

Portsmouth Hospitals

NHS Trust

Comments on the Commission for Health Improvement Draft Clinical Governance Review Report

General comments:

The Trust is disappointed that the report does not acknowledge that many if not all of the issues that the CHI Review Team reported on, have already been identified by the Trust. The Trust has not only recognised these shortcomings but has drawn up action plans for many of the reported issues, as evidenced in the 'mini CHI Report' that was presented to the trust Board in November 2001. In addition, the Trust is disappointed that the report does not recognise the Beacon Head and Neck Cancer Service as an area of notable practice. The report does however acknowledge the Adverse Medication Project in the body of the report, thus it would seem appropriate to acknowledge this under the section: What if anything did CHI find that the rest of the NHS can learn from.

Page Number	Paragraph / Bullet Point	Comment
iv	1	Portsmouth Hospitals employ 7,000 staff
iv	4	This paragraph could be confusing and suggests the following would provide a clear description ' <i>Queen Alexandra Hospital includes within it's grounds wards that are managed by another Trust that has responsibility for Elderly Care Services. When these wards are full, care of the elderly patients requiring in patient care falls upon Portsmouth Hospitals NHS Trust. These patients, who are admitted to Portsmouth Hospitals, are then cared for by General Physicians</i> '.
v	1	The phrase ' <i>there is a perception that the patients are lost in the system</i> ' is misleading. The Trust suggests this is re-worded to report: ' <i>there is a perception that the patients are not followed through</i> '.
v	2	It would be more accurate to report that ' <i>The Trust had repeatedly been unsuccessful in obtaining an external review of it's Renal Services and requested that CHI champion this matter on their behalf. At CHI's request the NHS South East Regional Office has now been successful in commissioning such a review</i> '.
v	3	It would be more accurate to report: ' <i>It was given a no star rating and faced an overspend of £8m which the Trust from which the Trust has now pulled back. The Trust has an agreed overspend target of £1.9m as agreed with the regional office</i> ' At the time of the CHI Team visit in December the Trust was on target to achieve this.
v	3	It would be more accurate to report: ' <i>The Trust is in the process of reorganising clinical services</i> ' as opposed to changing clinical services
v	7	The Trust is disappointed that no mention was made of the Chief Executive / Chairman's Surgeries held each Friday afternoon to allow any member of the public to have direct access to the Chief Executive / Chairman to discuss their issues.

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vi	7	The last sentence of this paragraph would more accurately be expressed as follows: ' <i>This has contributed to the drop in staff morale.....</i> '
vii	7	The first sentence does not reflect the true picture. There is a concern that the word 'severe' in this sentence is not reflective of the organisation at the time of the visit. The following inaccuracies / clarification / additional information needs to be considered: <ul style="list-style-type: none"> • The current Chief Executive leaves the Trust on February 15th 2002. • The interim Chief Executive joined the organisation on the 6th February 2002 • The Chairman joined the organisation in April 2001.
vii	8	The last paragraph leads the reader to believe that a number of skilled and committed staff have been appointed by only the Director of Nursing and Midwifery. It would be more accurate to insert a full stop, as follows:- ' <i>The Director of Nursing and Midwifery was seen to provide effective leadership of nurses throughout the Trust</i> '. Start of next sentence.
viii	1	There is a real concern regarding the words 'very' and 'severely' in the statement relating to the stability of the Trust. The Trust agrees that it certainly had a management team that has been changing but that the Trust has maintained it's management thrust, otherwise it could not have achieved the correction of it's financial position and the significant reduction in waiting lists.
viii	1	The phrase relating to ' <i>the need for a strong new dedicated enthusiastic team</i> ' is misleading and implies that the newly appointed team needs to be changed. The phrase ' <i>The new team will need to exhibit strength of purpose, dedication and enthusiasm to provide clear leadership</i> ' would be more accurate. This change is necessary to avoid undermining the newly appointed managers.
ix	1	The Trust understood that the review team looked in depth at arrangements in General Surgery not Colorectal Surgery?
ix	2	The Trust notes the absence of any statistics throughout the report, i.e. the size of the population, activity data etc. Will the final report contain this information and, if so, will the Trust get the opportunity to see this information prior to publication?
ix	5	The draft report states that ' <i>the number of patients waiting longer than 12 months for inpatient treatment has increased between September 2000 to June 2001</i> '. It would provide a more balanced picture if the sentence went on to report ' <i>however, this figure returned to 500 by December 2001</i> '. The Trust will have no 15 month 'waiters' by the end of March 2002.

