

**Hampshire Health and Adult Social Care Select Committee
April 2019**

Portsmouth Hospitals NHS Trust update

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

1. Care Quality Commission (CQC) reports

- The CQC published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018. This paper provides a further update on progress against the findings from the inspections. This includes an update on the ensuing Section 29A Notice Quality Recovery Plan to help ensure the Trust fully complies with its regulatory obligations. An update on other regulatory enforcement actions previously in place is also included.

Care Quality Commission report

The Care Quality Commission (CQC) published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018. The Trust's overall rating in each domain is as follows:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔	Requires improvement ↓	Requires improvement ↓↓	Requires improvement ↔	Requires improvement ↔	Requires improvement ↔

The arrows in each box indicate whether a domain has stayed the same, reduced, or changed by two levels of rating.

Section 29A Notice

In response to its findings during the inspection, the CQC issued to the Trust a list of 54 requirements and 71 recommendations. In support of the list of must/should dos, the Trust was formally served with a notice under section 29A of the Health & Social Care Act 2012 requiring action to be taken by 31 October 2018.

Following completion of the S29A notice period, the Trust is developing a robust evaluation of the clinical impacts to date, and identifying further actions to ensure the long term sustainability of quality improvements relating to CQC standards of care.

Trust Response

A Quality Recovery Plan was produced to help steer the Trust back to full compliance with its regulatory obligations. To support the actions identified an assurance approach linking both quantitative data and qualitative context has been applied to identify the impacts of the actions taken, rated in accordance with the CQC's own ratings system to provide a level of assurance of effectiveness. Management of the actions required is led clinically by divisions, and supported through twice-weekly operational update meetings to maintain pace and effectiveness.

The Trust is pleased to report progress against a number of the requirements, including:

- the completion of patient risk assessments and associated care planning
- ensuring prompt remedial action is taken in response to serious incidents
- completion of person centred and comprehensive care records in maternity services
- ensuring all staff report all incidents, including staff shortages
- ensuring staff in high risk areas for encountering patients living with domestic violence have a named staff member with skills in this area
- ensuring that all patient safety risks are captured on an appropriate risk register, which must describe planned and completed mitigating actions
- governance and quality oversight meetings, including Mortality Review Steering Group, to be regular and consistent

The Trust continues to challenge itself to develop further improvements in some areas, including:

- ensuring sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of the service
- ensuring all staff apply the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards in provision of care and treatment to patients
- ensuring patients and their relatives or carers are involved in and are kept informed about their care and treatment
- ensuring patient consent is properly sought and recorded in respect of display of patient identifiable information on boards in public parts of clinical areas

Assurance of Improvement Impact

The Quality Recovery Plan (QRP) has developed further since September 2018 to focus on impacts and outcomes from actions taken. This provides additional assurance of effectiveness and uses a quantitative, and a contextual qualitative approach. The impact assessment methodology is closely aligned with the CQC's own guidance for its inspectors (**Appendix A**).

The QRP has been formally overseen via the Trust Quality Recovery Group (QRG). This includes Clinical Commissioning Groups (CCGs), NHS England, NHS Improvement and Healthwatch community stakeholders in addition to Trust leadership. The membership ensures that its function supports the Trust's wider quality assurance activity and engages key stakeholders including local CCGs, CQC NHS Improvement and NHS England. The QRG is chaired by the Chief Executive and membership includes Executive Directors and Divisional Nursing Directors.

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

The Trust and stakeholders also jointly held a Trust-wide quality review of services in January 2019. This supported and provided additional first hand assurance of progress being made and identified any actions still needed for improvement. The approach provided a rich source of further assurance and an ongoing programme of quality reviews has been developed for the year ahead.

Outcomes of the review supported the key themes already identified for improvement, which have been developed into focused improvement programmes to be implemented in the coming 12 months. These themes were consistent with progress detailed above:

- continued focus on improving documentation and patient safety
- strengthening governance and oversight in the new divisional structures as they now embed
- supporting clinical ward leadership and daily management to maximise care time

Next Steps

The Quality Recovery Group will be replaced by a new Shared Assurance Programme Group from May/June 2019, to enable continued focus on any areas of quality concern to the Trust and CCGs.

The Trust has not yet received a further visit from the CQC to assess the impact of the actions taken to address S29A. We are expecting a routine full inspection later this year.

Other Regulatory Progress

We are pleased to report that in addition to the progress above, a number of enforcement actions that had been in place have been removed by the CQC in response to improvements the Trust has made. These include:

Section 31 (AMU) Notice

This notice was issued on 3 March 2017 and removed on 19 October 2018. It related to ensuring sufficient staffing levels and skill mix in the Acute Medical Unit (AMU) and GP triage referral area to meet the needs of patients, and to ensure appropriate Standard Operating Procedures are in place. The Trust was required to report fortnightly against these conditions.

Section 31 (Mental Health) Notice

This Notice was issued on 12 May 2017. It related to ensuring suitably qualified and competent staff in the Emergency Decision Unit to provide safe, good quality care to patients with mental health problems and that appropriate risk assessments and treatment plans are completed for patients presenting to the ED.

The Notice also related to ensuring the identification and oversight of vulnerable patients across the organisation and that Deprivation of Liberty Safeguards and the Mental Capacity Act are applied appropriately. The Trust was required to report weekly against these conditions.


All conditions were removed 27 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 and the Trust continues to oversee and manage improvement, supported by the oversight process detailed below.


Section 31 (Diagnostic and Screening Procedures)


The Notice was issued on 28 July 2017. It related to a backlog of Radiology reporting and required weekly reporting. The condition was removed on 20 December 2018.


Appendix A: Assurance methodology, taken from the CQC Inspectors guides

How CQC monitors, inspects and regulates NHS trusts (March 2018)

Outstanding
 The service is performing exceptionally well.

Good
 The service is performing well and meeting our expectations.

Requires improvement
 The service is not performing as well as it should and we have told the service how it must improve.

Inadequate
 The service is performing badly and we've taken action against the person or organisation that runs it.

Aggregated metrics
 [CQC] principles for aggregation, with [CQC] professional judgement to apply them: examples:

Aggregated rating will normally be 'outstanding' where at least X number ratings are 'outstanding' and the other ratings are 'good'.

Number of underlying ratings	Number (X) of underlying outstanding ratings
1 – 3	1 or more
4 – 8	2 or more
9+	3 or more

Aggregated rating will normally be limited to 'requires improvement' where at least X number underlying ratings are 'requires improvement'.

Number of underlying ratings	Number (X) of underlying requires improvement ratings
1 – 3	1 or more
4 – 8	2 or more
9+	3 or more

Ratings characteristics

A core service or trust doesn't have to demonstrate every characteristic of a rating for us to give that rating.

E.g. if one of the characteristics is deemed inadequate and it has significant impact on the quality of care, this could lead to a total rating of inadequate.

In the same way, trusts don't need to demonstrate every characteristic of good in order to be rated as good.

Inspection teams use the ratings characteristics as a guide, not as a checklist. They take into account best practice and recognised guidelines.

ENDS