Portsmouth Hospitals NHS
NHS Trust

PORTSMOUTH HOSPITALS NHS TRUST

QUALITY ACCOUNTS
2012 – 2013

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

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PART 1: STATEMENT ON QUALITY FROM CHIEF EXECUTIVE

Welcome to this year's Quality Account for Portsmouth Hospitals NHS Trust. This is an important document which informs our public about the quality and safety of our hospital services.

This report provides information about our achievements over the last year and identifies our priorities for the coming year. I hope it will provide information for local people, patients and their families, stakeholders and our staff to enable them to be assured that patient care remains our number one priority and that we provide high quality services.

It is important to highlight at the outset that this has been a challenging year for our Trust for several reasons and I would like to take this opportunity to congratulate our staff who have continued to deliver safe and high-quality services to our patients.

We know that 2013 will continue to be challenging for all public services but we also know that our commitment to quality will enable us to improve the efficiency and effectiveness of our services.

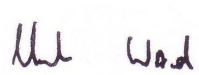
The Care Quality Commission made an unannounced visit to Queen Alexandra Hospital in March to ensure we were meeting the standards of privacy, dignity, care, welfare and safeguarding of patients, staffing and how we manage complaints. I am delighted to report that the hospital fully met all of these standards and our staff were congratulated for the care they provide and patients said "they are brilliant" and "I feel safe in here".

Listening to our patients and the public continues to remain a key priority. During the year we have increased patient feedback through the use of RealTime patient questionnaires. 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.

This quality report reflects our determination to further develop our understanding and measurement of quality as experienced by users of our services, and our ambition to deliver continuous quality improvement in all our services.

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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PART 2: QUALITY IMPROVEMENT PRIORITIES IN 2013/14

DEVELOPMENT OF THE QUALITY ACCOUNT AND IMPROVEMENT PRIORITIES

Quality is at the heart of everything we do at Portsmouth Hospitals NHS Trust and we have a mature quality improvement strategy which aims to:

- Enhance patient experience.
- Improve outcomes for patients and reduce harm.
- Provide evidence of quality and quality improvement.
- Manage risks of responding, or failing to respond, to complex quality initiatives at local, regional and national level.
- Deliver an annual quality account.
- Achieve key internal improvements arising from organisational, self and external scrutiny.
- Obtain financial benefits from quality improvement initiatives.
- Meet the requirements of key regulators.

Key quality indicators, and progress against plans, are reported monthly both to Trust Board and to designated quality sub-groups (Patient Safety, Patient Experience and Clinical Effectiveness).

The Trust develops its priorities for quality improvement by consulting with patients and staff, and 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.

To assist in determining the quality priorities for 2013/14 a stakeholder event was held in March 2013. This was attended by patients, members of the public and community groups where discussion and agreement of the proposed priorities took place.

This Quality Account is presented around the three domains of quality; that is Patient safety, Patient experience and Clinical Effectiveness.

PATIENT SAFETY

Priority: Venous Thrombo-embolism (delivery of National CQUIN scheme)

Rationale:
This is a National CQUIN scheme aimed to reduce avoidable death, disability and chronic ill health from venous thromboembolism (VTE).

The Trust has made significant improvements in increasing the number of adult in-patients who receive a VTE risk assessment on admission, but we acknowledge this is a key patient safety issue and therefore will continue to focus on improvements. This will be through the delivery of the National VTE CQUIN which has a target of an average of 95% risk assessment per quarter for 2013/14. In conjunction with the risk assessment, there will be a full investigation of all VTE events to identify underlying themes and trends to inform improvement plans.

Target:
- VTE Risk Assessment – Average of 95% per quarter.
- VTE Root Cause Analysis – 100% compliance with Root Cause Analysis on all Hospital associated thrombosis (unless there is an agreed exception).

Monitoring:
Through the Patient Safety Steering Group and reported to the Board through the monthly Quality Heatmap and quarterly through the quality reports.

Priority: Safety thermometer and improvement goal related to pressure ulcers (Delivery of National CQUIN scheme)

Rationale:
This is a National CQUIN scheme aimed at preventing patient harm from pressure ulcers.

Target:
- Delivery of an agreed Whole Health System Improvement Plan.
- A 35% reduction in prevalence of new grade 2, 3 and 4 new pressure ulcers.

Monitoring:
Through the Patient Safety Steering Group and reported to the Board through the monthly Quality Heatmap and quarterly through the quality reports.

Priority: Reduction in the number of patient falls resulting in moderate / severe harm or death

Rationale:
There was significant focus on falls prevention in 2012/13, however, the Trust did not achieve the 10% reduction in falls resulting in moderate / severe harm. This will remain a priority for the coming year.

Target:
- A 10% reduction in the number of patient falls resulting in moderate / severe harm or death based on 2012/13 outturn.

Monitoring:
Through the Patient Safety Steering Group and reported to the Board through the monthly Quality Heatmap and quarterly through the quality reports.

PATIENT EXPERIENCE

Priority: Implement the Friends and Family Test (delivery of National CQUIN scheme)

Rationale:
This is a National CQUIN scheme to improve patient care and identify the best performing hospitals in England. From April 2013, patients will be asked a simple question: whether they would recommend hospital wards, accident and emergency units to a friend or relative based on their treatment.

The Trust recognises that patient feedback is fundamental to improving the experience of patients and ensuring service improvements.

Target:
- Delivery of the nationally agreed roll-out plan to the National timetable; Maternity by the end of October 2013, and additional services (yet to be defined) by the end of March 2014.
- Achieving an average response rate of 15% in quarters 1, 2 and 3 and an average of a 20% response rate in quarter 4.
- Increase the score of the Friends and Family test question within the 2013/14 staff survey compared with 2012/13 survey results.

Monitoring:
Through the Patient Experience Steering Group; reported to the Board through the monthly, as appropriate, and quarterly through the quality reports.

Priority: Care of people with dementia (delivery of National CQUIN scheme)

Rationale:
This is a National CQUIN scheme to increase the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure the delivery of high quality care to people with dementia and support their carers.

In 2012/13 the Trust invested significant resource into improving the care and support of people with Dementia and their carers and is committed to continuing this work.

Target:
- Undertake case finding for at least 90 per cent of patients aged 75 and over admitted as an emergency for >72 hours and where patients are identified as potentially having dementia ensuring that at least 90 per cent are appropriately assessed and where appropriate referred on to specialist services.
- Ensuring sufficient clinical leadership of dementia and appropriate training of staff.
- Ensuring carers of people with dementia feel adequately supported.

Monitoring:
Through the Patient Experience Steering Group and the Dementia Steering Group; reported to the Board through the monthly, as appropriate, and quarterly quality reports.

Priority: Improving the care of people with cancer

Rationale:
The Trust made the most significant improvements in England in the 2011/12 National Cancer Patient Experience survey. It is recognised however that there is still a need for further improvement. The 2012/13 results will inform a focussed approach on those areas in which the Trust performed more poorly than other trusts.
Target:

- To achieve an improvement in the 2013/14 National Cancer Patient Experience Survey.

Monitoring:
Through the Patient Experience Steering Group; reported to the Board through the quarterly quality report and the detailed action plan will be implemented through the Cancer Steering Group.

CLINICAL EFFECTIVENESS

Priority: Hospital Standardised Mortality Ratio (HSMR) / Summary level Mortality Indicator (SHMI)

Rationale:
HSMR and SHMI are indicators of healthcare quality, measuring whether the death rate at a hospital is higher or lower than that which would be expected. These indicators require monitoring as high mortality rates can provide a warning sign that things are going wrong within an organisation. Reducing mortality was a Trust priority last year and continues to be an area of focus for 2013/14.

Target:
- To achieve an average or below average HSMR / SHMI rate of 100.
- Monitor and act upon underlying data.
- Increased focus on specialty review of mortality in order to identify underlying trends.

Monitoring:
Through the Clinical Effectiveness Steering Group, reported to the Board on a monthly, as appropriate, and quarterly basis.

Priority: To ensure patients who receive care and treatment through the emergency pathway do so in a safe, caring and efficient way

Rationale:
Achieving an improved pathway will ensure that our patients have an earlier initial assessment, prompt treatment interventions, for example, pain relief, and will improve patient flow through the Emergency Department and into an appropriate assessment or inpatient setting. It is recognised that not seeing patients in a timely manner within the Emergency Department results in poor patient experience and can increase clinical risk as a result of increased transfers between clinical areas and multiple handovers of care. It is also recognised that moving patients for non-clinical reasons can also impact on the care treatment and experience of the patient.

Target:
- Submit data in line with the national requirements and aim to achieve compliance with the indicators within the three domains of effectiveness of care, patient experience and patient safety.
- Reduce the number of patient moves.
- Reduce the number of patients outlied from their required specialty ward.

Monitoring:
Through the Emergency Flow Steering Group and reported to the Governance and Quality Committee and Board on a quarterly basis via the Quarterly Quality Report.

QUALITY IMPROVEMENT PRIORITIES 2011/2012 – HOW WE DID

The Quality Account published in 2012/2013 identified areas of quality improvement to focus on during 2011/2012. A brief summary is outlined below, with further detail contained in part 3 of this account.

PATIENT SAFETY

Priority	**Data collection and submission to the Patient Safety Thermometer (falls, pressure ulcers, VTE and urinary catheter infections).**
Target	Submit monthly survey data to meet the national requirement.
2012/13 status	✓Achieved.

Priority	**Reduce high risk medication errors.**
Target	a) 10% reduction in medication incidents that result in moderate/severe harm or death based on 2011/12 data. b) Improve medicines management, in particular in relation to warfarin, heparin, insulin and missed doses.
2012/13 status	a) ✓Achieved b) ✓Achieved • Specialist IV heparin chart in use. • Subcutaneous Insulin Chart in use. • Review of high INRs and reasons for these. • Trust wide audit into missed doses repeated; results are currently being collated.

Priority	**Implement the National CQUIN for Dementia.**
Target	a) Screen 90% of all patients aged 75 and over for dementia within 72 hours of admission. b) Undertake a risk assessment of 90% of patients aged 75 and over who have been screened for dementia. c) Refer for specialist diagnosis 90% of patients aged 75 and over who have been identified as being at risk of having dementia.
2012/13 status	The CQUIN requirement was to achieve 90% or more for the three stages in three consecutive months. a) ✓Achieved b) ✓Achieved c) ✓Achieved

Element	January 2013	February 2013	March 2013 To be validated
Step 1: Case Finding	94.3%	95.8%	92.4%
Step 2: Assessment	96.2%	95.7%	95.9%
Step 3: On-ward referral	100%	100%	100%

Priority	**Compliance with the National Emergency Department Clinical Quality Indicators.**
Target	We will submit data in line with the National requirements and aim to achieve compliance with the indicators within the three domains of effectiveness of care, patient experience and patient safety.
2012/13 status	Partially achieved. The Trust submitted data in line with National requirements. The 5 indicators are outlined below: • Unplanned re-attendance rate – partial achievement. • Total time spent in ED – not achieved. • Left without being seen – achieved. • Time to initial assessment – not achieved. • Time to treatment – achieved from February 2013. The Trust continues to review service provision to improve the experience of patients in the Emergency Department.

PATIENT EXPERIENCE

Priority	**Patient Feedback.**
Target	a) To demonstrate an improvement in our score on the national in-patient 5 key questions and those questions reported in the lowest performing 20% of Trusts, in 2012/2013 compared to 2011/2012. b) To increase CSC survey participation rate.
2012/13 status	a) ✓Partial achievement The Trust was required to achieve a 2.0 increase in the 5 key questions in the 2011/12 survey in order to fully meet the requirements. The Trust achieved a 1.2 increase, from 65.9 in 2011 to 67.1 in 2012 and therefore partially achieved the requirement.

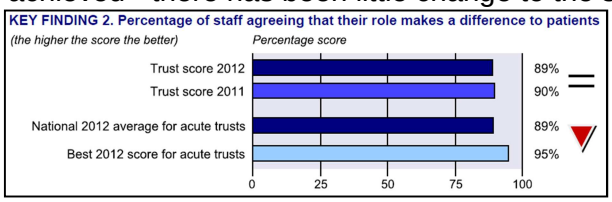
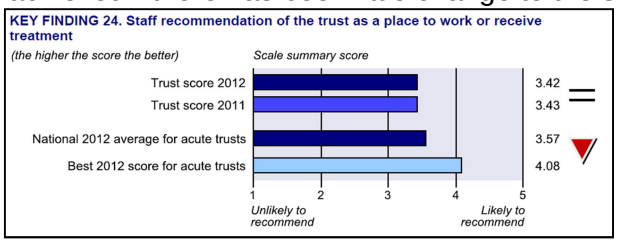
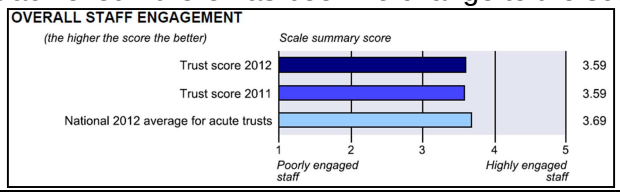
Question	2011	2012	Comparison
Were you involved as much as you wanted to be in decisions about your care and treatment?	6.9	7.4	⇧
Did you find someone on the hospital staff to talk to about your worries and fears?	5.8	5.8	⇔
Were you given enough privacy when discussing your condition or treatment?	8.5	8.6	⇧
Did a member of staff tell you about the medication side effects to watch for when you went home?	4.5	4.4	⇩
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	7.3	7.4	⇧

✓Achieved
b) Number of respondents April 11 to March 12: 3057
Number of respondents April 12 to March 13: 9578

Priority	**Patient and Public Involvement in practice and service development.**
Target	Increase the number of patient and public representatives on Trust, Clinical Service Centre (CSC) and Speciality Groups and Committees. These people will more fairly represent the hospital population and local community.
2012/13 status	✓Achieved The Trust has taken an integrated approach over the last year to ensure involvement of local community representatives on a number of Trust Committees and has successfully implemented a new Patient and Public Involvement Framework. There is representation on this group from all protected groups, carers and families to ensure appropriate representation of the hospital community. Work streams generated by the group link to Trust strategic objective and priorities. The Equal Voice group has input from local people with physical disabilities, representatives of people with a learning disability, BME groups, lesbian, gay and transgender representatives and family members and carers have contributed to the development of an e-based resource. There is also patient representation on some of the Clinical Service Centre Governance groups.

Priority	**Patient Experience in Adult NHS Services (NICE Quality Standard).**
Target	To implement the Patient Experience in adult NHS Services NICE Quality Standard.
2012/13 status	✓Achieved The Trust is compliant with all elements of the standard.

Priority	**Staff engagement.**
Target	Develop and implement action plans to deliver improvements to the key findings of the 2012 National Staff Survey relating to: a) Staff satisfaction with the quality of work and patient care they are able to deliver b) Staff feeling their role makes a difference to patients c) Staff recommending the Trust as a place to work or receive treatment d) Overall staff engagement

2012/13 status	The Trust has not seen the improvements it would have hoped for in the Staff Survey. There is a specific programme being implemented in 2013/14 called Listening into Action, which aims to improve the overall culture of the organisation. a) Not achieved - there has been no change to the score since the 2011 survey.  b) Not achieved - there has been little change to the score since the 2011 survey.  c) Not achieved - there has been little change to the score since the 2011 survey.  d) Not achieved - there has been no change to the score since the 2011 survey. 

CLINICAL EFFECTIVENESS

Priority	**Benchmarking clinical outcomes.**
Target	Improve analysis of our clinical performance against key quality indicators, benchmarked against national and local comparisons and against our own performance.
2012/13 status	✓Achieved. • The Clinical Effectiveness Steering Group (CESG) has regularly reviewed outcome data produced by the NHS Midlands and East Quality Observatory Dashboard, which provides an assessment of quality against the NHS Outcome Framework. • The Trust has participated in the national Patient Reported Outcome Measures (PROMs) programme and has achieved consistently above the national average in regard to patient health gain. • The Trust has participated in the National Clinical Audit and Patient Outcome Programme (NCAPOP) and has regularly reviewed the outcomes of these through the Clinical Effectiveness Steering Group; these have been reported to the Board on a regular basis.

