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# NOTICE OF MEETING

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## HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 12 MARCH 2020 AT 1.30 PM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

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If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

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### Membership

Councillor Chris Attwell (Chair)  
Councillor Lee Mason (Vice-Chair)  
Councillor Graham Heaney  
Councillor Leo Madden  
Councillor Hugh Mason  
Councillor Steve Wemyss

Councillor Vivian Achwal  
Councillor Arthur Agate  
Councillor Trevor Cartwright  
Councillor David Keast  
Councillor Philip Raffaelli  
Councillor Rosy Raines

### Standing Deputies

Councillor Geoff Fazackarley  
Councillor Ben Dowling  
Councillor Gemma New

Councillor Robert New  
Councillor Will Purvis  
Councillor Luke Stubbs

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(NB This agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

### A G E N D A

- 1      **Welcome and Apologies for Absence**
- 2      **Declarations of Members' Interests**
- 3      **Minutes of the Previous Meeting - 30 January 2020 (Pages 5 - 14)**

The minutes of the last meeting on 30 January 2020 are attached for approval. The minutes of the special HOSP on 21 February are also attached for approval.

**RECOMMENDED that the panel agree the minutes of the meeting held on 30 January 2020 and 21 February 2020 as a correct record.**

**4 Care Quality Commission and State of Care Report (Pages 15 - 26)**

The following representatives will attend to answer questions on their reports:

The Care Quality Commission

Kay Puddle, Inspection Manager

Rebecca Bushell-Bauers, Head of Inspection ASC South East.

Portsmouth Clinical Commissioning Group

Anna Plumbly, Quality Improvement officer

Tina Scarborough, CCG Director of Quality and Safeguarding.

Portsmouth City Council Adult Social Care Team

Andy Biddle, Assistant Director Adult Services.

**5 Care Quality Commission report on QA inspection (Pages 27 - 80)**

Sarah Ivory-Donnelly, Hospitals Inspection Manager, South East and Claire Oakley, Hospital's Inspector will answer questions on the attached report.

**6 Portsmouth Hospitals' Trust update (Pages 81 - 90)**

Dr John Knighton, Medical Director will answer questions on the attached report.

**7 Podiatry Hub update - Solent NHS Trust (Pages 91 - 124)**

Katie Arthur, Head of Primary Care Services will answer questions on the attached report.

**8 Solent NHS Trust - Jubilee House Update (Pages 125 - 134)**

Suzannah Rosenberg, Deputy Chief Operating Officer/Director of Transition will answer questions on the attached report.

**9 Portsmouth CCG update (Pages 135 - 154)**

Jo York, Director, New Models of Care, NHS Portsmouth Clinical Commissioning Group and Terri Russell, Deputy Director – Primary Care, NHS Portsmouth Clinical Commissioning Group will answer questions on the attached reports.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Date Not Specified

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## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 30 January 2020 at 1.30 pm in the Executive Meeting Room, third floor, the Guildhall

### Present

Councillor Chris Attwell (Chair)  
Councillor Lee Mason  
Councillor Graham Heaney  
Councillor Leo Madden  
Councillor Hugh Mason  
Councillor Steve Wemyss  
Councillor Arthur Agate, East Hampshire District Council  
Councillor Philip Raffaelli, Gosport Borough Council

#### 1. Welcome and apologies for absence (AI 1)

Apologies for absence were received from Councillors Trevor Cartwright, David Keast and Rosy Raines.

#### 2. Declarations of Members' Interests (AI 2)

Councillor Steve Wemyss declared an interest as he works for the NHS and lives very near QA's Emergency Department.

#### 3. Minutes of the Previous Meeting - 21 November 2019 (AI 3)

**RESOLVED that the minutes of the meeting held on 21 November 2019 be agreed as a correct record subject to the following amendments:**

##### Agenda item 45 - ED layout

The brackets from the end of the last sentence should be removed.

##### Agenda item 47 - Podiatry

In paragraph 4 the second sentence should read "Two additional parking spaces for disabled people have been created but not dedicated to people needing podiatry services."

#### 4. South Central Ambulance Service update (AI 4)

Tracy Redman, Head of Operations South East, introduced the report and highlighted that there was increasing demand in Hampshire and there were still challenges around targets. SCAS are working to reduce the number of patients taken into the Emergency Department (ED) so that they can be

treated in more appropriate locations, which is more positive for them than being in hospital. There are significant challenges around hospital delays which then cause problems responding to patients in the community. There are good and bad days and SCAS are building on practice learnt on good days.

In response to questions Tracy Redman explained

The 15-minute national target is achievable when everything is flowing smoothly so it is not unreasonable.

The service is funded for its forecasted demand so delays cost SCAS more money and are a financial burden.

Concerns about ambulance crew members being under time pressures and having to justify why they are not meeting targets were acknowledged. The workforce is now transient and younger; the job is not seen as "a job for life" as when Tracy Redman joined. Some staff find opportunities in other sectors. SCAS are rotating paramedics so they have six months in SCAS and six in the community; then they return to SCAS with more diverse skills. There is pressure to reach the next patient but it is about more efficient ways of working. SCAS are working with individual staff for whom there are challenges with the way of working. SCAS are comfortable they are going in the right direction.

With regard to hospital delays there was much collective work done around Christmas and winter planning. The high number of lost hours in October was due to several factors such as system challenges, flow in the hospital and community issues.

The panel noted the new vehicles are paying dividends and thought the postcode details in the Demand / Performance table was helpful.

## **5. Sustainability Transformation Partnership update (AI 5)**

Richard Samuel, Senior Responsible Officer, and Sarah Austin, Chief Operating Officer (NHS Solent), introduced the report and explained that the STP was still waiting for national processes associated with sign-off and delivery of the Long Term Plans; this is expected around mid to late March.

In response to questions Richard Samuel and Sarah Austin clarified

The £558 million in the table of cost reduction goals is three years of aggregated productivity and efficiency targets whereas the £577 million (quoted in the 2016 plan) was an assessment of the cost burden in a "do nothing" scenario. Since 2016 the STP has identified scalable efficiencies and implemented programmes such as more effective medicines management. The STP needs to take a different approach as growth increases.

Five to £10 million of the £90 million capital allocation has been received; the rest is awaiting completion and approval for business cases. For example, the

£10,200,000 for the Burrell Centre in Winchester has just been signed off and work will start in March or April 2020. There is seed funding for the new ED at QA but more time is needed for building work to start. Capital investment needs to see a cost reduction benefit. Work on the new ED is still on schedule to start in 2022/2023. Organisations, including primary care, are working together to ensure the right patients go to the ED. There is an additional £48 million for transformation work on the Isle of Wight, including an element for digital investment for better patient care on the mainland. £5 million seed funding has been obtained for North and Mid-Hampshire Acute Services with the potential to obtain a further £250 million in capital funding.

The national policy from 2020/21 will be to aggregate control totals across an Integrated Care System. Therefore, Hampshire and the Isle of Wight ICS will receive the financial settlement for the full system and will need to ensure the system works together to ensure financial balance each year.

The panel noted that 30 out of 36 key performance indicators (KPIs) were detailed in the report but not all detailed hard targets so it might be worth doing a "deep dive" on some topics. The panel noted the re-balancing of GP services with community care services and that some GPs are refusing to sign the new DES (Directed Enhanced Service) contracts as they are unhappy with the specificity of funding and the didactic tone. Sarah Austin acknowledged the frustration but noted not all GP practices are the same and relationships in this part of Hampshire are more constructive. Portsmouth will continue the Enhanced Care Home programme, which will be enhanced with digital enabling. However, national frameworks should not be allowed to constrain work.

There are no explicit markers set for the ratio of managerial to clinical staff. The aim nationally is to reduce costs.

With regard to giving more exact detail for the 2018/2019 programmes Dr Nick Broughton said as at today there are 14 inappropriate out of area mental health placements for Hampshire and the Isle of Wight (HIOW) patients. He is confident they will be eliminated in the next couple of years.

It is recognised that the life expectancy gap has worsened. The STP is working with Health & Wellbeing Boards and local authorities to reduce it. Local place based plans are needed to tackle inequalities. Collective priorities in HIOW include veterans, mothers who smoke, black and ethnic minority people, and cardiovascular conditions. Rigorous standards need to be set. The biggest areas of inequality are in mental health and learning disability, where people may not even be getting physical health checks. HIOW covers areas as diverse as Petersfield and Charles Dickens ward in Portsmouth.

Thanks to historical investment in longitudinal care records the STP can use de-identified data to plan more effectively. For example, knowing that the residents of Charles Dickens ward are more likely to be diagnosed with cancer in the ED than at GP surgeries or by screening, means late diagnosis and premature mortality can be reduced. Wider work with, for example, community support workers, environmental policies and licensing is needed.

"Fairness" not "sameness" is vital when it comes to targeting serious health inequalities.

The Integrated Care System Board (ICSB) will have elected, executive, clinical and non-executive members from organisations across HIOW. NHS England and NHS Improvement will delegate responsibility for oversight to the ICSB to hold organisations to account and implement remedial plans where necessary. NHS England and Improvement can tell organisations to improve or set sanctions, so the ICSB is not the ultimate authority.

The STP will continue to support the establishment of realistic baseline metrics for example within maternity. Operational planning guidance will set out expectations for the system. The 3.4% targets for productivity efficiency and ambition are a significant challenge. The government is planning an NHS bill to enable realisation of the Long Term Plan.

The national average for staff turnover is 9.1%. Reasons for higher staff turnover in the Hampshire and Isle of Wight area are the high cost of housing for key workers, the draw of the London market (if London adjusts their pay rates staff will follow) and higher than desirable movement between organisations. Some posts are nationally difficult to fill, for example, psychiatrists and frontline mental health staff; there are pinch points in HIOW. Solutions include a collaborative system-wide staff bank to reduce reliance on agency staff, ending "golden hellos" to strengthen stability, and developing apprenticeships and lifelong careers. Working together at scale across Hampshire and the Isle of Wight increases our work with universities and other organisations. HR Directors are now working together to support consistency around salaries. Primary Care Networks (PCN) are looking to recruit a wider variety of staff such as paramedics. It is vital that such recruitment is planned at scale across HIOW so that we are not trying to recruit from the same limited pool as this can often result in pay inflation and staff shortages in core services.

## **6. Southern Health NHS Foundation Trust update (AI 6)**

Dr Nick Broughton, Chief Executive, Southern Health NHS Foundation Trust, introduced the report and explained that since it had been written the CQC report of the inspection that took place in October and November 2018 had been received. The overall result was Good with Safe and Well-Led moving from Requires Improvement to Good. The only Requires Improvement domain is Effective. Older in-patient care and crisis services need to improve. Much work is still needed to improve the physical environment but this will happen.

In response to questions Dr Broughton clarified

The earlier CQC report in 2018 was not a surprise. Dr Broughton joined in 2017 and was aware of the scale of transformation needed. The CQC looks for insight and are concerned where organisations are complacent and unaware of the challenges they face. The current report is evidence of tangible improvements and shows staff are aware of the importance of



delivering outstanding care. Southern Health will focus on the actions it "must" take to comply with its legal obligations and then those it "should." The Southern Health Trust Board will closely monitor progress. Dr Broughton thought an Outstanding rating was feasible in two years' time. There are some overdue actions related to the physical environment in older people's wards and the Section 136 suites. Southern Health will continue the approach they have adopted as it has been successful. Momentum has to be maintained as the CQC will return in a year's time.

The panel congratulated Dr Broughton on his leadership and the CQC report. They proposed that a vote of thanks should be recorded. They also wished him well in his new post.

#### **7. Southern Health NHS Foundation Trust - ECT service (AI 7)**

Steven Manning, Senior Service Improvement Manager, explained that the proposed changes to the Electro-Convulsive Therapy (ECT) Service have paused while more engagement takes place with patients and commissioners to obtain feedback. Southern Health will write to the 187 former patients in Hampshire in the next few days. The panel thought it would be beneficial to send the Framework Assessment (key questions) to ensure all aspects are covered during the engagement exercise.

**RESOLVED that the panel send the Framework Assessment (key questions) to the ECT Service.**

#### **8. Solent NHS update (AI 8)**

Suzannah Rosenberg, Deputy Chief Operating Officer / Director of Transition, introduced the report, highlighting the reduced CAMHS waiting list and good feedback for the new Positive Minds service. In the next six months the CQC will conduct a Well-Led inspection and a "deep dive" in at least one service area of Solent NHS, which is yet to be determined.

In response to questions Suzannah Rosenberg clarified

There was a "soft" launch through posters in GP surgeries, business cards and social media for Positive Minds. The key partners want the service to develop incrementally. They will monitor it closely as it has been difficult to predict usage as there is likely to be unmet need in the city. There will be a formal launch of the new service in six months' time.

The Podiatry team had met the Portsmouth Pensioners and provided both them and Healthwatch with a tour. They have written three times to all 1,400 patients and offered nine engagement sessions. So far 160 patients have attended.

Solent NHS are submitting a tender for a Veterans' Mental Health High Intensity Service, to be commissioned by NHS England. Bids close on 21 February. NHS Solent's bid comprises a mental health alliance working with organisations such as the Society of St James, Veterans UK and Fighting

With Pride; the latter are helping design a buddy programme for those with lived experience. If the bid is unsuccessful the work will still continue in Portsmouth.

#### **9. Solent NHS - Jubilee House update (AI 9)**

Suzannah Rosenberg, Deputy Chief Operating Officer / Director of Transition, introduced the report. Jubilee House will relocate to St Mary's by extending Spinnaker Ward and moving some adult mental health clinical staff. There will be a new gym.

In response to questions Suzannah Rosenberg agreed to clarify whether there would be some beds with no natural light and will share the plans at the next meeting

The east wing of Jubilee House is being used by Southern Health and Portsmouth Hospitals Trust to accommodate Hampshire patients to support winter pressures. There are no obvious maintenance issues in either wing and new furniture has been bought for the west wing accommodating Portsmouth patients. Although accommodating Hampshire patients is planned to end on 31 March this could change as winter pressures can sometimes extend into the Easter period. There are no plans yet for the future of the Jubilee House site.

#### **10. Dates of future meetings (AI 10)**

The panel agreed dates of future meetings:

25 June, 17 September, 19 November, 21 January, 18 March - all Thursdays at 1.30 pm

#### **Any other business**

The panel expressed their disappointment that no-one from the CCG could attend today's meeting about the proposed merger of the Hanway Road surgery with the Portsdown practice.

The meeting concluded at 3.05 pm.

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Councillor Chris Attwell  
Chair

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Friday 21 February 2020 at 11am in the Guildhall.

### Present

Councillor Chris Attwell (Chair)

Hugh Mason

Vivian Achwal, Winchester City Council

Arthur Agate, East Hampshire District Council

Rosy Raines, Havant Borough Council

### 11. Apologies for Absence. (AI 1)

Apologies were received from Councillors Trevor Cartwright, Graham Heaney, David Keast, Lee Mason and Philip Raffaelli.

### 12. Declarations of Members' Interests (AI 2)

No interests were declared.

### 13. NHS England Plans for Provision of NHS Dentistry in Portsmouth (AI 3)

Councillor Cal Corkery made a deputation regarding the importance of having a dental surgery in Portsea which is one of the most deprived areas in the city.

The panel read the paper entitled Procurement of NHS Dental Services in Portsmouth that had been tabled at the meeting. A copy of this will be published on the website with the agenda shortly after the meeting.

Julia Booth, Head of Primary Care, South East and Verna Easterby-Smith Dental Clinical Adviser gave the panel this update:

The procurement process is underway. The invitation to tender was published on 4 February.

There were some problems procuring interim activity so feedback was sought from existing Portsmouth providers and potential future providers to ensure that NHS England understood the market before the tender document was completed. Recruitment was a significant issue locally and nationally. The number of dentists from Europe and the rest of the world has reduced since April 2019 and the majority seem to prefer to work in London.

The aim is to procure good dental services that last. There are detailed questions in the invitation to tender that bidders will need to respond to.

NHS dental services are provided by independent contractors; the commissioners cannot stipulate exactly what they do e.g. use a particular premises.

In response to questions, they clarified the following points:

The basis for NHS Dental contracts (which are national) is the Unit of Dental Activity (UDA) payment rate which covers all aspects of the contract. There

are no separate payments. NHS England has offered higher than average rates for the two new Portsmouth contracts. The Hampshire average is £26. NHS England is offering £28. The contract in the South of the city will be for 21,500 UDAs and in the North for 10,000 UDAs. There are annual uplifts to all contracts each April.

Would-be providers were asked how much they would expect to be paid. The responses ranged from £25 to £34.

The closing date for bids is at the start of March.

When Ms Easterby-Smith had visited the Portsea practice two years ago it needed updating. Since then Colosseum had invested in the premises.

The University of Portsmouth Dental Academy has a training facility for dental students. Each area has eight bays and one lecturer supervising the work. Students from Kings and Guys in London are on placement here for two months each. In England some dental students from some universities work as near as possible to a general practice set up.

The council could make an offer to provide the premises for a dental provider. The relationship would be directly with the dental provider.

The cost of setting up a dental practice with one surgery is approximately £40,000 capital. At the John Pounds Centre there could be two or three surgeries (consulting rooms). A decontamination room costs £20-£30,000 to set up. An x ray machine costs £20-25,000. The plumbing and electricity would be additional costs. However, the cost of staffing (because of competition) rather than the property is the main challenge for dental providers. Some dentists lease, rent or buy a property.

NHS England is offering a 7 plus 3 years contract.

It is unlikely that previously unknown companies will bid for the contract. Bids are expected from well-established individuals, a company or a partnership.

The contract will be advertised in the traditional journals which are a recognised means of advertising these contracts.

The contract does not preclude people having private treatment. Providers in areas of deprivation, tend to have considerable fewer private patients. One dentist practice in Hampshire changed from a social enterprise to a limited company in order to offer private treatment and improve its finances.

NHS England had requested a named contact they could signpost potential bidders to discuss potential premises. It is difficult to imagine what the council could do make setting up a dental practice in Portsea and Paulsgrove more attractive. Perhaps free parking permits or free bus pass for dental staff.

Once the bids are submitted at the start of March, they will be assessed by different people for each question. The outcomes will be moderated and then

the outcome will be announced. Afterwards, there will be a stand-still period to allow for any challenges. The decision is expected to be published early in June.

Many patients would like dental practices to be open in the evenings and at weekends. Providers were asked for their views on extended opening hours and some responded that their staff would not feel safe in some areas after dark. There is typically one receptionist, one nurse and one dentist and they have drugs and money on the premises. Additionally, English may not be their first language.

Colosseum provided three contracts for approximately 9,000 patients in three areas, two of which are the most deprived in the city. The amount of activity that is being sought is more than was provided by Colosseum. Prior to Colosseum ending their contract, Paulsgrove had one practice with 7,000 UDAs. NHS England is seeking 10,000 UDAs there and 21,500 in the South of the city.

Nationally there is a move towards dental contracts with more than one surgery. It is better for clinical support and peer review. This tends to be a more robust model of working.

Providers may conclude that Portsea and Paulsgrove are good places to be as there is less competition.

**RESOLVED that NHS England write to the HOSP outlining the timeline and attend the meeting in June.**

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Councillor Chris Attwell  
Chair

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**Report for:** Portsmouth Health Overview & Scrutiny Panel (HOSP).

**Date:** 12 March 2020

**Prepared by:** Kay Puddle Inspection Manager ASC Portsmouth and the Isle of Wight.

**Subject:** HOSP have requested a representative from the CQC attend the next meeting in response to this [article](#) in last Friday's (3 January 2020) local paper which says that according to the CQC's annual State of Care report Portsmouth is the poorest quality area for care homes.

**CQC Attendees:** Rebecca Bushell-Bauers, Head of Inspection, ASC South Central area and Kay Puddle.

## **Background**

**The headline:** "Inadequate'-rated Kinross care home in Portsmouth fined £1,200 after not reporting sexual abuse claims properly"

**The State of Care reference:** The warning came after the city was ranked the worst area for care homes in the watchdog's annual State of Care report in 2019.

The above article was released in the press raising questions which we hope the following will clarify.

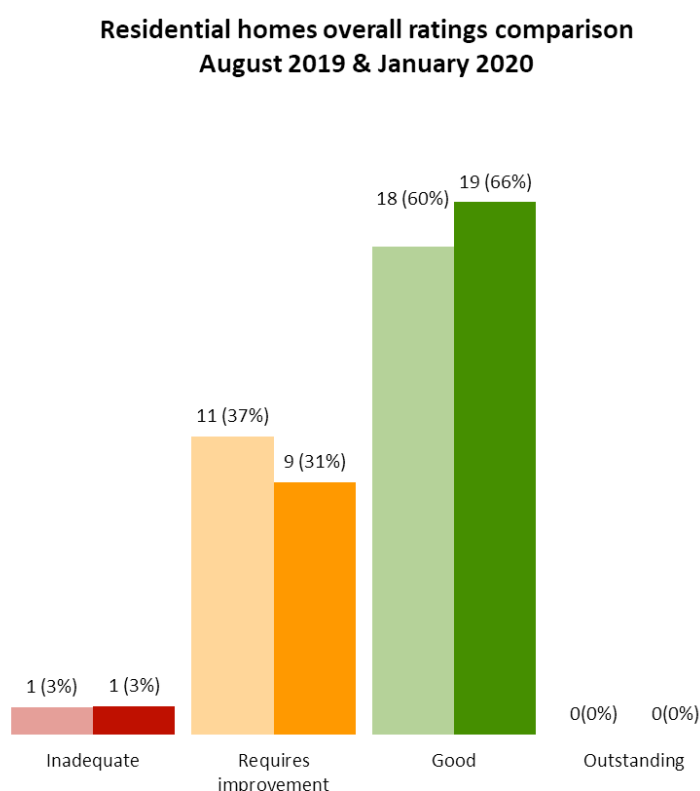
- The article has been written using two separate previous articles which are not linked. Many of the points made are accurate in isolation but in the context, they have been used, paint an inaccurate and misleading picture. This misleading reporting has been addressed directly with the editor by the CQC regional communications manager, following which some amendments were made to the article.
- The article was prompted by the publishing of the supplementary report on Kinross (residential service in Portsmouth). This is where the service specific information was sourced.
- The supplementary report detailed the enforcement action that had been taken at the previous inspection (6 and 10<sup>th</sup> June 2019). CQC are not able to publish information about enforcement action taken until any representations have been made, considered and resolved, hence there is a period of time between the publishing of the inspections findings and the regulatory action taken.
- The action taken was that in response to being judged inadequate the service was placed into special measures. To support the service to improve and to allow us close monitoring of the progress being made, positive conditions were placed on the registration of the location. The service had also failed to notify CQC of certain incidents. This was dealt with by way of a fixed penalty notice and has been paid.
- The two enforcement actions taken are separate and distinct and although were actions taken following the same inspection they are not interdependent.
- To be clear the service was not fined for an inadequate rating as was suggested by the original article.

- The more general information about the performance of Portsmouth as an area for residential care was sourced from a previous article reporting on the State of Care report which used data from July 2019.
- To link the current picture and individual performance of a particular service to historical data does not give a current, accurate data and can be misleading.
- The following slides give a current representation of the ratings data within the service for Portsmouth, a comparison is made to data from August so the change and improvement in profile is clear.

## **Data Comparison**

Based on the 31 July 2019 ratings data that went into State of Care, Portsmouth had the lowest percentage of residential homes rated good or outstanding (60%, compared with 85% across England). However, the monthly report for ADASS at LA level (2 January 2020 report) shows some improvement since then, as the figure is now 66%, which is slightly higher than Walsall (62%) and Ealing (65%).

### Residential Homes - Overview



Source: CQC ratings at Aug 2019 and January 2020. Numbers on top of vertical columns are number of locations rated. The lighter bars show the August 2019 ratings whilst the darker show the more recent January 2020 ratings.



The percentage of residential homes rated good has increased by 6% points between August 2019 and January 2020, whilst those rated Requires Improvement have decreased by 6% points.

The proportion of homes rated inadequate has remained the same

## Residential Homes – Rating detail

As of 27 January 2020, there were 29 active residential homes in Portsmouth. None of these 29 locations have ever been rated Outstanding.

