Portsmouth Hospitals NHS
NHS Trust

PORTSMOUTH HOSPITALS NHS TRUST

QUALITY ACCOUNTS
2014 - 2015

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

Passion & Pride
Working Together for Patients

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STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Welcome to this year's quality account for Portsmouth Hospitals NHS Trust. This report informs our public and interested stakeholders about the quality of care and services that we provide. Information relating to our many achievements throughout the year, as well as a look forward regarding priorities and specific area of focus are presented.

Our continuous ambition to drive up the quality of care we provide is reflected in the commitment and dedication of all our staff. The report is intended to reassure the public and stakeholders that patient care remains our number one priority. We would recognise that there are occasions when care falls short of some patient's expectations and as a learning organisation we very much welcome and promote feedback from those who have had experiences of our services. This allows us to make changes necessary and is part of the continuous cycle of improvement. We fully subscribe to the concept of openness and transparency and take our responsibilities regarding our "duty of candour" very seriously.

I want to take this opportunity to sincerely thank all of our staff who despite continuing pressures, work really hard to continually improve patient care.

We know that 2015/16 will continue to be challenging for all public services but we are confident that the combination of our strategic intent and the ambition and dedication of our staff we are well placed to continue improving the quality of care we provide.

The Care Quality Commission made an announced visit to the Trust in February this year. Whilst areas of excellent practice were recognised, the CQC did raise initial concerns over the Unscheduled Care Pathway. The Trust is completely focussed on improving this pathway for patients and we await the final report from the CQC.

Listening to our patients and the public continues to remain a key priority. We now have a better understanding of what matters most to our patients, this ensures that we can act on the direct feedback we receive from patients during their hospital visit. Understanding the experience of our patients and their carers is crucial to ensure we get the basics right as well as learning from the feedback on the often small things which make a big difference to the experience of our patients, carers and families.

The priorities set out in our Quality Account will be taken forward to ensure that our patients continue to see and experience improvements in the quality of care we provide.

The Trust has joined the Wessex Patient Safety Collobrative, of which I am a member of the steering group in my capacity as Chief Executive of an acute hospital.

We held a Listening into Action patient safety event this year where a number of really good ideas were raised by staff which will inform our safety strategy going forward.

There is really positive work in the organisation incorporating human factors in the safety agenda and we plan to build on this for the coming year.

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

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QUALITY IMPROVEMENT PRIORITIES 2015 / 2016

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, Dr Foster, national and local patient surveys, clinical audit and NICE guidance. Each year, key priorities are chosen that are expected to have the greatest impact on reducing harm and mortality for patients. From these the Patient Safety, Experience and Clinical Effectiveness Steering Groups identified a number of proposed priorities.

A draft Quality Account was presented to the Trust Governance and Quality Committee in April setting out the proposed priorities and requesting Committee agreement. The Committee agreed the proposals with the addition of reducing harm from medication errors and improving engagement with carers. Following which they were considered at the Trust Board and agreed on 30th April 2015.

This Quality Account and associated priorities are presented around the three domains of quality; patient safety, patient experience and clinical effectiveness and outlines the targets the Trust Board have agreed for 2015/16.

The Account summarises the Trust's performance and improvements against the quality priorities and objectives we set ourselves for 2014/15 (set out in the 2013/2014 Quality Account); where we have not met our targets we have identified further areas for improvement.
Finally, we have provided other information to review that is relevant to the overall quality performance of the Trust. We have published statements from our lead Commissioner, Hampshire Health and Adult Social Care Select Committee, Portsmouth Healthwatch, Portsmouth Health Overview and Scrutiny Panel and external auditors, submitted in response to these quality accounts.

We constantly strive to improve the quality, safety and effectiveness of the care we provide to patients and their families/carers. We aim to improve services based on what patients tell us matters most to them. To achieve this we will deliver a number of initiatives and projects to improve the quality and safety of the care we provide to patients which will ultimately improve and exceed their expectations. The priorities outlined over the following pages, are just a few of the areas we will be working on in 2015/2016 to make improvements to our services. A full range of quality measures and how we are working towards achieving these will continue to be reported to the Trust Board monthly and quarterly. These reports are available to the public through the Trust internet site.

Quality Account Priorities 2015 / 2016

Portsmouth Hospitals NHS
NHS Trust

Patient Experience

The experience of our patients is as important to us as their safety and health outcomes and will always be one of our priorities. This year we would like to push ourselves further to improve and focus on:

- Ways of engaging with our patients and the public to help us understand what means the most to our patients and how we can improve services. We will particularly focus on improving the discharge experience.
- Pro-active communication and involvement with carers.
- End of life care through introducing new care plans for patients and seeking feedback from bereaved relatives on what improvements could be made.
- Dementia care; focussing on assessment, referrals and provision of an individual care plan on discharge.
- Feedback from patients with specialist mental health needs to improve services and improve mental health training for staff.

Patient Safety

Patient safety is at the forefront of everything we do and we continually strive to reduce avoidable harm. Recognising that we did not achieve all the safety priorities last year; we plan to continue with these priorities for the coming year:

- Focus on reducing all healthcare acquired infections, in particular MRSA and C.Difficile with sustained focus on minimising the use of antibiotics and sustain compliance with infection control practices.
- Although we achieved a 22% reduction on avoidable grade 3 and 4 pressure ulcers, we are not where we would like to be and will continue to implement and embed initiatives to reduce pressure damage.
- The impact of a patient fall can have a long term effect and we recognise that our interventions to date have not reduced the number of falls resulting in harm. Therefore, this remains a priority.
- Last year we saw an increase in the number of medication errors resulting in moderate and severe harm. This year there will be a focus on improving staff awareness and reporting of medication incidents; this will include analysis of these to understand what service improvements need to be implemented.

Clinical Effectiveness

We aim to apply the best knowledge, derived from research, clinical experience and patient preferences to achieve the best processes and outcomes of care for our patients. We will have a specific focus on:

- Acute Kidney Injury (AKI) is a serious condition resulting in a loss of kidney function. We aim to deliver the National CQUIN by improving diagnosis and treatment in hospital and provision of a clear plan of care to monitor kidney function after discharge.
- Sepsis is a common and potentially life threatening condition triggered by an infection. If not treated quickly, sepsis can eventually lead to multiple organ failure and death. Each year in the UK it is estimated that around 37,000 people die as a result of the condition. This year we aim to deliver the National CQUIN by improving screening and timely antibiotic administration.
- We use two measures of mortality both of which adjust our outcomes for the risk in our patient group. They compare the number of patients that would be expected to die given the severity of their conditions, when compared to national models against the number of patients who actually die. These measures are HSMR (Hospital Standardised Mortality Ratio) and SHMI (Summary Hospital-level Mortality Indicator. We aim to be within the expected range for these.
- We aim to ensure transparency of surgical outcomes and to ensure no surgeons are identified as an outlier with any of the national outcome reports of key National audits.

Delivery of the patient safety improvement plan

WHY: *Reduce avoidable harm to our patients.*

MEASURES: *MRSA - 0 (zero cases).*

C.Diff - No more than 40 cases.

Pressure Ulcers - No more than 24 avoidable grade 3 or 4 pressure ulcers.

Falls resulting in harm - Less than 2.5 per 1,000 bed days falls resulting in harm (yellow, amber and red incidents) over each quarter.

Falls risk assessment - 95% of falls risk assessment completed within 48 hours each month.

Medication incidents - Improve awareness and reporting of medication incidents based on 2014/2015 outturn.

MONITORED: *Through the Patient Safety Steering Group and reported to the Trust Board through monthly and quarterly reports.*

BY WHEN: *April 2016*

OUTCOME: Treat and care for people in a safe environment; protecting them from avoidable harm.

Improve and act upon patient experience

WHY: *To ensure our patients; their relatives and carers receive a good experience and base service improvements upon this feedback.*

MEASURES: *Review the current arrangements for engaging with service users, their families and carers and develop a patient engagement strategy.*

Improve communication between staff, carers and those cared for and actively involve carers and the cared for in feedback opportunities.

Improve end of life care by rolling out the adult priorities of care documentation in line with the latest national guidance and developing systems for feedback.

Review the patient experience of the discharge process.

Improve the quantity and validity of feedback from patients with specialist mental health needs who use our services.

Undertake a review of current mental health training opportunities; working in partnership with patients, their families and carers.

MONITORED: *Through the Patient Experience Steering Group and the Mental Health and Learning Disabilities Committee and reported to the Trust Board through monthly and quarterly reports.*

BY WHEN: *April 2016*

OUTCOME: Ensure the experience and quality of care we provide is rated positive by the people who experience it and act upon areas for improvement. To treat all patients with the respect and dignity they deserve.

Improve clinical outcomes for our patients

WHY: *To ensure our patients receive the best care and outcomes.*

MEASURES: *Delivery of the Acute Kidney Injury National CQUIN, by improving diagnosis and treatment in hospital and provision of a clear plan of care to monitor kidney function after discharge.*

Delivery of the sepsis National CQUIN to improve screening of patients and timely antibiotic administration.

HSMR weekday, weekend and SHMI outcomes to be within the expected range.

Ensure transparency of surgical outcomes and to ensure no surgeons are identified as an outlier with any of the national outcome reports of the following audits (based on HQIP's national programme of reported outcomes):

- *Bariatric surgery (National Bariatric Surgery Register) - Colorectal surgery (National Bowel Cancer Audit Programme) - Head and neck surgery (National Head and Neck Cancer Audit) - Interventional cardiology (Adult Coronary Interventions) - Orthopaedic surgery (National Joint Registry) - Thyroid and endocrine surgery (BAETS national audit) - Upper gastro-intestinal surgery (National Oesophago-Gastric Cancer Audit) - Urological surgery (BAUS cancer registry) - Vascular surgery (National Vascular Registry) - Urogynaecology (BSUG Audit Database)*

MONITORED: *Through the Clinical Effectiveness Steering Group and reported to the Trust Board through monthly and quarterly reports.*

BY WHEN: *April 2016*

OUTCOME: Ensure our patients receive the best clinical outcomes.

QUALITY IMPROVEMENT PRIORITIES 2014/2015 – OUR ACHIEVEMENTS

The Quality Account published in June 2014 identified areas of quality improvement to focus on during the year. A brief summary of our achievements against the priorities is outlined below, with further detail contained in part 3 of this account.

HEALTHCARE ASSOCIATED INFECTIONS (HCAI)
* Delivery of National targets (MRSA: zero cases; C.Diff 31 cases)
MRSA: ✓**ACHIEVED**
0 (zero cases).
C.Diff: x **NOT ACHIEVED**
A total of 40 cases reported.

FALLS
** 10% reduction in amber and red incidents, based on 2013/14 outturn (target of 32).*
x NOT ACHIEVED
Year end total of 45 falls (to be confirmed).

IMPROVING PATIENT EXPERIENCE
* Delivery of the Friends and Family Test CQUIN including staff engagement.
✓**ACHIEVED**

PRESSURE ULCERS
* 10% reduction in avoidable amber and red incidents (grade 3 and 4), based on 2013/14 outturn (target of 28).
✓**ACHIEVED**
Year end total of 24 (22% reduction).

IMPROVE AND ACT ON LOCAL PATIENT FEEDBACK WITH A FOCUS ON THE CANCER, DEMENTIA AND COMPLEX DISCHARGE PATHWAYS
* To improve access to opportunities for patients and their families to provide feedback.
✓**ACHIEVED**
* To improve patient reported experience of the cancer and discharge pathways.
✓**ACHIEVED**
* Delivery of the Dementia CQUIN requirements.
✓**ACHIEVED**

REDUCING AVOIDABLE MORTALITY
* Achieve expected or better than expected HSMR and SHMI rates (100 or below).
* Monitor and act upon underlying data.
* Increased focus on speciality review of mortality with the introduction of the mortality review tool kit Trust-wide.
PARTIALLY ACHIEVED
HSMR: ✓**ACHIEVED** (March 2014-February 2015 - 99.68)
SMHI: x ***NOT ACHIEVED*** (October 2013-September 2014 - 107.5)
Underlying data and mortality review tool kit: ✓**ACHIEVED**

IMPROVING END OF LIFE CARE
* Audit End of Life care in line with the 2014/15 Quality Contract requirements.
✓**ACHIEVED**

IMPROVE EXPERIENCE FOR PATIENTS WITHIN THE EMERGENCY CARE PATHWAY
* ED Access time:
1) demonstrate quarter by quarter improvement against the 15 minutes to assessment time in ED;
x ***NOT ACHIEVED***
2) demonstrate quarter by quarter reduction in specialty outliers in MAU.
PARTIALLY ACHIEVED
* To demonstrate a quarter by quarter improvement in performance in relation to the number of patient moves.
x ***NOT ACHIEVED***

STATEMENTS OF ASSURANCE FROM THE BOARD

Review of services

During 2014/2015 Portsmouth Hospitals NHS Trust provided and sub-contracted 36 NHS services. 3 significant services are sub-contracted to non-NHS providers; these being the Disablement Services Centre orthotic service and community dialysis services.

The Portsmouth Hospitals NHS Trust has reviewed all the data available to them on the quality of care in all 46 of these NHS services.

The income generated by the NHS services reviewed in 2014/2015 represents 89% of the total income generated from the provision of NHS services by the Portsmouth Hospitals NHS Trust for 2014/2015.

Participation in clinical audits

During 2014/2015 35 national clinical audits and 5 national confidential enquiries covered NHS services that Portsmouth Hospitals NHS Trust provides.

During that period Portsmouth Hospitals NHS Trust participated in 100% (35/35) national clinical audits and 100% (5/5) national confidential enquiries of those it was eligible to participate in.

The national clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in, and for which data collection was completed during 2014/2015, 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 39 (this number is from both 2014/15 and some reports that were published from data supplied in 2013/14) national clinical audits were reviewed by the provider in 2014/2015. Appendix A shows the actions Portsmouth Hospitals NHS Trust intends to take to improve the quality of healthcare provided.

