Portsmouth Hospitals
NHS Trust

PORTSMOUTH HOSPITALS NHS TRUST
QUALITY ACCOUNTS
2018 - 2019

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

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

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

On behalf of the Trust Board and all staff at Portsmouth Hospitals NHS Trust I am delighted to introduce our Quality Account for 2018/19.

As ever, the Trust and its staff have been dedicated throughout the last year to improving all aspects of quality. The development of a systematic approach to quality improvement has been a key focus for our clinical and non-clinical teams, and a considerable number of our colleagues have completed QSIR (Quality, Service Improvement and Re-design) training at foundation and practitioner levels. The development of a Trust-wide Quality Improvement Strategy is an important part of our plan for delivery of our strategic objectives in 2019/20.

The Trust adopted its strategy "Working Together" in July 2018. The strategy commits the Trust to delivery of a number of objectives, including the provision of 'safe, high quality patient-focussed care'. This Quality Account sets out details of the many ways in which the Trust has begun to fulfil that commitment, in line with the new Trust values

- Working together, for patients
- Working together, with compassion
- Working together, as one team
- Working together, always improving.

The Trust has continued to see significantly more patients accessing our services than we had planned over the last year, and I am proud that staff have faced the associated challenges while remaining dedicated to improving quality.

The Care Quality Commission carried out a comprehensive inspection of the Trust in April and May 2018, and visited the Trust again in February 2019 as part of the Commission's review of how trusts across the country were managing winter pressures. Both visits provided the Trust with detailed feedback about the areas where the Trust can improve the care it provides for patients and their families and carers. Responding to that feedback has been a key focus for the quality improvement work carried during 2018/19, and continues to be an important feature of plans for 2019/20.

Similarly, 2018/19 saw the further development of work with the Trust's partners in the local and regional health and social care system, and there will be even closer collaboration in the coming year as we pursue improvements to the models of delivery of care to our patient population. One of the most significant areas of progress has been in the creation of a shared assurance and improvement programme with Portsmouth and Fareham & Gosport CCGs, which will be starting in Q1 of 2019/20 after extensive development work in Q4 of 2018/19.

The Trust is delighted to have been successful during 2018/19 in securing approximately £58 million for the purpose of transforming urgent care services for the people of Portsmouth and south east Hampshire. This investment will help to improve physical facilities on the Queen Alexandra hospital site, and a further significant proportion will be used to help address other aspects of the urgent care pathway to ensure that experience for our patients is improved.

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.

Mark Cubbon, Chief Executive, Portsmouth Hospitals NHS Trust

Trust Headquarters, F Level, Queen Alexandra Hospital, Southwick Hill Road, Cosham, Portsmouth, Hampshire, PO6 3LY

Telephone: 023 9228 6877 Ext: 6670 E-mail: mark.cubbon@porthosp.nhs.uk

QUALITY IMPROVEMENT PRIORITIES 2019 / 2020

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 that are expected to have the greatest impact on reducing harm and mortality for patients and improving patient experience. From these the Patient Safety, Patient Experience and Clinical Effectiveness Steering Groups identify a number of proposed priorities.

The proposed quality priorities were presented to and approved at the Trust's Quality and Performance Committee in April.

This Quality Account and associated priorities are presented around the three domains of quality; patient safety, patient experience and clinical effectiveness, and outline the targets the Trust Board has agreed for 2019/2020.

The Account summarises the Trust's performance and improvements against the quality priorities and objectives the Trust set itself for 2018/2019 (set out in the 2017/2018 Quality Account).

The Trust constantly strives to improve the quality, safety and effectiveness of the care provided to patients and their families/carers. The Trust aims to improve services based on what patients say matters most to them. To achieve this the Trust will deliver a number of initiatives and projects to improve the quality and safety of the care provided to patients which will ultimately improve and exceed their expectations. A full range of quality measures and how the Trust is working towards achieving these will continue to be reported to the Trust Board and the Quality and Performance Committee on a monthly basis.

Portsmouth Hospitals NHS

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
* Reduce the incidence of Never Events
* Complete 90% of SI investigations within 60 days
* Develop a cohort of skilled investigators

Deteriorating Patient and Sepsis

* Increase the % of patients with suspected sepsis who receive antibiotics within 1 hour (to 90%)
* Reduce in-patient cardiac arrests and unplanned admissions to Critical Care
* Develop a plan to improve identification and timely treatment of sepsis and clinical deterioration

Timely access to emergency care Trust-wide

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

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

National Audits

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

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

PATIENT EXPERIENCE

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

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

Respect and dignity

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

Carers' support

* Increase numbers of carers identified at admission
* Improve compliance with You're Welcome (Visitors' Policy) / John's Campaign standards .

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

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

QUALITY IMPROVEMENT PRIORITIES 2018/2019 – OUR ACHIEVEMENTS

The Quality Account published in June 2018 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.

Portsmouth Hospitals NHS Trust

QUALITY ACCOUNT PRIORITIES 2018 / 2019

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

Review of performance

PATIENT SAFETY

- **Serious Incidents and Never Events**
  - Complete investigations within 60 days.
    X not achieved
  - Feedback to patient / family within 30 days of CCG sign off.
    ✓Achieved
  - Reduce number of SIRIs per 1,000 occupied bed days (5% improvement on 2017/18 baseline).
    ✓Achieved
  - Increase Root Cause Analysis (RCA) and Structured Judgement Review Training (SJR) for staff.
    ✓Achieved
- **Mortality & learning from deaths**
  - The lower limit of the Trust Hospital Standardised Mortality Ratio (HSMR) not to exceed 100.
    ✓Achieved
  - Increase number of stage 2 reviews using SJR methodology.
    ✓Achieved
  - Increase SJR and RCA training of staff.
    ✓Achieved
- **Sepsis & deteriorating patients**
  - Appointment of a dedicated Sepsis Nurse.
    ✓Achieved
  - Roll out sepsis rapid "response support".
    ✓Achieved
- **Falls & pressure injury**
  - Sustain or reduce the rate per 1,000 occupied bed days of avoidable injurious falls (2017/18 baseline).
    ✓Achieved
  - Reduce the rate per 1,000 occupied bed days of avoidable pressure injury (2017/18 baseline).
    ✓Achieved

CLINICAL EFFECTIVENESS

- **Dementia assessment**
  - Improving dementia screening assessment to ensure achievement of the national standards for dementia (to meet or exceed 90%).
    ✓Achieved
- **SSNAP National Audit**
  - To improve and sustain the Trust score of the Sentinel Stroke National Audit Programme (SSNAP) to an overall Level B.
    X not achieved
- **National Lung Cancer Audit**
  - To improve Trust standards in the National Lung Cancer Audit to ensure the expected standards are met.
    X not achieved
- **Cancelled on the day operations**
  - To reduce the number of cancelled on the day operations.
    ✓Achieved

PATIENT EXPERIENCE

- **Patient, family and carer feedback**
  - Increase access to opportunities for providing feedback, with a focus on seldom heard groups.
    ✓Achieved
- **Understanding what matters most to patients**
  - Improve our understanding of patient family and carer lived experience of care and treatment from the increased feedback opportunities.
    ✓Achieved
- **Quality Improvements**
  - Ensure service developments and quality improvements are based on what really matters most to patients, by enabling the meaningful participation of patients, families, carers and members of the local community in service design, quality monitoring and evaluation.
    ✓Achieved
- **Measuring Improvement**
  - Support the development of person centred quality improvement measures, to ensure we are measuring the right thing.
    ✓Achieved

STATEMENTS OF ASSURANCE FROM THE BOARD

Review of services

During 2018/2019 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 2018/2019 represents 98% of the total income generated from the provision of NHS services by Portsmouth Hospitals NHS Trust for 2018/2019.

Participation in clinical audits

During 2018/2019 47 national clinical audits and eight national confidential enquiries covered NHS services that Portsmouth Hospitals NHS Trust provides.

During that period Portsmouth Hospitals NHS Trust participated in 100% (47/47) national clinical audits and 100% (8/8) of the national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries in which Portsmouth Hospitals NHS Trust participated, and for which data collection was completed during 2018/2019, 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 30 national clinical audits (including a number from 2018/19 and some reports published from data supplied in 2017/18) were reviewed by the provider in 2018/2019. Appendix A highlights the actions Portsmouth Hospitals NHS Trust intends to take to improve the quality of healthcare provided.

NATIONAL CLINICAL AUDITS			
Audit title	**Details**	**Participation**	**% cases submitted**
Adult Cardiac Surgery	Audit	Not applicable	Not applicable
Adult Community Acquired Pneumonia	Audit	☑	Data collection ongoing (Dec 18 – May 19
BAUS Cystectomy Audit	Surgeon Outcomes	☑	100% (*2015-2017*)
BAUS Nephrectomy Audit	Surgeon Outcomes	☑	94% (*2015-2017*)
BAUS Percutaneous Nephrolithotomy (PCNL)	Surgeon Outcomes	☑	59 cases (*2015-2017*)
BAUS Radical Prostatectomy Audit	Surgeon Outcomes	☑	92% (*2015-2017*)
BAUS Female Stress Urinary Incontinence Audit	Surgeon Outcomes	Not applicable	Not applicable
Cardiac Rhythm Management	Audit	☑	100%
Case Mix Programme (CMP) - Intensive Care National Audit and Research Centre (ICNARC)	Audit	☑	100% (661 cases) (Apr-Sep 2018)
Elective Surgery (National PROMs Programme)	Overall Score	☑	35%
	Hip Replacement	☑	41%
	Knee Replacement	☑	30%
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database (FLS-DB)	☑	49% *(2017)*
	Hip Fracture Database	☑	100%
	Inpatient Falls Audit (NAIF)	☑	100% (2017)
Inflammatory Bowel Disease Programme (IBD Programme)	Audit	☑	Data collection ongoing
Learning Disability Mortality Review Programme (LeDeR)	Audit	☑	100%
Major Trauma Audit - Trauma Audit and Research Network (TARN)	Audit	☑	100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Audit	☑	Data collection ongoing
Myocardial Ischaemia National Audit Project (MINAP)	Audit	☑	1144 cases (Jan18 - Dec 18)
National Asthma and COPD Audit Programme	Audit	☑	68% (Apr 18 – Sep 18)
National Audit of Anxiety and Depression	Audit	Not applicable	Not applicable
National Audit of Breast Cancer in Older People (NABCOP)	Audit	☑	100%
National Audit of Cardiac Rehabilitation	Audit	☑	81%
National Audit of Care at the End of Life (NACEL)	Audit	☑	99%
National Audit of Dementia	Audit	☑	100%
National Audit of Intermediate Care	Audit	Not applicable	Not applicable
National Audit of Percutaneous Coronary Interventions (PCI)	Audit	☑	100%
National Audit of Pulmonary Hypertension	Audit	Not applicable	Not applicable

NATIONAL CLINICAL AUDITS			
Audit title	**Details**	**Participation**	**% cases submitted**
National Audit of Seizures and Epilepsies in Children and Young People	Organisation Audit	☑	100%
National Bariatric Surgery Register (NBSR)	Audit	☑	Data collection ongoing
National Bowel Cancer Audit (NBOCA)	Audit	☑	100%
National Cardiac Arrest Audit (NCAA) - ICNARC	Audit	☑	100%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Audit	☑	Data collection ongoing (May 18 - April 19)
National Clinical Audit of Psychosis	Audit	Not applicable	Not applicable
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	Audit	Not applicable	Not applicable
National Comparative Audit of Blood Transfusion Programme	Audit of massive haemorrhage	☑	100%
	Audit of O negative red cells	☑	100%
National Congenital Heart Disease (CHD)	Audit	Not applicable	Not applicable
National Diabetes Audit - Adults	Transition	☑	Data collection ongoing
	Diabetes in Pregnancy	☑	Data collection ongoing
	Inpatient Audit	☑	Data collection ongoing
	Foot Care	☑	Data collection ongoing
National Emergency Laparotomy Audit (NELA)	Audit	☑	78%
National Heart Failure Audit	Audit	☑	100%
National Joint Registry (NJR)	Audit	☑	100%
National Lung Cancer Audit (NLCA)	Audit	☑	Final dataset not available until mid-2019
National Maternity and Perinatal Audit (NMPA)	Audit	☑	Data collection ongoing
National Mortality Case Record Review Programme	Audit	☑	100%
National Neonatal Audit Programme (NNAP)	Audit	☑	100%
National Oesophago-Gastric Cancer (NOGCA)	Audit	☑	71-80%
National Ophthalmology Audit	Audit	☑	100%
National Paediatric Diabetes Audit (NPDA)	Audit	☑	289 cases
National Prostate Cancer Audit	Audit	☑	625 cases
National Vascular Registry	Audit	Not applicable	Not applicable
Neurosurgical National Audit Programme	Audit	Not applicable	Not applicable
Non-Invasive Ventilation – Adults	Audit	☑	Data collection ongoing (Feb 19 – Jun 19
Paediatric Intensive Care Audit Network (PICANet)	Audit	Not applicable	Not applicable
Prescribing Observatory for Mental Health (POMH-UK)	Audit	Not applicable	Not applicable
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - CQUINN	Antibiotic Consumption	☑	Data collection ongoing
	Antimicrobial Stewardship	☑	Data collection ongoing

NATIONAL CLINICAL AUDITS			
Audit title	**Details**	**Participation**	**% cases submitted**
Royal College of Emergency Medicine - Feverish Children	Audit	☑	100%
Royal College of Emergency Medicine - Vital Signs in Adults	Audit	☑	100%
Royal College of Emergency Medicine - VTE risk in lower limb immobilisation	Audit	☑	100%
Sentinel Stroke National Audit Programme (SSNAP)	Audit	☑	>90%
	Organisational	☑	100%
Serious Hazards of Transfusion (SHOT): UK National Haemo-vigilance Scheme	Audit	☑	100%
Seven Day Hospital Services	Audit	☑	100%
Surgical Site Infection Surveillance Service	Audit	☑	Data collection ongoing
UK Cystic Fibrosis Registry	Audit	Not applicable	Not applicable

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 – Long Term Ventilation	☑	Ongoing
National Confidential Enquiry into Patient Outcomes and Death – Cancer in Children, Teens and young adults	☑	100%
National Confidential Enquiry into Patient Outcomes and Death – Peri-operative Diabetes	☑	75%
National Confidential Enquiry into Patient Outcomes and Death – Heart Failure	☑	100%
National Confidential Enquiry into Patient Outcomes and Death – Pulmonary Embolism	☑	Ongoing
National Confidential Enquiry into Patient Outcomes and Death – Bowel Obstruction	☑	Ongoing
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	Not applicable	Not applicable

The reports of five local clinical audits were reviewed by the provider in 2018/2019. Appendix B shows examples of local audits and the actions Portsmouth Hospitals NHS Trust intends to take to improve the quality of healthcare provided.

Research: participation in clinical research

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

The number of patients receiving NHS services provided or sub-contracted by Portsmouth Hospitals NHS Trust in 2018/2019 recruited during that period to participate in research approved by a research ethics committee was 11,653. Of these patients, 11,533 (99%) were recruited into clinical studies adopted onto the National Institute for Health Research (NIHR) Portfolio, with 120 (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. The Trust's clinical staff stay abreast of the latest possible treatment possibilities, and active participation in research leads to improved patient outcomes.

During 2018/2019, Portsmouth Hospitals NHS Trust participated in a total of 354 clinical research studies; 86% of these studies were NIHR Portfolio adopted. More than 25 clinical departments participated in research approved by a research ethics committee at Portsmouth Hospitals NHS Trust during 2018/2019, covering a number of specialities and clinical support departments.

Goals agreed with Commissioners

Portsmouth Hospitals NHS Trust income in 2018/19 was not conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation (CQUIN) payment framework, as the Trust's CCG income from most CCGs was agreed as an overall year-end settlement, and did not rely on detailed CQUIN performance.

NHS England CQUIN performance has yet to be determined and agreed as part of month 12 finance discussions.

