proved to be effective in resolving some concerns immediately and provides an immediate point of contact for individuals to speak to member of staff.



In 2009/10 there were a total of 2,279 PALS contacts. Overall activity has increased across the year and this could be attributable to a greater presence on site and an increase in enquiries during the opening phase of the new hospital.

Clinical Effectiveness

Hospital Standardised Mortality Ratios (HSMR)

Produced by Dr Foster (the leading provider of comparative information on health and social care services), HSMR is an indicator of healthcare quality which measures whether the death rate at a hospital is higher or lower than what would be expected.

How do HSMRs work?

HSMR compares the expected rate of death in a hospital with the actual rate of death. Dr Foster looks at those patients with diagnoses that most commonly result in death, for example, heart attacks, strokes or broken hips. For each group of patients they can work out how often, on average, across the whole country, patients survive their stay in hospital, and how often they die.

When calculating the rates certain factors are taken into consideration such as the patient's age, the severity of their illness and other factors, such as whether they live in a more or less deprived area.

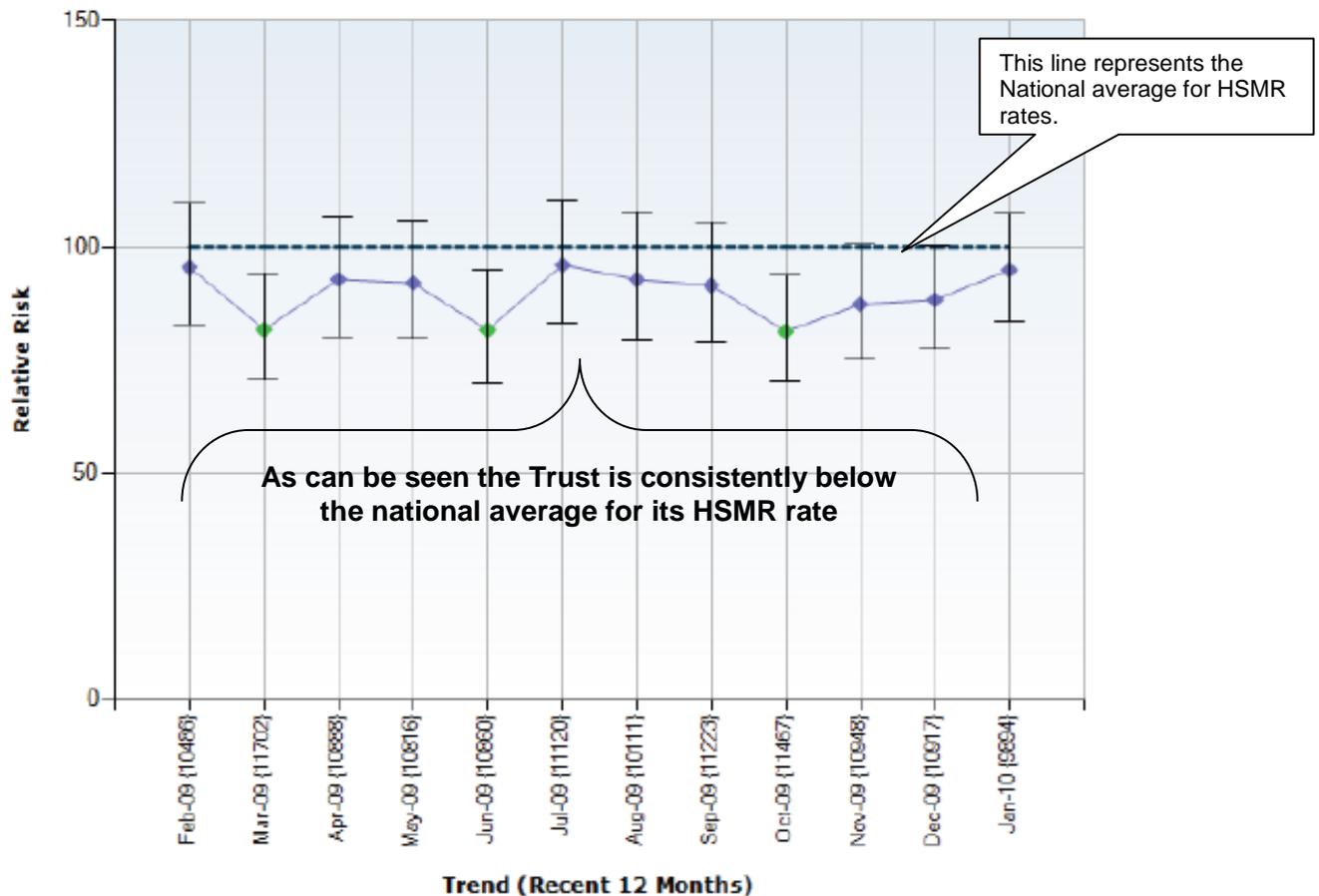
Dr Foster then compares this with the number of patients that actually die. If the two numbers are the same, the hospital gets a score of 100. If the number of patients who have died is 10% less than expected they get a score of 90. If it is ten per cent higher than expected, they score 110.