Priority	**Reduce re-admissions.**
Target	a) Collect and analyse readmission data. b) Learn lessons and reflect on the quality of patient care.
2012/13 status	✓Achieved. • The Trust publishes re-admission data daily on the Trusts intranet to enable

	specialties to identify and review their readmission data to identify and learn if admissions were avoidable. • Analysis of re-admission rates this year has revealed a 19% reduction. An audit of readmissions performed with the Commissioners suggested that around 20% of readmissions were avoidable. Actions by agencies outside the acute Trust are required to stop these avoidable readmissions. Actions both within and outside the Trust are being taken to further reduce the rate of re-admissions. • The above have been reported to the Board on a regular basis.

Priority	**Ensure all National Confidential Enquiries recommendations are implemented as appropriate.**
Target	Ensure all appropriate NCEPOD recommendations are implemented.
2012/13 status	✓Achieved. • The CESG has appointed clinical leads to review the recommendations from each of the relevant studies. The leads ensure a gap analysis is completed and highlight areas where the Trust can improve practice by learning from the reports. • The CESG continue to monitor the progress of actions against the recommendations, these have been reported to the Board on a regular basis and also to our Commissioners Clinical Quality Review meetings.

Priority	**To monitor and improve Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality (SHMI) indicators.**
Target	To monitor HSMR and SHMI rates on a monthly basis and to scrutinise underlying data to ensure action is taken where appropriate.
2012/13 status	✓Achieved. • This is a standing monthly agenda item at the CESG meeting where the SHMI and HSMR indicators provided by Dr Foster are reviewed and any alerts are investigated to learn lessons from the underlying trends. • Both HSMR and SHMI indicators are reported monthly to the Board.

Statement of assurance from the Board

Review of services

During 2012/2013 the Portsmouth Hospitals NHS Trust provided and sub-contracted 36 NHS services.

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

The income generated by the NHS services reviewed in 2012/2013 represents 86% of the total income generated from the provision of NHS services by the Portsmouth Hospitals NHS Trust for 2012/2013.

Participation in clinical audits

During 2012/2013, 39 national clinical audits and 7 national confidential enquiries covered NHS services that Portsmouth Hospitals NHS Trust provides.

During that period Portsmouth Hospitals NHS Trust participated in 97.4% (38/39) national clinical audits and 100% (7/7) national confidential enquiries of those it was eligible to participate in.

Portsmouth Hospital NHS Trust participated in all eligible national audits in 2012/13 except:

- Parkinson's Disease national audit. The Trust participated in the previous year's audit and produced an action plan, it was agreed to participate in next year's audit once all actions have been implemented to be able to demonstrate changes in current practice.

The national clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in, and for which data collection was completed during 2012/2013, 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 50 (this number is from both 2012/13 and some reports that were published from data supplied in 2011/12) national clinical audits were reviewed by the provider in 2012/2013 and Portsmouth Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided.

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in during 2012/2013			
Audit	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
National Clinical Audits			
British Thoracic Society - Adult Asthma	Yes	100%	Report published January 2013 and is currently being reviewed by the audit lead for Respiratory medicine to develop an action plan.
British Thoracic Society - Adult Community acquired Pneumonia	Yes	100%	The Trust is in line with National Results. Antibiotic cards showing correct guidelines for use by Junior Doctors in the Emergency Department have been developed to fit with their ID badges as a result of previous audit recommendations.
British Thoracic Society - Bronchiectasis	Yes	100%	The bronchiectasis service continues to demonstrate high diagnostic and clinical standards. Once again low admission rates have been demonstrated in a population of

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in during 2012/2013			
Audit	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
			patients with more severe disease than the national average suggesting the home IV antibiotic service is successfully treating patients at home who would be admitted elsewhere.
British Thoracic Society - Non Invasive Ventilation	Yes	100%	The Trust is in line with National Results even though the Trust is working with a "sicker" patient population. Compared to 2011, the Trust has improved implementation of oxygen cards since the previous audit results.
British Thoracic Society (BTS) - Paediatric Asthma	Yes	100%	Reassuringly good results showing adherence to BTS guidelines and improvement in figures since the last audit which was carried out 2 years ago.
British Thoracic Society - Paediatric Pneumonia	Yes	100%	Results from the audit show the Trust is in line with the guideline requirements and have shown improvements in regard to microbiological sampling and confirmation of causative organisms since the previous report. The overuse of Physiotherapy was highlighted by this audit and discussions have taken place with the Physiotherapists to improve this.
British Thoracic Society - Emergency use of Oxygen	Yes	100%	Report published December 2012 and is currently being reviewed by the audit lead for Respiratory medicine to develop an action plan.
Bowel Cancer Audit (NBOCAP)	Yes	100%	Results for treatment of colorectal cancer are excellent. The mortality for elective resections is 1.4% and for emergency is 2.1%. Major morbidity is recorded in 4.5%. This compares with a 3.7% overall mortality and 6.5% emergency mortality from NBOCAP data. Laparoscopic approach is adopted in 85% of patients in the Trust; the national average is around 30% as per NBOCAP data.
Head & Neck Cancer Audit (DAHNO)	Yes	98%	The latest report congratulated the South Central Multi-Disciplinary Team for completeness of data submission for staging, performance status and co morbidity. This audit identified weakness in the coding structure which makes it difficult to associate outcomes with surgical techniques.
Lung Cancer Audit- (LUCADA)	Yes	94%	This report has highlighted that Portsmouth has one of the highest incidence of mesothelioma in the country with approximately 45 cases per year. The Trust is working to introduce a dedicated pleural service.

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in during 2012/2013			
Audit	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100%	Report published July 2012 and an action plan is being implemented.
College of Emergency Medicine - Fever in Children	Yes	100%	The Trust performed very well in this audit, with results above the national average, showing a significant improvement in results since the previous audit report published in 2010.
College of Emergency Medicine - Fractured Neck of Femur	Yes	100%	The Trust performed very well in this audit, with results above the national average for most standards except the administration of analgesia within guidelines and the re-evaluation of pain scores. Further education and distribution of an analgesia policy for bone injury is to be carried out this year.
College of Emergency Medicine - Renal Colic	Yes	100%	The Trust as a whole is performing well in meeting the guidelines, with improvements seen in pain scoring and re-evaluation since the last audit. There is also good compliance with local guidelines of care and follow up.
Adult Critical Care (ICNARC)	Yes	100%	The Department of Critical Care has consistently performed very well across all standards with reports indicating a better than predicted survival rate for our patients.
Adult cardiac surgery	Not relevant	N/A	Not applicable.
Congenital heart disease - Paediatric cardiac surgery	Not relevant	N/A	Not applicable.
Coronary Interventions	Yes	97.5%	The Trust now offers 24/7 care and has one of the largest centres in the UK. The Trust is in line with national requirements and the results are better than other local Trusts.
Heart Failure	Yes	100%	The report highlighted the need to create synergies with community heart failure services, this has now happened with the introduction of Heart Failure nurses within the community. The audit highlighted the requirement for a personalised management plan for all patients with input from a multidisciplinary heart failure team. The number of heart failure nurses has been increased in the department.
Myocardial Infarction National Audit Project (MINAP)	Yes	100%	The Trust is the largest provider of Percutaneous Coronary Intervention (PCI) in the region with excellent outcomes and mortality figures. The Trust has held two very successful paramedic education days in 2012, with plans for further days in 2013 to ensure patients are brought directly to

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in during 2012/2013			
Audit	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
			the Catheter Labs rather than through the Emergency Department.
Pulmonary hypertension	Not relevant	N/A	Not applicable.
Cardiac Arrhythmia	Yes	100%	Overall rates of device implants have improved since the 2009 report and are comparable with other trusts. Rates of pacemaker insertion have increased and are now above national targets, although Cardiac Resynchronisation Therapy (CRT) and Implantable Cardioverter Defibrillators (ICD) rates remain below national targets. Actions have been put into place and the Trust awaits the forthcoming audit results to see if improvements have been achieved.
Cardiac Arrest (ICNARC)	Yes	100%	The results show that the Trust is performing as well as other Trusts within the audit. The Resuscitation Department also conducts a more in-depth in-house audit which shows that although there has been a slight increase in the number of cardiac arrests, the survival rate has been increasing.
Adult Diabetes (NaDIA)	Yes	100%	The Trust has introduced a new drug chart for insulin prescriptions and a new IV insulin prescription process along with new blood glucose monitoring charts. This is to ensure that the Trust's care for diabetes patients becomes a national beacon of good practice.
Paediatric Diabetes (Royal College of Paediatrics and Child Health – RCPCH)	Yes	100%	Report published September 2012, unfortunately data that the Trust supplied was not reflected in the report, the RCPCH have apologised for this oversight and the Trust is awaiting a local report to develop an action plan.
National Joint Registry (NJR)	Yes	73%	The Trust has not been identified as a performance outlier for hip/knee revision or mortality rates.
National Pain Database	Yes	83%	The audit identified a lack of physiotherapy and psychological support nationally within the recommendations for Pain Clinic Departments. The Trust is currently negotiating referrals within the community for these services.
UK Inflammatory Bowel Disease audit (IBD)	Yes	100%	Overall performance in the key aspects of adult IBD in-patient care was similar to that achieved nationally. Any necessary action will be taken to improve IBD services including use of bone protection and stool microbiological testing as recommended.

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in during 2012/2013			
Audit	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
Renal Registry	Yes	100%	Processes have been revised to streamline collection of registration co-morbidity. Data currently reviewed in this report is significantly out of date and may not be an accurate reflection of the current situation for the parameters measured. It is the intention of the Renal Registry to improve this situation by publishing data following an initial validation on a quarterly basis.
Prescribing in Mental Health Services (POMH)	Not relevant	N/A	Not applicable.
Psychological Therapies (NAPT)	Not relevant	N/A	Not applicable.
National Vascular Database (NVR/NVD)	Yes	100%	Abdominal Aortic Aneursyms (AAA) - since the last report published in 2010 the Trusts mortality rate has improved.
Dementia	Yes	95%	Every Ward within the Trust now has a dementia nurse champion and action plans are in place to further improve services and pathways. A dementia friendly ward has been opened within the hospital.
Carotid Interventions	Yes	100%	The Trust is performing well against benchmarks for stroke/death. The Vascular unit has benefited from the implementation of a daily Transient Ischaemic Attack (TIA) clinic run by the stroke physicians and is aiming to provide a date for surgery at the point of referral.
Parkinson's Disease	No	N/A	Did not participate.
Stroke (SSNAP)	Yes	100%	The results of this audit show the Trust performing well nationally, showing improvement from the 2010 results. The Trust has introduced a 24 hour thrombolysis service and daily TIA clinics. The Trust has one of largest stroke units in the country.
Patient Reported Outcome Measure's (PROM's)	Yes	73.7%	The Trust has consistently demonstrated above average patient health gains in Hip, Knee and Varicose Vein procedures (data period April 2012 – September 2012).
Hip Fracture Database (NHFD)	Yes	100%	The Trust continues to be one of the highest ranked hospitals in all domains of the Hip Fracture database.
Trauma Audit & Research Network (TARN)	Yes	58%	The Trust participated in all 3 of the TARN topics for this period and has produced an action plan to improve the amount of data submitted to this database.
NHS Blood and Transplant UK - Transplant Registry:	Not relevant	N/A	Not applicable.

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in during 2012/2013			
Audit	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
Intra-thoracic			
NHS Blood and Transplant UK - Renal Transplantation (Transplant Registry)	Yes	100%	The Trust has seen a dramatic increase in donation and referral rates in the past 12 months. The Trust continues to explore ways to publicise and improve awareness of organ donation including developing e-resources available to staff to help enable them to facilitate donations.
NHS Blood and Transplant UK - Potential Donor Audit	Yes	100%	The report demonstrates a dramatic increase in donation and referral rates of potential donors in the past 12 months.
Cardiothoracic Transplant	Not relevant	N/A	Not applicable.
Comparative Audit of Blood Transfusion - Sample Labelling Errors	Yes	100%	Overall the Audit showed the Trust has a much higher than average rejected sample rate. The audit has been discussed at the Hospital Transfusion Committee and an action plan is in place. This includes local education and training in the Emergency Department and Women and Childrens specialties.
National Epilepsy12 Paediatric Audit	Yes	100%	Care of children with epilepsy in Portsmouth compares very favourably with National Standards with two standards being better than the national average. An action plan has been put into place to educate staff in the appropriate first clinical assessment for children with epilepsy.
National Neonatal Audit Programme (NNAP)	Yes	100%	The Trust is at or above the national average for all indicators for Level 3 Units, although measures have been put in place to improve data collection.
Paediatric Intensive Care Audit Network (PICANet)	Not relevant	N/A	Not applicable.
National Confidential Enquires			
National Review of Asthma Deaths (NRAD)	Yes	100%	On-going review. Report not yet received.
Child Health - Epilepsy (RCPCH)	Yes	100%	On-going review. Report not yet received.
Maternal Infant and Perinatal (MBRACE)	Yes	100%	On-going review. Report not yet received.
NCEPOD - Cardiopulmonary Rehabilitation - Time to Intervene	Yes	100%	An action plan has been implemented within the Trust covering all recommendations from this report and local audits have been carried out or are planned to ascertain the level of improvement.
NCEPOD - Bariatric Surgery - Too Lean a Service	Yes	100%	The recommendations from this study are being reviewed to highlight areas where the Trust can improve practice.
NCEPOD- Subarachnoid	Yes	100%	On-going review. Report not yet received.

National clinical audits and national confidential enquiries that Portsmouth Hospitals NHS Trust participated in during 2012/2013			
Audit	**Participation**	**% cases submitted**	**Outcomes / Actions to improve quality of healthcare**
Haemorrhage			
NCEPOD - Death Following Alcohol Related Liver Disease	Yes	100%	Report due 14th June 2013.
Suicide and Homicide in Mental Health	Not relevant	N/A	Not applicable.

The reports of 104 local clinical audits were reviewed by the provider in 2012/2013 and Portsmouth Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided. Examples of local audits and actions taken to improve quality can be seen in the table below.

Local clinical audits	
Audit	**Comments and actions to improve quality of healthcare**
Compliance with NICE Clinical Guideline 50	There will be a Trust-wide focus throughout 2013 to improve documentation of physiological observations at time of admission/initial assessment by medical and nursing staff through education and linking with the review of nursing documentation work streams.
Antimicrobial Prescribing in Portsmouth Hospital Trust	This was a re-audit from 2011 which was carried out in all specialties within the Trust. The results have shown that the proportion of patients on inappropriate antimicrobials has reduced by 10%. The Trust is looking at introducing a ward based audit tool and a smart phone application to support decision making.
Shoulder Dislocation in the Emergency Department	There has been re-design of assessment notes to encourage pain scoring and re-evaluation and the introduction of a laminated poster in minors as an aide memoire.
Pre-operative MRSA screening in Breast Cancer patients	The results show that the Trust is adhering well to the Trust guidelines for recognition, treatment and prevention of MRSA infection / colonisation. This subject is to be re-audited again in 6 months to ensure that standards remain high.
Suitability of Cancer Waiting Times in the upper endoscopy service for the diagnosis of head and neck malignancy	The audit results showed that 15-20% of patients required an in-patient stay when they could have been investigated under local anaesthetic. A business case was approved to set up a one-stop service within the Trust.

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 2012/2013, that were recruited during that period to participate in research approved by a research ethics committee was 4,161.

Of these patients, 3,421 (82%) were recruited into clinical studies adopted onto the National Institute for Health Research (NIHR) Portfolio, with 740 (18%) 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 2012/2013, Portsmouth Hospitals NHS Trust has participated in a total of 318 clinical research studies, 77% of these studies were NIHR Portfolio adopted.

More than 30 clinical Departments participated in research approved by a research ethics committee at Portsmouth Hospitals NHS Trust during 2012/2013, covering a number of specialities and clinical support departments.