NATIONAL CLINICAL AUDITS			
Audit title	**Details**	**Participation**	**% cases submitted**
British Thoracic Society – Community Acquired Pneumonia	Audit	☑	100%
British Thoracic Society – Non Invasive Ventilation	Audit	☑	100%
British Thoracic Society - Chronic Obstructive Pulmonary Disease	Organisational	☑	100%
	Audit	☑	100%
British Thoracic Society - Pleural procedures	Audit	☑	100%
Oesphago-Gastric Cancer	Audit	☑	>90%
Prostate Cancer	Organisational	☑	100%
	Audit	☒	0%
Head & Neck Cancer	Audit	☑	>80%
Lung Cancer	Audit	☑	100%
Bowel Cancer	Audit	☑	100%
National Vascular Registry	Registry	☑	N/A
National Joint Registry	Registry	☑	82%
National Comparative Audit of Blood Transfusion Programme	Sickle Cell	☑	100%

NATIONAL CLINICAL AUDITS			
Audit title	**Details**	**Participation**	**% cases submitted**
	Patient Information and Consent	☑	100%
	Patient Blood Management Survey	☑	100%
College of Emergency Medicine – Mental Health	Audit	☑	100%
College of Emergency Medicine – Older People	Audit	☑	100%
College of Emergency Medicine – Fitting Child	Audit	☑	100%
National Neonatal Audit Programme	Audit	☑	100%
Dementia National Audit	Audit	☑	N/A
Paediatric Diabetes Audit	Audit	☑	100%
Epilepsy 12 (Paediatric) Audit	Audit	☑	100%
Paediatric Intensive Care Audit Network	Audit	Not applicable	Not applicable
Falls and Fragility Fracture Audit Programme	Hip Fracture database	☑	100%
	Inpatient Falls audit	☑	100%
	Anaesthesia Sprint Audit	☑	100%
Trauma Audit and Research Network	Audit	☑	48.8%
Sentinel Stroke National Audit Programme	Audit	☑	90%
Emergency Laparotomy	Audit	☑	100%
ICNARC – Adult Critical Care	Audit	☑	100%
ICNARC – Cardiac Arrest	Audit	☑	100%
Renal Registry – Renal Replacement Therapy	Audit	☑	100%
Chronic Kidney Disease in Primary Care	Audit	Not applicable	Not applicable
Pulmonary Hypertension	Audit	Not applicable	Not applicable
Prescribing Observatory for Mental Health	Audit	Not applicable	Not applicable
Rheumatoid and Early Inflammatory Arthritis	Audit	☑	N/A
Intermediate Care	Audit	Not applicable	Not applicable
Adult Cardiac Surgery	Audit	Not applicable	Not applicable
Congenital Heart Disease (Paediatric Cardiac Surgery)	Audit	Not applicable	Not applicable
Coronary Angioplasty – PCI	Audit	☑	100%
Acute Coronary Syndrome or Acute Myocardial Infraction	Audit	☑	100%
Cardiac Rhythm Management	Audit	☑	100%
Heart Failure	Audit	☑	N/A
National Diabetes Audit	Audit	Not applicable	Not applicable
	Diabetes in Pregnancy	☑	N/A

NATIONAL CLINICAL AUDITS			
Audit title	**Details**	**Participation**	**% cases submitted**
Inflammatory Bowel Disease	Audit	☑	100%
	Biologics audit	☑	87%
Patient Reported Outcome Measures	Overall Score	☑	36.6%
	Groin Hernia		28.7%
	Hip Replacement		39.4%
	Knee Replacement		41.4%
	Varicose Veins		31.8%
British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	Audit	☑	75%

NATIONAL CONFIDENTIAL ENQUIRIES		
Audit title	**Participation**	**% cases submitted**
MBRACE – Maternal Infant and Perinatal Confidential Enquiry	☑	100%
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness	Not applicable	Not applicable
National Confidential Enquiry into Patient Outcomes and Death - Sepsis	☑	80%
National Confidential Enquiry into Patient Outcomes and Death - Gastrointestinal Haemorrhage	☑	50%
National Confidential Enquiry into Patient Outcomes and Death - Lower Limb Amputation	☑	57%
National Confidential Enquiry into Patient Outcomes and Death - Tracheostomy Care	☑	88%

The reports of 172 local clinical audits were reviewed by the provider in 2014/2015. Appendix B shows examples of local audits and the actions Portsmouth Hospitals 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 NHS Trust in 2014/2015, that were recruited during that period to participate in research approved by a research ethics committee was 3,170.

Of these patients, 2,993 (94%) were recruited into clinical studies adopted onto the National Institute for Health Research (NIHR) Portfolio, with 177 (6%) recruited into other, non-Portfolio research projects.

Participation in clinical research demonstrates Portsmouth Hospitals NHS Trust's commitment to improving the quality of care that we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

During 2014/2015, Portsmouth Hospitals NHS Trust has participated in a total of 439 clinical research studies, 86% of these studies were NIHR Portfolio adopted.

More than 35 clinical Departments participated in research approved by a research ethics committee at Portsmouth Hospitals NHS Trust during 2014/2015, covering a number of specialities and clinical support departments.

Goals agreed with Commissioners

A proportion of Portsmouth Hospitals NHS Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed with Clinical Commissioning Groups (CCG) and Local Area Team (LAT) contracts for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Our total contractual CQUIN for 2015/16 was £9,248,396 and of that we obtained £9,109,110. The year-end loss of £139,287 was attributed to partial achievement of the Dementia CQUIN, Immunoglobulin clinical management, and Breast Screening CQUINs.

Statements from the Care Quality Commission

Portsmouth Hospitals NHS Trust is required to register with the Care Quality Commission and is currently registered and has no conditions on registration.

The Care Quality Commission made an announced visit to the Trust in February this year. Whilst areas of excellent practice were recognised, the CQC did raise initial concerns over the Unscheduled Care Pathway. The Trust is completely focussed on improving this pathway for patients. The full CQC report will be published on the CQC website on the 19th June 2015.

Data quality

Portsmouth Hospitals NHS Trust submitted records during 2014/2015 to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data for the period April 2014 to February 2015:

Included the patient's valid NHS number:

- 99.2% for admitted patient care (national average 99.2%)
- 99.9% for outpatient care (national average 99.3 %)
- 98.7% for accident and emergency care (national average 95.2%)

Included the patient's valid General Medical Practice Code:

- 99.8% for admitted patient care (national average 99.9%)
- 99.9% for out-patient care (national average 99.9%)
- 99.7% for accident and emergency care (national average 99.2%)

The Trust was subject to a Payment by Results (PbR) clinical coding audit by CAPITA on the 17th and 19th March 2015. The audit looked at two areas: Thoracic procedures and disorders and Urological and male reproductive system procedures and disorders.

The draft report has been received; with the Trust being rated 'adequate' for clinical coding accuracy. An action plan is currently being developed.

The results of the audit can be seen below:

	Thoracic procedures	Urological & male reproductive system	Total
Primary Diagnoses: Incorrect	8.0% 92% accuracy	7.0% 93%accuracy	7.5% **92.5% accuracy**
Secondary Diagnoses Incorrect:	10.5% 89.5% accuracy	10.2% 89.8% accuracy	10.4% **89.6% accuracy**
Primary Procedure: Incorrect	2.8% 97.2% accuracy	6.9% 93.1% accuracy	5.7% **94.3% accuracy**
Secondary Procedure: Incorrect:	4.2% 95.8% accuracy	19.8% 80.2% accuracy	14.6% **85.4% accuracy**

Information Governance Toolkit attainment levels

Information Governance is concerned with the way we handle or "process" our information. It covers Personal Confidential Data (relating to patients/service users and employees) and corporate information (such as financial and accounting records) and provides a framework for employees to deal consistently with the many different rules about how information is handled.

The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements. We are required to carry out self-assessments of compliance against the requirements.

The purpose of the assessment is to enable us to measure our compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Our Information Governance Assessment Report overall score for 2014/2015 was 85% and was graded "Satisfactory".

There has been one serious incident relating to information governance in 2014/15, which was reported to the Information Commissioner's Office (ICO) in September 2014. The ICO has investigated the incident and concluded that no further action is necessary.

NATIONAL QUALITY PRIORITIES

The following are a core set of indicators which are to be included in 2014/15 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 the Health and Social Care Information Centre. 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 the Health and Social Care Information Centre, stated below, may relate to a different reporting period to that of the Quality Account. (Data source: https://indicators.ic.nhs.uk/webview/)

National Quality Priorities										
Domain	SHMI	April 2013 – March 2014				July 2013 – June 2014				Trust Statement
		PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest	
Preventing people for dying prematurely. Enhancing quality of life for people with long-term conditions,	The value of the summary hospital-level mortality indicator ("SHMI") for the Trust.	1.05	1.00	1.20	0.54	1.08	1.00	1.20	0.54	Portsmouth Hospitals 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 and has taken the following actions to improve mortality and harm, and so the quality of its services, by: • Monitoring and acting upon underlying data. • Forming a new multi-professional mortality review group, chaired by the Medical Director to promote the implementation of the Mortality Review Tool and improve the number of mortality reviews undertaken. • Continue the roll-out of the Mortality Review Tool to standardise the data collected during mortality reviews, enabling better identification of any issues and their reporting for action.
	The banding of the summary hospital-level mortality indicator ("SHMI") for the Trust.	2	2	1	3	2	2	1	3	
	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	24.2%	23.9%	48.5%	0.0%	27.5%	24.8%	49.0%	0.0%	
	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'.									

Domain	Patient Reported Outcome Measures (PROMs) finalised (EQ5D Index)	April 2011 – March 2012				April 2012 – March 2013				Trust Statement
		PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest	
Helping people recover from episodes of ill health or following injury.	Groin hernia surgery	0.101	0.087	0.143	-0.002	0.093	0.085	0.152	0.014	Portsmouth Hospitals 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 take the following actions to improve this outcome, and so the quality of its services, by: • Continuing to monitor its performance to ensure the operations our patients receive, continue to improve their health compared with their health before they had their operation. • Reviewing participation rates to ensure they meet the national average for each procedure. *Data not published due to small numbers of procedures.
	Varicose vein surgery	*	0.094	0.167	0.049	*	0.093	0.176	0.015	
	Hip replacement surgery	0.436	0.416	0.499	0.306	0.432	0.437	0.539	0.319	
	Knee replacement surgery	0.319	0.302	0.385	0.181	0.338	0.318	0.415	0.209	

Domain	Re-admission within 28 days of being discharged	April 2010 – March 2011				April 2011 – March 2012				Trust Statement
		PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	
Helping people recover from episodes of ill health or following injury.	Percentage of patients aged 0 to 15	12.31%	9.96%	14.11%	6.41%	12.22%	10.02%	14.94%	6.40%	This data has not been updated on the HSCIS Portal since December 2013. Portsmouth Hospitals 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 has taken the following actions to improve this percentage, and so the quality of its services, by: • The Trust already provides daily updates on readmissions and is able to identify frequent attenders to hospital. • Individual CSC's identify relevant patients and the information is included in their performance reviews.
	Percentage of patients aged 16 or over	10.87%	11.38%	14.06%	9.20%	10.75%	11.44%	13.80%	9.34%	

Domain	Trust responsive to the personal needs of its patients	April 2012 – March 2013				April 2013 – March 2014				Trust Statement
		PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest	
Ensuring that people have a positive experience of care.	5 key questions from In-patient survey	67.1	68.1	84.4	57.4	62.9	68.7	84.2	54.4	Portsmouth Hospitals NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The Friends and Family Test has superseded this measure for patient experience and is detailed in part 3 of this Account. The Trust intends to take and has taken actions to improve this score and response rate, and so the quality of its services as outlined in part 3 of this Account.

Domain	Staff who would recommend the Trust as a provider of care to their friends or family	2013				2014				Trust Statement
		PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest	
Ensuring that people have a positive experience of care.	National Staff Survey results	60%	64%	89%	40%	66%	65%	89%	38%	Portsmouth Hospitals 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 the following actions to improve this percentage, and so the quality of its services, by: • Embedding a culture of staff led change through a Listening into Action (LiA) programme, by putting clinicians and staff at the centre, and empowering them to make positive changes for the benefit of our patients, our staff and the organisation as a whole. • Implementing effective communication processes to share outcomes of what staff said matters and what changes have been implemented as a result of what they have done. • Implementing a number of management and leadership development programmes.

Domain	Rate per 100,000 bed days of C.Difficile infection	April 2012–March 2013				April 2013–March 2014				Trust Statement
		PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest	
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 amongst patients aged 2 or over.	12.6	17.3	30.8	0	9.1	14.7	37.1	0	Portsmouth Hospitals 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 the following actions to improve this rate, and so the quality of its services, by: • Whilst last year we were able to achieve a 55% reduction in C.Diff this year, we have struggled to meet our national C.Diff objective. Of interest to note the number of C,Diff cases across the Portsmouth Health Economy has remained static, however, the attribution of Trust acquired cases (that is detected in the laboratory after 72 hours from admission) has increased. The reason for this is a delay in timely sampling of community cases of C.Diff which present to the hospital. • A number of actions undertaken this year are outline in part 3.

Domain	VTE Risk Assessment Percentage of patients receiving a VTE Risk Assessment.	PHT	National Average	Highest	Lowest	Trust Statement
Treating and caring for people in a safe environment and protecting	Quarter 3 2014-15	97%	96%	100%	81%	Portsmouth Hospitals 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 the following actions to improve this percentage, and so the quality of its services, by: • Introduction of a patient safety information video on the
	Quarter 2 2014-15	97%	96%	100%	86%	

Domain	VTE Risk Assessment Percentage of patients receiving a VTE Risk Assessment.	PHT	National Average	Highest	Lowest	Trust Statement
them from avoidable harm.	Quarter 1 2014-15	96%	96%	100%	87%	Trust bedside television system (Hospedia) which provides information for patients on ways they can stay safe in hospital. • Continued focus on risk assessment, achieving over 96% of patients risk assessed for VTE each month.
	Quarter 4 2013-14	96%	96%	100%	79%	

Domain	Patient Safety Incidents (per 100 admissions)	April 2013–September 2013				October 2013–March 2014				Trust Statement
		PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	
Treating and caring for people in a safe environment and protecting them from avoidable harm.	Number of patient safety incidents.	3,438	4,399	7,757	1,967	3,706	4,493	8,015	787	Portsmouth Hospitals NHS Trust considers that this data is as described as it is taken from the National Reporting and Learning System (NRLS) dataset using data provided by the Trust. The Trust has taken the following actions to improve this number, and so the quality of its services, by: • Encouraging a culture of reporting. • Introduction of multi-professional panels to review incidents and share learning. • Implementing focussed work for specific groups of incidents e.g. pressure ulcers, to increase reporting and improve accuracy of grading of incidents.
	Rate of patient safety incidents.	5.2	7.1	11.1	3.8	5.6	7.2	12.5	1.7	
	Number of patient safety incidents that resulted in severe harm or death.	51	28	87	2	54	26	103	1	

Domain	Patient Safety Incidents (per 100 admissions)	April 2013–September 2013				October 2013–March 2014				Trust Statement
		PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	
	Rate of patient safety incidents that resulted in severe harm or death.	0.08	0.04	0.15	0	0.08	0.04	0.17	0	
	% of patient safety incidents that resulted in severe harm or death.	1.48%	0.63%	2.97%	0.05%	1.46%	0.58%	2.64%	0.03%	

Domain	Patients discharged from hospital who would recommend the Trust as a provider of care to their friends or family	Reporting period	PHT	National Average	Highest	Lowest	Trust Statement
Ensuring that people have a positive experience of care.	**A& E**						
	Response rates	January 2015	16.6%	20.1%	53.9%	3.2%	Portsmouth Hospitals 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 take and has taken actions to improve this score and response rate, and so the quality of its services as outlined in part 3 of this Account.
		December 2014	19.2%	18.1%	41.9%	2.2%	
		November 2014	14.9%	18.7%	45.5%	1.3%	
		October 2014	18.4%	19.6%	54.4%	3.1%	
		September 2014	15.4%	19.5%	63.8%	2.4%	
		August 2014	14.0%	20.0%	44.6%	4.2%	
		July 2014	15.9%	20.2%	47.7%	0.8%	
		June 2014	20.0%	20.8%	43.5%	2.3%	
		May 2014	4.2%	19.1%	49.5%	0.4%	
		April 2014	8.8%	18.6%	49.2%	3.2%	
	Percentage recommended	January 2015	95%	88%	98%	55%	
		December 2014	94%	86%	100%	54%	
		November 2014	94%	87%	99%	64%	
		October 2014	91%	87%	99%	58%	
		September 2014	91%	86%	99%	65%	
		August 2014	93%	87%	99%	67%	