Statements from the Care Quality Commission (CQC)

The CQC published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018, and rated the Trust as 'Requires Improvement'. In response to its findings during the inspection, the CQC issued the Trust with a list of 54 requirements and 71 recommendations. The Trust was also formally served with a notice under section 29A of the Health & Social Care Act 2012 requiring action to be taken by 31st October 2018. A quality recovery plan was produced to help steer the Trust back to full compliance with its regulatory obligations. Management of the actions required is led clinically by divisions, and overseen by the Quality Recovery Group chaired by the Chief Executive each month.

A number of enforcement actions that had previously been in place and reported in the 2017/18 annual report have now been removed by the CQC in response to the improvements the Trust has made.

These include:

Notice issued under section 31 (AMU) issued 3rd March 2017

The notice imposed a condition on the Trust's CQC registration, requiring the Trust to ensure sufficient staff (numbers and skill mix) are available to meet the needs of patients in AMU and the GP triage referral area, and to ensure appropriate Standing Operating Procedures are in place. The Trust was required

to report fortnightly against these Conditions. Condition removed 19th October 2018.

Notice issued under section 31 (Mental Health) issued 12th May 2017
The notice imposed conditions on the Trust's CQC registration requiring

- the provision of adequate numbers of suitably qualified and competent staff to provide safe, good quality care to patients with mental health problems in the Emergency Decision Unit
- the completion of appropriate risk assessments and treatment plans are completed for patients presenting to the ED
- the identification and oversight of vulnerable patients across the organisation
- The appropriate application of Deprivation of Liberty Safeguards and the Mental Capacity Act

The Trust was required to report weekly against these conditions.

All Conditions were removed 27th December 2018, with the exception of "The Registered Provider must ensure that Deprivation of Liberty Safeguards are applied as per the requirements of Mental Capacity Act, 2005, prior to depriving a person of their liberty". This condition remains in place and the Trust continues to oversee and manage improvement, supported by the oversight process detailed below.

Notice issued under Section 31 (Diagnostic and Screening Procedures) issued 28th July 2017
The notice imposed a condition on the Trust's CQC registration requiring weekly reporting on the backlog of radiology reporting. Following the clearing of the backlog, the condition was removed 20th December 2018.

As a result of the enforcement notices in place, the Trust must declare itself as not fully compliant with the registration requirements of the Care Quality Commission.

Data quality

Portsmouth Hospitals NHS Trust submitted records during 2018/2019 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 (mid 2018-2019, focusing on the previous 12-months) show the following data quality scores:

Included the patient's valid NHS number:

- 97.87% for admitted patient care (national average 99.3%)
- 99.95% for outpatient care (national average 99.4%)
- 99.27% for accident and emergency care (national average 97.7%)

Included the patient's valid General Medical Practice Code:

- 99.97% for admitted patient care (national average 98.4%)
- 99.97% for out-patient care (national average 98.9%)
- 98.74% for accident and emergency care (national average 99.3%)

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

- Continuing to review processes that promote delivery against the Data Security and Protection (DSP) Toolkit metrics relating to data quality
- Ensuring all data quality procedures are reviewed regularly and up to date

- Ensuring all data submission standard operating procedures detail proxy/ready reckoner values for reference
- Maintaining completeness and validity checks, as detailed specifically within the DSP Toolkit.
- Maintaining governance arrangements to ensure PAS / Data Warehouse / master files are kept up to date (including GP Details, Patient Address)

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

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 the 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 2018/2019 was 'standards not met' because it was able to make only 98 of 100 required statements. The Trust has submitted an improvement plan for the two areas where assurances could not be given. NHS Digital has evaluated the improvement plans and is satisfied with them, and has consequently changed the score to 'standards not fully met (Plan Agreed)'.

The Trust reported five serious incidents to the Information Commissioner's Office (ICO). One remains open and relates to personal information about Trust patients being accessed by an employee of Southern Health NHS Foundation Trust. The remaining four are all closed and no further action was required to be undertaken by the Trust.

Learning from deaths

- During 2018/2019, 2,222 of Portsmouth Hospitals NHS Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
  - 570 patients died in Q1
  - 522 patients died in Q2
  - 497 patients died in Q3
  - 633 patients died in Q4

- By 31st March 2019, 2,000 case record reviews had been carried out. This figure includes all inpatient deaths, with the exception of 10 cases. All cases from September onwards were subject to a case record review. 363 investigations [1] have been carried out in relation to 2,001 of the deaths included in first bullet point (inpatient). In addition, 221 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 493

[1] Investigations equal review by the relevant morbidity and mortality meeting.

- Q2 468
- Q3 450
- Q4 589

The number of deaths in each quarter for which an investigation was carried out was:

- Q1 131
- Q2 109
- Q3 97
- Q4 26

This data reflects completed investigations only, those still ongoing, particularly from quarter 3 and 4, are not be included in the numbers above.

- 11 cases, representing 0.49% 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. All cases received further investigation, and 10 of these were subject to a Serious Incident investigation. Four of the cases have since been deemed unavoidable and two cases were felt to have been possibly avoidable but not very likely.

  In relation to each quarter, this consisted of:

  - Seven, representing 1.23% for the first quarter (2 cases subsequently downgraded).
  - One, representing 0.04% for the second quarter (case subsequently downgraded).
  - One, representing 0.04% for the third quarter.
  - Two, representing 0.09% for the fourth quarter (both currently being investigated).

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

- 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 improvement in the number of patients wishing to receive end of life care in a non-hospital setting who are being discharged to their preferred place of care using the Fast Track process. However there continue to be a significant number of cases where appropriate and timely anticipatory care planning could have prevented an admission to hospital for end of life care. There are also patients who suffer significant delays in their discharge processes and subsequently deteriorate.

- 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. Early discussions have been initiated with the CCG regarding development of support for patients at end of life due to lung cancer. This group of patients has been identified as particularly difficult to manage at home due to their symptoms, and often present to the hospital for palliative care. 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.

- There has been a further improvement in the documentation of decision making around end of life care and a noticeable increase in the number of patients where ceiling of care is clearly identified early in the patient's inpatient stay, particularly in specialties which have been attending the MRP for a longer period. Improvements in documented anticipatory planning for patients being discharged from the Trust have been sustained, although the

impact on this in reducing the number of patients admitted for end of life care has not been demonstrated.

- 26 case reviews and 175 investigations completed after 31st March 2018 related to deaths which took place before the start of the reporting period.

- One case, representing 0.13% of the patient deaths before the reporting period, was judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the case review methodology. Following further investigation this case was subsequently downgraded.

- Five cases, representing 0.2% of the patient deaths during 2017-18, were judged to be more likely than not to have been due to problems in the care provided to the patient, although four of these cases were subsequently downgraded.

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

Substantial evidence exists which indicates significant variation across the NHS in England in outcomes for patients admitted to hospitals in an emergency at the weekend, rather than on a week day. 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 conduct baseline assessments of the provision of seven day services. The tool enabled Trusts to self-assess current level of service provision, using nationally agreed definitions, and helped understand local needs and requirements to deliver extended services.

The Trust has participated in all six national surveys to date, the last five by using the online tool described above. The results for all four priority clinical standards were initially satisfactory and encouraging, and following a sustained effort by many colleagues in different specialties, the Trust has witnessed a significant improvement in performance which led to full compliance for all four priority clinical standards in the spring 2018 survey. Benchmarking shows the Trust is above the national average for clinical standards 2 and 8. The results also confirm that Trust compliance at weekends is very similar to that for weekdays.

Freedom to Speak Up (FTSU)

Everyone who works at the Trust should feel free to speak up, even when they are not sure whether there is a serious issue at stake or not. The Trust's senior managers and Board are committed to providing an honest and open culture.

Set out below are the ways in which staff can speak up, details of how the Trust ensures that staff who do speak up do not suffer detriment, and the different methods staff can use to speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

- New Freedom to Speak up (FTSU) Guardian has been in post since January 2018, supported by 20 FTSU Advocates
- The FTSU Guardian can be contacted by confidential email, telephone extension or mobile, and there is also a section within DATIX where staff can raise a concern – this has the option to submit a concern anonymously if required.
- Whistleblowing hotline and a 'respect me' hotline; these will be amalgamated in the early part of 2019
- FTSU is included in corporate induction for all new starters and is part of the essential training programme
- There is a dedicated web page for FTSU that contains information on FTSU as well as all of the contact details for the Guardian and the advocates
- There are named executive director and nonexecutive leads for FTSU
- The Guardian meets with both the Chief Executive and the executive director lead for FTSU (Director of Governance & Risk) on a monthly basis
- The Guardian is well supported by senior management teams and is confident that items that need to be escalated are managed in an appropriate and timely manner
- All 'cases' that come through the FTSU route are followed up/supported until they are closed so feedback is naturally given
- Regular contact is maintained where required to ensure that no person who speaks up suffers detriment, and to date there have been no cases where detriment has been identified
- The majority of concerns that come through FTSU are managed appropriately at a local level, without requirement to escalate
- A quarterly report is submitted and presented by the FTSU guardian at both the Workforce & Organisational Development Committee and Trust Board - this report is then made available on the FTSU web pages
- The FTSU Guardian submits quarterly FTSU data to the National Guardian's Office.

NATIONAL QUALITY PRIORITIES

The following are a core set of indicators which are to be included in the 2018/19 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: http://content.digital.nhs.uk/qualityaccounts).

National Quality Priorities

Preventing people from dying prematurely. Enhancing quality of life for people with long-term conditions

SHMI	July 2016 – June 2017		October 2016 – September 2017		October 2017 – September 2018	
	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
The banding of the summary hospital-level mortality indicator ("SHMI") for the Trust.	As expected (2)	As expected (2)	As expected (2)	As expected (2)	As expected (2)	As expected (2)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust. The palliative care indicator is a contextual indicator	21.50%	31.10%	23.10%	31.50%	29.2%	33.6%

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 intends to, or has taken the following actions to improve mortality and harm, and so the quality of its services:

- Maintaining a sustained focus on mortality, ensuring all mortality data, provided from both internal and external sources, is reviewed by the Trust's Mortality Review Group
- Undertaking case review of all inpatient deaths, both adult and child, through the multi-professional mortality review panel
- Increasing the number of in-depth case reviews, using Structured Judgement Review (SJR) methodology, to include of all cases of concern identified by Dr Foster and/or initial case review with an internal Trust aim of completing SJRs on 5% of all cases
- Continued development of the electronic Mortality Review Tool to improve the depth and quality of data collected during mortality reviews, enabling better identification of any issues, their reporting for action and sharing of learning outcomes.

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)	April 2015 – March 2016				April 2016 – March 2017				April 2017 – March 2018			
	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
Varicose vein surgery	*	0.096	0.15	0.018	*	0.092	0.155	0.01	*	0.095	0.134	0.034
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
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

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.

*Data not published due to small numbers of procedures.

National Quality Priorities

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

Re-admission within 28 days of being discharged	
Percentage of patients aged 0 to 15	Data not updated since 2013.
Percentage of patients aged 16 or over	

Trust statement

A statement on the NHS Digital Website shows that there is a methodology problem which has not been resolved since 2014; NHS Digital is hoping to produce its first report for several years later in 2019. This is a national issue and not a Trust specific issue.

A Nuffield paper from 2018 shows that national hospital readmission rates have been increasing over recent years from 7.5% in 2010/11 to 8.0% in 2016/17. This would suggest that the Trust's reported figures below are within the national range but have shown an annual increase in line with the picture seen in the whole country.

National Quality Priorities

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

Re-admission within 28 days of being discharged

The Nuffield paper from 2018, describes 'changes in readmission rates over time may reflect differences in the patient population, with more severely ill and older patients being more likely to be admitted. When taking account of this via risk adjustment, the rate of readmissions is broadly stable, suggesting that quality of care has been maintained.

Examples of strategies adopted in the Trust and across the local health economy to reduce readmissions include the development of community integrated services such as those available for respiratory and heart failure patients, where discharged patients are reviewed by nurse specialists in the community with consultant support and advice available. The Trust's ward teams are increasingly using virtual follow-up strategies to prevent readmissions and reduce the burden on patients and their families to return for outpatient appointments - strong examples of this are found in AMU and respiratory.

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015/16	Total Patients Discharged	9228	9115	9648	9990	9239	9715	10103	9579	9455	9365	9428	10617	115482
	Total readmissions	581	577	603	690	682	648	655	564	605	588	616	616	7425
	Percentage	6.3%	6.3%	6.3%	6.9%	7.4%	6.7%	6.5%	5.9%	6.4%	6.3%	6.5%	5.8%	6.4%
2016/17	Total Patients Discharged	9553	10017	10291	9922	10269	10302	10333	10336	9510	10045	9101	11001	120680
	Total readmissions	600	663	693	635	697	714	687	710	691	705	612	766	8173
	Percentage	6.3%	6.6%	6.7%	6.4%	6.8%	6.9%	6.6%	6.9%	7.3%	7.0%	6.7%	7.0%	6.8%
2017/18	Total Patients Discharged	9346	10241	10356	10204	9875	9878	10169	10267	9127	9386	9091	9938	117878
	Total readmissions	719	675	699	748	729	698	750	731	722	631	635	711	8448
	Percentage	7.7%	6.6%	6.7%	7.3%	7.4%	7.1%	7.4%	7.1%	7.9%	6.7%	7.0%	7.2%	7.2%
2018/19	Total Patients Discharged	9875	10438	10421	10460	10469	9791	10892	10947	10119	10904	9918	0	114234
	Total readmissions	664	746	778	781	798	747	877	766	794	831	701	0	8483
	Percentage	6.7%	7.1%	7.5%	7.5%	7.6%	7.6%	8.1%	7.0%	7.8%	7.6%	7.1%	No Data	7.4%

National Quality Priorities

Ensuring that people have a positive experience of care.

In-patient survey	April 2016 – March 2017				April 2017 – March 2018			
	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

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 taken action by:

- Increasing the access to feedback opportunities for people from seldom-heard groups to ensure the views received are more representative of the hospital community
- Using feedback to inform service improvement and practice changes
- Developing continuous feedback systems by working with local community groups.

National Quality Priorities

Ensuring that people have a positive experience of care.

National Staff Survey results	2017				2018			
	PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest
National Staff Survey results (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%

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 taken action to improve this percentage, and so the quality of its services, by:

- Commencing, in April 2018, a three stage Culture and Leadership programme to be implemented over three years to develop strategies which deliver collective and compassionate leadership and aims to create high quality care cultures. Having identified improvement recommendations in Phase 1 'Discover', the current Phase 2 'Design' is designing the interventions required to address those recommendations. Using a best practice toolkit and led by a team of trained Change Agents with full support from the Board, the Trust will:
- Define a leadership culture to deliver the Trust's strategy, values and behaviours ethos
- Develop a leadership model(management and clinical)
- Create and implement a comprehensive leadership development plan aligned to the business strategy and leadership model
- Gain insight into current and future leadership capacity, skills, capabilities, structures and roles
- Examine and address core HR business processes

National Quality Priorities Ensuring that people have a positive experience of care.								
National Staff Survey results	**2017**				**2018**			
	PHT	**National Average**	**Highest**	**Lowest**	**PHT**	**National Average**	**Highest**	**Lowest**
• Examine and address equality and diversity and staff health and wellbeing								

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**
A&E - patients who would recommend the Trust as a provider of care to their friends or family	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%
	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%

National Quality Priorities

Ensuring that people have a positive experience of care.

National Staff Survey results			2017				2018			
			PHT	National Average	Highest	Lowest	PHT	National Average	Highest	Lowest
	Feb-17	117,835	1,197	930,633	8,308	12.70%	14.40%	87%	94%	7%	2%

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 taken action by:

- Increasing access to feedback opportunities for people from seldom-heard groups to ensure the views received are more representative of the hospital community
- Using feedback to inform service improvement and practice changes
- Developing continuous feedback systems by working with local community groups.

National Quality Priorities

Ensuring that people have a positive experience of care.

