

**Hampshire County Council Health and Adult Social Care Select Committee
March 2020**

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) report following its Focused inspection of the Emergency Department

The CQC has now published its reports on the comprehensive and well led inspections carried out at the Trust in October and November 2019. These inspections have now overtaken the focussed “winter pressures” visit undertaken in February 2019 as the CQC’s statement of the quality of services provided by the Trust. The Trust’s overall rating against each domain is as indicated below:

Background

- The CQC has now published its reports on the comprehensive, well led and use of resources inspections carried out at the Trust in October and November 2019. The Trust's overall rating against each domain is as indicated below:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔	Good ↑	Good ↑	Good ↑	Good ↑	Good ↑

- The arrows in each box indicate whether a domain's rating has stayed the same or improved. The grid set out at Appendix 1 provides a comparison against the last comprehensive inspection ratings issued in August 2018.

Core service inspections

- The Board will recall that five core service were inspected:
 - Urgent & emergency services
 - Medical care including older people's care
 - Surgery
 - Maternity
 - Outpatients
- As a result of the CQC's findings, the Trust's ratings in each domain and each of the services inspected have been reviewed and in many cases revised. The full ratings grid is set out at Appendix 1, but in summary, the overall rating for each inspected service is as indicated below:

Urgent & emergency services	Medical care and older people's care	Surgery	Maternity	Outpatients
Requires improvement ↔	Good ↑	Good ↑	Requires improvement ↔	Good ↔

- None of the services inspected deteriorated in any domain, and 13 of the 29 ratings under consideration improved. The Trust now has no ratings any worse than 'requires improvement', and 47 (just under 80%) of the 59 ratings on the grid are good or outstanding.
- In response to its findings that some domains in some services require improvement, the CQC has issued to the Trust a list of 17 requirements ("must-dos" - indicators of an identified breach in required regulatory standards) and 40 recommendations ("should-dos" – indicators of action required to prevent a breach). These are set out in full in the report By comparison, after the 2018

inspection, the Commission issued 54 “must-dos” and 71 “should-dos.” Nine incidents of outstanding practice were formally cited in the report. The “must-dos”, “should-dos” and outstanding practice items are distributed as follows:

	Must-dos	Should-dos	Outstanding practice
Urgent & emergency services	12	6	0
Medical care + older people’s care	0	8	2
Surgery	1	6	2
Maternity	4	8	1
Outpatients	0	7	0
Trust-wide	0	5	4

7. A detailed plan to address the “must-dos” and “should-dos” has been developed, and incorporated into wider quality improvement plan, for monitoring via the monthly Quality & Performance Committee, a sub-committee of the Trust Board. The Quality & Performance Committee will report any concerns about delivery of the action plan to the public meeting of the Trust Board.
8. In support of the list of must/should dos, the Trust has been formally served with a draft notice under section 29A of the Health & Social Care Act 2012. The draft notice sets out the observed circumstances which led to the conclusion that the Trust has breached relevant regulations. The Commission’s concerns relate to:
 - i. Processes and procedures for ensuring that self-presenting patients are assessed and treated in a timely and methodical way
 - ii. Oversight and monitoring of the well-being of patients awaiting triage and treatment in the waiting area
 - iii. The frequency and duration of delays to the handover of patients from ambulances
9. Numbers i and ii were required to be addressed by 15 January 2020; number iii was required to be addressed by 15 February 2020.
10. The Trust has advised the Commission that in respect of matters i and ii, it remains committed to the consistent and comprehensive implementation of a new Standard Operating Procedure (SOP) introduced in November 2019, after the core services inspection and the associated verbal feedback. It is through thorough application of this SOP that the Trust expects to comply with the requirements of the Notice. A comprehensive programme of audit is in development to provide assurance that the SOP is being followed and addressing the Commission’s concerns effectively. The resulting assurance will be reported through Quality & Performance Committee along with the rest of the action plan.
11. With regard to concerns about delays to ambulance handovers, the Trust had already developed a detailed plan to reduce the number of 30-minute plus

delays, and is continuing to implement this plan. We are working closely with our health and care partners to improve flow across the local system. A response setting out the essentials of this plan and the impact of its delivery was submitted to the CQC in time for the due date of 15 February. The public meeting of the Trust Board continues to be kept updated via the Integrated Performance Report and the CQC action plan updates.

Use of Resources inspection

12. The Trust also underwent its first Use of Resources inspection in September 2019, as conducted by NHS Improvement. The report acknowledged improvements in governance and delivering against this year's financial plan, and a low cost per weighted activity unit, which places the Trust in the lowest cost quartile nationally. The overall rating for the use of resources is Good.
13. Areas highlighted as outstanding practice include Bedview (an in-house bespoke IT system for the management and oversight of in-patient care and flow) and the Outpatient Transformation Programme.
14. Areas identified for improvement include:
 - A need to continue to reduce agency staff spend below the NHS Improvement-imposed national ceiling
 - Acceleration of Cost improvement Plan (CIP) opportunities to improve underlying deficit
 - Pursuit of further reductions in costs associated with prescribing, waste management, medical staffing, job planning and microbiology
 - Embedding Service Line Reporting (tailored financial reporting) to drive productivity and efficiency
 - Improvements to operational performance in elective care (although it is of note that the Trust is not commissioned to achieve the constitutional standards (18 weeks) for Referral to Treatment Time (RTT)).

Well-Led inspection

15. The Well-Led inspection took place in November. The rating for Well-Led has improved from "Requires Improvement" to "Good".
16. The inspection team found that culture improved across the Trust, and that "staff felt respected, supported and valued". It was noted that the Trust's priorities and issues were understood and addressed by the Trust's leadership, and that there is a systematic approach to quality improvement. Effective governance systems were found to be in operation, and that risk identification, reporting and management improved. The inspection team also reported that engagement with patients and families was evident, and that all staff are committed to learning and improvement.

17. The CQC identified a small number of areas where improvements should be implemented:
- More pace is needed in some areas to deliver improvement
 - Risk reporting must be consistent
 - Local strategies are required in some areas
 - Better automation of information systems is needed to help teams monitor and address performance.
18. A response to the detail of these points was presented to the Trust Board in February.

ENDS

Overall	RI	RI	RI	RI	RI	RI	Overall	RI	Good	Good	Good	Good	Good
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