Care is needed in interpreting HSMR results. Just through chance, some hospitals will have a higher mortality rate and some a lower rate and it is inevitable that half the hospitals will have a worse than average result and that some will be quite a lot worse than the average. HSMRs can also be affected by factors such as data quality, coding or the underlying health of different populations; however, trusts with high HSMRs must investigate these to provide assurance that the rate is not linked to issues with care and treatment of patients.

Hospitals which have made efforts to improve the safety of care have been shown to succeed in reducing their HSMRs.

The graph below shows the Trust's HSMR rate for the period February 2009 – January 2010. From this it can be seen that the Trust has been consistently below the national average for its HSMR rates (currently standing at 95.72).

Mortality (in-hospital) | Diagnoses - All



Source: Dr Foster – Real Time Monitoring

Releasing time to care

Following a period of intensive testing and development with a number of acute trusts in England, the NHS Institute launched a series of modules that enable ward staff to increase the time spent on direct patient care. The Trust has participated in the 'Releasing Time to Care – The Productive Ward' module. This module delivers ward-based care that is as efficient and effective as possible by empowering staff to be more productive. The benefits of this include:

- Giving nurses back 10 per cent of their time to spend on patient care
- Creating calmer wards and reduces patient complaints
- Increasing safety (shown in observation reliability scores)
- Increasing morale
- Breaking down barriers between front line staff and managers, and between disciplines.

'Releasing Time to Care' was implemented trust-wide in April 2008, following a successful pilot. To date, we have successfully introduced the programme to 20 in-patient areas across all the divisions.

Some significant rises to some areas direct care time have been seen. However, while some of the increases have been smaller than others, all areas have seen a marked reduction in the number of interruptions they encounter and a reduction in the amount of motion staff have to undertake.

The two examples below demonstrate the positive effect of implementing the programme on direct patient care.

Ward E8

Staff member followed	Number of interruptions	Direct care time	Time spent in motion
RN (team 3)	94 in total = 1 every 3.5 minutes	21%	16.8%
Following introduction of Releasing Time to Care			
RN (team 3)	31 in total = 1 every 11.5 minutes	61%	12.8%

Coronary Care Unit

Date	Staff member followed	Number of interruptions	Direct care time	Time spent in motion	Other observations
28.08.08	RN	71 in total = 1 every 5 mins	47%	19%	11% of time spent in discussion
Following introduction of Releasing Time to Care					
27.05.09	RN	57 in total = 1 every 6 mins	53%	14%	5% of time spent in discussion

Many of the interruptions were reduced by having visible information within the clinical area. The introduction of the Patient Status at a Glance Boards was a very successful way of ensuring information was visible for all disciplines of staff to see. It drastically reduced the number of interruptions regarding patient status that staff often encountered.

Improving outcomes for patients



The Trust has taken part in national audits looking at the outcome of patients undergoing various types of cancer surgery. As a result, patients treated here can expect minimally invasive, high quality surgery and shorter length of stays. For example, patients with rectal cancer were less likely to need a permanent stoma and patients with breast cancer were more likely to have breast-conserving surgery and less likely to have axillary node clearance which can be associated with side effects.

Whilst in most areas of practice the Trust performs better than the minimum National targets, there are some areas where the care is held up to be amongst the best practise in the U.K.

- The Trust is a laparoscopic surgery centre of excellence having been designated as a national training centre for colorectal surgery. A higher proportion of urological cancer operations are performed through laparoscopy than in other hospitals in this part of the UK.
- Eye surgeons and their teams within the Trust, have some of the best outcomes whilst providing some of the safest eye surgery in the country. The complication of vitreous loss after cataract surgery is less than one in a hundred (0.86%) compared to a UK figure over four times that (4.3%). The success rate for glaucoma surgery is 97% as compared with 80% in the UK national survey and the complication rate is a fifth of the national series. The rate of closure for macular holes (retinal surgery) is 98%. This is better than any published series in the UK.
- Our renal unit has some of the country's best performance in haemodialysis and peritoneal dialysis.
- Our cardiac unit performs in the top 10% related to the British angioplasty database.