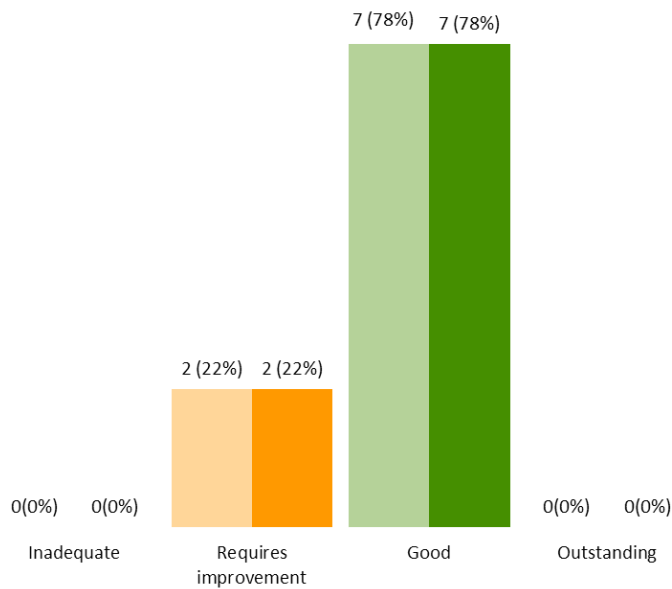
Org Primary Cat. Code	Org ID	Org Name	Parent Org Name	Rating No.						
				1st	2nd	3rd	4th	5th	6th	7th
S1	1-109600055	Seaview Residential Home Limited	Seaview Residential Home Limited	G	RI	G				
S1	1-111342515	East Cosham House	East Cosham House	RI	G	RI				
S1	1-112283315	Auckland House	Auckland Care Limited	RI	G	RI				
S1	1-115928063	Alexandra Rose Residential Care Home	Riva Limited	G	G					
S1	1-117032456	Beaconsfield Residential Care Home	Beaconsfield Care Limited	RI	IA	RI				
S1	1-119188177	Royal Mencap Society - 145 Kingsley Road	Royal Mencap Society	G	G					
S1	1-122209668	Autumn Vale Rest Home	Lutchmy Care Services Limited	RI	RI	G				
S1	1-122592588	Elizabeth House Care Home Adults	Mr M Khoyratty and Mrs M Khoyratty	RI	G					
S1	1-122824326	Shearwater	Portsmouth City Council	RI	RI	IA	RI	G		
S1	1-122824355	Russets	Portsmouth City Council	RI	RI	RI				
S1	1-124376572	Oakland Grange	Crescent Care Limited	IA	RI	RI	G			
S1	1-125920378	Alton Manor Care Home - Portsmouth	Alton Manor Limited	G	RI					
S1	1-129164803	Festing Grove	Community Integrated Care	G	G					
S1	1-130259770	The Haven Rest Home	Mrs S M Spencer	RI	RI	IA	IA	RI		
S1	1-131452000	Braemar Care Home	Braemar RCH Limited	G	RI					
S1	1-133358587	St Vincent House - Southsea	St. Vincent Care Homes Limited	G						
S1	1-140662642	The You Trust - 34-36 Shaftesbury Road	The You Trust	G	RI	G				
S1	1-141891942	Meadow House Residential Home	Mr Suresh Kumar Sudera	RI	RI	RI	G			
S1	1-1453829454	Bluewater Nursing Home	Bluewater Care Homes Limited	IA	IA	RI	RI	IA	RI	RI
S1	1-2022912301	The Victory Re-ablement Unit	Portsmouth City Council	G	G					
S1	1-2648262245	Hartford Court	Hartford Care (4) Limited	RI	G					
S1	1-2845673576	Albert Lodge	Community Homes of Intensive Care and Education Limited	G						
S1	1-2849061770	Victoria Lodge	Community Homes of Intensive Care and Education Limited	G						
S1	1-2961724143	74 Central Road	Affinity Trust	G						
S1	1-2962439594	19 Chilgrove Road	Affinity Trust	G						
S1	1-3161543698	Downham Lodge	Community Homes of Intensive Care and Education Limited	G						
S1	1-3887953065	Ormsby Lodge	The Ormsby Group Limited	RI	RI					
S1	1-4858573384	Kinross	Bethesda Healthcare Ltd	IA	IA					
S1	1-946123205	Clarendon Care Home	Mr Garry Michael Small	RI	RI	G				

Source: CQC ratings data, extracted 28 January 2020. Please note the '1<sup>st</sup>' rating is the original rating

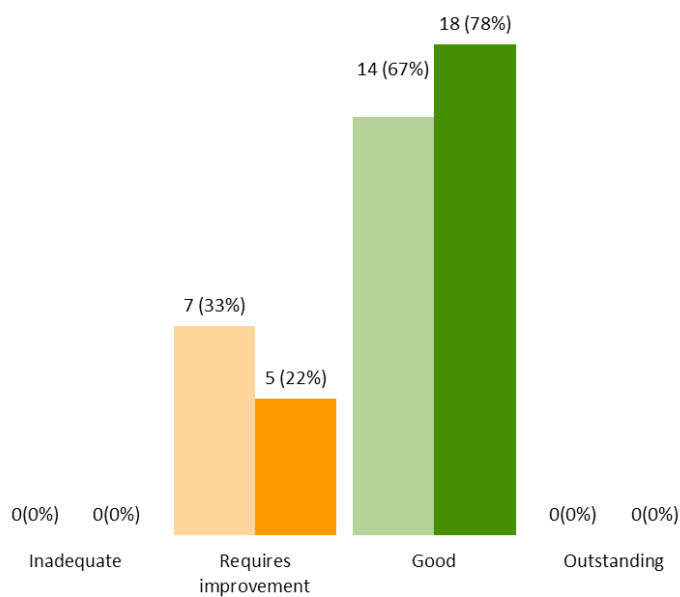
- Six of these are rated good and have not been re-inspected.
- Of the 23 locations that have been re-inspected, 13 have kept the same rating, two have deteriorated and eight have improved.
- Only one of the three locations originally rated as Inadequate has remained Inadequate.
- There were 12 locations originally rated as Requires Improvement. Six of these have remained Requires improvement and six have been re-rated as Good.
- Of the eight locations originally rated Good, two are now Requires improvement and six have remained as Good.

## Comparison to Nursing Homes and Care at Home services

### Nursing homes overall ratings comparison August 2019 & January 2020



### Domiciliary care agencies overall ratings comparison August 2019 & January 2020



Source: CQC ratings at Aug 2019 and January 2020. Numbers on top of vertical columns are number of locations rated. The lighter bars show the

August 2019 ratings whilst the darker show the more recent January 2020 ratings.

### **CQC Action**

- Inspect and monitor program in response to risk and to ratings remains in place. Where necessary enforcement action is taken to support improvement, or to remove a provider from the market.

In addition to inspect and monitor, the following actions are taken with the aim of responsible, accurate and appropriate information sharing and supporting improvement.

- Relationship building – CQC attends regular meetings with Portsmouth City Council Adult Services to discuss the performance and concerns of their own 'in house' services as well as others within the geographical area with whom they commission.
- CQC shares information with the joint PCC and CCG Quality improvement team, the CCG Care Home Improvement team and Safeguarding team with the aim of identifying concerns at the earliest opportunity and ensuring that the most appropriate support is offered to the services.
- 'Repeat Requires Improvement' methodology is followed. Where a service receives repeated poor ratings, the methodology directs us to take proportionate action to encourage prompt improvement. This includes meeting with the provider and monitoring the service closely through use of regulation 17 (3) of the Health and Social Care Act 2008 (regulated activities) regulations 2014. This requires the provider to give us information, when we ask them to do so, about how they plan to improve the quality and safety of the services and the experience of people using services.
- CQC attends, when invited to registered manager and provider forums to improve understanding of inspections and improve the relationship generally between the provider and the regulator.

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**QUALITY IMPROVEMENT TEAM  
REPORT TO HEALTH OVERVIEW & SCRUTINY PANEL  
12 MARCH 2020**

**Introduction and Background**

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The Quality Improvement Team is an integrated health and social care team funded jointly by Portsmouth Clinical Commissioning Group (PCCG) and Portsmouth City Council (PCC). The team was established in April 2018 to work proactively with all Portsmouth care homes and domiciliary care providers to enhance the quality of care provision and to prevent low level concerns escalating. The team was established due to concerns about the quality and stability of care provision within the care home and domiciliary care sectors in Portsmouth, with a need for significant improvement in Care Quality Commission (CQC) ratings and coordination of approaches to support providers.

The team is made up of experienced health and social care workers, with a 0.5 whole time equivalent (WTE) Quality Improvement Manager and two WTE Quality Improvement Officers. All team members were in post by 30 July 2018.

Since the team was established the team has made contact with all care homes and maintains on going contact with all homes with the exception of one that has refused ongoing contact since receiving an improved CQC rating of Good in February 2019.

Contact with domiciliary care agencies began in mid-2019 and work is ongoing to develop the quality offer to this sector. It is planned to pilot this later in the year.

**Quality in Care Homes – an improving position**

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The CQC ratings in care homes have been improving, but it will take time for improvements to be embedded and for these to be reflected in the ratings.

When the team was established in April 2018, there were 43 care homes in the city, 10 nursing homes and 33 residential homes. At that time, 12% were rated as Inadequate (N = 5), 30% were rated as Requires Improvement (N = 13), 51% were rated as Good (N = 22) and 7% were not yet rated (N = 3).

The current total number of homes is 39, 10 nursing homes and 29 residential homes. The current position is 3% of homes rated as Inadequate (N=1), 28% of homes rated as Requires Improvement (N=11) and 69% of homes rated as Good (N = 27).

## Care Home Quality Audit Process

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The main approach to quality improvement within individual care homes is through use of a quality audit process. This process which was developed by the team involves a review of the service by two members of the team taking up to three days, followed by action-planning and support with making improvements based on the outcome of the review. For some homes that support has been provided over a prolonged period of time. The standards against which each service is measured do not replicate CQC standards were formulated to assess what it is like to be a resident, a relative and a member of staff. The standards also cover the environment and governance processes. The standards are however mapped to CQC's Key Lines of Enquiry.

A pilot of the audit process was commenced in October 2018 and since then twenty homes have participated in the process. The process is being offered to all homes rated as Inadequate or Requires Improvement as a priority. All homes currently rated as Requires Improvement have or are participating in the process, except two. One is booked to commence the process next month and the other has thus far declined to get involved. The following table provides details of the homes that have or are participating in the process.

Care Home	Date of process commencement	Date of completion of audit process	Change to CQC rating since involvement	Date of latest CQC inspection
Alton Manor	26 June 2019	Ongoing	Not yet inspected	26 November 2018
Aquarius	8 January 2019	Ongoing	Rating remained the same	30 July 2019
Auckland House	18 October 2018	3 June 2019	Rating lowered to Requires Improvement	8 May 2019
Beaconsfield	9 December 2019	Ongoing	Not yet inspected	4 June 2019
Bluewater	2 April 2019	Ongoing	Overall rating remained the same with increase in one domain	19 September 2019
19 Chilgrove Road	25 July 2019	Ongoing	Not yet inspected	10 December 2018
74 Central Road	25 July 2019	Ongoing	Not yet inspected	6 November 2018
Elizabeth House	9 July 2019	5 February 2020	Not yet inspected	4 June 2018

<b>Care Home</b>	<b>Date of process commencement</b>	<b>Date of completion of audit process</b>	<b>Change to CQC rating since involvement</b>	<b>Date of latest CQC inspection</b>
Hamilton House	24 January 2019	Withdrew – lost to follow up.	Not yet inspected	22 October 2018
Hilsea Lodge	13 November 2018	01 July 2019	Home Closed	19 June 2018
Kinross	8 May 2019	Ongoing	Latest inspection rating awaited	6 June 2019
Meadow House	23 May 2019	6 February 2020	Rating increased to Good	5 November 2019
Oakland Grange	16 January 2019	4 September 2019	Not yet inspected	19 October 2017
Ormsby Lodge	6 March 2019	Process cancelled as home reluctant to engage	Overall rating remained the same with increase in two domains	31 October 2019
Queen Anne Lodge	23 January 2020	Ongoing	Not yet inspected	15 May 2019
Regency	17 October 2018	28 August 2019	Rating increased to Good	2 April 2019
Russets	11 December 2018	Withdrew – lost to follow-up.	Overall rating remained the same with decrease in one domain	25 April 2019
Seaview	23 October 2018	14 June 2019	Rating increased to Good	4 March 2019
St Ronans	13 February 2019	Withdrew without completing support process	Rating increased to Good	3 July 2019
The Haven	27 March 2019	4 February 2020	Rating increased to Requires Improvement	29 April 2019

## **Other Workstreams to Support Quality Improvement**

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### **Quality Data**

The team has established a process for collecting data about quality concerns, not referred to the Adult Multi-Agency Safeguarding Hub (MASH). This includes both concerns relating to internal issues and those where quality was impacted by an external source, such as difficulties accessing necessary healthcare support. This is amalgamated with data from the Adult MASH and is used to identify themes. An action plan is produced six monthly based on the data to support the homes. Actions have included identifying training needs to PCC's learning and development team, prioritising the implementation of NHS mail and addressing concerns with other health services.

### **Registered Manager forums**

A registered manager forum, initially held quarterly, for all care home managers is now held bi-monthly. These meetings offer managers regular opportunities to network, share successes, develop practice and hear about initiatives. Of the six meetings per year two are for managers of homes for older people, two are for managers of learning disability and mental health homes, and two are for all managers. This allows focused as well as general meetings. Meetings are well attended with an average of eleven homes represented.

### **Champion forums**

Champion forums are being established to provide opportunities for care staff to network and gain additional skills and knowledge in a specific aspect of care. Many homes have used the role of champion in name only, without providing champions with any specific role or any education in the area of care. The first champion forum was established in October 2019 for Infection Prevention and Control, and work is ongoing to establish four further forums this year. The Solent Enhanced Care Home Team (ECHT) has established a Hydration Champions forum. Work to develop plans for Falls Champions, End of Life Care Champions and Safeguarding Champions is ongoing. Other areas are also being investigated.

### **RESTORE 2 Implementation**

RESTORE 2 is a tool to support identification of acutely ill residents and aid communication about the level of acuity. The team is supporting nursing homes to implement and embed this in practice. The ECHT will be implementing the tool in residential care homes. Homes are assessed using an audit tool at intervals over ten months post training. Four homes have received training, with two of these on course to have successfully embedded the tool's use by March 2020.



## **Governance Study Days**

A governance study day has been developed and will be delivered four times from April 2020 to January 2021. The course focuses on the issues commonly identified in CQC reports for homes being rated as Requires Improvement in the Well-Led domain.

## **Social Care Quality Dashboard**

A quality dashboard has developed to bring together intelligence from a range of sources in one place. This includes Adult MASH, Contracts and CQC ratings. The day to day management of the dashboard is overseen by the team and it is reviewed by the Quality Board Operational Sub-Group bi-monthly to ensure an appropriate level of support is directed to each provider, with any concerns being escalated to the Quality Board.

Nicola Andrews  
Quality Improvement Manager  
25 February 2020

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## Portsmouth Hospitals NHS Trust

### Inspection report

Trust Headquarters, F Level  
Queen Alexandra Hospital  
Portsmouth  
Hampshire  
PO6 3LY  
Tel: 02392286000  
[www.porthosp.nhs.uk](http://www.porthosp.nhs.uk)

Date of inspection visit: 15 to 17 Oct 2019 12 to 14  
Nov 2019  
Date of publication: 29/01/2020

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

### Ratings

#### Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

#### Combined quality and resource rating

Good 

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Portsmouth Hospital NHS Trust is a 997 bedded District General Hospital which is located in Cosham, Portsmouth. The trust provides a comprehensive range of acute and specialist services to a local population of approximately 675,000 people across Portsmouth and South East Hampshire. The trust provides specialist renal services to a population of 2.2 million across Wessex. It employs about 7,300 staff members and has over 700 volunteers.

The trust holds contracts with three clinical commissioning groups, Fareham and Gosport, Southeast Hampshire and Portsmouth. Other stakeholders include Portsmouth City Council, Hampshire County Council, NHSI, NHSE, Healthwatch and other system providers. It works closely with the local university and military to support the local population.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

The main work is located at the Queen Alexandra Hospital where the trust provides urgent and emergency care, medical care, surgery, critical care, gynaecology, maternity, services for children and young people, end of life care, diagnostics and outpatients. The trust offers outpatients clinics at the other locations.

The Trust has four registered locations:

- Queen Alexandra Hospital
- Gosport War Memorial Hospital
- St Mary's Hospital
- Petersfield Hospital.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We use information from previous inspections, engagement, notifications and information from staff, patients, stakeholders and the trust to decide what areas of the trust to inspect.

# Summary of findings

During this inspection we inspected five core services, the trust's use of resources and the trust's leadership. The core services we inspected were, urgent and emergency services, medical care (including older people's care), surgery, maternity and outpatients.

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

### Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- Overall there was some improvement with regards to safety across the trust. However there were still significant concerns about safety in some areas that we inspected.
- The services provided mandatory training in key skills to all staff but did not make sure everyone completed it. Some areas met the mandatory training targets but there were still significant deficiencies in compliance throughout the trust. Medical staff compliance with mandatory training targets was particularly poor.
- Some services did not always control infection risk well. Staff did not always use control measures effectively to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, equipment and premises did not keep all people safe. There were areas throughout the hospital that did not have capacity for the patients it served. The hospital was often close to its bed capacity causing flow issues and outliers and some spaces were cramped.
- The emergency department was frequently crowded. Lack of capacity within the department led to patients being accommodated in non-clinical areas, including in corridors, and being held for long periods in ambulances outside the emergency department.
- There were no side rooms for isolation of infectious patients on the Surgical High Care Unit.
- Staff did not always use or check emergency equipment according to guidance or the trust's policy.
- It was not always clear that all staff recognised and reported all incidents and near misses and there were delays to incident reviews in some areas.
- The triage processes were not always managed safely and effectively and in line with guidance.
- There were significant numbers of patients waiting in ambulances over an hour before being handed over to the emergency department staff.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Some services did control infection risk well. In these areas, staff used control measures effectively to protect patients, themselves and others from infection.
- The services had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

# Summary of findings

- The services used systems and processes to safely prescribe, administer, record and store medicines.

## Are services effective?

Our rating of effective improved. We rated it as good because:

- The services provided care and treatment based on national guidance and evidence-based practice.
- Staff generally gave patients food and drinks and considered the needs of patients who needed special feeding and hydration techniques.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The services made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- Some departments did not have regular team meetings and there was no consistent approach to sharing information across teams.
- Not all staff had a recent appraisal recorded. The trust was meeting its overall target appraisal rate, but there were areas which were not meeting the target.
- Some services were outliers for some national audits.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff generally treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff generally provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff generally supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

- The services planned and provided care to meet the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Summary of findings

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- Patients were not always able to access care and treatment in a timely way and in the right setting, particularly in the emergency department.
- Patients were still waiting extended periods for appointments in some clinics.
- The trust only met its target to respond to complaints within 30 days in 47% of cases.
- There was not a consistent approach to providing patients with accessible information, for instance letters in large print.
- Signage in the hospital could be confusing. We observed, and patients reported, that they were not always able to navigate the hospital easily.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the services faced. They were visible and approachable and supported staff to develop their skills and take on more senior roles.
- The culture across the trust had improved since our last visits. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The trust promoted equality and diversity in daily work and provided opportunities for career development. It had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes. Staff at all levels had regular opportunities to meet, discuss and learn from the performance of the service.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. They used a systematic approach to improve the quality of the service. Managers we spoke with at all levels understood the risks to the services and could describe action to reduce risks.
- The services collected reliable data and analysed it to understand performance and make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However,

- IT systems did not support comprehensive recording and analysis of data and not all services had the information to monitor performance in all areas.

# Summary of findings

- Not all risks were identified, or there was not assurance that all risk was identified, and included in the risk management process.
- There was no vision and strategy for some services.
- There was lack of pace with plans to improve performance of the service.

## Use of resources

We award the Use of Resources rating based on an assessment carried out by NHS Improvement.

Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

## Combined quality and resources

Our rating of use of resources was good because:

- The trust had a past record of delivering financial deficits but had strengthened its financial governance, was delivering against its financial recovery plan and was on track to improve its financial position in 2019/20. The trust benchmarked overall well on workforce productivity, clinical support services, corporate services and clinical services metrics. It had a total cost per weighted activity unit which benchmarked in the second-best quartile nationally for 2017/18.
- However, we noted a few areas where the trust could improve particularly around operational performance, agency staff spend, delivery of financial efficiencies and specific areas in clinical support services, estates and procurement.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice across the trust.

For more information, see the Outstanding practice section of this report, below.

## Areas for improvement

*We found areas for improvement including 17 breaches of legal requirements that the trust must put right. We found 40 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.*

## Action we have taken

We issued requirement notices to the trust.

## What happens next

*We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.*



# Summary of findings

## Outstanding practice

- We observed improvements in culture across the trust. Staff and leaders throughout the core service and well led inspections reflected the significant changes which had improved staff experience and care they provided.
- The trust used innovative methods to implement their overseas nurses program to recruit, train and settle nurses to increase staffing numbers, particularly in hard to resource areas such as the ED.
- The trust had developed a proprietary Bedview system to give a trust wide view of patient information to improve decision making and patient safety and a proprietary Minestrone system linked to Bedview to maintain patient records.
- The trust's multidisciplinary simulation for emergency and non-emergency clinical situations was an area of outstanding practice. The hospital's simulation centre provided a dedicated training environment with scenario-based learning using actors from a variety of clinical settings.
- The trust had developed a multi birth facility which offered women one stop clinic and continuity in their care. The trust had developed the role of midwives' sonographers which impacted positively on care women were receiving.
- The service's multidisciplinary 'surgery school' initiative, which helped patients adopt healthier lifestyles before surgery.
- The rheumatology service's helpline initiative supported anxious patients. The success of this service meant that the trust was planning to fund a clinical psychologist to support the most anxious callers.
- The surgical and ear, nose and throat outpatients service's use of coloured cards to make it easier for patients to identify clinic rooms as an area.
- A 'meet and greet' staff member in the blood testing department helped to improve the flow and experience of patients.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with four legal requirements. This action related to three services.

In the urgent and emergency services:

- The trust must ensure that all staff in the emergency department complete regular mandatory training to ensure they have up to date knowledge relating to safe systems and processes. (Regulation 18(1)(2)(a))
- The trust must take steps to ensure patients who attend the emergency department are able to access care and treatment in a timely way in the right setting. The trust must continue to take actions to improve flow through the department and meeting the government targets and the RCEM standards. (Regulation 17(1)(2)(a))
- The trust must ensure that patients are not accommodated in non-clinical areas which are not appropriate to meet their needs and that their comfort, privacy and dignity are maintained. (Regulation 12(1)(2)(d))

# Summary of findings

- The trust must ensure that staff check all emergency equipment according to the trust policy. (Regulation 12(1)(2)(e))
- The trust must ensure that systems to ensure the ongoing monitoring of patients and to identify patients at risk of harm, or deteriorating patients, are consistently complied with. (Regulation 12 (1)(2)(a)(b))
- The trust must assess patients for risk of development of pressure ulcers in a timely manner. (Regulation 12 (1)(2)(a))
- The trust must ensure that the safety of self-presenting patients in the reception waiting area is considered. This includes, but is not restricted to, ensuring patients are assessed in a timely manner and ensuring there is oversight of the wellbeing of patients to identify patients that might be deteriorating. (Regulation 12 (1)(2)(a)(b))
- The trust must ensure that staff recognise and report all incidents. (Regulation 17(1)(2)(b))
- Nursing staff must treat patients with dignity and respect. This includes protecting the dignity of patients cared for in corridor areas and those waiting in the reception waiting area. (Regulation 10(1)(2)(a))
- The trust must ensure staff in the emergency department consistently comply with processes for preventing the spread of infection, including staff use of personal protective equipment. (Regulation 12 (1)(2)(h))
- The trust must develop a comprehensive audit system to provide assurance that patients' records are appropriately completed. (Regulation 17(1)(2)(a)(c))
- The trust must ensure that all patient safety risks are captured on an appropriate risk register, which must describe planned and completed mitigating actions. (Regulation 17(1)(2)(b))

## In Surgery:

- The provider must ensure all patients with airborne infections are isolated effectively in side rooms to prevent the spread of infections. (Regulation 15(1) (c))

## In Maternity:

- Ensure that women attending the maternity assessment unit have timely assessments and care to meet their needs. (Regulation 12(2)(a))
- Ensure care and treatment is provided in a safe way. Processes for the control of infection including cleaning must be developed to prevent and control the risks of infection. (Regulation 12(2)(a)(h))
- Ensure staff have training in the use of the hoist for the pool and emergency evacuation of women from the pool. (Regulation 12(c))
- Ensure that incidents are reviewed in a timely way and risks are mitigated. (Regulation 12(2)(a)(b))

## Action the trust **SHOULD** take to improve

### In the urgent and emergency service:

- The trust should continue to embed and develop governance systems to provide assurance of the efficiency and effectiveness of systems to ensure patient flow and patient safety.
- The trust should continue to ensure that staff in the emergency department receive regular supervision and performance appraisal to provide assurance of their continuing competence in their role.
- The trust should consider the need to have a record of food and fluid intake of patients.
- The trust should accurately monitor the time of arrival to time of assessment for all patients self-presenting to the department.

# Summary of findings

- The trust should consider providing training to reception staff about identifying 'red flag' conditions that require immediate escalation to a clinical professional.
- The trust should continue to embed the process and completion of staff appraisals according to trust policy.

## In Surgery:

- The provider should review the provision of patient toilet facilities on the Surgical High Care Unit.
- The provider should take action to improve mandatory training compliance for medical staff.
- The provider should consider adding version numbers and review dates to forms used by staff.
- The provider should take action to meet the trust target of 85% for appraisals in all staff groups.
- The provider should take action to improve the completion of patients' fluid balance charts.
- The provider should work to meet the trust's 30-day target for responding to complaints. The service should consider describing medical or clinical terminology in plain English in complaints response letters to aid patient and relatives' understanding.