Inpatients - patients who would recommend the Trust as a provider of care to their friends or family	Reporting period	Total Responses		Total Eligible		Response Rate		Score (% recommend)		Score (% not recommend)	
		England	PHT	England	PHT	England	PHT	England	PHT	England	PHT
Inpatients - patients who would recommend the Trust as a provider of care to their friends or family	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%

National Quality Priorities

Ensuring that people have a positive experience of care.

National Staff Survey results			2017					2018			
			PHT	National Average	Highest	Lowest		PHT	National Average	Highest	Lowest
	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%
	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%

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 taken action by:

- Increasing access to feedback opportunities for people from seldom heard groups to ensure the views received are more representative of the hospital community
- Using feedback to inform service improvement and practice changes
- Developing continuous feedback systems by working with local community groups.

National Quality Priorities

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

VTE Risk Assessment Percentage of patients receiving a VTE Risk Assessment	PHT	National Average	Highest	Lowest
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%
Quarter 2 2017-18	95%	95%	100%	72%
Quarter 1 2017-18	96%	95%	100%	51%
Quarter 4 2016-17	95%	95%	100%	63%

National Quality Priorities Treating and caring for people in a safe environment and protecting them from avoidable harm.				
VTE Risk Assessment Percentage of patients receiving a VTE Risk Assessment	**PHT**	**National Average**	**Highest**	**Lowest**

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 taken action to improve this percentage, and so the quality of its services, by:

- reviewing and updating the electronic system used for accessing the risk assessment to improve visibility and therefore compliance
- working to identify a new Consultant lead for Thrombosis to help support the embedding of processes and actions to improve compliance further
- reviewing and updating its VTE policy in line with NICE guideline NG89.

National Quality Priorities

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

Rate per 100,000 bed days of c.Difficile infection	**April 2015 – March 2016**				**April 2016 – March 2017**				**April 2017 – March 2018**			
	PHT	**National Average**	**Highest**	**Lowest**	**PHT**	**National Average**	**Highest**	**Lowest**	**PHT**	**National Average**	**Highest**	**Lowest**
Rate per 100,000 bed days of c.Difficile infection amongst patients aged 2 or over	8.4	14.9	67.2	0	9.2	13.2	82.7	0	13.3	14	91	0

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 taken the following actions to improve this rate, and so the quality of its services, by:

1. 2018-2019 has been one of the most successful years in terms of the Trust's c.Difficile performance – the Trust has the lowest rate of c.Difficile infections in the Hampshire and Isle of Wight region (Public Health England (PHE) benchmarking data)
2. The decrease in the number of cases is due to two main factors:-
   - I. Increased focus on cleaning and decontamination
   - II. Increased focus on antimicrobial stewardship
3. The rate of C.difficile attributed to the Trust in the coming year is going to increase significantly due to a substantial change in the case attribution algorithm, which means that every patient diagnosed with c.Difficile who has attended the Trust in the preceding 4 weeks is automatically attributed to the Trust's trajectory of cases.
   - Further reduction in the rate of c.Difficile infections can be attained through the early and appropriate sampling of patients, even in the outpatient setting.

National Quality Priorities Treating and caring for people in a safe environment and protecting them from avoidable harm.												
Patient Safety Incidents (per 1,000 bed days) (Acute non-specialist)	**October 2016 – March 2017**				**April 2017 – September 2017**				**Oct 2017 – March 2018**			
	PHT	**National Average**	**Highest**	**Lowest**	**PHT**	**National Average**	**Highest**	**Lowest**	**PHT**	**National Average**	**Highest**	**Lowest**
Number of patient safety incidents	7108	5122	14506	1301	768	5226	15228	1133	751	5449	19897	1311
Rate of patient safety incidents	39.2	41.1	69	23.1	42.6	42.8	111.7	23.5	41.4	42.6	124	24.2
Number of patient safety incidents that resulted in severe harm or death	44	19	92	1	50	18	121	0	60	19	99	0
% of patient safety incidents that resulted in severe harm or death	0.24%	0.15%	0.53%	0.01%	0.28 %	0.15%	0.64%	0.00%	0.33 %	0.15%	0.55%	0.00%

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

- Working with staff to improve understanding of the importance of identification and reporting of patient safety concerns
- Continuing to review and refine the incident reporting form within the Datix system to encourage use and provide a more usable source of data
- Undertaking a full review and redesign of the Trust incident review process, including serious incident panels and investigations, to improve consistency of approach and reduce unnecessary investigations
- Continuing to develop and strengthen investigation and shared learning processes to simplify refine and extract relevant lessons
- Improving the timeliness and robustness of overview of actions developed via investigations to ensure these are completed and effective

REVIEW OF QUALITY PERFORMANCE

This part of the Quality Account provides an overview of how the Trust has performed against quality initiatives in 2018/2019. 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.

The identified quality priorities for 2019/2020 aim to address the above concerns, amongst other priorities, and to improve patient safety, experience and outcomes.

Patient Safety

Introduction

During the first year since its inception in 2017 the Senior Patient Safety Team (SPST) has focussed on a number of key priorities, including but not limited to, Serious Incidents Requiring Investigation (SIRIs) and Never Events, mortality and learning from deaths, sepsis and the deteriorating patient, and falls and pressure ulcers. Following on from these the team has agreed updated priorities for the forthcoming year.

These priorities are

- 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 will continue to oversee and support improvement in the following areas:

- Learning from deaths
- Reducing patient harm from Pressure ulcers and inpatient falls
- Reducing the number of healthcare associated infections
- Reducing patient harm from medication safety events

QUALITY ACCOUNT PRIORITIES 2018 / 2019

PATIENT SAFETY

How did we do?

- **Serious Incidents and Never Events**
  - Complete investigations within 60 days. — X not achieved
  - Feedback to patient / family within 30 days of CCG sign off. — ✓ Achieved
  - Reduce number of SIRIs per 1,000 occupied bed days (5% improvement on 2017/18 baseline). — ✓ Achieved
  - Increase Root Cause Analysis (RCA) and Structured Judgement Review Training (SJR) for staff. — ✓ Achieved
- **Mortality & learning from deaths**
  - The lower limit of the Trust Hospital Standardised Mortality Ratio (HSMR) not to exceed 100. — ✓ Achieved
  - Increase number of stage 2 reviews using SJR methodology. — ✓ Achieved
  - Increase SJR and RCA training of staff. — ✓ Achieved
- **Sepsis & deteriorating patients**
  - Appointment of a dedicated Sepsis Nurse. — ✓ Achieved
  - Roll out sepsis rapid "response support". — ✓ Achieved
- **Falls & pressure injury**
  - Sustain or reduce the rate per 1,000 occupied bed days of avoidable injurious falls (2017/18 baseline). — ✓ Achieved
  - Reduce the rate per 1,000 occupied bed days of avoidable pressure injury (2017/18 baseline).

Serious incidents and never events

COMPLETE INVESTIGATIONS WITHIN 60 DAYS ✖

FEEDBACK TO PATIENT/FAMILY WITHIN 30 DAYS OF CCG SIGN OFF ✓

REDUCE NUMBER OF SIRIS PER 1000 OCCUPIED BED DAYS (5% IMPROVEMENT ON 2017/18 BASELINE) ✓

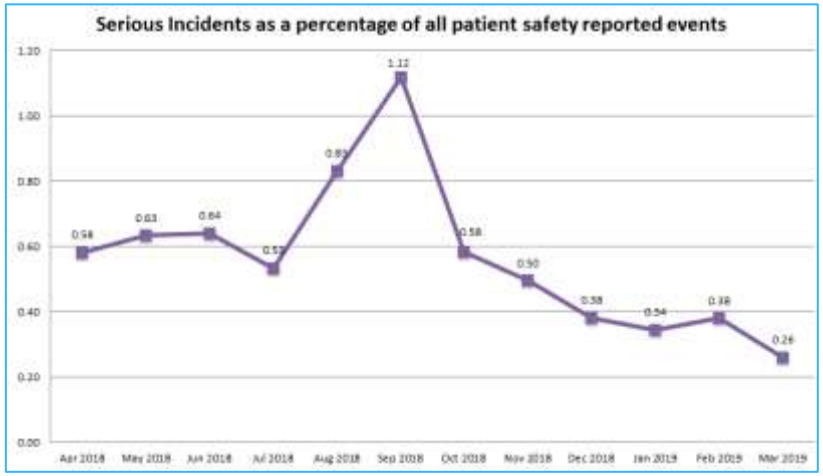
INCREASE ROOT CAUSE ANALYSIS (RCA) AND STRUCTURED JUDGEMENT REVIEW (SJR) TRAINING FOR STAFF ✓

The Trust has implemented a new process for the review and management of SIRIs within the organisation. This commenced in October 2018 with the establishment of a weekly incident review panel. Cases occurring in the previous seven days are triaged by the SPST and are then presented to the panel by a senior clinician involved in the patient's care. Each case is discussed in order to confirm the severity of harm and the opportunity for learning. Decisions are made regarding the type of investigation required and any immediate actions that should be put in place to reduce the risk of recurrence.

The Trust continues to face challenges in completing SIRI 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 SIRI process, removing unnecessary delays.

The objective of providing feedback to patients and families within 30 days of sign off by the CCG of completed SIRI investigations has been achieved. In addition, the Trust has worked to improve the involvement of patients and families in the investigation process, offering them the opportunity to have their questions and concerns addressed as part of the investigation. Patients and families are offered the opportunity to meet to discuss the final report so that any additional questions can be answered in a timely way.

There has been a reduction in the rate of SIRIs as a percentage of patient safety incidents, as demonstrated in the adjacent graph. The number of SIRIs per 1000 bed days has reduced.



Mortality & learning from deaths

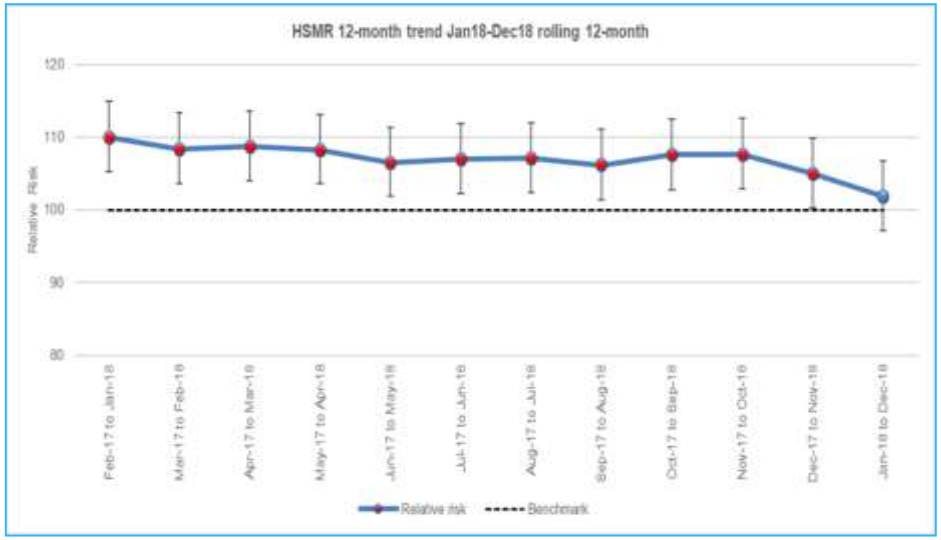
The lower limit of the trust hospital standardised mortality ratio (HSMR) not to exceed 100 ✓

Increase number of stage 2 reviews using SJR methodology ✓

Increase SJR and RCA training of staff ✓

The Trust has continued to develop and embed the principles and processes involved in ensuring effective learning from deaths. The Mortality Review Panel (MRP) now undertakes a case review of all inpatient deaths, including any in-hospital child deaths. The Mortality Review Group (MRG), chaired by the medical director, meets monthly to scrutinise all data and information relating to learning from deaths, and formally reports to the Board on key work-streams and outcomes.

The Trust HSMR is at its lowest level for over three years and is now as expected. HSMR for January to December 2018 was 101.9 with the lower confidence interval below 100- see adjacent graph.



The number of cases reviewed using the SJR methodology has increased but remains below 2% of all deaths. The Trust has therefore identified an internal target of 5% of deaths to be reviewed using the SJR approach.

Actions to increase the number of deaths subjected to SJR have been identified and include

- Introduction of a process to provide MRP members with guidance on which cases should be referred for SJR or as potential Serious Incidents
- Development of the Mortality Review Tool (MRT) to enable SJR requests to be sent directly to the SPST. This will ensure no requests are missed and also enable reporting on numbers requested, rather than numbers completed
- Database of SJR trained staff to be created to ensure staff are completing reviews

Sepsis & deteriorating patients

Appointment of a dedicated Sepsis Nurse ✓
Roll out sepsis rapid response support ✓

The Trust has appointed a Specialist Nurse for Improving Patient Outcomes whose role incorporates the improvement of sepsis identification and management. The nurse was appointed last year and commenced in post in January 2019. The post holder is working collaboratively with the Deteriorating Patient Group to address the issues leading to delays in the identification and prompt treatment of sepsis. Processes to improve data collection and data quality have been put in place to enable improved understanding of the areas for improvement.

The 'Time to Act' project has been rolled out across the Trust, designed to improve the timely identification and management of deteriorating patients. This programme is supported by the Deteriorating Patient Group and has started to demonstrate improvements in patient care and treatment.

Falls & pressure injury

Sustain or reduce the rate per 1,000 occupied bed days of avoidable injurious falls (2017/18 baseline) ✓
Reduce the rate per 1,000 occupied bed days of avoidable pressure injury (2017/18 baseline) ✓

The Trust has reported a reduction of 14% in the number of injurious falls (severe or moderate harm) since 2017/18. Factors identified as contributing to the reduction include: continued development and roll out of the approaches used in the Falls Collaborative work commenced in 2017; the use of post- falls reviews to identify modifiable risk factors and learning; the use of simulation training to improve staff awareness, knowledge and response, and the introduction of a revised falls assessment and care plan.

The Trust has reported a reduction of 15% in overall incidence of hospital acquired pressure damage in 2018/19 compared to 2017/18. Factors identified as contributing to the reduction include the introduction of the 'Purpose T' risk assessment tool in April 2018; continued targeted training sessions (both Trust wide and within specific clinical areas), the use of pressure ulcer reviews within the clinical area to identify learning with clinical teams at the time of the event; adoption of the national consensus guidance on removal of the terms 'avoidable' and 'unavoidable', and moving the focus of investigation to the learning.

Both falls and pressure ulcers are now investigated using a new template which is designed to improve the speedy identification of areas of learning and root cause of incidents, to enable investigations to be completed in a more timely way with the emphasis on the learning and actions to reduce risk of recurrence.

Clinical Effectiveness / Outcomes

Due to the changes in the structure of the organisation, namely the introduction of Divisions, it has been identified that the Clinical Effectiveness Steering Group (CESG) required review to ensure appropriate accountability, ownership and appropriate levels of assurance by the Divisions. A complete review of the Group has been undertaken and new Terms of Reference have been developed.

QUALITY ACCOUNT PRIORITIES 2018 / 2019

CLINICAL EFFECTIVENESS

How did we do?

- **Dementia assessment**
  - Improving dementia screening assessment to ensure achievement of the national standards for dementia (to meet or exceed 90%).

  ✓Achieved
- **SSNAP National Audit**
  - To improve and sustain the Trust score of the Sentinel Stroke National Audit Programme (SSNAP) to an overall Level B.

  X not achieved
- **National Lung Cancer Audit**
  - To improve Trust standards in the National Lung Cancer Audit to ensure the expected standards are met.

  X not achieved
- **Cancelled on the day operations**
  - To reduce the number of cancelled on the day operations.

