



## **PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST QUALITY ACCOUNTS 2019 - 2020**

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

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## QUALITY ACCOUNTS 2019 / 2020

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## STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

On behalf of the Trust Board and all colleagues at Portsmouth Hospitals University NHS Trust I am pleased to introduce our Quality Account for 2019/20, which highlights our continued dedication to improving all aspects of quality.

In January, the Care Quality Commission (CQC) improved its overall rating of the Trust to good, following an Autumn inspection that focused on the Trust's leadership, use of resources and five core services. Our ratings improved or were maintained across all five core services inspected – maternity, medicine and older people's care, surgery, outpatients and emergency and urgent care. This reflects the effort and dedication of teams throughout the Trust. Our improved rating demonstrates good progress however, we recognise there is still more to do. We are absolutely committed to driving further improvements in the areas highlighted by the CQC around safety, and action to respond to the CQC's feedback is built into our quality improvement programme.

During the year, we have continued to work with partners across the healthcare system on improving the provision of urgent care, working on our existing models of care and pathways to improve effectiveness and patient experience. Our £58m Building Better Emergency Care project will provide a longer-term significant opportunity for improvement, and we continue to progress this while also prioritising the actions we can take now.

We have a strong commitment to research and education as drivers for improving the quality of care and patient experience. We built significantly on our existing relationships with the University of Portsmouth and other academic partners in 2019/20, culminating in the award of university hospital status in July 2020 and informing our priorities for 2020/21.

2019/20 was the second year of our five-year strategy 'Working Together' though which we are pursuing a strategic aim of safe, high quality, patient-focussed care with the support of our culture change agents drawn from across the Trust. We have continued to invest in developing the leadership capability that will support further quality improvement through our senior leadership and management development programmes.

Our priorities for 2020/21 show a significant emphasis on increasing our insight into patients' perspectives to help to drive improvements in quality and fulfil our vision of working together to drive excellence in care for our patients and communities.

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 sincerely hope you find it informative.

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## QUALITY IMPROVEMENT PRIORITIES 2020 / 2021

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

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

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

The quality priorities contained within this Account were presented to and approved at the Trust's Leadership Team meeting in October.

A full range of quality measures and how the Trust is working towards achieving these continue to be reported to the Trust Board and the Quality and Performance Committee on a monthly basis through the Integrated Performance Report (IPR).

In 2020, the Trust established a Quality Assurance Committee, the purpose of the Committee being to:

- Provide assurance that the content of the IPR quality section is robust, and reflects appropriate issues and themes.
- Provide assurance to the Quality and Performance committee, which feeds to the Board, about the clinical quality of care within the remit of the quality assurance sub-committee.
- Provide assurance that recovery improvement programmes are delivering required outputs or outcomes.
- Scrutinise specific issues or aspects of quality that are raised through its further sub-committees to provide assurance that issues or themes are being managed and resolved appropriately, rigorously and within defined timescales.
- Agree actions and plans for improvement in associated areas where appropriate.
- Receive assurance about business transacted at divisional governance meetings

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

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

## QUALITY ACCOUNT PRIORITIES 2020 / 2021

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

### PATIENT SAFETY

**In order to reduce avoidable harm to patients in our care we will be using learning themes from incident reporting, mortality reviews and complaints to engage with staff to improve outcomes. The intention is that this will lead to a:**

- Reduction in Never Events (procedure related incidents in particular)
- Reduction in the number of moderate/severe harm and death incidents (key themes related to follow up, timely review of investigations and transfer and handover of patients have been identified)
- Reduction in Health Care Associated Infections
- Increased level of low harm and near miss reporting which provides the opportunity to learn and intervene in advance of potential harm occurring

In addition, the patient safety team will continue to work with colleagues in tissue viability, VTE and falls services to reduce in- patient harm.

Learning themes related to medication incidents will be addressed in collaboration with the medication safety team -specific work related to medication on discharge, oxygen use and insulin is underway

*Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee*

### CLINICAL EFFECTIVENESS

**To provide patients with the best possible clinical outcomes for their individual circumstances by:**

- **Adhering to evidence, guidelines and standards to identify and implement best practice**
  - demonstrated through National audit reports, GIRFT reports, compliance with NICE guidance and external reviews and/or accreditation visits outcome
- **Using quality improvement tools (such as clinical audit) to review and improve treatments and services**
  - demonstrated through delivery and outcomes of our annual clinical audit plan, National audits, PROMS and activities to seek patients/service users' views and act on them
- **Influence future developments by identifying areas of care that need further research**
  - evidenced by our research portfolio and delivery

*Monitored through the Clinical Effectiveness Committee, with quarterly reporting to the Quality and Performance Committee*

### PATIENT EXPERIENCE

#### Real Time Feedback

- Implement digital feedback methodology for our patients, enabling Wards and Departments to respond to patient feedback within real time
- In line with feedback from National Inpatient Survey 2019, improve feedback related to
  - Access to own medicines if brought into hospital
  - Noise at night
  - Time spent waiting for a bed on a ward

#### Family Liaison Service

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

#### Accessible Information standard

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

#### Nutrition and Hydration

- In line with feedback from the National Inpatient Survey 2019 and Real time feedback, develop and implement a plan which ensures that our patients receive help and support from staff to eat their meals

#### "With Compassion"

- Reintroduce and further develop the 'With Compassion' work that commenced January 2020 to ensure our patients receive care and treatment with compassion
- Use Real Time Feedback , 'Sit and See/Observations and results from 2019 National Inpatient Survey to measure 'compassionate care'

#### Patient & Carer involvement

- Develop a plan to ensure patients and carers are involved in the co-design of services
- Ensure the Patient/Carer Collaborative sees access to opportunities for providing feedback from seldom heard groups
- Review the Patient experience Group and develop a structure that reflects the needs of patients, carers and the organisation

*Monitored through the Quality Assurance Committee, with quarterly reporting to the Quality and Performance Committee*

## QUALITY IMPROVEMENT PRIORITIES 2019/2020 – OUR ACHIEVEMENTS

The Quality Account published in June 2019 identified areas of quality improvement to focus on during the year. A brief summary of the Trust's achievements against the priorities is outlined below, with further detail contained in part 3 of this Account.

| QUALITY ACCOUNT PRIORITIES 2019 / 2020<br>Improving the safety, experience and effectiveness of care for our patients                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>PATIENT SAFETY</b></p> <p><b>Understanding Safety</b></p> <ul style="list-style-type: none"> <li>* Develop a positive patient safety culture<br/>✓ <b>Achieved</b></li> <li>* Reduce the incidence of Never Events<br/>X <b>Not achieved</b></li> <li>* Complete 90% of SI investigations within 60 days<br/>✓ <b>Achieved</b></li> <li>* Develop a cohort of skilled investigators<br/>↔ <b>Partially achieved</b></li> </ul> <p><b>Deteriorating Patient and Sepsis</b></p> <ul style="list-style-type: none"> <li>* Increase the % of patients with suspected sepsis who receive antibiotics within 1 hour (to 90%)<br/>X <b>Not achieved</b></li> <li>* Reduce in-patient cardiac arrests and unplanned admissions to Critical Care<br/>✓ <b>Achieved</b></li> <li>* Develop a plan to improve identification and timely treatment of sepsis and clinical deterioration<br/>✓ <b>Achieved</b></li> </ul> <p><b>Timely access to emergency care Trust-wide</b></p> <ul style="list-style-type: none"> <li>* Pilot new national standards for ED access<br/>✓ <b>Achieved</b></li> <li>* Reduce number of patients held in ambulances for &gt;60 minutes<br/>✓ <b>Achieved</b></li> <li>* Increase emergency access – all emergency access areas to have access capacity - reduce number of days when no capacity is available.<br/>✓ <b>Achieved</b></li> </ul> | <p><b>CLINICAL EFFECTIVENESS</b></p> <p><b>Getting it Right First Time (GIRFT)</b></p> <ul style="list-style-type: none"> <li>* Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. The Trust will use GIRFT as a benchmarking tool and as a vehicle to drive improvement<br/>✓ <b>Achieved</b></li> </ul> <p><b>National Audits</b></p> <ul style="list-style-type: none"> <li>* The Trust will continue to contribute to, and learn from, national audits, in particular the National Lung Cancer Audit<br/>✓ <b>Achieved</b></li> </ul> <p><b>MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK</b></p> <ul style="list-style-type: none"> <li>* The Trust will use the MBRRACE tool to improve outcomes, and the national standardised Perinatal Mortality Review Tool to identify thematic learning from baby deaths<br/>✓ <b>Achieved</b></li> </ul> | <p><b>PATIENT EXPERIENCE</b></p> <p><b>Nutrition and Hydration</b></p> <ul style="list-style-type: none"> <li>* Increase the number of patients who report in the national patient survey that they received assistance at mealtimes<br/>X <b>Not achieved</b></li> <li>* Improve feedback on hospital food in national and local surveys<br/>↔ <b>Partially achieved</b></li> </ul> <p><b>Noise at night</b></p> <ul style="list-style-type: none"> <li>* Reduce the number of patients who report in local and national surveys that they have been bothered by noise at night from staff<br/>X <b>Not achieved</b></li> </ul> <p><b>Respect and dignity</b></p> <ul style="list-style-type: none"> <li>* Increase the number of patients who feedback in national and local patient surveys that they were treated with dignity and respect<br/>↔ <b>Partially achieved</b></li> </ul> <p><b>Carers' support</b></p> <ul style="list-style-type: none"> <li>* Increase numbers of carers identified at admission<br/>✓ <b>Achieved</b></li> <li>* Improve compliance with You're Welcome (Visitors' Policy) / John's Campaign standards<br/>✓ <b>Achieved</b></li> </ul> |

## STATEMENTS OF ASSURANCE FROM THE BOARD

### Review of services

During 2019/2020 Portsmouth Hospitals NHS Trust provided and sub-contracted 36 NHS services. Three significant services are sub-contracted to non-NHS providers: the Disablement Services Centre, orthotic service and community dialysis services.

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

The income generated by the NHS services reviewed in 2019/2020 represents 96% of the total income generated from the provision of NHS services by Portsmouth Hospitals NHS Trust for 2018/2019.

### Participation in clinical audits

During 2019/2020 44 national clinical audits and 12 national confidential enquiries covered NHS services that Portsmouth Hospitals University NHS Trust provides.

During that period Portsmouth Hospitals University NHS Trust participated in 100% (44/44) national clinical audits and 100% (12/12) national confidential enquiries of those it was eligible to participate in.

The national clinical audits and national confidential enquiries that Portsmouth Hospitals University NHS Trust participated in, and for which data

collection was completed during 2019/2020, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of national clinical audits (this number is from both 2019/2020 and some reports that were published from data supplied in 2018/19) were reviewed by the provider in 2019/2020. Appendix A highlights the actions Portsmouth Hospitals University NHS Trust intends to take to improve the quality of healthcare provided.

| NATIONAL CLINICAL AUDITS                                                       |                  |                |                     |
|--------------------------------------------------------------------------------|------------------|----------------|---------------------|
| Audit title                                                                    | Details          | Participation  | % cases submitted   |
| Assessing Cognitive Impairment in Older People / Care in Emergency Departments | Audit            | ✓              | >100%               |
| BAUS Cystectomy Audit                                                          | Surgeon Outcomes | ✓              | 120%<br>(2016-2018) |
| BAUS Female Stress Urinary Incontinence Audit                                  | Surgeon Outcomes | Not applicable | Not applicable      |
| BAUS Nephrectomy Audit                                                         | Surgeon Outcomes | ✓              | 91%                 |

# QUALITY ACCOUNTS 2019 / 2020

Statements of assurance from the Board

| NATIONAL CLINICAL AUDITS                                                              |                                                             |                |                          |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------|--------------------------|
| Audit title                                                                           | Details                                                     | Participation  | % cases submitted        |
|                                                                                       |                                                             |                | (2016-2018)              |
| BAUS Percutaneous Nephrolithotomy (PCNL)                                              | Surgeon Outcomes                                            | ✓              | 53 cases<br>(2016-2018)  |
| BAUS Radical Prostatectomy Audit                                                      | Surgeon Outcomes                                            | ✓              | 100%<br>(2016-2018)      |
| Care of Children in Emergency Departments                                             | Audit                                                       | ✓              | >100%                    |
| Case Mix Programme (CMP) - Intensive Care National Audit and Research Centre (ICNARC) | Audit                                                       | ✓              | 100%                     |
| Elective Surgery (National PROMs Programme - Finalised data April 2018 to March 2019) | Hip Replacement                                             | ✓              | 37.6%                    |
|                                                                                       | Knee Replacement                                            | ✓              | 28.4%                    |
| Endocrine and Thyroid National Audit                                                  | Surgeon Outcomes                                            | ✓              | 471 cases<br>(2013-2017) |
| Falls and Fragility Fracture Audit Programme                                          | Fracture Liaison Service Database (FLS-DB)                  | ✓              | 58%<br>(2019)            |
|                                                                                       | Hip Fracture Database                                       | ✓              | 100%                     |
|                                                                                       | Inpatient Falls Audit (NAIF)                                | ✓              | 100%                     |
| Inflammatory Bowel Disease Programme (IBD Programme)                                  | Inflammatory Bowel Disease (IBD) Service Standards          | ✓              | 115<br>(Patient Survey)  |
|                                                                                       | Inflammatory Bowel Disease (IBD) Biological Therapies Audit | ✓              | 1%                       |
| Major Trauma Audit - Trauma Audit and Research Network (TARN)                         | Audit                                                       | ✓              | 96%                      |
| Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection  | Audit                                                       | ✓              | 100%                     |
| Maternal, New-born and Infant Clinical Outcome Review Programme                       | Audit                                                       | ✓              | 100%                     |
| Mental Health – Care in Emergency Departments                                         | Audit                                                       | ✓              | >100%                    |
| Mental Health Care Pathway – CYP Urgent & Emergency Mental Health Care and Intensive  | Audit                                                       | Not applicable | Not applicable           |
| Mental Health Clinical Outcome Review Programme                                       | Audit                                                       | Not applicable | Not applicable           |
| National Asthma and COPD Audit Programme                                              | COPD                                                        | ✓              | 948                      |
|                                                                                       | Asthma in Children                                          | ✓              | 100%                     |

# QUALITY ACCOUNTS 2019 / 2020

Statements of assurance from the Board

| NATIONAL CLINICAL AUDITS                                                             |                                                             |                |                                                                     |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------|---------------------------------------------------------------------|
| Audit title                                                                          | Details                                                     | Participation  | % cases submitted                                                   |
|                                                                                      | Asthma in Adults                                            | ✗              | 0%<br>(PHU were a late adopter but are now submitting data 2020/21) |
|                                                                                      | Pulmonary Rehabilitation                                    | Not applicable | Not applicable                                                      |
| National Audit of Breast Cancer in Older People (NABCOP)                             | Audit                                                       | ✓              | 100%<br>(402 cases)                                                 |
| National Audit of Cardiac Rehabilitation (NACR)                                      | Audit                                                       | ✓              | 100%                                                                |
| National Audit of Care at the End of Life (NACEL)                                    | Audit                                                       | ✓              | 79-99%                                                              |
| National Audit of Dementia (Care in General Hospitals)                               | Audit                                                       | ✓              | 100%                                                                |
| National Audit of Pulmonary Hypertension (NAPH)                                      | Audit                                                       | Not applicable | Not applicable                                                      |
| National Audit of Seizure Management in Hospitals (NASH3)                            | Audit                                                       | ✓              | 100%                                                                |
| National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) | Organisational Audit                                        | ✓              | Not applicable                                                      |
| National Bariatric Surgery Register (NBSR)                                           | Audit                                                       | ✓              | 500 cases                                                           |
| National Cardiac Arrest Audit (NCAA) – ICNARC                                        | Audit                                                       | ✓              | 100%                                                                |
| National Cardiac Audit Programme (NCAP)                                              | Cardiac Rhythm Management                                   | ✓              | 100%                                                                |
|                                                                                      | Myocardial Ischaemia National Audit Programme (MINAP)       | ✓              | 103%                                                                |
|                                                                                      | National Audit of Percutaneous Coronary Interventions (PCI) | ✓              | 100%                                                                |
|                                                                                      | National Audit of Heart Failure                             | ✓              | 110%                                                                |
|                                                                                      | National Adult Cardiac Surgery Audit                        | Not applicable | Not applicable                                                      |
|                                                                                      | National Congenital Heart Disease (CHD)                     | Not applicable | Not applicable                                                      |
| National Clinical Audit of Anxiety and Depression                                    | Audit                                                       | Not applicable | Not applicable                                                      |
| National Clinical Audit of Psychosis                                                 | Audit                                                       | Not applicable | Not applicable                                                      |
| National Diabetes Audit – Adults                                                     | Transition                                                  | ✓              | 100%                                                                |
|                                                                                      | Diabetes in Pregnancy                                       | ✓              | 100%                                                                |
|                                                                                      | Inpatient Audit                                             | ✓              | 100%                                                                |
|                                                                                      | Foot Care                                                   | ✓              | 24.3%                                                               |
|                                                                                      | Harms                                                       | ✓              | 100%                                                                |

# QUALITY ACCOUNTS 2019 / 2020

Statements of assurance from the Board

| NATIONAL CLINICAL AUDITS                                                                |                                           |                |                    |
|-----------------------------------------------------------------------------------------|-------------------------------------------|----------------|--------------------|
| Audit title                                                                             | Details                                   | Participation  | % cases submitted  |
| National Early Inflammatory Arthritis Audit (NEIAA)                                     | Audit                                     | ✓              | 208 cases          |
| National Emergency Laparotomy Audit (NELA)                                              | Audit                                     | ✓              | 72%                |
| National Gastro-Intestinal Cancer Programme                                             | National Bowel Cancer Audit (NBOCA)       | ✓              | 104%               |
|                                                                                         | National Oesophago-Gastric Cancer (NOGCA) | ✓              | 65-74%             |
| National Joint Registry (NJR)                                                           | Audit                                     | ✓              | 100%               |
| National Lung Cancer Audit (NLCA)                                                       | Audit                                     | ✓              | 393 cases          |
| National Maternity and Perinatal Audit (NMPA)                                           | Audit                                     | ✓              | 100%               |
| National Neonatal Audit Programme (NNAP)                                                | Audit                                     | ✓              | 100%               |
| National Ophthalmology Audit – NOD                                                      | Audit                                     | ✓              | 100%               |
| National Paediatric Diabetes Audit (NPDA)                                               | Audit                                     | ✓              | 98.6%              |
| National Prostate Cancer Audit                                                          | Audit                                     | ✓              | 100%               |
| National Smoking Cessation Audit                                                        | Audit                                     | ✓              | 100%               |
| National Vascular Registry                                                              | Audit                                     | Not applicable | Not applicable     |
| Neurosurgical National Audit Programme                                                  | Audit                                     | Not applicable | Not applicable     |
| Paediatric Intensive Care Audit Network (PICANet)                                       | Audit                                     | Not applicable | Not applicable     |
| Perioperative Quality Improvement Programme (PQIP)                                      | Audit                                     | ✓              | 16 cases           |
| Prescribing Observatory for Mental Health (POMH-UK)                                     | Audit                                     | Not applicable | Not applicable     |
| Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - CQUIN | Antibiotic Consumption                    | ✓              | 100%               |
|                                                                                         | Antimicrobial Stewardship                 | ✓              | 100%               |
| Sentinel Stroke National Audit Programme (SSNAP)                                        | Audit                                     | ✓              | 102.7%             |
|                                                                                         | Organisational                            | ✓              | 100%               |
| Serious Hazards of Transfusion (SHOT): UK National Haemo-vigilance Scheme               | Audit                                     | ✓              | 100%               |
| Society for Acute Medicine's Benchmarking Audit (SAMBA)                                 | Audit                                     | ✓              | 100%               |
| Surgical Site Infection Surveillance Service                                            | Audit                                     | ✓              | 318 cases recorded |
| UK Cystic Fibrosis Registry                                                             | Audit                                     | Not applicable | Not applicable     |

| NATIONAL CLINICAL AUDITS |         |               |                   |
|--------------------------|---------|---------------|-------------------|
| Audit title              | Details | Participation | % cases submitted |
| UK Parkinson's Audit     | Audit   | ✓             | 106 Cases         |

| NATIONAL CONFIDENTIAL ENQUIRIES                                                                                            |                |                   |
|----------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|
| Audit title                                                                                                                | Participation  | % cases submitted |
| MBRRACE – Maternal Infant and Perinatal Confidential Enquiry – Maternal Mortality                                          | ✓              | 100%              |
| MBRRACE – Maternal Infant and Perinatal Confidential Enquiry – Perinatal Mortality                                         | ✓              | 100%              |
| Child Health Clinical Outcome Review Programme - Young People's Mental Health (NCEPOD)                                     | ✓              | 64%               |
| Child Health Clinical Outcome Review Programme – Long-term ventilation in children, young people and young adults (NCEPOD) | ✓              | 100%              |
| Medical and Surgical Clinical Outcome Review Programme – Dysphagia in Parkinson's Disease (NCEPOD)                         | ✓              | 100%              |
| Medical and Surgical Clinical Outcome Review Programme – Acute Heart Failure (NCEPOD)                                      | ✓              | 100%              |
| Medical and Surgical Clinical Outcome Review Programme – Cancer in Children, Teens and Young Adults (NCEPOD)               | ✓              | 100%              |
| Medical and Surgical Clinical Outcome Review Programme – Peri-operative diabetes (NCEPOD)                                  | ✓              | 54%               |
| Medical and Surgical Clinical Outcome Review Programme – Pulmonary embolism (NCEPOD)                                       | ✓              | 31%               |
| Medical and Surgical Clinical Outcome Review Programme - In-hospital management of out-of-hospital cardiac arrest (NCEPOD) | ✓              | 91%               |
| Medical and Surgical Clinical Outcome Review Programme – Physical Health in Mental Health Hospitals (NCEPOD)               | ✓              | Ongoing           |
| Medical and Surgical Clinical Outcome Review Programme – Acute Bowel Obstruction (NCEPOD)                                  | ✓              | 50%               |
| National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)                                             | Not applicable | Not applicable    |

The reports of 5 local clinical audits were reviewed by the provider in 2019/2020. Appendix B shows examples of local audits and the actions Portsmouth Hospitals University NHS Trust intends to take to improve the quality of healthcare provided.

## Research: participation in clinical research

### Commitment to research as a driver for improving the quality of care and patient experience

Portsmouth Hospitals NHS Trust recruited 6002 research participants into clinical research studies during 2019/20. Of these patients, 5,994 (99%) were recruited into clinical studies adopted onto the National Institute for Health Research (NIHR) Portfolio, with 8 (1%) recruited into other, non-Portfolio research projects.

Participation in clinical research demonstrates Portsmouth Hospitals NHS Trust's commitment to improving the quality of care offered, and to making a contribution to wider health improvement. Clinical staff stay abreast of the

latest possible treatment possibilities, and active participation in research leads to improved patient outcomes.

During 2019/2020, Portsmouth Hospitals NHS Trust participated in a total of 296 clinical research studies; 94% of these studies were NIHR Portfolio adopted. More than 31 clinical departments participated in research approved by a research ethics committee at Portsmouth Hospitals NHS Trust during 2019/2020, covering a number of specialities and clinical support departments.

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### Goals agreed with Commissioners

Portsmouth Hospitals NHS Trust income in 2019/20 was not conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation (CQUIN) payment framework, as we have a locally agreed payment arrangement.

For the remainder of our income, a proportion of Portsmouth Hospitals NHS Trust income in 2019/2020 was conditional on achieving quality improvement and innovation goals agreed between Portsmouth Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework

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Statements of assurance from the Board

## Statements from the Care Quality Commission (CQC)

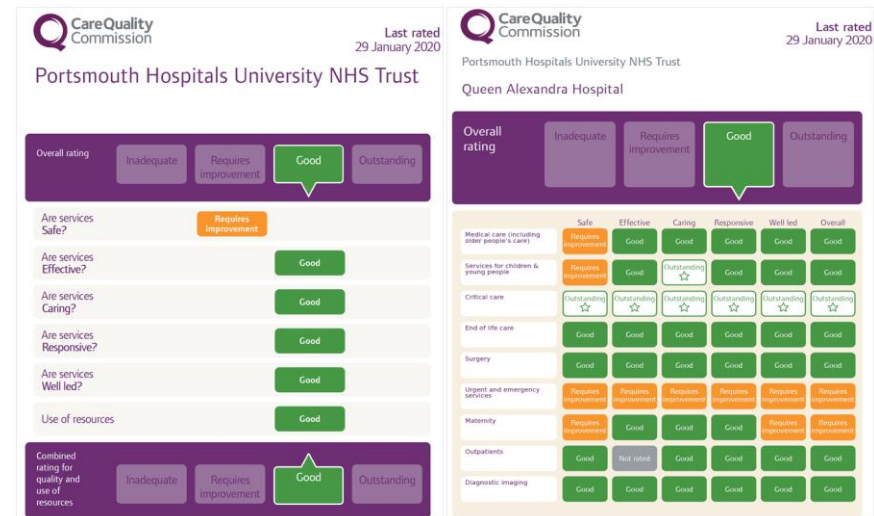
Portsmouth Hospitals University NHS Trust is required to register with the CQC and is currently registered with no conditions placed upon the registration.

In January 2020, the CQC published its reports on the comprehensive and well-led inspections carried out at Queen Alexandra Hospital in October and November 2019, and rated the Trust as 'Good' overall, an improvement on the previous overall rating of 'Requires Improvement'.

Improvements were noted across all domains with the exception of 'Safe' which remains as 'Requires Improvement'. Ratings improved or were maintained across all five core services inspected.