## In Medical care:

- The service should look at ways to enable improvements in compliance for medical mandatory training and aspects of safeguarding training.
- The service needs to improve sepsis management to avoid unnecessary care failings.
- The service should consider equipment replacement in some areas to avoid delays to patient treatment due to equipment failure.
- The service had embarked on a work program to improve falls risk assessment and care, this should be continued to improve sustained good practice.
- The service should monitor storage of medicines more closely to avoid errors in administration.
- Improvement in patient outcomes needs to be sustained in all areas where the service is participating in national audit programmes.
- The service should continue to ensure staff appraisals are completed in order to be assured that staff remain competent for their roles.
- The service needs to investigate complaints and report back to complainants according to the trust guidelines.

## In Maternity:

- Review the facility for women in the maternity assessment unit including adequate seating.
- Develop system to capture mandatory training data for medical staff.
- Women's records should be maintained bound and filed securely to mitigate the risks of these being mislaid.
- Develop an effective process for sharing information with staff including lessons learnt.
- Review the facility in the bereavement suite.
- Review the use of whiteboard and management of women's personal information.
- Develop a vision and strategy specific to maternity services.
- Develop measures to collect and submit data in a timely way to monitor performances.

# Summary of findings

## In Outpatients:

- The service should take action to improve mandatory training compliance for medical staff.
- The service should take action so all departments meet the trust risk assessment for the storage of cleaning solutions in locked cupboards.
- The service should consider a routine inspection and audit for cleaning and replacing cubicle curtains in all departments.
- The service should take action to meet the trust target of 85% for appraisals in all staff groups.
- The service should take action to service and correctly label all medical equipment in use in the outpatient departments .
- The service should take action to develop the understanding and use of LOCSSIPs throughout the departments that may use them.
- The service should take action to meet the Accessible Information Standards in a consistent manner across all outpatient departments.

## Trust wide:

- The trust should implement succession planning for the senior leadership team.
- The trust should take steps to meet its duty of candour in all cases where it is required with timely information and proportionate engagement.
- The trust should implement a framework, that applies to the new context of the trust, with transparent role expectations and clear accountability for roles at all levels.
- The trust should continue to work towards IT that meets the trust's and individual services' needs
- The trust should take steps to increase the pace of improvement to meet patients' and services' demands of across the trust.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

*Our rating of well-led at the trust improved. We rated well-led as good because:*

### Leadership

- The leadership team was providing the trust stable leadership which had improved since our 2017 and 2018 inspections. Leaders had the experience, capacity, capability and integrity to ensure that the strategy could be delivered and risks to performance addressed.
- The leadership was knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them.

### Vision and Strategy

# Summary of findings

- There was a clear statement of vision and values, driven by quality and sustainability. It was translated into a strategy and well-defined, achievable and relevant objectives. The vision, values and strategy were developed through a structured planning process in collaboration with people who used the service, staff and external partners. They were aligned to local plans in the wider health and social care economy and services were planned to meet the needs of the relevant population. Progress against delivery of the strategy was monitored and reviewed.
- The challenges to achieving the strategy, including relevant local health economy factors, were understood and the trust was taking actions to address these.

## Culture

- Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported. There were processes to support staff and promote their positive wellbeing.
- We observed improvements in culture across the trust. Leaders at every level shared values, prioritised high-quality, sustainable and compassionate care, and promoted equality and diversity. They encouraged pride and positivity in the organisation and generally focused attention on the needs and experiences of people who use services. Behaviour and performance inconsistent with the vision and values was identified and dealt with regardless of seniority.
- Among staff, candour, openness, honesty, transparency and challenges to poor practice were the norm. The leadership promoted staff empowerment to drive improvement, and raising concerns was encouraged and valued.
- There was a culture of collective responsibility between teams and services. There were processes for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations and appraisal rates were improving, although the trust as a whole had not met its appraisal target rate.

However,

- We still found there were areas where culture was not centred on the needs and experience of people who used the service. For instance, in the emergency department some non-patient centred care had been normalised, waiting rooms could be challenging to navigate or a risk for a unwell or vulnerable patient.
- The hospital was not well signposted and we observed patients regularly becoming lost and confused.
- We saw both at core service level and leadership level that the spirit of the duty of candour was not always followed. The response was not always timely and in some more serious cases the trust did not proactively attempt to contact patients other than to send a letter.
- All staff did not always feel they were treated equally.

## Governance

- The board and other levels of governance in the organisation functioned effectively and interacted well with each other. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective.

However,

- Staff were not always clear about their roles and what they were accountable for.

## Management of risk, issues and performance

# Summary of findings

- The organisation had the processes to manage current and future performance. There were processes to identify, understand, monitor and address current and future risks. Performance issues were escalated to the appropriate committees and the board through clear structures and processes. Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns.
- Financial pressures were managed so that they did not compromise the quality of care. Service developments and efficiency changes were developed and assessed with input from clinicians so that their impact on the quality of care was understood.

However,

- Risks, issues and poor performance were not always identified or dealt with quickly enough. We continued to have serious concerns around the Emergency Department and the senior leadership team's oversight of risk management and pace of change within the department.

## Information management

- Integrated reporting supported effective decision making. There was a holistic understanding of performance, which integrated the views of people with quality, operational and financial information. Quality and sustainability both received sufficient coverage in relevant meetings at all levels. Performance information was used to hold management and staff to account. The information used in reporting, performance management and delivering quality care was usually accurate, valid, reliable, timely and relevant, with plans to address any weaknesses.
- There were arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. New information technology systems were used effectively to monitor and improve the quality of care.
- However, the trust's data maturity remained low, systems were not always effective and information used in some areas was not always accurate, valid, reliable, timely or relevant.

## Engagement

- The trust encouraged a full and diverse range of people's views and concerns. The service proactively engaged and involved staff, public and stakeholders (including those with protected equality characteristics) and ensured their voices were considered to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them.

## Learning, continuous improvement and innovation

- There was a strong focus on continuous learning and improvement at all levels of the organisation, including through external accreditation and participation in research.
- There was knowledge of improvement methods and systems and staff had the skills to use them at all levels of the organisation. These supported improvement and innovation work.
- The service made effective use of internal and external reviews, including review of deaths and incidents, and learning was shared effectively and used to make improvements.
- The service had a strong research department which engaged in research that benefited patients and the trust directly.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for Queen Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
Medical care (including older people's care)	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Surgery	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Critical care	Outstanding Aug 2018	Outstanding Aug 2018	Outstanding Aug 2018	Outstanding Aug 2018	Outstanding Aug 2018	Outstanding Aug 2018
Maternity	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
Services for children and young people	Requires improvement Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
End of life care	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Outpatients	Good ↔ Jan 2020	N/A	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020
Diagnostic imaging	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall*</b>	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2018	Good ↑ Jan 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



# Queen Alexandra Hospital

Southwick Hill Road  
Cosham  
Portsmouth  
Hampshire  
PO6 3LY  
Tel: 02392286000  
[www.porthosp.nhs.uk](http://www.porthosp.nhs.uk)

## Key facts and figures

Queen Alexandra Hospital is located in Cosham, Portsmouth. It is a large District General Hospital providing a comprehensive range of acute and specialist services. The hospital serves local, regional and military communities. The local population is approximately 675,000 people and the hospital provides specialist renal services to a population of 2.2 million people across Wessex.

The trust's main site is the Queen Alexandra Hospital. The hospital provides services including: urgent and emergency care, medical care, surgery, outpatients, diagnostic imaging, critical care, services for children and young people and end of life care. It has 977 beds, 28 theatres, and two interventional radiology suites.

It employs over 7000 staff and has more than 700 volunteers.

## Summary of services at Queen Alexandra Hospital

**Good**  

Our rating of services improved. We rated them overall as good because:

- Our rating of safe stayed the same. We rated it requires improvement because there were still significant concerns about safety in urgent and emergency care, medical care and maternity. However, there was improvement with regards to safety across the hospital.
- Our rating of effective improved. We rated it as good because the hospital provided evidence based care, treatment and support to achieve good outcomes and promote a good quality of life. However, there were some inconsistencies between teams regarding information sharing, not all staff had appraisals and some services were outliers for some national audits.
- Our rating of caring improved. We rated it as good because the hospital involved patients in their care and treated them with compassion kindness dignity and respect. We saw an improvement to caring treatment throughout much of the hospital including some examples of outstanding care. However, there were still some concerns about care provided and privacy and dignity in the urgent and emergency service.
- Our rating of responsive improved. We rated it as good because the service provided care that met the needs of individual patients and the community. However, patients could not always access care and treatment in a timely way or in the right setting and there were delays to responding to more than 50% of complaints.

## Summary of findings

- Our rating of well-led improved. We rated it as good because leadership, management and governance of the organisation had improved, enhancing the trust's ability to deliver high-quality care, supporting learning and innovation, and promoting an open and fair culture. However, IT systems did not always support good care, not all risks were identified and there was a lack of pace regarding some improvements.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Urgent and emergency services are provided by the trust at Queen Alexandra Hospital. The department is open 24 hours a day, seven days a week, with consultant-led emergency care and treatment provided from 8am to 12 midnight, seven days a week to people across the city of Portsmouth and south east Hampshire. The trust has a Minor Injuries Unit based at Gosport War Memorial Hospital and a GP-led Urgent Care Centre. At the time of the inspection the GP – led Urgent Care Service was being reconfigured and was not available during our inspection.

The emergency department is a recognised trauma unit. Major trauma patients are transported directly to the nearest major trauma unit. The department has a four-bay resuscitation area, with one bay designated for children.

There are two major treatment areas; majors A has 18 bays and three cubicles, majors B has 12 chairs, two bays and an additional bay for clinical examinations. There is a separate ‘pit stop’ assessment area with six trolleys and four chairs.

If the pit stop area is full, up to six patients are accommodated in the corridor while they wait for assessment. One further corridor area is used when the department reaches capacity.

There is a nine-bed emergency decision unit (EDU). This area comprises of two four-bed bays and a single-bed sideroom. The area is used for patients who are unlikely to require admission but who require short term observation or are waiting for test results. The unit is regularly used to accommodate patients with acute mental health problems who are waiting for assessment by a mental health practitioner or waiting for a mental health bed. There is a side room designated for mental health practitioners to undertake mental health assessments.

The minor treatment area has six treatment cubicles and two consultation rooms used by general practitioners to provide an urgent care service. This service operates from 8am to 11pm, seven days a week and sees patients who present with a condition which requires immediate treatment, but which can be carried out by a GP.

The emergency department has a separate children’s treatment area with its own secure waiting room. This consists of an observed play area, a high dependency cubicle, an isolation room, five majors cubicles and four minors cubicles. This area is open from 8am until midnight, seven days a week. Outside of these hours, children are seen in the main (adult) area of the emergency department or they are taken directly to the children’s assessment unit, located elsewhere in the hospital.

From March 2018 to February 2019 there were 156,347 attendances at the trust’s urgent and emergency care services.

We undertook an announced inspection of the urgent and emergency care services between 15 and 17 October 2019 and carried out further observations of the service on 12 November 2019.

We spoke with 10 patients and six relatives and carers. We spoke with approximately 30 members of staff including nurses, managers, health care support workers, doctors and reception staff. We observed care in the service and looked at 10 sets of patients’ records

We previously inspected this service in April 2018. At that time the service was rated requires improvement overall, with safe, effective caring and well led rated as inadequate and responsive as inadequate. We completed a focused inspection in February 2019 in response to concerns about how the trust was managing with the increased pressures of the winter period. As that was a focused inspection and we did not look at all five key questions, the rating for the service was not reviewed at that time.

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## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

# Urgent and emergency services

- Staff did not assess risks to patients in a timely manner. Arrangements for patients self-presenting at the department increased the risk of delays to assessment of their conditions and risk of deteriorating patients not being identified. Staff did not always carry out clinical observation of patients in line with the hourly requirement set by the department. There was no assurance that staff completed patient records fully and accurately. It was not clear that staff recognised and reported all incidents and near misses. The service did not consistently control infection risk well.
- There were significant numbers of patients waiting in ambulances over an hour before being handed over the emergency department staff and delays with the timeliness of assessments and start of treatment.
- Staff did not have assurance that patients had enough food and drink to meet their needs and improve their health, as staff did not record whether patients had eaten or drunk the food and drink provided. Annual appraisal rates still did not meet the trust's target.
- Staff did not always respect the privacy and dignity of patients.
- Facilities and premises did not meet the needs of the number of patients attending the department. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess, treat and care for patients. Patients were frequently cared for in non-clinical spaces and there were regular occurrences of patients being held in ambulances outside the department due to lack of capacity to accommodate them. Patients were not always able to access care and treatment in a timely way and in the right setting.
- Not all service risks were identified and included in the risk management process.

However,

- The service had enough staff to care for patients and keep them safe. Most staff had training in key skills and understood how to protect patients from abuse. They managed medicines well. The service managed safety incidents and learned lessons from them.
- Staff provided patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care. Key services were available seven days a week.
- Staff helped patients to understand their conditions. They provided emotional support to patients, families and carers.
- Staff took account of patients' individual needs, and treated concerns and complaints seriously. The service was making changes to try to improve patient flow. Although not meeting most of the national targets for patient flow, there were some improvements with performance against some of the targets.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not make sure all staff completed the mandatory training, including safeguarding training.

# Urgent and emergency services

- The service did not always control infection risk well. Staff did not always use control measures effectively to protect patients, themselves and others from infection. We observed staff handling used linen, emptying bins and attending to patients' elimination needs without using personal protective equipment such as gloves and aprons. The condition of seating in some areas meant it was not possible to carry out effective cleaning. There were used paper cups and used tissues on the floor of the reception area where self-presenting patients waited to be attended to.
- The design, maintenance and use of facilities, equipment and premises did not keep people safe. The emergency department was frequently crowded. Crowding in emergency departments is associated with an increase in mortality and impacts on patients' experience. Lack of capacity within the department led to patients being accommodated in non-clinical areas, including in corridors, and being held for long periods in ambulances outside the emergency department. Crowding in the department, meant the sicker patients self-presenting who needed to be cared for in the major treatment areas had a longer wait to be allocated a care space than those waiting to be seen in the minor treatment area. Staff did not always check emergency equipment according to the trust's policy.
- Staff did not complete assessments for each patient in a timely manner. The service consistently performed poorly against the Royal College of Emergency Medicine recommendation that all patients should be assessed by a healthcare professional within 15 minutes of arrival at the emergency department. Arrangements for patients self-presenting at the department and lack of oversight of patients in the reception waiting area increased the risk of delays to assessment of their conditions and risk of deteriorating patients not being identified. Reception staff had not received any training about how to identify red flag signs and symptoms that may indicate a patient needed urgent medical assistance. The department's own audits showed that staff did not always carry out clinical observation of patients in line with the hourly requirement set by the department.
- There were significant numbers of patients waiting in ambulances over an hour before being handed over to the emergency department staff.
- There was heavy reliance on bank and agency nursing staff to maintain safe staffing numbers.
- The service relied on consultant medical staff working additional hours to deliver a safe service.
- Staff did not always keep detailed and up-to-date records of patients' care and treatment. There was no process to monitor staff completion of patient records.
- It was not clear that staff recognised and reported all incidents and near misses. Overcrowding, relatives having to sit on the floor, delays of patients being clinically assessed and patient queue jumping for the navigator nurse were not reported as incidents, suggesting that staff considered these as normal practices. Staff had not recognised incidents as being a Never Event. Managers had not ensured that actions from patient safety alerts were implemented and monitored. The service reported three Never Events, all relating to patients being administered air rather than oxygen. This had been a subject of a safety alert in October 2016, but the service had failed to ensure the appropriate actions were taken to support the safety of patients.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff were trained to use equipment. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.

# Urgent and emergency services

- Records were clear, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not make sure all staff completed the mandatory training, including safeguarding training.
- The service did not always control infection risk well. Staff did not always use control measures effectively to protect patients, themselves and others from infection. We observed staff handling used linen, emptying bins and attending to patients' elimination needs without using personal protective equipment such as gloves and aprons. The condition of seating in some areas meant it was not possible to carry out effective cleaning. There were used paper cups and used tissues on the floor of the reception area where self-presenting patients waited to be attended to.
- The design, maintenance and use of facilities, equipment and premises did not keep people safe. The emergency department was frequently crowded. Crowding in emergency departments is associated with an increase in mortality and impacts on patients' experience. Lack of capacity within the department led to patients being accommodated in non-clinical areas, including in corridors, and being held for long periods in ambulances outside the emergency department. Crowding in the department, meant the sicker patients self-presenting who needed to be cared for in the major treatment areas had a longer wait to be allocated a care space than those waiting to be seen in the minor treatment area. Staff did not always check emergency equipment according to the trust's policy.
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- There were significant numbers of patients waiting in ambulances over an hour before being handed over to the emergency department staff.
- There was heavy reliance on bank and agency nursing staff to maintain safe staffing numbers.
- The service relied on consultant medical staff working additional hours to deliver a safe service.
- Staff did not always keep detailed and up-to-date records of patients' care and treatment. There was no process to monitor staff completion of patient records.
- It was not clear that staff recognised and reported all incidents and near misses. Overcrowding, relatives having to sit on the floor, delays of patients being clinically assessed and patient queue jumping for the navigator nurse were not reported as incidents, suggesting that staff considered these as normal practices. Staff had not recognised incidents as being a Never Event. Managers had not ensured that actions from patient safety alerts were implemented and monitored. The service reported three Never Events, all relating to patients being administered air rather than oxygen. This had been a subject of a safety alert in October 2016, but the service had failed to ensure the appropriate actions were taken to support the safety of patients.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.



# Urgent and emergency services

- Staff were trained to use equipment. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- Records were clear, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement**   

Our rating of effective stayed the same. We rated it as requires improvement because:

- Staff did not have assurance that patients had enough food and drink to meet their needs and improve their health, as staff did not record whether patients had eaten or drunk the food and drink provided.
- Annual appraisal rates still did not meet the trust's target.
- There was lack of assurance that managers and staff used audit results to improve patient outcomes. National audit results showed areas of clinical management that did not meet the national standards. This included consultant sign off, management of moderate and acute severe asthma, the time from arrival to CT scan of the head for patients with traumatic brain injury and proportion of patients with severe open lower limb fracture receiving appropriately timed urgent and emergency care. More recent national audits showed management of pain for both adults and children did not fully meet the national standards.
- The service had a higher (worse) than expected risk of re attendance within seven days of initial attendance than the national standard, but had performed better than the England average.

However,

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients food and drinks and considered the needs of patients who needed special feeding and hydration techniques.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care
- Key services were available seven days a week to support timely patient care.
- Staff gave patients some support and advice to lead healthier lives.



# Urgent and emergency services

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Requires improvement**   

Our rating of caring stayed the same. We rated it as requires improvement because:

- Staff did not always treat patients with compassion and kindness or respect their privacy and dignity.
- Staff did not always support the privacy and dignity of patients accommodated in the corridor cohort area.

However,

- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment

## Is the service responsive?

**Requires improvement**  

Our rating of responsive improved. We rated it as requires improvement because:

- Facilities and premises did not meet the needs of the number of patients attending the department. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess, treat and care for patients. Patients were frequently cared for in non-clinical spaces and there were regular occurrences of patients being held in ambulances outside the department due to lack of capacity to accommodate them.
- Patients were not always able to access care and treatment in a timely way and in the right setting. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From July 2018 to April 2019 the trust failed to meet the standard and performed worse than the England average. From August 2018 to July 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently higher (worse) than the England average. From January 2019 to June 2019, the trust's median total time for patients in the department in A&E was higher (worse) than the England average.

However,

- The service was inclusive and took account of patients' individual needs. Staff coordinated care with other services and providers.
- The service had made recent changes to try to improve patient flow. The major treatment B area had been transformed to an ambulatory major treatment area, where more patients were accommodated on chairs. Although the service performed worse than the England average for patients waiting more than four hours from the decision to admit until being admitted, the numbers of patients experiencing this was less than it had been at the previous inspection. There were improvements from the last inspection with the number of patients waiting more than 12 hours from the decision to admit until being admitted. There had been one patient waiting more than 12 hours from the decision to admit until being admitted between August 2018 to July 2019 and none in October 2019.

# Urgent and emergency services

- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement** ● ➡ ⬅

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The service did not have a developed vision and purpose for the Emergency Department and Urgent Care Group.
- Not all risks were identified and included in the risk management process.
- There was lack of pace with plans to improve performance of the service.
- The service did not have the information to monitor performance in all areas of the service.

However,

- Leaders had the integrity, skills and abilities to run the service. They understood the priorities and issues the service faced and supported staff to develop their skills and take on more senior roles.
- The service was developing, with relevant stakeholders, a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders operated governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities. Leaders had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

## Areas for improvement

Action the trust MUST take to improve

The trust must ensure that all staff in the emergency department complete regular mandatory training to ensure they have up to date knowledge relating to safe systems and processes. (Regulation 18(1)(2)(a))

The trust must take steps to ensure patients who attend the emergency department are able to access care and treatment in a timely way in the right setting. The trust must continue to take actions to improve flow through the department and meeting the government targets and the RCEM standards. (Regulation 17(1)(2)(a))

The trust must ensure that patients are not accommodated in non-clinical areas which are not appropriate to meet their needs and that their comfort, privacy and dignity are maintained. (Regulation 12(1)(2)(d))

The trust must ensure that staff check all emergency equipment according to the trust policy. (Regulation 12(1)(2)(e))

The trust must ensure that systems to ensure the ongoing monitoring of patients and to identify patients at risk of harm, or deteriorating patients, are consistently complied with. (Regulation 12 (1)(2)(a)(b))

The trust must assess patients for risk of development of pressure ulcers in a timely manner. (Regulation 12 (1)(2)(a))

# Urgent and emergency services

The trust must ensure that the safety of self-presenting patients in the reception waiting area is considered. This includes, but is not restricted to, ensuring patients are assessed in a timely manner and ensuring there is oversight of the wellbeing of patients to identify patients that might be deteriorating. (Regulation 12 (1)(2)(a)(b))

The trust must ensure that staff recognise and report all incidents. (Regulation 17(1)(2)(b))

Nursing staff must treat patients with dignity and respect. This includes protecting the dignity of patients cared for in corridor areas and those waiting in the reception waiting area. (Regulation 10(1)(2)(a))

The trust must ensure staff in the emergency department consistently comply with processes for preventing the spread of infection, including staff use of personal protective equipment. (Regulation 12 (1)(2)(h))

The trust must develop a comprehensive audit system to provide assurance that patients' records are appropriately completed. (Regulation 17(1)(2)(a)(c))

The trust must ensure that all patient safety risks are captured on an appropriate risk register, which must describe planned and completed mitigating actions. (Regulation 17(1)(2)(b))

Action the trust SHOULD take to improve

The trust should continue to embed and develop governance systems to provide assurance of the efficiency and effectiveness of systems to ensure patient flow and patient safety.

The trust should continue to ensure that staff in the emergency department receive regular supervision and performance appraisal to provide assurance of their continuing competence in their role.

The trust should consider the need to have a record of food and fluid intake of patients.

The trust should accurately monitor the time of arrival to time of assessment for all patients self-presenting to the department.

The trust should consider providing training to reception staff about identifying 'red flag' conditions that require immediate escalation to a clinical professional.

The trust should continue to embed the process and completion of staff appraisals according to trust policy.

# Medical care (including older people's care)

Good  

## Key facts and figures

Medical care (including older people's care) at Portsmouth Hospitals NHS Trust includes a broad range of specialities. The service sits within the Medicine and Urgent Care Division, specialist care groups in Queen Alexandra Hospital include the following:

Gastroenterology & Hepatology

Endocrinology & Diabetes

Respiratory

Cardiology

Neurology

Endoscopy

General Medicine

The older people's medicine includes:

Stroke – hyper acute and acute,

Neurology rehabilitation

Acute Neurology Team

Hospital Palliative Care

The Acute Medical Unit which provides diagnostic assessment for adult patients admitted as emergencies.

We also visited the haematology / oncology wards which formed part of the Networked Services division.

The Queen Alexandra Hospital site has 997 beds and serves a population of around 675,000 Portsmouth and south east Hampshire residents. Approximately 580 beds are provided to patients admitted under the care of the Medicine and Urgent Care Division.

The trust had 61,557 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 27,851 (45.2 %), 1,314 (2.1 %) were elective, and the remaining 32,412 (52.7 %) were day case.

Admissions for the top three medical specialties were:

- General Medicine – 20,374
- Gastroenterology – 15,131
- Rheumatology – 6,409

During this inspection, we visited a selection of wards across the division, the acute medical unit (AMU), the ambulatory care unit, cardiac catheterisation laboratories and the endoscopy suite. We spoke with 58 members of staff including service leads, doctors, nursing staff, healthcare assistants, housekeeping staff, and administrative staff and attended medical and nursing handover meetings. We also spoke with 10 patients, reviewed 15 sets of medical records and observed interactions between staff and patients.

# Medical care (including older people's care)

During and after the inspection, we reviewed a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

We last completed a comprehensive inspection of medical care services in this hospital in April 2018 and rated the medical care as requires improvement for all five domains.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- The service did not always have staff with the correct skills available to them to care for patients and keep them safe.