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x	2	The statement ' <i>there are delays in the accident and emergency department</i> ' implies that patients experience delays in receiving treatment in the Accident and Emergency Department itself or is it the case that patients are waiting in the A&E Department for admission to the ward?
x	Consultation and Patient Involvement Point 4	The review of the effectiveness and implementation of the consent policy had already been undertaken prior to the site visit. New consent forms and processes were being piloted during the week of the review visit. The pilot study will be completed by April 2002. Inevitably, as with any pilot phase, there will be a period of over lap with old and new.
x	Consultation and Patients involvement	As CHI found the Trust to be sufficiently commendable in this area that other Trusts could learn from this would indicate it deserves an assessment score of 3. The information the Trust submitted justifies a 'Good strategic grasp and substantial implementation, alignment across the strategic and planning level, and at the operational level'. In addition, the Chair / CEO's complaint surgeries are also a unique contribution at top level to this component of Governance.
x	Clinical Risk Management	The text of the report supports an assessment score of 2. CHI recognises in the body of the report that ' <i>there is evidence that the emerging culture of the organisation supports the development of an effective clinical risk programme.</i> ' Further more, page 22 of the report acknowledges that CHI received ' <i>several examples of changes to practice following incident reporting</i> '.
xi	Clinical Risk Management continued	It needs to be noted that whilst the CHI Review Manager met during the review week with the Chief Executive to discuss his concerns relating to the Renal Services and Security, the issue relating to the management of emergency admissions was not raised. Therefore it seems inappropriate to refer to the management of emergency admissions on page xi in this way.
xi	Research and Effectiveness	The text of the report supports an assessment score of 2. It is unfortunate that this is such a general / inclusive statement. The Trust believes it has made much progress with regard to research and development, this is reflected in the report in Section 5.29. The Trust has joined with other providers within the district to facilitate a multi-disciplinary approach to local research. This district wide Consortia has a research strategy and structure, has research management processes in place, which includes a research governance action plan. The annual reports identify planned activity each year to ensure strategic and operational development. In addition, it reports on milestones achieved against specific performance indicators. The consortium received good annual feedback from the Regional Office in this respect.

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xii	Staffing and Staff Management	The report refers to rising sickness absence levels. However, regular trend analysis of sickness absence demonstrates that the Trust has a steady sickness absence rate of 5%. The report records that there are <i>'good examples of team working, particularly in the accident and emergency department, paediatrics, operating theatres, breast unit, pathology and dermatology'</i> . In light of this the Review Team may wish to reconsider the assessment score of 1.
xii	Education, Training and Continuing Personal and Professional Development	The body of the report commends the Trust for its ALERT Course. In addition to this, the Trust has instigated amongst other programmes, training on the management of violence and aggression and bullying and harassment. Both of these initiatives reflect issues identified through the incident reporting system. Thus demonstrating a <i>'good strategic grasp and substantial implementation at the operational level of the organisation'</i> . In light of this the Review Team may wish to reconsider the assessment score of 1.
xiii	Use of Information Paragraph 1	The Trust is concerned that the report refers to an increase in the number of complaints. This is misleading in that there is little value in reporting this in the absence of comparative data with other Trusts. The Review Team will have received some comparative data on the number of complaints relating to nursing care. This report which was undertaken by District Audit demonstrated that the Trust compared most favourably to its peers.
xiii	Use of Information Paragraph 2	The Trust is unclear as to the meaning of <i>'informal complaints'</i> does this relate to verbal complaints? The emphasis in the report on information relating to complaints implies that only complaint information is relevant. The report does not acknowledge the vast amount of other information that is used by the Trust.
xiii	Strategic Capacity Paragraph 4	<i>'CHI is concerned at the capacity of the board to deliver the clinical governance agenda'</i> . The Trust would like to clarify, does capacity relate to the number of people on the board or their capability? The Trust Board is now up to full complement, the present Chief Executive leaves on February 15 th 2002. The interim Chief Executive arrived on the 6 th February 2002 and takes charge from 11 th February 2002.
xiv	First paragraph	The Trust believes that rather than there being a <i>'serious' risk to patient safety'</i> , this should read <i>'potential risk to patient safety'</i> as agreed with the CHI Review Manager during the site visit. In addition, the acknowledgement that action plans have already been drawn up by the Trust to address these issues would provide a more accurate representation.
xiv	Second Bullet Point	It would be less ambiguous to re-word this paragraph to report that <i>'the local health community should manage the problem caused by the high numbers of emergency admissions'</i>
xiv	Fourth Bullet Point	The action required is unclear as this is not evident in the text of the report.