- Our gynaecologists have a 96% cure rate after continence surgery; this is well above the National average.
- Our uterine artery ablation success is better than the national average.
- Our intensive care unit has one of the highest survival rates when compared to similar sized hospitals and was the first U.K. unit to be granted training excellence by the Australian and New Zealand intensive care societies.
- Our intensive care unit has state of the art cooling of out of hospital arrest survivors with survival and neurological recovery as good as any published series.
- In Urology we have one of the best 'stone' services in the country.
- Doctors in pathology were the first in the country to introduce blood screening to look for the spread of breast cancer so reducing further operations.
- The Trust hosts the South Central Neonatal Network Transfer Service, which moves sick babies around the 9 neonatal units in the network and sometimes beyond.

There are many other examples of excellent quality delivered by our staff. Many of our consultants have developed National and International reputations. This is not easy to measure, however, consultant staff and their teams have been responsible for over 100 scientific and medical papers published in peer review journals in the last year, over 90 abstracts were also published and consultants reviewed over 250 papers for journals.

Clinical Audit

The Clinical Audit Department collects information and receives audit registrations and reports on clinical audit activity occurring across the Trust. It has developed an extensive audit database to capture these projects.

As well as collating audit registrations, the department collates completed reports of the audit activity to enable us to provide evidence of good practice, areas of concern or key issues. Actions developed to address these concerns are also expected as a minimum requirement.

'Sustaining improvements' is the last part of the audit cycle which has proved to be a challenge year on year and will continue to be a focus for improvement.

Workforce

Portsmouth Hospitals NHS Trust is committed to delivering an improved working life for all staff under the national Improving Working Lives Standard to become a 'Model Employer'.

National Staff Survey 2009

We undertook the National Staff Survey in 2009. 850 questionnaires were sent of which 31 were ineligible, 378 questionnaires were completed and returned, equating to a 46% response rate, which is below average for Acute Trusts in England.

National Staff Survey 2009 – ranking compared with all acute trusts		
Pledge	Description	Ranking, compared with all acute trusts in 2009
Staff Pledge 1:	To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.	Lowest 20 %
Staff Pledge 2:	To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.	Lowest 20 %

National Staff Survey 2009 – ranking compared with all acute trusts		
Pledge	Description	Ranking, compared with all acute trusts in 2009
Staff Pledge 3:	To provide support and opportunities for staff to maintain their health, well-being and safety.	Average
Staff Pledge 4:	To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.	Lowest 20%
Additional theme:	Staff Satisfaction	Lowest 20%
Additional theme:	Equality and Diversity	Better than average

Whilst improvements have been seen in a small number of indicators, the 2009/10 staff satisfaction survey results clearly demonstrate scope for improvement. A Steering Group, led by the Chief Operating Officer, has begun work to create and roll-out a campaign that aims to bring the recently agreed Trust values to life, whilst at the same time tackling the underlying causes of the areas of concern staff raised in the survey.

Oasis Wellness Centre

The Trust recognises the hard work PHT staff have put into caring for others, as a result in May 2010 the Oasis Wellness Centre was opened which provides the following facilities:

- Access to an indoor heated swimming pool
- State-of-the-art gym equipment
- Opportunity to join a range of fitness classes
- Health and wellbeing advice in multi-purpose consulting rooms
- Therapies suite
- Seminar rooms



The Therapies suite and Seminar rooms are open to local small and medium businesses that can pay for access, which provides income generation for the Trust.

Quality Account Statement 2010 PHT – NHS Portsmouth

Commissioners fully support increasing transparency within the NHS by providing patients and residents with information on the quality of the services provided for them. Quality accounts also provide an opportunity for the services to demonstrate their commitment to their patients and the quality culture developed within their organisations.

Quality improvement is a continuous process. The information presented within these quality accounts should simply reflect the ongoing work that has occurred throughout the year and that which is planned over future years. The production of quality accounts therefore should not become a burden on providers.

The production of quality accounts for all providers has been a challenge this year. Guidance on their structure and content was not published until late last year. This has meant it was difficult for them to develop their quality accounts and take them through their governance systems within the specified timelines. However, commissioners fully expect that all providers will meet these deadlines next year.

The information provided in this quality account is accurate from the checks the commissioners have undertaken. Commissioners have a good but challenging relationship with Portsmouth Hospitals NHS Trust (PHT) and support the priority areas selected for improvement. Next year commissioners also expect the quality account to strengthen its focus on how PHT has engaged and involved all stakeholders in their quality improvement work throughout the year.