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. Medical staff compliance with mandatory training targets was poor.
- Staff had training on how to recognise and report abuse, but compliance for prevent awareness was not achieved for nursing staff and was poor for medical staff.

# Medical care (including older people's care)

- Sustained management of sepsis was below the national average.
- Some equipment in use was old and past its expected lifespan and some areas lacked enough storage space, resulting in cluttered corridors.
- Staff completed and updated risk assessments for each patient and removed or minimised risks, but completion of clinical records was inconsistent and some areas in falls risk assessments were poorly assessed.
- The service used systems and processes to safely prescribe, administer, and record medicines. Storage and monitoring of medicines wasn't consistent throughout the medical wards.

However:

- On the whole staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.
- Staff identified and quickly acted upon patients at risk of deterioration.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment, but managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. Medical staff compliance with mandatory training targets was poor.
- Staff had training on how to recognise and report abuse, but compliance for prevent awareness was not achieved for nursing staff and was poor for medical staff.
- Sustained management of sepsis was below the national average.
- Some equipment in use was old and past its' expected lifespan and some areas lacked enough storage space, resulting in cluttered corridors.
- Staff completed and updated risk assessments for each patient and removed or minimised risks, but completion of clinical records was inconsistent and some areas in falls risk assessments were poorly assessed.
- The service used systems and processes to safely prescribe, administer, and record medicines. Storage and monitoring of medicines weren't consistent throughout the medical wards.

However:

- On the whole staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Medical care (including older people's care)

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.
- Staff identified and quickly acted upon patients at risk of deterioration.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment, but managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ● ↑

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

# Medical care (including older people's care)

However;

- The service was an outlier for some national audits.
- Some documents available on the intranet were not current.
- Not all staff received timely appraisals.
- A lack of speech and language therapists resulted in a decrease in timely assessments for stroke patients.

## Is the service caring?

**Good** ● ↑

Our rating of caring improved. We rated it as good because:

- Staff generally treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However;

- Response to complaints was outside of the trust's 30 day target.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. We rated it as good because:



# Medical care (including older people's care)

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

Action the trust MUST take to improve

- The service should look at ways to enable improvements in compliance for medical mandatory training and aspects of safeguarding training.
- The service needs to improve sepsis management to avoid unnecessary care failings.
- The service should consider equipment replacement in some areas to avoid delays to patient treatment due to equipment failure.
- The service has embarked on a work program to improve falls risk assessment and care, this should be continued to improve sustained good practice.
- The service should monitor storage of medicines more closely to avoid errors in administration.
- Improvement in patient outcomes needs to be sustained in all areas where the service is participating in national audit programmes.
- The service should continue to ensure staff appraisals are completed in order to be assured that staff remain competent for their roles.
- The service needs to investigate complaints and report back to complainants according to the trust guidelines.

# Surgery

Good  

## Key facts and figures

Portsmouth Hospitals NHS Trust provides district general hospital surgical services at the Queen Alexandra Hospital. The surgical specialties offered at the hospital are colorectal, urology, breast and plastics, lower and upper gastrointestinal, vascular surgery, bariatric and general surgery.

The trust is an orthopaedic centre, providing elective and emergency trauma surgery, with the head and neck clinical service centre at the trust also providing ophthalmic (eye) surgery, dental, maxillo-facial and oral surgery.

The service had 46,216 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 13,744 of these (29.7%), 26,369 (57.1 %) were day case, and the remaining 6,103 (13.2 %) were elective. The service had 28 operating theatres and 279 surgical beds.

During our inspection, we spoke with six patients and 44 staff, including nurses, doctors, service managers, healthcare assistants and therapists. We reviewed 14 sets of patient records relating to the surgical core service. We reviewed a variety of documents, including policies, training records, audits and performance data.

## Summary of this service

Following improvements since the last inspection in record keeping, risk assessment, infection prevention and control, medicines management, theatre safety culture, leadership, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, our rating of this service improved. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided mandatory training in key skills to all staff. Nursing staff received and kept up-to-date with their mandatory training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment and carried out daily safety checks of specialist equipment.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care.

# Surgery

- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff stored and managed medicines and prescribing documents in line with the provider's policy.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients practical support and advice to lead healthier lives. The service had relevant information promoting healthy lifestyles and support on the wards. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care. Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients said staff treated them well and with kindness.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff gave patients and those close to them help, emotional support and advice when they needed it. They supported patients who became distressed.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The service actively involved patients' relatives as partners in their care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were generally in line with national averages. Managers and staff worked to make sure that they started discharge planning as early as possible.

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- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. It used a systematic approach to continually improve the quality of the service. Managers we spoke with at all levels understood the risks to the service and could describe action to reduce risks.
- The service collected reliable data and analysed it to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

- Medical staff received, but did not always keep up-to-date, with their mandatory training. Medical staff met the trust target of 85% for five out of 14 mandatory training modules.
- Although policies included version control information, some forms used by staff did not include version numbers or review dates. This meant staff might not know whether they were using the most up-to-date version of the document.
- Staff did not always fully complete fluid balance charts. This meant it was difficult for colleagues reviewing the chart to see a patient's fluid balance at a glance.
- Staff appraisal rates for the reporting period June 2018 to May 2019 were 81%, which did not meet the trust target of 85%.
- The service did not meet the trust's 30-day target for responding to complaints. In the reporting period June 2018 to May 2019, the service took an average of 45.5 days to respond and close complaints. This was not in line with the trust's complaints policy. Complaints responses we reviewed sometimes included clinical language without explanations in plain English, which might have been difficult for some complainants to understand.
- There were no side rooms for isolation of infectious patients on the Surgical High Care Unit.

## Is the service safe?

Good  

Following improvements since the last inspection in record keeping, risk assessment, infection prevention and control and medicines management, our rating of safe improved. We rated it as good because:

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- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided mandatory training in key skills to all staff. Nursing staff received and kept up-to-date with their mandatory training. Nursing staff met the trust target for 13 of the 14 mandatory training modules. The only module where nursing staff did not meet the trust target of 85% was adult basic life support, where the compliance rate was 81%.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff knew how to identify patients at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service used systems to identify and prevent surgical site infections.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment and carried out daily safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for patients. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff used a nationally recognised tool to identify deteriorating patients and escalated correctly in line with national guidance. Staff completed risk assessments for each patient on admission (and pre-admission for elective surgery). They updated assessments when necessary and used recognised tools. This was an improvement from our previous inspection in April 2018, when staff did not always complete comprehensive risk assessments or develop risk management plans in line with national guidance.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff stored and managed medicines and prescribing documents in line with the provider's policy.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors. Safety thermometer data was displayed on wards for staff and patients to see. The safety thermometer data showed the service achieved harm free care within the reporting period.

However:

- Medical staff received, but did not always keep up-to-date, with their mandatory training. Medical staff met the trust target of 85% for five out of 14 mandatory training modules.
- There were no side rooms for isolation of infectious patients on the Surgical High Care Unit. The service mitigated this risk by using screens designed to achieve isolation and control measures such as personal protective equipment and

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handwashing, deep cleaning, and closely working with the infection prevention and control team. However, the service cared for six patients with airborne infections on the Surgical High Care Unit in the year before our visit. This was not in line with their acceptance policy to only accept patients with non-airborne infections due to the lack of side rooms on the unit.

## Is the service effective?

Good  

Following improvements since the last inspection in Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Staff gave patients practical support and advice to lead healthier lives. The wards had relevant information promoting healthy lifestyles and support. Staff assessed each patient's health on admission and provided support for any individual needs to live a healthier lifestyle. The service's multidisciplinary 'surgery school' initiative helped patients adopt healthier lifestyles before surgery. Feedback showed 90% of patients who attended, changed their lifestyles, and 100% said they would recommend it to other patients.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes, such as International Organisation for Standardisation (ISO) 13485 accreditation for sterile services. The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent with results nationally, and mostly met expectations such as national standards.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development. Managers gave all new staff a full induction tailored to their role before they started work. They made sure staff received any ongoing specialist training for their role. Managers supported staff to attend multidisciplinary simulation training for non-emergency as well as emergency scenarios led by actors at the trust's dedicated simulation centre.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff worked across health care disciplines and with other agencies when required to care for patients.
- Key services were available seven days a week to support timely patient care. Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week. Where the trust did not have 24-hour services on site, such as MRI scanning, the service had a service-level agreement with neighbouring organisations to ensure patients received appropriate imaging out-of-hours if needed.

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- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Although policies included version control information, some forms used by staff did not include version numbers of review dates. This created a risk staff might not know whether they were using the most up-to-date version of the document.
- Staff did not always fully complete fluid balance charts. This meant it was difficult for colleagues reviewing the chart to see a patient's fluid balance at a glance.
- Staff appraisal rates for the reporting period June 2018 to May 2019 were 81%, which did not meet the trust target of 85%.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients said staff treated them well and with kindness. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff gave patients and those close to them help, emotional support and advice when they needed it. They supported patients who became distressed. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The service actively involved patients' relatives as partners in their care. The service had implemented the national #EndPJparalysis campaign and encouraged patients to wear daytime clothes rather than pyjamas to help them feel more like themselves.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.



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- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were generally in line with national averages. Managers and staff worked together to make sure that they started discharge planning as early as possible. They worked to make sure patients did not stay longer than they needed to. When patients had their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff.

However:

- The service did not meet the trust's 30-day target for responding to complaints. In the period June 2018 to May 2019, the service took an average of 45.5 days to respond and close complaints. This was not in line with the trust's complaints policy. Complaints responses we reviewed sometimes included clinical language without explanations in plain English, which might have been difficult for some complainants to understand.
- The Surgical High Care Unit did not have patient toilet facilities. Staff escorted patients to the toilet on the adjacent ward or provided commodes for patients

## Is the service well-led?

Good  

Following improvements since the last inspection in leadership and safety culture in theatres, our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Safety culture and staff morale had improved in theatres since our last inspection following the appointment of two new managers.
- Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. It used a systematic approach to continually improve the quality of the service. Managers we spoke with at all levels understood the risks to the service and could describe action to reduce risks.
- The service collected reliable data and analysed it to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research. The service had introduced innovations with robotic surgery and had also been shortlisted for a British Medical Journal award for an anaesthetic project.



## Outstanding practice

We found areas of outstanding practice in this service:

- We identified the service's multidisciplinary 'surgery school' initiative, which helped patients adopt healthier lifestyles before surgery, as an area of outstanding practice.
- We identified the trust's multidisciplinary simulation for emergency and non-emergency clinical situations as an area of outstanding practice. The hospital's simulation centre provided a dedicated training environment with scenario-based learning using actors from a variety of clinical settings.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

### **Action the provider must take to improve:**

- The provider must ensure all patients with airborne infections are isolated effectively in side rooms to prevent the spread of infections. (Regulation 15(1) (c): Premises and Equipment)

### **Action the provider should take to improve:**

- The provider should review the provision of patient toilet facilities on the Surgical High Care Unit.
- The provider should take action to improve mandatory training compliance for medical staff.
- The provider should consider adding version numbers and review dates to forms used by staff.
- The provider should take action to meet the trust target of 85% for appraisals in all staff groups.
- The provider should take action to improve the completion of patients' fluid balance charts.
- The provider should work to meet the trust's 30-day target for responding to complaints. The service should consider describing medical or clinical terminology in plain English in complaints response letters to aid patient and relatives' understanding.

# Maternity

**Requires improvement** 

## Key facts and figures

The maternity services at Queen Alexandra Hospital in Portsmouth is consultant led providing care and treatment for women with high risk pregnancy or medical complications. The trust also offers a home birth service. The Mary Rose unit also known as (B5) is a co located midwife led unit with two birthing pool offering maternity services to low risk women.

The maternity services provide care and treatment to women living in Portsmouth and the surrounding areas.

The maternity services include hospital and community settings ensuring that women receive care across the ante-natal, labour and post-natal periods. The service comprises of the pre-natal diagnostic service such as foetal medicine, ante-natal screening facilities and the Ultrasound Sonography (USS) service.

The trust has three standalone maternity centres as well as a co-located maternity centre at Queen Alexandra Hospital;

- Blake maternity centre based at Gosport War Memorial Hospital
- Grange maternity centre based in Petersfield Community Hospital
- Portsmouth maternity centre based in St Mary's Community health campus.
- Ward B5 co-located maternity unit.

The trust has a foetal medicine sub-specialty.

From January 2018 to December 2018 there were 5,065 deliveries at the trust.

## Summary of this service

We undertook an announced inspection of the maternity services between 15 and 17 October 2019.

We last inspected Portsmouth Hospital NHS Foundation Trust maternity services in April 2018 as part of a joint maternity and gynaecology inspection. The purpose of this inspection was to see if maternity services performance had been maintained or if any improvements had been made by the service in the interim.

We spoke with 13 patients, relatives and carers. We spoke with approximately 18 members of staff including midwives, managers, maternity support workers, doctors, reception and medical records staff, and healthcare assistants. We observed care in outpatient clinics and looked at 16 sets of patients' records. We received comments from the staff and from patients and the public directly.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated maternity as requires improvement because:

We undertook an announced inspection of the maternity services between 15 and 17 October 2019.

We last inspected Portsmouth Hospital NHS Foundation Trust maternity services in April 2018 as part of a joint maternity and gynaecology inspection. The purpose of this inspection was to see if maternity services performance had been maintained or if any improvements had been made by the service in the interim.

# Maternity

We spoke with 13 patients, relatives and carers. We spoke with approximately 18 members of staff including midwives, managers, maternity support workers, doctors, reception and medical records staff, and healthcare assistants. We observed care in outpatient clinics and looked at 16 sets of patients' records. We received comments from the staff and from patients and the public directly.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated maternity as requires improvement because:

- Women were not assessed in a timely way when they were referred to the maternity assessment unit.
- Infection control practices for the birthing pool may pose safety risks to women and babies.
- Emergency evacuation of women from the pool and the use of the hoist was not effectively managed.
- There was a backlog of incidents which had not been reviewed in a timely way in order to mitigate risks.
- The facilities in the bereavement suite was not homely and clinical in appearance which did not meet the needs of women and their families.
- Although some women's records were fully completed, there were some inconsistencies in the recording of assessments of women.
- The maternity IT system did not support comprehensive recording and analysis of data.
- There was a lack of oversight and monitoring of mandatory training for medical staff including safeguarding.
- Women's personal information was not managed effectively and could be viewed by visitors and other people in the unit.
- The trust's data submission to the maternity services dataset was inconsistent and they could not be assured that outcome data was used to effectively improve the service provision.
- Although there were some plans to reduce risks these were not fully developed and embedded in practice.
- There was no vision and strategy specific for maternity services and the trust had recognised this needed to be developed.

However;

- The maternity unit was well maintained, and the accommodation was spacious and well equipped to meet the needs of women.
- Emergency equipment was checked regularly in line with the trust policy, well maintained and available to the staff.
- Maternity services had a clearly defined accountability structure. The midwifery matron and community matron were accountable to the head of midwifery.
- Medical staff and midwives received practical obstetric multi-professional (PROMPT) emergency training
- There were a range of structured governance meetings to provide oversight of risks and quality assurance.
- The maternity unit employed infant feeding specialists and provided breastfeeding clinics and drop-in sessions.
- The trust had developed a multi birth facility which offered women one stop clinic and continuity in their care.
- The trust had developed the role of midwives' sonographers which impacted positively on care women were receiving.

# Maternity

- Maternity staff understood how to protect women and babies from abuse and the service worked well with other agencies to do so. Midwives had completed training on how to recognise and report abuse, and they knew how to apply it.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Infection control processes and practices for managing the birthing pool were not adequate and may put women at risk of infection.
- There was a lack of understanding among the staff about the use of the appropriate equipment for the emergency retrieval of women from the pool. There was no evidence of regular drills and the trust could not be assured this would be carried out safely.
- The triage process for women attending the maternity assessment unit was at times not managed safely and effectively and in line with the pathway.
- There was no data available on mandatory and safeguarding training for medical staff. The trust could not be assured staff had the skills and competence to undertake their role.
- The gestational recording for the trust was 77.5% incomplete compared to England average of 18%.
- The process for reviewing incidents reported was not always effectively managed to minimise risks.

However;

- The service provided mandatory training in key skills to all maternity staff and made sure everyone completed it. Most midwives and nursing staff had completed the required mandatory training relevant to their role.
- Maternity staff understood how to protect women and babies from abuse and the service worked well with other agencies to do so. Midwives had completed training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The maternity unit was clean, well equipped and well maintained.
- The emergency equipment was checked regularly and available to staff.

## Is the service effective?

**Good**  

Our rating of effective improved. We rated it as good because:

# Maternity

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.
- Staff provided information and supported women to manage their pain. Women were assessed and received pain relief in a timely way.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The maternity service offered key services seven days a week to support timely care for women and babies.
- The maternity service used their dashboard to monitor their performance.
- Staff gave women practical support and advice to lead healthier lives such as healthy diets and weight management in pregnancy and offered breast feeding support.

However;

- The maternity service was not meeting its appraisal rates in line with the trust target for staff and to provide support and development.
- There were areas of the maternity red, amber, green (RAG) traffic light dashboard that were not always meeting the trust's key performance indicators (KPI).

## Is the service caring?

**Good** ●

Our rating of caring stayed the same. We rated it as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.
- The perinatal team supported women in a compassionate way. Women were supported to make informed choices about available birth settings according to their needs and risks.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

# Maternity

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans.
- Staff took complaints seriously and responded to women a sensitive way and offered an apology. Complaints were managed in line with trust policy.
- Patients had access to information leaflets and staff could request translation services or interpreters for people with communication or language difficulties.
- Staff liaised well with the community team ensuring women and babies continue to receive care and support in a consistent way.

## Is the service well-led?

**Requires improvement**   

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The service was working to improve its approach to audit, reporting and improvement to support good governance.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. These were not fully integrated in practices such as sharing outcomes of investigations and lessons learnt.
- The maternity IT system did not support comprehensive recording and analysis of data. Although some data was available, this had been recently developed.
- There was a backlog of incidents needing reviews which may impact on care, as the trust could not be assured that these were investigated in a timely manner and actions taken to eliminate any risks.
- There was no vision and strategy specific for maternity services and staff told us this needed to be developed. They were working with the acute trust vision and strategy.

However;

- Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff.
- Staff spoke positively of the changing culture and the inclusive leadership style of the head of midwifery.
- Managers understood and managed the priorities and recognised areas that needed to be developed and had plans to achieve this.
- The maternity service engaged well with women, staff the public and local organisations to plan and manage appropriate services and worked effectively with partner organisations.
- The maternity service undertook work streams, working with other providers across Hampshire and Commissioners.
- Midwives and support staff benefitted from an open culture where staff were encouraged to raise concerns and they worked well together.

## Outstanding practice

- The trust had developed a multi birth facility which offered women one stop clinic and continuity in their care.

# Maternity

- The trust had developed the role of midwives' sonographers which impacted positively on care women were receiving.

## Areas for improvement

### **Actions the provider must take**

- Ensure that women attending the maternity assessment unit have timely assessments and care to meet their needs.(Regulation 12)
- Ensure care and treatment is provided in a safe way. Processes for the control of infection including cleaning must be developed to prevent and control the risks of infection. (Regulation 12)
- Ensure staff have training in the use of the hoist for the birthing pool and emergency evacuation of women from the pool.(Regulation 12)
- Ensure that incidents are reviewed in a timely way and risks are mitigated. (Regulation 12)

### **Actions the provider SHOULD take to improve**

- Review the facility for women in the maternity assessment unit including adequate seating.
- Women's records should be maintained bound and filed securely to mitigate the risks of these being mislaid.
- Develop system to capture mandatory training data for medical staff.
- Develop an effective process for sharing information with staff including lessons learnt.
- Review the facility in the bereavement suite.
- Review the use of whiteboard and management of women's personal information.
- Develop a vision and strategy specific to maternity services.
- Develop measures to collect and submit data in a timely way to monitor performances.

# Outpatients

Good   

## Key facts and figures

The trust provides outpatients services from its Queen Alexandra Hospital site and at local community hospitals. The specialties covered include cardiology, dermatology, endocrinology, gastroenterology, haematology, neurology, ophthalmology, oncology, oral surgery, plastic surgery, respiratory, rheumatology and urology.

The trust provides a number of multidisciplinary 'one stop' clinics, where patients see a clinician along with other members of the multidisciplinary team (for example, allied health professionals).

During our inspection a team of two inspectors visited the main outpatients area, rheumatology, urology, cardiology, ophthalmology, audiology, ENT, surgical outpatients, haematology and oncology, trauma and orthopaedics, plastic surgery, phlebotomy, and staff in the medical records team. We also spoke to staff from the booking centre. The departments were open between 8.30am to 5pm although some units remained open until 6pm. Services were available from Monday to Friday, with the emergency eye clinic open on a Saturday.

We spoke with seven patients, relatives and carers. We spoke with approximately 40 members of staff including managers, nursing staff of all grades, doctors, therapists, reception and medical records staff, and healthcare assistants. We observed care in outpatient clinics and looked at four sets of patient records. We received comments from our staff and from patients and the public directly.

In addition, we reviewed national data and performance information about the trust and read a range of policies, procedures and other documents relating to the operation of the outpatient department (OPD).

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.



# Outpatients

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services.

However

- Patients in some departments were waiting for lengthy periods before they were given a follow-up appointment.

## Is the service safe?

**Good** ● → ←

Our rating of this service stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of most facilities, premises and equipment kept people safe. Staff were trained to use equipment. Staff managed clinical waste well.
- Staff identified and quickly acted upon patients at risk of deterioration. Some departments had developed guidance for patients on when and how to seek help with symptom control.
- The service had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses within the clinical area. Managers investigated incidents and shared lessons learned with the team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However

- Compliance in mandatory training for medical staff was below trust target of 85% in seven of the 13 modules required.
- Premises in the eye clinic and emergency eye clinic were cramped. Staff had to triage patients in the same room as staff taking telephone calls. Curtains were in use in some rooms and did not provide privacy for conversations. The waiting area in eye clinic was full at times with patients standing.
- Some accessible toilets required painting and refurbishment.

# Outpatients

- Resuscitation trolleys were not tamper proof although they were in line with the trust policy.
- PGDs had been completed but the version date on the paperwork for three medicines had expired in June 2019.
- Staff in outpatients, where invasive procedures took place, were not able to describe a LocSSIP and its use in their department.

## Is the service effective?

We do not rate effective but found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff made sure patients had access to food and drink while waiting in clinics.
- Staff accessed pain relief within outpatient clinics in line with individual needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Services had been accredited under several accreditation schemes.
- The service made sure staff were competent for their roles. They held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Some services were available six days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However

- Some departments did not have regular team meetings and there was no consistent approach to sharing information across teams.
- Managers had a system to appraise staff's work performance however, not all staff had a recent appraisal recorded.

## Is the service caring?

**Good** ● ➡ ➡

Our rating of this service stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Outpatients

## Is the service responsive?

Good ● → ←

Our rating of this service stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with national standards for most speciality clinics.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However

- There was no consistent approach to providing patients with accessible information in the form of appointment letters in large print.
- Check in processes were different in some clinics. Patients reported that they were not always able to find clinics easily.
- Patients were still waiting extended periods for follow-up appointments in some clinics for example audiology.

## Is the service well-led?

Good ● ↑

Our rating of this service improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Most staff at each level were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Outpatients

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it to understand performance, make decisions and improvements. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However

- Staff told us that the recent change in divisional structures meant they did not yet recognise the leadership team.
- Staff were not clear on the overarching divisional strategy for outpatients.
- There was no consistent approach to audits in the outpatient departments, with each department auditing different things and using their own paperwork.
- Staff felt that the impact of staff shortages on team morale was not always recognised by consultants and managers.

## Outstanding practice

We found examples of outstanding practice in this service.

- We identified the rheumatology service's helpline initiative, which supported anxious patients as an area of outstanding practice. We were told that the success of this service meant that the trust was planning to fund a clinical psychologist to support the most anxious callers.
- We identified the surgical and ear, nose and throat outpatients service's use of coloured cards to make it easier for patients to identify clinic rooms as an area of outstanding practice.
- We identified the development of a 'meet and greet' staff member in the blood testing department to improve the flow and experience of patients to be an area of outstanding practice.

## Areas for improvement

Action the trust SHOULD take to improve

- The service should take action to improve mandatory training compliance for medical staff.
- The service should take action so all departments meet the trust risk assessment for the storage of cleaning solutions in locked cupboards.
- The service should consider a routine inspection and audit for cleaning and replacing cubicle curtains in all departments.
- The service should take action to meet the trust target of 90% for appraisals in all staff groups.
- The service should take action to service and correctly label all medical equipment in use in the outpatient departments.
- The service should take action to develop the understanding and use of LOCSSIPs throughout the departments that may use them.

# Outpatients

- The service should take action to meet the Accessible Information Standards in a consistent manner across all outpatient departments.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** ([see goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

Catherine Campbell, Head of Hospitals South East, led the inspection.

The team included three inspection managers, one medicines manager, eleven inspectors including specialist mental health and medicines inspectors, eleven specialist advisers, one assistant inspector, one analyst and one inspection planner.

Specialist advisers are experts in their field who we do not directly employ.