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xiv	Fifth Bullet point	The Trust had already requested that District Audit undertake such a review at the time of the visit. For information this review started the week commencing 4 th February 2002.
xv	First paragraph	There are a number of other areas of notable practice that have been omitted from this section: <ul style="list-style-type: none"> • The Adverse Medication Incident Project. Since this project commenced 10 months ago there has been an increase in the reporting of 'near miss' medication errors by 372% and an increase in reporting of medication incidents by 257% • The Slip's, Trip's and Falls Project.
xviii	Second Paragraph	A note of the number of patients who were seen by the CHI team would ensure the reader could judge the validity of the comments made within the report.
1	1.6	The Trust is concerned that the statement ' <i>chapter 3 describes the common experience of patients cared for by the Trust</i> ' is misleading as this implies that CHI received information from a large number of the patients cared for by the Trust. A more accurate statement would report <i>chapter 3 describes the common experience of the (insert number) patients cared for by the Trust that CHI received information from</i>
3	2.2	The number of staff the Trust employs is 7,000
3	2.4	Does this mean that the Trust is three times as busy as the average hospital ?
4	2.5 continued	The Trust is concerned that the statement ' <i>In contrast those in more deprived areas appear to have higher rates of operations that are considered not to be effective or for which there is a more effective alternative</i> ' will mislead and alarm the public. It would be less alarming if the operations this statement relates to were included – D & C and insertion of Grommets. It should also be noted that the statistics for D&C surgery are distorted by poor coding of hysteroscopies under the D&C clinical code.
4	2.7	The financial position of the trust at the time of the visit was on target to deliver the £1.9m overspend as agreed with the Regional Office.
5	Paragraph 4	It would be more representative to report that ' <i>the number of patients waiting longer than 12 months for inpatient treatment has increased between September 2000 and June 2001. However, this is now reducing and the Trust has set a target of zero by March 2002 for all patients awaiting twelve months for treatment apart from orthopaedics, the target for which is fifteen months.</i>
5	Paragraph 9	It would provide a clearer picture if the following was reported ' <i>Some patients are transferred between wards and hospitals due to pressure on beds, at short notice.....</i> '
Page Number	Paragraph / Bullet Point	Comment

6	3.2	<p>Readmission rates are distorted for a variety of reasons :</p> <ul style="list-style-type: none"> • 4% of the coded emergency re-admissions are in fact elective re-admissions • 6% of emergency re-admissions occur because of incorrect assignment of inter hospital transfers as emergency admissions • 9% of emergency re-admissions relate to short stays within the A&E Department • It should be noted that only 2.6% of Medical Assessment Unit admissions are re-admitted within 28 days • The overall Length of Stay index is 0.74 (norm -1.0). This is effected by the high demand placed on beds by emergency admissions. It should be noted that April 2001 – June 2001 statistics demonstrate that the Trust has an emergency admission rate of 46 % against a peer group rate of 34% (April 2001 – June 2001) • High initial emergency admission are associated with higher re-admission rates.
6	3.4	It would be more just and reflective to report that whilst the Trust underachieved in some areas, it performed extremely well in 3 of the clinical indicators.
6	3.5	The Trust achieved 14% of the reduction target in patients waiting over weeks.
6	3.6	It would be more representative to report that the patients waiting for more than 12 months for admission reduced to 500 by December 2001 with a target of zero by March 2002 for all inpatient treatment apart from orthopaedics. The target for orthopaedic surgery is September 2002'
7	Patient Comment	It is concerning to note this single comment that could be misleading unless an indication is given of the number of such comments that were received.
7	3.8	The Trust is disappointed that no reference was made to the new Medical Assessment Unit which is well underway and will be available for occupation in April 2002. The report leads the reader to believe the plan to expand the MAU capacity has not been executed.
8	Paragraph 1	If the statement ' <i>there is a perception that patients are lost in the system</i> ' is a quote this should be reported with speech marks.
10	3.14	The last relating to Royal Hospital Haslar statement in this paragraph may be confusing to the public and would benefit from clarification.
10	3.15	The Review Team reported a repeated concern relating to the number of cancelled operations, some at relatively short notice. On average, the Trust cancels 1.3% of operations on the day of operation. This is the information which the Regional Office both requires and receives. To report on cancelled operations in the absence of comparative data with other Trusts does not allow the reader to draw helpful comparisons