Our involvement in NIHR research shows our commitment to high-quality, NHS-focussed research, and our desire to improve patient outcomes and experience across the NHS. Our engagement with clinical research also demonstrates Portsmouth Hospitals NHS Trust commitment to offering patient's opportunities to help evaluate the very latest medical treatments and techniques. This commitment is affirmed in our 5 strategic goals, which were approved by the Trust's Senior Management Team in January 2011. In November 2011 the Trust was highly commended in the Health Services Journal Awards for its step-change in research culture.

GOALS AGREED WITH COMMISSIONERS

A proportion of Portsmouth Hospitals NHS Trust income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between Portsmouth and Hampshire PCTs and all associates for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Our total contractual CQUIN for 2012/13 was £8,838m and of that we obtained £7,645m. The year-end loss was attributed to partial achievement of the ED target; MRSA target; National In-Patient survey and local CQUIN related to frail/elderly admissions.

STATEMENTS FROM THE CARE QUALITY COMMISSION

Portsmouth Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is 'registered'. Portsmouth Hospitals NHS Trust has no conditions upon its registration.

The Care Quality Commission has not taken any enforcement action against Portsmouth Hospitals NHS Trust during 2012/13.

On 5th and 6th March 2013 the CQC undertook a routine unannounced inspection. The picture below demonstrates that the Trust was compliant across all standards inspected.

Care Quality Commission **Inspection Report**

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Queen Alexandra Hospital

Queen Alexandra Hospital, Southwick Hill Road, Cosham, Portsmouth, PO6 3LY
Tel: 02392286000

Date of Inspections: 06 March 2013
05 March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

A full copy of the report can be found on the CQC website at the following link http://www.cqc.org.uk/directory/rhu03.

DATA QUALITY

Portsmouth Hospitals NHS Trust submitted records during 2012/2013 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 which:

Included the patient's valid NHS number:
- 99.0% for admitted patient care (national average 99.1%)
- 99.7% for outpatient care (national average 99.3 %)
- 98.2% for accident and emergency care (national average 94.9%)

Included the patient's valid General Medical Practice Code:
- 99.8% for admitted patient care (national average 99.9%)
- 99.6% for out-patient care (national average 99.9%)
- 99.9% for accident and emergency care (national average 99.7%)

We were subject to a Payment by Results (PbR) clinical coding audit by the Audit Commission which looked at two areas General Medicine and Obstetrics. The error rates reported for diagnoses and procedural coding were:

	2011/2012	2012/2013	
		General Medicine	Obstetrics
Primary Diagnoses Incorrect	11% (89% accuracy)	11.3 % (88.7% accuracy)	10% (90%accuracy)
Secondary Diagnoses Incorrect	5.5% (94.5% accuracy)	13% (87% accuracy)	8% (92%accuracy)
Primary Procedures Incorrect	11.1% (88.9% accuracy)	25.9% (74.1% accuracy)	2.4% (97.6%accuracy)
Secondary Procedures Incorrect	12.2% (87.8% accuracy)	22.6% (77.4% accuracy)	12.6% (87.4%accuracy)

It should be noted that general medicine undertake very few procedures in the specific areas audited and therefore any errors in coding significantly affect the percentage score.

At the time of producing this Account, benchmarking data is not available.

Monitoring the accuracy of data on our electronic systems is recognised as critical as this supports other quality reporting, monitoring and assurance mechanisms. The Trust internal audit programme has included specific data quality audits for 2013/14 to increase the focus on improving data quality to support service delivery.

Information Governance Toolkit attainment levels

Information Governance is concerned with the way we handle or "process" our information. It covers personal information (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 2012/2013 was 85% and was graded "Not Satisfactory".

There have been no serious incidents relating to information governance in 2012/13. Therefore, no incidents that have been reported to the Information Commissioner's Office.

National Quality Priorities

The following are a core set of indicators which are to be included in 2012/13 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.

SHMI

	July 2011 – June 2012				October 2011 – September 2012			
	PHT	**National Average**	**Highest**	**Lowest**	**PHT**	**National Average**	**Highest**	**Lowest**
The value of the summary hospital-level mortality indicator ("SHMI") for the Trust.	0.99	1.00	1.25	0.71	1.01	1.00	1.21	0.68
The banding of the summary hospital-level mortality indicator ("SHMI") for the Trust.	2	-	1	3	2	-	1	3
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust.	10.7%	18.4%	0.3%	46.3%	11.0 %	18.9%	0.2%	43.3

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'.

- 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.
- Trust data for April 2012 to January 2013, can be found in part 3 (review of quality performance) of this Account. This data has been obtained from Dr Foster.

The Trust intends to take / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- Monitor and act upon underlying data.
- Increased focus on specialty review of mortality in order to identify underlying trends.
- Further scrutiny of depth of coding to increase accuracy.

Patient Reported Outcome Measures (PROMs)

	April 2009 – March 2010				April 2010 – March 2011			
	PHT	**National Average**	**Highest**	**Lowest**	**PHT**	**National Average**	**Highest**	**Lowest**
Groin hernia surgery	0.060	0.082	0.136	0.011	0.098	0.085	0.156	-0.020
Varicose vein surgery	*	0.094	0.150	-0.002	*	0.091	0.155	-0.007
Hip replacement surgery	0.410	0.411	0.514	0.287	0.410	0.405	0.503	0.264
Knee replacement surgery	0.295	0.294	0.386	0.172	0.302	0.298	0.407	0.176

*Data not published due to small numbers of procedures.

- 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.
- Trust data for April 2012 to January 2013, can be found in part 3 (review of quality performance) of this Account. This data has been obtained from the Health and Social Care Information Centre.

The Trust intends to take / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- The Trust will continue to monitor the Trusts performance to ensure the operations our patients receive, improve their health compared with their health before they had their operation.

Re-admission within 28 days

	April 2009 – March 2010				April 2010 – March 2011			
	PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)
Percentage of patients aged 0 to 14	11.40%	10.18%	16.50%	6.12%	12.36%	10.15%	14.34%	6.49%
Percentage of patients aged 15 or over	10.55%	11.16%	13.19%	8.92%	10.89%	11.42%	14.09%	9.18%

- 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 / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- The Trust will continue to provide daily re-admissions reports to the Clinical Service Centres in order that specialties can identify common themes and reasons for re-admission and then introduce appropriate programmes of work to reduce the number.

Trust responsive to the personal needs of its patients

	April 2010 – March 2011				April 2011 – March 2012			
	PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest
5 key questions from In-patient survey	65.7	67.3	82.6	56.7	65.9	67.4	85.0	56.5

- 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.
- Trust data for 2012/13, can be found in part 3 (review of quality performance) of this Account. This data has been obtained from the Care Quality Commission National In-patient survey report.

The Trust intends to take / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- The Trust will continue to improve the near-patient pharmacy service, with a focus on ensuring patients are provided with information relating to medication side-effects.
- The Trust will continue to monitor and act upon real time patient feedback to ensure continuous service improvement.

Staff who would recommend the Trust as a provider of care to their family or friends

	2011				2012			
	PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest
National Staff Survey results	57%	62%	89%	33%	57%	62%	86%	35%

- 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 / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- The Trust is implementing a Listening into Action (LiA) programme for staff. This will put clinicians and staff at the centre of change for the benefit of our patients, our staff and the organisation as a whole.

VTE Risk Assessment

Percentage of patients receiving a VTE Risk Assessment.	PHT	National Average	Highest	Lowest
Quarter 4 2011-12	93.0%	92.5%	100%	69.8%
Quarter 3 2012-13	93.3%	94.1%	100%	84.6%
Quarter 2 2012-13	94.3%	93.8%	100%	80.9%
Quarter 1 2012-13	93.6%	93.4%	100%	80.8%

- 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 / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- A focus on the building on the improvements outlined in part 3 to increase compliance with assessment and thromboprophylaxis to 95%.

C.Difficile								
	April 2010–March 2011				April 2011–March 2012			
	PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest
Rate per 100,000 bed days of C.Difficile infection amongst patients aged 2 or over.	26.8	29.6	71.8	0	19.8	21.8	51.6	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 intends to take / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- The Trust will continue with the actions identified in part 3 as these led to the successful reduction of C.Difficile in 2012/13. In particular rigorous isolation and a focus on intravenous devices.

Patient Safety Incidents								
	Oct 2011–Mar 2012				April 2012–Sept 2012			
	PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)	PHT	National Average	Highest (Large Acute)	Lowest (Large Acute)
Number of patient safety incidents.	3,772	3,838	6,549	822	4,077	4,060	6,485	859
Rate of patient safety incidents.	5.91	6.16	9.75	1.93	6.24	6.69	13.61	1.99
Number of patient safety incidents that resulted in severe harm or death.	80	28.6	94	0	51	29	98	2
Percentage of patient safety incidents that resulted in severe harm or death.	2.1	0.8	3.3	0	1.2	0.7	2.5	0

- 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.
- Trust data for 2012/13, can be found in part 3 (review of quality performance) of this Account. This data has been obtained from the internal incident reporting system Datix. For the reporting period April 2012 to September 2012 the National data is reporting 51 incidents resulting in severe harm or death, whereas Trust data is showing a total of 60 incidents (59 patient safety related incidents and 1 non-patient safety related incident). This discrepancy is due to multiple factors, such as, not all serious incidents being patient related, NRLS reporting deadlines not matching internal Trust deadlines and the Trust transition from a paper based system to an electronic system in year. 1 incident reported to the NRLS is not showing in their reported figures.

The Trust intends to take / has taken the following actions to improve this percentage / proportion / score / rate / number, and so the quality of its services, by:

- The Trust will continue to focus on increasing reporting through DatixWeb to ensure that rates are achieved pre-implementation. We consider a high reporting rate to reflect a safety conscious culture amongst our staff.
- Increase methods to share learning identified through analysis of incidents across the whole organisation.

PART 3: REVIEW OF QUALITY PERFORMANCE

This part of the Quality Account provides an overview of the quality improvements achieved by us in 2012/2013. This provides more detail on how we have performed against the priorities set in our 2011/2012 and additional service and quality improvements. This information provides insight into the quality of services for the public and local NHS.

All data contained within this section is correct at the time of producing the Account, but may be subject to change following year-end validation.

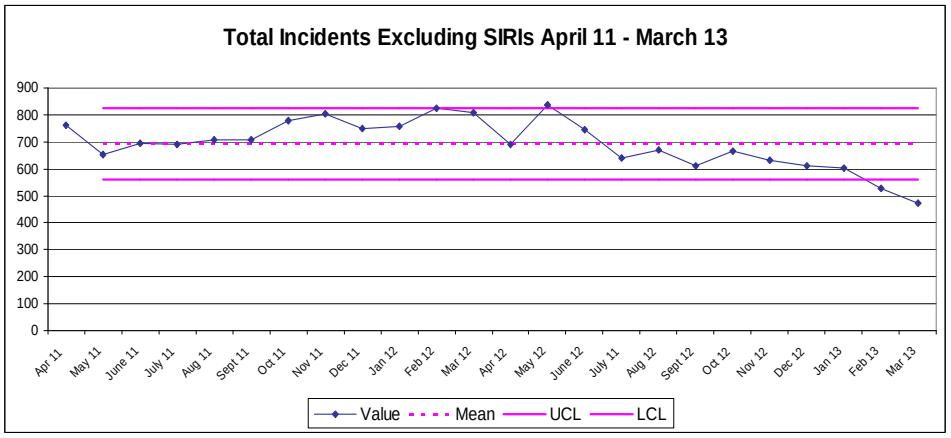
PATIENT SAFETY

Patient Safety is the process by which an organisation makes patient care safer. This involves: risk assessment; the identification and management of patient-related risks; the reporting and analysis of incidents; and the capacity to learn from and follow-up on incidents and implement solutions to minimise the risk of them recurring.

Patient Safety incidents (adverse incidents)

The reporting of all adverse incidents is vital to help us analyse the type, frequency and severity of incidents and to use that information to make changes to improve care. By learning from adverse incidents we are able to put processes in place to reduce the risk of these being repeated.

The chart below shows the total incidents excluding Serious Incidents Requiring Investigation (SIRIs) which have been reported. As can be seen, there has been a reduction in reported incidents since October 2012.



A transient reduction in incident reporting was anticipated in the transition of moving to the new electronic incident reporting system (DatixWeb) and is being closely monitored. We have also seen a reduction in the number of incidents reported as having had a moderate level of harm (amber) from 348 to 330.

We encourage all staff to report adverse incidents through our incident reporting system and monitor the numbers of patient safety incidents and themes on a monthly and quarterly basis through our Board Quality reports. The CSCs also monitor incidents through their Governance meetings.

Improvements delivered in 2012/13:

- To make the process of reporting incidents easier and to enable more timely data collection and reporting, we have implemented a web-based reporting system: DatixWeb. This will make the reporting of incidents much easier and 'real-time', as it will no longer require the completion of paper forms. It will also enable us to gather more in-depth data, which can be used to improve patient and staff safety.

Further improvements sought in 2013/14

- We shall continue to focus on increasing reporting as DatixWeb is rolled out across the Trust to ensure that rates achieved pre-implementation numbers. We consider a high reporting rate to reflect a safety conscious culture amongst our staff.

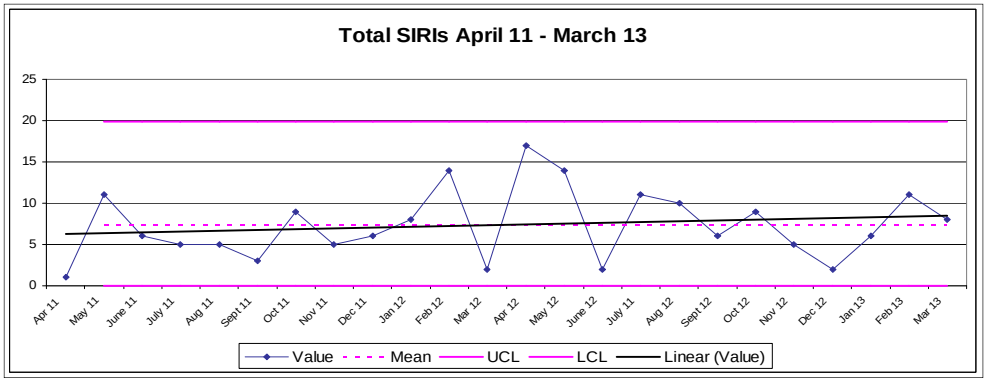
Serious Incidents Requiring Investigation (SIRI)

Any incident that is classified as a potentially serious 'red' incident is subject to a panel review, within 48 hours of the incident occurring. If the panel determines that a serious incident has occurred a full investigation is undertaken and the report presented to the relevant review group, where the learning from the incident can be discussed and disseminated. Following review, the reports and appropriate action plans are submitted to our Commissioners who provide an independent review of the investigation to ensure appropriate actions have been taken.

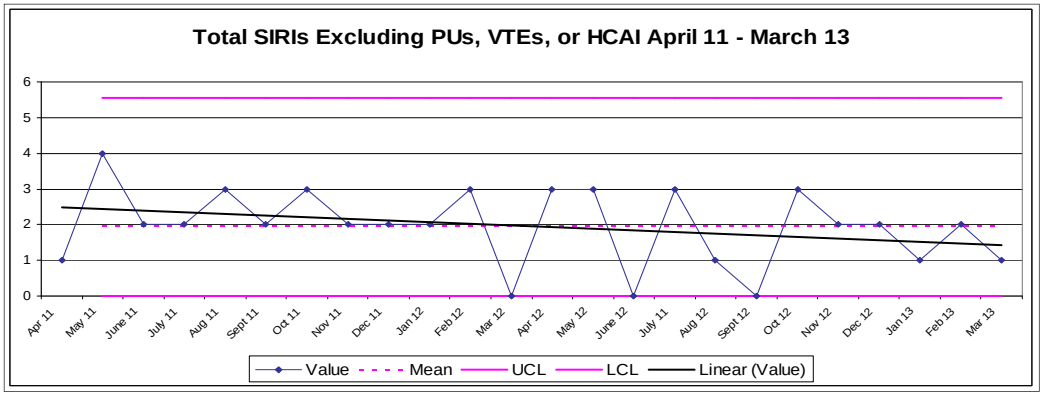
The total number of SIRIs in 2012/2013 is 101 (including those relating to infection control) compared to 75 (excluding those relating to infection control) in 2011/2012.