Following the inspection, the Trust was issued with 17 'must do' and 40 'should do' recommendations. A detailed action plan to address these actions has been developed and implementation and monitoring of the actions is through Divisions with oversight by the Trust Quality and Performance Committee.

The Trust was also issued with a warning notice under Section 29a of the Health and Social Care Act 2012, regarding the urgent and emergency service's management of risk to self presenting patients, information about wait-times for self-presenting patients and ambulance waiting times. The Trust has actions in place to address the concerns raised and continues to work closely with system partners to implement the Urgent Care Improvement Plan.



During January 2020, the Trust was also subject to a 'Use of Resources' inspection, with a rating of 'Good' being awarded.

A Condition that was placed on the Trust registration on 12th May 2018 relating to Deprivation of Liberty Safeguards as per the requirements of Mental Capacity Act, 2005 was lifted on 28th February 2020 as the CQC considered that the Trust had mitigated the risks identified and determined the Trust was now fully compliant with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The CQC undertook an unannounced inspection focused on the Trust's Medicines Management practice in July 2020. The CQC found no breaches of regulations and provided positive feedback on the Trust's medicine administration as well as areas for further development which are being taken forward.

## Data quality

Portsmouth Hospitals NHS Trust submitted records during 2019/2020 to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The latest available scores from NHS Digital's Maturity Index (2019-2020, focusing on all 12-months, taken from the month 13 upload) show the following data quality scores:

Included the patient's valid NHS number:

- 99.8% for admitted patient care (national average 99.5%)
- 100% for outpatient care (national average 99.7%)
- 99.3% for accident and emergency care (national average 97.8%)

Included the patient's valid General Medical Practice Code:

- 97.1% for admitted patient care (national average 99.8%)
- 98.3% for out-patient care (national average 99.8%)
- 92.5% for accident and emergency care (national average 98.2%)

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

- Re-establish the Data Quality Steering Group
- Ensure quality checks are frequently updated and reviewed, in particular the routine reporting and any standard operating procedures in place
- Promote compliance against the Data Quality Policy across the Trust
- Encourage benchmarking when monitoring our data quality metrics
- Maintain completeness of master files within PAS/Data warehouse and make use of SPINE information available to ensure accuracy of our data
- Comply with the national opt out scheme and ensure all processes are up to date to reflect this

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

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

Included the patient's valid Commissioner Code:

- 100% for admitted patient care (national average 89.4%)
- 100% for out-patient care (national average 87.8%)
- 100% for accident and emergency care (national average 84.6%)

| Trended Patient's valid General Medical Practice Code for accident and emergency care |                   |               |
|---------------------------------------------------------------------------------------|-------------------|---------------|
| Year                                                                                  | Rolling 12 months | Trust % Valid |
| 2019/20                                                                               | M3                | 89.60%        |
| 2019/20                                                                               | M4                | 89.50%        |
| 2019/20                                                                               | M5                | 90.10%        |
| 2019/20                                                                               | M6                | 90.20%        |
| 2019/20                                                                               | M7                | 90.30%        |
| 2019/20                                                                               | M8                | 90.90%        |
| 2019/20                                                                               | M9                | 91.30%        |
| 2019/20                                                                               | M10               | 91.70%        |
| 2019/20                                                                               | M11               | 92.00%        |
| 2019/20                                                                               | M12               | 92.20%        |
| 2019/20                                                                               | M13               | 92.50%        |
| 2020/21                                                                               | M1                | 94.30%        |
| 2020/21                                                                               | M2                | 94.50%        |
| 2020/21                                                                               | M3                | 94.20%        |

## Data Security and Protection Toolkit attainment levels

Information Governance is concerned with the way the Trust handles or “processes” information. It covers personal data (relating to patients/service users and employees) and corporate information (such as financial and accounting records).

The Data Security and Performance (DSP) Toolkit is a performance tool produced by NHS Digital which draws together the legal rules and central guidance surrounding data protection and presents them in one place as a set of information governance standards. The Trust is required to carry out a yearly self-assessment of compliance against these standards.

Portsmouth Hospitals NHS Trust Information Governance Assessment Report overall score for 2019-20 was ‘standards not met’. The Trust submitted 113 out of 116 mandatory evidence items. This meant the Trust was able to confirm 42 of 44 assertions were complete. Improvement Plans for the three outstanding mandatory evidence items have been submitted for evaluation by NHS Digital. It is unlikely the Trust score will be changed, as two evidence items require successful implementation of a new email system Office 365, which will not be fully in situ until 2021.

The Trust reported five six serious incidents to the Information Commissioner’s Office (ICO). All six incidents were reviewed by the Information Commissioner’s Office. No action was required, and no penalties were applied to the Trust. There are no outstanding incidents to be reviewed.

## Learning from deaths

- During 2019/2020 2,219 of Portsmouth Hospitals University NHS Trust inpatients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
  - 524 patients died in Q1
  - 464 patients died in Q2
  - 566 patients died in Q3
  - 665 patients died in Q4
- By 31<sup>st</sup> March 2020, 2198 case record reviews had been carried out. This figure includes all inpatient deaths, with the exception of 21 cases. 15 cases were babies and 4 cases ED deaths- who were included in the review process. The other cases missing were 1 Respiratory case and 1 other case (0.1%). 344 investigations <sup>1</sup> have been carried out in relation to 2,219 of the deaths included in first bullet point (inpatient). In addition, 238 deaths occurred in the Emergency Department, and all received an investigation.
- The number of deaths in each quarter for which a case record review was carried out was:
  - Q1 516
  - Q2 458
  - Q3 562
  - Q4 662
- The number of deaths in each quarter for which an investigation was carried out was:
  - Q1 68
  - Q2 69

- Q3 51
- Q4 10

This data reflects completed investigations only, those still ongoing, particularly from quarter 3 and 4, are not be included in the numbers above. The reduced numbers of investigations completed in Quarter 4 are directly related to the impact of Covid-19 where investigations have been delayed due to a focus on clinical facing duties.

- 4 cases, representing 0.18% of the patient deaths during the reporting period, were initially judged to be more likely than not to have been due to problems in the care provided to the patient. Three of the four cases received further investigation; the fourth case was raised due to concerns about care pre-hospital and was downgraded on review.
- Three cases were subject to a Serious Incident investigation. Two of the cases have since been deemed unavoidable and one case was felt to have been possibly avoidable but not very likely.

In relation to each quarter, this consisted of:

- One, representing 0.2% for the first quarter (downgraded to possibly avoidable)
- Two, representing 0.4% for the third quarter (both cases subsequently downgraded).
- One, representing 0.2% for the fourth quarter (case downgraded to unavoidable)

These numbers have been derived from case reviews at mortality review panels and in-depth reviews by Mortality & Morbidity groups (M&M).

<sup>1</sup> Investigations equal review by the relevant morbidity and mortality meeting.

- On 1<sup>st</sup> November, in line with national guidance, the Trust implemented review of deaths by Medical Examiners, with the service fully embedded following recruitment in Quarter 4. This has led to a more consistent service, as the process is led by a core group of Consultants. As part of the role, the Medical Examiners undertake a notes review for all cases. They also contact the family of the deceased patient to identify any feedback they may have, prior to discussion at the Mortality Review Panel with medical staff who cared for the patient. This allows for more in depth examination of any area of concern or learning points.
- The following the key patient care and treatment themes identified from Mortality Review Panel (MRP) and M&M reviews. There has been an improvement in timely decision making relating to setting a ceiling of care and moving to end of life care, although there continue to be a small number of specialties where this could be improved. Earlier discussions with patients about their wishes and improved documentation of these discussions have been noted. There has been an increase in patients identified as palliative or end of life, as evidenced by the increase in palliative care coding. The Treatment Escalation Plan, a national document that encourages clinical teams and patients to discuss treatment, was introduced in Quarter 4 and review of the effectiveness of this document continues.
- A review of all patient deaths in the Emergency Department commenced in Quarter 4, to review if further community decisions and more robust advanced care planning may have avoided an admission and death in hospital. Early discussions have been held with the CCG, sharing this information and work is ongoing to look at the learning from these patients. This was agreed by all to be of benefit and is continuing.
- Actions taken to address the themes identified include the sharing of the information with partner organisations, including CCGs, primary care providers and other NHS trusts with a focus on increasing awareness of the importance of anticipatory care planning.
- There are still concerns about some patients who are medically fit to leave the acute hospital who subsequently deteriorate and die during this delay. A proportion of these patients are due to the complexity of their needs. As a result of the pandemic, improved processes have been put in place, leading to less patient delays, and monitoring continues.
- Sharing of the learning from mortality reviews continues both internally and externally, with Trust staff presenting to local GP training sessions. Work by the unscheduled care board to reduce the delays in the discharge process is ongoing.
- On review of the Mortality review tool there were 25 investigations completed as a result of deaths that occurred in January using the case review methodology. Seven of these investigations were completed after the recording period. The breakdown is three Serious incidents requiring investigation, two investigated by the care group and two completed using a Structured judgement review.
- Two cases representing 0.09% of the total number of deaths were judged to be more likely that not to have been due to problems in the care provided to the patient. One case was downgraded as a result of the investigation and there were actions identified as a result of the second investigation.
- Five cases representing 0.2% of the total number of deaths were judged to be more likely than not to have been due to problems in the care provided to the patient, four of the five cases were downgraded.

## Seven day services - progress in implementing the priority clinical standards for seven day hospital services

Substantial evidence exists which indicates significant variation in outcomes for patients admitted to hospitals in an emergency at the weekend across the NHS in England. This variation is seen in patient experience, length of hospital stay, re-admission rates and to a lesser extent mortality rates. In December 2012 the NHS Commissioning Board (now NHS England) published “Everyone counts: Planning for patients 2013/14”, which set out the initial steps towards identifying how there might be better access to services seven days a week.

The Ten Clinical Standards for seven day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. These standards define what seven day services should achieve, no matter when or where patients are admitted. The purpose of the standards is to deliver safer patient care, improve patient flow through the acute system, enhance patient experience of acute care and reduce the variation in appropriate clinical supervision at weekends.

### The Ten Clinical Standards

- |                                      |                                                         |
|--------------------------------------|---------------------------------------------------------|
| 1. Patient experience                | 2. Access to key Consultant-directed interventions *    |
| 3. Time to first Consultant review * | 4. Mental Health                                        |
| 5. MDT Review                        | 6. Ongoing daily review by a Consultant or a delegate * |
| 7. Shift handovers                   | 8. Transfer to community and primary and social care    |
| 9. Access to diagnostics *           | 10. Quality Improvement                                 |

*\*Priority Clinical Standards*

To support quality improvement and measure progress in the achievement of seven day hospital services, all acute Trusts were asked to participate in self-assessment surveys since the Spring of 2016. These surveys covered the management of patients admitted as an emergency during a specified seven-day period, measured against the four priority clinical standards.

A national self-assessment tool had been developed to allow organisations to baseline provision of seven day services. The tool enabled Trusts to self-assess current level of service provision, using nationally agreed definitions, and helped understand local needs and requirements to deliver extended services.

We have participated in all seven national surveys, with our final submission in November 2019, the last six using the online tool described above. The national team will no longer be seeking central submission, but recommend and annual review be conducted internally by each Trust using a similar template to that employed for the NHSEI returns, supported by an internal audit. The results for all four priority clinical standards were initially satisfactory and encouraging and following a sustained effort by many colleagues in different specialties we achieved full compliance for all four priority clinical standards in the Spring 2018 survey. We lost compliance with weekend review standard 8 in the Spring return of 2019 and this was thought to relate to a documentation issue in terms of clear flagging of patients requiring a weekend senior review. In our most recent audit in January 2020 (for patients admitted in August 2019) we had recovered to 91% of target patients having a once daily senior clinical review at weekends (target 90%, position recovered from 83% the previous year). This restores us to full compliance with four priority clinical standards.

## Freedom to Speak Up (FTSU)

To ensure that the Trust's vision and values are at the forefront of everything it does, openness, transparency and dealing with any issues that may arise in a confidential, timely, consistent, fair and appropriate manner is fundamental. It is a right of employees in the Trust, if they have any concerns about wrong-doing at work, to be able to raise these concerns through the Trust's Raising Concerns (Whistle Blowing) Policy. Any disclosure or 'whistle-blow' is handled in a confidential manner, taken seriously and investigated appropriately.

The Trust's Freedom to Speak Up (FTSU) Guardian continues to help staff raise concerns in a confidential, supporting and anonymised manner, signposting appropriately. The Guardian is available to be contacted by all staff for advice and support in raising and managing concerns about their working life, including about bullying and harassment. This is a key role in promoting an open and honest culture of listening, learning and not blaming,

so that concerns raised are welcomed, acted upon in a fair manner and addressed. The Guardian has access to anyone in the Trust, including the Chief Executive, and can, if necessary, seek further support from outside of the Trust.

FTSU Advocates are in place from all Divisions / Care Groups and Corporate Functions to support the Guardian role. During 2019/20 the Trust's FTSU service has seen marked improvement in the number of concerns that are being managed effectively at a local level with support and guidance without the need for escalation, this was evidenced within our recent CQC Well Led report where it was felt that the culture across the organisation had improved, Staff felt respected, supported and valued. Identifying an open culture where patients, their families and staff could raise concerns without fear.

## NATIONAL QUALITY PRIORITIES

The following are a core set of indicators which are to be included in the 2019/20 Quality Accounts. All trusts are required to report against these indicators using standardised statements. The information is based on data made available to the Trust by NHS Digital. This data is presented in the same way in all Quality Accounts published in England; this allows fair comparison between hospitals.

It should be noted that the most up-to-date data provided by NHS Digital, stated below, may relate to a different reporting period to that of the Quality Account (Data source: <https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>).

| National Quality Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                    |                     |                    |                     |                    |                    |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|--------------------|--------------------|
| Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                    |                     |                    |                     |                    |                    |                    |
| SHMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | July '16 - Jun. '17 |                    | Oct. '16 - Sep. '17 |                    | Oct. '17 - Sep. '18 |                    | Oct '18 - Sep. '19 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PHT                 | National Average   | PHT                 | National Average   | PHT                 | National Average   | PHT                | National Average   |
| The value of the summary hospital-level mortality indicator ("SHMI") for the Trust.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.0912              | 1                  | 1.0719              | 1                  | 1.0212              | 1                  | 1.0423             | 1                  |
| The banding of the summary hospital-level mortality indicator ("SHMI") for the Trust.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | As expected<br>(2)  | As expected<br>(2) | As expected<br>(2)  | As expected<br>(2) | As expected<br>(2)  | As expected<br>(2) | As expected<br>(2) | As expected<br>(2) |
| The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust.<br>The palliative care indicator is a contextual indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 21.50%              | 31.10%             | 23.10%              | 31.50%             | 29.20%              | 33.60%             | 40.00%             | 36.00%             |
| <b>Trust statement</b><br>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.<br>The Trust intends to, or has taken the following actions to improve mortality and harm, and so the quality of its services: <ul style="list-style-type: none"> <li>Maintaining a sustained focus on mortality, ensuring all mortality data, provided from both internal and external sources, is reviewed by the Trust's monthly Mortality Review Group, chaired by the Medical Director.</li> <li>Undertaking case review of all inpatient deaths, both adult and child, through the multi-professional mortality review panel.</li> <li>From 1<sup>st</sup> November 2019 introducing the Medical Examiner Service, as per national guidelines, and independent service that scrutinises all adult inpatient deaths and links with families to discuss patient experience and also discuss the cause of death and what will be documented on the death certificate.</li> <li>Identification of any cases where there have been concern and recommending the level of investigation needed, from Care Group Mortality Review, Structured Judgement Review or Serious Investigation Requiring Investigation.</li> </ul> |                     |                    |                     |                    |                     |                    |                    |                    |

# QUALITY ACCOUNTS 2019 / 2020

National quality priorities

- Continue to Report all deaths of a patient with known Learning Disabilities using the LeDeR referral form (Learning Disabilities Mortality Review) which is a national programme aimed at making improvements to the lives of people with learning disabilities
- Note: banding category: 1 – where the Trust’s mortality rate is ‘higher than expected’, 2 – where the Trust’s mortality rate is ‘as expected’, 3 – where the Trust’s mortality rate is ‘lower than expected’.
- For the SHMI, a comparison should not be made with the highest and lowest trust level SHMIs because the SHMI cannot be used for direct comparison of Mortality outcomes between trusts and, in particular, it is inappropriate to rank trusts according to their SHMI.

## National Quality Priorities

Helping people recover from episodes of ill health or following injury.

| Patient Reported Outcome Measures (PROMs) finalised (EQ5D Index) | Apr. '15 - Mar. '16 |                  |         |        | Apr. '16 - Mar. '17 |                  |         |        | Apr. '17 - Mar. '18 |                  |         |        | Apr. '18 - Mar. '19 |                  |         |        |
|------------------------------------------------------------------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|
|                                                                  | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest |
| Groin hernia surgery                                             | *                   | 0.088            | 0.157   | 0.021  | 0.11                | 0.086            | 0.135   | 0.006  | 0.108               | 0.089            | 0.13    | 0.029  | n/a                 | n/a              | n/a     | n/a    |
| Varicose vein surgery                                            | *                   | 0.096            | 0.15    | 0.018  | *                   | 0.092            | 0.155   | 0.01   | *                   | 0.095            | 0.134   | 0.034  | n/a                 | n/a              | n/a     | n/a    |
| Hip replacement surgery (primary)                                | 0.447               | 0.438            | 0.512   | 0.32   | 0.44                | 0.445            | 0.537   | 0.31   | 0.463               | 0.458            | 0.566   | 0.376  | 0.469               | 0.465            | 0.557   | 0.348  |
| Knee replacement surgery (primary)                               | 0.309               | 0.32             | 0.398   | 0.198  | 0.342               | 0.324            | 0.404   | 0.242  | 0.318               | 0.338            | 0.416   | 0.233  | 0.304               | 0.338            | 0.405   | 0.265  |

## Trust statement

Portsmouth Hospitals NHS Trust considers that this data is as described as it is taken from the nationally published dataset using responses provided by the patients experience at the Trust.

The Trust intends to take the following actions to improve this rate, and so the quality of its services:

- Continuing to monitor the patient’s experience of its performance to ensure the operations patients receive continue to improve their health compared with their health before they had their operation
- To improve patient participation rates to ensure they meet the national average for each procedure.
- To promote patient completion of questionnaires by providing more engagement at a local leadership level to improve patient participation rates.

\*Data not published due to small numbers of procedures

n/a: NHS England have stopped measuring and producing this data; therefore, no national data not available’

National quality priorities

|                                                                                                                                                                                                                                                   |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>National Quality Priorities</b><br>Helping people recover from episodes of ill health or following injury.                                                                                                                                     |                              |
| <b>Re-admission within 28 days of being discharged</b>                                                                                                                                                                                            |                              |
| Percentage of patients aged 0 to 15                                                                                                                                                                                                               | Data not updated since 2013. |
| Percentage of patients aged 16 or over                                                                                                                                                                                                            |                              |
| <b>Trust statement</b><br>Although data for patients readmitted to hospital within 30 days of being discharged is available on NHS Digital, the Quality Account guidance states that the regulations refer to 28 day readmissions rather than 30. |                              |

| <b>National Quality Priorities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                  |         |        |                         |                  |         |        |                     |                  |         |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|---------|--------|-------------------------|------------------|---------|--------|---------------------|------------------|---------|--------|
| Ensuring that people have a positive experience of care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                  |         |        |                         |                  |         |        |                     |                  |         |        |
| In-patient survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | April 2016 - March 2017 |                  |         |        | April 2017 - March 2018 |                  |         |        | Apr. '18 - Mar. '19 |                  |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PHT                     | National Average | Highest | Lowest | PHT                     | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest |
| In-patient survey (based on the average score of five questions from the National Inpatient Survey)                                                                                                                                                                                                                                                                                                                                                                                                                                          | 67.6                    | 68.1             | 85.2    | 60     | 65.9                    | 68.6             | 85      | 60.5   | 67.3                | 67.2             | 85      | 58.9   |
| <b>Trust statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                  |         |        |                         |                  |         |        |                     |                  |         |        |
| Portsmouth Hospitals NHS Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.                                                                                                                                                                                                                                                                                                                                                                                           |                         |                  |         |        |                         |                  |         |        |                     |                  |         |        |
| The Trust has taken action by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                  |         |        |                         |                  |         |        |                     |                  |         |        |
| <ul style="list-style-type: none"> <li>Developing a system to collect Realtime Feedback from patients and carers during their stay in hospital</li> <li>Tailoring patient feedback mechanisms in response to COVID -19 (NHS Think 111/Attend anywhere)</li> <li>In the context of COVID-19, we plan to use our family liaison service as a means of continuing to increase the access to feedback opportunities for people from seldom-heard groups. This will ensure the views received are more representative of the community</li> </ul> |                         |                  |         |        |                         |                  |         |        |                     |                  |         |        |

# QUALITY ACCOUNTS 2019 / 2020

National quality priorities

| National Quality Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|
| Ensuring that people have a positive experience of care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |
| National Staff Survey results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Apr. '16 - Mar. '17 |                  |         |        | Apr. '17 - Mar. '18 |                  |         |        | Apr. '18 - Mar. '19 |                  |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest |
| National Staff Survey results<br>(The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 69%                 | 70%              | 86%     | 47%    | 68%                 | 70%              | 87%     | 41%    | 68%                 | 70%              | 87      | 41%    |
| <b>Trust statement</b><br>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.<br>The Trust has taken action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> <li>• Implementation of a three year Culture and Leadership Change Programme</li> <li>• Targeted work to reduce inequalities and protect staff whilst at work</li> <li>• Developing a system to collect real time feedback from patients and carers during their stay in hospital</li> <li>• Tailoring patient feedback in response to the Covid-19 pandemic</li> <li>• Working closely with clinical teams, providing teaching and education to support transparency and promote a no blame culture</li> <li>• Working with clinical leaders to support teams to improve safety awareness, increase reporting and reduce patient harm events</li> <li>• Patients and their families are involved in serious investigations to ensure that their questions are considered as part of the outcomes</li> </ul> |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |

| National Quality Priorities                                                                                                                             |                 |       |                |        |               |        |                     |     |                         |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------|----------------|--------|---------------|--------|---------------------|-----|-------------------------|-----|
| Ensuring that people have a positive experience of care - A&E - patients who would recommend the Trust as a provider of care to their friends or family |                 |       |                |        |               |        |                     |     |                         |     |
| Reporting period                                                                                                                                        | Total Responses |       | Total Eligible |        | Response Rate |        | Score (% recommend) |     | Score (% not recommend) |     |
|                                                                                                                                                         | England         | PHT   | England        | PHT    | England       | PHT    | England             | PHT | England                 | PHT |
| Jan-20                                                                                                                                                  | 140,033         | 2,225 | 1,196,806      | 11,018 | 11.70%        | 20.20% | 85%                 | 88% | 9%                      | 7%  |
| Dec-19                                                                                                                                                  | 135,618         | 2,201 | 1,170,813      | 11,078 | 11.60%        | 19.90% | 84%                 | 89% | 10%                     | 6%  |
| Nov-19                                                                                                                                                  | 141,846         | 2,281 | 1,177,902      | 10,758 | 12.00%        | 21.20% | 84%                 | 87% | 10%                     | 8%  |
| Oct-19                                                                                                                                                  | 143,139         | 2,107 | 1,169,049      | 10,489 | 12.30%        | 20.90% | 86%                 | 86% | 9%                      | 7%  |
| Sep-19                                                                                                                                                  | 140,179         | 2,517 | 1,147,243      | 12,307 | 12.20%        | 20.50% | 85%                 | 88% | 9%                      | 7%  |
| Aug-19                                                                                                                                                  | 151,757         | 3,012 | 1,148,147      | 12,063 | 13.20%        | 25.00% | 86%                 | 88% | 8%                      | 7%  |