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# Agenda Item 6

## **Portsmouth City Council Health Overview and Scrutiny Panel 12 March 2020**

### **Portsmouth Hospitals NHS Trust update**

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health Overview and Scrutiny Panel (HOSP) on the following issues of interest:

**1. Care Quality Commission (CQC) report following the comprehensive inspection of PHT in October and November 2019**

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 is now rated “Good” overall, with the overall rating against each domain 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.

**2. Building Better Emergency Care – update on Emergency Department capital build**

## 1. Care Quality Commission (CQC) report following the comprehensive inspection of PHT in October and November 2019

### Background

1.1 The Care Quality Commission (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 ↑

1.2 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

1.3 Members will recall that five core service were inspected:

- Urgent & emergency services
- Medical care including older people's care
- Surgery
- Maternity
- Outpatients

1.4 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 ↔

1.5 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.

1.6 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:

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

1.7 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.

1.8 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

1.9 Numbers i and ii were required to be addressed by 15 January 2020; number iii was required to be addressed by 15 February 2020.

1.10 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.

1.11 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**

1.12 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.

1.13 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.

1.14 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**

1.15 The Well-Led inspection took place in November. The rating for Well-Led has improved from "Requires Improvement" to "Good".

1.16 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.

1.17 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.

1.18 A response to the detail of these points was presented to the Trust Board in February.

## **2. Building Better Emergency Care – update on Emergency Department capital build**

### **Background**

- 2.1 The configuration and condition of the emergency department (ED) at Queen Alexandra Hospital (QA) has been a longstanding challenge for the Trust.
- 2.2 The ED at the QA site is 40 years old and was not designed for the number of patients the Trust now sees. Last year there were 16,000 more attendances than there were five years ago, and current projections show demand continuing to increase by 3% each year. The constrained size and layout of the ED limit the Trust's ability to make improvements in the way care is delivered and to implement best practice. In addition, the physical condition of the department does not provide a good enough experience for patients, visitors or staff.
- 2.3 In recognition of these challenges, and with the support of local partners and stakeholders, the Trust was awarded a £58.3m investment for new emergency care facilities at QA as part of the NHS England Wave 4 Sustainability and Transformation Partnership capital allocations, subject to standard business case approvals.
- 2.4 In the meantime, work continues on a daily basis to improve emergency care for patients at QA within the existing constraints, as detailed in the regular updates received by HOSP members.

### **Developing a new model of care**

- 2.5 Simply providing a new facility will not enable the Trust to make the improvements needed for local people. The capital investment is an opportunity to go much further than is presently possible in redesigning how unscheduled and emergency care are organised and provided. Working with partners, clinicians at the Trust are also designing a new clinical model that will enable the minimisation of handovers between teams, reduction in duplication and delay, and the movement of patients to the right place for their care more quickly. The new ED will be tailor-made to deliver this new model of care, with built-in flexibility to adapt to further enhancements to service models in the future.

### **Programme objectives**

- 2.6 The aims of the emergency department capital build programme are to:
- i. Develop and deliver a new clinical model to serve current and future emergency care requirements at QA
  - ii. Reconfigure urgent and emergency care facilities at the QA site to maximise productivity and efficiency of the urgent and emergency care pathway, streamlining patient flow through ED and beyond
  - iii. Provide capacity to meet current and future demand, enabling the Trust to meet national urgent care quality and access standards
  - iv. Deliver modern facilities, meeting required standards and promoting a positive patient experience and staff wellbeing.
- 2.7 In summary, the programme will deliver safer, more timely care, greater efficiency and an improved experience for patients, visitors and staff.

## Size of new facilities




2.8 Emergency care is currently delivered in facilities at multiple locations across the QA site (including ED, acute medical unit, surgical assessment unit, and ambulatory care settings). Currently, over 120,000 patients each year access these pathways through ED. The new development will accommodate up to 150,000 patients each year through the ED with streamlined pathways to alternative emergency care settings. The flexible design will also ensure that further changes to the size and pathways can be accommodated in the future.

## Location of new facilities

2.9 The Trust is currently considering three possible locations for the new / redeveloped ED (set out below). The final estates solution will depend on the:

- Requirements of the new clinical model
- Necessity for adjacencies to other services
- Impact on other services
- Implications for site infrastructure (provision or re-routing of utilities, etc)
- Budget implications (for example if underground services need to be re-routed).

2.10 Whichever location is selected, if any car parking spaces are lost, they will be re-provided elsewhere on the site:

Location A	Location B	Location C
<p>Extend to the east side and reconfigure existing emergency department. Additional options of refurbishment potential being considered.</p>	<p>New build on east car park. Potential sub-options include refurbishment and extension in this location. Requires re-provision of staff car park.</p>	<p>New build on north car park. Requires re-provision of public car park elsewhere on site.</p>
		

## Timeline

- 2.11 The timeline and process are dictated to a large extent by the NHSI/E and Treasury (HMT) approvals processes. Panel Members will recall that the Outline Strategic Case was submitted for approval at the end of September 2019. The Trust is currently planning as follows, but this is an anticipated, rather than definitive, timeline at this stage:

Now – Q3 20/21	Develop Outline Business Case, including clinical model and preferred estates solution. Receive approval of Strategic Outline Case and submit Outline Business Case.
Q3 20/21 – Q2 21/22	Develop Full Business Case confirming clinical model, estates and workforce solutions. Receive approval of Outline Business Case and submit Full Business Case.
Q4 21/22	Receive approval of Full Business Case and release of funds by NHSI/E and HMT.
Q1 22/23	Commence construction.
Q4 23/24	Handover and new facilities open to patients.

## Patient and public engagement

- 2.12 The Trust is committed to the development of patient-centred emergency care services and facilities that truly reflect the needs and preferences of the communities we serve. The Trust has already begun engaging with patients and the public to explain the initial plans and gather high level feedback on what is important to them about the new clinical model and facilities.
- 2.13 A Patient and Public Engagement Steering Group has been established to help shape on-going engagement plans. Recruitment to this group is underway, and plans are being developed with Healthwatch and other partners.
- 2.14 In the coming months, the Trust will carry out in-depth engagement to inform the clinical model and the design principles that will underpin the new facilities. In later stages there will be wide-ranging engagement activities to inform the detailed design.
- 2.15 As the capital investment enhances the current provision of services, rather than changing their nature or location, the Trust does not anticipate that any formal public consultation will be required. However, the Trust's on-going engagement with HOSP and Hampshire HASC will enable the identification of any change to this position.

## Further updates

- 2.16 The Trust will provide a formal update to HOSP before the submission of the Outline Business Case and again before the submission of the Full Business Case. The Trust would be pleased to provide any further information that is required in the meantime.



## Appendix 1 – comparison of 2018 v 2019 CQC inspection ratings

2018 inspection						
Service	Safe	Effective	Caring	Responsive	Well led	Overall
<b>Urgent &amp; Emergency</b>	RI	RI	RI	Inadequate	RI	RI
<b>Med care + Older People's care</b>	RI	RI	RI	RI	RI	RI
<b>Surgery</b>	RI	RI	Good	Good	RI	RI
<b>Critical Care</b>	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
<b>Maternity</b>	RI	RI	Good	RI	RI	RI
<b>Children &amp; Young People</b>	RI	Good	Good	Good	Good	Good
<b>End of Life care</b>	Good	Good	Good	Good	Good	Good
<b>Outpatients</b>	Good	N/A	Good	Good	RI	Good
<b>Diagnostic imaging</b>	Good	Good	Good	Good	Good	Good
<b>Overall</b>	RI	RI	RI	RI	RI	RI

2019 inspection						
Service	Safe	Effective	Caring	Responsive	Well led	Overall
<b>Urgent &amp; Emergency</b>	RI	RI	RI	RI	RI	RI
<b>Med care + Older People's care</b>	RI	Good	Good	Good	Good	Good
<b>Surgery</b>	Good	Good	Good	Good	Good	Good
<b>Critical Care</b>	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
<b>Maternity</b>	RI	Good	Good	Good	RI	RI
<b>Children &amp; Young People</b>	RI	Good	Good	Good	Good	Good
<b>End of Life care</b>	Good	Good	Good	Good	Good	Good
<b>Outpatients</b>	Good	N/A	Good	Good	Good	Good
<b>Diagnostic imaging</b>	Good	Good	Good	Good	Good	Good
<b>Overall</b>	RI	Good	Good	Good	Good	Good





**Portsmouth Hospitals**  
NHS Trust

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## **Cover Sheet**

### **Health Overview and Scrutiny Panel**

**12<sup>th</sup> March 2020**

### **Paper from Solent NHS Trust in relation to Podiatry Services in Portsmouth.**

HOSP are respectfully requested to receive this report, outlining the patient engagement that has been undertaken and the revised proposals around estate options.

Solent NHS Trust would request acceptance of the recommended option (option 3) supporting the continued delivery of services at Cosham Health Centre. This option also proposes a continued, though slightly scaled back presence, at Eastney Health Centre and Lake Road Health Centre.

## **Introduction**

The purpose of this paper is to outline our proposals in relation to Solent NHS Trust's Podiatry services within Portsmouth City following completion of our patient engagement and previous dialogue with Healthwatch Portsmouth and the Health Overview and Scrutiny Panel (HOSP).

## **Background**

In September 2019 Solent NHS Trust brought a paper to Healthwatch Portsmouth and the Health Overview and Scrutiny Panel (HOSP) in relation to the premises that Podiatry services within Portsmouth City operate from. There was an understandable challenge from both Healthwatch Portsmouth and HOSP around the need for engagement with patients and other stakeholders. Solent NHS Trust took this feedback on board and in November 2019 returned to HOSP, presenting an update on our proposal which included our engagement plan, which initiated our commencement of a 3 month patient and stakeholder engagement period. This concluded at the end of January 2020. This paper will outline our revised proposal to premises for Podiatry services within Portsmouth City taking into account the views of patients, their carers and other stakeholders, such as Healthwatch Portsmouth.

Solent NHS Trust Podiatry currently provides services at 4 sites within the city. Consisting of Cosham Health Centre, Eastney Health Centre, Lake Road Health Centre and more recently St Mary's Community Health Campus, following the required move out of The Turner Centre, St James Hospital. The service operates on a hub and spoke model, with the specialist and complex work carried out at the hub, and less complex work carried out at the spokes, meaning that patients often travel between sites to gain access to the full range of support that is clinically required. In December 2019 following the closure of the Turner Centre at St James, our main hub was relocated to St Mary's Community Health Campus.

Podiatry manages patients who are presenting with moderate and high risk diabetes and high risk non diabetes patients. The service also offers short course treatments such as nail surgery for patients 10 years of age and over, and assessments and treatment plans including exercise and insole provision ( if appropriate) for patients with foot deformity and/or pain from the age of 10 to 17. In addition, the service also has a fee paying service offering some Podiatry services to members of the public who are not eligible to receive NHS services.

## **Context and current position**

There have been challenges with the existing premises, many of which are older buildings (which we lease space within rather than own the building outright) where there have been challenges around their clinical appropriateness for the treatments which we need to carry out, alongside several environmental issues. All the premises within the city, with the exception of St Mary's Community Health Campus (SMCHC) are not owned by Solent NHS Trust which makes it difficult to change the estate and improve it. Additionally there are significant challenges within the service in relation to staffing, due to a shortage of Podiatrists which is reflective of the national situation. Given the number of sites we operate from (including the South East Hampshire areas) it has been difficult to ensure appropriate staff are available at all of the clinical sites to provide care to our ulcerated, high risk, vulnerable and complex patient caseload. Lone working is unavoidable; therefore advanced practitioner support is not always readily available. All of these factors have contributed to lowering staff morale.

There has been a high incidence of clinical staff stress related sickness within the service. Feedback from the affected staff directly attributes a large proportion of their stress to the limited peer support available within their clinical environment whilst managing such a high risk caseload.

As mentioned earlier, recruitment is challenging nationally within Podiatry as fewer people train for the profession and choice of employer has increased both within the private sector and the NHS. Staff that are recruited are often not at the level of skills required for such a complex caseload and extra training and education in a supportive environment is attractive for new recruits, and crucial to the service to ensure safe effective care is provided. In Portsmouth it has been difficult to attract sufficient numbers of recently trained practitioners who require further training and/or supervision.

## Patients Affected

During the September 2019 HOSP meeting Solent NHS Trust were asked how many patients were affected, and responded that around 7000 patient contacts occurred within Portsmouth City. Using the most recent data, this section clarifies the actual impact on patients the team have broken down how many patients are affected. For the period Jan 2019 to Jan 2020 **Podiatry in Portsmouth City supported 2693 patients** from Portsmouth and the surrounding area they generated 9163 attendances. Breaking this down further **1566 of the 2693 are from Portsmouth postcode areas PO1-PO6**, accounting for 6088 of the 9163 attendances.

- 15% (409) of our patients who attend the clinics at St Mary's, Lake Road, Eastney Health Centre and Cosham Health Centre are likely to have an existing ulceration, a newly healed ulceration or are at a **very high** risk of ulceration. These patients are typically seen by the service every two to three weeks. For patients in the PO1-PO6 postcode this is 13% (210).
- 15% (399) of our patients who attend the above clinics are likely to be considered high risk of ulcerating without regular care. These patients are typically reviewed between four and eight weeks depending on the nature of their current foot condition. For patients in the PO1-PO6 postcode this is 15% (238).
- 33% (880) of our patients who attend the above clinics are considered to be at moderate risk of developing a foot complication without regular care. These patients are typically seen every nine to sixteen weeks depending on their current foot condition. For patients in the PO1-PO6 postcode this is 41% (636).
- 37% (1005) of our patients who attend the above clinics only have one appointment or a short course of treatment. They do not remain within the service and are usually low risk

patients receiving advice, or nail surgery for painful conditions. For patients in the PO1-PO6 postcode this is 31% (482).

## Engagement

In recognition of the challenges from both HOSP and Healthwatch Portsmouth, Solent NHS Trust commenced engagement at the start of November 2019, this concluded at the end of January 2020.

There were 11 engagement sessions run in Cosham Health Centre, Eastney Health Centre, Lake Road Health Centre and the Turner Centre at St James, please see Appendix 7 for full details of thematic feedback. In addition there was media coverage which included an article in the news and a radio interview. There was a dedicated email address and a dedicated phone number set up to enable patients who didn't wish to attend a face to face engagement session to share their views. Healthwatch Portsmouth operated as a critical friend attending nearly all engagement sessions that were run, and the service met with Pompey Pensioners and undertook a tour with their representatives of the new site at St Mary's Community Health Campus.

All patients currently accessing our services received letters informing them of the proposed changes and offering them the opportunity to attend an engagement session or share their views with us over email or through the dedicated telephone number.

The trust has been delighted with the level of engagement from patients; the quality of the discussions that were held and the feedback those patients and their carers provided to us. We recognise that Purdah fell at the start of our engagement, which hindered some of our publicity, however we were heartened by the take up. In total two hundred and fifty five patients and seventeen carers shared their thoughts about our proposal. One hundred and fifty-nine patients and their carers attended our engagement sessions. The breakdown of attendances per site is detailed below:

- Lake Road: 59 patients and 4 carers
- Cosham Health Centre: 49 patients and 8 carers (plus one support dog)
- Eastney Health Centre: 51 patients and 5 carers

A further ninety-six patients got in touch through our dedicated email, letter or phone line: the breakdown is below.

- 34 phone calls
- 61 emails
- 1 letter

At our early engagement sessions we asked if there would be interest in participating in a tour of the new facility at St Mary's; forty-one patients expressed an interest in attending with 18 patients and carers attending one of the six tours offered.

Solent NHS Trust are also running engagement sessions to the fee paying service, TipToe, offering the same access via telephone and email for this patient cohort. This is a non-NHS Service, which generates additional income for Solent NHS Trust.

Appendices 1-5 include examples of Solent's engagement communications with patients likely to be affected by the proposal.

The trust as also undertaken engagement with the patients from the fee paying service Tiptoe and this has informed our proposal.

## Parking

A major theme of the engagement was in relation to parking. Solent has undertaken a major review of parking as part of the development of a new Access & Transport policy with a key focus on managing the limited number of parking spaces available at our sites and to implement sustainable transport solutions. We recognise that sufficient parking for patients and visitors is a key fundamental requirement but we also have a need to ensure that staff are able to access their place of work as easily as possible and we are working hard to ensure that we can deliver these requirements across our Trust.

At St Mary's Community Hospital Campus (SMCHC) we have recently completed a major refurbishment of large parts of the site that has increased the clinical and non-clinical activity that inevitably increases the number of patients, visitors and staff using the site. As part of that work information on the projected increase in patient and staff activity was undertaken and was considered as part of the changes to both on-site and off-site parking. Through the new Access & Transport policy new eligibility criteria in terms of staff parking has been implemented and the number of staff permits for the available spaces on the hospital site has been reviewed to ensure that priority for parking on the site is given to our patients and visitors. Regular review of the parking usage is being undertaken and analysis of that data will be used to assess any changes that may be required to further improve patient/visitor parking.

The table below shows the changes that have been implemented at this early stage:

Space Type	Pre Phase 2	Post Phase 2	Change
Patient/Visitor	140	147	7
Disabled/Accessible Parking	22	31	9
Staff	74	84	10
Staff Drop Off 1 hour bays	10	0	-10
Staff Drop off 2 hour bays	0	6	6
Pool Cars	0	3	3
<b>Totals</b>	<b>246</b>	<b>271</b>	<b>25</b>

St Marys Health Campus has suffered in recent history with a shortage of car parking. This was partly a result of the historic disposal of excess parking land by previous owners of the site, and partly due

to the increased volume of traffic onto the site. In order to alleviate some of this pressure a decision was made to temporarily lease 50 spaces at the nearby HMP Kingston prison. This provided some alternative to the on-site congestion, and alleviated some of the staff pressure. Following the closure of this site we moved our off-site parking to Portsmouth Football Club (Fratton Park) in January 2019 following agreement with them. The available parking spaces were increased to 105 with an option to take a further 95 spaces in stages if required, this decision was taken with consideration to the challenges being experienced on the site at that time and also for changes that would be taking place at SMCHC once the redevelopment had been completed.

As can be seen additional off site staff parking has been provided to ensure we are able to provide sufficient patient and visitor parking and the use of the car parking facilities are monitored on a daily basis, and further changes will be made if necessary to ensure we maintain sufficient spaces for patients and visitors.

Off Site Staff Parking			
Location	Spaces	Spaces	Change
Kingston Prison	50		
Fratton Park - Stage 1		105	
Increase			55
Fratton Park - Stage 2		150	
Increase			100
Fratton Park - Stage 3		200	
Increase			150

Enforcement is in place to monitor the parking to ensure that staff park in accordance with the site requirements.

To support staff that are now required to park off site and to support our sustainable transport solution we have set up a car club with vehicles available from SMCHC for staff to use to ensure they are still able to easily access our patients who are seen in the community rather than at the hospital.

No additional cycle facilities were provided through the redevelopment scheme as the current facilities were identified as being underutilised, however we are reviewing this as there are opportunities to promote cycle to work and travel to the site by visitors.

### What Next

We are regularly reviewing the usage of the parking on the hospital site and are able to vary the allocation of spaces where it is clear that improvements could be made to support patient and visitor parking.

We are progressing an option to provide a 'Liftshare' scheme that would seek to encourage staff to car share and would further support our vision to reduce the number of vehicles coming into the city on a daily basis whilst providing an opportunity to further review the allocation of spaces on the hospital site.

We are progressing a cycle to work scheme and are discussing the new cycleway schemes being proposed by Portsmouth City Council and how we may be able to link into those. We are also exploring opportunities that the 'My Journey' scheme and grant funding opportunities that other



organisations could provide in terms of increasing our current cycle storage capacity and other support to cyclists.

#### Key Facts:

Prior to the recent changes the site had 246 spaces available on the site allocated as indicated below:

- 140 for patient/visitor designated areas
- 74 all day for staff
- 10 drop off bays with 2 hour maximum stay for staff
- 22 disabled

For the 84 spaces within the site allocated for staff parking 456 staff parking permits had been issued giving a ratio of 5.42:1 against the spaces allocated for staff and this had a significant impact of the availability of parking spaces for staff and visitors and was not sustainable and was considered in our review of the requirement for off-site parking for staff.

We have c.900 staff that have SMCHC as their base and between Solent and our partner organisations have identified c. 425 staff who meet the eligibility criteria for a parking permit, this may increase to c. 460.

Following the recent changes there are 271 spaces available on the site and these are allocated as follows:

- 147 for patient/visitor designated areas
- 87 for staff (includes space for 3 pool cars)
- 6 staff drop off spaces with a maximum 2 hour stay
- 31 disabled

With 84 staff car parking spaces available at SMCHC we have a significant gap for our staff parking requirement. In addition to the 84 staff spaces at SMCHC we currently have 105 spaces available at Portsmouth Football Club (PFC) giving us a total of 189 available parking spaces for staff. We are issuing a total of 378 permits for these 189 spaces at a ratio of two permits per space, this ratio has been assessed given we have shift working and community teams on the site and this is being monitored to check the ratio of permits to spaces is working and may need to be changed. We have agreement with PFC regarding taking up to a 95 additional parking spaces from them to accommodate our requirement for staff parking if required.

Solent NHS Trust will continue to work with Portsmouth City Council around influencing the provision of bus routes alongside the frequency of these bus routes that service the St Mary's Community Health Campus for the benefit of patients, visitors and staff.

#### **Revised Proposal to HOSP**

Following engagement with patients and stakeholders Solent NHS Trust has revised the original proposal which suggested the centralisation of all 3 sites to St Mary's Community Health Campus.

We have considered three options (which can be found in appendix 6), and feel that the option that responds to the concerns that patients raised, alongside the safety and operational imperatives that the service has is **option 3**. Solent NHS Trust is requesting acceptance from HOSP of this recommendation.

This option proposes retaining a Podiatry service at Cosham Health Centre, and providing a slightly scaled back provision at Lake Road Health Centre and Eastney Health Centre. Cosham Health Centre would continue to operate on the current basis of 3 days a week whilst Lake Road Health Centre would reduce to 1 day per week (compared to the current 2 days) with Eastney Health Centre remaining as it currently is at half to one day a week. This option would require the more complex work that was being delivered on these sites to be transferred to St Mary's though routine and non-complex work would be retained, The based on patient feedback and using current appointment data to ensure right care right place right time. There would be no loss of capacity as a consequence of this option.

#### Benefits:

- This would support patients that would genuinely have difficulties in attending St Mary's CHC so they are not disadvantaged and continue to receive podiatry care.
- Staff will be able to rotate through St Mary's CHC for up skilling in specialist skills and have the access to team working including mentoring students or junior members of staff and senior staff for complex clinical support. This would create an environment for supporting retention and development of staff along with improving and health and wellbeing.
- Access to St Mary's CHC allows more specialist services or podiatrists to improve patient care and facilities for joint appointments (i.e. ulcers and offloading) and modern facilities to be able to provide specialist care for patients such as MSK and Nail surgery. There is the added opportunity of working more closely with services such as the Enablement Centre, which is also based on the St Mary's site to streamline appointments for patients.
- All the benefits of centralising the whole service may be felt however, on a smaller level for example, the improvement in efficiencies of appointments and skill mix may not occur on a larger scale apart from those seen at St Mary's CHC.
- .

#### Risks:

- Continuing to use clinical rooms in other sites which are not purpose built for Podiatry care which could lead to infection control issues and poor care; this will be mitigated wherever possible by working closely with infection control and estates teams.
- Continued issues with booking appointments and offering timely appointments in instances of sickness/clinic cancelations; this will be mitigated by working closely with our single point of access team and having more appointments on the St Mary's site will improve our ability to flex our capacity.
- Potentially, poor support for staff affecting health and wellbeing, reduced training possibilities, staff recruitment and retention when working at sites other than St Mary's CHC, we anticipate that this will be mitigated by staff rotating through all environments.

- There remains the requirement for patients to travel to multiple sites for different care in podiatry dependant on needs and care plans, however this was an inherent risk of the previous service model which saw the Turner Centre operating as the Podiatry hub, and remains unchanged with the move of this work to St Mary's Community Health Campus.

This recommendation was arrived at following the volume of support that there was for the service at Cosham Health Centre to remain open. Patients from the local area explained that this service supported them to maintain their independence; in addition the facility is serviced by both bus and rail transport links and is adjacent to the M275 and M27. Patients from outside the city advised us that this was a preferred location as they did not require to travel in to the city, and considering the challenge to Solent NHS Trust about the green agenda within Portsmouth City, maintaining this site would ease the burden on travel in to the city centre from Podiatry patients.

The majority of patients who spoke to us, or shared their views with us from Eastney Health Centre and Lake Road Health Centre were unconcerned about accessing St Mary's Community Health Campus. Whilst there were some individual cases that felt traveling to the site would be more difficult, the majority of patients felt that a move to St Mary's Community Health Campus would be acceptable.

### **Savings and Costs**

This proposal would generate a small saving of **£66,538.56** which would be a cost improvement plan for the Podiatry service, contributing to the 4 year system financial plan for Health and Care in Portsmouth.

HOSP previously asked what the cost of a move would be from our estates; this would be around £750 exc VAT, per site, however given our recommendation to retain the existing premises it is not anticipated that this cost would be incurred.