TOTAL TRUST – serious incidents requiring investigation		
Period	**2012/2013**	**2011/2012**
April – June	33	18
July – September	27	13
October – December	16	20
January – March	25	24
Total	**101**	**75**

The chart below shows the total number of SIRIs including pressure ulcers and VTE events.



It is to be noted, that hospital associated VTE events have been reported as SIRIs since Quarter 3 2011/12 which has increased the overall number of SIRIs. Excluding these VTE events there is an overall downward trend in the number of reported SIRIs within the period January 2011 to March 2013. As can be seen from the chart below, when removing pressure ulcers and VTE events from the figures, the Trust continues to maintain SIRI numbers between 0-3 per month.



A summary on the status of all serious incidents is presented to the Board on a monthly and quarterly basis through our Board Quality reports. This provides the Board with a comprehensive picture of our serious incidents and enables them to consider any further actions or assurance which may be required.

Improvements delivered in 2012/13:

- Lessons learnt from SIRIs are presented to the Board, Governance and Quality Committee and Commissioners on a quarterly basis.

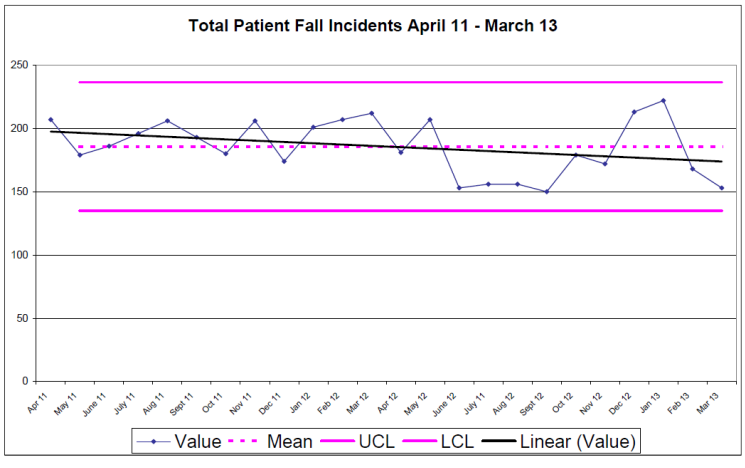
Falls

As part of the Quality Contract the Trust was required to achieve a 10% reduction in moderate and severe harm (amber and red incidents); with a reduction target of 33 based on 2011/12 outturn of 37.

We achieved a year-end position of 38 moderate and severe falls incidents (subject to validation) therefore the 10% reduction target was not met.

Although the reduction target has not been met, there has been a reduction in the number of red (severe events) by 4 from 2011/12, indicating that although there has been an increase in total injurious falls, the overall severity of harm has reduced.

The chart below demonstrates an overall reduction in the number of falls incidents reported.



Improvements delivered in 2012/13:

- Introduction of the FallSafe Care Bundle to 15 wards started in December 2012. This is a series of evidence-based interventions proven to improve the quality of assessment and management and reduce falls.
- Thematic analysis of all amber incidents has produced a list of priority areas to be agreed by the Falls Prevention Strategy Group in April 2013.

- RIDDOR and Safeguarding prompts have been incorporated into falls investigation/root cause analysis template.

Further improvements sought in 2013/14:

- A focus on the reduction in falls will continue in 2013/14, with the aim to achieve a further 10% reduction. This means we can have no more than 34 falls (subject to validation) which result in moderate/severe harm.
- The numbers of patient falls and actions being taken are reported to the Board on a monthly and quarterly basis.
- Embed the FallSafe care bundle work in the existing 15 wards and extend to the rest of the hospital
- Update the patient/ carer information leaflet in line with new NICE guidance.
- Evaluate and extend the use of electronic falls alarms across wards with high risk patients
- Complete an audit examining the risk profiles of patients who are admitted via MAU on repeated occasions in a year with falls related conditions.

Venous Thrombo-embolism (VTE)

RISK ASSESSMENT AND INITIATION OF THROMBOPROPHYLAXIS

The Trust achieved the CQUIN requirement of 90% of all adult in-patients having had a VTE risk assessment on admission to hospital per month and the requirement to initiate thromboprophylaxis to 92% of patients identified as being at risk of VTE; as can be seen below.

Improvements delivered in 2012/13:

- Weekly VTE prevention dashboards are now sent out to Senior Medical, Nursing and Management staff within the CSC's to highlight compliance with key NICE and CQUIN targets.
- All Hospital Associated Thrombosis (HAT) events are investigated. A theme analysis across the avoidable HAT events is being undertaken to highlight common and key areas for improvement.
- The structure and function of the Thrombosis Committee is being reviewed.

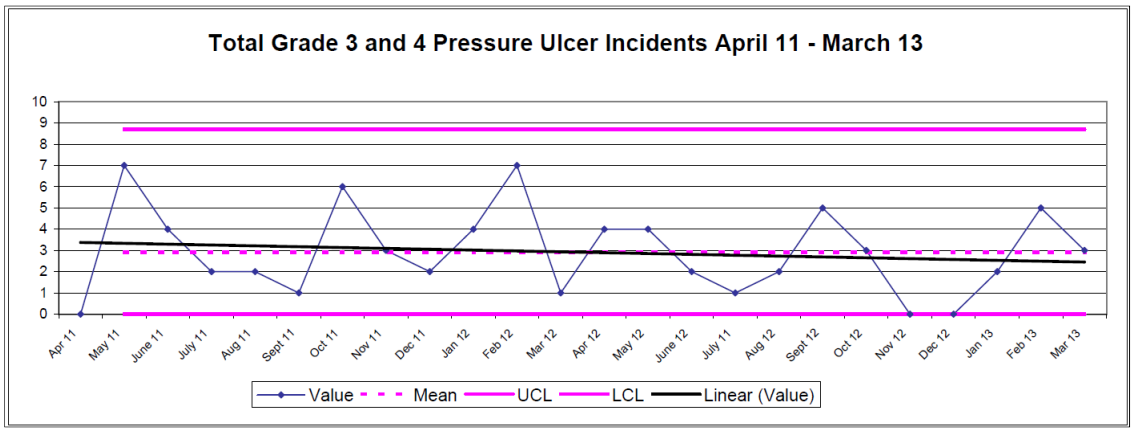
Further improvements sought in 2013/14:

- A focus on the building on the above improvements to increase compliance with assessment and thromboprophylaxis to 95%.

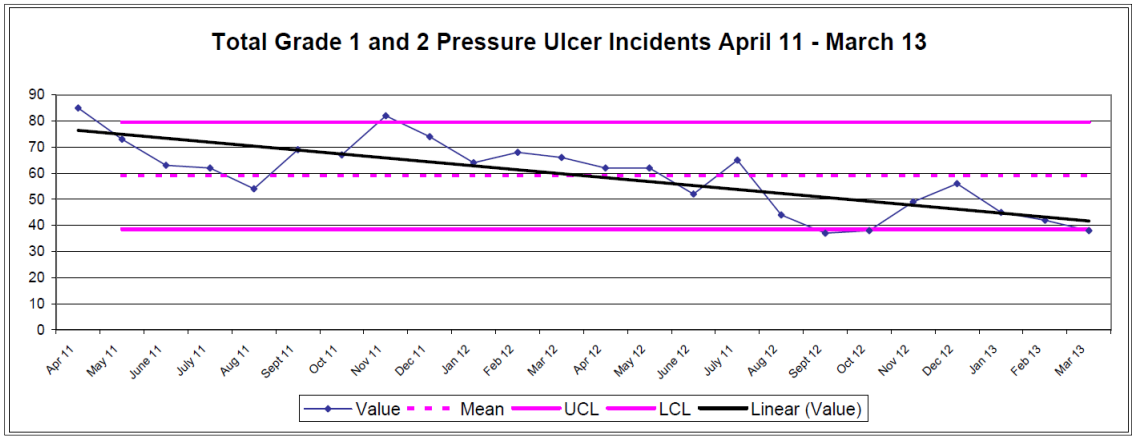
Pressure Ulcers

As part of the Quality Contract the Trust was required to reduce the number of avoidable hospital acquired grade 3 and 4 pressure ulcers by 10%; with a reduction target of 36 based on a 2011/12 outturn of 39.

The Trust has exceeded the reduction target with 31 avoidable grade 3 and 4 pressure ulcers against a year-end target of 36.



The number of reported grade 1 and 2 pressure ulcers has reduced further over quarter 4, as can be seen from the chart below.



Improvements delivered in 2012/13:

- Targeted improvement of nursing interventions at grade 1 and 2.
- Roll out of Braden assessment tool is currently underway, with 1 CSC remaining to complete roll-out.
- Refreshing of all CSC and Trust-wide pressure ulcer prevention reduction action plans, which are reviewed at the pressure ulcer working group.
- Introduction of a process led by clinical teams in the MSK CSC to assess and implement where appropriate new pressure ulcer prevention strategies.

Medication

As part of the Quality Contract the Trust was required to reduce the number medication incidents that result in moderate/severe harm or death by 10%; with a reduction target of 14 based on a 2011/12 outturn of 16.

There have been 13 confirmed amber incidents during the year including 2 unavoidable adverse reactions to medication. This is a reduction of 13% on last year's medication incidents resulting in moderate/severe harm and therefore this target has been achieved.

Improvements delivered in 2012/13:

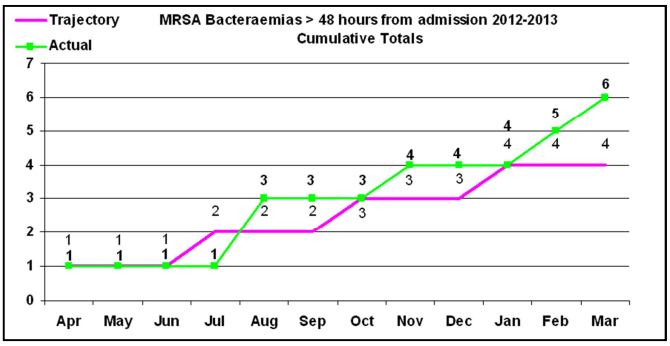
- Internal compliance declared with CQC Outcome 9 (Medicines Management).
- New Prescription Chart modified to include other patient safety work streams including VTE, prevention of falls and Topical Staph Aureus Suppression. This has been approved and is expected to be fully implemented by the end of 2013.
- Subcutaneous Insulin prescription chart and Heparin IV prescription chart in use. Oxygen prescription chart in process of being rolled out.
- Reduction in medication incidents that resulted in moderate/severe harm or death.
- Maintenance of ≥80% achievable stage 2 medicines reconciliation within 24 hours by pharmacy staff.
- 100% of all insulin doses that are prescribed are clearly written without the use of abbreviations throughout the trust.
- Audit of antipsychotic drug prescribing demonstrated no inappropriate prescribing of antipsychotic medication for people with a diagnosis of dementia.

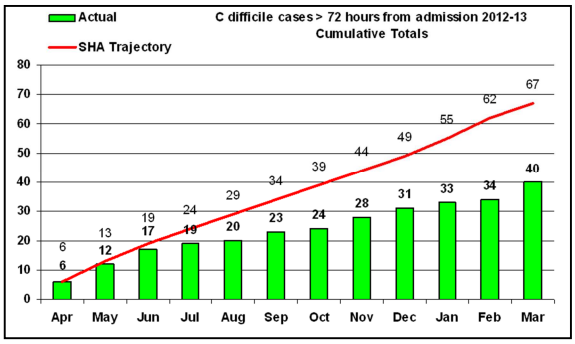
Healthcare Associated Infection (HCAI)

There has been significant focus on infection prevention and control during the year.

We did not achieve the MRSA bacteraemia reduction target with a year-end total of 6 against a trajectory of 4.

We did achieve the C.Difficile reduction target, with a year-end total of 40 cases against a trajectory of 67.





Improvements delivered in 2012/13:

- Although the Trust did not achieve the MRSA bacteraemia reduction target the campaign to ever reduce the number of MRSA infections has continued to focus on 3 areas; the on-going care of intravenous devices, making sure we use an aseptic technique when taking blood samples and inserting intravenous devices and screening and treatment of patients who are colonised with MRSA. A new initiative has been implemented where all emergency admissions are offered the opportunity to wash using special anti-bacterial soap which reduces the presence of any harmful bacteria living on the skin that could later cause complications to the patient. This patient safety initiative has been well received by patients and staff alike.
- The focus has been maintained on reducing the number of Clostridium Difficile (C.Difficile) infections and we have finished the financial year 40% below the target set by the Department of Health, with 40 cases against an objective of 67. We have a daily vetting of all stool samples received in the laboratory to allow us to check that patients suspected of having C.Difficile are isolated in a timely and appropriate fashion. We also carry out prompt, regular reviews of patients with both C.Difficile carriage and infection. In addition, we maintain focus on enhanced cleaning of the patient environment of all patients known to have a history of C.Difficile. To do this we physically test the cleanliness in the patient's room and make sure we comply with the highest standards of hygiene and cleanliness.
- As always hand hygiene is at the heart of all our services. Trust compliance with hand hygiene is monitored on a monthly basis and continues to be very high. Throughout the Trust we have completed installation of the striking red hand hygiene stripes on the walls to remind staff, patients and visitors to remember to wash their hands or to use the alcohol hand rub provided next to the red stripes or at every patient bedside. We have also embarked on a trial of a novel automatic gel- dispensing door handle, which has been well received by users and has had a large positive impact on our hand hygiene compliance figures.
- The beginning of 2012 saw the arrival of the Central Bed Cleaning Service which ran until July. During this time, 14,219 beds were deep cleaned by specially trained staff. The advantages of the service included an increase in patient and staff satisfaction, and greater availability of pressure relieving mattresses. The service was publicised on the local BBC news and radio.

Further improvements sought in 2013/14:

- We have some very difficult performance targets around infection which have been set nationally by the Department of Health. So our main focus will be to meet these targets.
- For example our target for C.Difficile cases has been reduced from 67 cases to 30 cases in the coming year. We hope to achieve this through rigorous isolation of patients, enhanced cleaning protocols, and appropriate management of patients with suspected C.Difficile.

- Our MRSA suppression trial using the special antibacterial soap will continue into the new financial year with the aim of reducing Staphylococcus Aureus (both MRSA and MSSA) infections.
- We will continue to have a big focus on the effectiveness and delivery of the IV access service with a focus on peripheral cannulae, especially in patients with poor or difficult access.
- The team will increase focus on appropriate antimicrobial prescribing in order to reduce cases of MRSA, C.Difficile and other multi drug resistant infections

Patient Experience

National In-Patient Survey

The Trust has received the CQC Survey of Adult In-Patients 2012 report. The report provides comparative data from 2011 and 2012 and a benchmark of trust performance against all other acute trusts in England. The overall care experience rating increased from 7.6 in 2011 to 7.8 in 2012.

The survey comprises 10 sections. Each section is scored independently (see table) and comprises a number of questions. Since the 2011 survey a number of changes have been made including the introduction of new questions and removal of others.

Section	Score 2011	Score 2012	Comparison
Emergency Department	7.7	8.4	⇧
Waiting list and planned admissions	6.1	9.2	⇧
Waiting to get a bed on a ward	8.5	8.0	⇩
The hospital and ward	8.2	8.3	⇧
Doctors	8.5	8.6	⇧
Nurses	8.2	8.2	⇔
Care and treatment	7.3	7.6	⇧
Operations and procedures	8.5	8.3	⇩
Leaving hospital	6.4	6.7	⇧
Overall views and experiences	5.6	5.0	⇩

The trust is reported as “about the same” as other trusts in all bar two of the questions which were reported as “worse than” (previously lowest 20% of performing trusts). These being noise at night from hospital staff and being told how to take medication in a way the patient could understand. The 2011 survey also reported two questions in this category: choice of admission dates and the provision of letters in a way the patient could understand. The first question is no longer reported in the survey and the latter reported a significant improvement from 7.6 to 8.3.