# QUALITY ACCOUNTS 2019 / 2020

National quality priorities

| National Quality Priorities                                                                                                                             |                 |       |                |        |               |        |                        |     |                            |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------|----------------|--------|---------------|--------|------------------------|-----|----------------------------|-----|
| Ensuring that people have a positive experience of care - A&E - patients who would recommend the Trust as a provider of care to their friends or family |                 |       |                |        |               |        |                        |     |                            |     |
| Reporting period                                                                                                                                        | Total Responses |       | Total Eligible |        | Response Rate |        | Score<br>(% recommend) |     | Score<br>(% not recommend) |     |
|                                                                                                                                                         | England         | PHT   | England        | PHT    | England       | PHT    | England                | PHT | England                    | PHT |
| Jul-19                                                                                                                                                  | 151,767         | 2,673 | 1,225,392      | 13,303 | 12.40%        | 20.10% | 85%                    | 89% | 9%                         | 6%  |
| Jun-19                                                                                                                                                  | 140,198         | 2,658 | 1,160,167      | 12,666 | 12.10%        | 21.00% | 86%                    | 88% | 9%                         | 6%  |
| May-19                                                                                                                                                  | 142,493         | 2,727 | 1,181,288      | 12,476 | 12.10%        | 21.90% | 86%                    | 88% | 9%                         | 7%  |
| Apr-19                                                                                                                                                  | 132,440         | 2,454 | 1,152,055      | 12,026 | 11.50%        | 20.40% | 86%                    | 86% | 8%                         | 8%  |
| Mar-19                                                                                                                                                  | 146,219         | 2,701 | 1,184,605      | 12,172 | 12.30%        | 22.20% | 86%                    | 88% | 8%                         | 7%  |
| Feb-19                                                                                                                                                  | 129,415         | 2,481 | 1,065,038      | 10,961 | 12.15%        | 22.60% | 85%                    | 86% | 9%                         | 8%  |
| Jan-19                                                                                                                                                  | 136,601         | 2,798 | 1,147,053      | 11,236 | 11.90%        | 24.90% | 86%                    | 89% | 8%                         | 6%  |
| Dec-18                                                                                                                                                  | 125,967         | 2,509 | 1,105,321      | 11,052 | 11.40%        | 22.70% | 86%                    | 90% | 8%                         | 6%  |
| Nov-18                                                                                                                                                  | 137,002         | 2,634 | 1,132,729      | 10,725 | 12.10%        | 24.60% | 87%                    | 90% | 8%                         | 5%  |
| Oct-18                                                                                                                                                  | 139,923         | 2,985 | 1,147,817      | 11,696 | 12.20%        | 25.50% | 87%                    | 89% | 8%                         | 6%  |
| Sep-18                                                                                                                                                  | 135,651         | 2,756 | 1,116,355      | 11,409 | 12.20%        | 24.20% | 86%                    | 90% | 8%                         | 6%  |
| Aug-18                                                                                                                                                  | 143,963         | 3,001 | 1,119,703      | 11,213 | 12.90%        | 26.80% | 88%                    | 91% | 7%                         | 5%  |
| Jul-18                                                                                                                                                  | 153,049         | 3,295 | 1,196,782      | 13,042 | 12.80%        | 25.30% | 87%                    | 90% | 8%                         | 6%  |
| Jun-18                                                                                                                                                  | 152,357         | 3,154 | 1,171,521      | 11,466 | 13.00%        | 27.50% | 87%                    | 89% | 7%                         | 6%  |
| May-18                                                                                                                                                  | 143,888         | 2,239 | 1,161,748      | 11,704 | 12.40%        | 19.10% | 87%                    | 90% | 7%                         | 4%  |
| Apr-18                                                                                                                                                  | 135,533         | 1,211 | 1,054,105      | 10,270 | 12.90%        | 11.80% | 87%                    | 96% | 8%                         | 1%  |
| Mar-18                                                                                                                                                  | 139,409         | 1,084 | 1,088,774      | 10,795 | 12.80%        | 10.04% | 84%                    | 95% | 9%                         | 1%  |
| Feb-18                                                                                                                                                  | 129,639         | 1,102 | 966,992        | 8,107  | 13.41%        | 13.59% | 85%                    | 94% | 8%                         | 2%  |
| Jan-18                                                                                                                                                  | 126,236         | 1,084 | 1,038,385      | 9,078  | 12.20%        | 11.90% | 86%                    | 94% | 8%                         | 2%  |
| Dec-17                                                                                                                                                  | 118,368         | 1,432 | 1,018,820      | 9,409  | 11.60%        | 15.20% | 85%                    | 96% | 8%                         | 1%  |
| Nov-17                                                                                                                                                  | 131,651         | 1,088 | 1,019,592      | 9,711  | 12.90%        | 11.20% | 87%                    | 94% | 8%                         | 1%  |
| Oct-17                                                                                                                                                  | 138,135         | 1,121 | 1,089,747      | 10,539 | 12.70%        | 10.60% | 87%                    | 96% | 7%                         | 1%  |
| Sep-17                                                                                                                                                  | 128,891         | 1,066 | 1,032,466      | 9,994  | 12.50%        | 10.70% | 87%                    | 94% | 7%                         | 2%  |
| Aug-17                                                                                                                                                  | 140,504         | 1,173 | 1,034,292      | 10,026 | 13.60%        | 11.70% | 87%                    | 95% | 7%                         | 2%  |
| Jul-17                                                                                                                                                  | 140,600         | 1,228 | 1,100,516      | 10,851 | 12.80%        | 11.30% | 86%                    | 95% | 8%                         | 2%  |

# QUALITY ACCOUNTS 2019 / 2020

National quality priorities

| National Quality Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |       |                |        |               |        |                        |     |                            |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------|----------------|--------|---------------|--------|------------------------|-----|----------------------------|-----|
| Ensuring that people have a positive experience of care - A&E - patients who would recommend the Trust as a provider of care to their friends or family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |       |                |        |               |        |                        |     |                            |     |
| Reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total Responses |       | Total Eligible |        | Response Rate |        | Score<br>(% recommend) |     | Score<br>(% not recommend) |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | England         | PHT   | England        | PHT    | England       | PHT    | England                | PHT | England                    | PHT |
| Jun-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 137,985         | 973   | 1,061,434      | 10,635 | 13.00%        | 9.10%  | 88%                    | 95% | 7%                         | 2%  |
| May-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 136,434         | 1,517 | 1,095,333      | 10,423 | 12.50%        | 14.60% | 87%                    | 95% | 7%                         | 2%  |
| Apr-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 127,328         | 1,451 | 1,017,271      | 9,979  | 12.50%        | 14.50% | 87%                    | 94% | 7%                         | 2%  |
| Mar-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 138,932         | 1,487 | 1,077,657      | 10,308 | 12.90%        | 14.40% | 87%                    | 94% | 7%                         | 1%  |
| Feb-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 117,835         | 1,197 | 930,633        | 8,308  | 12.70%        | 14.40% | 87%                    | 94% | 7%                         | 2%  |
| <b>Trust statement</b><br>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.<br>The Trust has taken action by: <ul style="list-style-type: none"> <li>Developing a system to collect Realtime Feedback from patients and carers during their stay in hospital.</li> <li>Tailoring patient feedback mechanisms in response to COVID -19 (NHS Think 111/Attend anywhere)</li> <li>In the context of COVID-19, we plan to use our family liaison service as a means of continuing to increase the access to feedback opportunities for people from seldom-heard groups. This will ensure the views received are more representative of the community</li> </ul> |                 |       |                |        |               |        |                        |     |                            |     |

| National Quality Priorities                                                                                                                                    |                 |       |                |        |               |        |                        |     |                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------|----------------|--------|---------------|--------|------------------------|-----|----------------------------|-----|
| Ensuring that people have a positive experience of care - Inpatients - patients who would recommend the Trust as a provider of care to their friends or family |                 |       |                |        |               |        |                        |     |                            |     |
| Reporting period                                                                                                                                               | Total Responses |       | Total Eligible |        | Response Rate |        | Score<br>(% recommend) |     | Score<br>(% not recommend) |     |
|                                                                                                                                                                | England         | PHT   | England        | PHT    | England       | PHT    | England                | PHT | England                    | PHT |
| Jan-20                                                                                                                                                         | 233,941         | 2,897 | 975,440        | 9,106  | 24.00%        | 30.80% | 96%                    | 96% | 2%                         | 2%  |
| Dec-19                                                                                                                                                         | 202,164         | 2,575 | 894,893        | 8,275  | 22.60%        | 31.10% | 96%                    | 98% | 2%                         | 1%  |
| Nov-19                                                                                                                                                         | 240,314         | 2,800 | 970,381        | 9,133  | 24.80%        | 30.70% | 96%                    | 97% | 2%                         | 1%  |
| Oct-19                                                                                                                                                         | 254,242         | 2,868 | 1,016,006      | 9,339  | 25.00%        | 30.70% | 96%                    | 97% | 2%                         | 1%  |
| Sep-19                                                                                                                                                         | 229,679         | 3,002 | 919,357        | 8,268  | 25.00%        | 36.30% | 96%                    | 97% | 2%                         | 1%  |
| Aug-19                                                                                                                                                         | 235,194         | 3,139 | 918,751        | 11,464 | 25.60%        | 27.40% | 96%                    | 96% | 2%                         | 1%  |
| Jul-19                                                                                                                                                         | 239,144         | 3,228 | 942,672        | 9,914  | 25.40%        | 32.60% | 96%                    | 97% | 2%                         | 1%  |

# QUALITY ACCOUNTS 2019 / 2020

National quality priorities

| National Quality Priorities                                                                                                                                    |                 |       |                |       |               |        |                        |     |                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------|----------------|-------|---------------|--------|------------------------|-----|----------------------------|-----|
| Ensuring that people have a positive experience of care - Inpatients - patients who would recommend the Trust as a provider of care to their friends or family |                 |       |                |       |               |        |                        |     |                            |     |
| Reporting period                                                                                                                                               | Total Responses |       | Total Eligible |       | Response Rate |        | Score<br>(% recommend) |     | Score<br>(% not recommend) |     |
|                                                                                                                                                                | England         | PHT   | England        | PHT   | England       | PHT    | England                | PHT | England                    | PHT |
| Jun-19                                                                                                                                                         | 217,804         | 2,862 | 883,875        | 8,798 | 24.60%        | 32.50% | 96%                    | 97% | 2%                         | 1%  |
| May-19                                                                                                                                                         | 222,874         | 2,940 | 923,582        | 9,218 | 24.10%        | 31.90% | 96%                    | 97% | 2%                         | 1%  |
| Apr-19                                                                                                                                                         | 207,240         | 3,153 | 884,485        | 9,072 | 23.40%        | 34.80% | 96%                    | 97% | 2%                         | 1%  |
| Mar-19                                                                                                                                                         | 237,570         | 3,260 | 967,640        | 8,377 | 24.60%        | 38.90% | 96%                    | 96% | 2%                         | 1%  |
| Feb-19                                                                                                                                                         | 206,673         | 2,890 | 852,586        | 7,633 | 24.20%        | 37.90% | 96%                    | 96% | 2%                         | 1%  |
| Jan-19                                                                                                                                                         | 220,244         | 3,717 | 927,670        | 8,651 | 23.74%        | 43.00% | 95%                    | 96% | 2%                         | 1%  |
| Dec-18                                                                                                                                                         | 181,132         | 3,376 | 833,946        | 8,107 | 21.70%        | 41.60% | 95%                    | 97% | 2%                         | 1%  |
| Nov-18                                                                                                                                                         | 230,587         | 2,551 | 951,374        | 8,747 | 24.20%        | 29.20% | 95%                    | 99% | 2%                         | 0%  |
| Oct-18                                                                                                                                                         | 235,399         | 2,799 | 958,914        | 8,681 | 24.50%        | 32.20% | 96%                    | 98% | 2%                         | 0%  |
| Sep-18                                                                                                                                                         | 208,101         | 2,159 | 858,780        | 7,824 | 24.20%        | 27.60% | 96%                    | 98% | 2%                         | 0%  |
| Aug-18                                                                                                                                                         | 223,118         | 2,010 | 906,496        | 8,200 | 24.60%        | 24.50% | 96%                    | 97% | 2%                         | 1%  |
| Jul-18                                                                                                                                                         | 223,904         | 2,722 | 898,044        | 8,379 | 24.90%        | 32.50% | 96%                    | 98% | 2%                         | 0%  |
| Jun-18                                                                                                                                                         | 227,629         | 1,763 | 918,947        | 8,038 | 24.80%        | 21.90% | 96%                    | 98% | 2%                         | 0%  |
| May-18                                                                                                                                                         | 227,503         | 2,745 | 906,470        | 8,478 | 25.10%        | 32.40% | 96%                    | 97% | 2%                         | 0%  |
| Apr-18                                                                                                                                                         | 204,733         | 2,577 | 838,509        | 7,967 | 24.40%        | 32.30% | 96%                    | 98% | 2%                         | 1%  |
| Mar-18                                                                                                                                                         | 201,789         | 2,173 | 893,246        | 8,019 | 22.59%        | 27.10% | 95%                    | 97% | 2%                         | 1%  |
| Feb-18                                                                                                                                                         | 196,614         | 2,210 | 823,476        | 7,246 | 23.88%        | 30.50% | 96%                    | 97% | 2%                         | 1%  |
| Jan-18                                                                                                                                                         | 204,295         | 1,917 | 898,542        | 7,424 | 22.70%        | 25.80% | 95%                    | 97% | 2%                         | 0%  |
| Dec-17                                                                                                                                                         | 177,504         | 1,970 | 827,543        | 7,330 | 21.40%        | 26.90% | 95%                    | 97% | 2%                         | 1%  |
| Nov-17                                                                                                                                                         | 215,472         | 2,418 | 857,976        | 8,156 | 25.10%        | 29.60% | 96%                    | 97% | 2%                         | 1%  |
| Oct-17                                                                                                                                                         | 226,762         | 2,345 | 912,514        | 8,345 | 24.90%        | 28.10% | 96%                    | 97% | 2%                         | 1%  |
| Sep-17                                                                                                                                                         | 213,492         | 2,409 | 866,467        | 7,975 | 24.60%        | 30.20% | 96%                    | 96% | 2%                         | 0%  |
| Aug-17                                                                                                                                                         | 225,997         | 2,436 | 876,973        | 8,042 | 25.80%        | 30.30% | 96%                    | 97% | 2%                         | 1%  |
| Jul-17                                                                                                                                                         | 227,610         | 2,644 | 890,608        | 8,165 | 25.60%        | 32.40% | 96%                    | 97% | 2%                         | 1%  |
| Jun-17                                                                                                                                                         | 231,063         | 2,137 | 908,723        | 8,326 | 25.40%        | 25.70% | 96%                    | 96% | 1%                         | 1%  |

# QUALITY ACCOUNTS 2019 / 2020

National quality priorities

| National Quality Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |        |                |                  |               |         |                        |        |                            |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------|----------------|------------------|---------------|---------|------------------------|--------|----------------------------|-----|
| Ensuring that people have a positive experience of care - Inpatients - patients who would recommend the Trust as a provider of care to their friends or family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |        |                |                  |               |         |                        |        |                            |     |
| Reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total Responses |        | Total Eligible |                  | Response Rate |         | Score<br>(% recommend) |        | Score<br>(% not recommend) |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | England         | PHT    | England        | PHT              | England       | PHT     | England                | PHT    | England                    | PHT |
| May-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 228,858         | 2,848  | 896,356        | 8,253            | 25.50%        | 34.50%  | 96%                    | 97%    | 1%                         | 0%  |
| Apr-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 205,417         | 2,574  | 812,896        | 7,508            | 25.30%        | 34.30%  | 96%                    | 97%    | 1%                         | 1%  |
| Mar-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 240,539         | 2,667  | 946,249        | 8,766            | 25.40%        | 30.40%  | 96%                    | 96%    | 2%                         | 1%  |
| Feb-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 201,513         | 2,263  | 827,936        | 7,395            | 24.30%        | 30.60%  | 96%                    | 97%    | 2%                         | 1%  |
| <b>Trust statement</b><br>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.<br>The Trust has taken action by: <ul style="list-style-type: none"> <li>Developing a system to collect Realtime Feedback from patients and carers during their stay in hospital.</li> <li>Tailoring patient feedback mechanisms in response to COVID -19 (NHS Think 111/Attend anywhere)</li> <li>In the context of COVID-19, we plan to use our family liaison service as a means of continuing to increase the access to feedback opportunities for people from seldom-heard groups. This will ensure the views received are more representative of the community</li> </ul> |                 |        |                |                  |               |         |                        |        |                            |     |
| National Quality Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |        |                |                  |               |         |                        |        |                            |     |
| Treating and caring for people in a safe environment and protecting them from avoidable harm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |        |                |                  |               |         |                        |        |                            |     |
| VTE Risk Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | PHT    |                | National Average |               | Highest |                        | Lowest |                            |     |
| Percentage of patients receiving a VTE Risk Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |        |                |                  |               |         |                        |        |                            |     |
| Quarter 3 2019-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 93.66% |                | 95.3%            |               | 100%    |                        | 71.6%  |                            |     |
| Quarter 2 2019-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 95.59% |                | 95.5%            |               | 100%    |                        | 71.7%  |                            |     |
| Quarter 1 2019-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 95.59% |                | 95.6%            |               | 100%    |                        | 69.8%  |                            |     |
| Quarter 4 2018-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 95.14% |                | 95.7%            |               | 100%    |                        | 74.0%  |                            |     |
| Quarter 3 2018-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 95.48% |                | 95.7%            |               | 100%    |                        | 54.9%  |                            |     |
| Quarter 2 2018-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 94.28% |                | 95.5%            |               | 100%    |                        | 68.7%  |                            |     |
| Quarter 1 2018-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 95.50% |                | 95.6%            |               | 100%    |                        | 75.8%  |                            |     |
| Quarter 4 2017-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 94.59% |                | 95.2%            |               | 100%    |                        | 67.0%  |                            |     |
| Quarter 3 2017-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 94%    |                | 95%              |               | 100%    |                        | 76%    |                            |     |

## QUALITY ACCOUNTS 2019 / 2020

National quality priorities

| National Quality Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                  |         |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------|---------|--------|
| Treating and caring for people in a safe environment and protecting them from avoidable harm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                  |         |        |
| VTE Risk Assessment<br>Percentage of patients receiving a VTE Risk Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PHT | National Average | Highest | Lowest |
| Quarter 2 2017-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 95% | 95%              | 100%    | 72%    |
| Quarter 1 2017-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 96% | 95%              | 100%    | 51%    |
| Quarter 4 2016-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 95% | 95%              | 100%    | 63%    |
| <b>Trust statement</b><br>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.<br>The Trust has taken action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"><li>Commenced work towards implementation of Electronic Medication/Prescribing platform with mandatory VTE assessment</li><li>Continued focus work to promote the importance of timely VTE assessments within all Care Groups, including collaborative working with all ward teams to embed processes to improve compliance</li></ul> |     |                  |         |        |

| National Quality Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|---------------------|------------------|---------|--------|
| Treating and caring for people in a safe environment and protecting them from avoidable harm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |
| Rate per 100,000 bed days of<br>c.Difficile infection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Apr. '15 - Mar. '16 |                  |         |        | Apr. '16 - Mar. '17 |                  |         |        | Apr. '17 - Mar. '18 |                  |         |        | Apr. '18 - Mar. '19 |                  |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest |
| Rate per 100,000 bed days of<br>c.Difficile infection amongst<br>patients aged 2 or over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8.4                 | 14.9             | 67.2    | 0      | 9.2                 | 13.2             | 82.7    | 0      | 13.3                | 14               | 91      | 0      | 7                   | 12.2             | 79.7    | 0      |
| <b>Trust statement</b><br>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.<br><br>The rate of C.difficile attributed to the Trust increased significantly in 2019/20. This is because NHSE & NHSI implemented a substantial change in the case attribution algorithm. The new algorithm now also attributes cases to an acute trust if a patient, diagnosed with C.difficile, has attended the Trust in the 4 weeks preceding the positive sample. Regardless of the change to apportioning algorithm, the Trust achieved a reduction in case output compared to 2018/19 (with the new algorithm applied).<br><br>The Trust has taken the following actions to improve this rate, and so the quality of its services, by: |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |                     |                  |         |        |

## National quality priorities

- Appropriate and timely testing and isolation of patients, including in the outpatient setting
- Emphasising the importance of cleaning and decontamination
- Increased focus on antimicrobial stewardship
- Investigation of all cases attributed to the Trust for learning opportunities

### National Quality Priorities

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

| Patient Safety Incidents (per 1,000 bed days)<br>(Acute non-specialist)  | Apr. '17 - Sept. '17 |                  |         |        | Oct. '17 - Mar. '18 |                  |         |        | Apr. '18 - Sept. '18 |                  |         |        | Oct. '18 - Mar. '19 |                  |         |        |
|--------------------------------------------------------------------------|----------------------|------------------|---------|--------|---------------------|------------------|---------|--------|----------------------|------------------|---------|--------|---------------------|------------------|---------|--------|
|                                                                          | PHT                  | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest | PHT                  | National Average | Highest | Lowest | PHT                 | National Average | Highest | Lowest |
| Number of patient safety incidents                                       | 7682                 | 7682             | 7682    | 7682   | 7519                | 5449             | 19897   | 1311   | 7234                 | 5583             | 23692   | 566    | 8050                | 5841             | 22048   | 1278   |
| Rate of patient safety incidents                                         | 42.6                 | 42.6             | 42.6    | 42.6   | 41.4                | 42.6             | 124     | 24.2   | 40.5                 | 44.5             | 107.4   | 13.1   | 44.5                | 46.1             | 95.9    | 16.9   |
| Number of patient safety incidents that resulted in severe harm or death | 50                   | 50               | 50      | 50     | 60                  | 19               | 99      | 0      | 47                   | 19               | 87      | 0      | 35                  | 19               | 72      | 1      |
| % of patient safety incidents that resulted in severe harm or death      | 0.28%                | 0.28%            | 0.28%   | 0.28%  | 0.33%               | 0.15%            | 0.55%   | 0.00%  | 0.26%                | 0.16%            | 0.54%   | 0.00%  | 0.19%               | 0.15%            | 0.49%   | 0.01%  |

### Trust statement

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

The Trust has developed a supportive reporting culture which is indicated in the number of incidents reported being higher than the national average over the various sections.

The Trust has taken action to sustain and improve on this number, and so the quality of its services, by:

- Continue to promote a positive reporting culture with education on levels of harm and continue to work with clinical teams, involving them in the decision making regarding levels of harm and participate in investigations (where able) to ensure support, transparency and no blame culture.
- To continue and improve sharing of high learning incidents across the organisation with key learning points as near real-time, and via various methods, including sharing of Watch Out posters, for discussion and inclusion in ward safety huddles, patient safety newsletters and trolley dashes. To develop an organisational bulletin specific to shared learning and awareness for all teams.
- Improvement work with ward areas on patient safety, focusing on high risk safety issues to improve their safety culture and help promote learning will continue to be a priority.
- To improve collaboration and work with clinical leaders to support teams in developing safety awareness and to include Human Factors to increase reporting and reducing patient harm events.
- To improve and review of the Trust Incident Management Process and the management of investigations, improving the timeliness of investigations and supporting investigators to write good quality reports

### REVIEW OF QUALITY PERFORMANCE

This part of the Quality Account provides an overview of how the Trust has performed against quality initiatives in 2019/2020. This information is presented under the three quality domains: safety, effectiveness and experience.

The Trust monitors and tracks all aspects of quality through detailed reporting to the Trust Board and the Quality and Performance Committee in the Integrated Performance report and quarterly reports analysing performance.

# Patient Safety

The Patient Safety Team has undergone further transition in terms of team structure during the period 2019/20. A new Head of Clinical Safety and Learning has been appointed and will commence this position during the latter part of 2020.

A review of the current Incident review Process (IRP) which includes reporting/investigation systems is underway, whilst also continuing to focus on key priorities defined, but not limited to, Trust safety priorities and themes that arise from safety learning events. Serious Incidents Requiring Investigation (SIRIs) and Never Events, mortality and learning from deaths, sepsis and the deteriorating patient, and falls and pressure ulcers continue to be a main focus and priority

## The priorities outlined for 2019/2020 were:

- Understanding safety, and developing a positive patient safety culture
- Improving patient outcomes related to Unexpected Patient Deterioration (including Sepsis)
- Ensuring timely access to emergency care, Trust-wide

The team continued to oversee and support improvement in the following areas:

- Reducing patient harm from Pressure ulcers, inpatient falls and VTE
- Reducing patient harm from medication safety events

## QUALITY ACCOUNT PRIORITIES 2019 / 2020

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

### PATIENT SAFETY

#### UNDERSTANDING SAFETY

- \* Develop a positive patient safety culture  
✓ Achieved
- \* Reduce the incidence of Never Events  
X Not achieved
- \* Complete 90% of SI investigations within 60 days  
✓ Achieved
- \* Develop a cohort of skilled investigators  
↔ Partially achieved

#### DETERIORATING PATIENT AND SEPSIS

- \* Increase the % of patients with suspected sepsis who receive antibiotics within 1 hour (to 90%)  
X Not achieved
- \* Reduce in-patient cardiac arrests and unplanned admissions to Critical Care  
✓ Achieved
- \* Develop a plan to improve identification and timely treatment of sepsis and clinical deterioration  
✓ Achieved

#### TIMELY ACCESS TO EMERGENCY CARE TRUST-WIDE

- \* Pilot new national standards for ED access  
✓ Achieved
- \* Reduce number of patients held in ambulances for >60 minutes  
✓ Achieved
- \* Increase emergency access – all emergency access areas to have access capacity - reduce number of days when no capacity is available.  
✓ Achieved

## UNDERSTANDING SAFETY, AND DEVELOPING A POSITIVE PATIENT SAFETY CULTURE

### DEVELOP A POSITIVE PATIENT SAFETY CULTURE ✓

- The Patient Safety Team (PST) have continued to promote a positive safety culture by working closely with clinical teams, providing teaching and education to various clinical groups to ensure support and transparency is paramount and to also promote our no blame culture.
- The team have worked closely with individuals that have been involved in incidents and, where able, included them in the investigation to promote the positive culture, increase their confidence after the event and encourage them to support any potential changes required in the improvement process and writing action plans.
- Various platforms to reach all staff and be inclusive to all have been used to promote what patient safety means to all. This has included:
  - Participation in regular ‘trolley dashes’, drop in events to improve patient safety presence and also provide teams an opportunity to discuss any particular concerns they may have and updating staff of relevant safety priorities
  - Education focused visits to clinical areas including participation in the weekly Quality Team Ward Huddle
- Production of a patient safety newsletter which includes feedback on recent events, patient stories and key learning points
- Further development of the patient safety intranet page is being developed to provide a valuable patient safety resource for staff. The site will include patient stories which have been adapted from investigations, Vinettes and other opportunities to learn about patient safety
- Unfortunately, the sharing of key Patient safety messages have been significantly delayed due to IT upgrade issues but remains high on the teams agenda.
- Collaborative decisions on identified wards that require additional support from PST continues with positive results. Patient safety is the main focus and PST work alongside the clinical teams to develop safety awareness, increase reporting and reduce patient harm events.
- The PST have worked closely with the Simulation team to help support ward environments and focus on any particular identified learning required and by using patient stories to help create the scenario with real learning and human factors.