### **Next Steps**

Should HOSP accept the recommended option – option 3, to retain services at Cosham, and provide a slightly scaled back provision at Eastney and Lake Road the trust would stand up a mobilisation project to manage the transition between the four sites. We envisage that these changes would take between 3 months and 6 months to enact due to lease arrangements.

The trust will write to all patients impacted by the changes to inform them of the outcome of our engagement.

The Podiatry service will work with colleagues in estates around the estate at Cosham Health Centre, Eastney Health Centre and Lake Road.

We will revise our standard letter to help improve wayfinding for patients; this will include information on which entrance to use, and the bus routes that are accessible directly outside of the St Mary's Community Health Campus.

We will work with our Single Point of Access and our staff to improve the way appointments are offered to patients, to encourage choice of site, where clinically appropriate, for our patients.

## Appendices

### **Appendix 1- example of invite to engagement session:**

27<sup>th</sup> November 2019

Podiatry Service Administration Team  
1<sup>st</sup> Floor, Adelaide Health Centre  
Millbrook  
Southampton  
SO16 4XE  
[www.solent.nhs.uk/podiatry](http://www.solent.nhs.uk/podiatry)

Dear

#### **Proposed Relocation of Portsmouth's Podiatry Services**

We recently wrote to you, inviting you to attend one of our engagement events. As a current user of Solent's Podiatry Services, we would like to give you another opportunity to attend an event, if you have been unable to attend so far:

- Tuesday 3<sup>rd</sup> December 2019 at 10am until 11am, or 11am till 12pm at Eastney Health Centre
- Tuesday 17<sup>th</sup> December 2019 at 10am until 11am, or 11am till 12pm at Lake Road Health Centre
- Tuesday 17<sup>th</sup> December 2019 at 1pm until 2pm, or 2pm till 3pm at Cosham Health Centre

To book place to attend an event please contact us on 02380 540124 or email [podiatrypatientengagement@solent.nhs.uk](mailto:podiatrypatientengagement@solent.nhs.uk)

These engagement events are an ideal platform for us to listen to your feedback and views with regards to the suggestion of centralising the Solent Podiatry Service within Portsmouth City. The proposal would be to relocate all current Portsmouth City clinical sites to the newly refurbished Block B at St. Mary's Community Health Campus. Current city Podiatry sites include Eastney Health Centre, Lake Road Health Centre and Cosham Health Centre.

St. Mary's has recently benefitted from a £10.3M redevelopment, including a new podiatry hub, which benefits from a modern, welcoming environment. Bringing our podiatry colleagues together from across Portsmouth will enable us to offer you an increased number of appointments with a wider range of dates and times. This would also give full access to the whole range of podiatry specialists, providing you with an even better service and reducing the need for repeat visits. Our podiatry service includes the following specialities; nail surgery, routine/preventative care, foot ulcer management, high risk foot musculoskeletal management.

If you are unable to attend one of our events and have any queries, please contact us on 02380 540124 or email [podiatrypatientengagement@solent.nhs.uk](mailto:podiatrypatientengagement@solent.nhs.uk)

Yours faithfully

*Debra O'Brien*

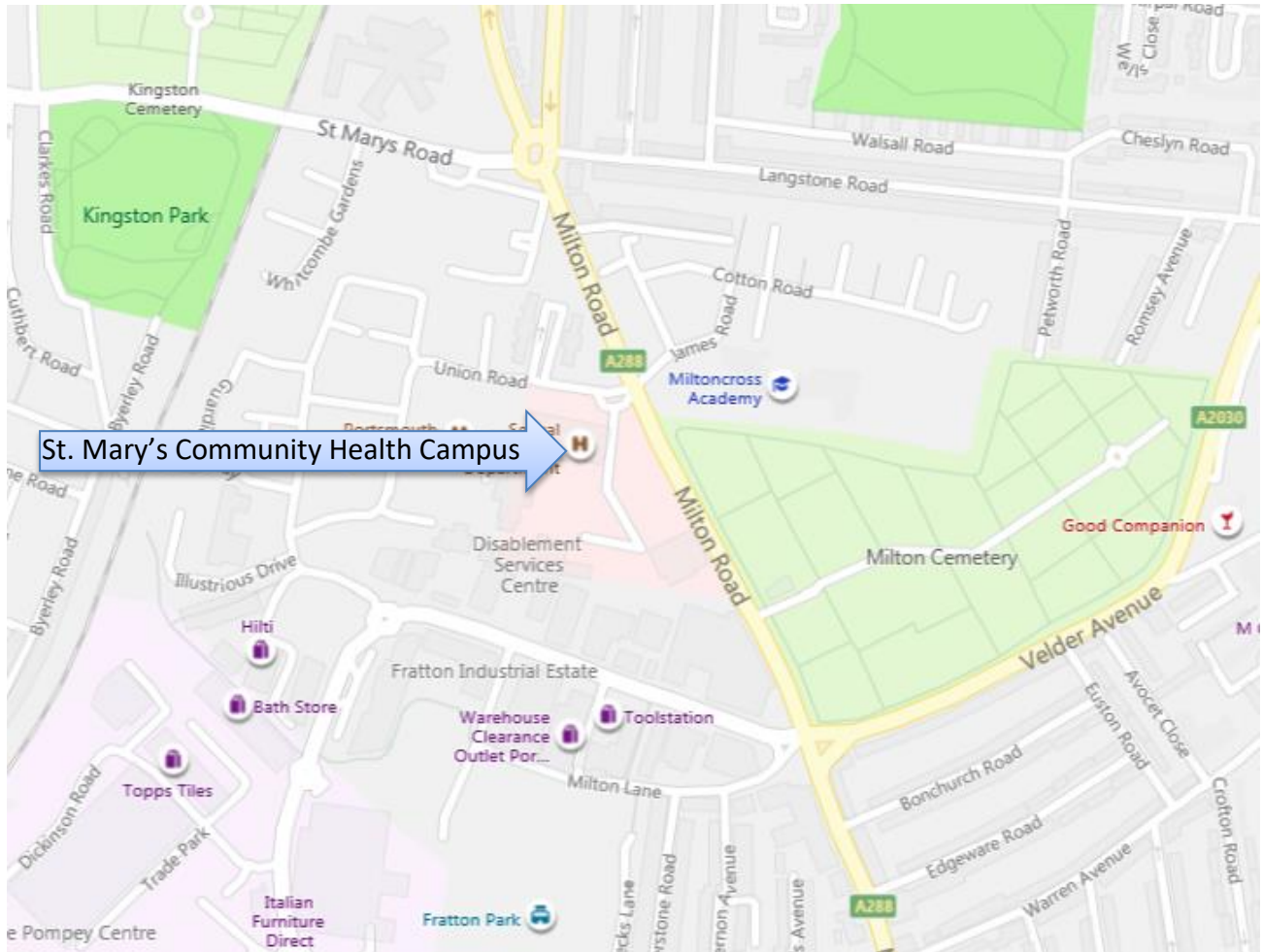
Podiatry Senior Operational Lead

*(sent with St Mary's Patient guidance leaflet)*

## Appendix 2- St Mary's guidance leaflet given to patients in appointment letters or when attending engagement session (3 pages)

### Map showing location of St Mary's Community Health Campus

Location of St. Mary's Community Health Campus



### Parking on site

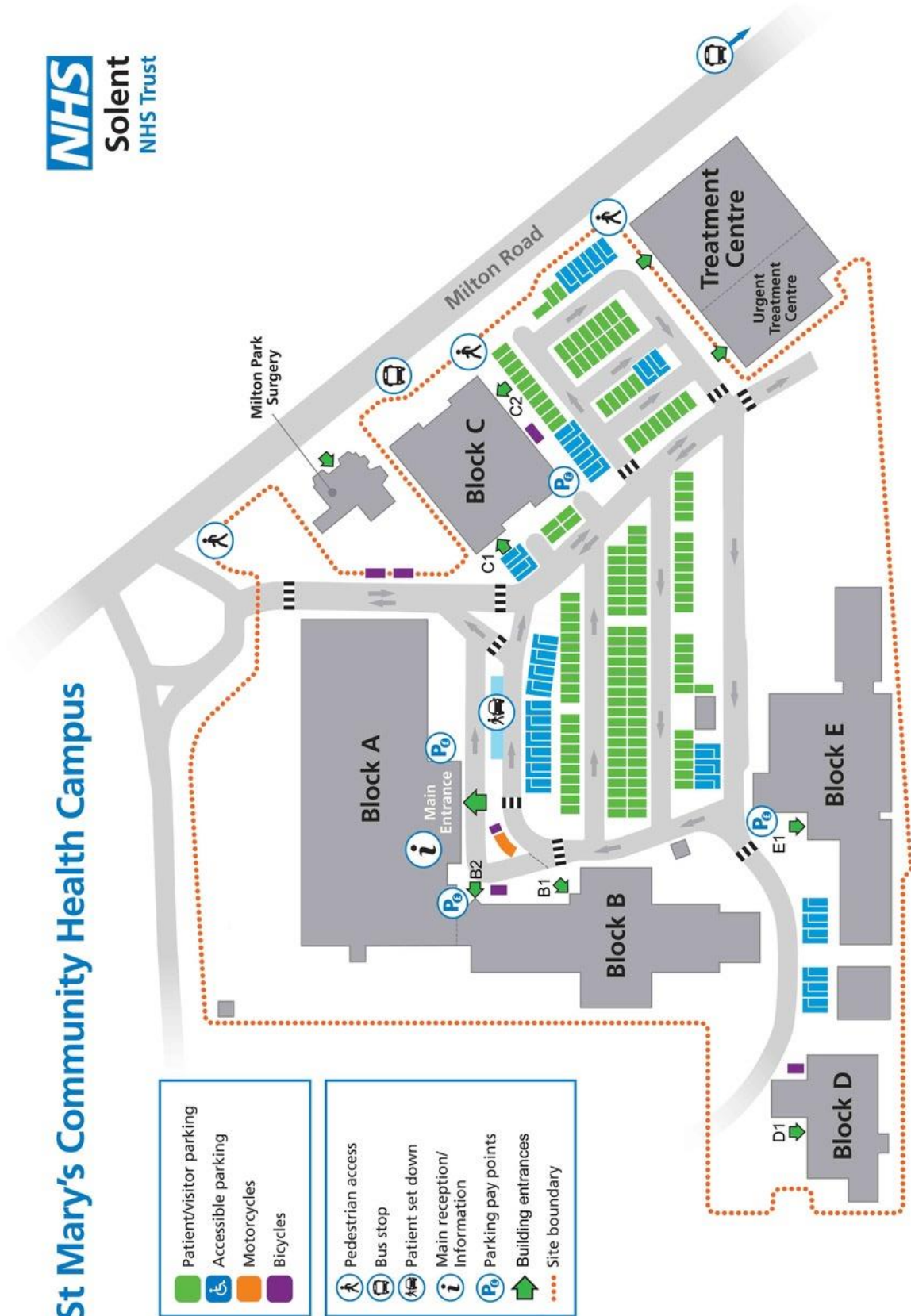
Blue badge holders may park on site at St. Mary's Community Health Campus, free of charge. Please ensure you register with main reception on arrival.

### Suggested bus routes

There are a number of bus services in the local area. You can find out about these and other methods of transport in Portsmouth by visiting [www.myjourneyportsmouth.com](http://www.myjourneyportsmouth.com)

Closest bus stop includes *St. Marys hospital SE* and *St. Marys hospital NW* on Milton Road which are serviced by First Bus routes 2 and 17.

## St Mary's Community Health Campus





**To access Podiatry:**

1. Go to Block B
2. Use Entrance B2



3. Go up to the First Floor Outpatients using the lift or stairs *(if you need assistance please seek main reception in main hospital entrance)*
4. Book in at First Floor Outpatients Reception







# Turner Centre Closure: Podiatry

The Turner Centre at St James Hospital will close on Monday 16 December 2019. From this date onwards your podiatry appointments will be held at:

Podiatry  
First Floor Outpatients  
Block B: Entrance B2  
First Floor  
St Mary's Community Health Campus  
Milton Road  
Portsmouth  
PO3 6AD

Any queries contact us on:

Tel: 02380 540124

Email: [podiatrypatientengagement@solent.nhs.uk](mailto:podiatrypatientengagement@solent.nhs.uk)



#### Appendix 4- example of invite to tour

Podiatry Service Administration Team  
1<sup>st</sup> Floor, Adelaide Health Centre  
Millbrook  
Southampton  
SO16 4XE  
[www.solent.nhs.uk/podiatry](http://www.solent.nhs.uk/podiatry)

Dear

#### **Tour of St Mary's Community Health Campus**

Thank you for attending one of our engagement sessions or contacting us regarding the proposal to move our Portsmouth City Podiatry services to St Mary's Community Health Campus. You expressed an interest in viewing the new department and we would like to extend an invitation to you to visit the new site.

The department will be open for viewing on the:

- 20<sup>th</sup> of December 2019 at:
  - 1pm until 2pm
  - 2pm until 3pm
  - 3pm until 4pm
  
- 3<sup>rd</sup> of January 2020 at:
  - 10am until 11am
  - 11am until 12pm
  - 1pm until 2pm
  - 2pm until 3pm

As there are limited places available if you would like to attend, please contact us on 02380 540124 (available 9am until 4pm) or email [podiatrypatientengagement@solent.nhs.uk](mailto:podiatrypatientengagement@solent.nhs.uk) , places will be allocated on a first come basis.

If you do not contact us we will assume you do not wish to attend and you will not be booked a space.

Yours faithfully

*Debra O'Brien*

Podiatry Senior Operational Lead

*(sent with St Mary's Patient guidance leaflet)*

## Appendix 5- example of invite to Fee-paying engagement sessions



11<sup>th</sup> February 2020

**Fee Paying Podiatry Service**  
The Administrative Office  
First Floor, DSU Building  
St Mary's Community Health Campus  
Milton Road  
Portsmouth  
PO3 6AD

Dear

### **Proposed Relocation of Portsmouth's Podiatry Services**

You may have received a letter from us last month regarding Solent NHS Podiatry Service looking at clinic usage in Portsmouth City and considering a proposal to relocate current Portsmouth City clinical sites to the newly refurbished Outpatient Department in Block B at St Mary's Community Health Campus.

We offered the opportunity to give us your thoughts and feedback. If you are planning on attending an engagement session on 18<sup>th</sup> February, have contacted us already by phone or email, or you do not wish to give any feedback there is no need to respond. However, if you are interested in attending an engagement session or would like to know more or comment on the proposal, please read through the background information including engagement dates and contact us using the details below.

St. Mary's has recently benefitted from a £10.3M redevelopment, including a new NHS podiatry hub which benefits from a modern, welcoming environment. This facility replaces the Turner Centre hub, St James Hospital, which was closed and relocated in December 2019, following the sale of the site at St James Hospital.

As our Tip Toe Services utilise the sites that Solent NHS Podiatry Service use, it may affect where we can offer appointments in the future. Current city Podiatry sites include Eastney Health Centre, Lake Road Health Centre and Cosham Health Centre. Some of you may in the past have used St Mary's Community Health Campus, which was temporarily closed to enable the refurbishment works, but which has been up and running again since January 2020 for Tip Toe clinics within the brand new rooms and facilities in the Outpatient Department.

We would like to give you the opportunity to attend one of our engagement events:

- Friday 6<sup>th</sup> March 2020, 10am until 11am or 11am until 12pm at Lake Road Health Centre
- Friday 6<sup>th</sup> March 2020, 2pm until 3pm or 3pm until 4pm at Eastney Health Centre
- Monday 9<sup>th</sup> March 2020, 10am until 11am or 11am until 12 pm at Cosham Health Centre

These engagement events are an ideal opportunity for us to listen to your feedback and views with regards to the suggestion of centralising some of the Solent Podiatry Service within Portsmouth City and whether this would affect you in attending our Tip Toe Service.

To book place to attend an event please contact us on 02380 540124 (between 9.30am and 4pm) or email [podiatrypatientengagement@solent.nhs.uk](mailto:podiatrypatientengagement@solent.nhs.uk).

Alternatively if you would like to share your view with us, but are unable to attend one of our events then we would be happy to hear from you, please use the dedicate email address [podiatrypatientengagement@solent.nhs.uk](mailto:podiatrypatientengagement@solent.nhs.uk) or the dedicated contact number 02380 540124 (between 9.30am and 4pm) to get in touch with the service. Should you have any other queries please email or call us on the above contact details.

Yours faithfully

*Robyna King*  
Business Development Manager

## **Appendix 6 -Options Appraisal**

### **Option 1 - No change to current clinics**

This would mean Podiatry continue to work in our current city sites (including Cosham Health Centre, St Mary's CHC, Lake Road Health Centre and Eastney Health Centre) as well as St Mary's.

#### **Benefits:**

- Patients can continue to attend the sites they wish to with no change

#### **Risks:**

- Continuing to use clinical rooms that aren't purpose built for Podiatry care which could lead to infection control issues and poor care
- Continued issues with booking appointments and offering timely appointments in instances of sickness/clinic cancellations
- Poor support for staff affecting health and wellbeing, reduced training possibilities, staff recruitment and retention.
- Reduced facilities for specialist care for patients
- Increased travel to multiple sites for different care in podiatry dependant on needs and care plans.
- Multiple appointments required for patients seeing multiple services or different podiatry specialists across different sites, increasing patient appointment fatigue. This in turn may continue to affect DNA rates negatively and patient disengagement.
- Financially more expensive to continue all sites to continue as they are in Portsmouth City for podiatry therefore impacting on the service and the budget.
- There remains the requirement for patients to travel to multiple sites for different care in podiatry dependant on needs and care plans, however this was an inherent risk of the previous service model which saw the Turner Centre operating as the Podiatry hub, and remains unchanged with the move of this work to St Mary's Community Health Campus.

### **Option 2 - Consolidate all Portsmouth City Podiatry Sites into St Mary's Community Health Campus.**

The Hub design would see all 3 locations currently operational, brought into one hub on the main St Mary's CHC site.

Benefits of the proposal to create a centralised Podiatry Hub include:

- Being able to provide care in purpose built rooms, offering a safe, clean and modern environment for patients and employees.
- The creation of a 'one-stop shop', with up to 14 chairs in use at any one time with a varied skill mix such as Specialist Podiatry that could enable patients to be seen for a multitude of injuries and issues, such as musculoskeletal, wound care and nail surgery. This would reduce travel time and appointment waiting times for patients.
- Reduced number of cancelled appointments and an opportunity to review moving to extended opening hours to suit patient needs.

- Multi-disciplinary (MDT) clinics, working alongside colleagues and services, such as Diabetes and Vascular services.
- Direct access to medications that Podiatrists can supply through Patient Group Directions (PGDs) and on site X-rays for timely management of infection.
- Appropriately trained clinicians, with a diverted prescribing budget, will have the opportunity to prescribe antibiotics, reducing the burden on GP prescribing and reducing the risk of hospital admissions and amputations from infection.
- Improved links and referrals to related services including: Vascular, Diabetes, Dermatology, Orthotics/Prosthetics and Phlebotomy.
- Reduced number of appointment required as multiple skills and services available in one site, minimizing patient appointment fatigue. This in turn may reduce DNA rate and patient disengagement.
- The facilities on site with a varied skill mix of staff could improve the training of staff.
- Staff and student education and rotation supporting current and future workforce planning within an environment of gold standard care and educational opportunities
- By investing in Band 3s, there is an opportunity to create a healthy and sustained recruitment and retention drive, which could run counter to the national picture through the use of apprenticeship.
- By employing a mixed skill and specialist treatment option all on one site, it will create Employee annual leave and sickness cover, ensuring service continuity.
- There would be no risk to employees through lone worker arrangements
- Could release finance from reducing license/lease costs which Solent NHS Trust incurs, with Possibility to identify recurring savings in the service by improving efficiency and utilising lower banded staff with senior staff to support.

Risks:

- Some patients not engaged in care as do not wish to travel further for appointments in Portsmouth City.
- Potentially patients would find it more difficult to get to appointments including increased time for travel, public transport use, parking cost and taxi costs.

Risks:

- No choice of location for patients.
- There remains the requirement for patients to travel to multiple sites for different care in podiatry dependant on needs and care plans, however this was an inherent risk of the previous service model which saw the Turner Centre operating as the Podiatry hub, and remains unchanged with the move of this work to St Mary's Community Health Campus.

### **Option 3 – Maintaining a provision at Cosham Health Centre;**

This proposal would be to maintain a presence at Cosham Health Centre, on the current basis of 3 days a week whilst also maintaining a slightly scaled back provision at Lake Road Health Centre of 1 day per week (compared to the current 2 days) and Eastney Health Centre which would remain as it currently is at half to one day a week. This option would see the care no longer provided within these settings transferred to St Mary's based on patient feedback and using current appointment

data to ensure right care right place right time. There would be no loss of capacity as a consequence of this option.

**Benefits:**

- This would support patients that would genuinely have difficulties in attending St Mary's CHC so they are not disadvantaged and continue to receive podiatry care.
- Staff will be able to rotate through St Mary's CHC for up skilling in specialist skills and have the access to team working including mentoring students or junior members of staff and senior staff for complex clinical support. This would create an environment for supporting retention and development of staff along with improving and health and wellbeing.
- Access to St Mary's CHC allows more specialist services or podiatrists to improve patient care and facilities for joint appointments (i.e. ulcers and offloading) and modern facilities to be able to provide specialist care for patients such as MSK and Nail surgery. There is the added opportunity of working more closely with services such as the Enablement Centre, which is also based on the St Mary's site to streamline appointments for patients.
- All the benefits of centralising the whole service may be felt however, on a smaller level for example, the improvement in efficiencies of appointments and skill mix may not occur on a larger scale apart from those seen at St Mary's CHC.
- Some finances could be released from reducing our leases from 5 days at Eastney, Lake Road and Cosham Health Centre.

**Risks:**

- Continuing to use clinical rooms in other sites which are not purpose built for Podiatry care which could lead to infection control issues and poor care; this will be mitigated wherever possible by working closely with infection control and estates teams.
- Continued issues with booking appointments and offering timely appointments in instances of sickness/clinic cancelations; this will be mitigated by working closely with our single point of access team and having more appointments on the St Mary's site will improve our ability to flex our capacity.
- Potentially, poor support for staff affecting health and wellbeing, reduced training possibilities, staff recruitment and retention when working at sites other than St Mary's CHC, we anticipate that this will be mitigated by staff rotating through all environments.
- There remains the requirement for patients to travel to multiple sites for different care in podiatry dependant on needs and care plans, however this was an inherent risk of the previous service model which saw the Turner Centre operating as the Podiatry hub, and remains unchanged with the move of this work to St Mary's Community Health Campus.

