

**Hampshire Health and Adult Social Care Select Committee**  
**9 July 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, and the “inter pressures” focused inspection carried out in the Emergency Department in February 2019. This paper provides a further update on progress against the findings from the inspections. This includes a revised, streamlined approach to quality governance to provide sustainability across all clinical quality standards.
- The new arrangements include an internal “heat-map” process which incorporates all CQC key quality standards including the section 29A Notice, with oversight of improvement effectiveness, and the introduction of a Shared Assurance and Improvement Programme with Clinical Commissioning Groups, and invitation to Healthwatch, NHS Improvement and NHS England.
- A second Trust-wide quality review was carried out in May, which adds further direct practice assurance of quality standards, to support the above governance actions.



## Care Quality Commission report

1. 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 ↔

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

## Section 29A Notice

3. 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.

## Trust response

4. Following completion of the S29A notice period with its focus on achievement and assurance of the specific standards requirements, the Trust has worked to demonstrate and assure itself and stakeholders, of sustained improvements made through its quality recovery plan approach previously discussed. Current results of the quality review group work for the s29A are summarised at appendix A.

## Winter pressures focused inspection

5. As the Committee will be aware from the Trust's previous report, the CQC also visited the Emergency Department at the Queen Alexandra Hospital in February 2019 as part of a national programme of inspections to assess how Trusts were managing the pressures associated with increased demand during the winter months. Although the inspection did not result in any change to the Trust's rating, a report was issued, and the Trust was required to take specific action in a number of areas. Those actions included ensuring
  - that there is consistent use of relevant safety mechanisms (principally checklists and risk assessments)
  - that equipment is checked in a consistent and auditable way
  - that patients are consistently treated with care and compassion
6. As previously described to the Committee, the Trust is aware that a number of the issues raised in the winter pressures focused inspection report have been identified in earlier inspections, and has consequently taken a more holistic approach to addressing them.

7. The Committee heard at its last meeting about the measures being implemented to address these requirements, including a culture change programme intended to reinforce the Trust's values:
  - Working Together
    - For patients
    - As one team
    - With compassion
    - Always improving
8. As part of its move to enabling staff to view the delivery of high quality services as part of everyday practice, rather than a compliance-focused response to inspection, the Trust is now moving ahead with its plan to implement a revised, streamlined approach to quality governance.
9. This will provide governance and assurance across all clinical quality standards, including ensuring that improvements in the s29A areas are sustained. More importantly, the new arrangements will deliver oversight in respect of all areas of the Trust, and all aspects of compliance with the CQC's requirements, rather than only those which have been the subject of enforcement activity.
10. The new arrangements include:
  - an internal Trust Quality "Heat Map" process, and
  - the introduction of a Shared Assurance and Improvement Programme (SAIP) with the Clinical Commissioning Groups. Healthwatch, NHS Improvement and NHS England are also invited.

### **Internal Assurance - Quality Heat Map**

11. The quality Heat Map process involves a review of the metrics relating to the key lines of enquiry associated with all five of the CQC's quality domains (safe, effective, caring, responsive, well-led), and the metrics associated with the remaining items set out in the Section 29A notice.
12. The heat map process also incorporates a wide range of supplementary evidence which does not lend itself to presentation as a metric, including, for example, feedback from primary care, horizon scanning and professional instinct.
13. The heat map meetings are held monthly, and their outputs support further quality improvement across the wider agenda, helping to ensure quality reporting processes are fully embedded consistently in all clinical areas, not just those which were part of the focused Section 29A notice.
14. The areas of concern identified via the heat map process are referred for urgent action if required, and/or passed to the Shared Assurance and Improvement Programme, as described below.

### **Local system-wide assurance - Shared Assurance and Improvement Programme (SAIP)**

15. The SAIP is an opportunity for the Trust to raise the concerns about quality of care identified via the heat map process with the local CCGs, in an open and transparent way. The CCG Quality Teams also share at the SAIP meeting any concerns about the Trust which they have picked up from feedback and other surveillance methods.
16. A shared approach to investigating these issues is then agreed, so that a holistic understanding of the causes of concern can be reached, which meets the needs of both the commissioners (the CCGs and/or NHS England) and the Trust. Healthwatch has also been invited to participate in the process so that concerns raised by service users can be fed in to the discussion and investigated alongside those of the CCGs and the Trust.
17. Once the causes of the identified concerns have been established, an agreed approach to addressing the cause and/or effect via relevant improvement methodologies is also agreed, ensuring that the needs of all stakeholders are met, as far as possible.
18. The heat map and SAIP processes have been in place since June. The first subject identified for a significant investigation project is inpatient discharge.
19. The work of the SAIP will feed into the Trust through the Board's Quality and Performance Committee and to the CCG through its own governance arrangements.