## REDUCE THE INCIDENCE OF NEVER EVENTS ❌

- Never Events have been a focus in enabling teams to positively report, with assurance that investigations undertaken do not apportion blame to any individual but to gain a better understanding of why the event occurred and what we as an organisation can do to improve and prevent reoccurrence.
- Although we have not seen a reduction during this period (with nine having been reported during 2019/2020, compared to five in 2018/2019) it could be argued that due to a positive culture embedded as an organisation our reporting has improved and there is a greater understanding and awareness within the clinical environment as what constitutes a Never Event.
- Actions taken.
  - The teams responsible for the areas in which incidents have occurred have taken ownership of the problems identified and have set up a multi-disciplinary group to develop the appropriate solutions (The Safer Procedure Steering Group). This group is then accountable to the Divisional Leadership team for the actions undertaken and the ongoing monitoring of their effectiveness.
  - The steering group has identified the need to provide support for processes and the requirement for a change in culture, in which processes in place to facilitate safer care are respected by all staff.
  - Specific work has been undertaken in relation to recording information on white boards, simplification and clarification of checking processes for kit such as prostheses, and a revision of the safety checklist to emphasise key moments, in particular the surgical pause. The expectation is that these will support staff to make the right decisions.
- Messaging provided by Civility Saves Lives has been used in teams to help staff understand the impact of behaviour and culture in keeping patients safe
- Use of specific Human Factors expertise to recognise the changes that may be required in theatres to help staff understand how they can provide safer care, in particular focussing on the impact of distractions, fatigue during long procedures, noise levels and the need to pause at appropriate times during procedures.
- To address procedure related events, a Theatre safety team have been recruited to lead improvement work on procedural safety and emphasis on Never Event reduction and Local Safety Standards for Invasive Procedures (LoCCIPs)
- The Incident Review Panel, which commenced October 2018 has undergone an independent review commissioned by the Trust in November 2019 of the effectiveness of the Incident Management process. This is will also help to align with the requirements of the national “Patient Safety Incident Response Framework”; a requirement for the Trust to adopt by the end of 2021.

## COMPLETE 90% OF SI INVESTIGATIONS WITHIN 60 DAYS ✓

- Only a small number of SIRC investigations have breached their timescales
- Divisions such as Surgery and Outpatients, Urgent Care have been proactive with weekly review panels and have been effective in closing outstanding cases.
- New templates to support more rapid investigations into ophthalmology, Falls, Tissue Viability and VTE have proved effective in supporting investigations and the rapid extraction of learning to re-embed to

practice has been pivotal to its success. Further Divisions are commencing this process with the support of PST where able.

- Over due cases are monitored through the PST and the Divisional teams. A complexity to the situation is the current availability of skilled investigators that are able to undertake the investigation in the time scale required.

## DEVELOP A COHORT OF SKILLED INVESTIGATORS ↔

- There has been a reduction in the number of staff completing Root Cause Analysis (RCA) Training. The training was paused in July 2019 due to low attendances and cost implications
- The Trust continues to face challenges in completing SIRC investigations within 60 days. This is due to a number of factors including a shortage of suitably trained and experienced incident investigators, in particular medical staff. Actions to improve completion of investigations within the

required timeframe are in place, including additional training sessions and work to streamline and simplify the SIRC process, removing unnecessary delays.

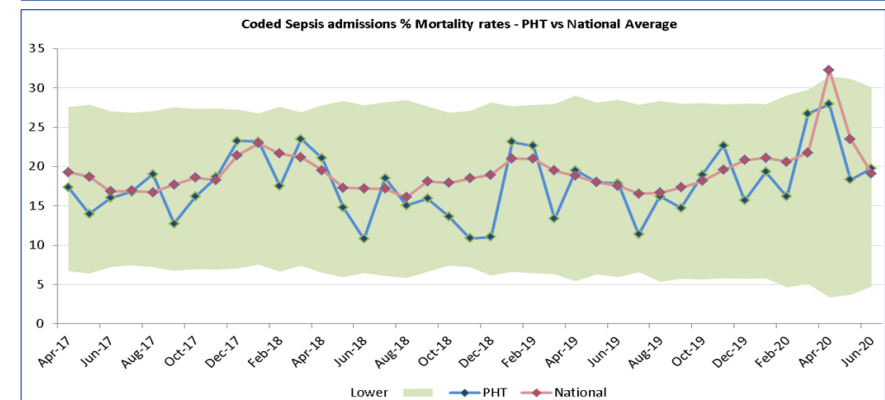
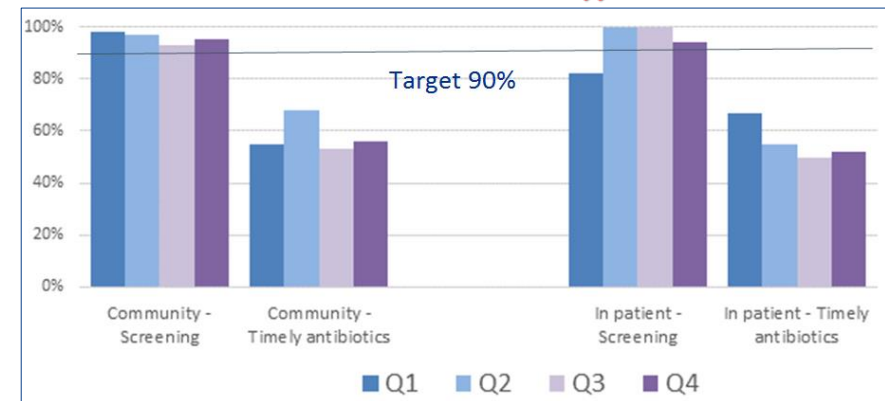
- There is currently a shortage of the number of investigators to undertake a Structured Judgement Review (SJR) and work continues to improve this position.

## DETERIORATING PATIENTS AND SEPSIS

The Deteriorating Patient Group (DPG) has collected data on deteriorating patients since March 2019 (and sepsis since April 2019) to ensure we are promptly recognising and responding to deteriorating patients. The Time to ACT (TTACT) project commenced in Dec 2017 with the roll out of the deteriorating patient pro-forma and educational package. The team continue to support the clinical areas and clinicians via a buddy ward system.

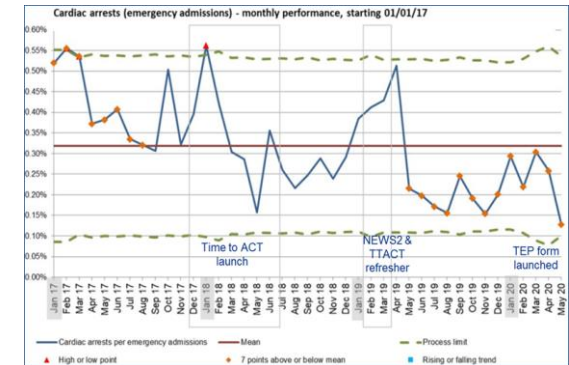
### INCREASE THE PERCENTAGE OF PATIENTS WITH SUSPECTED SEPSIS WHO RECEIVE ANTIBIOTICS WITHIN 1 HOUR (TO 90%) ❌

- The Trust achieved the target for sepsis screening for both community and in patients cases of sepsis
- Compliance remains below the 90% target for delivery of antibiotics within 1 hour of the documentation of sepsis (or suspicion of sepsis)
- It should be noted that the number of cases reviewed with hospital acquired sepsis was extremely low
- It should be noted that despite not achieving the 90% compliance rate, the mortality rates for sepsis within the Trust have continued to fall (Data from the National sepsis insights dashboard) and are below the National average



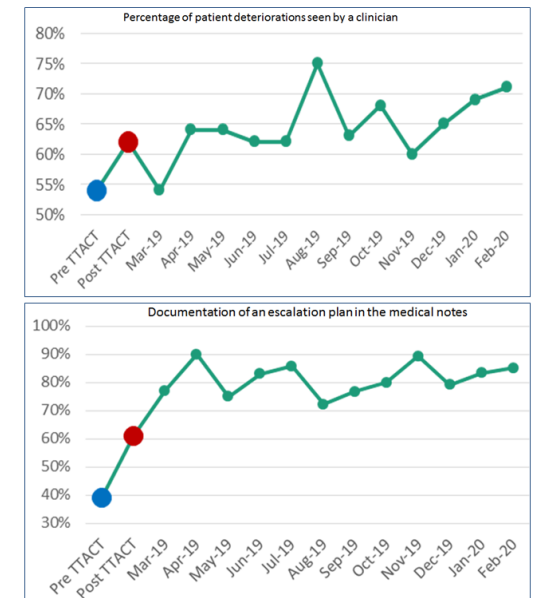
## REDUCE IN-PATIENT CARDIAC ARRESTS AND UNPLANNED ADMISSIONS TO CRITICAL CARE ✓

- The winter peaks of cardiac arrests can be clearly seen in January 2017, 2018 and 2019. However in January 2020 a winter peak was not seen
- The percent of cardiac arrests per emergency admissions since May 2019, which is 13 months, has remained below the mean
- Due to the impact of the COVID-19 pandemic it is not possible to compare critical care data against previous quarters; therefore, data has not been included



## DEVELOP A PLAN TO IMPROVE IDENTIFICATION AND TIMELY TREATMENT OF SEPSIS AND CLINICAL DETERIORATION ✓

- Following the launch of the Deteriorating Patient pro forma there was improved evidence of escalation to an appropriate clinician for clinical review and the patients received good care. This has been sustained to date
- There was a percentage of patients not escalated or reviewed by a clinician and these were also graded by the auditor. For the majority of these patients it was appropriate they were not seen as they had a clear escalation plan in place and a clinical review would not have changed their care. For example, patients approaching end of life care
- There has been sustained improvement in documentation of an escalation plan in medical notes in response to deterioration following the launch of the pro forma. This impact has continued improving and has been sustained to date. The new Treatment Escalation Plan launched in April 2020 is expected to further improve anticipatory decision making in collaboration with our patients



## TIMELY ACCESS TO EMERGENCY CARE TRUST-WIDE

### PILOT NEW NATIONAL ED STANDARDS FOR ED ACCESS ✓

- The Trust is one of 14 sites piloting the new standards. These require reporting on timely assessment and progress to treatment or admission
- The national pilot for potential revised Emergency Care reporting continues. The Trust is not reporting emergency department performance during this time
- Trials of the 111 First Programme were ongoing throughout August. Through a Clinical Assessment Service (CAS), the 111 First Programme ensures patients are given the right support, potentially avoiding unnecessary trips to A&E

### REDUCE THE NUMBER OF PATIENTS HELD IN AMBULANCES FOR >60 MINUTES ✓

#### INCREASE EMERGENCY ACCESS – ALL EMERGENCY ACCESS AREAS TO HAVE ACCESS CAPACITY – REDUCE THE NUMBER OF DAYS WHEN NO CAPACITY IS AVAILABLE ✓

- The Trust is working towards a zero tolerance of 60 minute holds. 1,049 patients were delayed more than 60 minutes in Quarter 4 compared to 1,355 in Quarter 4 the previous year
- In March 2020 there were 124 >60 minute delays compared to 481 in March 2019. It should be noted that during March, in response to the COVID pandemic, a number of new pathways for mental health and non-urgent patients were introduced which enabled the department to focus on clinically urgent patients reducing delays.
- The number of patients stranded >21 days has moved to the lower end of normal range in Quarter 4 with an average of 165 patients compared to 187 in Q4 2019, medically fit for discharge also improved with an average of 177 patients compared to 187 the previous year. It should be noted this reduced to 145 patients in March as patients were discharged to create capacity for expected COVID demand.
- Bed occupancy (total Trust) averaged 91.4% in Quarter 4 compared to 97.5% in Q4 last year, however this is a result of March occupancy reducing to 80.3% as routine elective patients were cancelled in preparation for expected COVID-19 demand

|                                    | Quarter 1<br>2019-2020 | Quarter 4<br>2019-2020 | Quarter 1<br>2020-2021 |
|------------------------------------|------------------------|------------------------|------------------------|
| Ambulance delays >60 mins          | 1611                   | 1049                   | 3                      |
| Patients stranded >21 days         | 587                    | 497                    | 164                    |
| Bed occupancy                      | 95.8%                  | 91.4%                  | 67%                    |
| < Midday discharges                | 17%                    | 18.3%                  | 17.5%                  |
| Non-elective length of stay (days) | 8                      | 8.4                    | 6.3                    |

#### Actions

- The Trust and System partners remain committed to managing demand ensuring patients are seen in the right place and the at right time
- The Trust continues to expand Same Day Emergency Care (SDEC), with the CAS now able to book directly into a number of specialties where this is appropriate. An increase in the average daily number of patients being treated in an SDEC setting has been seen.
- Weekend discharge team now include Mondays, which have been relatively low for discharges
- Re-designing the model of care to enable safe, caring and efficient treatment of patients accessing unscheduled care services at the hospital. This includes avoiding admissions through the expansion of the Trust's Same Day Emergency Care services and a reconfiguration of the bed base to support a better model of care for those requiring admission, similar to the Stroke Pathway
- Divisions have a daily discharge target to achieve; based on normal discharge numbers for the day plus patients who are normally in ED the following morning

## Clinical Effectiveness / Outcomes

Clinical effectiveness is defined as the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing, and monitoring practice.

The Clinical Effectiveness Committee (CEC) provides direction to the Trust on the clinical effectiveness agenda.

The purpose of the CEC is:

- To seek assurance regarding any areas of concern or highlighted issues and to alert divisional leadership teams to the need for improvement actions.
- Taking into account national guidance; oversee the implementation of clinical best practice standards across the Trust by:
  - Overseeing and seeking assurance on the implementation of national and local guidelines and standards to ensure best practice across the Trust.
  - Providing strategic direction for the Trust's clinical audit programme.
  - Receiving reports from the Divisions and CEC sub-groups, thereby gaining assurance that Clinical Effectiveness is well embedded within the Divisional and Care Group structure.
  - Providing oversight of the clinical effectiveness implications arising out of national reports and enquiries, making recommendations as required to the Quality and Performance Committee.

### QUALITY ACCOUNT PRIORITIES 2019 / 2020

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

#### CLINICAL EFFECTIVENESS

##### Getting it Right First Time (GIRFT)

- \* Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. The Trust will use GIRFT as a benchmarking tool and as a vehicle to drive improvement

✓ Achieved

##### National Audits

- \* The Trust will continue to contribute to, and learn from, national audits, in particular the National Lung Cancer Audit

✓ Achieved

##### MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

- \* The Trust will use the MBRRACE tool to improve outcomes, and the national standardised Perinatal Mortality Review Tool to identify thematic learning from baby deaths

✓ Achieved

## GETTING IT RIGHT FIRST TIME (GIRFT)

### THE TRUST WILL USE GIRFT AS A BENCHMARKING TOOL AND AS A VEHICLE TO DRIVE IMPROVEMENT

GIRFT is an NHS Improvement programme designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings. The GIRFT team visit every trust carrying out the specialties they are reviewing, investigating the data with their peers and discussing the individual challenges they face.

- The Trust continues to use the GIRFT programme to review its services and highlight areas of best practice to drive improvements for patients.
- A new process has been established to provide oversight of the GIRFT reviews via the Clinical Effectiveness Committee as an integrated part of the divisional reports to the Committee.
- There are areas where action plans and oversight of the recommendations made through GIRFT could be strengthened. There is an inconsistency in the depth of the GIRFT updates made by services to the Clinical Effectiveness Committee, which needs to be improved.
- There also needs to be a strengthening of the relationship with the Trust Business Planning cycle where recommendations for services to make internal improvements are being made or investments recommended.
- Examples of where there have been improvements include:

#### Cardiology

- The service is in the process of recruiting an additional heart failure consultant and an additional PCI consultant.
- The GIRFT review also provided the service a platform to promote understanding about the need to ring fence beds on the Cardiac Day Unit (CDU) for elective cardiology admissions to drive improvements in this area.
- A key recommendation to repatriate cardiac MRI and provision of 24/7 helipad availability is still to be addressed.

#### Gastro

- The services has organised formal regular updates on Human Factor training and education on Never Events.
- The GIRFT review also supported the service in the importance of direct cohorting of patients into the right team
- 

– right doctor right patient which continues to be a focus of the team. It also supported the need for ensuring there is sufficient capacity for Endoscopy activity which has been a focus for the service.

- **The IP3D Project - Improving the Perioperative Pathway of Patients with Diabetes**

- The diabetes and surgical teams are working on a joint national project which is focused on improving the care of diabetic inpatients. The team are recruiting to the post to support participation in the project but the initiative will focus on improving the quality of care for surgical patients with diabetes. It will also aim to drive reductions in the Length of Stay for patients in this group which has been identified by the GIRFT team as an opportunity for the Trust.

## NATIONAL AUDITS

**THE TRUST WILL CONTINUE TO CONTRIBUTE TO, AND LEARN FROM, NATIONAL AUDITS, IN PARTICULAR THE NATIONAL LUNG CANCER AUDIT** ✓

### National Audits

- The Clinical Effectiveness Committee continue to monitor National Audits. Divisional reporting to the Committee has been strengthened to ensure more robust reporting.
- Examples of outcomes and actions to improve the quality of healthcare can be found at Appendix A of this Account.
- All national audit publications due to be published March - May 2020 were delayed by NHS England and the Healthcare Quality Improvement Partnership; many began to be published in July 2020

### National Lung Cancer Audit

- The National Lung Cancer Audit (NLCA) was developed in response to finding that outcomes for lung cancer patients in the UK were behind those in other westernised countries, and varied considerably between organisations within the UK
- The Trust is no longer an outlier in terms of surgical resection rate.
- The proportion of patients who had received curative surgery has improved from 10% to 18%; close to the national average of 19.7%
- All data has improved significantly including the patients with pathologically confirmed lung cancer, patients seen by the lung cancer nurses, patients who had curative treatment and patients receiving anti cancer therapy (all scored above average)
- However, the Trust has been identified as a national outlier in regard to patients with stage 3B/4 non small cell lung cancer (NSCLC) and PS 0-1 who had systemic anti cancer therapy (SACT) at 44.2% compared to the national average of 65%
- For patients receiving anti cancer therapy the Trust will still review borderline cases with the oncologist and all borderline cases will be discussed in a weekly meeting to check if they have received the appropriate therapy
- Oncology team to prospectively audit reasons for good Performance Score (PS) patients with advanced NSCLC receiving SACT. The Oncology team is currently auditing 2018 data (published earlier in the year) to identify those reasons
- By implementing the previous action plan, performance in most areas of the NLCA has improved in the past 18 months
- Many of the improvements put in place will not be fully realised until 2020/21 as the current published results are based on data of patients diagnosed in 2017

## MBRRACE-UK: Mothers and babies: Reducing risk through Audits and Confidential Enquires across the UK

### THE TRUST WILL USE THE MBRRACE TOOL TO IMPROVE OUTCOMES, AND THE NATIONAL STANDARDISED PERINATAL MORTALITY REVIEW TOOL TO IDENTIFY THEMATIC LEARNING FROM BABY DEATHS ✓

- Perinatal Mortality Review Tool (PMRT) was implemented in the service in 2018; the process of a multi-professional team (MDT) review has developed from individual case review into a monthly meeting.
- The MDT membership has been enhanced to ensure independent membership by the attendance of members of the CCG Clinical Quality team and local maternity service members have been invited to attend from March 2020; the invite is Wessex wide.
- If concerns are identified during the PMRT review; the chair requests a detailed review of the case through the governance processes.

| PMRT - THEME IDENTIFIED                                                                                       | ACTION TAKEN                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>New issue</b><br>Urine not being screened post birth for substance misuse                                  | <ul style="list-style-type: none"> <li>The investigation was not part of the tests being undertaken by the Service</li> <li>All cases from Jan to July 20 have not had the testing – all cases since August have</li> </ul>                                                                        |
| Non recording of CO monitoring at booking<br><b>Noted to be improving</b>                                     | <ul style="list-style-type: none"> <li>The recording of Carbon Monoxide (CO) monitoring at booking needs to be improved there is a page in the new notes for this specifically. All midwifery staff have access to and should be using their CO monitor</li> </ul>                                 |
| Recording of DA question<br><b>Remaining a concern</b>                                                        | <ul style="list-style-type: none"> <li>Domestic Abuse (DA) formed part of mandatory training for midwives and support workers in 2018-19 and 2019-20.</li> <li>DA audit completed and submitted to Maternity Governance Forum February 2020</li> </ul>                                             |
| Lack of Aspirin risk assessment<br><b>Actions in Saving Babies Lives Care Bundle Version 2 Section</b>        | <ul style="list-style-type: none"> <li>Aspirin assessment now in place for all women at Nuchal Scan</li> <li>Aspirin being issued under midwifery exemption</li> <li>Growth Assessment Protocol (GAP) midwife ensuring women are assessed and allocated to the appropriate care pathway</li> </ul> |
| Lack of routine mid-stream urine (MSU)<br><b>Significant improvement in compliance</b>                        | <ul style="list-style-type: none"> <li>Noting that current compliance has significantly improved</li> <li>Compliance audit being undertaken</li> </ul>                                                                                                                                             |
| No evidence that fetal movements written information had been given antenatally<br><b>Remaining a concern</b> | <ul style="list-style-type: none"> <li>Staff reminded of the need to document that monitoring fetal movements has been discussed with the woman before 28 weeks gestation</li> </ul>                                                                                                               |

## Patient Experience

Patients, families and carers who use Trust services have said that they need care that is safe and of high quality, resulting in a positive experience. A positive experience of care is an essential element of the services the Trust provides to the local community, and the Trust is committed to continual improvement of patient experience from the first contact to the last, which may be a successful recovery from ill health or a peaceful and dignified death.

The Trust actively encourages people who use its services to comment on their experience and receives over 6000 pieces of feedback a month which helps identify what is done well and what could be done differently or better.

The COVID-19 pandemic has proved challenging for the Trust; however, the resilience of all the staff and volunteers has proved to be nothing short of remarkable.

Our volunteers have grown in number with lots of new recruits coming on board to help the Trust during the pandemic and for this we are truly thankful.

We hope to be able to support as many of these new volunteers to stay with us as well as welcoming back into our family those volunteers who have been shielding.

The Trust continues to work in ways that support the full integration of the patient voice in everything from service development and design, to quality monitoring and learning and development for staff from all groups. Our priorities for the next year are reflective of patient feedback and within the context of providing care during a pandemic. These emphasise that the Trust will ensure involvement of patients, carers and community representatives in the development and improvement of services.

### QUALITY ACCOUNT PRIORITIES 2019 / 2020

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

#### PATIENT EXPERIENCE

##### Nutrition and Hydration

- \* Increase the number of patients who report in the national patient survey that they received assistance at mealtimes

**X Not achieved**

- \* Improve feedback on hospital food in national and local surveys

**Partially achieved**

##### Noise at night

- \* Reduce the number of patients who report in local and national surveys that they have been bothered by noise at night from staff

**X Not achieved**

##### Respect and dignity

- \* Increase the number of patients who feedback in national and local patient surveys that they were treated with dignity and respect

**Partially achieved**

##### Carers' support

- \* Increase numbers of carers identified at admission

**Achieved**

- \* Improve compliance with You're Welcome ( Visitors' Policy) / John's Campaign standards

**Achieved**

## NUTRITION AND HYDRATION

**INCREASE THE NUMBER OF PATIENTS WHO REPORT IN THE NATIONAL PATIENT SURVEY THAT THEY RECEIVED ASSISTANCE AT MEALTIMES** ✖  
**IMPROVE FEEDBACK ON HOSPITAL FOOD IN NATIONAL AND LOCAL SURVEYS** ↔

| National Adult Inpatient Survey 2019 question         | 2019 score | 2018 score | Variation - 2019 / 2018 |
|-------------------------------------------------------|------------|------------|-------------------------|
| Did you get enough help from staff to eat your meals? | 6.5        | 7.2        | ↓                       |
| How did you rate the hospital food?                   | 5.2        | 5.4        | →                       |
| Were you offered a choice of food?                    | 8.9        | 8.9        | →                       |

- During the past year the trust has re-launched the Hospital Food Group under the name “Nutrition and Hydration Group” to include Divisional representation and fit in to new Governance Trust reporting structure. A baseline report to highlight current practice and opportunities for improvement was completed and distributed to Divisional and Care Group senior staff, corporate nursing and governance and core members of the Nutrition and Hydration Group for consideration
- A Protected mealtime audit was completed by the dietetics department and circulated for review by ward managers
- The Nutrition policy was updated in line with Trust guidelines.
- Regular ward based observational audits continued over the year and reported into the N&H group. Red tray usage as part of this established process (build on protected mealtime audit results).
- Investigated barriers to a good mealtime and hydration culture, areas of good practice and how to share learning across the organisation.
- The Trust has continued to offer mealtime training for volunteers.
- The Trust has established a dialogue with the new catering provider to ensure patient’s diet and nutrition requirements are met.
- The Trust has successfully implemented the new required standards for texture descriptors (IDDSI) this has included ward based training on thickened fluids.

## NOISE AT NIGHT

### REDUCE THE NUMBER OF PATIENTS WHO REPORT IN LOCAL AND NATIONAL SURVEYS THAT THEY HAVE BEEN BOTHERED BY NOISE AT NIGHT FROM STAFF ❌

| National Adult Inpatient Survey 2019 question                 | 2019 score | 2018 score | Variation - 2019 / 2018 |
|---------------------------------------------------------------|------------|------------|-------------------------|
| Were you ever bothered by noise at night from hospital staff? | 7.3        | 7.9        | ↓                       |

- This has remained a challenge for the organisation.
- The 2019 Adult In patient survey describes that this is still an area for improvement and will be included within the Patient Experience priorities for 2020/21.
- There has been an operational focus to avoid moving patients at night over the past year, which has prompted an organisational approach to this issue.
- The Patient Experience Team is newly formed and alongside the context of COVID-19, the team is within the formative and discovery phase of identifying what matters to patients. New priorities emerged within 2019/20, namely supporting initiatives for patients and carers during COVID-19, which the team have had to respond.
- We need to understand the nature and size of this issue and Noise at Night will be monitored in 2020/21 by the use of Real Time Feedback, allowing wards and departments to respond to the concerns and feedback from patients in a timely manner.