Statistically significant improvements were reported for three questions: the length of time on a waiting list, getting answers to important questions from nursing staff in a way the patient could understand and being involved in decisions about care and treatment.

5 KEY QUESTIONS (CQUIN AND QUALITY ACCOUNT)

The Trust achieved a 1.2 increase on the 2010/11 survey. To achieve full compliance with the CQUIN indicator the Trust was required to achieve a 2.0 increase. Therefore partial compliance has been achieved.

Question	2011	2012	Increase
Were you involved as much as you wanted to be in decisions about your care and treatment?	6.9	7.4	+ 0.5
Did you find someone on the hospital staff to talk to about your worries and fears?	5.8	5.8	-
Were you given enough privacy when discussing your condition or treatment?	8.5	8.6	+0.1
Did a member of staff tell you about the medication side effects to watch for when you went home?	4.5	4.4	- 0.1

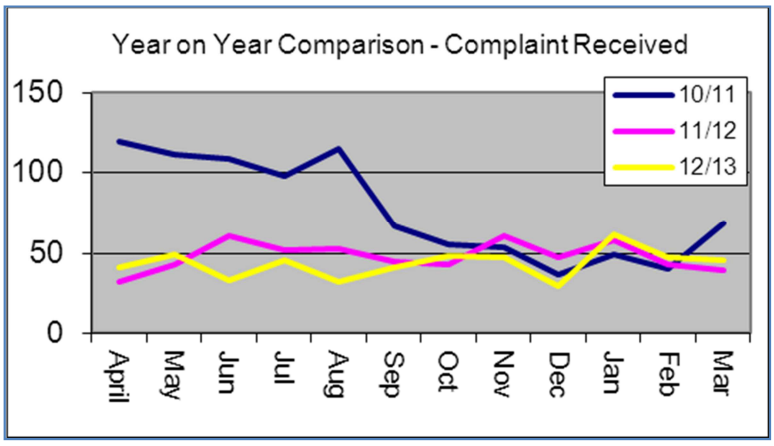
Question	2011	2012	Increase
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	7.3	7.4	+0.1

Complaints

522 complaints were received in 2012/13. This is a reduction of 57 compared to 2011/12 where 579 complaints were received.

The table below shows a summary of how we have managed complaints throughout the year.

Indicator	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Number of complaints acknowledged in 3 working days.	121	119	125	155
Percentage of complaints acknowledged in 3 working days.	96%	100%	100%	100%
Number of complaints by category, CSC/Specialty and outcome.	128	119	125	155
Number of complaints resolved within the timescale agreed with the complainant.	128	119	125	155
Percentage of complaints resolved within the timescale agreed with the complainant (subject to contact).	100%	100%	100%	100%
Number of complaints referred to Ombudsman (%).	7	3	0	3
Number of complaints upheld by the Ombudsman.	0	0	2	0
Number of complaints not resolved with the complainants within the agreed timescale.	0	0	0	0



Further improvements sought in 2013/14:

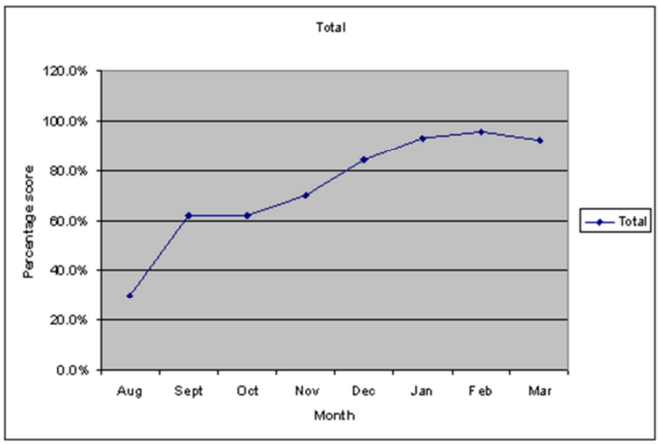
- We intend to focus on further early resolution of concerns and ensuring service improvements are linked to learning from complaints.
- A review of how complaints are shared with the Board will be undertaken.

Dementia

A National CQUIN scheme was introduced in 2012/13 with the aim of improving awareness and diagnosis of dementia using case finding, assessment and investigation and onward referral. The scheme required the Trust to screen for dementia (within 72 hours of admission), risk assess and on-ward refer 90% of patients aged 75 or over admitted as emergency inpatients for three consecutive months.

The Trust implemented a system to screen all non-elective patients over the age of 75 for dementia

and achieved the 90% target of all patients admitted in January, February and March being screened, assessed and on-ward referred if appropriate.



Improvements delivered in 2012/13:

- Training needs analysis completed and dementia training strategy developed. Dementia is now a required element in Trust essential skills for all staff.
- Ward assessments undertaken in three areas, benchmarking against Dementia standards, identifying good practice and areas for improvement.
- Dementia friendly refurbishment of F4 ward.
- Three senior nurses completed Wessex Dementia Champions programme.
- Dementia/delirium module for VitalPAC in development.
- Improvement in national Dementia Audit results.
- Trust signed up for Dementia Friendly Hospital scheme.

Further improvements sought in 2013/14:

- Dementia training programme to be implemented.
- Dementia champions group to be set up with each ward having an identified champion.
- Bid to Department of Health's Improving Environments for People with Dementia to improve ward environments in MOPRS.
- Implementation of VitalPAC module for dementia and Delirium assessment.
- Work with Carers groups to implement CQUIN for dementia.

Clinical Effectiveness

Hospital Standardised Mortality Ratio (HSMR)

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

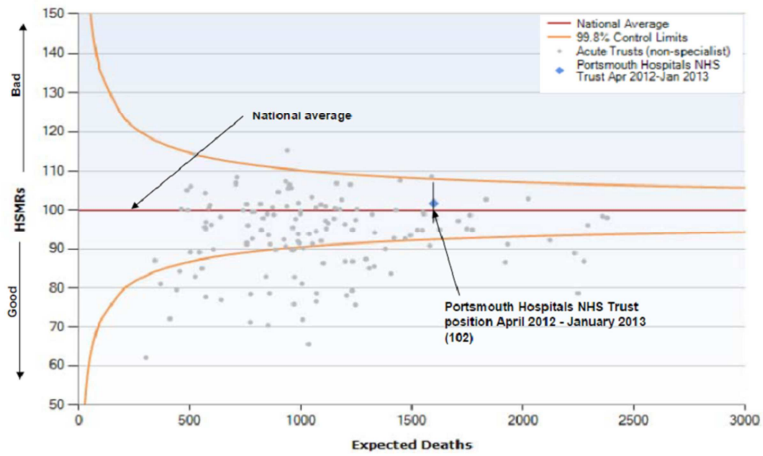
When calculating the rates certain factors are taken into consideration such as the patient's age, the severity of their illness and other factors, such as whether they live in a more or less deprived area.

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

Care is needed in interpreting HSMR results. HSMRs can be affected by factors such as data quality, coding or the underlying health of different populations. However, trusts with high HSMRs must investigate these to provide assurance that the rate is not linked to issues with care and treatment.

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

HSMRs for 2012/13 will be published around November 2013. Currently mortality for the year is compared against the national average for 2011/12. The graph below shows our estimated HSMR for the period April 2012 – January 2013 against this average. It can be seen that the Trust is slightly above the national average (102), but well within the upper and lower control limits.



Improvements delivered in 2012/13:

- HSMR and Dr Foster data is analysed on a monthly basis at the Clinical Effectiveness Steering Group and reported to the Board quarterly.
- Any alerts from Dr Foster data are reviewed and investigated to learn lessons from the underlying trends.
- The Trust designed an improved co-morbidity and complication pro-forma to capture more information on patients other illnesses.
- Investigations have highlighted concerns in regard to recording of information but no concerns in relation to poor patient care.

Further improvements sought in 2013/14:

- To continue to review and monitor alerts from Dr Foster on a monthly basis to ensure any concerns are appropriately reviewed and investigated.

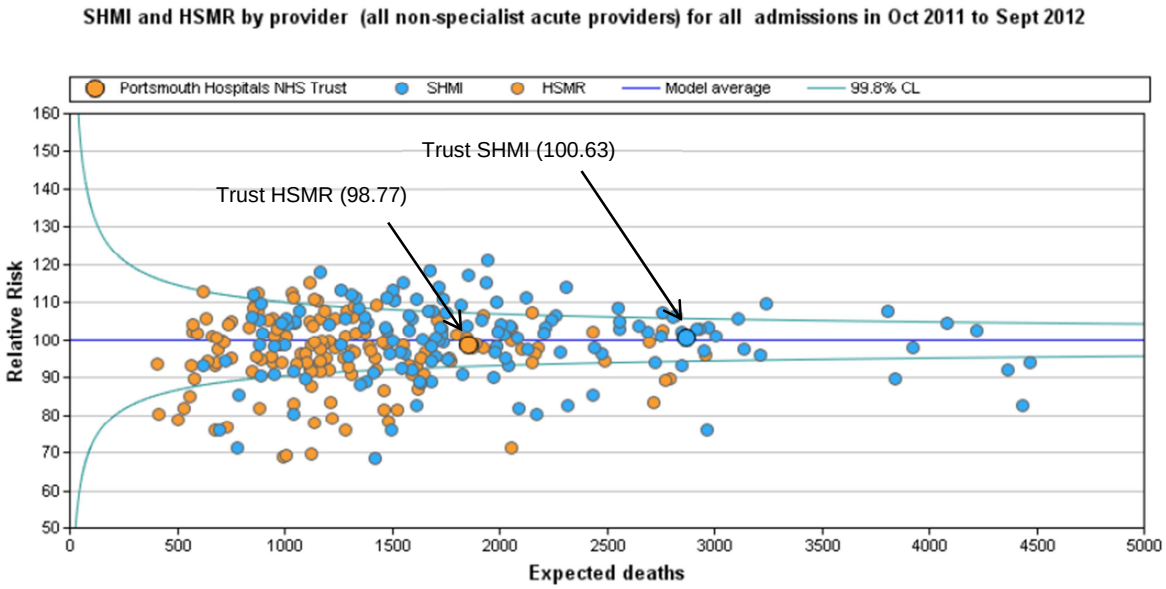
- Strengthen the review of all unexpected patient deaths to ensure no significant incidents or themes.
- A lack of recording of other patient co-morbidities has affected the Trust scoring, including confusion of the recording of patients who have received Palliative Care and End of Life support. The Trust plans to integrate the two support teams.

Summary Hospital Standards Mortality Ratio (SHMI)

The SHMI is a hospital-level indicator which reports mortality across the NHS in England using a standard and transparent methodology. Like HSMR it provides a relative risk of death against a national average where a value of 100 indicates average mortality. The key differences between the two indicators are:

- HSMRs reflect only deaths in hospital care whereas SHMI also includes deaths occurring outside of hospital care within 30 days of discharge.
- HSMR focuses on 56 diagnosis groups (about 80 per cent of in hospital deaths) whereas SHMI includes all diagnosis groups (100 per cent of deaths).
- The HSMR makes allowances for palliative care where as the SHMI does not.
- Because the SHMI includes deaths up to 30 days after discharge the HSMR is available for a more recent time period. Hence the previous HSMR chart demonstrating a higher figure (different time period).

For 2011/12 our SHMI was 98.44 and our HSMR was 99. The latest SHMI publication, for the period October 2011 to September 2012, shows the Trust to have a SHMI of 100.63 against an estimated HSMR of 98.77 for the same period. The chart below displays our SHMI and the estimated HSMR for the same period relative to other acute Trusts. Our SHMI is marginally above the national average of 100 and our HSMR is slightly below it.



Improvements delivered in 2012/13:

- As with HSMR and Dr Foster data, SHMI data is analysed on a monthly basis at the Clinical Effectiveness Steering Group and reported to the Board quarterly.
- Any alerts from Dr Foster data are reviewed and investigated to learn lessons from the underlying trends.

Further improvements sought in 2013/14:

- To continue to review and monitor alerts on a monthly basis to ensure any concerns are appropriately reviewed and investigated.

Early recognition of the Deteriorating Patient

The plan in 2012/13 was to track ward compliance quarterly and feedback information via the Clinical Service Centres.

Improvements delivered in 2012/13:

- Quarterly reports prepared and disseminated to various groups, who also monitor compliance (Deteriorating Patient Group, Patient Safety Steering Group and VitalPAC Governance group).
- VitalPAC hardware improved through the change to the use of i-pods.
- Upgrade of the 'pain module' of VitalPAC delivered to improve the recording of appropriate and timely responses to on-going clinically significant pain.
- Participation in an SHA-wide audit of early-warning scores which showed the Trust continues to lead other trusts in this area.

Further improvements sought in 2013/14:

- A module called VitalPAC Doctor is being piloted on the Medical Assessment Unit in June 2013 which enables nurses to escalate the patient electronically directly to the Doctors mobile device and for the Doctor to record their response and actions taken.
- There is a plan to undertaken a quality improvement project, based on the Salford Royal NHS Foundation Trust and North Bristol NHS Trust successful progammes. This is based on the early escalation and identification of 'at-risk' patients.
- Audit of the outcomes and effectiveness of the upgraded 'pain module'

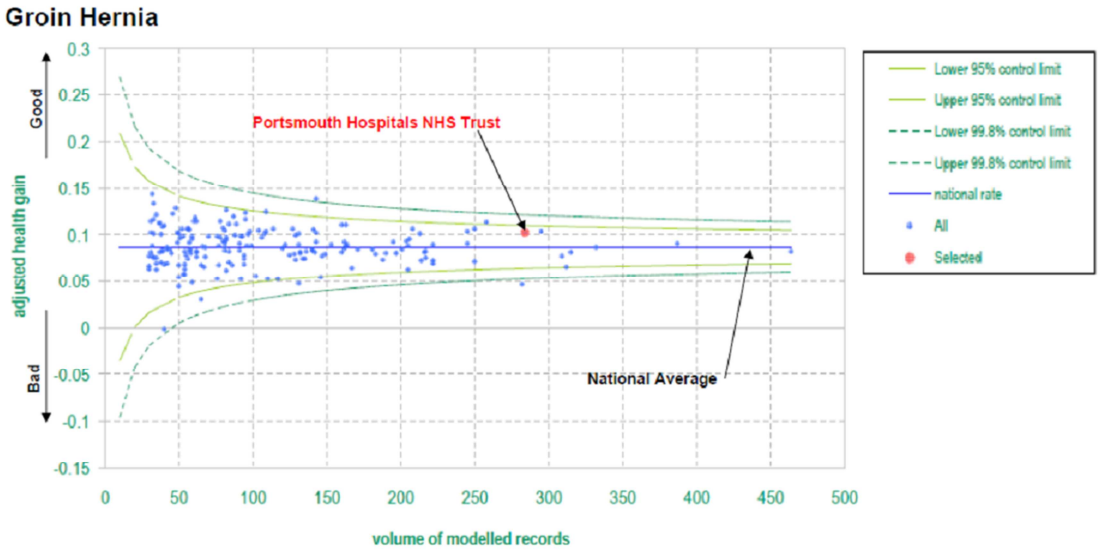
Patient Reported Outcome Measures (PROMs)

PROMs are an opportunity for us to receive direct feedback from our patients on their health gains as a result of surgical intervention. This covers four surgical procedures:

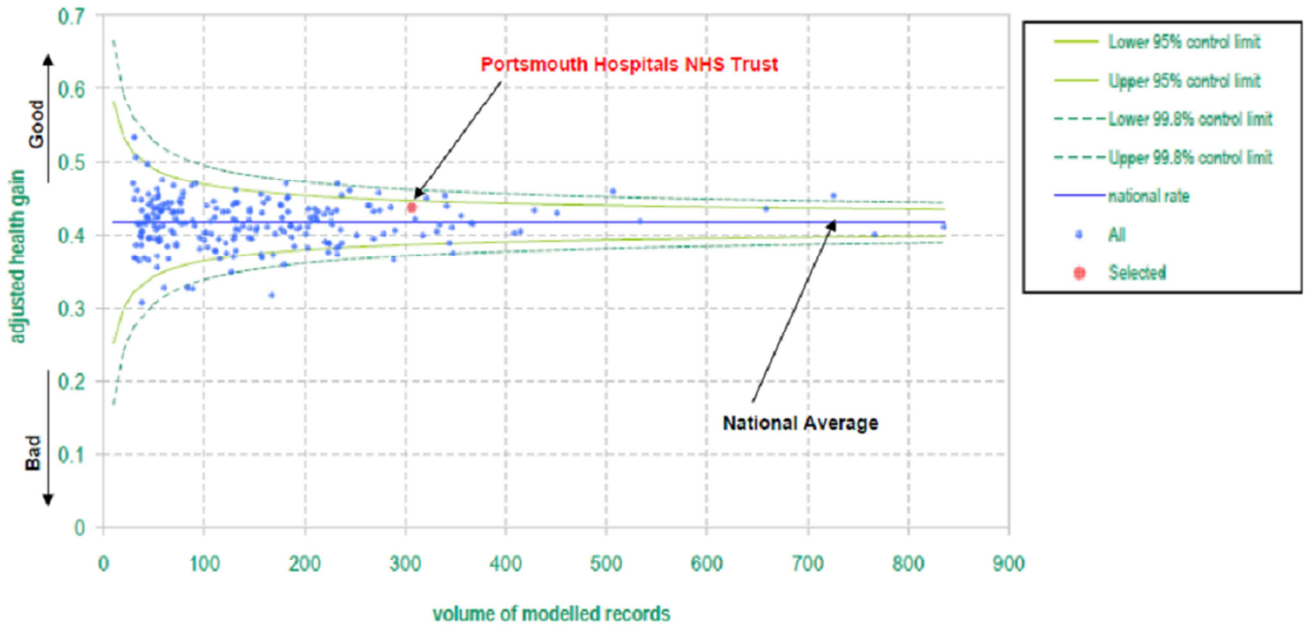
- Hip replacement
- Knee replacement
- Groin hernia repair
- Varicose vein repair

A pre-operative questionnaire administered by the Trust is distributed to patients. A follow up questionnaire is administered by the data coordination centre after surgery to measure the outcome or improvements in the patient's health.

