

Hampshire Health and Adult Social Care Select Committee September 2018

Portsmouth Hospitals NHS Trust update

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health and Adult Social Care Select Committee on the following issues of interest:

1. Care Quality Commission (CQC) reports

• The CQC has now published its <u>reports</u> on the comprehensive and well led inspections carried out at the Trust in April and May 2018. This paper provides an update on findings from the inspections and a revised approach which has been developed to address the CQC's requirements. This includes a Quality Recovery Plan to help ensure the Trust fully complies with its regulatory obligations. The Quality Recovery Plan will be closely monitored and complemented by a range of activities to drive wider changes in practice and ensure quality improvement. The Trust is still waiting to hear the outcome of reviews of existing enforcement action.



Care Quality Commission report

The CQC has now published its reports on the comprehensive and well led inspections carried out at the Trust in April and May this year.

As a result of the Commission's findings, the Trust's ratings in each domain and each care pathway have been reviewed and in many cases revised. The grid setting out the Trust's revised ratings is attached at Appendix 1. The Trust's overall rating in each domain is as follows:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement					
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The arrows in each box indicate whether a domain has stayed the same, reduced, or changed by two levels of rating.

Clearly there has been significant improvement in some areas, and a number of ratings are very welcome to see – the universally outstanding performance in critical care is to be celebrated, as are the improvements in end of life care and the strong first time rating in diagnostics (not previously rated as an independent pathway).

The arrows indicating change mostly relate to the last time there was a comprehensive inspection of the Trust in June 2015. The position with regard to urgent and emergency services is slightly different, as the CQC has inspected this pathway more recently (February 2017). By comparison with the published ratings associated with the 2017 report, the position in medical care has improved significantly, as indicated below:

Medical care, including older people's care								
Safe	Effective	Caring	Responsive	Well-led	Overall			
Inadequate	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate			
Feb 2017	Feb 2017	Feb 2017	Feb 2017	Feb 2017	Feb 2017			
Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement			
August 2018	August 2018	August 2018	August 2018	August 2018	August 2018			

The Commission has not used the February 2017 ratings for Medicine because the inspection at that time covered only the urgent care elements of the medical care pathway, and did not qualify as a fully comprehensive inspection.

Although there has been considerable improvement in a number of areas, it is disappointing to note the deterioration identified in others. Of particular note is the reduction in the overall caring rating from 'outstanding' to 'requires improvement', despite 'good' or 'outstanding' performance in seven of the nine pathways inspected.



The report identifies a small number of incidents observed during the inspection which were not representative of the behaviour and values the Trust, and indeed most of its staff, expect to see. Although it is reassuring to note that the significant majority of the Trust's patients receive good or outstanding levels of care, addressing the issues which prevent the consistent delivery of outstanding care will be a key feature of the Trust's response to the report.

Similarly, there will be a particular focus on maternity services, where ratings deteriorated in all five domains. The leadership team in the maternity department is working collaboratively with the Governance and Corporate Nursing teams to develop an effective programme of improvement to address the immediate issues raised by the CQC and their underlying causes.

Actions to address deterioration in other areas are also in development as indicated below.

In response to its findings during the inspection, the CQC has issued to the Trust a list of 54 requirements ('Must-dos' - indicators of an identified breach in required regulatory standards) and 71 recommendations ('Should-dos' – indicators of action required to prevent a breach).

In support of the list of must/should dos, the Trust has been formally served with a notice under section 29A of the Health & Social Care Act 2012 which sets out the observed circumstances which led to the conclusion that the Trust has breached relevant regulations, and requires action to be taken to address these breaches by 31 October 2018.

A revised approach to addressing the CQC's requirements has been developed. A Quality Recovery Plan has been produced to help steer the Trust back to full compliance with its regulatory obligations. The Quality Recovery Plan will be complemented by a range of quality improvement activities which are intended to drive wider changes in practice in pursuit of the Trust's broader quality improvement aspirations.

Addressing the compliance issues raised in the report will also support the Trust's strategic objective to support delivery of safe, high quality patient focused care, and in particular

- 2i get the basics right deliver high quality care across all clinical services
- 2ii build an environment and culture where patients, families and carers can take the lead in meaningful care

The Quality Recovery Plan is undergoing further refinement and implementation will be monitored by the Quality Improvement Advisory Group (QIAG). This group previously monitored delivery of the old-format Quality Improvement Plan, but its terms of reference and membership have been reviewed and revised to ensure that its function supports the Trust's wider quality assurance activity and engages key stakeholders including the local Clinical Commissioning Groups, the CQC, NHS Improvement and NHS England. The revised QIAG is chaired by the Chief Executive and its membership includes a range of Executive Directors and Divisional Nursing Directors.

The CQC has committed to reviewing the status of previous enforcement action against the Trust in light of the outcome of the 2018 inspection and the service of the latest Warning Notice, but has yet to hear from the CQC about the results of those reviews.



The Director of Governance and Risk will provide monthly updates to the Quality and Performance Committee and the Board, informed by discussions at the QIAG.

The Trust has submitted a response to the Warning Notice to the CQC.

ENDS