## RESPECT AND DIGNITY

### INCREASE THE NUMBER OF PATIENTS WHO FEEDBACK IN NATIONAL AND LOCAL SURVEYS THAT THEY WERE TREATED WITH DIGNITY AND RESPECT



| National Adult Inpatient Survey 2019 question                                               | 2019 score | 2018 score | Variation - 2019 / 2018 |
|---------------------------------------------------------------------------------------------|------------|------------|-------------------------|
| Overall, did you feel you were treated with respect and dignity while you were in hospital? | 8.9        | 9.0        | ⇒                       |

- The National inpatient survey results for 2019 have shown no statistical difference in the scoring for Respect & Dignity.
- This year a paper was written by the Patient experience team for trust board entitled “With compassion - to measure compassionate care.” The Patient experience team have been implementing a trust wide promotion of this campaign and developing ways of measuring compassion across clinical and non-clinical areas. Unfortunately due to COVID-19 these measurements were postponed but the whole ethos of “With compassion” and respect and dignity has been maintained and shone through during the whole of the pandemic. The implementation of the Family Liaison Service (FLOs) have the aim and vision of maintaining respect and dignity
- This year the Trust welcomed Chris Granger who was the husband of the late Doctor Kate Granger MBE to talk to our staff about the ‘Hello my name is’ campaign. This was an emotional and powerful presentation

from Chris about how this campaign came about during Kates treatment for cancer. The trust signed up to the campaign and procured ‘Hello my name is’ badges for ALL staff working in the trust. The main aim of this campaign is to encourage and remind staff about the importance of introductions in healthcare to truly provide person centred and compassionate care to patients.

- The Trust has maintained quarterly Quality reviews throughout 2019/20 which have been used to assess compassion, dignity and respect. These were in line with CQC assessments and used as a tool to prepare staff for external visits to their areas.
- The Trust was fortunate enough to have Professor Brian Dolan visit to talk about the important subject of Valuing patient’s time. The aim is to have as many different multi discipline staff as possible attend to hear these important messages

## CARERS SUPPORT

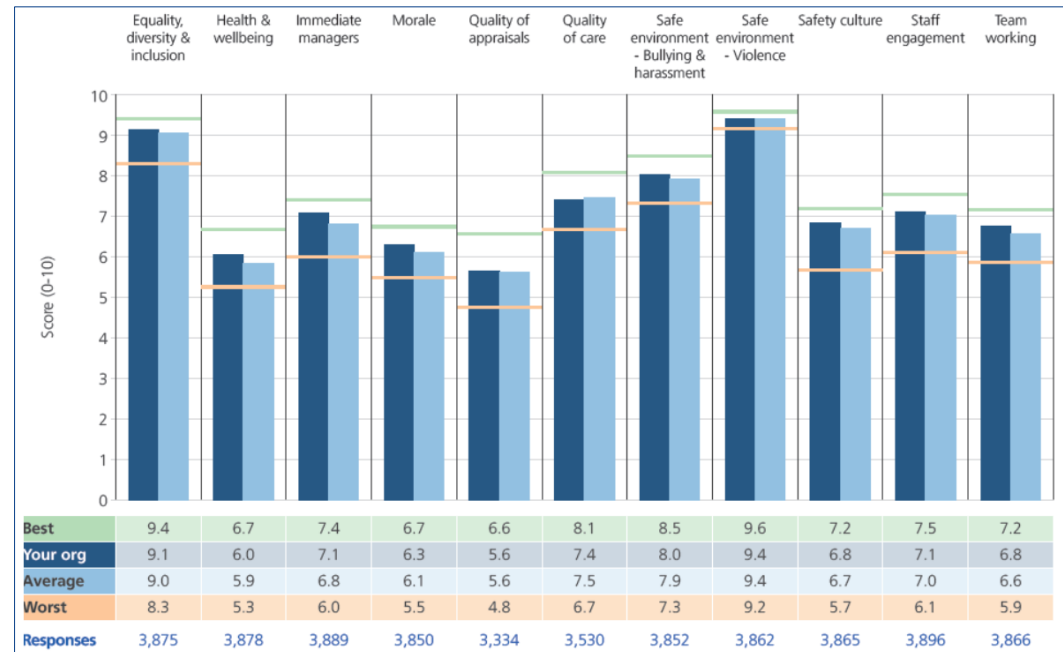
### INCREASE NUMBERS OF CARERS IDENTIFIED AT ADMISSION AND IMPROVE COMPLIANCE WITH 'YOU'RE WELCOME' VISITORS POLICY / JOHNS CAMPAIGN STANDARDS ✓

- This year the trust has been working collaboratively with Portsmouth Carers centre and Solent NHS trust to look to establish a new strategy to include the voice of the carer. Two consultation sessions were held in Portsmouth with an aim to hear the carers voice and to find out exactly what mattered to them. Due to the COVID-19 pandemic this work has had to be postponed and will inform our 2020 – 2021 priorities.
- As a result of the COVID-19 lockdown, services that acted as a lifeline for families facing dementia are now unable to operate, support networks are unable to visit, and life routines have been disrupted. This, mixed with the additional complexity of accessing health care services and admissions into the acute trust have led to a greater need of accessible, tailored support.
- A weekly virtual clinic has been set up to offer support for carers affected by dementia, to give them a space to develop peer support networks and as a way to triage the need for 1:1 direct support.

## STAFF FEEDBACK

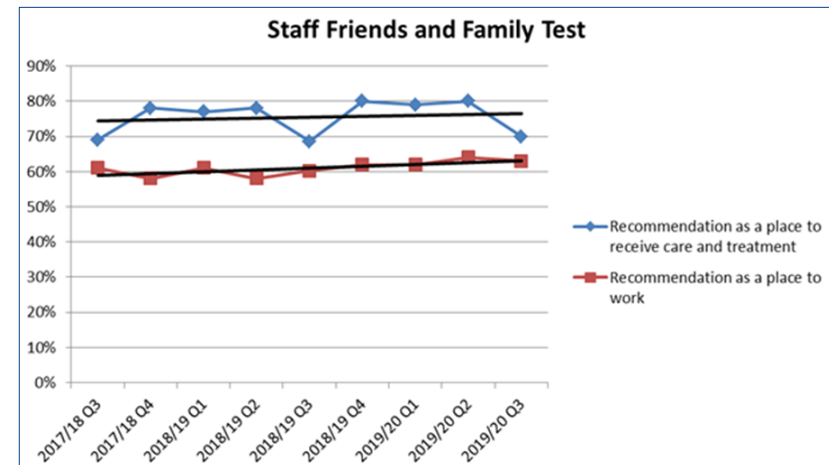
### National Staff Survey

- The NHS National Staff Survey (NSS) is recognised as an important tool for ensuring that the views of staff working in the NHS inform local improvements, and are included in local and national assessments of quality, safety, and delivery of the NHS Constitution. The results of the 2019 NSS conducted in the Trust between September and December 2019 can be found below.
- A full census survey took place between September and December 2019, and all staff employed as at the 1<sup>st</sup> September 2019 had the opportunity to take part. In total 3,911 (52%) completed and returned their survey which is above the national average response rate.
- The survey results are divided into 11 themes and can be found at the table below. Of the 11 themes 9 demonstrate a statistically significant improvement since 2018 and for 2 themes there is no statistically significant difference.
- During 2019 the Trust launched a targeted campaign to reducing violence, abuse and harassment. Providing a safe environment for staff is important to the Trust and a continued trust wide focus on reducing abusive behaviours remains a priority.



## Quarterly Staff Friends and Family Survey

- Since April 2014, the Staff Friends and Family Test (FFT) has been carried out in all NHS trusts. The Staff FFT is helping to promote a significant cultural shift across the NHS, encouraging staff to have both the opportunity and confidence to speak up, and ensuring that the views of staff are increasingly heard and are addressed.
- Research has shown a clear relationship between staff engagement and individual and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is, therefore, important that the Trust strengthens the staff voice, as well as the patient voice.
- On a quarterly basis staff are asked to respond to the Staff FFT. Table four below presents the response by question since 2017/2018



## WORKFORCE

### Equality Delivery System and Workforce Race Equality Standard (WRES)

- Data is taken from the annual National Staff Survey and Electronic Staff Records system which is reflected in the nine key indicators measured by the WRES. WRES looks at a number of factors that help demonstrate race equality within Trust processes and services for staff. As a result a number of improvements were identified with members of the BAME staff network and EDI group to address issues of inequity.
- The Trust WRES data and improvement priorities can be found here: <https://www.porthosp.nhs.uk/about-us/equality-and-diversity.htm>

### Workforce Disability Equality Standard (WDES)

- This is the second year of gathering data for the Workforce Equality Disability Standard (WDES) which became a national requirement in August 2019. The aim of the standard is to compare experiences of disabled and non-disabled staff though a set of 10 specific indicators. The DisAbility staff network was established in 2019 and has been leading on the development of an improvement plan.
- The Trust WDES data and improvement priorities can be found here: <https://www.porthosp.nhs.uk/about-us/equality-and-diversity.htm>

## Culture change programme

- Portsmouth Hospitals three year Culture Change Programme launched in March 2018.
- The programme has a three stage approach; Discover, Design, Deliver and was developed by NHS Improvement working in partnership with The Kings Fund and Centre for Creative Leadership.
- Its focus is on helping organisations to develop a culture, through staff fled change, that enables and sustains safe, high-quality, compassionate care.
- Culture Change Agents who are members of staff from all areas of the Trust and at all grades were recruited via a selection process and worked together to undertake a cultural audit to identify the gaps between what

the culture is now and what it needs to be in the future to successfully deliver the organisational priorities.

- During 2019, Phase 2 Change Agents considered all twenty six recommendations that emerged from Phase 1 and identified which ones best supported delivery of the organisational strategic priorities and key work streams.
- Phase 3 began in November 2019 with a newly recruited team of Change Agents who will engage and work with staff across the organisation to further shape, test and deliver the proposals agreed in Phase 2.
- The impacts from the programme to date are reflected in the Trusts most recent CQC report and the 2019 National NHS Staff Survey.

## Doctors and Dentists in training

As part of the Doctors and Dentists in Training Terms and Conditions of Service (TCS) introduced in 2016, Trusts are required to annually report on the number of rota gaps and the plan for improvement to reduce these gaps.

### Background

The Trust has 492 training posts and 106 Trust appointed posts for service. This is a total of 598 junior doctor posts. The Trust treats training doctors and locally employed doctors the same in terms of working hours and rotas.

The training posts are appointed regionally via the Health Education Wessex Deanery and allocated to the Trust based on the trainee's requirements for training and personal requests. Locally employed posts are advertised and appointed directly by the Trust. If the Health Education Wessex Deanery does not provide a trainee for one of their allocated posts, the Trust may choose to directly appoint to these.

For the purposes of this report doctors in training and locally employed doctors employed for service will be described as Junior Doctors.

Junior Doctors are allocated to a rota when they join the Trust. Junior Doctors will work different rotas during their time in Portsmouth – depending on their training requirements and contract.

There are currently 77 established rotas covering the Trust, plus ad hoc bespoke rotas to meet short term needs of a junior doctor or department. Training doctors and locally employed doctors work the same rotas. Some rotas also have allied health professionals, advanced nurse practitioners or specialty doctors (SAS) grades working alongside the junior doctors. The majority of less than full time junior doctors are working bespoke

personalised rotas, as required by version 8 of national Terms and Conditions of Service for all part time Doctors in Training by August 2020.

### Vacancies

If a vacant post is not filled, it will become a gap on the rota. There are occasions when gaps occur due to long term sickness, maternity leave, or reduced working for health or personal reasons.

There can be partial gaps where the whole post is not vacant, for example a junior on less than full time hours, or unable to work nights due to health reasons.

### How gaps are managed

There are four approaches to managing rota gaps:

#### Short term gaps

##### 1. Fill the gap with locums

The department may fill the gap with a locum. The gaps could be filled on a shift by shift basis by junior doctors already employed in the Trust, or via the Trusts Bank which may include external agencies. Potentially a long term external locum could fill the whole gap i.e. all the shifts this gap has generated. This option does mean full service provision can be given, but can cause uncertainty due to the lack of contractual responsibility the doctor has to the Trust. This can be an expensive route with potential risk if the doctor is unknown to the Trust.

##### 2. Leave gaps on rota

This can occur if locum requests have not been filled or the department decides not to advertise. This approach means that departments do not have a junior doctors changing from shift to shift with the uncertainty of quality of the junior doctor, however does put pressure on the remaining staff to provide a high quality service. This can also generate a risk to patient safety if there are not enough Junior Doctors to maintain ward cover but this would be mitigated by Consultants acting down

#### Long term gaps

##### 3. Change the rota template

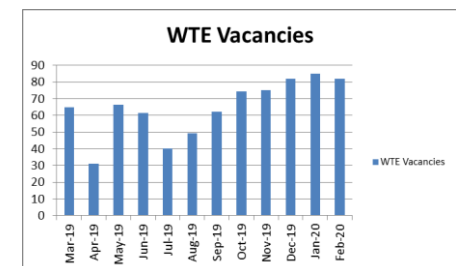
Some rota templates can be redesigned to match the number of junior doctors available to work that rota. This will reduce the gap, but could impact on the service provided by the department. It also allows for Consultants to act down to cover work which should be undertaken by Junior Doctors to ensure patient safety.

##### 4. Fill the gap with a locally appointed doctor

If the rota gap is for a significant amount of time (4 months plus) or can be combined with another gap either in the same rota or a different department, the department may decide to advertise for a locally appointed doctor. The doctor would be appointed to the Terms and Conditions of Service for Trust Appointed (Non-Training) Trust Doctors and Dentists and will be paid at the same grade with the same enhancements as all the doctors on the rota.

### Number of gaps in the past year

During the period in question, 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020, there has been an average vacancy rate for junior doctor posts of 9.8% (64.5 WTE). The highest vacancy rate was 12.5% (85 WTE) and occurred in January 2020.



The lowest vacancy rate was 5.2% (30.9 WTE) in April 2019.

The vacancy rate has remained stable, however reduced in July and August. This was unusual as in past years the Trust had an increase of locally employed doctors leaving their contracts early to take a break before joining a training programme.

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

#### How the Trust reduces rota gaps

- **Rostering**  
In line with NHS England's recommendations, the Trust is introducing electronic rostering system for Junior Doctors. The aim of this initiative is to allow greater oversight into staffing levels and reduce the number of shift gaps by utilising Junior Doctors more effectively across the Trust. Critical Care has been the pilot specialty.
- **Clinical Fellowship**  
The Clinical Fellowship, introduced in 2015 was designed as an attractive recruitment route for doctors to receive high quality training and education either as international doctors who need additional time to make a formal specialty decision or UK trainees who decide to take a break from the formal training pathway. This was considered a priority in areas that were routinely facing challenging staffing numbers due to increasing Deanery vacancies. The aim of the programme was to reduce locum doctor expenditure and increase medical workforce quality and stability by attracting and retaining locally employed doctors with supportive and high quality training and education.
- **Innovative Medical Fellowship**  
The Innovative Medical Fellowship was introduced in August 2019 to attract locally employed doctors into hard to recruit medical specialties with enhanced opportunities for flexibility or non-clinical special interest time including Raleigh and sports medicine. The aim of this programme is to retain high quality doctors who require a break in the traditional

training route or wish to add to their CV with additional skills and experiences.

- **Flexibility – time and training**  
Many junior doctors wish to work less than full time, have career breaks or work outside the traditional training pathway. Divisions are now working with these junior doctors to enable them to work at the Trust at the same time as maintaining a work life balance. The Trust is looking to accommodate those junior doctors who may not get employment elsewhere due to their working day requirements for personal, career development or health reasons.

This route is also suitable for supporting doctors wishing to work towards becoming Specialty Doctors if they decide that they do not wish to become a Consultant in the future. Some specialties are also offering support to candidates who wish to follow the certificate of eligibility for specialist registration (CESR) route towards becoming a Consultant which is more common for international medical graduates and is an increasingly attractive addition to a standard locally employed post.

- **Guardian of Safe Working, Champion of Flexible Working and Supported Return to Training**  
As part of the Doctors and Dentists in Training Terms and Conditions of Service, each Trust is required to have a Guardian of Safe Working to oversee the hours of work undertaken by Junior Doctors. The Guardian produces a quarterly report for the Trust Board. This report includes data on exception reporting, work schedule reviews, rota shifts vacant, locum booking and any other issues relating to junior doctors' working hours or training experience in the Trust. The Terms and Conditions require each Trust to appoint a Champion of Flexible Training; a post specifically for supporting Doctors in Training who wish to work or train on a part time basis. A national initiative was introduced in 2019 which has allowed the

Trust to appoint a Supported Return to Training Champion. They have the responsibility for working with all available stakeholders to provide a bespoke package of support for Doctors in Training who have been out of clinical practice for more than 12 weeks to encourage more trainees to return to work.

- Chief Resident

Alongside the Future Hospital Programme, the Royal College of Physicians introduced a scheme for Chief Residents (nee Registrars) to bridge the gap between junior doctors and management, and to enhance the working lives of all junior doctors. This role was piloted in 2016 and from August 2017, the Trust has had a least one senior Deanery trainee in post. They spend 50% of their time clinically and 50% of their time on the project to enable them to remain connected to the medical community and provide a stable link between junior doctors, Consultants, SAS doctors and management. So far, the Chief Residents have improved communication in between the various groups, introduced a colour coded lanyard scheme to make it easier to identify the different grades of doctors at a glance, provided a monthly forum for junior doctors and supported the introduction of the Junior Doctor Executive Form.

- Junior Doctor Forum

Both the Guardian and the Chief Resident support a monthly Junior Doctor Forum where junior doctors can raise any issues they may have in relation to hours and their rotas.

The Junior Doctor Executive Forum was introduced in February 2020 to comply with the BMA/NHS Employers Framework document. The purpose of this Forum is to review and approve rota patterns that are not currently compliant with the rota rules; the Trust has increased the responsibility of the group to include review for all rota template changes in order to ensure transparency and consistency. The sign off process has

been designed to encourage quality rota design which delivers training and education requirements alongside supporting the service delivery.

- International Recruitment

The Trust sent representatives to the Academy of Royal Colleges Medical Training Initiative (MTI) Hosts day in 2019 and has booked a place for the 2020 Hosts day to investigate the different opportunities available for recruiting junior and senior training doctors from overseas. These doctors are usually sponsored by a Royal College for their training in the UK and are in the UK for a maximum of 2 years. Currently the Trust has International Training Fellows in Critical Care, Renal Medicine, Cardiology, Gastroenterology, Obstetrics and Gynaecology, General Surgery and there are new International Fellows in the pipeline for Clinical Oncology, Critical Care, Respiratory and General Surgery.

A specialist international recruitment programme has been approved by the Trust to identify and attract suitable candidates from overseas who have not worked in the NHS before and will be supported with a 10 week package of training and education before they are introduced to the wards. This programme has been designed to follow the recent successes of the international nurse recruitment programme.

- Rota redesign

The Trust has reviewed the current number of rota patterns and each division and specialty has been required to analyse the templates against updated rota requirements set out by the BMA/NHS Employers Framework Document and version 8 of the Terms and Conditions. Certain rota templates which have previously carried gaps have been amalgamated to provide a single larger rota, with more junior doctors and less risk of vacancies. This also improves the work life balance for junior doctors in turn increasing the morale within the department.

- Physicians Assistants/Associates  
The Trust is working in partnership with the University of Portsmouth to provide a 2-year masters degree qualification for Physicians Associates. This is a new grade of employee who will support the departments and

junior doctor workforce however will not be a medical professional. The first graduates for this course are expected to qualify in 2021.

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### Learning and Development

- The Trust's commitment to developing staff to provide them with the necessary skills, knowledge and experience to deliver high quality care to its' patients is key to delivering the Working Together Strategy.
  - Developing the workforce through apprenticeship programmes continues to be a key part of the strategy. 196 new and existing staff are currently undertaking apprenticeships in both clinical and non-clinical subjects, including nursing, healthcare science, pharmacy, business and admin, and management.
  - The Trust launched a 'Dreambig' initiative encouraging new recruits into healthcare careers via apprenticeships into nursing. This enables experience in a hospital setting, undertaking a preparatory education programme and gaining the Care Certificate prior to commencement on an apprenticeship.
  - The Trainee Nursing Associate (TNA) Programme is now embedded in the organisation; 14 members of staff joined the programme in 2019/20 and are expected to qualify in 2021.
  - We have been working with the University of Portsmouth to support their Physicians' Associate programme and will be providing placement opportunities for the students in Year 1 and Year 2 of their studies.
  - The Library is one of six libraries in the South selected as pilot LKS for the new HEE Library Quality Improvement Framework (LQIF). Criteria for selection was high quality score (93%) in last year's LQAF assessment.
  - The Simulation Centre continues to grow the number of courses available, with an increase of 32% in 2019/20. To support this we welcomed 2 Simulation Fellows from the Wessex Deanery, focusing on training provided within the clinical environment to address patient safety and learning from safety events. During a CQC inspection in October 2019, the inspectors attended a simulation provided by the safeguarding Adult Team for MCA/DOLs. In the final CQC report the centre was noted to be "an area of outstanding practice in the Organisation, supporting the multidisciplinary team for emergency and non-emergency situations".
  - The Learning and Development Department have supported international nurses to pass the necessary assessments to gain entry to the NMC Register and become permanent members of staff. We also co-ordinate and oversea a variety of student placements across all professions.
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## OTHER ACHIEVEMENTS

### Research and Innovation

- Research at the Trust continues to meet national and local performance targets, with over six thousand participants recruited into trials in 2019/20. Over 200 active studies are open to recruitment at any one time and the Trust maintains a strong position nationally year on year. At the end of year 2019/20, when compared to 42 Large Acute Trusts (that includes 14 University Hospitals with an allied Medical School) The Trust was ranked third in terms of patient recruitment into research studies. When adjusted for complexity weighted recruitment, The Trust was ranked first when compared to other large acute Trusts. Nationally, when compared to all Trusts (n=742), PHU was ranked number 26 in terms of patient recruitment. This rose to 22 when adjusted for complexity weighted recruitment. 100% of all commercial studies recruited to time and target, exceeding national benchmarks set at 80%.
- Over 30 specialties are research active within the Trust and the number of staff involved in research continues to grow. The fixed Research workforce equates to over eighty whole time equivalents (WTE) while the number of consultants involved in research has increased every year; currently there are over 160 Principal Investigators listed as research study leads.
- Following the announcement that the Trust has been awarded University Hospital status and is an accepted member of the University Hospitals Association, the Research department is developing a new strategy to support the transition of the Trust into a University Hospital. The department aims to grow awards and grants from national funders and deliver a step change in academic and research activity.
- Following the onset of Covid-19, recruitment into most research studies was paused nationally and attention turned to supporting Urgent Public Health (UPH) studies. Nationally, a collective effort into fast tracking patient recruitment into UPH studies has provided vital new evidence and resulted in changing practice to improve outcomes for Covid-19 patients; Dexamethasone is now offered to Covid-19 patients as standard care.
- PHU has recruited into a complex portfolio of Covid-19 research studies, several of which are multi-arm and interventional. The Trust was the seventh highest recruiter nationally into the Recovery trial at the peak of the first wave of the pandemic. The Trust was the first organisation to open the Siren study in Wessex; this is an UPH study looking at whether infection from the SARS-CoV2 virus protects against future infection. The Trust is also collaborating with the University of Portsmouth, sequencing the virus from infected individuals to identify trends in viral mutations and prevalence.

## DIVISIONAL QUALITY IMPROVEMENT HIGHLIGHTS 2019 / 2020

The four Divisions are each led by a team made up of a consultant, a nurse or allied health professional and a manager. Each leadership team is accountable for the quality, performance and financial sustainability of their division as well as being responsible for working together across the other divisions to ensure patients receive a seamless pathway of care.