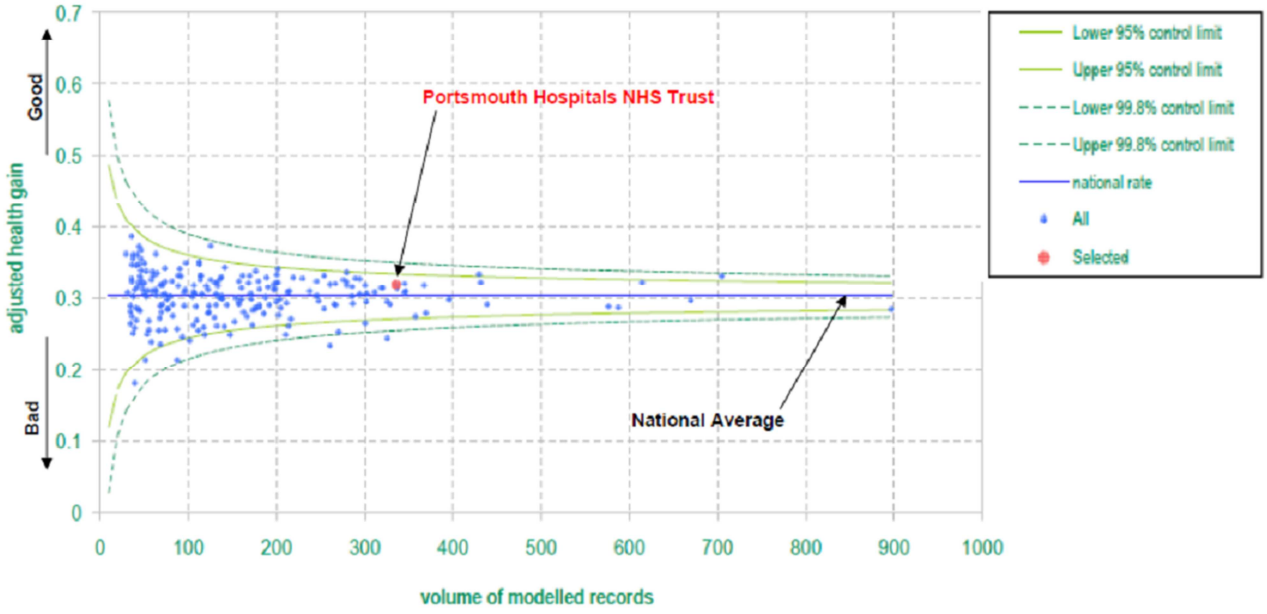
Validated PROMS outcome data is reported annually. The results below are provisional for the period April 2011 to March 2012, published in February 2013. In the charts below, the red dot denotes Trust performance and as can be seen for each procedure, the Trust outcome performance is above the national average.



Hip Replacement



Knee Replacement



Varicose veins are not reported due to the low number of procedures being undertaken.

Improvements delivered in 2012/13:

- As reported last year our patients have continued to receive an improved health gain.
- The Trusts PROMs performance are monitored by the Clinical Effectiveness Steering Group and reported to the Board Quarterly.

Further improvements sought in 2013/14:

- To continue to monitor the Trusts performance to ensure the operations our patients receive, improve their health compared with their health before they had their operation.

Workforce

National Staff Survey

The Trust participates in the Care Quality Commission Annual National Staff Survey (NSS) each year, for a sample of the workforce. This took place between September and December 2012. The NSS measures staff responses to a range of questions relating to different aspects of their working lives. The responses are presented within a report of 28 Key Findings.

The NSS outcomes provide a measure of the effectiveness of our people management and development practices, staff well-being interventions and overall staff satisfaction and engagement. There is a plethora of research which demonstrates a direct correlation between these measures and the overall quality of patient care and service provision, in that highly motivated, engaged and well developed staff will provide a higher quality of service to our patients.

The number of questions in the NSS reduced from 38 to 28 between 2011 and 2012. Comparisons of some scores between the 2 years are not therefore possible.

STAFF SURVEY OUTCOMES 2012

460 staff at the Trust participated in this survey. This is a response rate of 56%, which is above average for acute Trusts in England. This compares with a response rate for the Trust of 63% in 2011 and of 59% in 2010.

Analysis of Findings compared to PHT NSS 2011

For each of the 23 key findings that can be compared with 2011:

- 8 have improved raw scores from the 2011 NSS.
- 3 scores have remained unchanged from the 2011 NSS.
- 12 scores have deteriorated from the 2011 NSS.
- 1 of the scores that improved was deemed to be statistically significant, as measured by the CQC (Equality & diversity training, 47% to 65%).
- 5 of the scores that deteriorated were deemed to be statistically significant, as measured by the CQC:
  - Staff working extra hours (55% to 63%)
  - Staff suffering work-related stress in last 12 months (21% to 38%)
  - Staff saying hand-washing materials always available (74% to 64%)
  - Staff reporting errors, near misses or incidents in last month (99% to 90%)
  - Staff feeling pressure in last 3 months to attend work when feeling unwell (23% to 34%)

Analysis of findings compared to other Acute Trusts in 2012

For each of the 28 key findings, response rate and overall engagement, the Trust was ranked as follows:

- Best 20% in three key findings.
- Better than average in seven key findings.
- Average in six key findings.
- Worse than average in nine key findings.
- Worst 20% in five key findings.

The most favourable key findings when compared with other acute Trusts were:

- Percentage of staff working extra hours (Trust score 63%, acute Trust average 70%).
- Percentage of staff receiving health and safety training in the last 12 months (Trust score 84%, acute Trust average 74%).
- Fairness and effectiveness of reporting procedures (Trust scale score 3.59, acute Trust average 3.5).
- Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (Trust score 27%, acute Trust average 30%).
- Percentage of staff appraised in the last 12 months (Trust score 87%, acute Trust average 84%).

The least favourable key findings when compared with other acute Trusts were:

- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver (Trust score 70%, acute Trust average 78%).
- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell (Trust score 34%, acute Trust average 29%).
- Work pressure felt by staff (Trust scale score 3.22, acute Trust average 3.08).
- Staff motivation at work (Trust scale score 3.74, acute Trust average 3.84).
- Staff able to contribute to improvements at work (Trust score 64%, acute Trust average 68%).

Overall Staff Engagement

The overall indicator of staff engagement is calculated using the questions that make up key findings 22 (staff ability to contribute to improvements at work), 24 (their willingness to recommend the Trust as a place to work or receive treatment) and 25 (the extent to which they feel motivated).

The Trust score in 2012 was 3.59, the same score as in 2011. However, as other Trusts improved their score in this area, PHT moved from worse than average to the worst 20% of Trusts.

Conclusion

There has clearly been a drop in the Trust 2012 performance when compared to our results in 2011, and also in comparison with other acute Trusts in 2012. Even where our performance has improved between 2011 and 2012, our ranking with other acute Trusts has worsened in some areas. This is because acute Trusts as a whole have made greater improvements than us. This applies to the following findings:

- Key finding 9 - support from immediate managers.
- Key finding 22 - staff able to contribute to improvements at work.
- Key finding 23 – staff job satisfaction.
- Overall staff engagement.

The themes from the survey are similar to last year in that the Trust has performed best against staff pledges 2 and 3, namely, personal development, access to job-relevant training and line management support, and providing support and opportunities for staff to improve their health, well-being and safety, plus the additional theme of equality and diversity.

Next steps

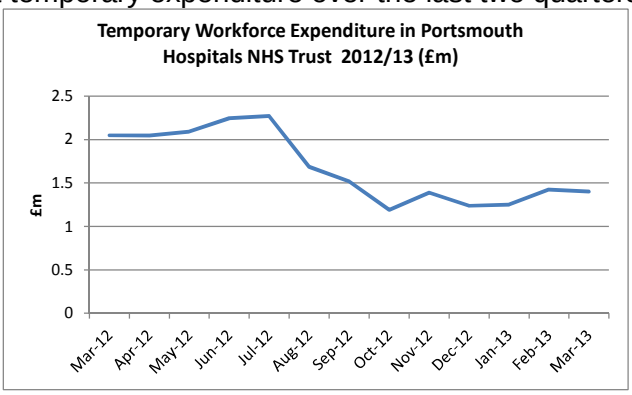
- Analyse, present and communicate survey findings by CSC.
- CSCs to further consult with a selection of their staff to identify the key actions that need to be undertaken in order to make PHT a great place to work and learn.
- CSC action plans to be developed and submitted to June Trust Board.
- CSC action plans to be reviewed at performance reviews with EMT.
- CSC feedback on action plans and deployment to be presented to Trust Board.
- Roll out of the Listening into Action programme.

Planning and developing the workforce

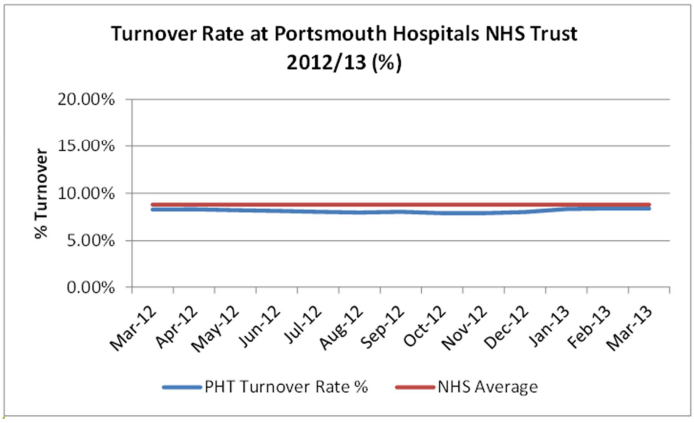
We have a workforce planning process in place as part of the business planning cycle, in order to ensure our high quality and affordable services are maintained. These plans have been developed by CSC Management Teams with support from Human Resources, Finance and Business Intelligence. They incorporate the workforce element of Cost Improvement Plans (CIPs). These plans are to be approved by the Executive Management Team (EMT) and Trust Board; CSCs will then be monitored and managed as appropriate against their achievement of these plans. This will form part of our performance review process.

The chart below shows temporary workforce expenditure over the past year. Temporary workforce expenditure was higher in the first two quarters of the year, as a result of additional beds opened to

manage the higher demand placed upon medical services. Targeted work has taken place to close additional beds wherever possible, and reduce associated temporary staffing requirements. As a result temporary expenditure over the last two quarters of the year has reduced significantly.



The chart below shows turnover rate. Turnover has remained relatively stable at 8.4% in March 2013. Workforce information is collated primarily through the Electronic Staff Record, with additional systems in place for measuring temporary workforce expenditure, including finance information, exception reporting, and external reporting systems such as NHS Professionals. This information is developed into a workforce dashboard and indicators which display staffing levels, both substantive and temporary, staff costs, absence levels, turnover, appraisal rates and essential skills at CSC level and Trust level. This is used to monitor and performance manage the progress of individual CSCs and is challenged at Performance Review Meetings with the EMT on a monthly basis. Progress is reported weekly to the Executive Management team and monthly to the Board.

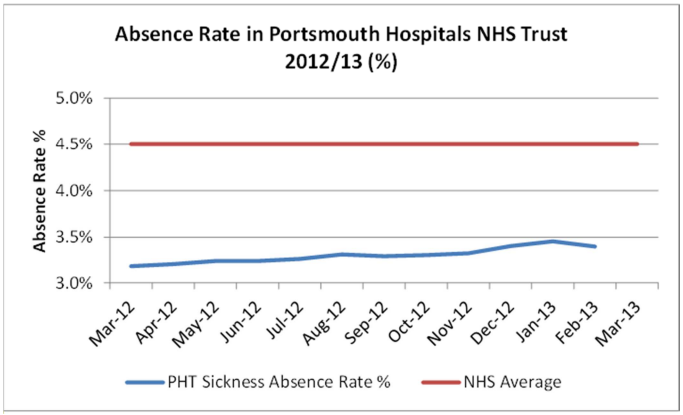


Staff appraisal

The percentage of staff appraised in the last 12 months has increased to 85% from 83.7% in April 2012.

Health and Wellbeing

Human Resources and Occupational Health support managers in maintaining staff's attendance at work. Where staff are absent the Trusts primary aim is to support their return to work. Staff are supported by line managers, Human Resources and Occupational Health, with access to confidential counselling service, "Fit 4 Work" programme, a wellness centre, family friendly policies and fast tracking musculoskeletal and stress related illness.



The Trust has a whistleblowing policy, with a dedicated telephone line for concerns to be raised confidentially and encourages staff to raise any concerns. The principles detailed within the 'Speaking Up' (Whistle Blowing) Charter introduced in October 2012 have been in place within the Trust since 2007. The Trusts Whistle Blowing Policy and Procedure has recently been reviewed and complies with and upholds the principles of the Charter. The Trust operates a confidential Whistle Blowing Hotline. This year the Trust received 4 Whistle Blows all of which have been investigated and appropriate action taken.

Learning and Development

Working Together for Patients

Working Together for Patients is a Team Based Working programme designed to help staff to work better together to improve patient care. It works on the main principle that where individuals work together as a team and make decisions as close to the point of patient care as possible, patient outcomes and the overall patient experience are greatly improved. Additionally it is an enabler of employee engagement and results show that where team based working is in place staff satisfaction and motivation increases. With leadership a key priority for the Trust, this project helps leaders and manager's to focus on key areas with their teams i.e. having a clear team purpose, ensuring individuals are clear about the individual roles and how individuals within the team communicate with each other. Engagement in the project is high with over 700 staff involved in the programme so far and we have seen positive impacts on teams who have worked together to clarify their purpose and objectives. All CSCs have Team Based Working embedded into their annual staff survey action plans and as a Trust we are fully committed to the Team Based Working model.