11	Staff Comments	Individual quotes give the reader the impression that this applies to all areas of the Trust and can be misleading
Page Number	Paragraph / Bullet Point	Comment
12	Patient Comments Second Bullet Point	This should be reported as ' <i>the nurse is said to have replied</i> '
13	3.24	The last sentence should read: ' <i>The Trust has taken action</i> '
14	4.2	In addition to reporting that the ' <i>number of complaints received by the Trust has increased</i> ' Please refer to comments made on page 4.
16	4.13	Policies, guidelines and protocols are all available on the Intranet. At the time of the visit these could be found within the Risk Management Website - they have since been transferred to the Clinical Governance Website.
17	4.14	It should be noted that the Trust invests £600,000 (Capital) and £2.2M (Revenue) per annum in IM&T. In addition, the report should note that the Trust is a member the Health Economy Wide IM&T group and therefore works within that groups guidelines / strategy.
19	5.2	The last sentence relates to clinical governance awards, it should be made clear that these awards are decided by the Patient Experience Forum. The process for these awards is managed in partnership between the Trust and the Patients Experience Forum. Could we suggest that this is highlighted under areas of notable practice at the beginning of the report.
20	5.6	The Clinical Audit, Standards and Effectiveness Committee (CASE), which is a sub group of the Clinical Governance Committee has the responsibility for policies, guidelines, standards, audit, National Service Frameworks, Care Pathways and NICE guidelines. CASE is not responsible for CNST, patient information or staff training.
20	5.6	It is concerning that the CHI Review Team appear to have criticised the effectiveness of the implementation of the consent policy. The Trust has reviewed this some time ago and at the time of the visit the Trust was piloting an appropriate policy and consent form which will be completed by April 2002. Please refer to comments made on page 3.
22	5.13	The last sentence of this paragraph is confusing. Does this relate to Allied Health Professionals employed by Portsmouth Healthcare Trust ? If this is the case it would provide clarity if this were stated.
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22	5.15	The Trust is disappointed that no reference has been made to the Adverse Medication Project. This has increased staff awareness, training and has underpinned the open, honest learning culture. In turn this, has increased staffs confidence to report, resulting in an increase in the number of incidents that are now reported that previously would have gone unreported.
23	5.20	The Trust some years ago convened a district wide Risk Group but due to lack of interest by other parties this group was disbanded. However, the Trust's Risk Manager has recently met with the PCT's to discuss the adoption of a common incident reporting form. There is a clear enthusiasm to undertake this by all parties who are now awaiting information from the NPSA.
25	5.22	The Trust perceives that it is clearer to refer to 'a cross boundary audit approach' rather than a 'multiorganisational audit approach'.
27	5.30	The Trust has a research and development committee which has very different terms of reference to that of the committee responsible for effectiveness. However, the Trust has made some progress in developing links between the Trust Research Department and Clinical Governance and Effectiveness initiatives
28	5.33	The Trust perceives that it would be more explicit to state that 'There is a need to involve all staff in development and prioritisation of future care pathways'.
28	Bullet point 1	The Trust has shown a commitment to raising the awareness of Research and Development and multi-disciplinary involvement at all levels. Further development is required and systems need to be improved but again, there is evidence of plans for the very near future, i.e. website development, increased role of the Trust R&D Committees. It should be noted that the Trust is the main collaborator and host for district research and has a good track record in this respect.
28	Bullet points 2, 3	The action points do not seem to fully reflect the comments made in the main body of text. There are some systems in place to disseminate the research output co-ordinated by the Consortium / Research Office, this was commended in the report (5.31). There is a concern that the report may be making a distinction between the Consortium's activity and that of the Trust, despite the Trust being the largest partner. It may be more just an analysis to state that systems should be developed to ensure that outputs are actually generated from research, this is currently being worked on. The Consortia is considering a research review process which will ensure all proposed projects have a comprehensive dissemination plan.
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29	Bullet point 3	It is agreed that further development is required to ensure consumer involvement in the research process. It would be helpful to acknowledge that the Trust has already shown evidence of a commitment to multi-disciplinary working and consumer involvement at strategic planning level (see Research Strategy, Research Governance Plan and Annual Reports).

30	5.38	It is inaccurate to report ' <i>alleged bullying and harassment</i> ', these allegations were in fact proven. Moreover, the issue of harassment and bullying is clearly in the first sentence so we would be most grateful if the rest of the paragraph could be deleted. The process has run its course (with the support of the regional Office) and reference in the report runs the risk of resurrecting an issue that needs to be put in the past to allow a focus on the future.
31	5.45	It should be noted: <ul style="list-style-type: none"> • Some medical staff have signed Working Time Directive waivers. • Junior Doctor compliance should improve now the Trust has introduced full shift working within the PRHO grades and the appointment of Hospitals Doctor grades which legalises the SHO rota.
31	5.46	The Trust does undertake regular trend analysis of sickness absence.
36	6.1	The Trust is disappointed the report does not report positively about the fact that the instability prior to the new appointments is now ending.
37	6.4	It should be noted that the Trust does have an established regular, written 'team briefing' process.
38	6.6	The report refers to a number of key documents in draft form in what appears to be a critical manner. The Trust perceives that this should be viewed positively as this demonstrates the Trust is starting to move forward.