Domain	Patients discharged from hospital who would recommend the Trust as a provider of care to their friends or family	Reporting period	PHT	National Average	Highest	Lowest	Trust Statement
		July 2014	93%	86%	99%	61%	
		June 2014	91%	86%	98%	58%	
		May 2014	89%	86%	99%	51%	
		April 2014	92%	86%	99%	43%	
	Percentage not recommended	January 2015	3%	6%	29%	0%	
		December 2014	2%	7%	32%	0%	
		November 2014	1%	6%	32%	0%	
		October 2014	2%	6%	25%	0%	
		September 2014	2%	7%	24%	0%	
		August 2014	1%	6%	22%	0%	
		July 2014	2%	7%	27%	0%	
		June 2014	1%	7%	29%	1%	
		May 2014	2%	7%	35%	0%	
		April 2014	1%	6%	37%	0%	
	Inpatients						
	Response rates	January 2015	36.6%	35.8%	77.5%	18.9%	The Trust intends to take and has taken actions to improve this score and response rate, and so the quality of its services as outlined in part 3 of this Account.
		December 2014	35.2%	33.5%	74.7%	16.6%	
		November 2014	36.0%	36.8%	79.9%	3.6%	
		October 2014	42.3%	37.0%	70.1%	18.3%	
		September 2014	40.2%	36.2%	71.9%	15.7%	
		August 2014	36.9%	36.3%	72.0%	13.5%	
		July 2014	36.5%	38.0%	77.9%	16.5%	
		June 2014	45.7%	37.7%	72.1%	12.6%	
		May 2014	28.5%	35.5%	80.5%	14.0%	
		April 2014	25.0%	34.8%	74.0%	13.4%	
	Percentage recommended	January 2015	96%	94%	100%	51%	
		December 2013	95%	95%	100%	78%	
		November 2013	96%	95%	100%	80%	
		October 2013	92%	94%	100%	77%	
		September 2013	92%	93%	100%	75%	
		August 2013	93%	94%	100%	70%	
		July 2014	92%	94%	100%	75%	
		June 2014	93%	94%	100%	79%	

Domain	Patients discharged from hospital who would recommend the Trust as a provider of care to their friends or family	Reporting period	PHT	National Average	Highest	Lowest	Trust Statement
		May 2014	93%	94%	100%	76%	
		April 2014	92%	94%	100%	76%	
	Percentage not recommended	January 2015	1%	2%	20%	0%	
		December 2013	1%	2%	14%	0%	
		November 2013	1%	2%	11%	0%	
		October 2013	1%	2%	14%	0%	
		September 2013	1%	2%	14%	0%	
		August 2013	1%	2%	19%	0%	
		July 2014	1%	1%	16%	0%	
		June 2014	1%	1%	12%	0%	
		May 2014	0%	1%	16%	0%	
		April 2014	1%	2%	14%	0%	

REVIEW OF QUALITY PERFORMANCE

This part of the Quality Account provides an overview of how we have performed against the quality priorities we set for 2014/2015, plus other quality initiatives undertaken throughout the year. We monitor and track all aspects of quality and report against these monthly and quarterly through the Board reports. These are all available on the Trust internet page (Trust Board papers). The following is the Trust Quality dashboard demonstrating Trust performance over 2014/2015 presented to the Trust Board in March 2015 (n.b. figures within this Account have been subsequently updated following incident investigation).

Type		Performance Indicator	Target	2013/14 Outturn	2014/15												Change Month on Month	Q1	Q2	Q3	Q4	Year to Date 2014/15
					Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15						
	CQ	Pressure Ulcer Incidents (grades 3 & 4) Avoidable hospital acquired	28 (10% reduction)	31	5	3	3	1	2	3	2	3	0	0	1	1	⇨	11	6	5	2	24
		Pressure Ulcer Incidents (grades 3 & 4) Unavoidable	Monitor	31	5	1	8	8	4	5	6	6	3	6	3	3	⇨	14	17	15	12	58
		Pressure Ulcer Incidents (grades 1 & 2)	Monitor	566	65	56	61	78	68	48	83	72	62	75	46	19	⇧	182	194	217	140	733
		Falls (red & amber incidents)	32 (10% reduction)	36	6	2	2	2	4	5	1	6	2	5	6	2	⇧	10	11	9	13	43
		Patient Safety Thermometer: Braden risk assessment compliance	95% by the end of quarter 4	–	84.3%	89.0%	89.0%	90.20%	86.25%	90.50%	94.70%	93.50%	94.30%	92.30%	93.84%	91.00%	⇩	87.4%	89.0%	94.17%	92.38%	90.7%
		Patient Safety Thermometer: Skin bundle compliance	95% by the end of quarter 4	–	82.0%	77.0%	84.0%	84.70%	84.30%	95.0%	95.10%	94.60%	96.50%	95.70%	92.00%	98.00%	⇧	81.0%	88.00%	95.40%	95.23%	89.9%
	N	Healthcare Acquired Infection - MRSA (Avoidable)	Zero	1	0	0	0	0	0	0	0	0	0	0	0	0	⇨	0	0	0	0	0
		Healthcare Acquired Infection - MRSA (Unavoidable)	Monitor	3	0	0	0	0	0	0	0	0	0	2	0	0	⇨	0	0	0	2	2
		Healthcare Acquired Infection - CDIFF	31 cases	30	4	5	3	5	5	1	7	1	1	3	4	1	⇧	12	11	9	8	40
		Venous Thrombo-embolus screening	95% per month	95.50%	96.10%	96.74%	96.78%	96.90%	96.94%	97.10%	97.53%	97.60%	97.30%	97.50%	97.77%	97.20%	⇩	96.54%	96.98%	97.48%	97.49%	97.12%
		Never Events	Zero	3	0	0	0	0	0	0	0	0	0	0	0	0	⇨	0	0	0	0	0
	C	Patient Safety Thermometer - % Harm Free Care	Monitor	–	91.56%	91.68%	91.19%	89.38%	90.38%	88.99%	90.56%	91.48%	88.82%	90.60%	90.60%	92.81%	⇧	91.48%	89.58%	90.29%	91.34%	90.67%
		Serious Incidents Requiring Investigation (SIRIs)	Monitor	102	12	7	16	9	7	12	11	12	6	12	9	11	⇩	35	28	29	32	124
		SIRIs unresolved >45 days (number)	Monitor	21	2	4	0	1	4	1	1	2	1	3	4	6	⇩	6	6	4	13	29
		Patient Safety Incidents (excluding SIRI)	Monitor	7372	718	661	629	776	653	708	764	723	718	777	659	470	⇧	2008	2137	2205	1906	8256
		Duty of candour breaches (number)	Zero	0	0	0	0	0	0	0	0	1	0	0	0	0	⇨	0	0	1	0	1
		Hospital Acquired VTE SIRIs	Monitor	9	0	1	0	0	0	0	0	0	0	0	0	0	⇨	1	0	0	0	1
		Medication Errors (red & amber incidents)	Monitor/no increase	11	0	1	1	1	0	2	2	2	2	2	1	2	⇩	2	3	6	5	16
		CAS Alerts Over Deadline	Monitor	3	0	0	0	0	0	0	0	0	0	1	0	1	⇩	0	0	0	2	2
Effective	C / QA	Hospital Standardised Mortality Ratio (HMSR)	≤ National average of 100	90.0	90	90	88	93.5	92.3	93.6	96.7	95.7	95.7	95.5	95.2	100.3	⇩	88.0	93.6	95.7	100.3	100.3
		Summary Hospital Level Mortality Indicator (SHMI)	≤National average of 100	104.0	104.5	104.5	104.5	104.4	104.4	104.4	104.9	104.9	104.9	107.9	107.9	107.9	⇨	104.5	104.4	104.9	107.9	107.9
Caring	CQ	Dementia - case finding question	≥ 90% each quarter	72.5%	61.1%	86.20%	82.70%	81.90%	94.50%	93.60%	92.50%	90.70%	90.20%	93.90%	92.70%	89.90%	⇩	76.68%	90.0%	91.1%	92.17%	87.50%
		Dementia - Diagnostic Assessment	≥ 90% each quarter	88.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	⇨	100%	100%	100%	100%	100.00%
		Dementia - Referral for Specialist Diagnosis	≥ 90% each quarter	94.6%	68.0%	100%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	⇨	89.3%	100%	100%	100%	97.3%
	N	Mixed Sex Accommodation Breaches	Zero	0	0	8	0	0	0	0	0	0	0	0	0	0	⇨	8	0	0	0	8
	C / N	Number of Complaints	Monitor	682	54	58	60	64	44	48	68	55	39	55	60	57	⇧	172	156	162	172	662
		Complaints acknowledged < 3 working days	Monitor	99.71%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	⇨	100%	100%	100.0%	100.0%	100.0%
		Complaints per 1,000 episodes (all types)	Monitor	0.97	0.96	0.96	1.01	0.98	0.82	0.78	1.04	0.93	0.68	0.93	1.03	0.91	⇧	0.98	0.86	0.88	0.96	0.92
		PALs Transferred to Complaints (reporting from June)	Monitor	–	–	–	–	1	0	1	2	2	0	1	3	1	⇩	–	2	4	5	11
	T	Friends & Family Test - Net Promoter Score	Monitor	–	73	76	76	71	76	73	76	74	74	76	77	77	⇨	75	74	75	230	114
Responsive	QA	Patient Moves 0700 - 1859	Quarter by quarter improvement	–	480	492	487	493	423	437	482	454	438	443	369	576	⇧	1459	1353	1374	1388	5574
		Patient Moves 1900 - 2259	Quarter by quarter improvement	–	234	233	196	252	198	198	246	232	224	220	169	214	⇧	663	648	702	603	2616
		Patient Moves 2300 - 0659	Quarter by quarter improvement	–	142	107	141	160	147	149	143	103	186	228	194	175	⇩	390	456	432	597	1875
Well-led	CQ	Friends and Family Test response rate - In-patient	Q1, Q2, Q3: 25% average Q4: 30% average	39.2%	25.0%	28.6%	45.7%	36.50%	37.80%	40.20%	42.30%	36.00%	35.20%	36.60%	36.50%	39.20%	⇧	33.1%	38.2%	37.8%	37.43%	36.6%
		Friends and Family Test response rate - ED	Q1: 10%.Q2: 10% average. Q3: 12%. Q4: 15%	6.6%	8.8%	4.2%	20.0%	15.90%	14.00%	15.40%	18.40%	14.90%	19.20%	16.60%	16.90%	18.50%	⇧	11.0%	15.1%	17.5%	17.33%	15.2%
		Friends and Family Test improvement target - ED	Q4: 92% average	89.0%	92.50%	89.30%	91.50%	92.80%	93.30%	91.40%	91.00%	94.20%	94.20%	94.90%	95.40%	95.60%	⇧	91.1%	92.5%	93.1%	95.30%	93.0%
		Friends and Family Test improvement target - In-patient	Q4: 96% average	93.0%	92.20%	93.20%	93.10%	92.40%	93.30%	91.50%	92.20%	96.00%	95.50%	96.40%	96.60%	96.50%	⇩	92.8%	92.4%	94.6%	96.50%	94.1%
		Friends and Family Test improvement target - Maternity	Q4: 75% average	72.0%	60.75%	61.99%	98.20%	98.60%	98.84%	97.50%	96.34%	99.70%	99.50%	99.10%	98.90%	100.00%	⇧	73.6%	98.3%	98.5%	99.33%	92.5%
	C	Friends and Family Test response rate (Maternity)	Monitor	–	21.9%	19.8%	21.6%	17.7%	25.4%	21.3%	28.8%	18.8%	20.8%	25.3%	20.3%	15.1%	⇩	21.1%	21.5%	22.8%	20.2%	21.4%

FALLS

WHAT: *Reduce the number of patient falls.*

HOW MUCH: *10% reduction in falls resulting in moderate and severe harm.*

Target: 32

BY WHEN: *April 2015*

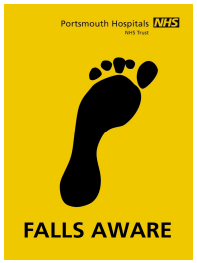
Inpatient falls are one of the most commonly reported patient safety incidents. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.

Falls result in distress, pain, injury, loss of confidence, loss of independence and mortality and are estimated to cost the NHS more than £2.3 billion per year. Therefore falling has an impact on quality of life, health and healthcare costs.

OUTCOME: REDUCTION NOT ACHIEVED – YEAR END TOTAL 45 FALLS

Key developments:

- The focus on embedding the FallSafe project work into practice continues.
- Robust review of learning following Root Cause Analysis (RCAs) continues and expert advice has been followed and implemented into practice.
- Daily review of patient fall incidents and support to areas where reporting errors have been made by falls team.
- Monthly review of no harm incidents commenced by Falls Lead Nurse.
- Funding approved for 8 month secondment of a band 2 Health Care Support Worker within the falls team in MOPRS CSC.
- Falls Summit held to identify key improvement areas for 2015/2016.



Further improvements identified for 2015/2016:

- Review of training needs and existing training completed by Falls Lead Nurse and bespoke programmes are in development for theatres, outpatients department and endoscopy as well as an updated falls prevention workshop/training programme developed to integrate and inspire engagement from the wider workforce across the Trust.
- Falls policy review on going in conjunction with review of all associate falls clinical policies by Falls Lead Nurse.
- Trust-wide validation of falls assessment, which commenced in June 2015, to continue.

PRESSURE ULCERS

WHAT: *Reduce the number of avoidable grade 3 and 4 pressure ulcers*

HOW MUCH: *10% reduction in avoidable grade 3 and 4 pressure ulcers*

Target: 28

BY WHEN: *April 2015*

OUTCOME: REDUCTION ACHIEVED – YEAR END TOTAL OF 24 (22% REDUCTION)

Pressure ulcers occur when an area of skin and the tissues below are damaged as a result of being under pressure sufficient to impair blood supply; typically occurring when a person is confided to a bed or chair by an illness.

There is an estimated 180,000 newly acquired pressure ulcers developing each year (NHS Safety Thermometer 2012) and 91,810 patient safety incidents reported each year. There is evidence to suggest that many pressure ulcers can be avoided with some estimates that 95% could be avoidable.

Key developments:

- Intensive support for CSCs with high pressure ulcer numbers to embed preventative care interventions.
- New Tissue Viability Nurse (TVN) Team in place.
- TVN review of all grades of pressure ulcer.
- Changing evidence base around pressure damage and other forms of skin damage (e.g. moisture damage), led to an increase accuracy for grading and subsequently a number of grade 3 pressure ulcers being down graded.
- Harm free days displayed on all wards.
- Auditing of the availability of pressure relieving equipment has led to daily matron follow up of patients awaiting equipment and wait times are now down to an average of 1 day.
- Pressure Ulcer Summit held to identify key improvement areas for 2015/2016.