The Department of Health will be undertaking an evaluation of all quality accounts published in 2010. Commissioners will work with PHT to ensure that any learning and recommendations are incorporated in to future accounts.

The economic outlook over the coming years is bleak. Difficult decisions will need to be made on how resources within the NHS will be used to achieve the best outcomes for patients. It is imperative that patients and the care they receive always remain the primary concern.

The Portsmouth Hospitals NHS trust Quality accounts document appears to be a comprehensive statement of the Trust's position with regards to national priorities and commitments, identifying areas of satisfactory performance as well as areas needing improvement.

Detailed Local Involvement Network (LINK) comments are as follows:

- The establishment of a Governance Leads Forum – whilst instigating yet another committee – has the potential to enhance standards of governance across the Trust and to ensure that evidence of good practice, as well as the lessons from poor practice, is shared Trust-wide.
- Falls remain a problem nationally and are proving hard to prevent in Acute Trusts. PHT's initiatives in this area are important. The LINK believes that education for patients and training for staff are the keys to reducing the incidence of falls.
- The initiative to test new shock absorbing flooring as part of a national clinical trial could prove an additional measure in reducing the effects of falls. However, the LINK believes that there can be no substitute for the education of patients, especially those believed vulnerable to falling, and staff training to ensure that pre-emptive action is taken in all ward areas to avoid such incidents.
- The fact that dietetic input for Oesophago Gastric Cancer is under-provisioned is a point of concern, especially when related to funding constraints in the existing economic climate.
- The LINK supports PHT's initiative to increase investment in its ability to provide End of Life Care at QAH across all wards and believes that the Liverpool Care Pathway should be extended to all wards.
- The LINK is strong in its support for the implementation, nationally and locally, of single –sex accommodation for patients. The difficulties experienced by the Trust in complying with the national ruling on single-sex accommodation in Assessment Units at QAH are recognised. However, the LINK urges the Trust to press forward as quickly as possible to the point where mixed-sex wards are a thing of the past.
- The LINK inherited an acute awareness of the need for comprehensive, consistent and standardised infection control measures throughout the Trust from its predecessor organisations and congratulates PHT staff on the huge improvements made in this area. Infection Control will remain as an ongoing project for the LINK to monitor performance in this vital area from the standpoint of complete eradication of healthcare acquired infections from our hospitals.
- The LINK has an ongoing project to investigate ways to improve inter-agency working by health and social care organisations generally, and has been involved in initiatives particular to discharging patients from hospital. Better internal communications within PHT, Portsmouth tPCT (and now including Solent Healthcare) and Adult Social Care – as well as *between* these organisations – is seen as vital to improving patient outcomes and experience in the discharge process. Proposals to improve the experience for patients leaving hospital but needing support in the community in order to do so are a step in the right direction. However, this is not a problem for the Acute Trust to resolve in isolation; only better and faster inter-agency communications and cooperation will eventually improve the discharge process, thereby releasing beds and ensuring that patients do not remain in hospital inappropriately.



Shaping Health & Social Care

Appendix 1 – Research Activity Summary

Research Activity	Total			NIHR Supported (*As % Of Total)		
	2009 – 2010	2008 – 2009	Increase	2009 – 2010*	2008 – 2009	Increase
New Projects Submitted to PHT R&D	114	76	50%	69 (61%)	Unknown	Unknown
Total Projects Approved to Start	74	41	80%	49 (66%)	20	145%

Total Projects Ongoing	243	207	17%	142 (57%)	104	37%
Active/Open to Recruitment	179	112	60%	98 (55%)	52	88%
In Active Follow-Up	49	50	-2%	44 (90%)	45	-2%
Completed	15	45	-67%	1 (7%)	9	-89%
Accruals/Recruitment						
Accrual Target	1281	Unknown	Unknown	1081 (84%)	Unknown	Unknown
Actual Accruals	3268	Unknown	Unknown	3136 (96%)	901	248%
Ongoing Projects by Funding Category						
Commercial not for Commercial Gain	20	21	-5%	14 (70%)	14	0%
Commercial Contract	32	23	39%	8 (25%)	0	
Charity	79	63	25%	67 (85%)	48	40%
DH	37	28	32%	25 (68%)	14	79%
Other Government	1	2	-50%	1 (100%)	1	0%
Research Council	21	21	0%	21 (100%)	19	5%
Unfunded/Student Work	20	19	5%	0 (0%)	0	0%
University Funded	10	9	11%	3 (30%)	3	0%
Unfunded	10	8	255	0 (0%)	0	0%
Other Funding	13	13	0%	3 (23%)	5	-40%