  ✓Achieved

Dementia assessment

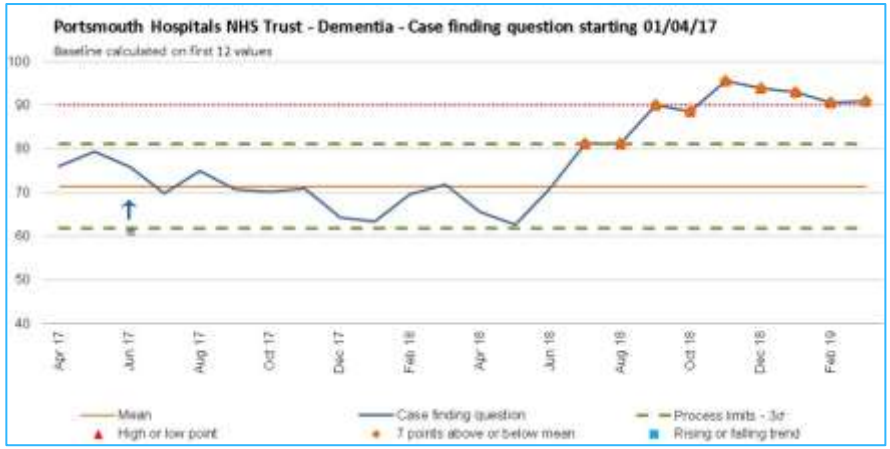
Improving dementia screening assessment to ensure achievement of the national standards for dementia (to meet or exceed 90%) ✓

There is a national requirement to assess all patients over the age of 75 who are admitted through the unscheduled care pathway, with a target of 90% per month.

A steady increase in compliance with dementia screening has been seen since June 2018. The Trust has reported compliance with the national dementia screening target since November 2018.

Actions taken to achieve compliance:

- Appointment of Senior Lead Nurse (SLN) - Dementia and End of Life Care to drive forward compliance
- Dedicated support from the Chief Nurse and Divisional Management Teams
- Daily review of all outstanding dementia assessments; report sent daily to the Senior Lead Nurse – Dementia and End of Life Care for review
- List of patients sent to individual Care Group teams
- Monitoring and support of every patient to ensure that no breaches of the dementia assessment standard completed daily by the SLN, in discussion with ward level medical staff
- Focus on outstanding assessments on Fridays and Mondays to cover weekend admissions
- Improved and sustained focus on AMU and SAU to ensure that the dementia assessment is completed as part of the patient's admission



SSNAP National Audit

To improve and sustain the Trust score of the Sentinel Stroke National Audit Programme (SSNAP) to an overall Level B ✖

The Trust has seen a reduction in performance from a Level B to C. This is an indication of the difficulties around flow and managing unscheduled care demand, in addition to the ongoing workforce shortages.

Despite the challenges currently faced, the service remains committed to improving its SSNAP performance, as it reflects progress in standards of care and outcomes for patients.

Summary of actions to be taken:

- Improve CT scan <1hr performance to SSNAP Level A standard
- Improve direct admission to a specialist stroke ward <4hrs performance to SSNAP Level B standard
- Improve swallow screen <4hrs performance to SSNAP Level A standard
- Improve Speech and Language Therapy (SLT) Assessment <72hrs to SSNAP Level C standard

National lung cancer audit

To improve Trust standards in the National Lung Cancer Audit to ensure the expected standards are met ✖

The National Lung Cancer Audit (NLCA) on the quality of lung cancer care for patients diagnosed between 1st January and 31st December 2016 was published in January 2018. The audit highlighted a few areas requiring improvement in terms of surgical and chemotherapy treated cases, and identified the Trust as an outlier for three areas. A detailed action plan was submitted to the National Lung Cancer Audit.

Local monitoring of improvements in NLCA Data Results for Patients Diagnosed in the first half of 2017 revealed:

- Performance Status (PS) recording has improved from 75.1% to 80.2% (audit standard 90%)
- The number of patients seen by a lung Clinical Nurse Specialist has improved from 54.1% to 65.5% (audit standard is 90%)
- A slight improvement in patients receiving anti-cancer treatment from 55.5% to 56.9%; area requires further improvement (audit standard is 60%)
- Non-small cell lung cancer treatment with chemotherapy improved from 55.9% to 60% (audit standard is 65%)
- Small cell lung cancer treatment has improved from 65% to 76.6% (audit standard is 70%)
- Surgical resection rates have improved from 10.5% to 14.1% audit standard is 17%)
- Curative treatment rates have improved from 61.3% to 75% (audit standard is 80%)
- Survival rates have improved from 32.7% to 42.1% (audit standard is 42 %)

Cancelled on the day operations

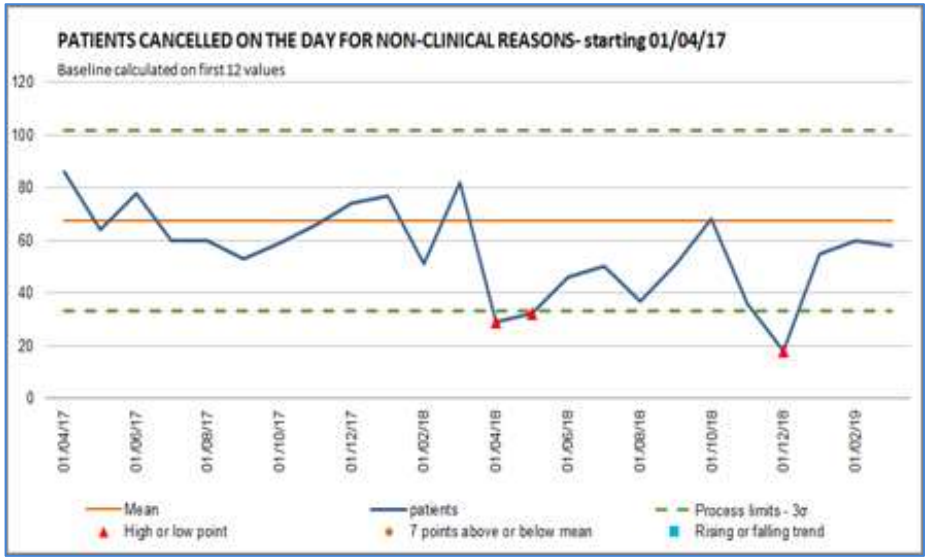
To reduce the number of cancelled on the day operations ✓

The Trust has seen a reduction in the number of patients whose operations were cancelled on the day due to non-clinical reasons.

This is thought to be due to a number of factors including:

- Introduction of a text messaging service, supporting reduction of patients who fail to attend for their procedure
- introduction of a weekly meeting with the Surgery colleagues, resulting in a reduction of operations cancelled because they are no longer necessary.
- bed availability has been consistent and controlled in quarter 3

There has, however, been an increase in quarter three in the number of cancellations due to patients being unfit for surgery. Pre-Op Assessment pathways are currently being reviewed to address contributory issues including medicines management and patient information.



Work continues to reduce these numbers by all specialities through the Theatre Utilisation Group (TUG) meeting weekly to monitor the number of operations cancelled on the day, late starts and early finishes, as well as in session utilisation. This group is chaired by the Care Group Manager for Critical Care, Theatres, Anaesthetics and Hospital Sterilisation and Disinfection Unit (HSDU) and reports to the Network Services and Surgery and Outpatients Divisions, as well as the Clinical Delivery Division.

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 Trust is proud to have a vibrant community of volunteers who support the Trust in its endeavours to meet the expectations of patients and their families. The Trtust is now moving towards 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. Over the next year, the Trust will integrate patients and community representatives into the developing Quality Improvement Strategy, ensuring that the Trust focuses on what matters to patients rather than what Trust staff, as health professionals, believe is important.

QUALITY ACCOUNT PRIORITIES 2018 / 2019

PATIENT EXPERIENCE

How did we do?

- **Patient, family and carer feedback**
  - Increase access to opportunities for providing feedback, with a focus on seldom heard groups.

  ✓Achieved
- **Understanding what matters most to patients**
  - Improve our understanding of patient family and carer lived experience of care and treatment from the increased feedback opportunities.

  ✓Achieved
- **Quality Improvements**
  - Ensure service developments and quality improvements are based on what really matters most to patients, by enabling the meaningful participation of patients, families, carers and members of the local community in service design, quality monitoring and evaluation.

  ✓Achieved
- **Measuring Improvement**
  - Support the development of person centred quality improvement measures, to ensure we are measuring the right thing.

  ✓Achieved

Patient, family and carer feedback

Increase access to opportunities for providing feedback, with a focus on seldom heard groups ✓

Key Developments 2018 – 2019

- The Trust has introduced more accessible ways for people who use Trust services to provide feedback about their experience. These include easy-read surveys and questionnaires for people with additional communication needs, text messaging for the Friends and Family Test, and face to face visits to community groups to receive direct feedback.
- The Trust's Patient, Family and Carer Collaborative won the Pride of Portsmouth Inclusivity Award in December 2018, in recognition of its contribution to ensuring that the voice of people from all walks of life are heard and acted on.
- A working party comprising patient and community representatives, a speech and language therapist with a specialist interest in accessible information, and a physiotherapist working with people after a stroke have co-designed a survey based on "What matters to me". The survey has been piloted and will be published in the spring 2019 in a variety of fully accessible formats.
- By improving access to feedback opportunities, the Trust has increased the number of patients who provide feedback about Trust services from about 3500 to over 6000 per month.

Understanding what matters most to patients

Improve our understanding of patient family and carer lived experience of care and treatment from the increased feedback opportunities ✓

Key Developments 2018 - 2019

The increase in feedback by the improvement in accessibility of feedback opportunities has enabled the Trust to identify what matters most to people who use Trust services. The Trust has identified the issues that people say could be improved as:

1. *What matters to me*" – improving the accessibility of feedback opportunities
2. "*Keep me informed, keep me involved*" – improving communication
3. "*Home first*" – improving timeliness and experience of discharge
4. "*Food and drink, menus and meals*" – improving nutrition and hydration and the overall experience of meal times
5. "*Supporting those who support others*" – improving the early identification of family carers and increasing their support
6. "*Shh – sleep helps heal*" – reducing noise at night
7. "*Treat me well*" – ensuring all patients are treated with respect and dignity.

In November 2018, working in partnership with patients, families, carers and members of the local community, the Trust started a programme of work to deliver the improvements patients said the Trust needs to make. Each piece of work has a way of measuring success designed by and with patients, ensuring that the Trust measures what is important, rather than what is easy.

Quality improvements

Ensure service developments and quality improvements are based on what really matters most to patients, by enabling the meaningful participation of patients, families, carers and members of the local community in service design, quality monitoring and evaluation ✓

Key Developments 2018 - 2019

- Ensure service developments and improvements are based on what really matters most to patients, by enabling the meaningful participation of patients, families, carers and members of the local community in service design, quality monitoring and evaluation.
- The Trust's Patient, Family and Carer Collaborative acted as advisers to the Trust for the development of the Trust Strategy – Working Together. Published in July 2018, the group said "we hear our conversations with the Executive Team in this paper". They are now supporting the development of the Trust's Information Technology, Cancer and Quality Improvement Strategies.
- The programme of care quality reviews (the way in which the Trust reviews progress on Trust wide quality improvements) now routinely includes patient and community partners in the on-site visits. The programme has been so successful that it has attracted more volunteers than can be accommodated on each occasion, and there is now a rotation in place to ensure that all who wish to contribute are able.
- The Trust's approach to participation has been used as an example of best practice across Hampshire and Isle of Wight, and has been shared via a national webinar.

Measuring improvement

Support the development of person centred quality improvement measures, to ensure we are measuring the right thing ✓

Key Developments 2018 - 2019

- Patient experience improvement priorities have measures agreed with patients, families and carers which represent what they feel is most important.
- The IT Strategy has started to be co-designed with patients and members of the local community, with the starting point being 'How can the voice of the patient be put at the centre of this strategy? What really matters to patients?'
- Significant improvements are needed in service development and quality improvement overall, and this work has commenced.

Staff feedback

National Staff Survey

The NHS National Staff Survey (NSS) is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and are input to local and national assessments of quality, safety, and delivery of the NHS Constitution. The results of the 2018 NSS conducted in the Trust between September and December 2018 can be found below.

A full census survey took place between September and December 2018, meaning that all staff employed as at the 1st September 2018 had the opportunity to take part. 4,076 (57%) completed and returned their survey, which is 2% lower than 2017, but 23% higher than the average England acute trust response rate. There is a total of 89 acute trusts within the benchmark group.

Table one below summarises the survey results by ten themes against the acute trust benchmark. Of the ten themes, three are better than average:

- immediate managers
- safe environment – violence
- safety culture

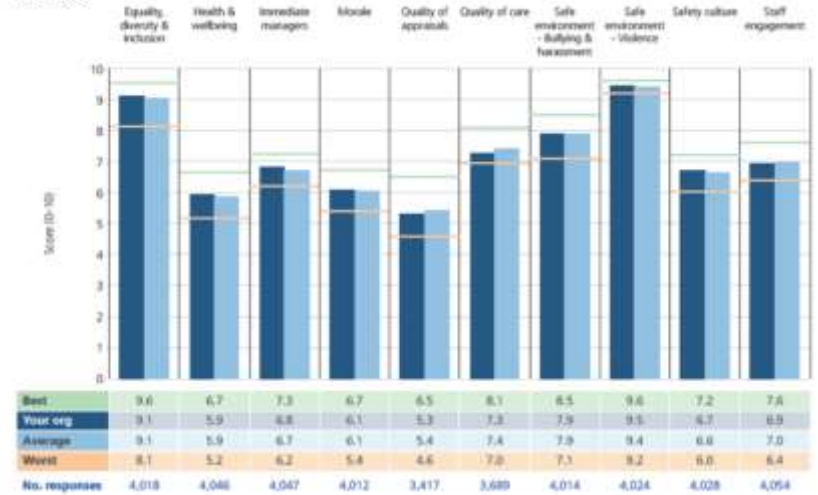
Four are average:

- equality, diversity and inclusion
- health and well-being
- morale
- safe environment – bullying and harassment

and three are worse than average:

- quality of appraisals
- quality of care
- staff engagement

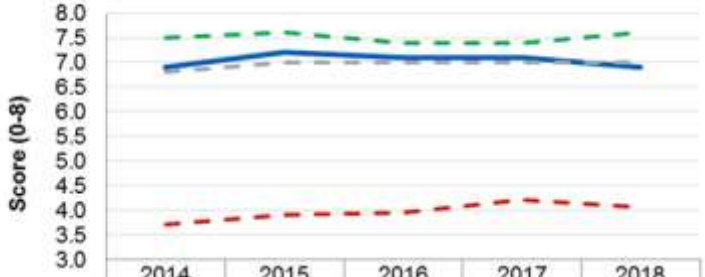
Table one:



The overall staff engagement* theme is made up of responses to nine questions within three sections: motivation, ability to contribute to achievements, and recommendation of the Trust as a place to work and receive care and treatment. Table two presents the results for this theme since 2014 and shows a decline in the year on year score, which for 2018 is just below the acute trust average.

** The staff engagement score is based on a 0-10pt scale.*

Table two:



	2014	2015	2016	2017	2018
Best Score	7.5	7.6	7.4	7.4	7.6
PHT	6.9	7.2	7.1	7.1	6.9
Avg Score	6.8	7.0	7.0	7.0	7.0
Worst Score	3.7	3.9	3.9	4.2	4.1

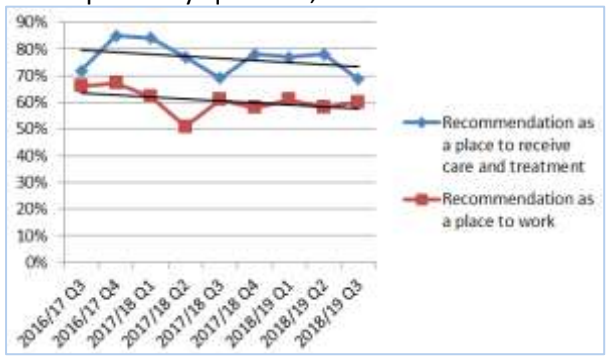
The full findings report of the 2018 NSS was presented to the Workforce and Organisational Development Committee of the Board in March and, the Trust Board in April 2019. An improvement plan will be agreed with the Committee to address those areas most in need of improvement. The plan be aligned to other key work streams, such as the three year culture and leadership programme. This is an evidence-based staff-led change programme, focussed on developing compassionate leadership for cultures of safe, high quality, sustainable care. The framework is supported by NHS Improvement and has been piloted in a number of acute trusts.