Further improvements identified for 2015/2016:

- Review of dressings and formulary to reduce variation in dressing usage and increase availability of appropriate dressings.
- Pressure ulcer training to be delivered to all nursing staff that have not received this training in the last two years.
- Validated Braden assessment tool in use across the Trust.
- Introduction of a standardised form to include SKIN bundle and intentional rounding across the organisation.
- Introduction of a standardised barrier film and skin cleanser to pro-actively manage the prevention of moisture lesions.

HEALTH CARE ASSOCIATED INFECTIONS

WHAT: *Meet national targets for MRSA and C.Difficile (C.Diff).*

HOW MUCH: *MRSA: 0 (zero)*

C.Diff: 31 cases

BY WHEN: *April 2015*

OUTCOME: MRSA: ACHIEVED - 0 (zero) *to be confirmed.* **C.Diff: NOT ACHIEVED - 40 cases**

Healthcare Associated Infections (HCAI) are infections that are acquired in hospitals or as a result of healthcare interventions. There are a number of factors that can increase the risk of acquiring an infection, but high standards of infection control practice minimise the risk of occurrence for example hand washing and cleaning.

Key developments:

- We host a multi-disciplinary health economy wide C.Diff forum which aims to improve the identification and management of C.Diff cases in the community as well as within the hospital.
- Infection Prevention Control Team (IPCT) undertakes unannounced peer review audits to assess, rectify and improve the standard of clinical cleaning in the near patient environment and hand washing.
- The surgical site infection surveillance programme has been broadened beyond orthopaedics to include vascular and colorectal surgery.
- Intravenous (IV) access and outpatient clinics have been set up to deal with outpatient issues relating to IV indwelling devices, patients are referred to us from GPs and district nurses. This scheme has been very well received by both patients and colleagues in the community.

Further improvements identified for 2015/2016:

- Improve the timeliness of C.Diff sampling.
- Focus on IV line care to reduce Staph Aureus infections.
- Further improve clinical cleaning to prevent the spread of multidrug resistant infections.
- Revamp and refocus on hand hygiene for both patients and staff.

REDUCING AVOIDABLE MORTALITY

WHAT: *Reduce avoidable mortality.*

HOW MUCH: *Expected or better than expected HSMR & SHMI rates (100 or below)*

Increase speciality review of mortality with the introduction of the Mortality Review ToolKit (MRT) Trust-wide

BY WHEN: *April 2015*

OUTCOME: HSMR: ACHIEVED (March 2014-February 2015: 99.68).
SHMI: NOT ACHIEVED (October 2013-September 2014: 107.5)

Avoidable mortality is defined as deaths caused by certain conditions, for which effective health and medical interventions are available, should be rare and ideally, not occur.

An Office for National Statistics bulletin in 2012 found that deaths from potentially avoidable causes accounted for about 23% of all registered deaths in England and Wales.

Key developments:

- Detailed analysis using Dr Foster Quality Investigator Tool on diagnosis and procedure groups alerting on the Dr Foster dashboard. This informs discussion at the Clinical Effectiveness Steering Group and any further investigations or actions required.
- Four main clinical and coding audits undertaken which identified coding improvements could be made in a very small number of cases but no significant or systemic causes for concern were identified.
- Version 2 of the MRT implemented to improve data entry and reporting.

Further improvements identified for 2015/2016:

- New multi-professional mortality review group, chaired by the Medical Director to promote the implementation of the MRT and improve the number of mortality reviews undertaken. This will enable lessons to be learnt and improvements shared and disseminated.
- Improve usage of the MRT across all specialities.

Definitions:

HSMR: *The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower would be expected. The national average is 100 and a score of below this indicates less deaths than this average. HSMR covers 56 groups of diagnosis and only relates to patients that have died whilst in hospital.*

SHMI: *The Summary Hospital-level Mortality Indicator (SHMI) is a high level mortality indicator that is published by the Department of Health on a quarterly basis. It follows a similar principal than HSMR, however SHMI covers all diagnosis groups and relates to all patients that have died (whether the patient died whilst in hospital or not). It does not take account of deprivation.*

IMPROVING END OF LIFE CARE

WHAT: *Improve end of life care.*

HOW MUCH: *Implementation of the 'Priorities of Care' project.*

BY WHEN: *April 2015*

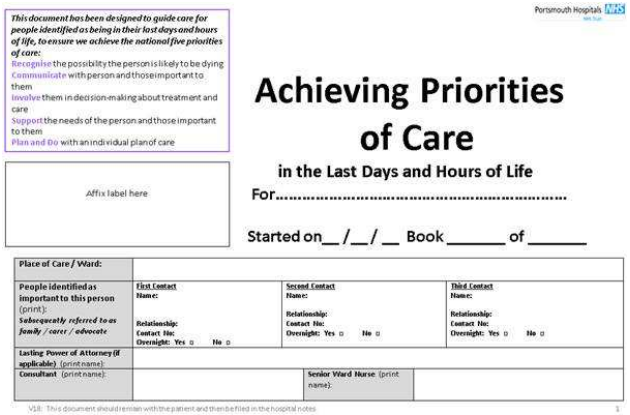
OUTCOME: ACHIEVED

For people approaching the end of their life, having the confidence to rely on care that is consistent with their preferences, where possible, and looks after those important to them is vital.

People at the end of their life need to be able to access high quality care that is compassionate, competent and respectful. For this to happen health care staff need to make sure they deliver the correct person centered care the first time, every time.

Key developments:

- Active Trust participation in a Hampshire wide group which designed and developed new documentation called 'Adult Priorities of Care' based on guidance published from the National Partnership Alliance.
- Successful trial of version 1 of combined medical and nursing documentation in wards within the MOPRS and Cancer CSC.
- Audit complete and documentation revised in line with Hampshire wide guidance.
- Training and education of clinical staff undertaken.



This document has been designed to guide care for people identified as being in their last days and hours of life, to ensure we achieve the national five priorities of care:
Recognise the possibility the person is likely to be dying
Communicate with person and those important to them
Involve them in decision-making about treatment and care
Support the needs of the person and those important to them
Plan and Do with an individual plan of care

Affix label here

Portsmouth Hospitals NHS

Achieving Priorities of Care

in the Last Days and Hours of Life

For.....

Started on__/__/__ Book_____ of _____

Place of Care / Ward:			
People identified as important to this person (print): Subsequently referred to as family / carer / advocate	First Contact Name: Relationship: Contact No: Overnight: Yes ☐ No ☐	Second Contact Name: Relationship: Contact No: Overnight: Yes ☐ No ☐	Third Contact Name: Relationship: Contact No: Overnight: Yes ☐ No ☐
Lasting Power of Attorney (if applicable) (print name):			
Consultant (print name):		Senior Ward Nurse (print name):	

V18: This document should remain with the patient and then be filed in the hospital notes

Further improvements identified for 2015/2016:

- Extend the roll-out to CSC wide implementation (MOPRS and Renal) with a plan to roll-out Trust-wide by the end of March 2016.
- A questionnaire has been developed based on the questions from the National Care of the Dying Clinical Audit. Bereaved relatives will be invited to participate via a postal survey, a minimum of three months after the loss of the friend or relative in line with best practice. A telephone survey of a sample of relatives not involved in the postal survey will also be undertaken and reported in quarter 2.

IMPROVING PATIENT EXPERIENCE ACROSS THE EMERGENCY CARE PATHWAY

WHAT: *Improving patient experience across the emergency care pathway.*

HOW MUCH: *Quarterly improvement in the 15 minute to assessment time.*

Reduce speciality outliers.

Reduce patient moves.

BY WHEN: *April 2015*

Demands being placed on urgent and emergency care services have been growing significantly over the past decade; over the last three years, attendances at all types of urgent and emergency care facilities have risen by one million. This can impact on patient experience and clinical outcomes.

OUTCOME: 15 MINUTE TO ASSESSMENT – NOT ACHIEVED. REDUCE SPECIALITY OUTLIERS – PARTIALLY ACHIEVED. PATIENT MOVES – NOT ACHIEVED

Key developments:

- In February 2015, an internal target was set to achieve a rolling reduction of 82 outliers against a current total of 112 by the 4th March. Whilst the target of less than 30 outliers was not achieved; we reduced the number of outliers to 54 which was a 52% reduction. As at 31st March, the total number of outliers across the Trust was 33.

Further improvements identified for 2015/2016:

- The ED will continue to work with acute physicians and partners to actively identify and re-direct patients from the ED whose presenting complaints fall within the criteria of being managed outside of the Emergency footprint and encourage use of services such as the Urgent Care Centre and Ambulatory care.
- Continue the Unscheduled Care programme of work.
- Focused work on the recording of patient moves in real-time on the Hospital Patient Administration System.

IMPROVING PATIENT EXPERIENCE

WHAT: *Delivery of the Friends and Family National CQUIN.*

HOW MUCH: *Improving response rates in ED and in-patient areas.*

Improving positive experience in ED, in-patient areas and Maternity.

BY WHEN: *April 2015*

OUTCOME: ACHIEVED ALL ELEMENTS OF NATIONAL CQUIN

The NHS friends and family test (FFT) enables patients to provide feedback on their experience of care and treatment.

Introduced in 2013, patients are asked whether they would recommend hospital wards, A&E departments and maternity services to their friends and family if they needed similar care or treatment. Every patient in these wards and departments is able to give quick feedback on the quality of the care they receive, giving hospitals a better understanding of the needs of their patients and enabling improvements.

Key developments:

- Since April 2014 over 26,000 patients have taken the time to tell us about their experience.
- Changes made in response to feedback are shared on information boards on wards and in departments.
- We have seen a small but significant increase in overall satisfaction.
- Some CSCs have introduced really robust systems of feeding back to wards and departments and sharing changes made on public notice boards.

Further improvements identified for 2015/2016:

- We will continue to focus on FFT as the ideal opportunity for patients to provide us with feedback about their experience.
- We will set local targets for response rates and satisfaction improvement.
- There will be an emphasis on making changes in response to the written feedback from patients.

IMPROVING AND ACTING ON PATIENT FEEDBACK

WHAT: *Service improvements based on patient feedback (focus on dementia and discharge).*

HOW MUCH: *Improve access for opportunities to feedback.*

Improve experience of cancer and discharge pathways.

Delivery of the Dementia National CQUIN.

BY WHEN: *April 2015*

OUTCOME: ALL ACHIEVED

It is important to understand what patients think about their experience of care and treatment.

Patients have said what matters most to them is being listened, to taken seriously and changes made in response to that feedback.

Key developments:

- Clinical engagement to support the delivery of the Dementia CQUIN has been further strengthened with regular feedback in place.
- In quarter 4, 799 members of Trust staff have undertaken dementia awareness training. A total of 85.7% of current staff have received training in 2014/15.
- Delivery of the 'Admission, Discharge and Transfer' (ADT) Local CQUIN requirements.
- We saw an improvement in the results of the National Cancer Patient Experience survey

Further improvements identified for 2015/2016:

- Extend the telephone surveys of patient experience of the ADT process.
- Continue with the training plan for discharge and establish as a standard item in sessions provided by the Learning and Development and Discharge Planning Team.
- Further develop the Cancer Survey Action plans; monitored through the Cancer Steering Group.
- Increase our participation and engagement with community based patient and public groups.

WORKFORCE

National Staff Survey

The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution. The Results of the 2014 National NHS Staff Survey conducted in the Trust between September and December 2014 can be found below.

Following the 2013 staff survey, we identified 7 priority areas against the Key Findings (KF) which informed the 2014 action plan:

- KF4 Effective team working
- KF8 Well structured appraisals
- KF19 Harassment and bullying
- KF22 Ability to contribute to improvements at work
- KF23 Staff feeling valued
- KF24 Recommendation as a place to work and receive treatment
- KF25 Motivation at work

As can be seen from the table opposite the Trust made improvements in all 7 priority areas.

2014 Priority Actions Aligned to Strategic Aim 4 :

Key Finding	Questions	Description	2013	2012	Movement	Priority Action	2014	Movement from 2013
KF 22	7a-b&d	Ability to contribute to improvements at work	60%	65%	↱	Embed the LiA methodology by putting staff at the centre of change: - involve staff in all service transformation - empower staff to take action - actively encourage innovation - share success stories	67%	↑ 7%
KF 24	12a & c-d	Recommend as a place to work or receive treatment	3.54	3.41	↑	Focus on enhancing communications: - clear structure for cascading key messages - monitor effectiveness - always making patient care the priority	3.71	↑ 0.17
KF 25	5a-c	Motivation at work	3.78	3.76	↑	Understand what motivates the workforce: - understand the people you manage - ask, support and enable	3.87	↑ 0.09
Other Key Areas:								
Key Finding	**Questions**	**Description**	**2013**	**2012**	**Movement**	**Priority Action**		
KF 4	4a-d	Effective Team Working	3.70	3.72	↱	Ensure there are clear team objectives: - aligned to organisational and specialty/dept priorities - effective and regular meetings to review them - use the WT4P toolkit	3.81	↑ 0.11
KF 19 *(part of)*	21b	*Harassment and Bullying*	25%	26%	↑	Zero tolerance to harassment and bullying: - ensure procedures are clear - access to reporting and support evident	23%	↑ 2%
KF 8	3a-d	Well Structured Appraisals	36%	34%	↑	Embed new appraisal policy incorporating values: - set clear objectives - meet to discuss them and provide clear feedback - provide support and personal development - audit effectiveness	43%	↑ 7%
KF 23 *(part of)*	8g	Staff Feeling Valued	38%	36%	↑	Show genuine interest in the team you work with: - ask what is important to them - take the time to listen - support each other	46%	↑ 8%

	2013 Ranking compared with all acute trusts	2014 Ranking compared to all acute trusts
Overall staff engagement	Lowest (worst) 20%	Average
KF22. Staff ability to contribute towards improvements at work	Lowest (worst) 20%	Average
KF24. Staff recommendation of the trust as a place to work or receive treatment	Below (worse than) average	Average
KF25. Staff motivation at work	Lowest (worst) 20%	Average

As per 2013, we chose to survey all staff as opposed to a sample. A total of 3,728 staff took the opportunity to complete and return a survey, representing a 54% response rate which is in the highest 20% for acute trusts in England and compares with a response rate of 57% in the 2013 survey.

The overall staff engagement rating increased from the worst 20% in 2013 to average in 2014 when compared with all acute trusts. Each of the Key Findings that together make up the overall staff engagement measure have improved as outlined in the table opposite.

In comparison to the 2013 survey results, of the 27 Key Findings there were:

- 15 which saw an improvement,
- 12 which remained unchanged; and
- 0 (zero) which deteriorated.