### **First-hand assurance - Quality Review**

20. To help provide first-hand assurance of quality, the second Trust-wide quality review was held on 8 May 2019, as part of the annual programme.
21. A large team was involved, including community volunteers, CCG colleagues, and Trust staff from a range of clinical and non-clinical backgrounds. Almost all clinical areas of the Trust were covered, including, for the first time, outpatient areas as well as wards.
22. The review included
  - Direct observation, using the "fifteen steps" approach
  - Evaluation of patient and carer experience, using questions asked of a range of patients and their carers / families
  - Assessment of staff experience, enabling staff to tell the reviewers what they really think about working at the Trust and giving them an opportunity to showcase recent improvements

23. Overall, there some notable improvements in many clinical areas, and staff have demonstrably worked hard to make improvements. A number of staff were personally commended in the review.
24. There were a number of new clinical areas included in this review, taking the total number of areas receiving detailed quality feedback to over 50. Disappointingly, some of the opportunities for improvement identified have been raised before, including lack of consistency in medicines management and fridge temperature checks, and the Trust will continue to focus on these practical issues with staff. It was also clear that although some areas could demonstrate significant developments in the knowledge and application of the Mental Capacity Act and Deprivation of Liberty Safeguards, not all areas had made the same improvement.

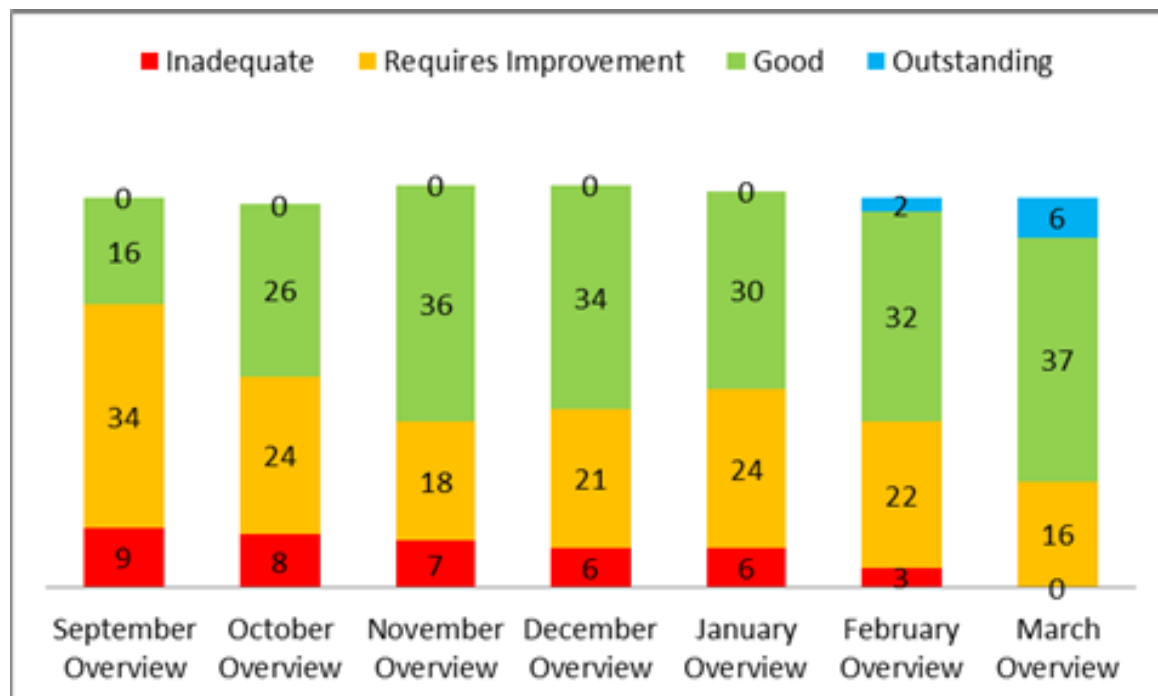
### **Integrated Improvement Plans**

25. The quality governance arrangements outlined above (the heat map process, SAIP and Quality Review Programme) are supplemented by new Integrated Improvement Plans in development for each clinical area. This new format will allow for teams to work on improvement actions identified in response to incidents, complaints, risk assessments, audits and identified regulatory non-compliances, as well as developing more aspirational improvement actions which will support delivery of wider improvement objectives. The Trust is keen to move to a culture of continuous and ambitious improvement, with locally generated actions, and away from a culture in which quality is seen only as a factor of compliance.
26. The Trust is also investing in the development of a quality improvement strategy, supported by formal methodology, training and capacity. A Quality Improvement Team is now in place, and a significant number of staff have undergone training to become Quality Safety and Improvement Review (QSIR) practitioners. The strategy is expected to be formalised by the end of 2019/20.

### **Next Steps**

27. The Trust engages regularly with the CQC on both a formal and informal basis, but has not yet received a further visit to assess the impact of the actions taken to address the section S29A Notice or the requirements imposed by the Winter Pressures focused inspection report. A routine full inspection is expected later this year.

## Appendix A: Quality Recovery Group summary of progress for Section 29A requirements



**ENDS**