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, ensuring that staff have both the opportunity and confidence to speak up, and that the views of staff are increasingly heard and are acted upon.

Research has shown a clear relationship between staff engagement and individual and organisational outcome measures; relevant indicators include 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. The following graph presents the response by question, which shows a downward trend since 2016/2017.



Workforce

Equality Delivery System and Workforce Race Equality Standard (WRES)

This standard is part of national reporting to measure the experience of Black, Asian, Minority Ethnic (BAME) staff at Portsmouth. 437 BAME staff completed and returned a NSS which is 12% of the total response and is representative of the total BAME employed workforce. The WRES is made up of nine indicators, four of which are taken from the NSS results. It is pleasing to see improvements in NSS reporting for the WRES in all four indicators (see graph):

This encouraging movement suggests that the focussed work during 2018 on improving the experience of the Trust's BAME staff has had a positive impact.

Workforce Disability Equality Standard (WDES)

The Trust is beginning to gather data for the Workforce Equality Disability Standard (WDES) which will become a national requirement in August 2019. There is no comparison to previous years available, and at this point in time there is no national benchmark. 719 staff who said they have a disability completed the NSS; this is 22% of all responses and shows disparity with the 5% of staff reporting a disability on the Electronic Staff Record.

The overall staff engagement score for disabled staff was 6.6 compare to 7.00 for non-disabled staff. To support the implementation of the WDES a Disabled Staff network is being established to help gain further insight and understanding of the experiences of disabled staff, and further shape improvement priorities.

Doctors and Dentists in training

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

Background

The Trust has 451 training posts and 102 Trust appointed posts for service. This is a total of 553 junior doctor posts. The Trust treats training doctors and Trust-appointed 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. Trust-appointed 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 will directly appoint to these posts.

For the purposes of this report doctors in training and Trust-appointed posts 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 67 established rotas covering the trust, plus ad hoc rotas to meet short term needs of a junior doctor or department. Training doctors and Trust doctors work the same rotas.

Gaps

If a vacant post is not filled, it will become a gap. This can also be called a vacancy. There are also occasions when gaps occur due to long term sickness, maternity leave, or reduced working for health reasons.

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

How gaps are managed

There are three approaches to managing rota gaps:

1. Change the rota template
   Some rota templates are written to match the number of junior doctors that are available to work that rota. This will reduce the gap, but could impact on

the service provided by the department. It also could mean that Consultants are acting down to cover work which should be undertaken by Junior Doctors.

2. 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 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 in the quality of patient care or the lack of contractual responsibility the doctor has to the Trust. This is also a highly expensive route with significant risk if the doctor is unknown to the Trust.

3. Leave gaps on rota
   This can occur if locum requests have not been filled. This approach means that departments do not have a constant changing of junior doctors 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.

Number of gaps in the past year

During the period in question, 1st April 18 to 31st March 2019, there has been an average vacancy rate for junior doctor posts of 12% (65 WTE). The highest vacancy rate was 14% (79 WTE) and occurred in July 2018.

The lowest vacancy rate was 10% (57 WTE) and this was in November 2018.

The vacancy rate has mostly remained stable, however naturally rises in the summer when Trust Doctors leave posts early to have a break before starting training posts in August. September to November tend to have the lowest vacancy rates as international doctors who have been appointed obtain their right to work permits and start at the Trust.

Training doctor numbers change at every rotation so February, March, April, August, September, October and December all have the potential for the gaps to fluctuate.

How the Trust reduces gaps

- Rostering
  In line with NHS England's recommendations, the Trust will be moving to an 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.

- Clinical Fellowship
  The Clinical Fellowship was introduced in 2015 as a combined recruitment programme with University Hospital Southampton NHS Foundation Trust (UHS) and designed as another route for doctors to enter training either as international doctors trying to train in the NHS, or UK trainees who need additional time to make a formal specialty decision. This was considered a priority in areas that were routinely facing challenging staffing numbers due to increasing Deanery vacancies. The aim of the programme is to reduce locum doctor expenditure and increase medical workforce quality and stability by attracting and retaining Trust Doctors with supportive and high quality training and education.

- Innovative Medical Fellowship
  The Trust is introducing an Innovative Medical Fellowship in August 2019 to appoint Trust doctors into a variety of medical specialties with enhanced opportunities for flexibility or non-clinical time. This Fellowship has been designed to allow doctors to work 4 days within their chosen specialty and 1

day a week in a fellowship post eg simulation, research, public health, palliative medicine, intensive care, quality improvement. 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
  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 else where due to their working day requirements for personal, career development or health reasons. This route is also suitable for encouraging doctors to work towards Specialty Doctor posts if they decide that they do not wish to become a Consultant in the future.
- Guardian of Safe Working
  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.

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

- Junior Doctor Forum
  Both the Guardian and the Chief Registrar support a monthly Junior Doctor Forum where junior doctors can raise any issues they may have in relation to hours and their rotas. This has already resulted in rota changes to improve the overall working lives of junior doctors.

- International Recruitment
  The Trust has recently sent representatives to the Academy of Royal Colleges Medical Training Initiative (MTI) 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, Respiratory, Obstetrics and Gynaecology, General Medicine and Emergency Medicine.

Learning and Development

The Trust is committed to developing new and existing staff to ensure they have the necessary skills, knowledge and experience to deliver the Trust strategy, Working Together.

As part of a national programme, 16 members of staff commenced their training to become Nursing Associates a further 12 commenced this two year programme in March. This role will support the nursing workforce delivering direct care to patients.

The Trust continues to recruit apprentices into the organisation and as a route to develop its own staff. Many new apprentices join the Trust straight from local schools and colleges and their role in the Trust is their first full time employment. The Trust is currently supporting 169 members of staff undertaking apprenticeships. Trust staff work closely with apprenticeship providers to deliver key clinical components of the training ensuring that the specialist knowledge required is embedded into the programme.

The Trust continues to recruit international nurses and the Learning and Development Department provides the requisite education to enable these nurses to gain their UK registration and join the nursing workforce. In 2018-19 110 international nurses passed the required examinations and are now on the NMC Register.

The Library has retained its national accreditation and is rated in the top seven NHS Libraries in the country. In 2018-19, the eLearning Support Team assisted a total of 3551 members of staff, averaging 303 ESR/eLearning queries per month. 168 training sessions and 205 evidence searches were also undertaken over the year.

The Trust's Simulation Team continues to develop programmes to enhance patient safety, including a variety of interventions delivered in wards and departments. The Resuscitation Department took part in the national 'Restart a Heart Day' with local school children which was well received, and is leading on patient safety initiatives such as Time to Act which supports timely intervention when a patient becomes unwell.

The Trust works closely with local universities to provide health care students with practical placements, thus supporting the development of the future workforce.

Other achievements

Research and Innovation

Research at the Trust has grown exponentially over recent years, with over eleven thousand participants recruited into trials in 2018/19, the highest number yet, demonstrating a significant step change in activity. Over 200 active studies are open to recruitment at any one time and the Trust maintains a nationally strong position, year on year. Currently, in the national league of large acute Trusts, the Trust is ranked number one for complexity weighted recruitment into clinical studies, and second in terms of actual patient numbers.

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.

Research is a reoccurring theme within the Trust strategy, with a strong commitment from the Trust Board to embed research into everyday practice and grow partnerships with academic institutions. The local research community has an exemplary track-record and with the health challenges presented by the local population, there are many opportunities to grow both non-commercial and commercial research activities for the benefit of patients. Importantly, a number of patients within the Trust have spoken about their life-changing treatment received as part of a clinical trial (e.g. patients in surgery, dermatology, oncology, respiratory and hepatology to name a few); in several cases, Portsmouth Hospitals NHS Trust was the first trust to offer them an innovative approach to manage their condition when all other treatment options had failed.

In June 2018 the Trust established the Portsmouth Technologies Trials Unit (PTTU). PTTU is a collaboration between the Trust and the University of Portsmouth, and provides the skilled staff and infrastructure to develop and deliver clinical research studies for the benefit of patients in the local region. Alongside developing research studies, the department also continues to develop clinical academic training pathways for nurses, midwives and junior doctors who are trained in the design and conduct of high quality research.

The department continues to be competitive at a national level and attract awards and grants from national funders. The academic impact of the department is also significant with over one hundred peer reviewed journal papers published by Trust staff this year.

Divisional Quality Improvements

Divisional highlights 2017/2018

July 2018 saw the launch of our four new Divisions, replacing the eleven Clinical Service Centres.

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

Urgent Care:

- £58m award from Department of Health for the transformation of unscheduled care
- Butterfly suite – fundraising by one of the ED sisters to provide a quiet, purpose built area in the ED for relatives to spend time with their loved ones at their end of their life
- Mental Health (MH) nurses – two MH nurses have been employed in ED to increase support for patients presenting with MH crisis
- Improvement board in ED – encourages all members of staff to be involved in improvement and engaged in the associated processes. All ideas so far considered have led to changes in practice in the ED
- Clinical Educator shifts – Consultant delivered shop floor 1 to 1 education for junior EM doctors (4 hours/day).
- Opening of a designated Frailty Assessment Unit based in the Emergency Department
- Appointment of a senior nurse to run Ambulatory Emergency Care AEC
- Quality Improvement (QI) project on the management of GP expected patients to AMU, with an associated poster and verbal presentation at a regional QI day
- Development of an ambulatory scoring system, personalised to the Portsmouth population
- Winners of the HSJ awards for Consultancy Partnership of the year for Urgent Care Performance and Culture Change
- Shortlisted for the BMJ awards in the “Anaesthetic and perioperative team of the year” for work on the management of pain relief for patients with a fractured neck of femur.

SURGICAL AND OUTPATIENTS DIVISION

Surgery Care Group:

- Shared Governance project: Shared Governance is about creating a culture on the wards/units where staff feel empowered, they have a voice and can make changes that affect patients and the staff.
  The project is currently running on E2, about to launch on Surgical High Care Unit and Surgical Assessment Unit and to start on E3 in the summer. E2 Ward is running the programme very successfully; some of their projects include:
  - Changing the time of the meals on the ward to make it easier to manage transfers coming from the assessment unit and to ensure all patients are fed and not missed
  - Creating a communication board to link in with all the staff so that they all have a voice
  - Collecting patient feedback to identify patient-led change and improvement opportunities. Arranging an Easter fun day to boost staff morale and to raise funds.
- Understanding Safety sessions for Multi-Disciplinary Team (MDT) staff, to allow them to provide feedback about their understanding of safety and what they feel they need to know, how they want information shared with them etc.
- Commenced using risk assessment form for patients identified as requiring support in the Recovery area
- Surgery school: Surgery School, in conjunction with the Clinical Delivery Division, is a project funded by Macmillan for patients who are undergoing major abdominal surgery (bladder, bowel, uterus, and oesophagus). The Surgery School is successfully running each week and has demonstrated a median reduction in length of stay of two days compared with those patients who do not attend Surgery School having the same surgery. There are demonstrable high rates of patient satisfaction and active lifestyle modification following attendance.

Musculo-Skeletal (MSK)

- New Trauma Coordinator - Ensures prompt starts in theatre for the trauma lists, allocation of patients to lists / correct Surgeon allocated
- Emergency Nurse Practitioners – a staff nurse has just commenced a three year training programme to support junior doctors in the delivery of fascia blocks
- Hip Fractures – Trail of Nurse Practitioners holding the Registrar Bleep at weekends to expedite early discharge from ED with Consultant on call support
- The development of a Junior Sister Role for succession planning and retention, to achieve increased clinical and managerial knowledge
- New bowel care competency for spinal injuries
- New Neurological Observation charts - presently on trial, reviewed by SPST
- MSK team has also been nominated for a BMJ award for their work around optimising fascia iliaca block with patients with neck of femur fractures
- Fracture Liaison: Recruitment of new part time fracture liaison specialist, Trust training complete within 3 months
- Rheumatology: Patient Education continues, sessions videoed for patients and carers unable to attend. New Programmes for support in early stage development include 'Put your best foot forwards' - foot and ankle pain in arthritis, and 'Keep your Chin up' - mood and depression management
- Personalised Care Plan **-** Polymyalgia Rheumatica- launched winter 2018
- Love your Bones Tour - completed summer 2019
- Tired of Being Tired - abstract presented at 2018 British Society of Rheumatology Conference
- Paper light clinic now running in the rheumatology clinic
- Teaching - Community and council CCG training Fibromyalgia.
- Patient Advice and Information line continues - 94% of calls responded within 24 hours and 97% within 48 hours - even with growth in demand.
- Matron Focus: Working with Partners/ Friends through pain.

- PMR/GCAuk- Patient conference hosted at QAH Autumn 2019.

Fracture Clinic: Wound care record now fully embedded within the Fracture and Orthopaedic service.

Head and Neck:

- The ward area has implemented 'Registrar of the week' to ensure continuity on the daily ward rounds
- Human factors training delivered to administration staff to improve customer service
- New wound care clinic implemented for head and neck patients with complex dressings post cancer treatment/surgery
- Bi- annual wellbeing days held at the Mountbatten centre for patients " Life after cancer "
- Ear, nose and throat micro suction audit to ensure that patients are following the correct pathways to help reduce waiting times for those patients who are regular attenders
- Dedicated nursing team for emergency ward attenders to improve patient pathways

NETWORKED SERVICES DIVISION

Women's Services

- The Hologic company has been working closely with the Trust for many years to support the ambulatory gynaecology service. This service enables women to have procedures to investigate and treat abnormalities inside the uterus under a local anaesthetic in an outpatient setting, allowing them to return to their normal daily activities much quicker.
- This service also helps to support healthcare professional education by inviting Consultants, Nurses, Senior Registrars and Business Managers to view these procedures in an outpatient setting, so they can learn best practice and understand how they can also set up a successful service.

Maternity:

- Reconfiguration of band 7 leads following consultation with staff –this created two public health midwifery roles.
- Recruitment to Perinatal Mental Health role to develop the perinatal service
- Birth Centres now have dedicated leads; ownership within areas of practice will ensure improvements/enhancements to practice
- Promotion of services through dedicated social media pages – showcasing variety of services available to women
- Successful open days in Portsmouth Maternity Centre which raised the profile of the centre and has seen an increase in out of hospital births
- Waterbirth education sessions to support women and their partners in their labour choices
- Breast feeding drop in service to support woman with feeding concerns
- Prevention of Cerebral Palsy in Preterm Labour programme – (PReCePT) using Magnesium Sulphate for the preterm baby – overachieving on compliance on 85%
- Multiple Birth Clinics – providing continuity of care and expertise in multiples pregnancies – recognised as an outstanding achievement and exemplar service by TAMBA (Twins and Multiple Birth Association)
- Avoiding Term Admissions into Neonatal – developments on skin to skin, thermoregulation and feeding have contributed keeping our term babies out of Neonatal Intensive care
- Preterm Clinics have contributed to lower levels of preterm births and dedicated pathways for previous preterm deliveries
- Learning and improvements from incident and investigation process within Maternity:

- Improved MDT discussion at the Incident Review Panel has led to an increase in independent investigations and findings. which has further led to improvements within team relationships in maternity services
- Introduction of a process to ensure that families are updated weekly on the progress of external and independent investigations by the Risk and Governance Lead, thereby improving relationships and communications with families
- Process change arising from learning from experience to ensure that investigation reports will be shared with families before a meeting takes place to allow the family to digest the report and prepare questions in advance of the meeting. Evidence has shown that family meetings on the whole have a better outcome for all if this process is followed.