In 2014 there were a total of 29 Key Findings. There are 138 acute trusts participating in the staff survey in England. Trusts were placed in order from 1 (the top ranking score) to 138 (the bottom ranking score). Of the 29 Key Findings the Trust results are shown below:

- 10 KFs are in the best 20**%** of all acute trusts.
- 7 are above average.
- 9 are average.
- 3 are below average.
- None were found to be in the worst 20%.

This is a significant improvement since the 2013 staff survey where we had only 2 KFs in the top 20% and 7 KFs in the bottom 20%.

Within each KF are a number of questions. When the specific questions are considered, the greatest improved and declined scores are detailed in the table opposite:

This significant change is extremely positive and reflects the importance placed on our staff engagement agenda, and in particular through the adoption of our Listening into Action programme and supporting work streams. The 2014 survey results indicate a cultural shift supporting strategic aim 4; staff would recommend the trust as a place to work and to receive treatment.

Top 5 Scores

	Improved	2013	2014	+ ↑
1	Agreed that patient / service user care is the organisation's top priority	62%	72%	10%
2	Agreed that communication between senior management and staff is effective	35%	45%	10%
3	Agreed that senior managers try to involve staff in important decisions	29%	37%	9%
4	Satisfied with the extent to which the organisation values their work	38%	46%	8%
5	Agreed that staff are able to make improvements happen in their area of work	47%	55%	8%

	Declined	2013	2014	- ↓
1	Staff saying that in an average week they have not worked additional PAID hours over and above the hours for which they are contracted	77%	75%	-2%
2	Received health and safety training in the last 12 months	85%	84%	-1%
3	Staff saying that in an average week they have not worked additional UNPAID hours over and above the hours for which they are contracted	46%	45%	0%
	No further negative movements identified			
	No further negative movements identified			

2015 priority areas for action (in response to our 2014 survey results)
The focus given to our staff engagement agenda has resulted in our workforce feeling more valued, more able to contribute to changes that affect them and a higher number recommending the Trust as a place to work and receive treatment. This positive climate for change will be built upon during 2015 to ensure that we not only maintain our 10 KFs being in the best 20% of all acute trusts but to continue to make further improvements in all areas where we fall below the national average.

It is pleasing to see the overall staff engagement level increase during the last 12 months which provides the opportunity for us to continue to foster a culture of openness and transparency to promote staff led change and provide a first class service for our patients.

However, it is crucial that to maintain this upward direction of travel, we continue to build on our successes and pay much attention to those areas that are still in need of improvement.

Over the coming 12 months we plan to take action to improve in areas such as:

- KF 2 staff agreeing their role makes a difference to patients,
- KF 13 staff reporting errors, near misses and incidents,
- KF 18 and 19 harassment, bullying and abuse from patients/public and from staff,
- KF 20 pressure to attend work when unwell.

And to continue the work on:

- KF 7 and 8 percentage of staff appraised and having well-structured appraisals.
- KF 21 good communication between management and staff.
- KF 22 staff contributing to improvements at work.
- KF 24 staff recommendation of the trust as a place to work or receive treatment.

Learning and Development

During 2014-15 the Learning and Development Department have worked closely with the CSCs to help develop existing and new roles to deliver patient care. The department was instrumental in receiving an award from Health Education England to further develop and expand the career framework for Clinicians Associates.

The Trust continues to support a high number of apprentices', 150 have started their apprenticeships over the last year across a variety of disciplines helping young people from the local area obtain permanent employment. Our apprentices have been equipped with the necessary skills to succeed in their chosen career. We have expanded the range of apprenticeships, introducing technical apprenticeships into new areas such as Imaging, Medical Equipment Library and Audiology. Our Vocational (NVQ) centre has 70 new learners due to start a variety of programmes, including apprenticeships, over the coming year; these include learners from neighbouring Trust Pathology services.

In partnership with Southampton Solent University we have developed Foundation degree units for Pathology staff and continue to work towards a specialist Healthcare Science pathway through the Foundation degree.

The learning and development department continues to be extensively involved in careers events in local schools, colleges and Universities. Our staff are also contributing to Science, Technology, Engineering and Maths (STEM) events and apprenticeship fairs in the local area in order to attract local young people into careers in health.

We continue to expand the range of training delivered in our simulation facilities. In November 2014 the Victory Institute for Minimal Access and Robotic Surgery (VIMARS) Simulation Suite was transferred to the QAH site and is providing trainee surgeons with the opportunity to practice their skills in a safe environment. The utilisation of this valuable asset continues to increase to the value of learners attending.

The Trust has received consistently positive feedback from Health Education Wessex for the support provided to students and trainees. Notably the Trust is pleased to have the highest number of A* Graded trainee doctor posts in the Wessex Region. The progress over the last two years in the foundation programme has resulted in a recent Local Education Training Board (LETB) visit showing significant improvement across almost the entire Trust.

Working in partnership with NHS Solent we have created a training programme to improve the care provided to patients with mental illness in both the acute and community setting. Coaching to Care, a programme for team leaders, has been introduced to enhance communication and engage staff with the aim of improving patient experience and outcomes. There is a plan to support staff gain the requisite knowledge to support safe and effective discharge and this subject is now covered in training programmes.

Welcoming staff to the organisation and providing them with the necessary skills and knowledge to be effective in their new roles is of paramount importance. With this in mind the Learning and Development Department have been working with departments across the Trust to update and refresh the induction programme and will be introducing the new e-learning element of this in April 2015.

In support of the Trust's income generating activities the department continues to develop and promote the ALERT (Acute Life Threatening Events – Recognition and Reacting is Essential), BEACH (Bedside Emergency Assessment Course for Health Care Assistant) and AWARE (Awareness Why Anticipation and Reacting is Essential) Resuscitation Courses. Adaptations of these courses for obstetrics, and the community setting, were released in 2014. Interest in delivering the ALERT Courses has been received from overseas resulting in 3 centres being commissioned in the Dubai, Oman and Qatar.

During 2014-15 Learning and Development continued to gather evaluation data for the programmes it delivered by expanding the number of courses included in the framework. This provides vital information on the impact of training in the workplace, enabling the department to make changes to courses in a timely manner as well as demonstrating that training has a positive impact on patient care.

As part of our Workforce, Leadership and Organisational Development Strategies, a number of key initiatives have been launched or refreshed over the past year intended to develop and train leaders and managers and increase their leadership capability. This responds to Francis, Berwick and Keogh reports which highlight the importance of clinical and effective leadership and which ensures alignment with our Trust priorities and key strategic objectives.

These include:

- The launch of the Clinical Director Development Programme – monthly sessions which train and develop current and future Clinical Directors in core leadership and management skills.
- The launch of the Senior Management Board Development Programme – this provides our most senior leaders an opportunity to network and develop their skills as leaders/managers by the use of a number of interventions such as training, 360 Feedback and MBTi Team sessions.
- The launch, in 2014, of the quarterly Leadership Induction. This is mandatory for all leaders and managers at the Trust and is designed to give an overview of the Trust, the local healthcare economy and key national issues.
- Re-launch of the Best People – Management and Leadership Development Programme – this is a framework which brings together internal and external opportunities, training and development for managers and leaders at the Trust. This programme is also available to staff not yet in management, but aspiring to be so. Staff signing up to the programme are expected to identify their development needs with their line manager and self-manage their progress through the programme. There are a number of opportunities available, such as internal/external training courses, shadowing, MBTi and opportunities to apply for post graduate qualifications through the National NHS Leadership Academy.
- New Consultant Forum – a forum for Consultants newly appointed to their post to network, meet the executive team and receive training and development in key skills and issues that may impact upon them.

- Since the launch of the new Performance Review (Appraisal) Policy in February 2014, over 620 managers have been trained in the use of this values based appraisal policy.
- A number of newly commissioned training courses have been launched, specifically highlighted at managers and leaders in the Trust and in response to the National Staff Survey results and appraisal auditing. These include – 'Difficult Conversations', 'Leading a High Performing Team' and 'Employee Engagement'.

Organisational Development

Staff Engagement:

In response to the Francis enquiry, a national culture change project was established by NHS Employers and Portsmouth Hospitals was one of five Trusts who contributed to the development of the NHS Employers, 'Do OD (organisational development) Culture Change Mobile Phone App', which was launched at an NHS Employers event in London on 20th November 2014. This app compliments the National 'Do OD' programme which aims to put organisation development theory into practice. We have been designated a culture change 'Beacon Trust'.

Management and Leadership Development:

76 employees are progressing through our 'Best People' management and leadership development programme. A programme which brings together a collection of development opportunities both practical and classroom based in order to increase competence of individuals and grow our internal talent pool. The programme has recently been enhanced and re-launched and now further supports the link between appraisal/career conversations with staff development. As part of this re-launch, the following short bite sized training programmes have been introduced:

- Engaging with success (the importance of staff engagement and what tools to use – including Listening into Action).
- Difficult conversations (how and when to have them and what techniques to use – in response to feedback from managers and staff).
- Leading a high performing team (effective team working – an extension of our 'working together for patients' using the Aston University methodology).

The Clinical Director Development Programme continues with great success. Each month approximately 10-12 Clinical Directors attend these development sessions. We are planning the 2015/16 programme, where invites will be extended to potential successors. In March 2015, the CSC Board/Senior Leader Development Programme was launched; this includes training from an external provider, Myers Briggs Type indicator (MBTi; which identifies personality types to assist with team working), team sessions and individual 360 degree feedback.

Talent Management and Succession Planning:

March 2015 saw the launch of Portsmouth Hospitals 'Talent Hub'. The Talent Hub is an integral element of the Portsmouth Hospitals Performance Management Framework and is a resource for staff and managers to support and enhance staff development and progression; to develop staff who show potential or aspire to grow in their career As well as supporting the Trust in fulfilling its vision of growing its own staff from 'Ward to Board'. The 'Talent Hub' includes:

- Portsmouth Hospitals NHS Trust Talent and Succession Planning Strategy.
- Talent and Succession Planning Resources.
- Information on Talent and Succession Planning Training.
- Information on the NHS Leadership Academy Talent Hub.

Research and Innovation

This year we have embraced clinical research by introducing a wide variety of initiatives that are both highly replicable and scalable; these now feed directly back into services and treatments for the benefit of our patients.

We challenged all our health professionals to make research their core business, involving more clinical staff and specialties in research since last year. We have also made research easier to do in Portsmouth by developing training pathways for nurses, junior doctors through to senior researchers who are trained in design and delivery of high quality research.

We have recruited 3,000 patients and staff to 200 high quality national and international research studies. This puts us in the top quartile of all large acute NHS organisations for research activity in England. We aspire 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.

The last twelve months have been a busy, exciting and creative time for Research and Innovation including winning a prestigious national award - Best NHS organisation demonstrating clinical research impact. We have also been shortlisted for a British Medical Journal (BMJ) Patient Safety award for the use of clinical outcome data to improve the safety of the care we give, most importantly the reduction in hospital mortality.

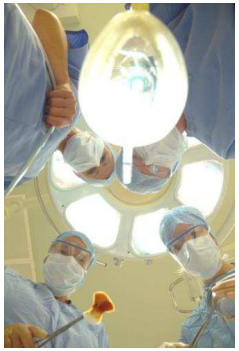
CLINICAL SERVICE CENTRE QUALITY IMPROVEMENT HIGHLIGHTS 2014 / 2015

Each of our CSCs has made a number of service improvements over the year some of these are highlighted below:

CRITICAL CARE, HSDU, ANAESTHETICS AND THEATRES (CHAT)

Critical Care

- ICNARC report for 2014 puts us in the top 5 ITUs in the country with a Standard Mortality Rate of 0.8 and exemplary Matching Michigan surveillance for central line related infections. The Trust is a significant outlier for "Delays in Discharges to the ward" and "Out of Hours discharges". The agreed ITU escalation process and increasing capacity in the Trust should improve this position for 2015-16.



Theatres

- The WHO checklist for Safer Surgery, a world-wide project proven to reduce adverse events and improve patient safety has been embedded in routine practice. A recent WHO observational and quality audit shows 100% compliance with undertaking this. Anaesthetists have led the initiative to successfully roll this out to remote areas who undertake procedures requiring an anaesthetist eg cardiology, endoscopy, radiology.

Anaesthetics

- A new electronic pre-operative assessment and patient texting system has been introduced to improve patient safety and prevent cancelled operations. Good patient feedback about this initiative.

Hospital Sterilisation Decontamination Unit

- Electronic tracking and tracing system identified and procured for the effective tracking of endoscopes through the decontamination process through to patient use.

Day Surgery Unit

- DSU have successfully piloted the use of FFT to gain real time feedback. Themes for improvement are around information about the pathway and delays on the day. The implementation of the new real time theatre visibility patient tracker should help with communication.
- Day Surgery care for between 60-90 patients per day; their survey results suggest that 96% of patients recommended Day Surgery as a place to be treated.

CLINICAL SUPPORT SERVICES

Service developments:

- General Outpatient Services relocated to D level in February 2015. This was an initiative led by outpatient staff to consolidate general outpatients in to one on D level to improve patient experience and way finding.
- Additional MRI Scanner operational from August 2014, coupled with extended working day to 8pm in outpatient diagnostics for CT, MRI and DEXA from January 2015; this has led to improve waiting times for patients and greater choice in availability of appointment slots. Delivering a significant turnaround in performance and achieving the 6 week diagnostic waiting time target consistently since September 2014.

- The Physiotherapy team and Occupational Therapy team joined the Trust during 2014/15 (from Solent and Southern respectively), these committed staff groups already worked within the hospital but this change has enabled us to improve our rehabilitation pathways within the Trust.
- New diagnostic molecular system in pathology allows for the rapid diagnosis of Influenza, enabling timely (1¼hr) detection of Influenza Virus and *C. Difficile* to support appropriate treatment, and preventing deterioration in patient condition and reduction in severity of disease.

- Extension of both inpatient and Acute Medical Unit (AMU) pharmacy provision at a weekend since January 2015, supporting improvements in the unscheduled care pathway in the hospital and delivering a more timely response to our patients for medications required for discharge (TTOs).

Response to patient complaints/feedback:

- Breast Screening Unit – in response to patient feedback the team have improved signage at locations using mobile scanner and constantly use this feedback when planning the locations for the mobile scanner, for example, sourcing where possible locations with free car parking and accessible sites.

EMERGENCY DEPARTMENT (ED) AND ACUTE MEDICINE

- The Ambulatory Emergency Care Service has increased allowing the redirection of patients from AMU and ED to this service, providing full patient care whilst reducing the need for admission.
- Increase in early diagnostic blood tests in ED including Creatinine allowing safer and earlier CT scan and diagnosis of renal failure, with plans to increase this service in 2015.
- Implementation of ambulance streaming for all patients conveyed on an ambulance to ED ensuring early streaming to correct clinical team within or external to the ED.

- Expansion of Urgent Care Centre within the ED footprint, providing a service from 0730 – 2200 hrs 7 days per week
- The Oceano Electronic Patient Tracking IT system has been established in the CSC for over a year. Achievement of a 'paperless system' on the 3rd March 2015 will see the ED as one of the first large ED to go paperless with all clinical notes to be entered directly on the system significantly releasing clinical time once embedded.
- Rollout of the Nervecentre IT System (used to raise calls with the Hospital at Night team to improve communication and co-ordination of workload), has seen a 100% reduction in adverse mortality and just under 50% reduction in incidents resulting in moderate and severe harm. This represents a huge improvement in patient safety across the hospital over night.