Each of our divisions has made a number of service improvements over the year; a sample of these is highlighted below:

### MEDICINE AND URGENT CARE DIVISION

- Older Persons Medicine (OPM) Update:
  - SSNAP – Stroke Sentinel National Audit Programme achieved level A for Quarter1 2020/21. Through enhanced MDT working and concentration on the pilot of “time-critical standards”
  - COVID pandemic response – respond to rapidly evolving situation and change in clinical practice at pace required to meet national and local requirements across all services within the care group
  - Frailty “big rooms” held (all divisions) to explore and inform improvements for care of older people across the whole trust using flow-coaching methods
  - Acute Frailty Network (AFN), NHS Elect programme with Quality Improvement (QI) approach to improvement of services for frail older people. Project ongoing with aim to embed comprehensive geriatric assessment across the Trust
  - Frailty Assessment Unit – Opened to support the care of frail patients that were being admitted through Urgent Care Pathway. Closed during the pandemic
  - Frailty Competencies – Practice Education Team implementing Generic frailty competency to ensure our staff have the correct skills to care for frail patients. To be rolled out Trust-wide
  - Staff wellbeing programme with enhanced workforce support, break-out areas, and occupational-health supported sessions
  - Increase of Community Stroke Rehabilitation Team (CSRT) capacity – 9 month trial, allowed further stroke rehab to occur in the community. During the pandemic this has allowed for patients to exit hospital quicker and reduce the inpatient stroke rehab facility
  - Phoenix Neuro Rehab transferred bed base, and increased capacity from 13 to 23 beds to support with transfer of more acute patients from ITU during the pandemic
  - Neuro/stroke rehabilitation building – plans in place to move service to a new build
  - Stoke Nurse Specialist Team – funding secured to allow for an expansion of the service to 24/7. Plans currently being worked up to shape this service for the future
  - Orthogeriatric Team – Reported in December 2019 – they were ranked number one in regards to best tariff numbers. Top quartile for Orthogeriatric measures, teams with the ability of orthopaedics being able to get patients to theatre within 36 hours
  - Hospital Palliative Care team – moved to 7 day a week working during the pandemic, this is still on going
  - Care Group Focus Groups set up – rolling programme

Review of quality performance – Divisional quality improvements

## Medicine Update:

### Cardiology:

- A recent Getting it Right First Time review from the British Society of Cardiology recognised and congratulated many ways of working. In particular our outpatient models were felt to be exemplary and could be used nationally as a method of outpatient working
- Outpatient models of working – To further refine and develop our methods of working especially due to the first wave of the Cardiology we adopted an electronic Lean model
- All referrals are now generated via advice and guidance and are answered on a daily basis by a Consultant Cardiologist. Subsequent referrals are triaged accordingly. This has led to expert referral management with a decline in booked patients and embedded electronic referral management
- Partnership work with the Clinical Commissioning Groups has led to embedded clinical pathways to facilitate remote and outpatient investigation and access to remote specialist opinion facilitating dedicated specialist treatment in a safe, virtual effective method
- All acute cardiac services were maintained during the first wave of the COVID pandemic which was facilitated by twice weekly consultant virtual meetings. Other local centres minimised or discontinued acute cardiac services
- The MI (myocardial infarction – heart attack) pathway had no reduction in numbers compared to other large MI centres nationally and regionally. The majority of patients were dealt with primary PCI (technique to relieve the blockage as the main or first treatment for patients suffering a heart attack) and continued to experience excellent clinical outcomes. Queen Alexandra Hospital remains as one of the largest MI centres in the country
- Cardiology have continued to deliver short waiting times for patients needing cardiac procedures. In keeping Cardiac Day Unit functional, cardiology were able to provide urgent angioplasty, pacing and complex devices within 4 – 6 weeks of the waiting list slot

### Endoscopy:

- Brand new fleet of Endoscopes with the state of the art technology for detection and prevention of Gastrointestinal conditions
- Brand new decontamination machines Gosport War memorial
- Development of robust competency packs and skill matrix for Endoscopy staff, which directly benefits the care delivered to our patients

### Diabetes and Endocrine.

- Adoption of Attend Anywhere to ensure minimal interruption to activity during COVID

### Respiratory:

- Adapted various services to ensure they continued during pandemic keeping patients safe
- TB service undertook a project with the hepatology team screening the homeless who had been housed temporarily in two hotels in Portsmouth
- Rapid implementation of COVID related diabetes management guidelines based on national experience/learning

## SURGICAL AND OUTPATIENTS DIVISION

- Advanced Nurse Practitioner (ANP) development MSK Nurse Practitioners
  - ANP completed. Trainee Emergency Care Practitioner post for Orthopaedics to support the junior doctor gaps
- Head and Neck (H&N) direct admit Assessment unit D8
  - A direct admission pathway for H&N patients via GPs, treatment centres and other Hospitals. This has led to many patients not needing to attend ED, patients will be reviewed by the Medical team and either admitted or discharged. This leads to excellent patient experience
- Virtual Follow up MSK
  - Trauma and Orthopaedic patients towards the end of their treatment plan are reviewed virtually. This limits the number of patients in Outpatients decreasing the risk of COVID-19 infection for both patients and staff
- Rheumatology New inflammatory pathway
  - Produced to meet the HQIP audit and NICE standards for the patients with inflammatory Arthritis
- Creation of a High Care bay within MSK to provide enhanced care within the Green Pathway
  - A four bedded bay within D5 and D6 for revision knees and peri-prosthetic fractures. This will reduce the requirements for patients to

be admitted to an ITU bed and allows for enhanced care for our most vulnerable patients for 48 hrs

- Criteria Lead Discharge
  - service improvement initiative to allow senior nurses to discharge patients in a timely manner following an agreed criteria. All senior nurses on the surgical wards are completing required competencies to allow them to do. If successful, plan to roll out across the Division to all our wards.
- Introduction of Work Based Learning Modules at Masters Level
  - Surgery Specific ( First Candidates have started) – Surgery specific modules which can be tailored to the specific speciality that the Nurse is working in. Credits can be taken on successful completion of the module
- Creation of a High Care bay to provide enhanced care within the Green Pathway
  - To facilitate the ability to deliver Enhanced care for those patients undergoing elective surgery a Highcare bay has been created on E2. This has been well received by both medical and nursing staff and has received very positive patient feedback. Opportunities to upskill the nursing staff to look after those patients who prior to COVID-19 would not have been on our wards

## NETWORKED SERVICES DIVISION

- Renal
  - Haemodialysis (HD) tender reduced the price of dialysis this year which will lead into the reconfiguration of HD sites so that they offer more services closer to patients homes over the coming five years
  - Fareham Hospital now hosts the regional home therapies hub for patients training and receiving peritoneal and Home Haemodialysis. The modern facility offers more training space to

maximise the number of patients who can benefit from dialysing from home rather than at a haemodialysis centre

- The Trust took over the management and day to day running of Milford HD unit. A further shift is being opened to enable more patients from the New Forest to dialyse locally
- Respiratory High Care at University Hospitals Southampton (UHS) is now hosting the onsite acute haemodialysis service enabling patients

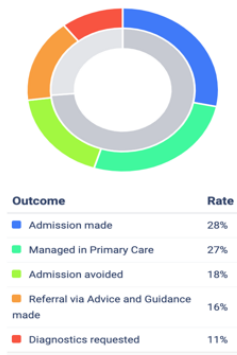
## Review of quality performance – Divisional quality improvements

- to dialyse at UHS rather than travel to Queen Alexandra Hospital for dialysis. We are looking to work in partnership with UHS to expand this service
- During COVID initial outbreak clinics switched from face to face to non-face to face. To cement this practice for those suitable patient's new clinic profiles have been developed though the 'transforming outpatients' group. These are working alongside new referral
- Women's Services
  - The department have worked closely with South East Hants CCG to introduce Consultant Connect; a service aimed at improving GP access to secondary care advice in Gynaecology. There is a dedicated mobile telephone carried by the consultant on call; GP's call the Consultant Connect telephone number and request Gynaecology advice; the service will then connect the GP to the consultant on call. By enabling this direct contact, the aspiration is that more patients can be managed over the telephone without the need for attendance at an Emergency Service. Gynaecology join the ranks of many other specialties in the hospital already using the service successfully
  - Appointment to three additional consultant posts so far this year, which have been essential to support the activity within the Obstetrics and Gynaecology Services and improve both elective and emergency pathways.
- Maternity
  - Maternity were celebrated as part of the Wessex Academic Health Science Network (AHSN) World Safety Day publication for the implementation of the Birmingham Symptom-specific Obstetric Triage System in the Maternity Assessment Unit. The team implemented this during the height of the COVID pandemic, training 91 staff over a period of two weeks to launch the service within one month. The

pathways for primary care reducing the amount of time and number of trips patients have to make to hospital

- The Wessex Kidney Centre was published for its work looking at how it manages haemodialysis patients during a pandemic. The healthcare model developed has been opened up so other units can benefit from the simulation work and see how they can best support their patients during further COVID waves

Outcomes reported



The data shows the outcome for all specialties currently on Consultant connect (Cardiology, Emergency Medicine, Gastro, General Surgery, Hepatology, Medicine for Older People, Respiratory and Gynae)

- Introduction of robust pathways for grading and reviewing of advice and guidance – reducing the need for patients to attend hospital unnecessarily Patients have valued not having to come to QAH at this uncertain time

measurable improvement was immediate, with 90% of women now triaged within 15 minutes of arrival to MAU. During August, 699 women were triaged via MAU. Professor Sara Kenyon fed back "you are an example of excellence"

<https://wessexahsn.org.uk/news/1976/ahsn-celebrates-world-patient-safety-day>

## Review of quality performance – Divisional quality improvements

- Highly active maternity services pages on social media which provides a channel of instant communication to our population of pregnant women. This has been extremely useful in keeping women updated with the changes in services that have happened over the COVID Pandemic period
- Reconfiguration of Antenatal clinical rooms enabled the introduction of an additional scan room
- Children's Services
  - The strengthening of the Advice and Guidance service offered to GP's over the COVID Pandemic period. During this time our service converted the referral pathway to start with advice and guidance; this has meant that all requests coming in have been robustly reviewed by a Paediatric Consultant with advice given on whether the presenting issue could be managed without the need for referral or whether the patient needed to come in and be seen. This has meant that we have been able to manage many more patients in the community as an alternative to bringing them in for a consultant appointment in a time period where hospital attendance has been discouraged unless necessary. This has had excellent feedback from GP's
- Regional Cancer Centre
  - The Five Year Cancer Strategy for the Trust was written and published this year. This sets out our aspirations to provide a personalised experience of the best care in an environment where research can flourish, and staff can develop. This brings together our vision with our partner organisations in our commitment to provide first-rate cancer services and experience of care to all those patients who require it. It sets out the roadmap for the next five years to achieve these ambitions and support the NHS Long Term plan – from 2028, 55,000 more people each year will survive their cancer for at least five years after their diagnosis.
  - Introduction of ultra sound scan reviews in the Maternity Assessment Unit reducing follow up Consultant appointments in antenatal and peripheral clinics and improving the woman's experience
  - Securing the availability of blood pressure monitors from NHS England to support the introduction of remote blood pressure monitoring of pregnant / postnatal women at home
  - The introduction of a variety of platforms on which to facilitate virtual clinics and Trust meetings improving efficiency and unknowingly supporting new and innovative ways of working
  - Implementation of the Attend Anywhere system to enable virtual appointments, reducing the need for patients to physically attend the hospital thereby making it easier for patients to access services.
  - Work on the Dermatology referral pathway during COVID has helped us to think differently about how this could be delivered and design the plan to transform; thereby reducing the number of unnecessary referrals into the service. This will help reduce the wait time for those who are in need of Dermatology Services
  - The innovative use of virtual appointments and nhs.net account to receive patient photographs of skin issues prior to telephone consultations has helped to reduce the requirement for physical attendance at hospital, making access to the service more flexible and improving experience for patients.
  - The new Mohs lab for micrographic surgery has been funded

## CLINICAL DELIVERY DIVISION

- Continuance of the temporary scanner to assist with winter CT scanning capacity to ensure that patient experience in scheduled and unscheduled care is maintained
- Achievement of “Outstanding” on Critical Care at the most recent CQC inspection
- Hospital Sterilisation and Disinfection Unit (HSDU), Pathology and Pharmacy all achieved compliance in British Standards Industry (BSI), Medicines and Healthcare products Regulatory Agency (MHRA) and United Kingdom Accreditation Service (UKAS) inspections. This is a yearly expected compliance that is consistently achieved
- On Track with the LINACS replacement scheme of all four LINACS machines being removed and new ones put insitu. The project is due for completion in 2020/21 and will deliver up to date radiotherapy treatment programmes for Oncology patients
- Achievement of the Diagnostic Standard Targets of 99% of all diagnostics being delivered within 6 weeks in November 2019. This is a cross Divisional achievement for PHU
- Successful Medication Safety Day delivered for Trust staff highlighting high risk areas and providing education
- CT replacement programme consisting of 2 new CT scanners on site at QAH. This means newer, more up to date scanners with less likelihood of breaking down, meaning better patient experience and care with improvement patient outcomes
- A trial of voice recognition in Histopathology meaning the Consultant reporting is typed as the reports are spoken, resulting in a faster reporting process for patients
- The Regional Pharmacy Distribution Unit has moved from Hedge End to a brand new premises in Segensworth. This completes South Coast and Nationwide drug distribution and maintains excellent 99% accuracy in its pick rate, ensuring the correct drugs go out with the correct order
- Whole new Divisional Patient Safety Team currently focussing on Theatre processes to develop a better safety culture and to enhance and improve Theatre systems and processes.

## STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST QUALITY ACCOUNTS 2019/2020



### Statement of directors' responsibilities in respect of the Quality Account

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

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

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

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

By order of the Board

NB: sign and date in any colour ink except black

11 December 2020 Date

Chair

11 December 2020 Date

Chief Executive

## CLINICAL COMMISSIONING GROUP – COMMENTARY ON PORTSMOUTH HOSPITALS UNIVERSITY NHS TRUST QUALITY ACCOUNTS 2019/2020



Commissioning House  
CommCen Building 008  
Fort Southwick  
James Callaghan Drive  
Fareham  
Hampshire  
PO17 6AR

Mark Cubbon  
Chief Executive  
Portsmouth Hospitals NHS Trust  
Queen Alexandra hospital  
Southwick Hill Road,  
Cosham, Portsmouth,  
PO6 3LY  
*By email*

12<sup>th</sup> November 2020

Dear Mark,

### Trust Quality Account 2019/20: Supporting Commissioner Statement

Thank you for providing an opportunity to comment on the trust's quality account for 2019-20. I am responding on behalf of NHS South Eastern Hampshire Clinical Commissioning Group (CCG), NHS Fareham & Gosport CCG, NHS Portsmouth CCG as well as the trust's associate commissioners.

We are grateful for the trust's continued positive approach to working with commissioners during 2019-20, in order to ensure high quality care is available to our local population.

We acknowledge that this has been a challenging year for the trust with continued operational pressures within urgent and emergency and planned care pathways compounded by the significant impact of the COVID-19 pandemic towards the end of this time period. Despite the ongoing pressures, Commissioners recognise the trust's achievements with the Care Quality Commission (CQC) awarding the trust an improved rating of good in January 2020 following their inspection visit in November 2019. Commissioners recognise the work the trust is undertaking against the Care Quality Commission improvement requirements identified in their report. We are pleased to see that the previous CQC requirement relating to Deprivation of Liberty Safeguards has now been lifted after an extensive programme of improvements by the trust but recognise that further improvements in a number of key areas identified in the most recent visit will need to continue into 2020/21.

The majority of the 2019-20 quality account priorities have been achieved. Commissioners note the trust met its own target of completing 90% of serious incident (SI) investigations within 60 days however, we hope the trust will aim to achieve all investigations, without an agreed extension, within 60 days in-line with contractual requirements. We acknowledge the challenges the trust has had in developing and maintaining a robust cohort of skilled investigators and the impact this has on the adherence on completion timescales.

Commissioners welcome the refreshed focus on the reduction in never events given the increase in reported numbers. We anticipated a positive impact from the theatre patient safety team improvement programme, particularly around the cultural changes needed in theatres. We welcome the continued opportunity to assist with this programme of work jointly with NHS Improvement.

We were pleased with the trust's decision to undertake an external review of the incident management processes this year and note that the trust has been sighted on the review report. We are of the understanding that the action plan for this report has been delayed however Commissioners would welcome sight of this and would like to offer support in working jointly on the revised processes to reduce unnecessary duplication when gaining assurance and focus on improvements.

Whilst the trust has not met their targets on timely administration of antibiotics in sepsis we acknowledge that the mortality rates for sepsis continue to reduce and are below the national average. We also note the improvements brought about in the timely identification of and response to deteriorating patients that the Time to ACT project has facilitated. This is reflected in the reduction in the number of inpatient cardiac arrests. We recognise the value that the new treatment escalation plan, launched in April 2020, will bring to those patients at the end of their life. We note the continued challenges meeting the required level of performance for venous thromboembolism risk assessments.

Commissioners have continued to benefit from participation in trust internal meetings, quality review days, as well as more focussed commissioner led visits including to the emergency department where we note the joint working with system partners which led to a reduction in the number of patients held in ambulances >60 minutes compared to the previous year.

We recognise the continuing value of the learning from deaths process, and the value added by the Medical Examiner and Medical Examiner Officer/Family Liaison Nurse roles. This link to recently bereaved relatives, which feeds concerns into the mortality review process, will allow for a more in-depth review of care delivered including valuable feedback regarding the views and experiences of relatives. We also welcome the continued focus on working with the trust and system partners to improve end of life care and are pleased to see that this has identified that more patients are receiving appropriate end of life care in the location of their choice. Commissioners however acknowledge that there remain aspects of care to improve on,

## Stakeholders comments

agreeing with the trust's view that there are still a small number of specialities where decisions relating to ceilings of care need to improve.

We are pleased to see the trust's continued engagement in the 'Getting it Right First Time' programme to reduce unnecessary variation and improve outcomes, but note the need for the trust to strengthen the relationship between the trust business planning cycle and programme recommendations. The trusts' continued engagement with the national clinical audit programme is well evidenced. We acknowledge that there has been sustained improvement in the national lung cancer audit scores across the majority of data fields and concur regarding the continued priorities for the outlier areas. Commissioners welcome the continued participation in *MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries* across the UK. We agree with the trusts' assessment of their general status and share the trusts' concerns regarding the recording of the domestic abuse question, especially given the current COVID-19 general increase in safeguarding concerns and its associated lockdowns has produced. We welcome the open partnership approach that is commencing to improve maternity services.

Commissioners applaud the work the trust has undertaken to support carers. We fully support the approach of improving patient experience from first contact to the last and this is evidenced by the various programmes that have been highlighted including real time feedback and the role of the family liaison officers. We are pleased to see the continued improvement focus on areas such as noise at night and nutrition & hydration as these regularly feature in patient and carer feedback. Commissioners are glad to see a focus on the accessible information standard as this is an often-overlooked area that can have a significant impact on overall patient experience. We congratulate the trust on achieving higher levels of response rate and % recommended score for the friends and family test for ED. This is all the more impressive given the well-documented challenges within urgent and emergency care.

Commissioners note the improvement in nine of the eleven themes of the National staff survey and fully support the trust's campaign to reduce violence, harassment and abuse. The trusts' continued support for the Freedom To Speak Up Guardian programme is welcomed and encourage the trust to maximise opportunities for staff to raise concerns safely.

We note the improvement in the percentage of staff who would recommend the trust as a provider of care to their family or friend and recognise that there was a better than average response rate to the staff survey. We recognise that this may be a sign that the trust's investment in its culture change programme is paying dividends.

The revised way of Commissioner and Trust joint quality assurance and improvement has enabled a further collaborative approach enabling Commissioner's assurance to be received by attendance at trust internal meetings. The establishment of a joint meeting to share intelligence to identify priorities of work has enabled us to progress improvements for discharge summaries, clinic letters and provide a platform for feedback from healthcare professionals from

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and to primary care, enabling better working relationships. Commissioners welcome a continuation of this process for 2020/21.

Commissioners fully support the priorities identified by the Trust for 2020/21 and welcome the increased focus on patient experience with initiatives such as real-time feedback. We also welcome the formation of the Quality Assurance Committee and look forward to the additional assurance and improvements this approach supports to deliver.

Finally, we can confirm that this quality account complies with national guidance and demonstrates areas of achievement as well as areas where improvement is required. Commissioners are satisfied that the overall content of the quality account meets the required mandated elements. Commissioners are satisfied that the trust's quality accounts for 2019/20 provide a clear and accurate statement.

We would like to thank the trust for its ongoing efforts to improve the quality of services it provides to our population in these challenging times, and look forward to continue our collaborative working in 2020-21 to the benefit of our patients and wider population.

Yours sincerely,



Sara Tiller  
Managing Director, South Eastern Hampshire and Fareham and Gosport Clinical  
Commissioning groups  
Hampshire and Isle of Wight Partnership of CCGs

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**Healthwatch Portsmouth – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020**



**Comments from Healthwatch Portsmouth:**

We wanted to firstly note how involved we feel that PHU are ensuring that Healthwatch Portsmouth are involved in and notified of services and any changes, or new provision such as 111First, we are very pleased and feel suitably included.

We are pleased that the CQC have also maintained an interest in PHU and glad to read that in January the overall rating given to PHU by the CQC was good.

Healthwatch are interested in the newly formed Quality Assurance Committee and would suggest that this group needs a patient voice as part of its membership.

It's great to see the Family Liaison Service as a provision offered to patients, carers, & their families, we will be watching this closely as it embeds.

We see under the heading Real Time Feedback comments about the National Patient Survey results and it's implementation, we should like to know more about this and the plans.

Regarding the Quality Account Priorities, and we note that four of these are as yet Not Achieved, again we'd want to see plans to make these happen as they are such important factors for patients.

Great to see such fabulous research participation by the Trust with across department success with audits and research.

Regarding the statements from the Care Quality Commission (CQC) it is great that the most recent Inspection reports rate PHUT as 'good overall'. Regarding the CQC's list of 17 'must do' and 40 'should do' recommendations how many of the 'must do' actions in the Trust's detailed action plan have now been addressed and how many have been superseded by the necessity of service change due to the COVID-19 pandemic?

Is there now an update available in response to the CQC's Medicines Management report for inclusion in the Quality Account?

Regarding the Seven Day Hospital Services initiative it is great to read that the Trust had recovered in January 2020 its attainment of above 90% achievement of target patients receiving a once daily senior clinical review at weekends. Has the COVID-19 pandemic had an impact on this quality improvement measure?

Another reassuring service is the Freedom to Speak up Guardian and the numerous Advocates in Departments throughout the Trust.

We note that the National Patient Priorities, the scores are excellent for late 2019 and early 2020.

There is mention of the Incident Review Panel being independently reviewed but no mention of the outcome or actions, we'd be interested to know more.

We note that you have difficulties with Serious Incident Investigation authors completing a root cause analysis, we suggest that you consider the actions of Solent NHS Trust who recruited on zero hours contracts retired experienced clinicians to conduct this for the Trust.

We are excited at the prospect of the new Physician Associates starting in 2021.

Healthwatch is looking forward to the Carers Support work post Covid as detailed in the Accounts and we note with interest the weekly virtual clinic for carers, it sounds perfect in the Pandemic and we'd be interested how this changes once we are clear of the lockdowns and pandemic.

A shame to see two not achieved under the Patient Experience section – noise at night: and nutrition & hydration – especially help at mealtimes.

Regarding the 'Care Group Focus Group' we would like to have seen information about what the Forum will be reviewing or have reviewed since they were set up as a rolling programme.

Healthwatch Portsmouth  
13.11.20



**The Trust will respond to all the points raised by Healthwatch Portsmouth**

**Portsmouth HOSP – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020**

Portsmouth HOSP do not comment on quality accounts

**Healthwatch Hampshire – commentary on Portsmouth Hospitals University NHS Trust Quality Accounts 2019/2020**

**Re: Healthwatch Hampshire response to Portsmouth Hospital University NHS Foundation Trust Quality Account**

As the independent voice for patients, Healthwatch Hampshire is committed to ensuring local people are involved in the improvement and development of health and social care services.

Each year, we are asked to comment on seven Quality Accounts from NHS Trusts. In the past, we have allocated scarce time to read drafts and give guidance on how they could be improved to make them meaningful for the public.

We recognise that this process is imposed on Trusts. However, as the format has largely continued to remain inaccessible to the public, we have concluded that it is not a process that benefits patients or family and friend carers unless the format is changed. So we will no longer comment on Quality Accounts individually.

This will release time for us to use our resources to challenge the system with integrity, so we can create more opportunities for local people and communities to co-producing service change.

If you have not already done so, we would ask you to look at the guidance on involvement from Wessex Voices ([www.wessexvoices.org.uk](http://www.wessexvoices.org.uk)) which aims to make sure local people are involved in designing and commissioning health services. Five Local Healthwatch alongside NHS England (Wessex) have produced a Wessex Voices toolkit to support patient and public involvement in commissioning. You can use this to ensure that your quality processes are in line with patients' views, and with the guidance from NICE ([www.nice.org.uk/guidance/ng44](http://www.nice.org.uk/guidance/ng44)) and Healthwatch England. ([www.healthwatch.co.uk/reports/5-things-communities-should-expect-getting-involved](http://www.healthwatch.co.uk/reports/5-things-communities-should-expect-getting-involved))

If we can help you in planning co-design and participation in future activities, we'd be pleased to hear from you. We will continue to provide feedback to the Trust through a variety of channels to improve the quality, experience and safety of its patients.

Thank you for inviting us to comment

Best wishes

Healthwatch Hampshire

### LIMITED ASSURANCE REPORT

In light of the pressures caused by the COVID-19 pandemic, NHS England gave instruction that NHS Providers were not expected to gain assurance from their external auditors on the Quality Account report for 2019/2020.