Themes	Cosham	Eastney	Lake Road	Mitigation
Parking	<p>Cost of parking at St Mary's Community Health Campus patient raised as a concern as it is free in Cosham Health Centre.</p> <p>Some patients' feedback that they have struggled find a parking space at St Mary's compared to Cosham Health Centre.</p>	<p>Some patients expressed concern around the existing parking provision at Eastney which is all on public roads; for patients with mobility issues this was a concern.</p>	<p>Cost of parking at St Mary's Community Health Campus patient raised as a concern as it is free in Lake Road Health Centre.</p> <p>Some patients raised the car park at St Mary's is not user friendly.</p> <p>Some patients feedback they have struggled find a parking space at St Mary's compared to Lake Road Health Centre, others raised they have been finding it more difficult to park at Lake Road Health Centre recently and struggle to park on the side roads.</p>	<p>Mitigation around car parking is outlined in full in the proposal.</p> <p>This includes managing staff car parking provision as well as improved monitoring of the current car parking provision.</p>
Transport	<p>Patients expressed Cosham was an easier site to access as would need 2 buses to attend St Mary's Community Health Campus or sites in their local area in Havant or Waterlooville. Travel would be more difficult on mobility scooters for those that use them from the cosham area as may not be able to travel as far as St Mary's Community Health Campus.</p> <p>Longer distance and into the city with traffic would increase the length of time it would take to attend appointments.</p> <p>Some patients who advised they get taxis to appointment raised concerns of the increased cost of travel as would be a longer distance.</p> <p>Some patients advised they would be happy to go to either cosham or St Mary's as they are still easier to get to from where they lived in Waterlooville rather than Oak Park Community Clinic and Waterlooville Health Centre as more difficult on the bus.</p>	<p>The majority of patients at Eastney advised that they either travelled past St Mary's to get to Eastney, or could continue on their bus from Eastney to SMCHC, and had limited concerns about this.</p> <p>Some patients expressed a clear preference for SMCHC.</p> <p>Some patients expressed a concern about the cost of parking at SMCHC (free for blue badge holders) and concerns about parking space availability.</p> <p>A minority of patients expressed that loss of Eastney would mean a loss of independence.</p>	<p>Some advised they were unable to get to St Mary's easily by bus without changing buses, others who lived on good bus routes could get to St Mary's easily. Some advised they found it difficult to get to Lake Road Health Centre by bus also.</p> <p>Some raised they used mobility scooters so would be able to get to St Mary's easily</p> <p>Some were concerned of getting taxis if at busy times of the day to St Mary's or any sites because sometimes they were unable to book in advance.</p>	<p>Some transport concerns could be mitigated by use of:</p> <p>*Salvation Army Patients Transport service</p> <p>*Volunteer Driver Scheme</p> <p>Discussed with patients the possibility of requesting appointments from late morning on as bus passes are not valid early in the morning. Podiatry service will work with the Single Point of Access to identify this barrier to access.</p>
Overall view of SMCHC	<p>Majority of patients did not wish to go to St Mary's Community Health Campus unless they lived into the City as from our sessions a lot of patients attend Cosham live outside of Portsmouth and in surrounding area including; Portchester, Havant, Leighpark, Lovedean, Waterlooville and Drayton and more into South East Hampshire. They use cosham as the transport links are much improved often only requiring one bus and the bus stop is just behind the health centre.</p> <p>A patient raised that she brings her husband who has dementia who finds new environments distressing and confusing.</p> <p>Some patients did raise they can see having new facilities would help with their care when they need specialist advice and treatment and maybe that working in a central hub would be more financially viable. However the travel would make it more difficult to get there.</p>	<p>The majority of patients at Eastney were not concerned, or happy to attend SMCHC, with many of them expressing a preference for the SMCHC site.</p>	<p>Majority happy to attend SMH for clinic and a lot of patients booked their next appointment at St Mary's Community Health Campus whilst at the engagement session</p>	<p>The preferred option retains service provision at all sites, mitigating the requirement for all patients to access SMCHC.</p>

General feedback from all areas	
<b>HWP Feedback</b>	The patient engagement sessions gave good clear information about proposed service changes that were not decided upon as yet. "It is good that patients have been offered a say, so many decisions are made without consultation" - a patient view expressed during an engagement event at Eastney Health Centre
<b>Service Feedback</b>	Positive feedback regarding podiatry care. Many patients raised they were very happy with the care they have received and that they have feedback to us because they want to make sure they can continue to see podiatry for the important foot care they need. Some comments included: 'I would be happy to attend St Marys would go anywhere if needed my feet checked even Southampton as they are very important to me' Spoke to wife and patient who wanted to thank podiatry for our care over the years. Patient fed back that the podiatrists have been 'so helpful looking after my feet Continuity of patient and clinician was important to some.
<b>Environment</b>	A patient reported they would like to attend a nice modern building at St Mary's CHC compared to Lake Road Health Centre and Cosham Health Centre and that it would be beneficial to see all specialists available in one site. A Patient who attended one of our engagement sessions thought it was 'a good thing' moving to St Marys CHC and he says 'we are doing this for the patients'. He goes to Lake road and says 'the rooms are small and pokey with no windows which isn't very nice'. He would like to come to St Mary's in the future. Another patient advised they felt St Mary's CHC would be better with new purpose built facilities. A patient who has recently attended St Mary's CHC did not like being in a 4 bed bay and would have preferred to have a single room. It was advised we have a mixture of room types available at St Mary's CHC include 4 bed bays and single rooms, compared to Turner Centre which was only a 4 bed bay and our other health centres which are all single rooms. Patients can ask to be seen in single rooms if they wish to - the service have offered to include this on future patient information leaflets. One patient would like to be informed if they were going to be treated by a student podiatrist at SMCHC so that they could ask for a second opinion regarding footcare from a fully trained podiatrist - patient permission to be treated by a student is sought before treatment, and student will be supervised by qualified podiatrist.
<b>Appointment/Booking System</b>	Some patients feedback difficulty in getting routine appointments due to those being cancellations for sickness. With working in fewer sites, efficiency of appointments could be improved as could be more flexible with moving appointments to other clinicians with cancellations or gaps on the day. A patient asked to have notes on their record to say they would prefer a call back for their next appointment rather than a letter. They were advised a note could go on their records for this. Some patients asked if they could be on a cancellation list to be able to get an appointment sooner. Some patients raised that it would be helpful to be at St Mary's CHC as they were advised there were services such as Physiotherapy, Phlebotomy, Pulmonary Rehab Services, Falls Clinic and the Enablement Centre. So they explained they could see the benefit of having all appointments on one site. The screens/system used by podiatrists contain many notes about the patients particular condition but the podiatrists always ask for the whole story which is perceived to waste time - it is routine practice to ask people for their medical history and to ask if anything has changed to ensure that nothing is missed.





## **Appendix 8 – Communications and engagement plan**

### **Portsmouth Podiatry Service**

#### **Communications and Engagement plan**

##### **Introduction**

Solent NHS Trust is engaging with Podiatry service users regarding the move the podiatry services from the Turner Centre, St. James to St. Mary's Community Health Campus, due to the trust begin given notice to leave by NHS Property Services.

In addition, service users attending Cosham, Eastney and Lake Road Community Health Centres are being engaged with to ask their views on their Podiatry service and a proposal to move other services to St. Mary's Community Health Campus.

The new clinical environment at St. Mary's Community Health Campus consists of 14 clinical spaces that may be booked by the Podiatry service, enabling additional clinical support for podiatrists to assist with patient care. Whereas the current system constrains the utilisation of the current skill mix by need a higher grade podiatrist to be located at all sites during clinic, the new hub will enable lower grade staff to assist with complex patient care, due to higher grade supervision and support being available.

All specialist areas of podiatry can be accommodated within purpose built rooms including nail surgery, wound care, assessments and podiatry MSK. Specialist bariatric chairs are fitted for patient's comfort.

The patient experience is expected to be vastly improved through access to a larger number of clinicians, a modern clinical environment and a variety of supportive clinical teams, including Diabetes, Dermatology, Phlebotomy and Pharmacy.

St. Mary's Community Health Campus also benefits from a restaurant and a League of Friends shop, for patient's convenience.

On-site parking is available, with free parking for Blue Badge Holders; additional disabled bays have recently been added on site.

Whilst Solent NHS Trust believes moving podiatry services to St. Mary's Community Health Campus would positively affect service users and staff, this engagement plan seeks to ensure that the views of service users are captured and, where possible, reflect the service delivery going forward.

### Solent's podiatry network

A review of current clinical sites has revealed that they are not all fit for purpose.

The nature of the buildings we occupy means that we have limited ways to improve them i.e. they are leased and not owned by Solent.

Where buildings are in poor repair and the landlord has failed to maintain to Solent's standards, Clinicians have sometimes been forced to cancel appointments due to the environment

Environmental issues are a cause for concern for similar reasons and can include waste collection and rodent infestation.

Lone working is a risk across all of these sites, as clinics often run without other support within a building.

Due to the locality and workload of our senior clinicians, there is a lack of mentorship for junior clinicians. This irregular access to senior clinical advice and support is severely detrimental for junior clinicians, who are often managing a complex and high risk caseload.

There can be no doubt that the lack of mentorship is affecting morale and our ability to recruit to the profession, at a time when there is a national shortage of Podiatrists.

### Rationale for the service centralisation

The increasing complexity of the patients seen within podiatry has resulted in the decision to review the sustainability of the podiatry service to be able to continue to working in its current format. As mentioned, there is a national shortage of podiatrists. This, juxtaposed to the lucrative benefits of joining private practice means we face losing our experienced teams due to poor working environments and a lack of support. Less qualified podiatrists are approaching the Trust but they require access to immediate support on site.

The caseload of patients seen by the service present is complex and challenging; whilst the Trust is keen to be at the forefront of the drive to reduce hospital admission and lower amputation rates, time pressures due to lone working do not help.

The service has already attempted to make changes to improve the service by developing an action plan and, where possible, implementing multi-chair clinics to support staff and provide a mix of skill levels from a Band 5 to 7. These changes, however, are a temporary fix and do not change the patient environment, access to appointments or the levels of stress experienced by our staff.

The service faces the challenge to greatly increase capacity, provide safe, timely and effective care for patients, in line with NG19 guidance, whilst operating in inadequate environments that are out of Solent's control. In the case of the clinics run at the Turner Centre at St. James Hospital, the Trust has been given notice by the owners, NHS Property Services, to leave the building by 13 December 2019. However, this may be subject to delay dependant on the completion of buildings works at St. Mary's Community Health Campus.

#### **The St. Mary's Community Health Campus offer**

Due to the recent £8.3M investment into Block B at St. Mary's Community Health campus, the Trust is now able to provide its own purpose built rooms, offering a safe, clean and modern environment to patients and staff alike. Having multiple chairs and a varied mixed skill onsite offers a number of opportunities, including:

- Utilising our Apprenticeship programme, to bring in new people to the field.
- Reduced number of cancelled appointments and an opportunity to review moving to extended opening hours to suit patient needs.
- Multi-disciplinary MDT clinics working alongside colleagues and services, such as Diabetes and Vascular services.
- Direct access to PGHD's and on site X-rays for timely management of infection and Charcot.
- Appropriately trained clinicians with a diverted prescribing budget will have the opportunity to prescribe antibiotics, reducing the burden on GP's prescribing and reducing the risk of hospital admissions and amputations from infection.

The Trust believes that by reviewing the skills mix, including investing in Band 3's, there is an opportunity to create a healthy and sustained recruitment and retention drive, that could run counter to the national picture. In addition, by employing a mixed skill and specialist treatment option all on one site, Solent will enable patients to be seen for a multitude of injuries and issues, such as MSK, wound care and nail surgery. This would reduce travel time and appointment waiting times for patients as there would be no specialist 'off-loading'.

Staff annual leave and sickness cover would be firmly in place, ensuring service continuity.

There would be no risk to staff through lone worker arrangements and there are many wellbeing factors, including a newly refurbished public and staff restaurant, which offers healthy and affordable meals.

### The engagement process

#### Key stakeholders

Solent NHS Trust has a large number of stakeholders to engage with through this proposal exploration. By stakeholders we mean anybody who has an interest in the trust and the Podiatry services we provide. This includes: health partners, Commissioners, members, public, patients/ service users and their carers and influencers, such as local Councillors, Member of Parliament and Healthwatch Portsmouth.

Key stakeholders are outlined below:

- Podiatry and affiliated administration teams at all locations.
- Portsmouth City Council
- PCC Ward Councillors and Health Portfolio holder
- Portsmouth MPs
- Portsmouth City CCG
- Current service users and their families or carers
- GPs
- GP federation/ alliance
- Portsmouth Healthwatch
- Portsmouth HOSP
- Solent NHS Trust Board
- Media
- Healthwatch Portsmouth

To achieve consistency in how stakeholders are categorised and prioritised, stakeholder mapping has been used. The model provides the opportunity to examine how stakeholder interests may positively/ negatively impact upon our work. The model also highlights where we see our stakeholders in terms of influence and interest at a point in time. The mapping will be regularly monitored and revisited and we will be flexible in moving stakeholders

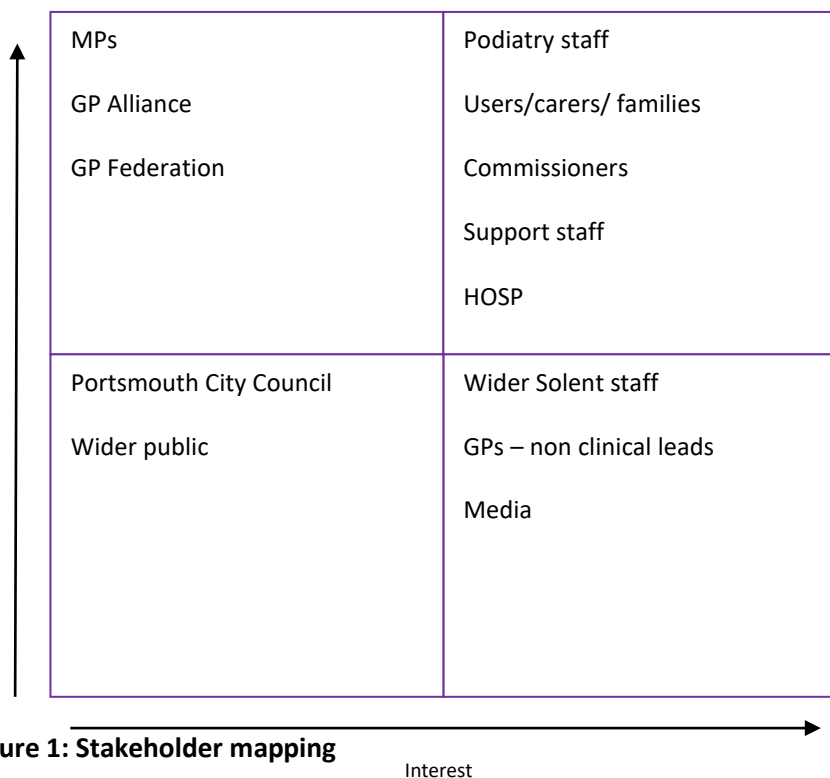


Figure 1: Stakeholder mapping

Using the stakeholder mapping in figure 1, we have identified the strategies we will use to communicate with our stakeholders. The strategies have been identified using the methods highlighted below in each quadrant shown in figure 2 below.

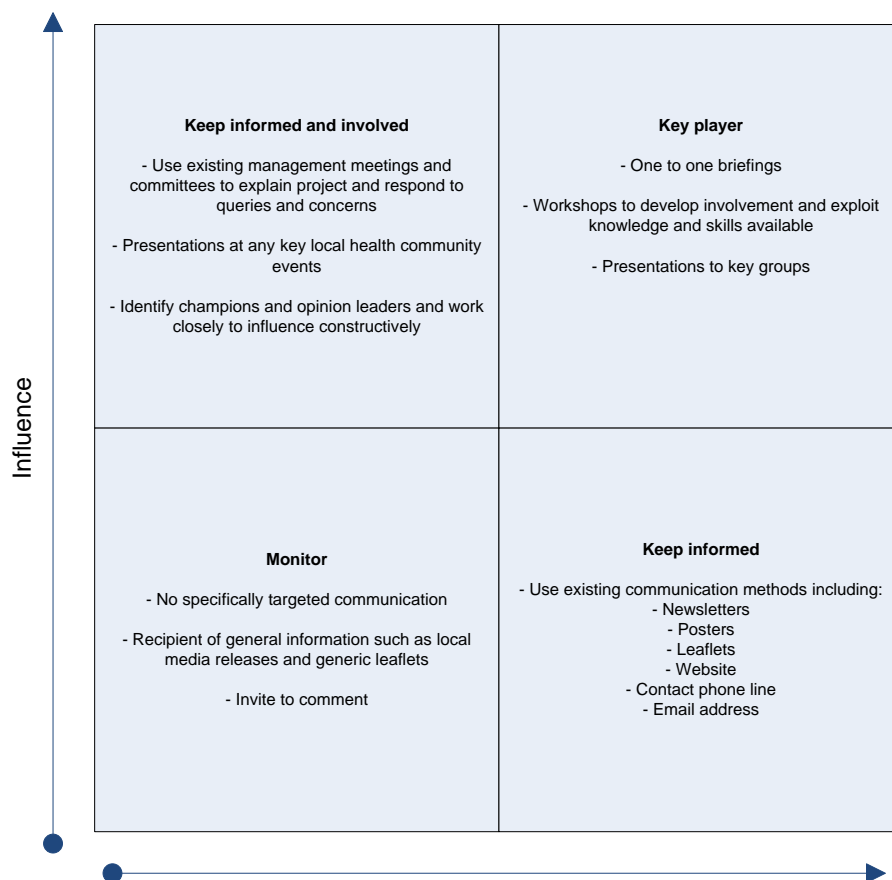


Figure 2: Stakeholder engagement strategies

### Key messages

- Solent NHS Trust currently delivers podiatry services across Portsmouth – Cosham Health Centre, Eastney Health Centre, Lake Road Health Centre and the Turner Centre, St. James Hospital.
- The trust was awarded £8.3M by the STP to refurbish Block B on the St. Mary's Community Health Campus.

- Part of the bid for refurbishment was the relocation of Podiatry services from inadequate environments to a new, modern and fit for purpose Podiatry Hub.
- The trust proposes the creation of a centralised Podiatry Hub for Portsmouth; a 'one-stop-shop' for patients, ensuring they have access to a range of Podiatry specialists in a timely and consistent manner.
- Patients should have faster access to X-rays and antibiotic prescribing, reducing patient disengagement.
- In bringing the Podiatry team together, Solent would increase utilisation of all its Podiatry team, with support from senior clinicians, providing mentoring and helping to manage complex and diverse caseloads.
- The Podiatry Hub would be ideally located with specialists from other related fields, including Dermatology, Vascular, Diabetes and Phlebectomy teams, increasing cross department working, treatment and prescribing.
- St. Mary's Community Health Campus is served by frequent, direct bus routes from across the city. In addition, the Trust's new Access and Transport Policy means that the majority of staff are required to park off site, providing additional patient parking, including a greater number of Blue Badge bays.
- In recognition of our patient group, we will be ensuring that we engage the assistance of support groups and charities across Portsmouth, including Healthwatch and Portsmouth Pensioners Association, to enable us to engage in a meaningful way.
- In addition, we undertake to engage with service users, in writing, at regular intervals and at the point of their visit to their Podiatrist, to ensure we receive feedback on the proposed move and can assist with any queries.
- We are committed to undertake a thorough list of engagement activities well into 2020, to ensure that all Podiatry service users are informed and able to have their voice heard.

#### Action plan

Last updated: 28/02/2020

*Will be updated on an ongoing basis as activities arise*

Date	Audience	Type of comms/engagement event/ approach	Lead	Progress
September	MP's	Brief Portsmouth Members of Parliament regarding Phase 2 and proposed public engagement regarding Podiatry services.	SA	
7 November	Patients	Letters to patients inviting them to attend engagement events throughout November.	Service	



8 November	Healthwatch Portsmouth	Communication and Engagement Plan, initial patient letters and HOSP update shared with Healthwatch for comment.	FG	
November	Public	Develop Solent website information – FG to draft and Podiatry team to upload.	FG	
On-going	Podiatry service teams	Staff engagement: Staff to be engaged via team meetings. D'OB to organise team meetings.	Service	
15 November	CCG Comms	Update from CCG to GP's, on a fortnightly basis, updating with information on the service engagement strategies and rationale.	FG	
November	Solnet intranet	Information to all staff – managed by Podiatry Admin	Service	
November/December	TipToe Podiatry Patients	Updated leaflet and mailshot.	FG	
December	Solent Webpage	Update external web page to reflect services.	FG	
13 December	Portsmouth City Council	Liaise with Communications colleagues at PPC re moves – include in Health & Care monthly updates.	FG	
13 December	Message for Solent NHS Trust Members	Solent NHS Trust Membership message re service line moves to SMCHC and patient engagement.	FG	
13 December	Wider Solent NHS Trust staff	Information in Staff News – message re engagement in Manager's Matters – weekly email to Managers.	FG	
13 December	Portsmouth News / Radio Solent	Update on podiatry service	FG	

December	PPG	Patient Participation Group engagement – approach to meet and arrange engagement opportunities with groups.	FG	
December	Portsmouth Pensioners Association	Meeting with Portsmouth Pensioners Association and Healthwatch Portsmouth. Date to be confirmed. Will contact Chair via phone on 13 December, after Purdah date.	FG/KA/D O'B	
December	Patient visits	Invitation to patients who attended initial engagement events to visit SMCHC on a Friday afternoon, in groups of 4. Aspiration is hold these tours before opening on the 16 December.	FG	
December	Patient letter-updates	Patient letters with feedback and full details of the Podiatry service at St. Mary's Community Health Campus, including photographs, bus routes and additional service information. Content to be viewed by Healthwatch prior to distribution.	FG	
January	HOSP	Visit to SMCHC site by HOSP members.	Service	
January	Patient Visits	Patient visits to SMCHC to inspect premises.	Service	
January	Healthwatch	Continue initial engagement activity programme and review meeting with Portsmouth Pensioners Association.	Service	
February	Patients	Tiptoe service patient engagement events at all operational sites.	Service	
February	Patients	Feedback to patients in February through a one off engagement event at SMCHC.	Service	
February	Healthwatch	Review communications and engagement activity, along with patient feedback.	Service	
March	HOSP	Feedback to HOSP re patient engagement events	Service	
Date to be confirmed	GPs	GP Tiptoe Newsletter and SMCHC update	FG	

## **Solent Team and Stakeholders**

### **HOSP Committee**

**Roger Batterbury – Chair, Healthwatch Portsmouth**

**Portsmouth Pensioners Association**

**Portsmouth MPs**

**Mark Young – Head of Estates**

**Katie Arthur – Head of Primary Care Services (Portsmouth)**

**Debra O’Brien – Podiatry Clinical Operations Manager**

**Lawrence Fisher – Podiatry Operational Lead**

**Robyna King – Business Development Manager**

**Andrea Hewitt – Head of Communications**

**Sarah Austin – Chief Operating Officer**

**Revisited and updated Communications and Engagement Plan: 28 February 2020**

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## **Final Business Case (January 20)**

### **Proposed Development of Jubilee House, Medina Road, Portsmouth**

**Dr T Trebble**

**Clinical Director**

**Adult Services, Portsmouth**

## 1. Background

Jubilee House (JH) is a 25 bed unit managed by Solent NHS Trust, in Cosham, Portsmouth. JH has suffered a range of problems over the last decade that have significantly affected its capability to offer the type of care required for the current need. This is the result of a number of underlying factors that reflects its design and that it is not suitable for either its proposed function or proposed patient group, and is more in keeping with the provision of end of life care that now represents only a small proportion of admissions<sup>1</sup>.

However, a more important and now urgent issue is its capability to serve current and future demand from referring units including Queen Alexandra Hospital and GP practices, safely, effectively and throughout the year (including at times of high system level demand). This reflects that the nature of referrals for community beds is changing to a higher acuity and complexity unsuited to the JH environment. To achieve this, the unit needs to be redesigned for managing more complex and unwell patients (e.g. medium acuity) including more advanced rehabilitation.

Furthermore, JH needs to accommodate the requirements of a new model of workforce providing the enhanced skills and extended working day required to manage such patients. This includes a new medical/practitioner workforce model for Solent developed for both inpatient (JH and Spinnaker wards) and crisis/reablement and rehabilitation (PRRT).

## 2. The new model of care and single-site working

The new medical / advanced practitioner model of care has been introduced to uplift the capability of JH to care and treat patients admitted with medium acuity and rehabilitation needs. This has involved a change from limited and generally junior or GP led and delivered service to full time advanced nurse practitioner delivered care supported by dedicated geriatricians and/or trained GP geriatricians. This model additionally involves the same level of cover for our other inpatient unit (Spinnaker) and crisis response and rehabilitation and reablement (PRRT).

The new service model has involved the recruitment of a team of practitioners funded by a reduction in the contracted medical service. The requirements for this service are dependent on same site working to allow:

- a) team working between practitioners who have a different skill sets
- b) a single medical on site team to provide support for practitioners

For PRRT, same site location will allow patient management to move to more effective real time support of the teams from weekly MDTs and for deteriorating patients. The centralisation of the inpatient and crisis response services allows:

---

<sup>1</sup> The redirection of low acuity patients (including end of life care and for Continuing health care assessment) that was traditionally accommodated by JH (and to an extent Spinnaker beds) is now principally directed home or to care homes. This has also allowed a reduction in bed numbers at JH from 25 to, it is proposed, 10-13 with associated workforce redeployment across ASP.

- a. The reduction in medical support from two to one team
- b. Changes to real time practitioner led responsive care.
- c. An enhanced level of day to day care required for medium acuity management.

The proposed changes within both PRRT and the inpatients wards allows a reduction in cost to fund the new service model to better meet the needs of our community.

### **3. Current options for the service based at Jubilee House, Cosham**

#### **3.1 Remain at JH.**

This is a minimal cost option in the short term, however retention of the Jubilee building will necessitate significant reactive repairs and backlog maintenance works in addition to upgrades to meet the changing patient acuity and need in the medium to longer term. An estimation of these costs is likely to be around £2m over a 3-5 year period and will not deliver a the optimum setting due to physical constraints. There are no rehabilitation facilities and it will be more difficult to manage medium acuity patients. There will be a need to continue with two separate medical teams which is not cost effective.

This option does not allow the disposal or repurposing of the Jubilee site, possibly to support the Hampshire system and improve patient flow from Queen Alexandra Hospital. will be unchanged and there will be a failure of real time support for crisis response. It does not support the utilisation of the estate at St Marys, or the STP ambition to rationalise health estate.

JH has reduced to 12 beds, partly reflecting the investment in senior clinicians (as practitioners) and the development of a community end of life team supporting people to die in their own homes if this is their preference. This has allowed closure of 13 beds with associated cost savings.

#### **3.2 Amalgamation of services on single unit on St Mary's campus**

This is a medium cost option. It will require capital investments for rebuilding of a new ward at St Mary's Hospital but this could be offset against the sale or onward use of Jubilee House by the Hampshire system. If the Hampshire system does not require the JH facility, this would allow Solent to consider disposal options.

Centralisation of services on the St Mary's site will allow the implementation of the full medical/practitioner model. This will include:

- a. The reduction in medical support to a single team (with associated cost savings).
- b. Cost neutral support for recruited practitioners
- c. Real time support for PRRT/crisis response allowing higher acuity patients.
- d. Reduction in medical support needed for routine care in PRRT and replacing current high cost and limited medical team MDT support.