Over the past year the Trust has supported a range of apprenticeship programmes. We have recruited more than 30 new apprentices to our Business and Administrative apprenticeship programme, a number of which were in the 16-18 age range and several have been successful in obtaining permanent employment. We have also supported over 40 of our existing staff with their personal development on a range of apprenticeships including Business & Administration, Customer Services and Management.

We have also implemented a Health Care Support Worker apprenticeship programme which was developed to provide an opportunity to recruit clinical support staff who do not have relevant healthcare experience or qualifications but who can demonstrate the values and attitudes espoused within this organisation. The first cohort of learners on this programme have now successfully completed their year as trainee support workers and have been accepted for substantive Health Care Support Worker posts. A second cohort is progressing well with a third programme about to commence. This programme has broadened employment eligibility and is providing an opportunity for potential clinical support staff to develop essential skills and knowledge to enable them to become effective support staff of the future.

In October the Trust was awarded the Outstanding Public Sector Employer of the Year Award 2012 by HTP one of our apprenticeship training providers. This recognised the training and support the

Trust provides to apprenticeships. One of our candidates on the Health Care Support Worker apprenticeship programme also won the work Based Learner of the Year Award at Havant College in recognition of her outstanding achievement on the programmes.

Portsmouth Hospitals has maintained a high standard of Medical Education throughout the Trust, which is evidenced by 85% of posts in 2012 receiving an A (up from 80% in 2011) from the Wessex Deanery Educational Quality gradings. Two A* grades were also awarded to particularly high quality components of Anaesthesia and ACCS (ICM) training.

In June 2012 Portsmouth Hospitals was visited by an external examiner for the Open University. During this visit, areas of commendation were identified which included effective partnership working, commitment to student learning and Trust compliance with the NMC Standards for Learning and Assessment in Practice which is 100% for those mentors supporting OU students with robust governance processes in place. The examiner also visited two practice areas and identified that the OU students were well supported by highly motivated and well informed mentors.

New registered practitioners are supported by a taught preceptorship programme in their first year of registration. This is underpinned by a competency framework and includes simulation training on the recognition and response to a deteriorating patient, child or expectant mother.

Simulation training has increased productivity over the last year, by developing and teaching over 1000 healthcare professionals within Portsmouth hospitals to enhance the patient's journey. The simulation evaluation forms clearly state simulation improves: confidence, communication, delegation skills, recognition and response to manage the deteriorating patients through leadership and teamwork using a high fidelity simulator. The TEAMS simulation suite currently provides over 25 different simulation courses for multi-disciplinary training. Training using the high fidelity simulators allows the healthcare professional to practice events with no harm to patients. At the end of each simulation scenario the healthcare professionals have the opportunity to discuss the scenario in a debrief session. The debrief sessions are lead by highly trained faculty to allow the participants to discuss the event and learn or enhance techniques therefore improving patient safety.

Within Nursing and Midwifery Education we have continued to utilise external educational funding to a high standard. Our reputation for this within the SHA is demonstrated by being asked to act as a mentor for another Trust who had been finding this process challenging. We have extended our educational support to staff by expanding our academic support to include support for staff undertaking Masters level study.

The Trust run an internal course for HCSW's to recognise deteriorating patients (AWARE). This has been trademarked and is in the process of being marketed to others Trusts.

The Modernising Scientific Careers (MSC) programme has consolidated and rationalised education and training for Health Care Scientists at all career framework levels. Within the programme there are three main subject areas (divisions) of Healthcare Science: Life Sciences (Pathology and Genetics), Physiological Measurement and medical Physics/Clinical Engineering. Following on from the Head of Education for Health Care Scientists and AHPs' work with the DH as a professional advisor, PHT is an early implementer for Modernising Scientific Careers and currently has postgraduate trainee scientists on the Scientist Training Programme across the three Divisions and placement students on undergraduate programmes in the life sciences and physiological measurement divisions. AHP undergraduate placements across a range of professions are also well supported in PHT. Post registration training is provided and managed across all professions through external funding mechanisms.

A partnership has been entered with Southampton Solent University to support Assistant/Associate Practitioner staff to undertake a foundation degree with generic and specialist components, allowing small, specialist staff groups at this level to receive education and training to fit them for their roles, this is funded externally.

Portsmouth Pathology service NVQ centre continues to provide high quality programmes for Pathology support staff at career framework levels 2,3 and 4 and this year will be offering the Assessor and Internal Verifier qualifications. The centre has just successfully passed the latest External verification visit and maintains it's self-certification status (the highest status possible). Staff from the Isle of Wight and Southampton Pathology services also regularly undertake our qualifications. Apprentices are about to be taken on in Pathology for the first time to undertake a technical apprenticeship.

2012/2013 CLINICAL SERVICE CENTRE AND CORPORATE DEPARTMENTS QUALITY IMPROVEMENT HIGHLIGHTS

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

Theatres, Anaesthetics and Critical Care

Critical Care

- Increased capacity significantly targeting reduced transfers; reduced elective cancellations; better post-operative care of emergency surgical patients.
- One of the busiest and consistently well-performing units in the UK with respect to case-adjusted mortality.
- Deanery recognition of highest quality of medical training (the only A* award for Wessex Deanery for Acute Care and Intensive Care Medicine trainees).
- Implemented an updated Electronic Patient Record (EPR) including full electronic prescribing, bringing patient safety benefits.
- One of the leading recruiters in UK multi-centre ICU research trials.

Theatres, Day Surgery, Theatre Admissions and Pre-Operative Assessment Department and the Department of Anaesthesia

- The Surgical Integrated Pathway documentation has been reviewed and re-designed to standardise the paperwork across the Trust and improve the patient pathway. The new documentation reduces the number of pre-operative checks the patient experiences and stops repetition, whilst ensuring patient safety is maintained.
- Anaesthetic Department Trainees (Deanery visit November 2012) have provided excellent feedback regarding the quality of training and supervision provided for trainee anaesthetists in Portsmouth. Graded as 'A' across all posts. Consistently high pass levels for our trainees undertaking their College exams during the past year.
- Anaesthetists in Portsmouth have extended the data collection for the Trust standard incident reporting electronic reports, to include a specific data-set specific to anaesthesia. In February 2013 Senior Directors for Patient Safety from the NHS Commissioning Board, visited the department for a demonstration of this work. The team are hopeful that our data-set can be used as a model for the national collection of anaesthetic incidents and safety issues, and thus be used to improve communication of nationwide, or rare but serious problems.
- A project to introduce electronic preoperative assessment is being piloted. The current paper based system will be replaced. The specialist nurses who prepare patients for theatre will now record their findings electronically. This will ensure that vital patient information is accurately recorded and available to the anaesthetists and surgeons. We anticipate a reduction in time spent by patients, nursing and surgical staff in gathering repetitive information ensuring that important information is available whenever required. We hope to build on this to involve and improve communication with patient's GPs.

Hospital Sterilisation and Decontamination Unit (HSDU)

- The HSDU processed over 152,000 sets of surgical instruments for use in the operating theatres and clinical departments of the Trust during 2012. The HSDU has continued to maintain its Medical Device Directive and ISO accreditation, demonstrating that these essential medical devices are fit for purpose and processed in accordance with the strictest standards to ensure patient safety.

Clinical Support Services

- The CSC has consistently achieved 99.7% in completion of coding. The availability of patient medical records has averaged at 99.5% for 2012/13.
- The CSC has also achieved many staff metrics in 2012/13, including achieving compliance in appraisal and essential skills training.
- In partnership with 'InHealth' the CSC has improved services for patients requiring PET CT scanning.

Imaging
- Consistent achievement of stroke CT scanning targets: 50% in 1 hour and 95% in 24 hours.

VTE
- The Introduction of a new reporting and management process for hospital acquired thrombosis has increased the effectiveness of the process and improved learning.

Infection Prevention
- Provided leadership on the reduction in C-Difficile cases at the Trust and introduced greater governance around water quality.

Dietetics and Nutrition Nurses
- Contributed to the success of the Intestinal Failure service at the Trust.

Pharmacy
- Achieved in-patient turnaround take home medicine times consistently throughout the year.

Emergency and Acute Medicine

- Pilot of 'See and Treat' which enables patients to be seen and treated in a timely manner for minor injuries. An audit completed after the pilot showed:
  - Average time for patients seen through see-and-treat from time of arrival to time of discharge was 71 minutes.
  - Shortest length of stay was 5 minutes.
  - Longest length of stay was 238 minutes.
- Development of a first regional Emergency Nurse Practitioner Paediatric Module was successful and there is a second module in progress. This module enables our Emergency Nurse Practitioners to work in the Emergency Paediatric area, and allows increased flexibility at peak times.
- Trial of a specific admission avoidance service (ambulatory) at weekends with Consultant cover, enabling patients that are in the Emergency Department to be seen in this setting, with the aim to avoid a full admission. This is being trailed until the end of March 2013.
- Improved falls referral pathway for elderly vulnerable patients has resulted in improvement in timeliness of referrals to appropriate services.

Head and Neck

- As a result of the ward move, the treatment room facilities are much improved for emergency patients, improving patient safety and experience.
- Dementia screening implemented and embedding into practice achieving good compliance.
- Implementation of specialty specific integrated care pathways.
- Oral health clinics in place to support patients with complex oral hygiene needs.

Medicine

- Respiratory have reviewed and improved the patient admission pathways to improve rapid access review and diagnostics.
- Increased the number of medical beds to ensure patients have timely access to appropriate specialist medicine inpatient services.
- Hepatitis C service expanded service to cover Hampshire and Portsmouth City patients.
- The Primary Percutaneous Coronary Intervention (PPCI) service declared to be the largest centre in the Strategic Health Authority with one of the best outcomes.
- Commissioners agreed to fund additional community Heart Failure specialist nurses to improve hospital Heart Failure Services.
- The Trust designed a neurological course for nursing staff to increase expertise.

Medicine for Older People, Rehabilitation and Stroke

- Established in-reach Geriatric support to the Medical Assessment Unit resulting in admission avoidance.
- Specialist older persons nursing course run in partnership with University of Southampton improving the skills of nursing staff.
- No avoidable pressure ulcers since May 2012, following targeted intervention.
- Improvements to F4 ward to create a dementia friendly environment.
- Stroke improvement markers are the best in South Central.
- Successful Nursing recruitment campaigns both in the UK and the EU have improved staffing levels for this specific group of patients.
- Introduction of a 'high tea' to facilitate independence and nutritional intake of older people.
- Older Persons Mental Health hospital liaison service commenced, providing support and training to the inpatient wards.
- Portsmouth Geriatric medical training voted 10th national and first in Wessex

Trauma, Orthopaedics, Rheumatology and Pain

- MSK has seen sustained excellent patient outcomes over the past year, which includes the continued reduction in length of stay for elective joint replacement patients, despite being one of the largest units nationwide. Protected Hip Fracture beds are instrumental in ensuring that rapid emergency admissions from the Emergency Department can take place.
- Rheumatology are seeing increased numbers of patients within the day care suite, and are continually receiving excellent patient feedback and have been nominated for various awards over the last year.
- MSK has commenced Dementia screening for all emergency patients over 75 years, the screening target is 90% and MSK are currently at 100% (January 2013).

Renal and Transplantation

- The pre-dialysis pathway has been reviewed to ensure a smooth transition to dialysis therapies with the option of Home Therapy introduced at an early stage.
- Two additional Nephrology Consultants appointed allowing an increased focus on Research, Quality and Clinical Governance issues.
- Highest number of Altruistic donations nationally achieved reducing the number of patients on the waiting list.
- ABO incompatible kidney transplantation service now fully implemented within the unit's portfolio of services. Successful transplants completed.
- Improved cross-team working between the Home Dialysis and Peritoneal Dialysis Teams has increased the number of patients commencing and being supported on Home Therapies.
- Increase in the number of patients receiving assisted automated peritoneal dialysis at home ensuring patient are able to main their quality of life.

Surgery and Cancer

Upper GI surgery

- The patient pathway has been redesigned to provide a one stop staging service for patients with oesophageal cancer. Previously patients had three separate appointments at three different hospitals taking 3-4 weeks, these are now all done in one visit at the Queen Alexandra Hospital.
- The team have also introduced totally minimal access surgery for oesophageal cancer to their practice. This means doing the Ivor Lewis oesophagectomy operation fully by keyhole surgery.

General Surgery

- Our emergency surgery on-call service has improved; the service is now run by the same dedicated consultant for the week, giving better continuity of care to the patients and better training for the junior staff.

- The gall bladder service is exemplary, we operate on around 800 patients per year; with 97.8% completed laparoscopically; our day case elective rate of 83% is the highest in the country; and nearly half of our emergency admissions with gallstone disease have their operation done as an emergency during that admission.

Oncology

- As a result of the National Chemotherapy Advisory Group (NCAG) recommendations published in August 2009, the Trust established a new Acute Oncology Service in February 2013. The aims of the service are to offer rapid response to patients presenting with side effects from their non-surgical cancer treatments e.g radiotherapy or chemotherapy, or presenting with emergency situations as a result of their disease. There is a team of nurse practitioners available to receive oncology 'hotline' telephone enquiries and give appropriate advice, or invite the patient into the hospital for further assessment and any necessary interventions, including admission, if required. There is a dedicated Consultant Oncologist within the team offering review of Acute Oncology patients and a Clinical Nurse Specialist providing outreach specialist advice and guidance to hospital colleagues, particularly in the Emergency Department and Medical Assessment Unit for patients with acute problems related to their cancer treatment or disease.

Intensity Modulated Radiotherapy (IMRT)

- The radiotherapy service implemented a new treatment technique called IMRT in March 2012 for patients with head and neck cancer. IMRT is a form of high-precision radiotherapy that is planned using 3D computed tomography (CT) images of the patient and a sophisticated computer that calculates the dose intensity pattern that best conforms to the shape of the tumour. This allows a high radiation dose to be delivered to the tumour whilst minimising the dose received to surrounding normal tissues. This results in reduced side effects for the patient.
- Following the success of head and neck treatments, IMRT for prostate cancer commenced in January 2013. This also involves the use of a new imaging technique which enables visualisation of the internal organs of the pelvis to confirm that all critical internal organs and the tumour are in the correct place before treatment.
- 42 patients received IMRT treatment by the end of March 2013. In December 2012 significant funding was secured through the Radiotherapy Innovation Fund which will allow the IMRT programme to be expanded further during 2013. At least 275 patients per year are likely to benefit from IMRT.

Plastic Surgery

- The microsurgical breast reconstruction team have worked to further improve the options for women with breast cancer. The DIEP flap (deep inferior epigastric artery perforator flap), widely considered to be the Gold standard, has been a reconstructive option for Portsmouth women for several years but the employment of another microsurgeon has greatly improved the breast reconstruction service. By operating together and having a dedicated theatre team and group of anaesthetists, the surgeons have reduced operating time significantly meaning more women can be treated, as well as reducing complication rates and length of stay. We believe this to be one of the few (if not the only) plastic surgery units in the country offering this level of care and as a result we have been approached by breast units outside our region who are interested in the Portsmouth team performing breast reconstructions on their patients. The quality of the service has been recognised by the local commissioning groups

Women and Children

- In 2012 the CSC recruited over 1200 patients into trials throughout all its specialties, contributing significantly to the Trust's overall research performance.
- The new postnatal pathway went live on 10th February 2012 which involves a six-week phone call to all women to provide an opportunity to feedback on their care or raise any concerns. This has been received positively as it assists with prompt resolution of any issues.
- Portsmouth City Council invited a Peer Support Team to conduct a review of local safeguarding children services. The Review Team were very complimentary about services across Portsmouth, and commented on the commitment and enthusiasm of the children's workforce.

- On 14th November 2012, a group of Russian Gynaecology Consultants visited the Obstetrics and Gynaecology Department, after Portsmouth was recommended as a centre of excellence in women's health. The group were very impressed with the service offered to patients, with the potential of on-going clinical collaboration with Moscow Hospital including exchange visits and teaching workshops.