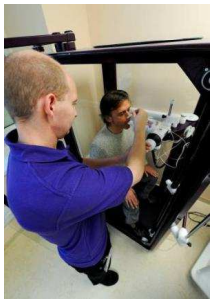
HEAD AND NECK

- The Head and Neck emergency treatment room is staffed from 0800 to 2000 daily to ensure that all our specialty emergencies are seen quickly and in the right area.
- The FFT has been adapted to large font for our sight impaired patients in emergency eye casualty.

- Increase in the restorative service provision supported by NHS England to support our complex group of patients.
- The introduction of pagers enables patient's that may have a wait for consultation to leave the department to go for a drink to be paged to return.

MEDICINE

- New Rapid Access Cardiology Clinic (RACC). Patients attending ED and MAU can be bought back into RACC the following day to see a Consultant Cardiologist and avoid admission to the hospital.



- Implementation of Bowel Scope screening programme.
- Introduction of 7 day working for the diabetic nurse team.
- Establishment of new General Medicine service.

MEDICINE FOR OLDER PEOPLE, REHABILITATION AND STROKE

- The CSC has implemented the MOPRS Fall safe group led by a Consultant and a Matron with a Multi-Disciplinary Team approach to reviewing any injurious falls. Proactive monthly group with all disciplines.
- Work within the CSC has led to no avoidable pressure ulcers since December 2014.
- Disablement services named as 1 of the 10 Murrison's centres in the country. Good reputation for veteran's which has led to improvements in the environment and purchase of specialist equipment as part of the monies given.

- Dementia services continue to support patients with very complex needs. Environmental works has improved lighting, signing and flooring for patients; including the purchase of mobile desks, allowing staff to remain in the patient environment whilst completing their documentation.
- Following a stroke peer review the stroke service is currently working on multiple multi-disciplinary work streams to improve stroke patient experience, pathway and flow.
- The Orthogeriatric service has expanded. Service named best in peer on National Hip Fracture Data base. Service expanded to include non-hip fracture patients.

TRAUMA, ORTHOPAEDICS, RHEUMATOLOGY AND PAIN (MSK)

- Increase in day case shoulder surgery rather than inpatient following the introduction of pre-operative physiotherapy rather than post-operative.
- Change in fracture clinic timing templates, as a response to complaints, which has decreased waiting times and increased continuity of care.
- Increased opening hours for Rheumatology day unit; now open 7 days per week and Monday to Friday evenings.
- Increased number of beds within the hip fracture ward with an enhanced environment and a larger Orthogeriatric specialist team to care for over 65yr old patients within MSK.
- Overall MSK is proud of the performance relating to patient outcomes, evidenced in the Patient Reported Outcome Measures (PROMS), National Hip Fracture Database (NHFD) and the on-going Friends and Family feedback.

RENAL AND TRANSPLANTATION

- NHS England mandate on Acute Kidney Injury (AKI) alerts was rolled out Trust-wide on 2nd March under the lead of Consultant Nephrologist and AKI lead. Wessex Kidney Centre (WKC) AKI Management Guidelines are now in use across the region. There will be a Wessex-led AKI Launch event on 15th April 2015 with participation of all regional hospitals / NHS Trusts.
- WKC has the highest adult living donor pre-emptive transplant rate nationally (54% vs 36%) and continues to lead the country with respect to altruistic donor numbers (20% of the total altruistic donor programme).
- WKC Home Haemodialysis (HD) programme under the lead of Consultant Nephrologist is now recognised internationally as the 8th largest Home HD programme world wide with recent WKC representation at the American Dialysis Conference.
- Transition continues to grow with a monthly young persons clinic now established at University Hospital Southampton under the remit of WKC. We anticipate developing a similar model at QAH within the next 12 months. We are also developing our youth support worker role and have 2 individuals who will be taking on this position in a part-time capacity from May 2015.

SURGERY AND CANCER

- The Cancer Rehabilitation Scheme is now in place. Patients can be referred to exercise professionals who can safely prescribe and deliver a tailored exercise programme.
- The Clinical Nurse Specialists in several specialties have introduced patient support groups in response to patient feedback. At present these are in place for Upper GI, Colorectal, Myeloma and Lymphoma patients.
- The Surgical Assessment Unit successfully applied for a Foundation of Nursing Studies award, through the Patients First Programme. The funding will be used to support staff education and pathway redesign, in particular of the ambulatory pathway.

- We opened the Victory Institute for Minimal Access and Robotic Surgery on Tuesday 2nd December. This was opened by Rodney Fisher, Trustee of the Dinwoodie Trust. This is an exciting facility for the Surgical CSC and we are supporting a number of new training courses using this facility.
- A national audit of cost effectiveness of perforator flap based breast reconstruction demonstrated that the plastics unit at QA has the shortest hospital stay in the country and was the 4th most cost effective practice.

MacMillan Centre

- Awarded the Macmillan Quality Environment Mark for a second time in July 2014 for a further 3 years. The Macmillan Quality Environment Mark (MQEM) is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. The award recognises that we provide a welcome and comfortable environment for people with cancer and treat our visitors with respect and dignity. It recognises that our facilities help to improve wellbeing.
- The centre has hosted a Macmillan Physical Activity project for two and a half years. Physical activity can improve outcomes for people affected by cancer. The project trained 17 exercise professionals across Hampshire in Cancer Rehabilitation; raised awareness of the importance of physical activity within cancer services and externally at GP events. In addition it has developed a referral system between Portsmouth Hospitals and exercise programmes within South East Hampshire. Twenty five people have been

referred from the Trust in the last 6 months for exercise programmes. The project finished in December 2014.

- Macmillan Quality Standards for Information and Support Services (MQuISS™); is a new initiative developed by Macmillan Cancer Support. The centre has reached the required Level 4 in ten of the twelve standards one year ahead of expectation.
- Five centre volunteers gained Macmillan Cancer Support Long Service Awards. These were presented at an event for volunteers in Volunteer Week in June 2014.
- In order to support people to live well after cancer treatment the Centre organised 2 health and well being conferences in partnership with Macmillan Cancer Support, in the last year with over 170 people attending. Feedback was very positive.

WOMEN AND CHILDREN

- In March 2014 the Trust Paediatric Department launched a new initiative to encourage and enable parents, carers and families to raise concerns about their child's care. All day case patients and inpatients have a leaflet at the bedside that explains that if they feel that their child becomes more unwell after admission, or if they are unhappy with any aspect of their care, they should speak to the nurse looking after them. If they still have concerns the leaflet explains they should ask to speak to the nurse in charge of the ward and then if necessary bleep the paediatric nurse manager via switchboard.
  The initiative was developed in response to a serious incident on the paediatric unit in Portsmouth. The parents of an inpatient who deteriorated described that before staff recognised that their child was deteriorating they had noticed their child was becoming more unwell but their concerns had not been listened to on the ward. Through working with parents and families a leaflet was developed using language appropriate for parents. The leaflet has been introduced onto the wards using plan-do-study-act methodology. The policy and leaflet is now being introduced across the trust for all patients and their families to raise concerns about their care.
- A Gynaecology patient expressed on their Friends and Family feedback form the 'room they had to wait in prior to going to theatre was undignified. The shared small room was like a cupboard.' The Paediatric bed store room on A5/6 has been adapted to a Patient and family dayroom. This is a large room, with two comfortable sofas and chairs, a radio and a lockable cupboard for patients' belongings to be stored whist they wait for a bed to become available. A television is ready to be installed and sensory lighting and cushions for sofa have been ordered, as suggested by patients.

- National Neonatal Audit Programme – we have excellent results for the 5 main audit standards with the exception of Retinopathy of Prematurity (ROP) screening performance (81% seen and on time) for which we have shown clear improvement over the past 2 years. Current ROP performance is excellent with 96% seen and on time. We perform well when compared to other units in the Thames Valley and Wessex Neonatal Network as evidenced by the network dashboard e.g. our 2 year follow up rate is currently 79% vs. 55% nationally for Level 3 NICUs.
- Hypoxic Ischemic Encephalopathy (a cause of acquired brain injury) / Cooling rates – very low rates of inborn infants requiring therapeutic cooling (0.89/1000 livebirths) reflecting excellent perinatal care (i.e. good obstetric, midwifery and neonatal care).

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

Annex A Statement by a senior employee 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 (in line with requirements set out in Quality Accounts legislation).

In preparing their Quality account, directors should take steps to assure themselves that:

The Quality Account presents a balanced picture of the trust's performance over the reporting period

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 they are working effectively in practice

The data underpinning the measure 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

The Quality Account has been prepared in accordance with any Department of Health guidance

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

By order of the Board

NB: sign and date in any colour ink except black

29/6/15 ....Date.....Chair

29/6/15 ....Date.....Chief Executive

CCG COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2014/2015

NHS
Fareham & Gosport and
South Eastern Hampshire
Clinical Commissioning Groups

NHS Fareham & Gosport Clinical commissioning Group (CCG) and NHS South Eastern Hampshire CCG and the associate commissioners welcomed the opportunity to participate in the governance "sign off" process for the 2014/15 quality account of Portsmouth Hospitals NHS Trust (PHT).

Commissioner Statement

This year has seen many challenges facing the urgent healthcare system both nationally and locally, this is demonstrated by the Trust being unable to achieve some of the quality priorities set against the emergency care pathway. In order to maximise effectiveness and provide the best possible outcomes for our local population it has been essential to strengthen the constructive partnership working across health and social care. To this effect, PHT has been an essential partner in supporting the strategic direction.

The Care Quality Commission, as part of its inspection programme, made an unannounced visit to the Trust in February 2015 and raised initial concerns over the unscheduled care pathway. Commissioners had raised concerns around the quality assurance for patients (primarily for patients who were being cared for in the emergency department queue) and, whilst commissioners we were sighted on the Trust's safety improvement plans, greater transparency and access to quality intelligence would have enabled the monitoring of this and earlier recognition of the challenges. This has led to the establishment of a quality system wide assurance process and enhanced monitoring will be retained for 2015/16. We are also aware of the challenges in delivering the national standards for stroke care and will be working with the Trust to implement a new pathway of care. The CQC report is awaited and commissioners are committed to continue to work closely with the Trust and take forward any recommendations for improvement and also to celebrate any areas of excellence.

We are pleased to note in the statement from the Chief Executive, the continued commitment and dedication of all staff to drive up quality of care despite the continuing pressures - this commitment is aligned to the CCGs strategic objectives and those of other healthcare partners. To enable quality improvements to be maximised and standards to be maintained, this requires sustainable management of demand and capacity of services, ensuring that the correct resources are deployed and available for the 24/7 needs of the population. This is a health system priority.

An example of the Trust's commitment to quality improvement is the sign up to the Wessex Patient Safety Collaborative for 2015/16 and commissioners have also noted the positive results reported in the Friends & Family Test. In addition, The Trust has achieved a more positive position in the NHS Staff Survey when compared to the previous year's positon.

The quality account demonstrates that in setting the future priorities, the Trust has considered a range of internal and external information. The Trust has included a comprehensive range of quality priorities for the forthcoming year, based on national and local priorities. In light of the unscheduled care pathway challenges, and the impact this has on quality and safety, commissioners consider this to be an ongoing quality priority. Improvements in the unscheduled care pathway need to be delivered against the national and local challenge of staffing and workforce shortages and increased demand for urgent care. Featured into these plans will be the ongoing requirement to further implement the seven day working requirements.

With the delays in the implementation of an electronic discharge summary solution, commissioners consider that this remains a key quality priority for the forthcoming year.

Commissioners recognise the value of senior leadership and engaged staff to deliver the quality improvements identified. To this effect, we have encouraged greater service level clinical engagement in the Clinical Quality Review Meetings.

Commissioners were encouraged to see the level of independent and nationally validated data which has been used to demonstrate the quality of services for patient safety, experience and clinical effectiveness. Examples of this are national audits, NHS staff survey, friends & family test, national reporting learning system safety data and mortality data. This provides an "independent" external voice on quality and ensures external assurance mechanisms are reflected both in priority setting and quality assurance.

Report Structure

The quality account appears well presented and provides clear information across the three areas of quality:

- Patient experience
- Patient safety
- Clinical effectiveness.

The account is reflective of the mandated items required and the local priorities. These are drawn from both national initiatives, for example sepsis management and local improvement priorities.

Quality Improvement Priorities for 2015/16

Patient Experience

Commissioners support the continued focus on improving the discharge process for patients and carers. This has been an area of priority and concern to the CCG this year and some positive results have been reported through local audits and patient telephone surveys. The Trust has worked with health and social care partners to better understand the challenges and agree discharge standards which all organisations have signed up to. However, further work is required to ensure real improvements are sustained.

We are also pleased to see that end of life care is a key focus for the Trust in 2015/16. Imperative in this is to ensure that those affected, including bereaved relatives, are at the forefront of driving improvements. We therefore support the intention to enhance the effectiveness of capturing feedback from bereaved relatives and look forward to seeing the subsequent service changes arising.

Dementia care remains a national priority. The Trust has performed well in supporting early identification and assessment of dementia. As part of the national CQUIN for 2015/16 the Trust has committed to further enhance care for dementia patients by provision of individual care plans on discharge. This will enable better co-ordination of care.

It is good to note the Trust's priority set to increase feedback from patients with mental health needs and hence improve services across the Trust. We are aware of the work which has progressed in year to support the training requirements of staff and look forward to seeing positive outcomes for both patients and staff.

We are also aware of the enhanced work to improve information provision for patients who are moved to other wards outside of speciality, sometimes due to bed pressures. This remains a

priority for commissioners and we will be monitoring delivery of improvements. In addition, it will be good to see the outcomes of the friends and family test results for out - patient departments and day surgery now these are implemented.

Patient Safety

The delivery of some of the patient safety measures for 2014/15 has been challenging for the Trust. Therefore the Trust has set similar priorities for the forthcoming year. We are confident the Trust will endeavour to stretch performance against their new C. Difficile target and, with the commitment to improve appropriate antibiotic prescribing, deliver the desired results. Key to this is working with other health partners and the Trust is committed to do this.

The Trust has set an ambition to reduce patient falls which result in harm. The reduction target was not met in 2014/15 and the numbers reported exceeded those reported in 2013/14. Commissioners therefore support an enhanced focus on falls which results in demonstrable quantifiable outcomes, alongside partnership working with other agencies.

The account notes that there has been a reported increase in harm related medication incidents. A key priority is to encourage reporting to ensure that any lessons learnt through investigation can be embedded into service changes. In addition commissioners would like to see a quantifiable measure to evidence improvement.

All safety initiatives need to be driven alongside supporting a learning culture and enhanced reporting. The most recent National Reporting Learning System results have placed the Trust in the bottom decile for reporting incidents. The Trust is committed to address this issue.