Renal and transplantation

- Inpatient services now running a seven days a week in University Hospitals Southampton (UHS), with improved care for those who require ongoing treatment in UHS. A pilot of dialysis on ICU was successful and is now progressing to the second phase of ward level dialysis. A five year plan for the delivery of a sustainable dialysis service in UHS is in development.
- Two further substantive transplant surgeons appointed (both joint posts with general surgery and paediatric surgery respectively). This has been essential to support the growing number of renal transplants which has again reached more than 100 in the last year, ensuring a safe and sustainable service.
- A new renal outpatients' service has been set up at Badgers Farm GP practice in Winchester, meeting the demands of the service in that part of the region. This will bring the new patient waiting times in line with the Trust target.
- The vascular access referral pathway has been remodelled to ensure accurate recording of waiting times and the 18 week pathway. This will allow more accurate audit of the service and help increase the fistula rate.
- A new joint medical and renal consultant post has been created and appointed to substantially support the AMU medical model and the increasing demands on the renal service.
- New renal matron has been appointed, to focus on dialysis within the Care Group, improving care and standards.
- A dialysis quality review MDT has been commenced across three dialysis units and home dialysis, with a plan to role out to all satellite centres in 2019/20, with the aim of improving dialysis outcomes.
- A governance newsletter is now being produced to share learning from Safety Learning Events (SLEs), mortality and morbidity reviews and the plans for managing departmental risks.
- Progress is being made with both North Hampshire Hospitals NHS Trust and Salisbury NHS Foundation Trust to develop an renal in- reach service provided by Wessex Kidney Centre (WKC) to support care closer to home, reduce the need for inpatient transfers and facilitate rapid discharge from the peripheral hospitals (in line with the model already in place in St Richard's Hospital).
- Advanced nurse practitioner now in substantive post delivering care and continuity for the inpatient renal service, supporting the shortfall of junior doctors. A second post will soon be advertised focusing on support for the renal and transplant surgical service.
- 'My Renal Care' app has undergone further development and is now in extensive use within dialysis services, facilitating MDT working and patient care. Trials have also started looking at its use to support the acute transplant patients and reduce the frequency of follow up appointments required.
- Tender process for Haemodialysis is on-going but now progressing well, with expected contract start dates early in 2020. The home haemo-dialysis service tender has also commenced.
- The new renal IT system will go live in June 2019, super user training has taken place and feedback and amendments are currently taking place to ensure it works for the service.

- The new home therapies hub based at Fareham community hospital is expected to be ready in summer 2019, which will enhance the care of home dialysis patients.
- The transplant team has performed 100 transplants again this year, second biggest year on record, including 11 patients from Dorset.
- WKC has joined the South East KQUIP programme (regional quality improvement programme), supported by the renal registry and will be working on the quality improvement project decided by the region this year.

CLINICAL DELIVERY DIVISION

- Temporary CT scanner introduced for winter to ensure that patient experience in scheduled and unscheduled care is maintained.
- In the process of replacing four LINAC machines, meaning that radiotherapy treatments are more safe and stable for some of the most vulnerable patients.
- Utilisation of alternative workforce by training Operating Department Practitioners who are Allied Health professionals to assist as orthopaedic Scrub nurses.
- Point of Care testing for flu winter implemented in the ED, with input from the pathology services, meaning turnaround of testing completed in 30 minutes, allowing a much faster patient experience.
- Removal of the condition on the Trust's CQC registration following the clearing of the plain film reporting backlog and introduction of robust processes to ensure that quality patient experience and high levels of patient safety are maintained
- Celebrated the 1st National Allied Health Professionals' Day across the Trust
- 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
- Successful recruitment of International Radiographers from Jamaica to boost recruitment gaps within the Imaging Department
- Improved efficiency in HSDU due to the agreement of the business cases for new Endoscopes

Pharmacy:

- Pharmacy Distribution at Hedge End serves huge areas of the South Coast for drug distribution and maintains excellent 99% accuracy in its pick rate, ensuring the correct drugs go out with the correct order.
- Drug library developed for the new BBraun Volumetric pumps to provide additional safety in the administration of intravenous medicines on the wards.
- Successful Medication Safety Day delivered for Trust staff highlighting high risk areas and providing education.
- Pilot project with the CCG Nursing Home Pharmacy Team starting in May to improve medication review, facilitate discharge and prevent re-admission of patients.
- Enhanced weekend pharmacy service with the addition of a pharmacist to provide a ward based service to improve the discharge process and improve medicines reconciliation.
- Pharmacy assistant employed within the Renal Department to reduce wastage of medicines.
- Set specification for medicine fridges introduced, with a managed service.

Critical Care:

- CQC rating of Outstanding across all categories for the Critical care Unit
- Individualised care for patients prioritised including a marriage ceremony and a pet visit
- New staff welfare initiatives including relaxation room, 'mindfulness' sessions, pilates. Critical Care Relaxation Room up and running with sessions to help staff de-stress
- 'Green' group looking at a number of issues including waste reduction and green supplies
- Early rehabilitation for patients including early mobilisation, a booklet, the motomed (a bike used in bed) and staff to support rehab)
- New Critical Care Intubating Scopes procured, ensuring a better intubation experience for the most unwell patients

Theatres and Day Surgery Unit

- Upgraded Da Vinci robot now in the Trust, within Theatres
- CHAT representation on the Culture Change programme
- Safety Lead for the Department appointed and continued Freedom to Speak Up Advocate presence.
- Implementation of Iron Infusion service through Day Surgery Ward
- Ongoing Stock control and introduction of single item scanning for patients across the department from Department of Health initiative
- Refurbishment of D Level theatres completed
- 36,032 patients operated on during 2018/19
- MAKO robot introduced for Orthopaedic Surgery – the first NHS hospital in the country to offer this ground breaking surgery
- Funding sought and successfully achieved to oversee the build of two new theatres, increasing operating capacity for the future.

Day Surgery Unit

You said	**We did**
Communication skills with patients was very poor	The Sister of the department will do a reception check first thing in the morning and at 3pm in the afternoon. The co-ordinator in 3rd stage recovery will do regular checks throughout the evening. Reception checks of documentation to be implemented.
Communication in the ward was poor between staff and patients. A lot of waiting around with no explanation.	The co-ordinator in admissions, will meet at midday to discuss how they can support each other and discuss any concerns.
It is totally disorganised with no communication with patients left sitting for 3 hours with no update.	The Department is looking to implement a patient journey board in 3rd stage recovery to improve communication.

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

Appendix A

NHS Portsmouth Hospitals NHS Trust

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

26.06.19 Date ..... Chair

26.06.19 Date ..... Chief Executive

CCG COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2017/2018

NHS

South Eastern Hampshire
Clinical Commissioning Group

Commissioning House
Building 003
Fort Southwick
James Callaghan Drive
Fareham
Hampshire
PO17 6AR

Tel: 023 9228 2083

30th May, 2019

Mark Cubbon
Chief Execuitve
Portsmouth Hospitals NHS Trust
Queen Alexandra hospital
Cosham, Portsmouth, PO6 3LY
Via email

Dear Mark,

Trust Quality Account 2018/19: Supporting Commissioner Statement

Thank you for providing an opportunity to comment on the trust's quality account for 2018/19. 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 positive approach to working with commissioners during 2018-19, 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. These pressures have been accompanied by significant workforce constraints across a number of services and staff groups. Commissioners recognise the trust's ambition to deliver consistently high quality care and treatment despite these challenges and note the improvements made during 2018-19 despite the quality and operational challenges which have arisen.

During 2018-19, there has been organisation-wide restructuring and some executive and senior clinical and managerial staff changes. We support the trust's ambition to ensure consistent leadership, effective organisational memory and robust governance processes amidst these changes.

Commissioners have been confident in the trust's internal processes needed to address the Care Quality Commission improvement requirements. This has included the delivery of the quality recovery plan for which commissioners have received assurance through attendance at the trust's quality recovery group. We are pleased to see that the majority of the CQC requirements have now been delivered and enforcement action lifted, but recognise that further improvements in a number of key areas will continue into 2019-20.

NHS

South Eastern Hampshire
Clinical Commissioning Group

The majority of the 2018/19 quality account priorities have been achieved. We note the work still needed to complete serious incident and never event investigations within 60 days, which were not consistently being met in year, and are keen to offer any support needed to assist the trust in delivering this priority in 2019-20.

Commissioners fully support the priorities identified for 2019/20. We would also like to work with the trust on the improvements needed to ensure emphasis on the holistic planning of care and reassessment of risk when a patient's condition changes, as these are areas frequently identified as needing improvement through incident investigations.

The improved processes implemented for the initial scoping and grading of patient safety incidents by the trusts senior patient safety team and the associated processes at the incident review panel are welcomed. Further, we were also pleased to see the trust is undertaking work to further involve patients and their families in the investigation process, giving them the opportunity to have their concerns and questions heard. We welcome the ambition to develop a positive patient safety culture and would like to better understand how the trust intends to measure this? The appointment of the senior nurse for improving patient outcomes will help focus improvement work on the deteriorating patient and sepsis work-streams and we look forward to seeing improvements in these areas. We feel the continued focus of sepsis and deterioration together is both a logical and positive move.

We acknowledge that there has been improvement in the national lung cancer audit scores but note this unfortunately does not yet meet the required audit standard overall. We understand that a review of the lung cancer pathway is underway and hope to see further progress when the national results are published in July 2019.

Commissioners noted the reported decline in the trust's score of the Sentinel Stroke National Audit Programme from a Level B to a C. We acknowledge the part that operational challenges regarding patient flow and workforce issues have played in this decline. We are pleased to see that the number of cancelled on the day operations has been reducing but are concerned that waiting lists for planned care continue to rise in many specialities and will continue to provide system support to ensure there is appropriate clinical oversight and triage of the risks involved with patients on the waiting lists.

Commissioners have benefitted from recent participation in the quality review days, along with external partners and volunteers, and extend our continued support to this process. The trust's efforts to ensure an open and transparent culture are welcomed along with the improvements in falls, pressure ulcers and serious incidents year on year. We would encourage the trust to continue to present relevant quality data using statistical control charts (SPC) where appropriate, to ensure the appropriate tracking of improvement and benchmarking. We note the recent drop in performance of venous thromboembolism risk assessments, but welcome the improvement in dementia screening assessment, an area that had previously been a challenge to improve.

We recognise the ongoing value of the *mortality review panels* and are pleased to see that these have identified that more patients are receiving appropriate end of life care in the location of their choice. We also concur with your view that there are still a small number of specialities where this needs to improve.

NHS
South Eastern Hampshire Clinical Commissioning Group

The work of the *mortality review group* is to be applauded; it's impact on embedding the national learning from deaths agenda and reviewing other processes is noticeable through an improving HSMR. We welcome the planned increased use of *structured judgement reviews* and the plan to continue to increase senior medical staff trained in root cause analysis methods in 2019-20.

Commissioners welcome the continued participation in national audits including *MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries* across the UK. We are pleased to see the trust engage in the *Getting it Right First Time* programme to reduce unnecessary variation and improve outcomes.

We note the reduction in the percentage of staff who would recommend the trust as a provider of care to their family or friend but recognise that there was a better than average response rate to the staff survey. We note than when benchmarked against similar organisations the trust scored above average for immediate managers, safe environment (violence) and safety culture and below average for quality of appraisals, quality of care and staff engagement. We welcome the trust's focus to address these issues that is being driven as part of the overarching 3-year culture change programme.

We recognise the ongoing work around Freedom to Speak Up (FTSU) and welcome the establishment of executive and non-executive leads in this area along with 20 FTSU advocates throughout the organisation.

Commissioners were pleased to note and recognise the innovative approaches the trust has taken with patient experience; including actively seeking over 6000 pieces of feedback a month. We fully support the focus on the seven key issues identified in the '*Understanding what matters most to patients*' section of this quality account, some of which are reflected in the quality priorities for 2019/20. We hope that the focus on the other areas your service users identified will not be lost and you continue to utilise all forms of feedback constructively. We commend you on being highlighted regionally as an example of best practice in patient and public participation. We are encouraged that the *Friends and Family Test* (FFT) highlights a higher level of responses and better results than national averages and welcome work to increase feedback opportunities for people in hard to reach groups.

Whilst commissioners acknowledge the ongoing workforce challenges, we have noted the success of your international nursing recruitment programme. The proposed flexible working options and innovative approaches the trust is taking to reduce gaps in the junior doctor rota, including the innovative medical fellowship and the benefit that the chief registrar programme brings are really positive. We also recognise the added value that in-situ simulation training through the simulation team brings across the organisation. We are pleased to note the considerable achievements the trust has made in recruiting to research studies and recognise the additional benefits this can bring to patients. We congratulate you on the establishment of the *Portsmouth Technologies Trials Unit* in collaboration with the University of Portsmouth, which will benefit patients in the local region.

We are pleased to see the many improvements documented in the '*divisional highlights*' section including being shortlisted for and winning national awards. We understand the

NHS
South Eastern Hampshire Clinical Commissioning Group

trust is undertaking a review of its quality improvement programme and encourage the trust to invest in this approach and work effectively with the wider system on this agenda.

Commissioners have been really pleased with the trust's commitment to working collaboratively with us and other partner organisations under the *aligned incentive contract,* and we look forward to continuing this work with you under the newly initiated *shared assurance and improvement programme.*

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. We are satisfied that the overall content of the quality account meets the required mandated elements and that the trust's quality accounts for 2018/19 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, and look forward to continued collaborative working in 2019-20.

Yours sincerely,

Julia Barton
Executive Director of Quality & Nursing

cc: Maggie MacIsaac; Sara Tiller; Dr David Chilvers; Dr Barbara Rushton; Dr Linda Collie; Suzannah Rosenberg; Dr Zaid Hirmiz

HAMPSHIRE HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2018/2019

Hampshire County Council

30 May 2019

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

Tel: 01962 845018
E-mail: members.services@hants.gov.uk

Mark Cubbon
Chief Executive
Portsmouth Hospitals NHS Trust

(by email)

Dear Mark,

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

Thank you for sharing with the Hampshire Health and Adult Social Care Select Committee (HASC) the Version 2 Draft 2018/19 of the Quality Accounts for Portsmouth Hospitals NHS Trust. I have circulated these priorities to Members of the HASC for their comments and have received general feedback which suggests that the Committee are supportive of the approach taken. Members noted that the priorities for 2019/20 continue from the previous year, building on the success of 2018/19.

We note that most of the priorities for 2018/19 were achieved with the exception of complete investigations into SIRIs and Never Events within 60 days, to improve and sustain the trust score of the SSNAP National Audit and improving the trust standards in the National Lung Cancer Audit. We also note the identified quality priorities to be addressed in 2019/20 around the areas of patient safety, patient experience and clinical effectiveness, and look forward to continued monitoring through our programme of scrutiny.

We therefore do not wish to recommend any additions to these priorities. We do however request and look forward to receiving the action plan that will be drafted following the publication of your Quality Accounts, in order to ensure that the priorities raised can be monitored, and progress against them can be reviewed.

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

Yours sincerely,

Roger Huxstep

Cllr Roger Huxstep
Chairman, Health and Adult Social Care Select Committee

PORTSMOUTH HEALTH OVERVIEW AND SCRUTINY PANEL COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2018/2019

Portsmouth HOSP do not comment on quality accounts.

HEALTH WATCH HAMPSHIRE COMMENTARY ON PORTSMOUTH HOSPITALS NHS TRUST (PHT) QUALITY ACCOUNTS 2018/2019

"The Quality Accounts are overall a much more positive read than previous years. Healthwatch Portsmouth has been engaged with Portsmouth Hospitals NHS Trust working with them on a number of issues, including a Healthwatch Portsmouth Board member sitting on their Quality Recovery Group. We look forward to working with them, as they say they will do this year, by being involved in looking at the Quality Standards throughout the Trust.

We are concerned though and will continue to monitor the items in this report that state where they are not achieved which include some of last years highlighted plans and will want to see clear plans of how this year's priorities will be measured. For example, there seems to be some low figures within the Clinical Audits that the Trust are involved with and we will work with them to fully understand these figures. In addition, we see that under Patient Safety the Trust is struggling to complete Serious Incident Investigations within the timeframe of 60 days and we will wish to better understand why this is due to its potential effect on patients and their families. Healthwatch Portsmouth works with Portsmouth Hospitals NHS Trust annually to deliver a critique to the emergency care pathway and will continue to do so and use the process to understand other aspects of the care pathways using our Board members and volunteers.