**Appendix A - National Clinical Audit: actions to improve quality**

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Assessing Cognitive Impairment in Older People / Care in Emergency Departments                                                    | Awaiting publication of the national report/results (Spring 2020)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| BAUS Cystectomy Audit                                                                                                             | Individual consultant surgeon outcomes. No surgeons identified as an outlier.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| BAUS Nephrectomy Audit                                                                                                            | Individual consultant surgeon outcomes. No surgeons identified as an outlier.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| BAUS Percutaneous Nephrolithotomy (PCNL)                                                                                          | Individual consultant surgeon outcomes. No surgeons identified as an outlier.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| BAUS Radical Prostatectomy Audit                                                                                                  | Individual consultant surgeon outcomes. No surgeons identified as an outlier.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Care of Children (Care in Emergency Departments)                                                                                  | Awaiting publication of the national report/results (Spring 2020)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Case Mix Programme (CMP) – Intensive Care National Audit and Research Centre (ICNARC)                                             | The CMP is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units). The units standard mortality ratio is good (0.9) and has had no non-clinical transfers for over five years. The unit is an outlier for delayed and out of hours discharges. A new pathway has been implemented to involve the Chief Operating Officer at day three and this has helped. In the first quarter of 2019-2020 a fall in the number of out of hour's discharges has been seen.                                                                                                                                                                             |
| Elective Surgery Patient Reported Outcome Measures (PROMS)                                                                        | <b>Hip and Knee –</b><br>Patients undergoing elective inpatient surgery for hip and knee replacement, funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. Provisional PROMs in England April 2019 to September 2019. There are no recommendations made within this report, the trust monitors the results for benchmarking to ensure that patient satisfaction and patient health gain is comparable with other trusts of a similar size.                                                                                                                                                           |
| Endocrine and Thyroid National Audit                                                                                              | Individual consultant surgeon outcomes. No surgeons identified as an outlier.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Falls and Fragility Fracture Audit Programme                                                                                      | <b>Fracture Liaison Service Database (FLS-DB) –</b><br>The Fracture Liaison Service Database (FLS-DB) is a clinically-led web-based national audit of secondary fracture prevention in England and Wales commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Falls and Fragility Fracture Audit Programme (FFFAP). The Trust is currently reviewing the audit and aims to highlight any areas of good practice and areas that require improvement. Once these areas have been highlighted the Trust will form an action plan to ensure it is meeting the audit standards and ensure that the Trust patients and service users receive the best care whilst accessing the Trust services. |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                   | <p><b>National Hip Fracture Database (NHFD) –</b><br/>The National Hip Fracture Database (NHFD) is a clinically led web-based audit of hip fracture care and secondary prevention in England, Wales and Northern Ireland. The Trust submitted 100% of cases required for this audit. The Trust shows a consistent high level of performance and excellent achievement. The Trust continues to strive for further improvement to maintain vigilance over the Trusts performance. The Trust highlighted a number of areas that demonstrated good practice including achieving the Best Practice Tariff in 87.1% compared to 77.6% in 2017. This compares to a national figure of 58.3 %, and the Trust remains in the top quartile. In terms of patient numbers where Best Practice Tariff has been achieved, the Trust is once again the highest performing Trust nationally. There were areas that required improvement which includes the percentage of patients admitted to a ward within four hours 48.2% compared with the national average of 36.2%. The average length of stay was longer compared with the national average at 18.4 acute days compared with 15.2 acute days nationally. This year the Trust received a letter from the National Medical Director and National Clinical Director following this years NHFD report stating that the “Trust is one of the top-ten performing trusts in the country providing the best practice pathway for patients. This requires dedication and skill from all members of the team”. They passed on their personal thanks and acknowledgment of this achievement.</p> <p><b>National Inpatient Falls Audit (NAIF) –</b><br/>The 2020 national audit of inpatient falls (NAIF) was relaunched as a continuous audit in January 2019 and is focused on the continuous audit of the care and management of patients who sustain a hip fracture in an inpatient setting and published in March 2020. The Trust submitted 100% of falls that resulted in a hip fracture. The audit has highlighted some areas of good practice including the timely implementation of hip fracture care compared to the national average. At the time of the audit being completed all the recommendations from the facilities audit are in place and the trust continues to report all falls that result in hip fracture as serious harm. The Trust had fewer falls with fracture across the medical, Older persons and surgical wards than the national average and the trust is also above average in the use of flat lifting equipment for hip fracture patients, but still requires improvement. There were areas for improvement that included the number of inpatient falls resulting in a hip fracture occurring within two days of admission. Documentation of assessment for injury prior to moving a patient from the floor is below the national average and medical assessment following an inpatient fall with suspected hip fracture is also below the national average. The Trust has compiled an action plan to ensure that the Trust improves in the areas that it needs to.</p> |
| Inflammatory Bowel Disease (IBD) Programme                                                                                        | <p><b>Service Standards</b><br/>This is the first time that patients have had the opportunity to feedback on the quality of care they received against the IBD Standards which were published in 2019. There were areas that the trust did well at compared with the national standard including 57% of newly diagnosed patients started treatment within 48hrs compared with 48% UK average. 62% of patients would contact the advice line in the first instance if they had a flare as compared to 40% UK average. 8% would consult a GP compared to 15% and only 1% would seek emergency care as compared to 6% nationally.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                   | <p>Additionally 87% had a response from the advice line within 48hr – 75% nationally and 100% had a response within 7 days. 100% of patients (18) waited less than 18 weeks for surgery compared with 77% nationally. Furthermore 100% of patients either strongly or tended to agree that they had received information to help them understand the risks and benefits of surgery. There were a number of areas noted that improvement was needed including the number of patients that waited 1 - 6 months for their first hospital appointment which was 55% compared with 57% nationally. 45% of patients had the contact details of the advice line compared with 41% nationally. The trust saw 77% had contacted the advice line compared with 62% nationally. 90% of patients contact with a nurse specialist compared with 84% nationally. The Trust only asked about tiredness and fatigue in 24% of patients as compared to 36% nationally and 29% are asked about mental health as compared to 23% nationally.</p> <p><b>Biological Therapies Audit</b><br/>There were a number of recommendations made from this audit report. The Trust is required to improve and increase its poor participation rate in this national audit. An action plan is in place to ensure this requirement is met.</p> |
| Major Trauma Audit - Trauma Audit and Research Network (TARN)                                                                     | <p>The Trauma Audit and Research (TARN) is a national audit programme that collects data from emergency departments across the UK. TARN aims to provide population based statistics on the epidemiology of trauma and provide summative information to local health commissioners about the trauma workload and its management. Additionally TARN looks to support multidisciplinary clinical audit by analysis of individual case management and to provide comparative statistics to clinicians about institutional performance. TARN publishes three reports a year, each with a different focus. The Trust participates in TARN, and uses the reports to benchmark its performance. The Trust is also keen to see where it can improve its current practice to ensure best practice patient care to ensure its patients have the best outcomes. The Trust is currently reviewing the latest reports and reviewing its performance. Previous improvements required earlier senior involvement in trauma care – ED/Orthopaedic/Surgical.</p> <p>This has already been shown to have improved from the last report. Decrease in time to CT Scan for all patients. Develop a TARN reporting “team” from a single nurse in order to develop resilience.</p>                                                     |
| Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection (CDI)                                        | <p>This is a surveillance study where data is submitted nationally for each quarter. The data identifies counts of CDI by NHS acute trust, defined as counts and rates per 100,000 bed days and per 100,000 populations. This will identify a trend in the number of CDIs in an acute trust over a series of financial years.</p> <p>This data does not provide a basis for decisions on the clinical effectiveness of infection control interventions in individual Trusts or a basis for comparisons between acute Trusts. Rate information, using rate calculations as currently defined, are not appropriate for comparison. The counts of infections have not been adjusted to give a standardised rate considering factors such as organisational demographics or case mix. Rate information is only of use for comparison of an individual organisation over time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mental Health (Care in Emergency Departments)                                                                                     | Awaiting publication of the national report/results (Spring 2020)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACOP)                                          | <p><b>Organisational Report – Adult Asthma and COPD</b></p> <p>The NACAP is a programme of work that aims to improve the quality of care, services and clinical outcomes for patients with asthma and COPD. The audit collected information on the resourcing and organisation of services relevant to the care of adult patients with asthma and COPD who are admitted to hospital. The Trust was benchmarked against other participating Trusts across 10 key indicators. The Trust was compliant in meeting six of the key indicators and had not met the required target on the other four.</p> <ul style="list-style-type: none"> <li>• The Trust intends to Improve the percentage of Non-Invasive Ventilation (NIV) patients receiving NIV within 2 hours of arrival.</li> <li>• Implement a quality improvement project to increase the percentage of smokers receiving advice and cessation referral on discharge.</li> <li>• Increase respiratory consultant review to seven day service.</li> </ul> <p><b>COPD – Clinical Audit</b></p> <p>This is a continuous audit for patients admitted with acute exacerbation of COPD.</p> <p>Two major indices measured are Respiratory Team Review in first 24 hours and the delivery of a Discharge Bundle. These two elements make up the Best Practice Tariff.</p> <p>87% PHT patients have specialist respiratory team review in first 24 hours (64% Nationally)</p> <p>91.5 % Discharge bundle completed (67% Nationally)</p> <p>These figures demonstrate a significant improvement in COPD inpatient care since the introduction of the COPD inpatient review service.</p> <p>Other areas of good practice included provision of smoking cessation pharmacotherapy and PHT was used as a case study of good practice in the National Audit Report.</p> <p>The area of PHT care highlighted for further development was the delivery of timely NIV within 2 hours of arrival. Although PHT rate of delivery of this care is better than the National average (39% vs 21%), an improvement in this is required to reduce the length of stay and mortality.</p> <p><b>Asthma in Adults:</b></p> <p>The Trust was a late adopter in the adult asthma audit. The trust is now registered and submitting data for the 2020 audit.</p> <p><b>Asthma in Children:</b></p> <p>This audit aims to collect information on children and young people aged 1-18 years, admitted to hospital paediatric services with an asthma attack. Data collection for this audit is now completed and the Trust is awaiting the publication of the audit report which is due September 2020.</p> |

## QUALITY ACCOUNTS 2019 / 2020

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

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| National Audit of Breast Cancer in Older People (NABCOP)                                                                          | <p>The National Audit of Breast Cancer in Older Patients (NABCOP) was established to evaluate the care received by older women (aged 70+ years) diagnosed with breast cancer in NHS hospitals. The audit was commissioned because of the greater variation in the management of breast cancer among older women compared with women aged less than 70 years.</p> <p>The data for the Trust unit supports good clinical practice in comparison with the NICE guidelines, with above average provision of different treatment modalities to the 70+ year group when compared to all other NHS units. There were noted to be no areas for improvement but to maintain good on-going practice with further evaluation due in the next NABCOP report. The Trust is fully compliant against the national audit standards.</p>                                                                                                                                                                                                                                                                                                   |
| National Audit of Cardiac Rehabilitation (CR)                                                                                     | <p>This is a British Heart Foundation strategic project that aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease, irrespective of where they live. The National Audit of Cardiac Rehabilitation was published in 2019. The Trust used the report to acknowledge areas of good practice and areas for improvement. The Trust is required to improve uptake of the service for post Myocardial Infarction patients and to ensure patient comorbidity is taken into account as part of CR recruitment, assessment and tailoring of interventions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| National Audit of Care at the End of Life (NACEL)                                                                                 | <p>The National Audit of Care at the End of Life (NACEL) focuses on the quality and outcomes of care experienced by those in their last admission in acute, community and mental health hospitals.</p> <p>The Trust performed above the national performance in six out of the eight domains. These were recognising the possibility of imminent death, communication with the dying patient, involvement in decision making, needs of families and others, individual plan of care and governance. The other two domains remain an area for improvement which are communication with families and others and workforce/specialist palliative care. There is an End of Life action plan. The issues identified are included within this and monitored through the End of Life Committee. The Achieving Priorities of Care document is under review, when complete will be trialled and updated. This aims to include full documentation of patient care and family discussion to cover all areas required by the national audit which provides evidence of best practice for end of life patients and their families.</p> |
| National Audit of Dementia (NAD)                                                                                                  | <p>The NAD reviews the quality of care received by people with dementia in general hospitals. The audit specifically addresses aspects of care delivery which are known to impact upon patients with dementia while in hospital. The 4<sup>th</sup> Annual NAD Report was published in July 2019.</p> <p>The Trust participated in five out of the seven domains (two domains related to a survey of carer experience, which the Trust did not participate in) and were above the national average for two domains; governance and discharge.</p> <p>The main area for improvement is in relation to assessment and documentation of patients who may have a Delirium. There is currently no common tool used across the organisation; however, this is currently being explored as part of a Quality Improvement Project.</p>                                                                                                                                                                                                                                                                                            |
| National Audit of Seizure Management                                                                                              | <p>Epilepsy is a very worrying condition for patients and the public, but with good care, it can be better controlled and risks minimised. Many seizure presentations to Emergency Departments (EDs) could be prevented. NASH (the National Audit</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                   | of Seizure management in Hospitals) examines the facilities and care available to such patients in order that it will identify how best to change services to reduce the numbers presenting at hospital. The Trust has submitted cases to the NASH audit and is awaiting the publication of the audit report for the third round NASH 3 (Summer 2020).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| National Audit of Seizures and Epilepsies in Children and Young People                                                            | The National Audit of seizures and epilepsies in Children and Young People is being published in several parts. The first part of round three (the most current round) was published in 2018 (organisational). The clinical audit publication from this audit is due in the summer of 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| National Bariatric Surgery Register (NBSR)                                                                                        | The National Bariatric Surgery Register is a comprehensive, prospective, nationwide analysis of outcomes from bariatric surgery in the United Kingdom and Ireland. It contains pooled national outcome data for bariatric and metabolic surgery in the United Kingdom. The third NBSR Report will be released in Autumn 2020. This will report on data collected from 2009 to 2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| National Cardiac Arrest Audit (NCAA) – ICNARC                                                                                     | The Trust participated in this audit. The Trust has been recognised at the National Cardiac Arrest Audit Team with an award for the best data collection and entry for a single hospital site. This was a great achievement for the Trust and the resuscitation team capturing the data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NCAP - Cardiac Rhythm Management                                                                                                  | <p><b>Implanted Devices and Interventional Procedures:</b></p> <p>The National Audit of Cardiac Rhythm Management (CRM) collects procedure information on all patients with implanted devices or receiving interventional procedures for management of cardiac rhythm disorders. The CRM Device Procedure Report; The Trust is a high volume centre implanting well over the minimum number of devices.</p> <p>Some clear errors in data, no major concerns identified. Data entry needs to be more accurate, especially operator (one operator entered repeatedly is not in cardiology at PHU, which is therefore a clear error). Another area for improvement is bradycardia pacemakers which has a higher than expected one year re-intervention rate and some operators' not reaching minimum implant numbers. There were areas of good practice including large numbers of devices and data completeness. Most operators met the minimum implant requirements. The complex device re-intervention rates are acceptable.</p> <p><b>Electrophysiology and Ablation:</b></p> <p>With regards to electrophysiology and ablation procedures the Trust has demonstrated good practice with a high rate of overall procedural success (96% for simple ablation and 94% for complex targets). The Trust also had good outcomes indicated by low re-intervention rates within a year. Areas for improvement were noted to be four data entry fields, where completeness was below 95%. Two were genuine deficiencies (93.6% for underlying heart disease and 77% for Left Atrial size/volume) and two were erroneous (1% for fluoroscopy time and 15% for previous ablation). The former fields are now being scrutinised to improve performance. The latter fields have been taken up with NICOR and should be resolved. Cardiology department to streamline the pathway for arrhythmia patients</p> |