Corporate

- An internal innovation competition was implemented to encourage new ideas from nurses, midwives and AHPs to improve the quality of patient care. Shortlisted applicants presented ideas to a panel and 4 were awarded: staff education for patients with delirium tremors, patient information for maternity services, reminiscence therapy for patients with dementia and patient safety board. The competition was well received and will be repeated in 2013/14.
- Nursing Times Nurse of the Year Award - Successful in winning Highly Recommended Nursing Times Award for the lead nurse in the Alcohol Specialist Nurse Team.
- Increasing the quality of essential patient care through nurse and Allied Health Professional (AHP) led research - in 2012/13 have attracted 2 of the best newly qualified nurses and an Occupational Therapist to lead pioneering research in clinical practice. These clinical academics work jointly in clinical practice and join other clinical academic nurses recruited in 2011/12. Their research includes; the identification and prevention of pressure ulcers in neonates, end of life decisions for alcohol dependent patients with liver failure, factors that contribute to a good older persons discharge and the prevention of biofilm formation in naso-gastric tubes. It is planned the number of clinical academic nurses, midwives and AHPs will increase year on year to improve the evidence base of best quality patient care and to ensure PHT becomes a centre of clinical academic excellence.

Council of Governors statement

The Council of Governors and its three sub-committees, also known as Trust Advisory Groups (TAG's); Best Hospital, Best People and Care and Planning and Performance have undertaken various work streams throughout the year:

Outpatient project
The Best People and Care TAG had selected two of its members to carry out observations in various outpatient reception areas to gain an insight into how the patient experience could be improved. Suggested improvements were made to the department/s and the majority of these suggestions have been implemented with a noticeable positive effect on the patient's experience.

Trust Open Day
The Council of Governors have assisted in the successful running of four Open Days where 400+ members of the public each year have had the opportunity to see the behind the scenes running of their local hospital and to understand more of what we do.

Public Constituency Meetings
The elected Governors have held meetings twice a year to allow their local constituents the opportunity to meet with their local Governors, a senior representative from the Trust and to hear a presentation on a particular subject of interest. This provides an opportunity for communication between the Governors, the Trust and its patients and local public which can then influence service change and development of the strategic direction of the Trust.

National Staff Survey
The TAG's received the results of the National Staff Survey and have been actively involved in overseeing the improvement of the results.

Staff Appraisal Process
The TAG's encouraged change to the appraisal process for staff, which now allows staff the opportunity for their appraisal to be conducted by somebody other than their line manager and further improves the quality of appraisals.

Committees
The Council of Governors have participated in many of the Trust's Committees that oversee and drive the quality, safety and risk agendas.

Food
The Best People and Care TAG reviews the quality of patient food, and its service to ensure that it is appetising and nutritious.

Pharmacy
The Best Hospital TAG has been heavily involved in helping to improve the timely provision of medicines to both inpatients and outpatients.

Statement of Directors' responsibilities in respect of the Quality Account

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

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

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

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

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.
By order of the Board
NB: sign and date in any colour ink except black

19/6/13 .....Date.....Chairman
19/6/13 .....Date.....Chief Executive

CCG Commentary on Portsmouth Hospitals NHS Trust (PHT) Quality Accounts 2012/2013

Fareham & Gosport and
South Eastern Hampshire
Clinical Commissioning Groups

Fareham & Gosport and South Eastern Hampshire clinical commissioning groups and the associate commissioners welcomed the opportunity to participate in the governance "sign off" process for the 2012/2013 quality account of Portsmouth Hospitals NHS Trust (PHT).

Commissioner Statement

The commissioners have a positive working relationship with PHT. This is evidenced through executive leadership in the clinical quality review process and engagement with the newly established clinical commissioning groups. Commissioners look forward to further strengthening our partnerships with the trust. This collaboration will support improvements in quality and safety across the whole health system. Commissioners will continue to be proactively involved in the trust's processes for quality assurance and development and are aligned in the joint aspiration to ensure that the provision of high quality services for patients is the number one priority.

Report Structure

The quality account provides information across the three areas of quality as set out by Lord Darzi. These are:

- patient safety
- patient experience
- clinical effectiveness

We found the account to be well written and of a logical structure. The account incorporates the mandated elements required and PHT quite rightly set out their proactive consultation process to show how the quality improvement priorities were chosen. PHT have used external assurance data and national quality improvements to influence the priorities. It would have been informative to understand the detail of how local intelligence from data analysis and the stakeholder events supported the generation of specific quality priorities for 2013/14. Imperative to the process of priority setting would be the link to the trust's top risks reflected in the risk register, which is considered at public trust board meetings.

Quality Improvement Priorities for 2013-2014

Portsmouth Hospitals NHS Trust has outlined its priorities for 2013/2014 and commissioners are supportive of these.

Patient Safety

Commissioners support the priority to continue to improve the rates of assessment for venous thrombo-embolism (VTE) and the commitment to undertake investigations for 100% of all hospital associated thrombosis (unless via agreed exception). Good progress with this has been made in 2012/2013. This, along with delivering appropriate interventions, will further strengthen the patient safety agenda and reduce the number of avoidable VTE incidents. PHT are commended on having attained national recognition for their work on VTE, and we would suggest setting a specific reduction target for VTE hospital associated incidents in 2013/2014.

Commissioners welcome PHT's aspiration to work with other healthcare partners to reduce the number of patients suffering from pressure ulcers. Commissioners support the development of a whole health system approach, which is reflected in the National Commissioning for Quality Incentive Scheme (CQUIN), and are encouraged that PHT are fully committed to working across the whole health system. It was encouraging to note a specific reduction target in the account as a clear assurance marker of improvement.

The reduction in severe/moderate harm associated with patients who fall is acknowledged as a priority. It will be helpful to track achievement of this priority and commissioners will encourage whole health system working to support this achievement. Commissioners are aware of the improvement interventions PHT are delivering and support a continued commitment to ensure lessons learnt from incident analysis are embedded into service improvements. Continuation of such interventions may enable a further stretch reduction target to be achieved, which is above the contractual agreed target.

Patient Experience

Improving patient experience is at the heart of care delivery and PHT rightly reflect their commitment to both gather and improve staff experience and patient experience through the delivery of the national "Friends and Family Test" scheme. The systematic approach to ensuring feedback is gathered and shared at all levels of the organisation will complement the more qualitative data on experiences. Additionally, PHT state their commitment to improving staff reported outcomes and this is a known area for improvement. Commissioners are also keen to see the outcomes of the innovative work from the "Listening into Action" project. This innovation, which is being implemented trust-wide, will work towards achieving improved staff engagement and placing clinicians at the centre of change.

It is imperative that the trust demonstrate how the learning from the Independent Inquiry report (2013) by Robert Francis QC is not only linked into the "Listening into Action" programme but how this will be embedded and monitored through all levels of the organisation. The quality account does not make sufficient reference to this or reference a specific plan to address recommendations.

The improvement of dementia care follows national priorities and it will be positive to see a sustained improvement in this area. Commissioners support the priority of improving experiences for patients with cancer. PHT have shown significant progress this year in comparison to a disappointing outcome in the previous year. However, further developments are needed. Commissioners would have preferred to see specific targets for improvement areas, identifying those which require greater development.

Clinical Effectiveness

PHT set an intention to ensure that the Hospital Standardised Mortality Ratio (HSMR) and Summary Level Mortality Indicator (SHMI) are at or below national average. This indicator of quality is supported as continued vigilance and analysis will inform the need for any actions to be taken against any areas of concern. Commissioners are aware of the trust analysis against the current rise in HSMR and are currently monitoring this to understand the impact of coding errors and clinical interventions required. Commissioners are committed to working with PHT to address any issue which is currently, or in the future, affecting rates outside expected parameters. It is noted that specific targets are set for 2013/2014. Commissioners also support the quality and safety focus on the emergency pathway, especially through the emergency department. This is obviously an area which will be challenged by variable demand and it is imperative that quality, safety, experience and effectiveness are integral markers for the trust. Commissioners would like to see specific targets for minimising patient moves and specialty - outlier patients.

A further key area for development is the need to improve communication with primary care through effective discharge summaries. It is imperative that early resolution is achieved to enhance patient safety and clinical effectiveness. Likewise a further priority is the delivery of the outpatient improvement programme, enhancing experience, safety and effectiveness by supporting improved information, outcomes, timeliness and experience.

Achievements reported against 2012/2013 priorities and overall Quality Performance

PHT are to be commended on the achievement of the dementia priorities, VTE improvements and reduction in medication errors. The focus on the emergency department targets is essential and commissioners will support and monitor whole system working to achieve improvement. The implementation of a new Patient & Public Involvement (PPI) strategy and work to increase the patient and public voice for all protected groups reflects a significant achievement. Unfortunately improvements were not achieved in how staff felt they were engaged in the trust and this, for this element, places the trust in the "worst 20% of Trusts" category. Likewise the overall outcomes of the national staff survey have shown a drop in performance. The "Listening into Action" programme is therefore essential and commissioners will monitor the outcomes of this.

Further work is needed to ensure patients are informed about medications and the side effects of medications. However, PHT has made improvements in the overall patient experience ratings, when compared to the 2010 outcomes; this is an achievement to be noted. PHT's commitment to partnership working is demonstrated through the achievement of reducing re-admissions and this collaborative approach needs to continue throughout 2013/14.

PHT have achieved an excellent outcome on reducing C. difficile and surpassed their contractual target. Another area of achievement is the reduction of grade 3 and 4 hospital acquired pressure ulcers and there are early signs that grades 1 and 2 are also improving.

The Methicillin Resistant Staphylococcus Aureus (MRSA) target will present challenges for the coming year. PHT did not meet the 2012/2013 reduction target and commissioners will work with PHT to develop their plans and support the improvements required.

There is a helpful degree of benchmarking data which provides clarity around the quality position for PHT in relation to national data sources and internal data sources. This is shown across the three elements of quality; safety, experience and effectiveness.

PHT have also reported zero breaches against the delivery of the same sex accommodation agenda which shows a commitment and improvement to maintain the privacy and dignity for patients.

The account references the Commissioning for Quality and Innovation Schemes. However, a reference to the progress made against the "High Impact Innovations" would be welcomed.

Data Quality

Commissioners welcome on-going improvements in data quality and will work with PHT to support this. In addition it is noted PHT have been rated as "Not Satisfactory" grading against the Information Governance Assessment and commissioners will monitor improvements.

Clinical Audit and Research

The clinical audit section demonstrates that PHT participated in 97.4% of national clinical audits and 100% of national confidential enquiries, alongside evidence of internal audits undertaken to monitor performance and set appropriate improvement plans. There is clear evidence of research participation.

Commissioner Assessment Summary

PHT have demonstrated many positive achievements in 2012/2013, namely pressure ulcer reductions, medication incident reductions and the C. difficile reductions and improvements in dementia and VTE assessments. Commissioners encourage continued improvements as markers of the quality of services. Commissioners are keen to further develop partnership arrangements to drive quality improvements across the health system, especially in ensuring that care provision is delivered in the most appropriate place and that key quality markers are achieved. We will review the outcomes of the "Listening into Action" initiative and the alignment of the work programmes which reflect delivery of priorities against the recommendations from the Francis report. The Care Quality Commission (CQC) undertook a recent inspection of the trust and their report was published in April 2013. The report is extremely positive, reflecting high levels of patient confidence in care and treatment and commissioners wish to commend PHT on this report.

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Signed **Dated 29th May 2013**

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

Portsmouth Health Overview and Scrutiny Committee Commentary on Portsmouth Hospitals NHS Trust (PHT) Quality Accounts 2012/2013

'The HOSP will not be submitting any comments.'

Hampshire Health Overview and Scrutiny Committee Commentary on Portsmouth Hospitals NHS Trust (PHT) Quality Accounts 2012/2013

'Hampshire County Council's Health Overview and Scrutiny Committee (HOSC) has been invited to submit their view of Portsmouth Hospitals NHS Trust Quality Accounts to the Trust and for this statement to form part of its final document.

The HOSC does not contribute to the Quality Accounts of any of the NHS bodies it works with. It is not required to do so and its members are satisfied that they have direct methods of raising concerns and discussing issues regarding quality of services with Portsmouth Hospitals NHS Trust.'

HEALTHWATCH Commentary on Portsmouth Hospitals NHS Trust (PHT) Quality Accounts 2012/2013

'Healthwatch Portsmouth was contracted from 1st May 2013 and as these accounts refer to the previous year 2012/2013, Healthwatch regrets that it is not well placed to provide a full commentary at this stage.

Noting a couple of broad points raised in the accounts however, Healthwatch Portsmouth welcomes the efforts of the trust in engaging with the public and its staff, and considers that there are opportunities to improve accessibility of information and communications for the broader population which will assist in this engagement.

It is also noted that there are clearly areas of focus PHT (including dementia and early diagnosis) where engagement of Healthwatch members could provide valuable insights.

Moving forward, we look forward to closer working with PHT, and would expect to be in a position to provide more significant feedback on the Quality Accounts for 13/14.'

Limited Assurance report

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

We are required by the Audit Commission to perform an independent assurance engagement in respect of Portsmouth Hospitals NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). 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 2013 subject to limited assurance consist of the following indicators:

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

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 2012/13 issued by the Audit Commission on 25 March 2013 ("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 2012 to June 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to June 2013;
- feedback from the Commissioners dated 29/05/2013;
- feedback from Local Healthwatch dated 28/05/2013;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated April 2012;
- the latest national staff survey dated 28/02/2013;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 12/04/2013;
- the annual governance statement dated 06/06/2013;
- Care Quality Commission quality and risk profiles dated 28/02/2013; and
- the results of the Payment by Results coding review dated December 2012.

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 in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. 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 Audit Commission Act 1998 and in accordance with 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;
- testing key management controls;
- 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.

Basis for qualified conclusion

In considering the responsibilities of auditors we have concluded that the indicator relating to the percentage of patient safety incidents that resulted in severe harm or death is not reasonably stated in all material respects.

This conclusion is based on our testing which highlighted that the information held by the National Reporting and Learning Service (NRLS) which provides the data for the Trust's Quality Account did not agree to Trust records. This was as a result of the following issues:

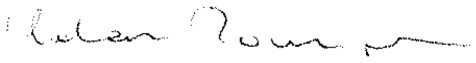
- there was a lack of preventative controls over the upload of patient safety incidents from the Trust's Datix system to the NRLS database; and
- there was no reconciliation between the records held by the Trust and the data held on the NRLS database as part of the year end preparation of the Quality Account.

The deficiencies in control identified have an impact on each of the six dimensions of data quality specified in the Guidance.

Qualified conclusion

Based on the results of our procedures, with the exception of the matter reported in the basis for qualified conclusion paragraph above in respect of the indicator in the Quality Account, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- 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.



Helen Thompson
for and on behalf of Ernst & Young LLP
Southampton
27 June 2013

Glossary of terms

Term	Description
Audit Commission	A public corporation set up in 1983 to protect the public purse. They appoint auditors to councils, NHS bodies, police authorities and other local public services in England, and oversee their work.
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.
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.
DatixWeb	A web-based incident reporting system. When a member of staff witnesses an incident or near miss, they can access the website and complete a form on-line, which is then sent to their line manager for review and completion of additional action taken.
Dr Foster	The UK's leading provider of comparative information on health and social care services.
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.
Patient Safety incidents	**No harm (near miss)** **Low (green):** Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care. **Moderate (amber):** Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care. **Severe (amber):** Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care. **Death (red):** Any patient safety incident that directly resulted in the death of one or more persons receiving NHS funded care.
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.

Term	Description
Serious Incident Requiring Investigation (SIRI)	There is no single definition of a SIRI but in general terms, it is any event which: a) Involves a patient, a service user, a member of the public, contractors, NHS staff or other providers of healthcare involved in the process of treatment, care or consultation on NHS premises. b) Results in, or could have resulted in, one or more of the following: • Serious Injury • Unexpected death • Permanent harm • Significant public concern • Significant media concern • Significant disruption to health care services. • A serious situation which is associated with, or is a result of, an infection control / communicable disease.