As highlighted in the 2014/15 quality account statement, commissioners remain concerned with the progress in implementing a robust system for electronic discharge summaries. We have seen improvements in year for summaries issued by the emergency department but not from the in-patient settings. There is still inconsistent delivery of timely and complete discharge summaries into primary care affecting the transfer of information between organisations which enables the safe handover of care responsibilities. This has led to the issue of a contract query notice in year and the application of contractual penalties. The Trust is still working to a remedial action plan to deliver improvements. The Trust has invested in a new electronic discharge summary system and is in the early stages of implementation. There is an agreed time delivery of this (September 2015). Commissioners will be closely monitoring delivery.

Clinical Effectiveness

The Trust has set a priority around mortality. For 15/16 the aim is to be within the expected range for both national mortality data sets, this includes weekend mortality. For 2014/15 the intention was to achieve "expected or better than expected" Hospital Standardised Mortality Ratio (HSMR) and Summary Level Mortality Indicator (SHMI), this was only partially met with SHMI rising to 107.9. Commissioners consider that there is a robust process for measuring mortality within the Trust, but further work needs to progress to ensure the mortality review toolkit is embedded and active within every relevant clinical service centre. Commissioners would very much welcome enhanced engagement in reviews.

The intention to deliver the acute kidney injury work programme is a priority and supported through the national CQUIN process.

In addition to improving transparency around reporting of surgical outcomes, commissioners would have welcomed a quality priority commitment to improve the stroke services, demonstrated through improved performance, audit outcomes and patient experience.

Achievements reported against 2014/15 priorities and overall Quality Performance

The Trust sets out a useful summary of achievement against the 2014/15 priorities in part one of the quality account. This is supplemented by a more in-depth review of quality performance in part three.

The Trust continues to perform strongly against the percentage of positive responses for the national Friends & Family Test for in patients, patients using the emergency department and maternity services. Likewise there are positive results for the staff Friends & Family Test. The Trust will need to continue its drive to improving response rates specifically within the emergency department and also review the outcomes achieved in outpatient departments and day surgery. This was supported through the Commissioning for Quality and Innovation Scheme (CQUIN) and, in the latter 3 quarters the Trust has also achieved all milestones associated with dementia care. In addition, the NHS staff survey has shown improved results for this year.

Only partial compliance has been achieved with regard to the patient safety and clinical effectiveness schemes, as the reduction in high harm injurious falls, C.Diff reduction and SHMI performance, were not achieved. All remain priorities for 2015/16.

A key national and local challenge is ensuring that there is sufficiently skilled workforce to deliver the high quality services required for the population. The Trust has experienced vacancies both within the nursing and medical professions and whilst there are mitigating actions, it is necessary to remain vigilant of the impact this can have on service delivery (including waiting times) and quality of care.

It is good to note some of the improvements highlighted in the account, such as the Oceano electronic patient tracking IT system in the emergency department which provides electronic monitoring of patients, the nervecentre IT system supporting communication and co-ordination of work at night time, reported to have achieved a 100% reduction in adverse mortality. These are notable achievements.

There continue to be challenges in delivering some performance measures including the emergency department targets, referral to treatment times and managing the backlog of patients waiting in excess of designated times for follow up treatment. Commissioners will continue to work with the Trust to ensure the models of care reflect the needs of the population and focus on improvements for 2015/16 which are achievable within the available resources.

The Trust has strengthened its nursing leadership in year. The Trust is currently undertaking a gap analysis of its governance processes for quality and has indicated further commissioner engagement and support in plans to strengthen these. Commissioners are keen to work with the Trust to increase transparency and engagement in the quality assurance process.

Data Quality

It is good to see that the Trust is reporting a high % achievement for inclusion for a valid NHS number, General Medical Practice Codes and a satisfactory rating for the Information Governance Assessment Report. No further data quality details were included in the quality account considered by commissioners.

Clinical Audit and Research

The clinical audit section demonstrates that the Trust participated in 100% of eligible national clinical audits (35/35) and confidential enquiries (5/5). The percentage of cases submitted is nearly 100%. However there are exceptions to this, notably for Trauma Audit and Research Network. This has previously been highlighted with the Trust and assurance received that resource had

been allocated to improve data submissions. Some positive results from audit activity have been reflected in the account, for example performance in Falls and Fragility Fracture Audit Programme. There is clear evidence of research participation.

Commissioner Assessment Summary

The Trust has demonstrated some positive quality achievements in 2014/15 despite a very challenging year with increasing demand on urgent care services. Increased demand on services impacts all elements of service provision, including planned care and we have seen pressures on all services. It is essential that the Trust ensure there are the right interventions, workforce, resources and systems to enable a smooth patient journey through the hospital and on discharge. These challenges have obviously had an impact on the delivery of quality and safety priorities in 2014/15. We have seen a marked improvement in positive staff feedback, as measured through the NHS Staff survey and Friends and Family Test.

It is essential that the focus on quality remains a top priority within Trust and the findings of the Care Quality Commission inspection in February 2015 are acted upon in a transparent and sustainable manner. Early recognition of concerns is paramount. The Trust will also need to continue working with health and social care partners to deliver models of care which reflect the needs of the population.

Commissioners appreciate the positive engagement for quality from the Trust's Medical Director and newly appointed Director of Nursing. Commissioners look forward to continued partnership working to address some of the key challenges facing the organisation and the whole health system.

Richard Samuel
Chief Officer
Fareham & Gosport and South Eastern Hampshire Clinical Commissioning Groups

HAMPSHIRE HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2014/2015

Hampshire County Council

19 May 2015

Room 114, Elizabeth II Court
Hampshire County Council
The Castle, Winchester
Hampshire, SO23 8UJ

Tel: 01962 847336
E-mail: members.services@hants.gov.uk

Fiona McNeight
Acting Head of Quality
Portsmouth Hospitals NHS Trust

(by email)

Dear Fiona,

Hampshire Health and Adult Social Care Select Committee contribution to Quality Accounts process

Thank you for sharing with the Hampshire Health and Adult Social Care Select Committee (HASC) the draft 2014/15 Quality Accounts for Portsmouth Hospitals NHS Trust.

I have circulated these priorities to Members of the HASC for their comments, and have received general feedback which suggests that the Committee are supportive of the approach taken, although disappointed that some issues remain persistent, such as improving the emergency care pathway, and the number of healthcare associated infections. It is an honest report which is able to celebrate some achievements and highlights where the Trust have not been able to achieve set outcomes. It also clearly sets out measures to continually improve patient experience and safety.

We note that there are a number of new quality improvement priorities for 2015/16, and we are interested to understand how the Trust intends to measure the success of these. We think it is important that a focus remains on the need to improve the patient experience of care, including the emergency care pathway.

We would like to request, and look forward to receiving, the action plan that will be drafted following the publication of your Quality Accounts, in order to ensure that the priorities raised can be monitored, and progress against them can be reviewed.

Please do not hesitate to contact me should you require any additional information on my comments above.

Yours sincerely

Patricia Stallard

Councillor Patricia Stallard
Chairman, Health and Adult Social Care Select Committee

PORTSMOUTH HEALTH WATCH COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2014/2015

"Healthwatch Portsmouth's Governing Board members serve as 'Critical Friends' and having reviewed the account have made the following comment:

We recognise that a set statutory format is required, however for some members of the public the clinical terms and amount of text could be off putting. Although we welcome documents such as this as they serve to give the public a view of services and outcomes. Through sharing data and information we can be supportive in effecting positive change and designing local services around needs and experiences."

PORTSMOUTH HEALTH OVERVIEW AND SCRUTINY PANEL COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2014/2015

"The panel does not wish make any comments on your quality accounts but the chair thanks you for giving them the opportunity."

LIMITED ASSURANCE REPORT

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF PORTSMOUTH HOSPITALS NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of Portsmouth Hospitals NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- rate of clostridium difficile infections; and
- percentage of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

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 Regulations).

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

- the Quality Account 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 are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated 27 May 2015;
- feedback from Local Healthwatch dated 19 May 2015;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 25 September 2014;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 2 December 2014;
- the latest national staff survey dated 24 February 2015;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 8 April 2015;
- the annual governance statement dated 2 June 2015;
- the Care Quality Commission's intelligent monitoring reports dated 29 May 2015; and
- the results of the Payment by Results coding review dated 22 May 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Portsmouth Hospitals NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Portsmouth Hospitals NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Portsmouth Hospitals NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Ernst + Young LLP

Ernst & Young LLP
Southampton
29 June 2015

GLOSSARY OF TERMS

Term	Description
Acute Kidney Injury (AKI)	Acute kidney injury (AKI) is sudden damage to the kidneys that causes them to stop working properly. It can range from minor loss of kidney function to complete kidney failure. AKI is common and normally happens as a complication of another serious illness. It is not the result of a physical blow to the kidneys, as the name may suggest. This type of kidney damage is usually seen in older people who are unwell enough to be admitted to hospital. If it's not picked up in time, the kidneys become overwhelmed and shut down, leading to irreversible injury, which can be fatal. Abnormal levels of salts and chemicals build up in the body, stopping other organs working properly. It is essential that AKI is detected early and treated promptly. *Source: NHS Choices*
Care Quality Commission (CQC)	The independent regulator of all health and social care services in England. Their job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.
C.Diff	A Clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics. A C. difficile infection can lead to life-threatening complications such as severe swelling of the bowel from a build-up of gas (toxic megacolon). *Source: NHS Choices*
Clinical Service Centre (CSC)	Key centres within which the Trust's services are delivered to patients. Each CSC has a Chief of Service, General Manager and Head of Nursing. There are 10 CSCs.
Commissioners	Commissioners (i.e. health authorities/Primary Care Trusts) have a statutory responsibility to buy the best health care for a defined population with a defined amount of money.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN payment framework enables Commissioners to reward excellence, by linking a proportion of Providers' income to the achievement of local quality improvement goals.
Dr Foster	The UK's leading provider of comparative information on health and social care services.
HSMR	The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower would be expected. The national average is 100 and a score of below this indicates less deaths than this average. HSMR covers 56 groups of diagnosis and only relates to patients that have died whilst in hospital
HQIP (Healthcare Quality Improvement Partnership)	The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP is a charity and company limited by guarantee, led by a consortium comprising the Academy of Medical Royal Colleges, Royal College of Nursing and National Voices.
MRSA	MRSA is a type of bacteria that's resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

Term	Description
	The full name of MRSA is meticillin-resistant Staphylococcus aureus. Staphylococcus aureus (also known as staph) is a common type of bacteria. It's often carried on the skin and inside the nostrils and throat, and can cause mild infections of the skin, such as boils and impetigo. If the bacteria get into a break in the skin, they can cause life-threatening infections, such as blood poisoning or endocarditis. *Source: NHS Choices*
National Audit	A National quality improvement process that seeks to improve patient care and outcomes through the systematic review of care.
National Institute for Health and Clinical Effectiveness (NICE)	Provide independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.
Pressure ulcers	Pressure ulcers are also known as 'pressure sores, bed sores and decubitus ulcers'. A pressure ulcer is defined as "*An area of localised damage to the skin and underlying tissue caused by pressure, shear, friction and/or a combination of these*". Pressure ulcers occur when a bony prominence is in contact with a surface. The most common sites include the buttocks, hips and heels but they can occur over any bony prominence **Grade 1:** Discolouration of intact skin not affected by light finger pressure **Grade 2:** Partial thickness skin loss or damage involving epidermis. The pressure ulcer is superficial and presents clinically, as an abrasion, blister or shallow crater. **Grade 3:** Full thickness skin loss, involving damage of tissue. The pressure ulcer present clinically as a deep crater, but bone, tendon or muscle are not exposed. **Grade 4:** Full thickness skin loss, with exposed tendon or muscle.
Sepsis	Sepsis is a common and potentially life-threatening condition triggered by an infection. In sepsis, the body's immune system goes into overdrive, setting off a series of reactions including widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which can mean the blood supply to vital organs such as the brain, heart and kidneys is reduced. If not treated quickly, sepsis can eventually lead to multiple organ failure and death. Each year in the UK, it is estimated that more than 100,000 people are admitted to hospital with sepsis and around 37,000 people will die as a result of the condition. *Source: NHS Choices*
SHMI	*The Summary Hospital-level Mortality Indicator (SHMI) is a high level mortality indicator that is published by the Department of Health on a quarterly basis. It follows a similar principal than HSMR, however SHMI covers all diagnosis groups and relates to all patients that have died (whether the patient died whilst in hospital or not). It does not take account of deprivation.*
Staph Aureus	Staphylococcal infections are a group of infections caused by the bacterium Staphylococcus; commonly referred to as "staph infections". Staph bacteria can cause a wide range of infections, from relatively minor skin infections such as boils, to more serious infections of the blood, lungs and heart. *Source: NHS Choices*

APPENDIX A - NATIONAL CLINICAL AUDIT: ACTIONS TO IMPROVE QUALITY

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2014/2015				
Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
National Clinical Audits				
British Thoracic Society – Community Acquired Pneumonia	Audit	Yes	100%	Awaiting publication of the national report/results.
British Thoracic Society – Non Invasive Ventilation	Audit	Yes	100%	Awaiting publication of the national report/results.
British Thoracic Society - Chronic Obstructive Pulmonary Disease	Organisational	Yes	100%	The audit results highlighted that the Trust provides excellent levels of specialist respiratory services to COPD patients. The Trust has one of the highest admission rates for COPD exacerbation and our organisational score ranked us 9th Nationally. This audit highlighted the need for an inpatient smoking cessation service.
	Audit	Yes	100%	This audit highlighted the high numbers of COPD admissions from socially deprived areas in the Portsmouth region. Results demonstrated a higher level of consultant delivered care than the rest of the country. The need for an early supported discharge scheme locally to reduce length of stay was highlighted.
British Thoracic Society - Pleural procedures	Audit	Yes	100%	The results from this audit demonstrate that the Trust is achieving markedly shorter lengths-of-stay than the national average; this has been achieved with consistent use of ultrasound guidance in a dedicated procedure room and aftercare staffed by respiratory nurses, all features associated with improved outcomes for our patients. The Trust provides dedicated chest drain education courses, both free-standing and as part of a procedures course for Senior House Officers: these compliment the close respiratory consultant supervision and assessment of respiratory registrars on joining the Trust.