## QUALITY ACCOUNTS 2019 / 2020

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

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| NCAP - Myocardial Ischaemia National Audit Programme (MINAP)                                                                      | <p>The Trust continues to be the largest provider of primary Percutaneous Coronary Intervention (PCI) service in the South Central Cardiovascular Network.</p> <p>Based on the overall figures published by MINAP for 2015-18, the Trust has the best outcomes in the region for patients presenting with ST-elevation myocardial infarction (STEMI) and having primary angioplasty; MINAP reported 30 day mortality of 6.6% for Trust patients, which is amongst the lowest mortality figures in the country.</p> <p>As a direct result of a comprehensive educational program for the local Ambulance Crew, the Trust has continued to see a significant increase in the proportion of patients with a diagnosis of STEMI bypassing the Emergency Department being taken directly to the Cardiac Cath labs, with a consequent reduction in call to balloon (CTB) and door to balloon (DTB) times. As a result of a change in the process for data collection of nSTEMI patients, with the Cardiac Rehabilitation nurse's now collecting comprehensive data for all nSTEMI patients, the Trust case ascertainment rate and data submission to NICOR for this group of patients has significantly improved. Unfortunately, due to the ongoing challenges in unscheduled care, patients that at any point in their treatment pathway are seen in ED, continue to experience significant treatment delays and invariably breach National/MINAP standards for DTB and CTB times. The Trust will continue with Paramedic education and to review sources of DTB/CTB breaches.</p> |
| NCAP - National Audit of Percutaneous Coronary Interventions (PCI)                                                                | <p>This national audit aims to examine and improve service delivery for and outcomes of patients undergoing coronary angioplasty.</p> <p>The Trust is a high volume centre with excellent markers of good practice and good outcomes. There were a number of areas that demonstrated good practice including high rates of radial access in excess of the national target (&gt;90% compared to recommended &gt;75% and Southampton &lt;60%). Additionally short delays to treatment for STEMI (median door to balloon time 37mins very similar to national average) and NSTEMI (overall delay to angioplasty of 51 hrs (compared to national average of 63.6 hrs). Trust outcomes are better than the expected range. The areas that require improvement are the day case rate for elective PCI is just below the national target (67% compared to target of 75%). This is likely to delays admitting patients to the day unit early in the morning as it is used as an overnight facility for inpatients, with subsequent delays in stating the procedure and subsequent discharge.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| NCAP - National Heart Failure Audit (HF)                                                                                          | <p>This national audit aims to examine and improve service delivery for and outcomes of patients admitted to hospital with heart failure. There has been a 400% increase in HF admissions at the Trust since 2008. The trust has a higher admission rate of patients with heart failure than Southampton University Hospital Trust (SUHT). The expanded heart failure team with appropriate administrative support have reviewed more patients with acute heart failure than the neighbouring Trust. A greater proportion of patients at Portsmouth are hospitalised within the cardiology wards. Areas of good practice were noted to be the Trust has achieved the Best Practice Tariff in 2017-2018 (70% Case Ascertainment and 60% of all inpatients being reviewed by the specialist multidisciplinary team). The rate of evidence based medication has remained consistent despite increased numbers of admissions. There is a NICE compliant Acute Heart Failure Pathway in situ within the Trust. The areas that were noted to be requiring improvement were patients who are not diagnosed /cared for within cardiology as their mortality remain high. Patients do not have equitable access to the heart failure</p>                                                                                                                                                                                                                                                                                                                                               |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                                   | specialist team due to an enhanced volume of patients and bed occupancy pressures; there is also a lack of a robust ambulatory heart failure pathway and a lack of referral for patients outside of cardiology for cardiology follow up and cardiac rehabilitation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| National Diabetes Audit - Adults                                                                                                  | <p><b>Transition</b> – The Trust participates in the transition audit through both its adult and paediatric services and is awaiting the next transition publication audit (date to be determined). The Trust uses the transition audit to benchmark itself against the national standards and to improve its transition services. The Trust strives for best practice and aims to ensure a seamless transition for its patients and service users from paediatric services into adult service.</p> <p><b>Diabetes in Pregnancy –</b><br/>The National Pregnancy in Diabetes (NPID) audit measures the quality of care and outcomes for women with pre-gestational diabetes who are pregnant, and aims to support quality improvement.<br/>The trust has demonstrated that it has a high uptake of folic acid 5mg with 45.8% compared with the national average of 32.8%. The Trust also had a higher than average first contact with antenatal diabetes team &lt;10 weeks gestation 79.2% compared to 66% nationally. The Trust also performed well with babies born at/after 37 weeks admitted to a neonatal care unit at 13.3% compared to 19% nationally. The trust performed comparatively with first trimester glycated haemoglobin (HbA1c) &lt;48mmol/mol with 28.6% compared to 28.6% nationally. There were areas that required improvement including pre term deliveries which were 50% compared to 43.9% nationally (type 1) and 36.4% compared to 23.7% national (type 2). There is also an improvement needed in pre conceptual care uptake to improve the taking of folic acid and HbA1c monitoring in pregnancy.</p> <p><b>Inpatient Audit - NaDIA</b><br/>This was a hospital characteristics audit comparing issues such as staffing, bed numbers and service/system elements across the NHS. This is a small snapshot and should be considered alongside the wider NaDIA audit undertaken every two years and the summary plan for improving the safety and quality of inpatient care created following discussions about the NaDIA data.<br/>Not assessing practice in any detail but the Trust were amongst the hospitals who provided training for ward teams, were working towards improving foot risk examinations and have a multidisciplinary (MDT) foot team. Trust teams were noted to hold mortality and morbidity meetings (i.e. not diabetes specifically but led by the speciality under which the patient was admitted). Areas for improvement were noted to be; below national average for staffing affecting all key staff groups (Diabetes Specialist Nurse, dietetics, podiatrists, pharmacists and consultants) and the use of electronic tools (e.g. E-prescribing, blood glucose alert systems).</p> <p><b>Foot Care –</b></p> |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                   | <p>37% of Trust patients wait &gt;14 days to be seen compared with the national average of 19%. 32% of Trust patients wait &gt;2 months to be seen compared with national average of 8.4%. 21% of Trust patients were alive and ulcer free at 12 weeks vs national average of 49%. Low admission rates: 19% of ulcer episodes resulted in hospital admission compared with a national average of 22%. The Team have identified aims for areas to be improved upon; need for increased foot clinic space so that a greater flow of patients can be achieved through reduced clinic waits and earlier access and more engagement from the orthopaedic team to facilitate gold standard contact casting for foot ulceration. The Team also notes that there were areas that they felt the department performed well in but were not highlighted on the audit were weekly virtual foot clinics and weekly joint MDT clinics.</p> <p><b>NaDIA-Harms:</b><br/>The National Diabetes Inpatient Audit-Harms (NaDIA-Harms) is a new extension started in May 2018. It is designed to help reduce the serious inpatient harms identified by the NaDIA snapshots audit. The NaDIA Harms audit will enable trust level monitoring of local rates. The audit focuses on four main life-threatening diabetes specific inpatient harms; these are hypoglycaemic rescue, diabetic ketoacidosis (DKA), hyperosmolar hyperglycaemic state (HHS) and diabetic foot ulcer. This will help support local quality improvement (QI) work and highlight national characteristics of which patients are at the highest risk and will inform the development of better preventive care. The Trust has participated in the audit and is compliant with the recommendation from the report that NHS Trusts should contribute comprehensively to the NaDIA-Harms Audit.</p> |
| National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NEIAA)                                                   | <p>The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units against NICE Quality Standards (QS). There is compelling evidence that early intensive treatment greatly improves the outcome of these disabling diseases, which predominantly affect people of working age. The organisational data identified that, per 1000 new patient appointments, the Portsmouth Rheumatology department has below national average numbers of consultants (1.1 compared with 1.8) and nurses (0.9 compared with 1.6). The Trust has access to specialist physiotherapy, occupational therapy and podiatry services but not to psychology services. Nationally the access to these services was 94%, 95%, 94% and 39% respectively. The areas of good practice include equal or above national average achievement rates were shown for NICE QS 2, 4, 5, and 6 and this is despite having lower than the national average staff numbers for the volume of patients seen. The mean scores for all patient reported outcomes collected within the audit improved after three months of specialist care and the majority of patients achieved remission/low disease activity scores after three months of specialist care. Areas for improvement include; local GPs were shown to have well below the national average achievement rate for QS 1. Their performance was over 3 standard deviations below the mean for their peers nationally. In terms of measures of performance within the Trust there is a need to improve performance against QS 2 and 3 in particular, given that these associate with good outcomes. In terms of outcomes the Trust would be looking to improve outcomes at three and twelve months, in particular remission rates.</p>                |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| National Emergency Laparotomy Audit (NELA)                                                                                        | This report is the fifth report of NELA and covers the care received by NHS patients who underwent an emergency laparotomy between 1st December 2017 and 30th November 2018. The Trust takes part in the audit and is currently reviewing the report to highlight areas of good practice and areas for improvement. The Trust will also look to see if there are any recommendations that need implementing and an action plan will be put into place to ensure that these are met.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| National Bowel Cancer Audit (NABOCA)                                                                                              | The Trust provides a high volume of colorectal cancer surgery, with a high laparoscopic/robotic rate and excellent outcomes. The Trust compares very well with all trusts nationally, indeed one of the best performing trusts in the country for colorectal cancer work. Areas of good practice include very high laparoscopic/robotic rates and low elective mortality rates, excellent rectal cancer outcomes, high throughput centre and negative circumferential resection margin (CRM) rate. Low pre-op radiotherapy rate 17% and abdomino-perineal excision of the rectum (APER) rate (18%). The 18 month stoma rate approximately 40% and in top 5% nationally. There are areas that require improvement and these include documentation of pre-op TNM staging only 78% recorded (better than previous year but still not at target) and performance status 18% (nurses now recording for all new referrals), overall 90 day mortality rate 0.5% one of the best in the country and maintained at two years.                                                                                                                                                                                                                                |
| National Oesophago-Gastric Cancer (NOGCA)                                                                                         | The Trust is one of 35 specialist Upper GI Cancer Centres, offering the full range of treatments for oesophageal and gastric cancer, both early and advanced.<br>The Trust has good outcomes despite a higher than average volume of oesophageal cancer compared to the national average, and has a higher than average treatment plan for curative intent. There is a need to improve on data collection for any future audit, requiring a dedicated trained data clerk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| National Joint Registry (NJR)                                                                                                     | The National Joint Registry (NJR) collects information on hip, knee, ankle, elbow and shoulder joint replacement surgery and monitors the performance of joint replacement implants, hospitals and surgeons. The trust submitted 1523+ cases to the NJR between 1 <sup>st</sup> April 2018-31 <sup>st</sup> March 2019. This was well above the national average for the number of cases submitted. No specific recommendations from NJR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| National Lung Cancer Audit (NLCA)                                                                                                 | <b>Organisational</b><br>The report aims to reassess the provision of lung cancer services in secondary care across England and Wales, since the last audit period. The report also seeks to highlight any variation in diagnostics, treatment modalities and specialist staffing; provide information for national benchmarking. There were a number of areas of good practice including a recent uplift of Clinical Nurse Specialist numbers and an increase in Consultant Programmed Activities has made the Trust comparable in numbers of staff within the Respiratory department. The trust has had good multidisciplinary (MDT) attendances of all clinicians or representation from teams including medical oncologist and these MDT's are completed within a two hour time period. All diagnostic investigations are completed on site and the three day turnaround for small cell lung cancer has been met. The Trust are achieving most molecular diagnosis within 10 days. Areas that require improvement include the number of Clinical Oncology and Radiology staff. There are no members of the Palliative Care team in attendance at the MDT. Of further note only 5% of units who participated in the audit had adequate levels of |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                   | <p>specialist staffing in all areas. The policy for the treatment of tobacco addiction and pharmacotherapy prescription also requires improvement.</p> <p><b>Clinical Audit</b></p> <p>The NLCA was developed in response to the finding in the late 1990s that outcomes for lung cancer patients in the UK were behind those in other westernised countries, and varied considerably between organisations within the UK. The Trust was identified as an outlier for surgical resection rate. The Trust rate of surgically resected patients remains below the national average of 18% at 10%. The previous NLCA audit published in January 2018 (2016 data) highlighted a few areas requiring improvement in terms of surgical and chemotherapy treated cases and identified the Trust as an outlier in 3 areas. The Trust has a robust plan to improve surgical resection rate; this has been sent to the Royal College and National Lung Cancer Team. The Trust has recently appointed two lung cancer specialist nurses, to improve the proportion of patients assessed by nurses. There are ongoing meetings with the data processing team to improve data submission (data is being revised monthly before submission to the NLCA, to avoid duplication or missed data). The Trust has demonstrated significant improvements with many aspects of the NLCA report. However, it is recognised that further work is required in the area of surgical resection rates.</p> <p>The Trust has been identified as a national model for improvement for lung cancer management by the National Lung Cancer Audit (NLCA). The Trust has implemented a new National Optimal Lung Cancer Pathway. As part of this an additional CT scanner has been installed allowing more patients to be seen earlier and to help improve outcomes through early detection.</p> |
| National Maternity and Perinatal Audit (NMPA)                                                                                     | <p>The audit aims to evaluate a range of care processes and outcomes in order to identify good practice and areas for improvement in the care of women and babies looked after by NHS maternity services. The Trust maternity services supplies the NMPA team (based at the Royal College of Obstetricians and Gynaecologists (RCOG) with digital data for term pregnancies; they then provide the Trust with nationally benchmarked outcome data. The Trust also supplies the number of babies admitted to the Neonatal Intensive Care Unit in the specified cohort. The service has been shown to have lower than national average in: Postpartum haemorrhage (PPH) of 500mls or more, Instrumental birth and induction of labour. The audit also shows that the trust is at a national average for spontaneous vaginal birth, vaginal birth after lower (uterine) segment Caesarean section (LSCS) and babies born at term with a five minute APGAR (Appearance, Pulse, Grimace, Activity, and Respiration) score of less than 7. There are areas that require improvements which include the Trust has been cited as an outlier 3 Standard Deviations above the national rate for PPH 1500 mls or more. As a result the maternity service has created an action plan which is being monitored by the Maternity Governance Forum. The PPH report and the resultant action plan (updated in November 2019) have been shared with the Commissioners, the RCOG audit Department and the Care Quality Commission.</p>                                                                                                                                                                                                                                                                                                                                           |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)                                                    | The Trust achieved excellent results being at or above the national average for all areas of the audit. The Trust Neonatal Unit received a letter of congratulations on being 'excellent' for the thermal care of infants. There were a couple of areas of improvement that were noted including constantly monitoring broncho-pulmonary dysplasia (BPD) rates, keeping Mothers and babies together and striving to keep infants on the post natal ward. Additionally the neonatal team are aiming for 100% compliance with retinopathy of prematurity (ROP) screening.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| National Ophthalmology Audit                                                                                                      | The Trust results are within the limits for both posterior capsule rupture rate and visual loss rate, and are better than the national average for visual loss rate. Additionally, the Trust remains close to the national average for complication rates in cataract surgery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| National Paediatrics Diabetes Audit (NPDA)                                                                                        | The Trust median glycated haemoglobin (HbA1c) is the same as the national average at 64 mmol/mol. The Trust results are very similar to the previous audit year with no significant changes. 28.8% of Trust patients have an HbA1c <58mmol/mol (national = 28.6%) and 37.4% of Trust patients have an HbA1c >69 mmol/mol (national = 36.7 %). 49.6% of patients greater than twelve years old received all seven Health Care Processes, increased from 33.8% last year (national = 49.8%)<br>35.6% of patients are now on an insulin pump (national = 35.7%). The trust has seen an improvement in the number of patients completing all seven care processes. An area requiring improvement is the number of patients with albuminuria and the level of albuminuria (mild/significantly raised). An annual review proforma is now being used and it is hoped that this will ensure a more robust documentation of the annual review care process.                                                                                                                                                                                                                                                                                                                                                                                |
| National Prostate Cancer Audit                                                                                                    | All aspects of the Trusts prostate cancer diagnostic and treatment service are in line with national trends. The Trust has a relatively high proportion of men with high risk disease compared with the national average. The Trust readmission rate after radical surgery is well below the national average (8.3% compared with 14.1%) and the Trust two year complication rate is only 1% compared with 8% nationally. The Trust is not over-treating those with low risk disease. A high proportion of patients with high risk or metastatic disease are being offered chemotherapy. The Trust is offering Magnetic resonance imaging (MRI) and template biopsy to a high proportion of Trust patients (as per the recommendations). There are some areas that require improvement including improving the number of patients receiving hypo-fractionated radiotherapy, and to ensure high level of complete data entry (the move to a Somerset database should facilitate this). In order to maintain the service, the workforce and resources need to be increased in line with the increasing referrals and demand on service. The Trust outcomes compare favourably with the national data and in many areas the Trust is excelling, this is despite seeing a proportionally higher number of complex and advanced cases. |
| National Smoking Cessation Audit                                                                                                  | The Trust participated in the National Smoking Cessation Audit and submitted 100%+ of the required cases. The areas of good practice are a higher than national average documentation of smoking status. 72% of smokers were offered advice which is better than the national average but below the level of expected target of 90% for the smoking standard. The area requiring improvement is the percentage of smokers offered smoking cessation in order to reach the target standard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Audit Title                                                                                                                          | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Perioperative Quality Improvement Programme (PQIP)                                                                                   | PQIP's aim is to reduce the risk of complications after major surgery through ensuring that patients get the best possible care throughout their perioperative pathway. The mechanism for delivering these improvements is to measure, report, and support local teams to act on their own quality data. The Trust has participated in the PQIP's audit and is currently reviewing the recommendations that have been made from this audit report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)<br>Antibiotic Consumption/ Antimicrobial Stewardship | Part of the national Commissioning for Quality and Innovation (CQUIN) for NHS Acute Trusts in England for 2018/19. Data is collected and submitted on a quarterly basis to Public Health England. The Trust reviews the trends in the data to highlight any areas of concern and an action plan is in place to improve the Trust outcomes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Sentinel Stroke National Audit Programme (SNNAP)                                                                                     | <p>The Sentinel Stroke National Audit Programme (SSNAP) measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence based standards. There are ten domains within the clinical audit, each of which are rated from A to E, with A being best performing.</p> <p><b>Organisational</b></p> <p>The SSNAP report provides an overview of the organisation of acute Stroke services and information on national performance against 10 key indicators of acute stroke care organisation. It is based on data submitted by 183 acute stroke services. The Trust is scored against 10 key indicators and performance is compared against national averages. The Stroke service scored positively on 5 out of the 10 indicators and 18% of Trusts achieved a similar score to the Trust. The Trust is one of the busiest acute stroke centres in the Wessex region. There were areas that demonstrated good practice including the minimum establishment of band 6 and 7 nurses per 10 beds, the out of hour's presence of a stroke specialist nurse and the minimum number of nurses on duty at 10am on a weekday. The access to specialist (stroke / neurological specific) early supported discharge team was also noted to be of good practice. The areas that need improvement include the presence of a qualified clinical psychologist, at least two types of therapy available seven days a week and a pre-alert to a relevant member of the stroke team. Additionally a formal survey undertaken seeking patient/career views on stroke services and using an MRI scan as the first line brain imaging in transient ischaemic attack (TIA) patients, were also areas for improvement.</p> <p>The Trust is not an outlier for stroke mortality with a crude mortality rate of 13%</p> <p><b>Clinical Audit</b></p> <p>The stroke service within the Trust is one of the busiest in Wessex and the third largest in England with 4,000+ stroke referrals during 2018/19 (1,572 stroke/2,377 non-stroke). The service has been rated as performing to SSNAP standard B or C for the last two years following a period of development from being rated as achieving SSNAP standard D. The Trust performs well in the areas of providing patients with a joint health and social care plan on discharge, providing a named person to contact on discharge, having a continence plan drawn up within three weeks of clock start and patients in Atrial Fibrillation on discharge are discharged with anticoagulants or with a plan to start anticoagulation. Areas requiring improvement include scanning within one hour, admitting patient to the Stroke Unit within four hours and</p> |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Audit Title                                                                                                                                 | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                             | providing an adequate Speech and Language Therapy service. The Stroke Service has a comprehensive improvement plan in place.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme                                                                    | SHOT has been collecting and analysing anonymised information on adverse events and reactions in blood transfusion from all healthcare organisations that are involved in the transfusion of blood and blood components in the United Kingdom. Where risks and problems are identified, SHOT produces recommendations to improve patient safety. The National report does not identify specific areas of good practice by individual NHS Trusts. However, the Trust reports all transfusion-related incidents and Near Misses (where identified). The Trust reviews the recommendations from the report to see where lessons can be learned and where it can improve patient safety and practices.                                                                                                                                                                                           |
| Society for Acute Medicine's Benchmarking Audit (SAMBA)                                                                                     | The Society for Acute Medicine Benchmarking Audit (SAMBA) provides a snapshot of care provided for acutely unwell medical patients over a 24-hour period on Thursday 27 <sup>th</sup> June 2019. The SAMBA report is written for the benefit of everyone involved in acute medical care. The aims of the audit are to provide a national audit of the care delivered on the acute medical units (AMU) against the Clinical Quality Indicators (CQIs) for AMUs set by the Society for Acute Medicine in 2011. Also to enable individual AMUs to benchmark their performance against their peers, identify areas of good practice and/or areas where improvement is required. The Trust participated in the audit. The Trust is currently reviewing its performance and aims to highlight areas of good practice and areas that require improvement. An action plan will be created if needed. |
| Surgical Site Infection (SSI) Surveillance Service                                                                                          | The aim of the national surveillance program is to enhance the quality of patient care by encouraging hospitals to use data obtained from surveillance to compare their rates of SSI over time and against a national benchmark, and to use this information to review and guide clinical practice. The Trust uses the surgical site infection surveillance service to continually review and improve its performance and seeks to emulate the recommended best practices.                                                                                                                                                                                                                                                                                                                                                                                                                   |
| UK Cystic Fibrosis Registry                                                                                                                 | The Trust does not submit data directly to the UK Cystic Fibrosis Register. The data is submitted from the registered cystic fibrosis centres, which for this region is the Southampton Network. Awaiting publication of the national report/results due August 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| UK Parkinson's Audit                                                                                                                        | The Trust has participated in this audit and is currently awaiting a review of its performance and aims to highlight areas of good practice and areas that require improvement. An action plan will be created if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) – Maternal, Infant and Perinatal Confidential Enquiry | <b>Maternal Mortality:</b><br>The sixth MBRRACE-UK annual report of the Confidential Enquiry into Maternal Deaths and Morbidity includes surveillance data on women who died during or up to one year after pregnancy between 2015 and 2017 in the UK. The Trust has identified areas of good practice from the report which include the reporting of all maternal deaths to MBRRACE-UK and all cases being subjected to a root cause analysis investigation. Additionally all families had a duty of candour undertaken and final reports were shared with families and the staff involved. There were 46 national recommendations issued, with these recommendations sitting across a number of specialties within the organisation and maternity services, including the early pregnancy unit, cancer services, cardiology and critical care. Maternity services                          |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Audit Title                                                                                                                                                                               | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                           | <p>will be reviewing the recommendations using a self assessment gap analysis and will be requesting other services to populate and monitor their speciality recommendations.</p> <p><b>Perinatal Mortality -</b><br/>                     The Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births was published in October 2019 and had nine recommendations that were made. The Trust identified 11 areas of good practice including 6 of which were comparable to the recommendations made in the report. The Trust also highlighted areas for improvement and has implemented improvement projects against the recommendations in the report and has an action plan in place to ensure there is an improvement within the highlighted areas.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Child Health Clinical Outcome Review Programme - Young People's Mental Health (NCEPOD)                                                                                                    | <p>The aim of this study is to identify the remediable factors in the quality of care provided to young people treated for mental health disorders; with specific reference to: depression and anxiety, eating disorders, self harm. This is an important age group as not only are people interacting with different services but likely to be transitioning between child and adult healthcare services. The report highlighted key messages and recommendations for NHS Trusts. There are no site specific data for comparing performance. The Trust has reviewed the recommendations using a self assessment gap analysis. There are 16 recommendations from this study for all NHS Trusts to consider, eight of these recommendations have been indicated as met by the Trust and four have been indicated as partially met. Five were indicated as not applicable to an Acute Trust. Areas of good practice include; Staff are trained to take physical and mental health risk assessments. Good support from Child and Adolescent Mental Health Service (CAMHS) teams, with regular reviews on the ward, the Emergency Department (ED) have a clear process around child sexual exploitation (CSE), liaison with children services in line with best practice Local Safeguarding Children Board (LSCB), and individual mental health risk assessment made. Further improvements have been indicated with ongoing difficulties in sharing patient records between mental health/community and inpatients. Ongoing delays in transferring patients to inpatient mental health hospitals, both due to bed shortages, and processes around finding the 'appropriate' bed, ongoing gaps with regards to timely assessment with a view to admission avoidance.</p> |
| Child Health Clinical Outcome Review Programme – Long-term ventilation in children, young people and young adults (National Confidential Enquiry into Patient Outcome and Death - NCEPOD) | <p>The aim of this study was to identify remediable factors in the care of patients before their 25th birthday who are receiving, or have received, long-term ventilation (LTV). The Trust's paediatric team have outlined the areas of good practice and areas for improvement from the 12 recommendations that were made from this report. The paediatric team was partially compliant with two of the recommendations and met five of the recommendations, with four not applicable. The Trust is planning to meet one further recommendation. The adult respiratory team have also reviewed the recommendations. One was indicated as not applicable, five are partially met and five are fully met with one planning to meet.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Medical and Surgical Clinical Outcome Review Programme – Dysphagia in Parkinson's Disease (NCEPOD)                                                                                        | <p>To examine the pathway of care of patients with Parkinson's disease (PD) who are admitted to hospital when acutely unwell. In particular, to identify and explore multidisciplinary care and review organisational factors in the process of identifying, screening, assessing, treating and monitoring the ability to swallow. Data will be collected on patients aged</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                   | 16 and older admitted to hospital with Parkinson's Disease. The Trust has participated in this study and the report is due Winter 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Medical and Surgical Clinical Outcome Review Programme – Acute Heart Failure (NCEPOD)                                             | This NCEPOD report highlights the process of care for patients aged 16 years or older who died in hospital following an admission with acute heart failure. The report takes a critical look at areas where the care of patients might have been improved. Remediable factors have also been identified in the clinical and the organisational care of these patients. The Trust has reviewed the recommendations made in the report; An action plan has been developed to address areas highlighted for improvement. The vast majority of patients are seen within 14 hours by the admitting consultant. However, not all patients with acute heart failure are discussed with a member of the heart failure multidisciplinary team. Access to the heart failure multidisciplinary team is improving but requires further heart failure specialist team expansion. Additional training is being arranged for the cardiology ward pharmacist to gain expertise in specialist prescribing for heart failure. There are ongoing discussions with commissioners/primary care providers to drive forward an improved integrated Heart Failure Service. |
| Medical and Surgical Clinical Outcome Review Programme – Cancer in Children, Teens and Young Adults (NCEPOD)                      | This NCEPOD report highlights the quality of care for patients aged 0-25 years who died or were admitted to critical care within 60 days of receiving systemic anti-cancer therapy. The report takes a critical look at areas where the care of patients might have been improved. Remediable factors have also been identified in the clinical and the organisational care of these patients. Learning points picked up from the study shall be fed back to staff to ensure the Trust is giving ongoing high standards of care to these patients and their families. Oncology Multidisciplinary Team (MDT) members will be encouraged to increase attendance at the paediatric Morbidity and Mortality meetings. In addition, performance status for children receiving chemotherapy will now be documented on the electronic prescribing system (ARIA), using a Lansky score. In line with national guidance the Trust will perform ongoing monitoring of consultant review of oncology patients within 14 hours of admission.                                                                                                                   |
| Medical and Surgical Clinical Outcome Review Programme – Peri-operative diabetes (NCEPOD)                                         | This NCEPOD report highlights the quality of diabetes care for patients aged 16 years or older who underwent a surgical procedure. The report takes a critical look at areas where the care of patients might have been improved. Remediable factors have also been identified in the clinical and the organisational care of these patients. The Trust is currently undertaking a gap analysis of the recommendations made in the report; an action plan will be developed to address any areas highlighted for improvement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Medical and Surgical Clinical Outcome Review Programme – Pulmonary embolism (NCEPOD)                                              | This study explored avoidable and remediable factors in the process of care for patients aged over 16 years old, with a new diagnosis of pulmonary embolism (PE). There are 13 recommendations for NHS Trusts to consider. Seven of these recommendations have been indicated as met by the Trust and two have been indicated as partially met. A further four recommendations are indicated as requiring further actions; improvements include development of a new pathway to be disseminated with severity scoring using a Pulmonary Embolism Severity Index (PESI) or simplified PESI (sPESI). To develop guidelines to improve access to echocardiography or point of care ultrasonography (POCUS). To formalise pulmonary embolism treatment networks for access to catheter-directed thrombolysis, surgical embolectomy or mechanical thrombectomy for the treatment of patients with pulmonary embolism who either fail to improve or have                                                                                                                                                                                                 |

## QUALITY ACCOUNTS 2019 / 2020

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

| NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2019/2020 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Audit Title                                                                                                                       | Outcome/Actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                   | absolute contraindications to systemic thrombolysis and to disseminate patient information leaflets to the Emergency Department (ED) and Medical Assessment Unit (MAU) once they are Trust approved.                                                                                                                                                                                                                           |
| Medical and Surgical Clinical Outcome Review Programme - In-hospital management of out-of-hospital cardiac arrest (NCEPOD)        | The aim of this study is to investigate variation and remediable factors in the processes of care of patients admitted to hospital following an out of hospital cardiac arrest. Awaiting publication of the national report/results, due date is Summer 2020.                                                                                                                                                                  |
| Medical and Surgical Clinical Outcome Review Programme – Physical Health in Mental Health Hospitals (NCEPOD)                      | The aim of this study is to identify and explore remediable factors in the physical healthcare of adult patients admitted to an inpatient mental health facility. To review the provision of services, organisational structures and the policies in place to facilitate the delivery of care to meet the physical health needs of this group of patients. This study is ongoing with minimal requirement from an Acute Trust. |
| Medical and Surgical Clinical Outcome Review Programme – Acute Bowel Obstruction (NCEPOD)                                         | The aim of this study is to identify remedial factors in the process of care of patients over the age of sixteen with both large and small intestinal obstruction. The Trust is currently undertaking a gap analysis of the recommendations made in the report; an action plan will be developed to address any areas highlighted for improvement.                                                                             |

**Appendix B – Local Clinical Audit: actions to improve quality**

Examples of local audits and the actions Portsmouth Hospitals NHS Trust intends to take to improve the quality of healthcare provided:

| LOCAL CLINICAL AUDITS                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Audit Title                                                                                                          | Comments and actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| The Utilisation of the Play Specialist with Maxillofacial patients presenting to the Paediatric Emergency Department | <p>To examine if play therapy including distraction and preparation reduces the amount of general anaesthetics with children who are required to have sutures. To see if having a play specialist in the department for sutures with the maxillofacial team reduced the amount of children having a general anaesthetic. At present there are no national guidelines on the suitability of suturing in young people.</p> <p>The audit looked at children attending the department between 1<sup>st</sup> May 2017 and 1<sup>st</sup> May 2018, the criteria included children who had been referred to the maxillofacial team. The results of the audit showed that there was a reduction in the number of children who needed a general anaesthetic when there is a play specialist present within the department. The audit highlighted the good working relationship between departments and the benefit of having a play specialist within the emergency department. This has also highlighted that the patients receive the best possible care within the department when trying to deliver the best outcome for the child without causing distress.</p> <p>Going forward from this audit the emergency department is going to hold teaching sessions on the use of play for members of the MDT. Additionally the Team will continue to monitor the input with the maxillofacial patients and audit a six month period to see if play specialist input is still reducing the number of general anaesthesia.</p>                                                                                                  |
| Use of weight adjusted Clexane dosage for thrombo-prophylaxis                                                        | <p>Evidence based guidelines for Venous thromboembolism (VTE) prevention have been widely accepted to be safe and effective for over three decades. None the less, VTE remains to be a major burden disease. Between 2013 and 2014, there were 24,700 admissions for pulmonary embolism and 19,400 for Deep vein thrombosis (DVT) in England; 50-60% of which were hospital-associated thrombosis. The purpose of this audit was to ensure that all patients admitted to the hospital receive the best evidence-based care consistent with NICE VTE Guidelines and Quality Standards; allowing healthcare professionals to select the appropriate therapy subsequently reducing VTE associated morbidity and mortality. This was a re-audit to see if improvements had been made in the accuracy of prescribing thromboprophylaxis. The standard should be 100% of patients admitted into the hospital with decreased mobility and acute illness should receive the appropriate weight adjusted thromboprophylaxis unless contraindicated. This audit highlighted that two of the three groups of patients mostly had the correct dose of thromboprophylaxis and saw an improvement on the previous audit in 2018. However there is still room for improvement. Recommendations as a result of this audit are ensuring every patient is weighed on admission, ensuring clinical staff are familiar with the hospital guidelines, adjustment to drug charts and collaboration with pharmacist to reconcile sooner regarding VTE prescriptions. An action plan has been created as a result of the recommendations.</p> |
| Improving the appropriate vetting of lumbar spine radiograph requests for chronic low back pain from primary care.   | <p>Low back pain (LBP) is extremely common, accounting annually for 2.6 million GP consultations and £2.1 billion of NHS spending. Lumbar radiographs (LXR) have limited diagnostic value in chronic LBP. To improve the appropriate use of lumbar spine radiographs for the investigation of chronic LBP the audit aimed to optimise In-house vetting of primary care LXR requests for this indication. In-house vetting of primary care LXR requests for LBP was assessed. Indicators of performance were; the percentage of radiographs performed for LBP where clinical details suggest a specific cause, judged appropriate based on guidelines. The percentage judged</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| LOCAL CLINICAL AUDITS             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Audit Title                       | Comments and actions to improve quality of healthcare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                   | inappropriate and the percentage performed despite insufficient clinical details to classify. The standard was 100% of LXR requests performed judged appropriate and 0% inappropriate or lacking sufficient clinical information. The results demonstrate that in-house vetting of LXR requests from primary care for LBP was at a good standard at baseline and that a brief and simple intervention, ensuring effective distribution of current NICE/RCR (i-refer) guidelines ( iRefer is the essential radiological investigation guidelines tool from The Royal College of Radiologists), can further improve vetting performance. With further time to allow for an increased post-intervention sample size the statistical significance of this improvement can be confirmed and it is intended to re-audit after 100 vetted LXR primary care requests post-intervention.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Fluid prescribing practice        | <p>Fluid prescription charts were audited across the seven Medicines for Older Persons (MOP) wards (G1/2/3/4 and F1/2/3). The initial audit was carried out in February 2019. In the first audit cycle 33% (n = 167) of all fluid prescriptions were appropriate as per the NICE and Trust guidelines for maintenance fluid prescribing.</p> <p>Teaching/revision of fluid prescribing practice as per the NICE and Trust guidelines should be provided in all junior doctor MOP department induction days to ensure that good practice is continued. Initial audit highlighted sub-optimal fluid prescribing practice across MOP wards.</p> <p>The audit findings were presented and delivered at a teaching session within the department to revise the NICE and PHT fluid prescribing guidelines and highlight the importance of correct fluid prescribing in the elderly population. A re-audit confirmed a significant improvement in prescribing practice leading to improved patient care.</p>                                                                                                                                                                                                                                                                                                                           |
| Protected Mealtimes service audit | <p>Protected mealtimes are periods of time during mealtimes when all non-urgent clinical activities are stopped, and patients are able to eat in peace. This time is beneficial for patients as it allows patients to eat in a calm and relaxing environment without being rushed or any interruption. This audit looked at observing ward adherence to protected mealtimes, ensuring patients are provided with an environment which promotes and encourages eating and drinking. The audit also aimed to look at ward level barriers to protected mealtimes and monitoring staffing at mealtimes to ensure appropriate staff are available and can deliver the food service delivery. The audit took place across 40 wards throughout the Trust. The wards were statistically analysed and ranked by performance. This was achieved by allocating points to areas of good, average and poor practice (green=5, orange=3 and red= 1) and deducting points (1.5) for each clinical/non-clinical interruption during protected mealtimes. These results were then correlated into a table to be analysed and reviewed. This highlighted which areas for improvement were required for individual wards as well as the trust as a whole. It also enabled the wards to see which parts of mealtimes where they performed well.</p> |



# Portsmouth Hospitals University NHS Trust

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