We do though commend the Trust with the positive outcomes from their patient experience and engagement and again would offer to work with them to support this process. In particular we congratulate Portsmouth Hospitals NHS Trust on their progress on improving the patient experience process of gathering views, acting on what they can and reporting back to the community."

Siobhain McCurrach
Healthwatch Portsmouth Manager

healthwatch Portsmouth

LIMITED ASSURANCE REPORT

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

This report is produced in accordance with the terms of our engagement letter dated 31 May 2019 for the purpose of reporting to the Directors of Portsmouth Hospitals NHS Trust (the 'Trust') in connection with the Quality Account for the year ended 31 March 2019 ("the Quality Account").

This report is made solely to the Trust's Directors, as a body, in accordance with our engagement letter dated 31 May 2019. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors as a body, for our examination, for this report, or for the opinions we have formed.

Our work has been undertaken so that we might report to the Directors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011,the National Health Service (Quality Account) Amendment Regulations 2012 and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- Rate of clostridium difficile infections; and
- Friends & Family Test patient element score

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

Respective responsibilities of Directors and Ernst & Young LLP

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

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

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health and Social Care guidance.

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

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

- the Quality Account is not prepared in all material respects in accordance with section 8 of the Health Act 2009 and the criteria set out in the National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011, the National Health Service (Quality Account) Amendment Regulations 2012 and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations");
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 published on the NHS website in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with the other information sources detailed in the 'NHS Quality Accounts Auditor Guidance 2014-15'. These are:

- Board minutes for the period April 2018 to June 2019;
- papers relating to quality reported to the Board over the period April 2018 to June 2019;
- feedback from the Commissioners dated 30 May 2019;
- feedback from Local Healthwatch;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 dated November 2018;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey;
- the latest national staff survey;
- the Head of Internal Audit's annual opinion over the trust's control environment for 2018-19 dated 16 May 2019;
- the annual governance statement dated 22 May 2019; and
- the Care Quality Commission's Inspection report(s) dated August 2017 and October 2018.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included, but were not limited to:

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

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Account**.** The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

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

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

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and

- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Ernst & Young LLP
Wessex House,
19 Threefield Lane,
Southampton,
SO14 3QB
27 June 2019

Notes:

1. The maintenance and integrity of the Portsmouth Hospitals NHS Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

APPENDIX A - NATIONAL CLINICAL AUDIT: ACTIONS TO IMPROVE QUALITY

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
Adult Community Acquired Pneumonia	Data collection ongoing until March 2019.
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.
Cardiac Rhythm Management	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. Awaiting publication of the national report; results due in June/July 2019.
Case Mix Programme (CMP) – Intensive Care National Audit and Research Centre (ICNARC)	Awaiting publication of the national report/results; results due in June/July 2019.
Elective Surgery Patient Reported Outcome Measures (PROMS)	***Hip and Knee*** - There were 1,305 eligible hospital episodes with 765 pre-operative questionnaires returned; a participation rate of 58.6% (86.7% in England), an improvement on the previous reporting period of 57%. Of the 760 post-operative questionnaires distributed, 543 have been returned, a response rate of 71.4%, compared with a national average of 70.1%. The Trust is looking for further opportunities to improve patient participation rates.
Falls and Fragility Fracture Audit Programme	***Fracture Liaison Service Database (FLS-DB)*** - The National Audit report published in December 2018 is currently being reviewed by the Trust; an action plan will be developed to address any areas highlighted for improvement. ***National Hip Fracture Database (NHFD)*** – The national report published in November 2018 compares local figures with benchmarking performance data within the South Central region and for all hospitals in the NHFD. The Trust saw a slight increase in hip fracture numbers to 752, compared with 749 in 2016. The Trust is in the top ten of the highest performing trusts nationally, with the fifth highest number of patients submitted. The Trust was one of only three trusts to achieve top or 2nd quartile in all 9 rated assessment domains. Further opportunities to improve are being reviewed with regard to delays in time to theatre and flow of patients from the Emergency Department to the Hip Fracture Unit. ***National Audit Inpatient Falls Audit (NAIF)*** - The NAIF is transitioning from its previous methodology of a snapshot audit in 2015 and 2017 to a new methodology to enable continuous audit. The organisational audit has been on-going since 1st January 2019. The first NAIF continuous audit summary report is expected to be published in spring 2020.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
Inflammatory Bowel Disease (IBD) Registry	The programme is aimed at improving the care of patients and their understanding of the treatments they receive, to enable research, and to increase knowledge about IBD in the UK. Data submission is quarterly as part of the standard Registry Data Submission schedule. The last upload that will contain data for the 2019-20 analysis is January 2020.
Learning Disability Mortality Review Programme (LeDeR)	The (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. From the published recommendations the Trust and Solent NHS Trust are to form better links with the Trust's mortality review processes and learning from death reviews, with the local LeDeR mortality reviews undertaken with support from the local area contact.
Major Trauma Audit - Trauma Audit and Research Network (TARN)	The outcome of this audit has demonstrated the Trust has: • Above national average reported data quality • Excellent reporting – identifying more patients than expected for reporting • Improved the proportion of patients meeting NICE head injury guidelines from below to above national average • Above average performance against the target for patients being seen by consultant led trauma teams within 30mins. However, there remains room for improvement, partly due to documentation, partly due to passage of information to the consultant team. • Well above average performance against the target for ensuring that trauma teams of Specialty Trainees (ST3) and above being pre-alerted before the patient's arrival • Performed above average for ST3 led trauma teams without pre-alert; however, there remains room for improvement. This relies on early recognition by the triage staff and is work in progress. • Well above average scores for ensuring definitive airway management when required. There was good performance overall showing that the Trust is similar to other trauma units across the country. The Trust needs to improve early identification of the elderly injured patient, which requires a reduction in time between arrival and CT scanning.
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection (CDI)	This is a surveillance study where data is submitted nationally for each quarter. The data identifies counts of CDI by NHS acute trust and CCG, defined as counts and rates per 100,000 bed days and per 100,000 population. This will identify a trend in the number of CDI in an acute trust or CCG over a series of financial years. 2018-2019 has been one of the most successful years in terms of the Trust's c.Difficile performance; with the Trust having the lowest rate of c.Difficile infections in the Hampshire and Isle of Wight region (PHE benchmarking data).
Myocardial Ischaemia National Audit Programme (MINAP)	This national audit examines and improves service delivery and outcomes for patients admitted to hospital with an acute coronary syndrome (unstable angina or heart attack). The national report was published in November 2018 and is currently being reviewed by the Trust. A business case was submitted to employ further coronary nurses to improve coverage outside of the Cardiology department.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
	Twice yearly ambulance training days take place within the Trust led by the interventionist consultants to highlight the importance of bringing patients direct to the Cath Lab to improve further 'Door to Balloon' times.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACOP)	The National Asthma and COPD Audit Programme (NACAP) for England, Scotland and Wales aims to improve quality of care, services and clinical outcomes for patients (adults, children and young people) with asthma and chronic obstructive pulmonary disease (COPD). ***Asthma*** **–** Commenced collecting adult continuous data from November 2018. Collection of continuous children and young people's data will commence from June 2019. The planned publication date of the first national and hospital level clinical report is December 2019. ***COPD*** **–** The first 6 months of the National COPD audit data collection (Feb-Sept 2017) highlighted the need for resource to deliver best practice care. The COPD specialist team started at the end of this audit period and now routinely delivers this care. The Trust ranked 11th nationally for delivery of COPD best practice in Q4 2017/18. A business case has been submitted to expand the COPD team to take on the role of an acute Non Invasive Ventilation (NIV) "flying squad" to improve the Trust's time to NIV initiation.
National Audit of Breast Cancer in Older People (NABCOP)	The National Audit report published in June 2018 is currently being reviewed by the Trust; an action plan will be developed to address any areas highlighted for improvement.
National Audit of Cardiac Rehabilitation	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 report was published in November 2018. The Trust achieved five out seven 'Gold Standards'. Only those achieving all seven standards are accredited. To meet the criteria the Trust requires more resources to run extra exercise classes, have a multi-disciplinary team (currently all nursing staff) in place and run a low impact class and a class providing Cardiac Rehab out of normal working hours which people who have returned to work are able to attend. A business case has been submitted.
National Audit of Care at the End of Life (NACEL)	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 throughout England and Wales. Publication of the national report/results is awaited - due May 2019.
National Audit of Dementia	The National Audit report was published in August 2018. This examined aspects of care received by people with dementia to look in more detail at an area where hospitals have seemed to be underperforming and to clarify inconsistencies in the data. The Trust is taking action to improve as delirium assessments are not routinely documented for patients on admission and there is no standardised tool. There is a Quality Improvement project in progress looking at this aspect of care, with the aim of devising a tool to use by the end of the summer. The outcomes of this project will inform future steps and actions. The progress of this project will be reviewed by the Trust's Dementia Steering Group. All Dementia training now includes sessions on delirium. The electronic discharge summary will require updating to reflect the requirement to include delirium.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
	Discussions are in progress.
National Audit of Percutaneous Coronary Interventions (PCI)	This national audit aims to examine and improve service delivery and outcomes for patients undergoing coronary angioplasty. The national report was published in November 2018 and is currently being reviewed by the Trust. The individual consultant surgeon outcomes for this procedure have not been updated by the national team since 2016. No surgeons were identified as outliers.
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Established in 2009, Epilepsy12 has the continued aim of helping epilepsy services, and those who commission health services, to measure and improve the quality of care provided for children and young people with seizures and epilepsies. The national report of the organisational audit was due to be published on 10th January 2019; however, it has yet to be released as is undergoing the sign-off process by NHS England and the Welsh Government.
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, and individual consultant surgeon outcomes. No surgeons were identified as outliers.
National Bowel Cancer Audit (NABOCA)	The National Audit report published in December 2018 is currently being reviewed by the Trust; an action plan will be developed to address any areas highlighted for improvement. The individual consultant surgeon outcomes have not identified any surgeons as outliers.
National Cardiac Arrest Audit (NCAA) – ICNARC	The National Cardiac Arrest Audit (NCAA) is the national clinical audit of in-hospital cardiac arrests in the UK and Ireland. The Trust is awaiting publication of the national report/results; anticipated June/July 2019.
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NEIAA)	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. There is compelling evidence that early intensive treatment greatly improves the outcome of these disabling diseases, which predominantly affect people of working age. Awaiting publication of the national report/results, which are due May 2019.
National Comparative Audit of Blood Transfusion Programme	The National Comparative Audit of Blood Transfusion programme comprises a series of audits of the safe and appropriate use of blood. The Trust is awaiting publication of the national report/results for 2019.
National Diabetes Audit - Adults	The National Diabetes Audit (NDA) is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards in England and Wales, split into five distinct areas (the Trust does not participate in the Core Audit as this relates to Primary Care): ***Transition*** – A joint enterprise between the National Diabetes Audit (NDA) and the National Paediatric Diabetes Audit (NPDA) to measure if young people experience a smooth transition of care from paediatric diabetes services to adult diabetes services. Awaiting publication of the national report/results. ***Diabetes in Pregnancy*** – The National Pregnancy in Diabetes (NPID) Audit aims to support clinical teams to deliver better care and outcomes for women with diabetes who become pregnant.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
	The Trust has demonstrated a high uptake of folic acid 5mg - 52.4% compared to 43.9% nationally for women with type 1 diabetes and 36.4% compared with 23.1% nationally for women with type 2 diabetes. Early contact with antenatal diabetes team before 10 weeks pregnant is at 85.7% compared with 75.3% nationally (type 1) and 69.7% compared to 57.3% nationally (type 2). Babies born large for gestational age 46.9% compared to 23.2% nationally in type 2 diabetes. No real difference to national figures for babies born to mothers with type 1 diabetes. Preterm deliveries 57.1% compared to 41% nationally (type 1 diabetes) and 28.1% compared to 22.1% nationally (type 2 diabetes). The Trust will continue to provide education within primary and secondary setting on the importance of pre-conceptual care, including early referral to pregnancy team, good glycaemic control and the use of folic acid 5mg pre-conceptually and in pregnancy. Education will be provided for women with diabetes of child bearing age at diabetes appointments such as retinal screening, annual reviews, family planning and at structured education programs. ***Inpatient Audit*** - The National Diabetes Inpatient Audit (NaDIA) is a snapshot audit of diabetes inpatient care in England and Wales. The 2018 NaDIA annual report and local service data will be published in May 2019. ***Foot Care*** - The National Diabetes Foot care Audit (NDFA) enables all diabetes foot care services to measure their performance against NICE clinical guidelines and peer units, and to monitor adverse outcomes for people with diabetes who develop diabetic foot disease. The fourth annual report will be published in May 2019.
National Emergency Laparotomy Audit (NELA)	NELA aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy, through the provision of high quality comparative data from all providers of emergency laparotomy. Overall, especially given the high numbers of cases with which it deals, the Trust is proud of its mortality and length of stay data. Not highlighted with the report, but clinically relevant is the high number of cases that are both started laparoscopically and completed laparoscopically in the Trust. This data has been published and presented at several national meetings recently. The Trust will look at improving documentation of risk as well as discussions between surgery and radiology with respect to CT scans and between consultant surgeons, anaesthetists and intensivists. The Trust's admission rate to Critical Care when required is appropriate, although this figure may have a detrimental effect with respect to the Best Practice Tariff. Regular input from elderly care is something the Trust is keen to develop further.
National Heart Failure Audit	This national audit aims to examine and improve service delivery and outcomes for patients admitted to hospital with heart failure. The national audit report was published in November 2018. 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.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
National Joint Registry (NJR)	The National Joint Registry (NJR) was set up by the Department of Health and Welsh Government in 2002 to collect information on all hip, knee, ankle, elbow and shoulder replacement operations, to monitor the performance of joint replacement implants and the effectiveness of different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic sector as a whole. The National Audit report was published in September 2018. The NJR was not set up to compare the performance of Trusts; however, it does provide feedback on performance of surgeons and implants. The Trust is one of 24 hospitals that are statistically better for hip replacement revision rates over the 15 years of the NJR's existence (below the 99.8% control limit). One individual consultant surgeon was identified as an outlier; this was due to the use of a poorly performing prosthesis and has been addressed. All other surgeons' results are satisfactory. The arthroplasty surgeons are achieving good outcomes with satisfactory mortality and revision rates.
National Lung Cancer Audit (NLCA)	The NLCA was developed in response to the finding in the late 1990s that outcomes for lung cancer patients in the UK lagged behind those in other westernised countries, and varied considerably between organisations within the UK. The audit highlighted a few areas requiring improvement in terms of surgical and chemotherapy treated cases and identified the Trust as an outlier in three areas. A detailed improvement plan was implemented by the Trust. This included improvements in the documentation of performance status assessed at the time of diagnosis. Regular reviews of the data and missing data have found data entry errors. A review of the lung cancer pathway to reduce waiting times for procedures, diagnosis and treatment is underway. A new GP cancer referral form is to be introduced. A review of local data has demonstrated improvements in the Trust results. Awaiting publication of the national report/results due in July 2019.
National Maternity and Perinatal Audit (NMPA)	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. This is a continuous prospective audit; maternity services are not required to collect any additional clinical data specifically for the prospective audit, data already collected routinely as part of women's and babies' care is used for this. A repeat organisational survey will be conducted by NMPA during winter 2018/19. A publication date for the national report/results is unknown at the time of producing this report.
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	The NNAP assesses whether babies admitted to neonatal units in England, Scotland and Wales receive consistent, high-quality care. Areas for quality improvement in relation to the delivery and outcomes of care are identified. The eleventh National Neonatal Audit Programme report covered the calendar year 2017. The Trust is performing at or around the national and network average for all defined standards and is one of the best performing units in the country in regards to temperature control. The Trust needs to maintain these excellent results and is constantly monitoring outcomes. Some areas have been identified where further improvements can be made and plans are in place for these, including improving retinopathy of prematurity (ROP) screening and entry of blood cultures.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
National Oesophago-Gastric Cancer (NAOGC)	This audit works to improve the quality of hospital oesophago-gastric cancer care in England and Wales. The Trust is one of 35 specialist Upper GI Cancer Centres offering the full range of treatments for oesophageal and gastric caner, both early and advanced. The Trust participates fully in the National Oesophago-Gastric Cancer Audit, enabling the Trust to benchmark both nationally and against local units. The Trust compares well with other units in all measures, and could be considered progressive in the treatment of high grade dysplasia, neoadjuvant treatments, and implementation of minimal access surgery. The Trust has a culture of open discussion and continuous improvement, which benefits the staff and patients.
National Ophthalmology Audit	The audit prospectively collects, collates and analyses a standardised, nationally agreed cataract surgery dataset from all centres providing NHS cataract surgery in England and Wales to update benchmark standards of care and provide a powerful quality improvement tool. The audit demonstrates the Trust has a lower complication rate for cataract surgery than the national average. Both posterior capsule rupture rate (the most common complication during cataract surgery and an accepted marker of surgical skill) and visual loss rate were lower than the overall national rate. The Trust will continue to monitor its performance through this national audit.
National Paediatrics Diabetes Audit (NPDA)	The National Paediatric Diabetes Audit (NPDA) was established to compare the care and outcomes of all children and young people with diabetes receiving care from Paediatric Diabetes Units (PDUs) in England and Wales. The national audit report was published in July 2018. The Trust median HbA1c (haemoglobin A1c blood test) is better than the national average. The number of patients with good control (HbA1c <58) has improved significantly and is also better than the national average. The number of patients with poor control has reduced significantly across all three measured levels. The numbers of those with an HbA1c >80mmol/mol are now better than the national average. The audit has identified the Trust has significantly more patients with diabetes and coeliac disease (7.1% in comparison with the national average of 4%). The number of incomplete care processes (seven parts to the annual review) has improved compared with 2013/14 results but this remains just below the national average in comparison with other trusts. The Trust is performing comparably with the other units in the region. There is room for further improvement and focus at clinic visits.
National Prostate Cancer Audit	This national clinical audit assesses the quality of services and care provided to men with prostate cancer in England and Wales. The National Prostate Cancer Audit collects clinical information about the treatment of all patients newly diagnosed with prostate cancer in England and Wales and information about their outcomes. The National Audit report published in February 2019 is currently being reviewed by the Trust; an action plan will be developed to address any areas highlighted for improvement.
Non-Invasive Ventilation – Adults	The aim of the audit programme is to drive improvements in the quality of care and services for patients with respiratory conditions across the UK. The Non-Invasive Ventilation Audit seeks to identify where improvements could be made in this