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Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
				Registrars joining the Wessex rotation all undergo a chest drain course, based on that founded at the Trust in 2004. The respiratory department runs a nationally and internationally-recognised course for indwelling pleural catheter placement and provides supervised training for respiratory Specialist Registrar's.
Oesphago-Gastric Cancer	Audit	Yes	>90%	The Trusts length of stay is one of the lowest in the region and the 30 and 90 day survival rates are below the regional average based on the last 2 years of submitted data. The Trust surgeons have not been identified as outliers in regard to surgical outcomes and mortality rates.
Prostate Cancer	Organisational	Yes	100%	The Trust offers all the cancer diagnostics and treatment options in compliance with national standards of the Prostate Cancer audit.
	Audit	No	0%	Due to IT compatibility issues data was not submitted to this round of the audit, but these issues are being addressed with the upgrade of our software to enable the back log of data to be submitted to the next round of this on-going audit.
Head & Neck Cancer	Audit	Yes	>80%	There are currently no specific results for this Trust but results are based on the Central South Coast region and all results for the region are in the top quartile showing excellent results. The Trust surgeons have not been identified as outliers in regard to surgical outcomes and mortality rates.
Lung Cancer	Audit	Yes	100%	This national Lung Cancer report was published in March 2015 and the Trust are currently reviewing this report and will produce an action plan if required. The Trust surgeons have not been identified as outliers in regard to surgical outcomes and mortality rates.
Bowel Cancer	Audit	Yes	100%	The Bowel Cancer report was published early in 2015 and the Trust are currently reviewing this report and will produce an

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Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
				action plan if required. The Trust surgeons have not been identified as outliers in regard to surgical outcomes and mortality rates.
National Vascular Registry	Registry	Yes	N/A	195 sets of data have been submitted so far but submission for the 2014 deadline is not until June 2015. Report will be available in 2016. The Trust surgeons have not been identified as outliers in regard to surgical outcomes and mortality rates.
National Joint Registry	Registry	Yes	82%	The outcome of surgery for hip and knee replacement in terms of revision rates is very good for the Trust and better than other local hospitals and the national average. The Trust is working towards the improvement of data collection. The Trust surgeons have not been identified as outliers in regard to surgical outcomes and mortality rates.
National Comparative Audit of Blood Transfusion Programme	Sickle Cell	Yes	100%	Awaiting publication of the national report/results.
	Patient Information and Consent	Yes	100%	This audit looked at 3 areas of patient consent, an organisational aspect, a patient aspect and a clinician's aspect. The report highlights that our patients were happier or in line with the national results and scored especially well involving patients in the decision to receive a blood transfusion but the Trust needs to improve the documentation of patient consent and ensure patients are receiving written information about their treatment.
	Patient Blood Management Survey	Yes	100%	The Trust recognises the importance of Patient Blood Management and newsletters are being sent out within the Trust to all specialties to increase awareness. The Transfusion Team is looking to introduce "champions" to assist with the implementation of change. As part of the South Central Region the Trust is identifying existing good practice in order to standardise transfusion care throughout the region.
College of Emergency Medicine –	Audit	Yes	100%	Awaiting publication of the national report/results.

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Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
Mental Health				
College of Emergency Medicine – Older People	Audit	Yes	100%	Awaiting publication of the national report/results.
College of Emergency Medicine – Fitting Child	Audit	Yes	100%	Awaiting publication of the national report/results.
National Neonatal Audit Programme	Audit	Yes	100%	The Trust is performing at or above the national (and equivalent level 3 units) average for all defined standards. The Trust compares very favourably with the two other level 3 units within our network. The Trust has improved on several indicators although there are areas that can be improved further and have action plans already in place for this including temperature control, retinopathy of prematurity (ROP) screening and central line associated sepsis.
Dementia National Audit	Audit	Yes	N/A	This audit commenced in January 2015 and the Trust is submitting data.
Paediatric Diabetes Audit	Audit	Yes	100%	The Paediatric Diabetes team are achieving significantly better than average diabetes control (HbA1c) against other similar sized units. It was noted in the report that the Trust score for completeness of care records was under the national average and this has now been addressed. The Trusts aim for the future is to improve the number of young people with a high diabetes level by working more intensively with motivated families and engaging those that have poor control by using the psychology support that has been put in place since this audit.
Epilepsy 12 (Paediatric) Audit	Audit	Yes	100%	The Trusts Children's Epilepsy Service compares favourably with other units within the Wessex region and the UK. The Trust is within the expected range for all of the 12 standards and better than average for one standard (children seen by an Epilepsy Nurse Specialist). There have been significant improvements in 2 standards since last years audit results and

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Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
				patient/carer feedback was very positive with 97% satisfaction. Actions to improve the service further include on-going education of Consultants and Junior Doctors regarding the first clinical assessment of children with suspected epilepsy and the indications for MRI scanning and referrals to tertiary services in addition to improving patient/carer information about epilepsy.
Paediatric Intensive Care Audit Network	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
Falls and Fragility Fracture Audit Programme	Hip Fracture database	Yes	100%	The Trust continues to perform exceptionally well in all domains covered within this audit but will however continue to monitor performance and look for opportunities to improve. Two key areas are the operational delays in regard to surgery within 36 hours and time to ward from the Emergency Department (ED). Two extra dedicated hip fracture priority lists have been set up weekly, which has successfully reduced the operative delays. It is recognised that a third list would improve this still further and opportunities for this are being sought. The Orthopaedic department is working with ED Colleagues to explore opportunities of improving time to ward.
	Inpatient Falls audit	Yes	100%	The report has shown that the Trust has good standards of ward based care and the documentation used throughout the Trust clearly supports best practice and although there is no room for complacency, the standards achieved are good. There are four areas highlighted in the results that need addressing and the Trust will be working with pharmacists, doctors and the patients themselves to address these issues.
	Anaesthesia Sprint Audit	Yes	100%	The Trust achieved better than the national average in the latest report in 9 out of the 12 standards and was in line with the national figures for the other 3 standards. This report will be discussed at a departmental audit meeting where it will be

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Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
				decided if any actions need to be implemented to improve current practice.
Trauma Audit and Research Network	Audit	Yes	48.8%	The Trusts data submission is below the national average but there are actions in place to improve the submission rates including two new members of staff within the Emergency Department. The latest audit results show that the Trusts survival rate for trauma patients is very good, the best within our region, but also identified an area for improvement regarding patients with a high Injury Severity Score; all patients with a score above 15 are now being reviewed in the Trauma unit.
Sentinel Stroke National Audit Programme	Audit	Yes	90%	The Trust has made significant improvements in Occupational Therapy and Patient Assessment since the last report but there are improvements to be made with the time a patient spends on the stroke unit. This is a reflection of the operational pressures within the hospital which is affecting the stroke pathway. Better staffing and operational policies will provide evidence of improvement over the next 3-4 quarters.
Emergency Laparotomy	Audit	Yes	100%	The Trust currently meets many of the recommendations for provision of emergency general surgery and is providing patients with an excellent service. However, our service needs to be improved with respect to direct consultant led care for those patients with a highlighted mortality score over 10% and the 24 hour provision of interventional radiology and assurance of 24/7 radiology reporting. The national body for this audit has commented that they are "*incredibly pleased and impressed with the work performed by Queen Alexandra in the audit so far.*"
ICNARC – Adult Critical Care	Audit	Yes	100%	The national report figures indicates that in two quarters of the year our patients have a significantly better chance of survival for a given severity of illness in Portsmouth, by comparison with

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				other centres. The two cases of unit-acquired Clostridium Difficile that patients have acquired have been thoroughly investigated by root cause analysis. All other figures are in line with the national averages.
ICNARC – Cardiac Arrest	Audit	Yes	100%	The Trust is performing within expected targets and there are no concerns; the data is being carefully monitored by the Trusts resuscitation committee. The survival to discharge rate is above the national average.
Renal Registry – Renal Replacement Therapy	Audit	Yes	100%	The Trust has received national recognition for both the expansion of the deceased and living donor transplant programme and the expansion of the home haemodialysis programme. The Trust continues to lead the way with respect to altruistic donor transplant, 20% of all operations are carried out at this hospital. The audit results confirmed that the Trust are in line with the national average for graft and patient survival rates, with improvements in some areas from last years report.
Chronic Kidney Disease in Primary Care	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
Pulmonary Hypertension	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
Prescribing Observatory for Mental Health	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
Rheumatoid and Early Inflammatory Arthritis	Audit	Yes	N/A	Awaiting publication of the national report/results.
Intermediate Care	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
Adult Cardiac Surgery	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
Congenital Heart Disease (Paediatric Cardiac Surgery)	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.

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Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
Coronary Angioplasty – PCI	Audit	Yes	100%	The Trust complies with all the major recommendations made in this report. The Trust is a high volume centre with high volume operators providing 24/7 primary Percutaneous Coronary Intervention (PCI); The Trust has a rate of radial access significantly higher (and therefore better) than the national average. Outcomes are significantly better than expected from our complex and high risk case load. The call and door to balloon times have improved significantly and are now significantly better than the national average. The Trust surgeons have not been identified as outliers in regard to surgical outcomes and mortality rates.
Acute Coronary Syndrome or Acute Myocardial Infraction	Audit	Yes	100%	The Trust was in the fourth year of providing a 24/7 primary angioplasty service for patients with a diagnosis of ST-elevation myocardial infarction (STEMI), from Portsmouth, SE Hants, West Sussex and the Isle of Wight, when this report was published. The Trust is the largest provider of primary Percutaneous Coronary Intervention (PCI) service in the Wessex region (Heart attack centres). We achieved excellent results for our STEMI patients, both in terms of achieving targets for time to treatment, and also outcomes, with a crude in-hospital mortality rate of 6.8%. During this time, no patients with STEMI received thrombolysis, and 92% of patients received all the appropriate secondary prevention medications that they were eligible for.
Cardiac Rhythm Management	Audit	Yes	100%	The usage of physiological pacing at the Trust is in line with the national average and other comparable local centres and there are no concerns for this hospital within the report. The Cardiology department will continue to discuss all complex device implants in multidisciplinary team meetings to ensure optimal practice.

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Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
Heart Failure	Audit	Yes	N/A	The Trust submitted 344 records to this audit, the requirement is 50% of all patients with a primary diagnosis of Heart Failure; the Hospital Episode Statistics data that is required to confirm this information is not yet available from the Health & Social Care Information Centre. The Trust is awaiting publication of the national report/results which will be in the summer of 2015.
National Diabetes Audit	Audit	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
	Diabetes in Pregnancy	Yes	N/A	This is the first year that the Trust has submitted data to this audit and awaits the national report.
Inflammatory Bowel Disease	Audit	Yes	100%	Inflammatory Bowel disease remains a passion for us all within the Gastroenterology department and the department provides a high quality service, rapidly responding to relapse and working together discussing difficult cases. This audit has highlighted a number of areas that require improvement within the organisational structure of our service, rather than the quality of our service, showing that there are insufficient specialist nurses for our population to assist with immunosuppression monitoring and on going reassessment of correct biologic use.
	Biologics audit	Yes	87%	Awaiting publication of the national report/results.
Patient Reported Outcome Measures	Overall Score	Yes	36.6%	The Trust has consistently demonstrated above the national average patient health gains in hip, knee and varicose vein procedures. The number of patients participating has reduced this year and the Trust is taking actions to improve the participation rate.
	Groin Hernia		28.7%	
	Hip Replacement		39.4%	
	Knee Replacement		41.4%	
	Varicose Veins		31.8%	

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NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2014/2015				
Audit title	**Details**	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	Audit	Yes	75%	The results of the national audit showed a good adherence to quality standards of the department of Clinical Neurophysiology within the Trust. An action plan has been implemented to improve our Ulnar screening.
Confidential Enquires				
MBRACE – Maternal Infant and Perinatal Confidential Enquiry	Confidential Enquiry	Yes	100%	There was no Trust specific data in this report but the Maternity department have reviewed all recommendations. The Trust are compliant with the majority of these including sepsis screening tools and early warning charts but have implemented an action plan which includes reviewing guidelines and training. Local audits will be carried out to confirm compliance in 2015/16.
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness	Confidential Enquiry	No	N/A	Not relevant to Portsmouth Hospital NHS Trust.
National Confidential Enquiry into Patient Outcomes and Death - Sepsis	Confidential Enquiry	Yes	80%	Awaiting publication of the national report/results.
National Confidential Enquiry into Patient Outcomes and Death - Gastrointestinal Haemorrhage	Confidential Enquiry	Yes	50%	Awaiting publication of the national report/results.
National Confidential Enquiry into Patient Outcomes and Death - Lower Limb Amputation	Confidential Enquiry	Yes	57%	There are no specific recommendations for the Trust in this report but the Trust is working on the production of an action plan to ensure all recommendations are considered.
National Confidential Enquiry into Patient Outcomes and Death - Tracheostomy Care	Confidential Enquiry	Yes	88%	There are no specific recommendations for the Trust within this report, but the Trust are compliant with most of the recommendations and actions have been put into place against recommendations that we are not compliant with.

APPENDIX B – LOCAL CLINICAL AUDIT: ACTIONS TO IMPROVE QUALITY

LOCAL CLINICAL AUDITS	
Audit Title	**Comments and actions to improve quality of healthcare**
Compliance with NICE Clinical Guideline 50 - Recognition of and response to acute illness in adults in hospital	This was the second re-audit that had been carried out within the Trust against the NICE clinical guideline standards and results have shown that the percentage of patients who have had their physiological observations recorded at time of initial assessment has again improved this year showing 95% of patients had all of the six physiological parameters recorded, with only two patients who didn't have their level of consciousness recorded at time of initial assessment. All other vital signs were documented for 100% of patients and vital signs were monitored at least every 12 hours in 95% of patients. There were some areas where practice could be improved and the Deteriorating Patient Group has put together an action plan and when re-audited again this year the Trust will be able to identify if these actions have resulted in the required improvements.
Recognition and management of delirium	This audit has shown some improvement in delirium recognition and care (in comparison with previous cycles in 2010 and 2012 looking at similar areas). However, areas still need work to meet the NICE guidance. We hope the delirium checklist which has been created as a result of this audit (along with other measures) will serve as a prompt for junior doctors and nurses to further improve our management of delirium.
Central Venous Catheter (CVC) Insertion audit within Critical Care.	This was a regional audit to which the Trust department of Critical Care contributed data. Compliance with the CVC insertion pathway in Wessex was variable, showing the best performing units within this region were using standardised stickers or pro-formas. Within the Trust compliance with the pathway bundle was excellent, with only 8% (n=1) of line insertions audited deemed below standard.
Admission Avoidance from Care Homes Audit to Identify Areas where Hospital Admissions could be Avoided	Most admissions to hospital were unavoidable from nursing homes; however a small percentage were potentially avoidable, this has been addressed by increasing information, education and co-operative working between Portsmouth City Primary Care Providers, Community Care Providers, Nursing Homes and the Trusts Consultant Geriatricians which has improved the pathway to acute care. The Trust has also appointed a Matron specifically for looking after nursing home patients.
Diabetic Retinopathy Re-audit	The results for the Trust were excellent with a turn around from not achieving the minimum standards to being above the achievable standard. The plan is to re-audit again in a years time to ensure the standards are sustained.
Renal failure – home versus hospital haemodialysis – NICE Technical Appraisal 48	The audit results have shown that the Trust is fully compliant with the NICE standards for renal failure dialysis and there are no areas for concern, however the Trust is continuing to increase the frequency of home dialysis clinics to ensure timely assessment of patients preferring home dialysis.
Pacemaker complications	The results of this audit have been accepted as an abstract by the British Cardiac Society as the Trusts results have shown that of the 775 procedures performed between 2013 & 2014 the overall complication rate was 10.7% with lead displacement as the most common complication. A trend was established from the results showing that complication was more common in the more complex implant procedures. From the results of the audit consent forms have been changed as they were not showing the same comparable rates between operators and published data.

Portsmouth Hospitals NHS
NHS Trust

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