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
	area to align practice to Quality Standards and other guidance. The date for publication of the national report/results is unknown at the time of producing this report.
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antibiotic Consumption/ Antimicrobial Stewardship	The 'reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antibiotic Consumption/ Antimicrobial Stewardship is a National CQUIN. The CQUIN agreements made at the start of the year were replaced in agreement between the Trust and CCG to instead demonstrate close adherence to the Antimicrobial policy in lieu of this CQUIN, as performance against the unmodified CQUIN indicators were not anticipated to be as helpful in assessing antimicrobial stewardship at the Trust in 2018/19. A Trust wide audit was accordingly carried out in Q4. The full Trust data is not yet available for analysing. Initial data analysed so far comprises 197 patients on antibiotics across a number of wards. Of 289 antibiotic prescriptions, 12 (4.1%) were deemed inappropriate, which is an improvement on 4.3% inappropriate prescriptions identified in 2018 audit. We anticipate the remaining data to be available in early May 2019. The Trust has achieved an 18.7% reduction in carbapenem prescribing in 2018/19 compared to 2016 baseline which is a huge achievement and in excess of the 1% reduction required by the CQUIN. Carbapenems are the most broad spectrum antibiotic available and need to be preserved by prudent stewardship, and it should be particularly noted that PHT have shown frugal and appropriate use of this most critical antibiotic.
Royal College of Emergency Medicine	The Royal College of Emergency Medicine (RCEM) sets standards organisations are expected to meet to ensure a good quality service and that improvements are made where appropriate, and to benchmark against other organisations. These audits are against the RCEM standards. ***Feverish Children*** - Awaiting publication of the national report/results, due late May 2019. ***Vital Signs in Adults*** - Awaiting publication of the national report/results, due late May 2019. ***VTE risk in lower limb immobilisation*** - Awaiting publication of the national report/results, due late May 2019. The following reports were published during 2018/19, reporting on data submitted in January 2018: ***Fractured Neck of Femur*** - This report illustrates the pressures Emergency Departments (EDs) have been under nationally. Locally, the Trust is performing well at initial pain score assessments within 15 minutes; however, work is required to ensure all patients have their pain score recorded and then re-assessed. The data demonstrates that those with a recorded high pain score do receive analgesia quicker than those with a lower score. Unfortunately, the Trust's time to x-ray and time to analgesia has increased since 2008. Ongoing quality improvement projects and audit around fascia iliaca blocks aim to improve analgesia in this group of patients - a collaborative project between the ED, Orthopaedics and Anaesthetics has led to the introduction of a fascia iliaca block trolley in the ED and a ag for use on the wards, to facilitate these blocks. The project has led to a significant increase in the number of blocks performed in this complex group of patients and consequently to

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
	improved safety. A quality improvement project looking at ensuring pain scores are re-assessed in these patients is required and is being considered. ***Pain in Children*** - This audit looked at pain management of children with limb fractures in ED. The results highlight that the Trust is good at initial assessment of pain in a timely manner, however, focus is required in documentation of pain re-assessment. The trend both locally and nationally is that analgesia is being given more slowly, presumably due to the increasing pressures in ED. The findings of this audit will be disseminated to the ED team. A quality improvement project has commenced, focussing on a 'pain passport' for paediatric patients. ***Procedural Sedation in Adults (care in emergency departments)*** – This audit report, published in May 2018 is currently being reviewed by the Trust. Initial review has demonstrated that the Trust performed above the median in seven out of eight standards when compared with other EDs. Improvements are required with regard to providing a local invasive procedure checklist. An action plan will be developed to address any areas highlighted for improvement
Sentinel Stroke National Audit Programme (SNNAP)	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. The aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care provided to patients. Stroke care remains a challenging specialty nationally, with evidence for interventions in the hyper acute phase well established. Intra-arterial thrombectomy pathway development is gathering pace nationally and regionally. The national plan is to focus on thrombectomy, as well as rehabilitation and long-term care. The opportunities for improving outcomes and reducing morbidity and mortality are considerable; however, continued investment in the service will be necessary in order to realise the benefits for the whole health and social care community. Recruitment across all disciplines remains an on-going challenge, particularly to nursing and medical teams, as is the retention of staff. The development of specialist skills and knowledge is also proving difficult to maintain due to staff turnover. The service remains committed to maintaining and furthering this improvement in SSNAP performance, as it reflects the improvement in standards of care and outcomes for patients.
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. Awaiting publication of the national report/results, due July 2019.
Seven Day Hospital Services	The Seven Day Services project has moved from a national survey based assessment to a Board Assurance Framework. Full implementation is expected by June 2019. 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 variation in appropriate clinical supervision

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
	at weekends. The results for all four priority clinical standards were initially satisfactory and encouraging, and following a sustained effort the Trust has witnessed a significant improvement in performance which has led to full compliance for all four priority clinical standards in the spring 2018 survey. Benchmarking shows the Trust is above the national average for two of the priority clinical standards. They also confirm that compliance at weekends is very similar to that on weekdays. Further improvements include recommendations to introduce electronic systems to monitor audit compliance and to appoint leads for the six non-priority clinical standards.
Surgical Site Infection Surveillance Service	This service allows hospitals to record incidents of infection after surgery, track patient results and review or change practice to avoid further infections. The national report was published in December 2018 and is currently being reviewed by the Trust; an action plan will be developed to address any areas highlighted for improvement.
UK Cystic Fibrosis Registry	The UK Cystic Fibrosis Registry is a secure centralised database, sponsored and managed by the Cystic Fibrosis Trust. It records health data on consenting people with cystic fibrosis (CF) in England, Wales, Scotland and Northern Ireland. Registry results are published each year in the annual report, and include data about individual cystic fibrosis centres, to help the centres benchmark themselves against their peers, and provide people with cystic fibrosis with information that applies to their specific care team. The Trust submits data for all patients as part of the Southampton Network, in line with national best practice recommendations. Awaiting publication of the national report/results, due August 2019.
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) – Maternal, Infant and Perinatal Confidential Enquiry	The aim of MBRRACE-UK is to provide robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services. The MBRRACE-UK programme of work comprises national surveillance of late fetal losses, stillbirths and infant deaths, confidential enquiries into perinatal mortality and serious infant morbidity, and the national confidential enquiry into maternal deaths. ***Maternal Mortality*** - The Trust is compliant with the majority of recommendations made within the report published in November 2018. An action plan has been developed to address recommendations where the Trust is partially compliant. Improvements are required in the provision of epilepsy guidance and provision of thermometers in the community setting. ***Perinatal Mortality*** - The National Audit report was published in June 2018. The Trust meets four of the six recommendations relevant to the Trust. The service is actively reviewing its compliance against the national recommendations and this will be monitored through the Maternity Clinical Effectiveness, Quality and Safety committee and the Maternity Board. The service is compliant with the majority of the recommendations and has planned actions in place. The service recognises that it needs to re-assess compliance and this will form part of the service audit plan for 2018/19 and potentially onwards.
Child Health Clinical Outcome Review Programme – Long Term	The aim of this study is to identify remediable factors in the care of patients before their 25th Birthday who are receiving, or have received, long-term ventilation (LTV). This study is ongoing with a publication date due in November 2019.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
Ventilation	
Child Health Clinical Outcome Review Programme – Young Persons Mental Health	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, and self-harm. Awaiting publication of the national report/results; a due date is not currently available.
Child Health Clinical Outcome Review Programme – Cancer in Children, Teens and Young Adults	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 will 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. This will be further reviewed within the next scheduled paediatric audit.
National Confidential Enquiry into Patient Outcomes and Death – Peri-operative Diabetes	This NCEPOD report highlights the quality of diabetes care for patients aged 16 years or older who underwent a surgical procedure. The report reviews 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, published December 2018; an action plan will be developed to address any areas highlighted for improvement.
National Confidential Enquiry into Patient Outcomes and Death – Pulmonary Embolism	The aim of this study is to identify and explore avoidable and remediable factors in the process of care for patients diagnosed with pulmonary embolism. Awaiting publication of the national report/results, due date is summer 2019.
National Confidential Enquiry into Patient Outcomes and Death – Heart Failure	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 reviews 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, published November 2018; 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.

NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES THAT PORTSMOUTH HOSPITALS NHS TRUST PARTICIPATED IN DURING 2017/2018	
Audit Title	**Outcome/Actions to improve quality of healthcare**
National Confidential Enquiry into Patient Outcomes and Death – Bowel Obstruction	The aim of this study is to identify remedial factors in the process of care of patients with both large and small intestinal obstruction. This study is ongoing. This study is ongoing with a publication date due in winter 2019.

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	
Audit Title	**Comments and actions to improve quality of healthcare**
Fascia iliaca blocks performed in patients sustaining Neck Of Femur (NOF) fractures	This collaborative project between the Emergency Department, Orthopaedics and Anaesthetics has led to the introduction of a fascia iliaca block trolley in the Emergency Department and bag for use on the wards, to facilitate these blocks. The project has lead to a significant increase in the number of blocks performed in this complex group of patients leading, to increased safety. The team has been shortlisted at the British Medical Journal Awards in the category of 'Best Anaesthetic and Perioperative Team of the Year' for its work.
The Safety & Efficacy of the Enhanced Recovery Pathway following DIEP flap breast surgery (re-audit)	This re-audit was conducted by the Plastic Surgery Department to assess the outcomes of inpatients who underwent Deep Inferior Epigastric Perforator (DIEP) breast reconstruction at the Trust following the implementation of the Enhanced Recovery Protocol. The audit highlighted that since introduction of the Enhanced Recovery Protocol, there has been a reduction in length of post-operative stay from 4.4 to 3.6 days, a decrease in post-operative complication rates from 18% to 16.3%, and the rate of total flap loss has also reduced from 1.3% to 0%. The improvements highlighted have obvious advantages to the patient, with a quicker return to home and safer recovery, as well as the positive implications for the Trust. The team involved in conducting this audit were the winners of 'Best Poster' at the Mammary Fold Academic and Research Meeting.
Review and documentation of radiology on critical care (re-audit)	It is a national requirement that all radiography requests should be reviewed and documented, and measured against the Ionising Radiation (Medical Exposure) Regulations (IRMER) standard. The original audit (July 2017) found a Chest X-ray (CXR) documentation rate of 69%, well below the 100% IRMER standard. A clear way of documenting radiology on the computer system (with a template that ensures standard documentation) was proposed and implemented in one place on the Trust's ITsystem. The re-audit identified the Trust was still not reaching the 100% target despite education and reminders. In part this could be due to doctors having rotated in this time leaving a gap in teaching the new rotation how to document this correctly. This re-audit identified further improvements were required to re-educate the current doctors and all future rotational staff who would be expected to order and interpret radiological imaging. A 'Watch out' poster was designed to highlight the safety issues. A further re-audit is planned later in 2019 to determine if this has improved or if there is a further indication to change how imaging is documented.
Renal Anaemia Audit	This audit identified that fewer patients on erythropoietin (EPO) are exceeding their haemoglobin target. However, there was suboptimal monitoring of iron levels on dialysis units (often delayed) compared with unit guidelines; ferritin and transferrin saturations were often not requested together (as per NICE guidelines) leading to a delay in prescriptions of IV iron.

LOCAL CLINICAL AUDITS	
Audit Title	**Comments and actions to improve quality of healthcare**
	This audit identified further improvements were required, including a need for better anaemia nurse staffing levels and education to improve the participation of dialysis units in iron monitoring. Pro-active IV iron administration on dialysis units was required to improve haemoglobin (Hb) outcomes (in line with unit's anaemia guidelines). Plans have been put in place for the haemodialysis units to take over the iron monitoring and generation of IV iron prescriptions based on a newly generated simplified iron protocol. This will release more time for the anaemia nurses and allow them to concentrate more on pre-dialysis patients. The audit has strengthened the business case for an additional anaemia nurse (currently in preparation), which will help further to improve patient outcomes.
NICE: Standards for Bronchiolitis in children: immediate referral and management of bronchiolitis (NG 9)	The audit was intended to review the standards for bronchiolitis (blockage of the small airway in the lungs due to a viral infection) management in children. The results demonstrated a number of areas of good practice: primary care, ambulance and ED colleagues are referring those who need immediate referral appropriately. With a couple of exceptions, the in-hospital management of those with bronchiolitis is in keeping with the NICE guidance. Those who did receive antibiotics generally received them as a result of concerns about sepsis, rather than for bronchiolitis. This is appropriate and in all cases reviewed there was clear documentation of this clinical reasoning. Areas for further improvement were identified including poor information of oxygen saturations from GP referrals, and some treatment options outside the guidelines. An action plan to improve adherence to the guidelines was put in place, including ensuring that nursing and medical teams are aware via a number of measures that antibiotics should be avoided. However, if sepsis is part of the differential they are appropriate. Nasal suctioning should be performed in those with bronchiolitis who have apnoea. Hypertonic saline, salbutamol and ipratropium nebulisers should not be used in the management of bronchiolitis. Venous blood gases should not routinely be performed in children with bronchiolitis, rather they should be considered if there are concerns about severely worsening respiratory distress or impending respiratory failure. A further re-audit is planned in 2019.

Portsmouth Hospitals NHS Trust

✉ Queen Alexandra Hospital
Cosham
Portsmouth
Hampshire
PO6 3LY

✆ 023 9228 6000