- e. The facilitation of rehabilitation and acceptance of medium acuity patients for JH patients (now on JH ward on St Mary's campus) and the conversion of Spinnaker to a medium acuity/rehabilitation unit.
- f. Acceptance of medium acuity patients discharged from Queen Alexandra Hospital.

In delivering this option, a number of Mental Health teams are displaced and alternative accommodation will need to be sourced as part of the estates plan. In doing this, there are 'knock on' benefits that include the significant reduction in overall footprint used by the service through the reduction in support areas such as under-used waiting and reception space. This scheme fully supports STP and Trust Estate Strategies, increases the percentage clinical space at SMH, and furthers the development of the site as a Healthcare Campus. In addition it will support the strategic direction of Adult Services Portsmouth, supporting the medium acuity model and in achieving longer term workforce efficiencies.

### **3.3 Move to a new site outside of the St Mary's campus (e.g. Kite unit)**

Creating two standalone inpatient units (at St Marys (Spinnaker) and Kite unit/St James Hospital (JH)) as comparably compliant permanent facilities would be a significantly higher cost option.

This option again could also be offset against the sale of JH. However, the absence of single site working will similarly lead to inefficiencies of the new medical model and therefore will require 2 medical teams. In addition there will be an absence of day to day support of practitioners that will limit case mix to low acuity patients with inability to admit medium acuity. This will limit the capability to support Queen Alexandra admissions and step up from the community. The recruitment of practitioners already undertaken represents a substantial uplift in current workforce costs (see below) but will be required in view of the need to provide more senior support in these potentially isolated units

There will also be an inability to provide the expected support for crisis response/PRRT as the level of senior medical support at St Mary's Hospital will be restricted to current levels, restricting the opportunity to uplift the acuity. In addition, the lack of diagnostics on the St James site reduces the ability of Solent to move toward a medium acuity service in the future.



#### 4. Options appraisal:

Cost/Benefit/Risk/Finance	<u>OPTION 1</u> <u>Remain at Jubilee House</u>	<u>OPTION 2</u> <u>Single Unit Services at SMHC</u>	<u>OPTION 3</u> <u>Permanent relocation to Kite Unit</u>
<b><u>COST:</u></b> <i>Description:</i>	<b>£2m</b> Update and repair of estate	<b>£3.8m</b> Full SMHC programme	<b>£3.9m</b> Extension and refurbishment
<b><u>BENEFIT:</u></b> <b>Re: ££ -</b> <i>Description:</i>	<b>£0.525m</b> £0.4m from Redeployment of surplus staffing from JH only  £0.125m facilities provisions based on reduced patient numbers	<b>£1.225m</b> £0.8m from redeployment of surplus staffing across JH and Spinnaker  £0.05m from reduced medical input for one single team across inpatient floors + 3PAs within PRRT. Offset by £0.25m cost of Consultant Practitioners.  £0.375m from moving to SMHC	<b>£0.46m</b> £0.4m Redeployment of surplus staffing from JH only.  £0.125m in facilities provisions based on reduced patient numbers (as in Option 1), reduced to £0.06m because of addition expense of being on SJH site.
<b>Re: Provision of care:</b> <i>Description:</i>	Negative impact on proposed medical model (see below)	Operation from one site will allow for implementation of medical model as planned - 1 team across the inpatient footprint and PRRT, with two Consultant Practitioners.	Negative impact on proposed medical model (see below)
<b>Re: Income potential:</b> <i>Description:</i>	<b>£0.2m</b> from using empty half of JH estate	Possible disposal of Jubilee	Possible disposal of Jubilee

## 5. Recommended Option

Option 2 is recommended as the optimal option to deliver the medical/practitioner model or care and for medium acuity patients in the community. Option 2 in the longer term will also be less expensive, eliminating the significant backlog liability within Jubilee House, and addressing maintenance obligations within refurbished areas of SMH. In addition option 2 is the only one that delivers savings against the 4 year plan signed up to by Solent and Portsmouth CCG. This option will also allow the introduction of the proposed medical model leading to significant recurring financial, staff and patient benefit.

## 6. Patient Engagement

Solent NHS Trust commenced the engagement strategy led by our Associate Director of Patient Experience in early January 2020. Meetings have taken place with stakeholder groups, a questionnaire has been developed. The project group have sessions planned with community groups in the coming weeks. Feedback from the community groups and the stakeholders will be used to shape the future service on the St Marys site.

## 7. Estates Plan

The realisation of the estates plan is dependent on the completion of four individual projects and associated service relocations:

- i. First Floor Block E (DSU) refurbishment**  
Refurbish the first floor of Block E (formerly DSU) to create a new home for the OPMH team who have recently relocated from St James to a temporary home on the first floor of Block A. Prior to this refurbishment, the existing services operating out of the first floor of Block E will be relocated.
- ii. Third Floor Block A – AMH Out Patients**  
Remodel elements of the third floor, Block A, to create a new home for the Adult Mental Health Out Patients, who currently operate from the first floor of Block A.
- iii. First Floor Block A – AMH Community Team**  
Remodel elements of the first floor, Block A, to allow the Adult Mental Health Community Team to relocate from the third floor of Block A. This releases space on the third floor for the new inpatient beds from Jubilee.
- iv. Third Floor Block A – Jubilee Beds**  
Remodel the vacated areas for the third floor, Block A, to create the new inpatient bed spaces. These works will be highly dependent on detailed phasing for their execution, as there is limited decant space for the existing Spinnaker beds.

This is a complex project and therefore difficult to accurately predict a completion date for all the phases. Moving patients over the winter period is unadvisable so realistically completion is likely to be Spring / Summer 2021.

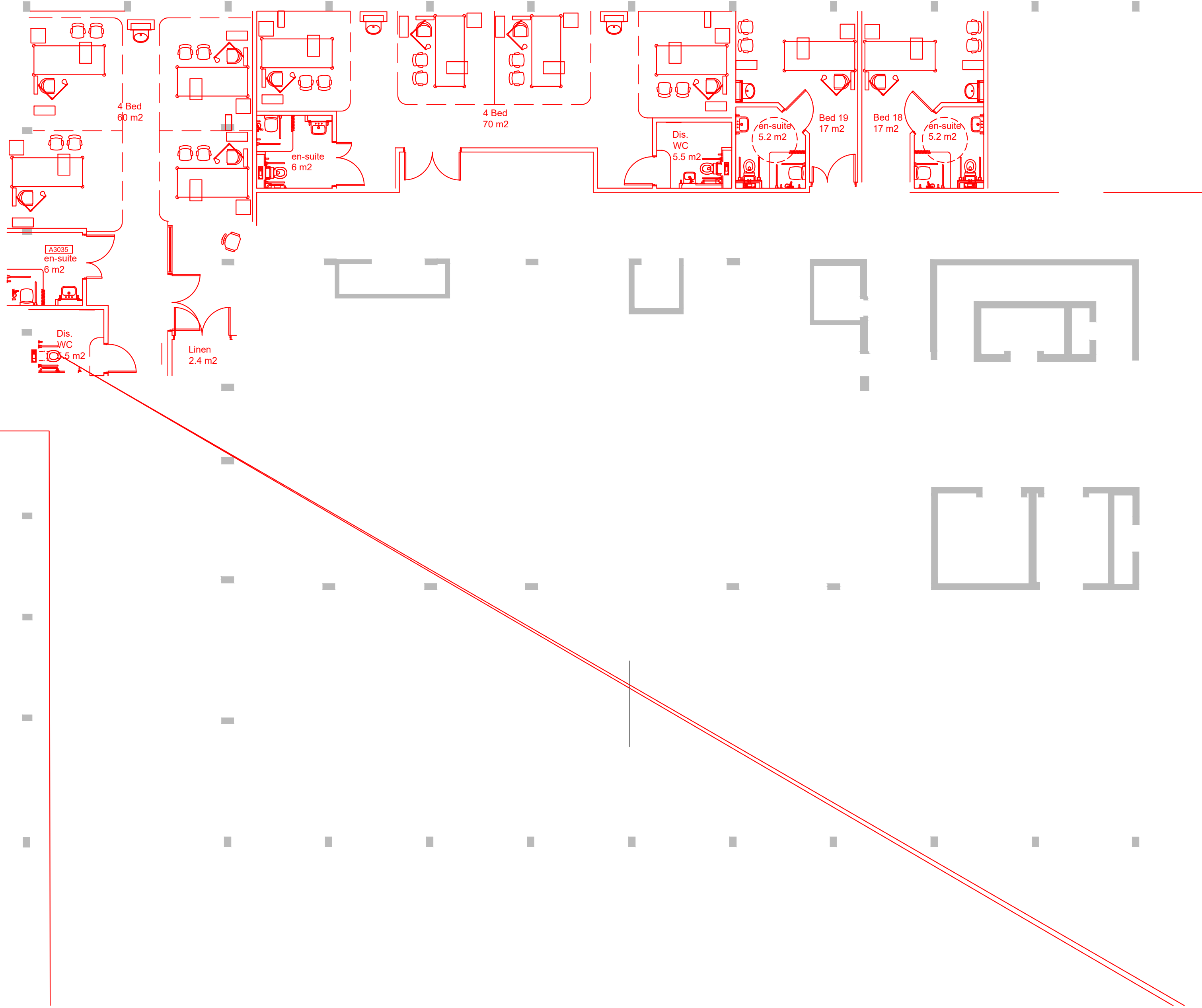
## 8. Draft Plans

These are draft drawing and therefore subject to change.



39090 SMCHC Block  
A TF Spinnaker\_Final

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# Agenda Item 9



NHS Portsmouth CCG Headquarters  
4<sup>th</sup> Floor  
1 Guildhall Square  
(Civic Offices)  
Portsmouth  
Hampshire  
PO1 2GJ  
Tel: 023 9289 9500

28 February 2020

Cllr Chris Attwell  
Chair, Portsmouth Health Overview and Scrutiny Panel  
Members Services  
Civic Offices  
Portsmouth PO1 2AL

Dear Cllr Attwell,

## **Quarterly update letter for HOSP for March 2020**

This letter is intended to update you and the members of the Panel on some of the work that the Clinical Commissioning Group has been involved with over the past few months.

Our website – [www.portsmouthccg.nhs.uk](http://www.portsmouthccg.nhs.uk) – provides some further details about what we do if members are interested and, of course, we are always happy to facilitate direct discussions if that would help.

## **Health and Care Portsmouth update**

Members of the Panel may recall that Health & Care Portsmouth is our programme for changing the way we plan and provide health and social care in the city.

It builds on the work that the NHS and Portsmouth City Council have already undertaken together, to bring services together in a way that is positive and proactive, particularly since the publication of the Health & Care Portsmouth Blueprint document in 2015. Solent NHS Trust and the Portsmouth Primary Care Alliance (the organisation that represents the interests of GPs in the city) are other key partners in the programme.

In effect, we all want to support people in the city to live healthy, safe and independent lives by offering health and social care services that are joined up and provided in the right place, at the right time.

Later this year it will be five years since the Blueprint was published, so the CCG will be looking to assess the progress which has been made in that time, and also look ahead to consider how we can build on that progress and make further advances with our partners.

Over the past few months we have been able to see some real examples of how our plans to integrate care and support and being turned into tangible improvements in frontline services. Some examples of this are listed below:

- **PositiveMinds:** this new service opened right at the end of 2019, aimed at providing support to people who are struggling to cope – perhaps suffering anxiety, stress, depression, or low mood, and also including services specifically aimed at supporting veterans and their families. It is funded by the NHS, the city council, and the Armed Forces Covenant, with staff from Solent Mind and Solent NHS Trust. Publicity has been intentionally low-key so far to ensure that the service can establish resilience. A [spring timetable of workshops](#) is now in operation, alongside the normal ‘drop-in’ service running six days a week.
- **Long-term conditions hub:** the pilot scheme to offer a new style of support to people living with long-term conditions in the city has begun. In these very early stages the pilot scheme is focused on just two types of conditions – respiratory illnesses and diabetes – and two city practices. The intention is to make care and support more consistent across Portsmouth, and to equip patients with the ability to manage their own health more effectively. The project brings together staff from acute, community and primary care, to offer patients a more co-ordinated package of support than is currently available.
- **Enhanced support for care homes:** the enhanced care home team pilot continues, but is being gradually spread out across more of the city. The intention is to provide care home residents with coordinated, integrated and proactive support, delivered by a team which includes a GP, pharmacist, and community nurses, working alongside mental health nurses and occupational therapists as appropriate. There is also a real emphasis on working with the care home teams themselves. Initially four homes were included in the scheme (out of 24 in the city), and that has now grown to eight.

The overall aims of Health and Care Portsmouth continue to be underpinned by shared teams and posts as well as pooled funds in some instances, and fit with the guidance and recommendations outlined in the NHS Long Term Plan published early in 2019 (the successor plan to the Five Year Forward View.)

## Primary Care

The CCG was informed in 2019 that two GP partners at Hanway Group Practice were intending to retire, and that the practice had not been successful in its efforts to recruit replacements. In response to this, Hanway informed the CCG that it was in discussion about a possible merger with another city practice.

There is a well-established process for practices considering such changes – both parties are required to engage with their respective registered patient lists, and relevant stakeholders, and then to finalise their plans after feedback has been received and



considered. Once a proposal has been finalised, it is submitted to the CCG which then has the task of deciding whether to approve the plans.

With regard to Hanway, this engagement process has been underway since November 2019 and (at the time that this report was prepared) the CCG is waiting to receive the final proposal. It is anticipated that the proposal will be submitted by early March, 2020.

In terms of the engagement activity undertaken by the practices, the CCG is aware that:

- All Hanway patients (aged 16 and over) were sent a letter outlining the draft proposals and giving them an opportunity to feedback their views, and all Portsdown patients registered at Kingston Crescent were contacted via text or email
- Both practices posted information on their respective websites
- Both practices provided comment boxes in their waiting rooms
- Hanway held two events to allow patients to discuss the issue in person, and a drop-in session for Kingston Crescent patients took place towards the end of February
- Hanway provided a dedicated email address for patients to provide feedback
- Both practices, working with the CCG, have completed an Equality Impact Assessment.

Once the CCG has received the practices' final plans, the matter will be considered – in public – by the Primary Care Commissioning Committee. That is the decision-making forum for practice mergers, and any potential issues regarding premises which may also arise. The committee's task will be to assess whether adequate engagement has been completed, whether the feedback from that engagement has been taken into account, and the impact on healthcare in the city more generally.

Along with this letter, and related to the changes being experienced regarding primary care, the CCG has also provided a summary of the context facing the sector at the current time, a flowchart setting out the process to be followed during a merger process, the application form which practices must complete as part of the merger process.

### **CQC ratings**

The city is in the welcome position of having all local healthcare providers rated as 'Good' or better, by the Care Quality Commission.

At this time Portsmouth Hospitals NHS Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, the Portsmouth Primary Care Alliance, St Mary's Treatment Centre (Care UK), and all city GP practices have positive ratings from the CQC – a significant achievement by all concerned.

### **End of Life Care**

Across Portsmouth and south east Hampshire, a process is underway to consider how well End of Life Care services work, and whether they could be improved. The intention is to examine the whole pathway, from diagnosis through to palliative care, rather than simply focus in on the final days and weeks of life.

A survey was developed with patients and carers, and an initial data gathering exercise has been started to hear from patients, carers and staff what they think works well, and where improvements could be made. These initial findings will then help to inform workshops including patients and carers, which in turn will identify the work required to make positive changes.

### **Winter challenges**

As ever, the winter period – which is by no means over, in NHS terms – brings challenges to the health and care system in general, and frontline staff in particular.

This winter there has been a high degree of co-ordination between all parts of health and care, both in Portsmouth and the surrounding areas. There have been multiple areas of focus – seeking to reduce the number of ‘inappropriate’ attendances at the Emergency Department, increasing the ‘flow’ of patients through the acute hospital system, ensuring safe and timely discharges from hospital, and strengthening out of hours primary care provision.

Inevitably, there have still been periods when staff have been operating under heightened pressure, but in general terms all parts of the local system have combined to work more effectively than during the corresponding period 12 months earlier. Clearly, however, there remains no room for complacency - in addition to the ongoing, more predictable challenges associated with the winter months, the CCG is also involved in ensuring preparedness with regard to the Coronavirus (COVID-19).

Yours sincerely

Innes Richens  
**Chief of Health and Care Portsmouth**

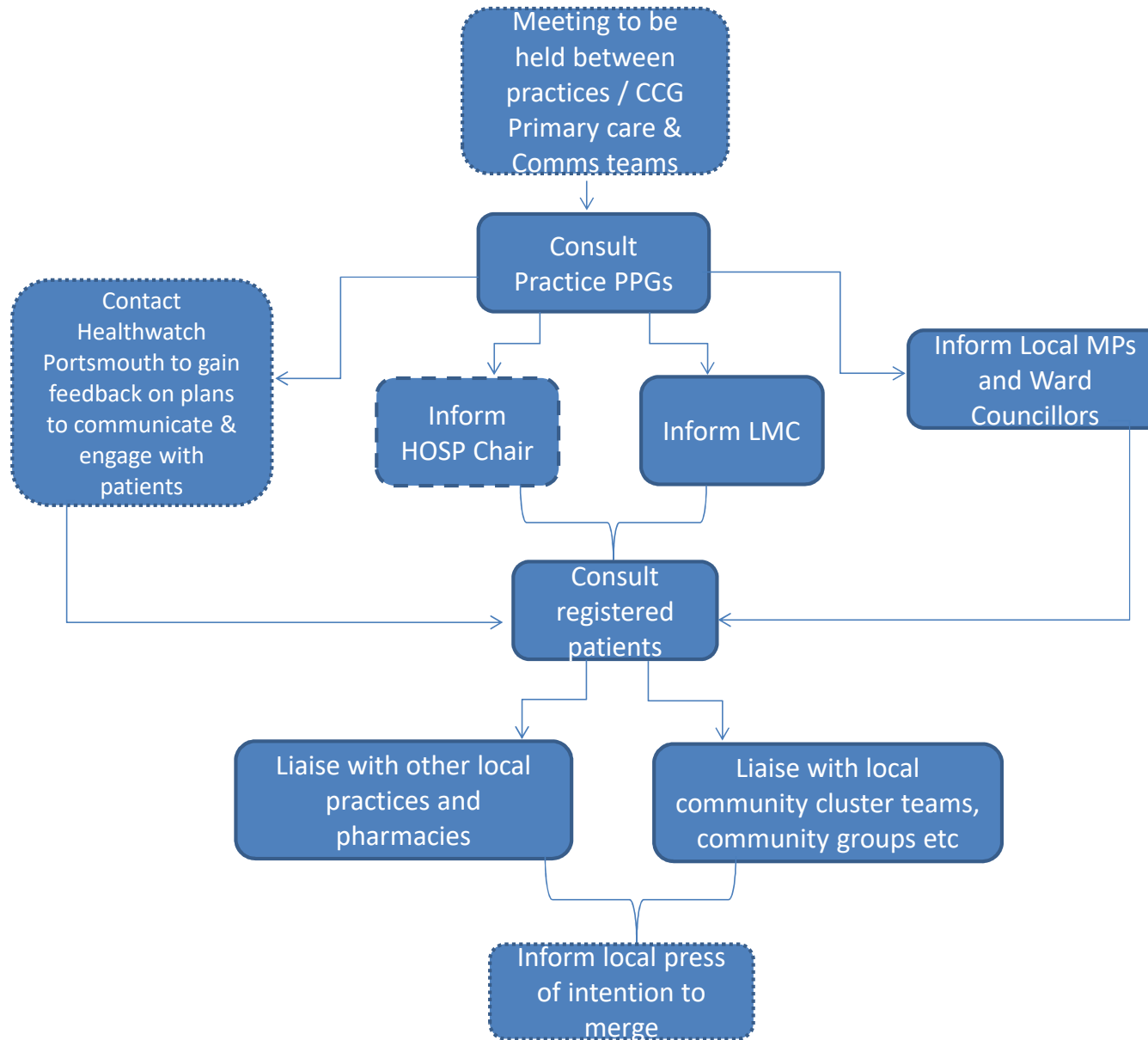
## Engagement Flowchart - brief for scrutiny

### Key

Practice  
Action

CCG actions

Joint action



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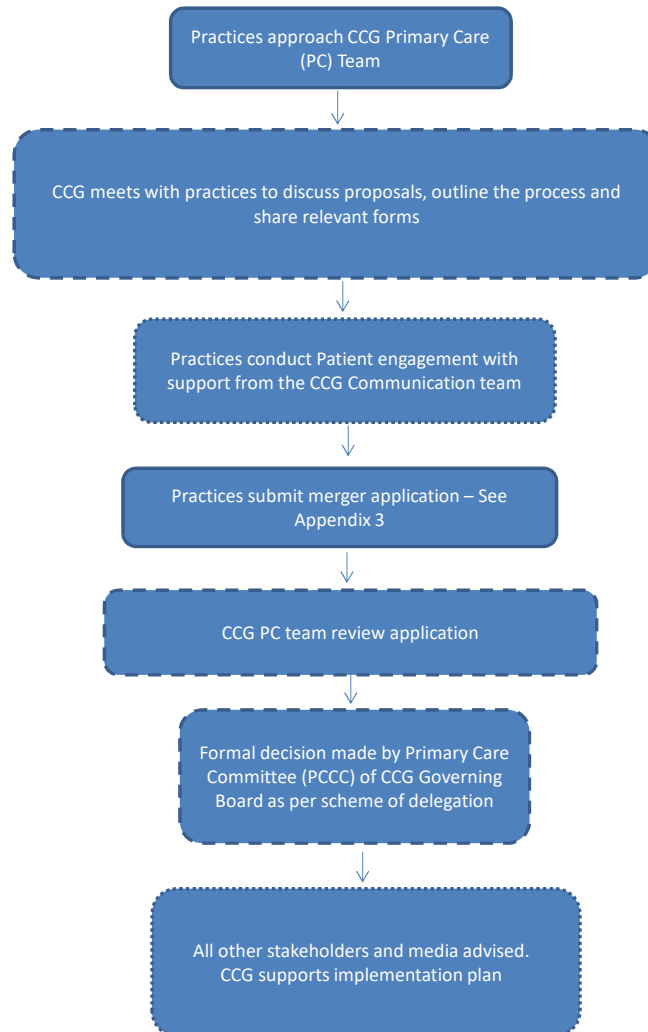
# Merger Flowchart

## Key

Practice  
Action

Joint  
action

CCG actions





## Application for Consideration of a Contract Merger

Please complete this electronically, ensuring all sections are fully completed, expanding the boxes where necessary. A signed hard copy should then be sent to the CCG.

### Section 1

Practice names	J codes	Contract type	Clinical system	Registered population

Which contract and J code do you propose that the newly merged practice will hold?	GMS/PMS/APMS J82_ _ _
What is the proposed name of the Practice?	
What is the proposed date of the merger and are there any time pressures associated with this?	
What is the distance between practices?	
Please confirm the proposed merged contractual practice boundaries - include both inner and outer boundaries.	

### Section 2

Please list names and addresses of all main and branch surgeries included in the proposed merger beginning with the main site.

Service provision	
Practice name(s)	Premises address(es)

Supplementary paper – HOSP briefing  
February 2020


Are any changes planned to the existing premises set-up? (if so please state) eg. Consolidating urgent appointments, administration functions at one site	
Are there any services currently provided by either practice that will not be provided by the merged practice? <i>If so detail here</i>	
Are there any services NOT currently provided by either practice that WILL be provided by the merged practice? <i>If so detail here</i>	

### Section 3

<b>Business case for merger</b>
<div style="background-color: yellow; display: inline-block; padding: 2px 5px; margin-bottom: 10px;"><b>A.</b></div> <b>Key reasons/benefits of the merger</b>



**A. Indicate any innovative/transformational working that the merger will support**

#### Section 4

Please summarise the work undertaken and/or planned regarding stakeholder communication *Please make clear whether completed or planned*

## Section 5

### A

Please provide as much detail as possible as to how the current registered patients from the existing practices will access a single service, including consistent and equitable provision across:

Home visits	
Booking appointments	
Additional and Enhanced Services	
Extended Hrs	
Screening services	
Single IT and telephony system	
Premises facilities	
Other	

### B

Please describe how the practice will ensure that service provision is maintained for patients (and not adversely impacted) by the merger.	
--------------------------------------------------------------------------------------------------------------------------------------------	--

## Section 6

<b>Risk analysis</b> NB: if the merged practice list is to exceed 30,000 then one of the risks covered below must include mitigation against a large practice failing	
<b>Key Risks associated with the pre-merger phase</b>	<b>Mitigation</b>
e.g. Staff at the different practices not giving out a consistent message to patients at the consultation stage	e.g. Staff members given a script that they can refer to regarding the planned merger
<b>Key Risks associated with failing to deliver planned improvements following merger</b>	<b>Mitigation</b>
e.g. Single operating model not implemented as intended, therefore benefits of merger not realised	e.g. Operating model to be drawn up and agreed in advance and shared with all relevant staff

--	--

**Section 7**

Please provide a map detailing both inner and outer merged boundary

Practice to confirm map enclosed with application form

☐

**Section 8**

Please attach Implementation Plan (Appendix 3a) with this application, with clear timelines for seeing through the merger.

Practice to confirm enclosed with application form

☐

To be signed by all parties to both contracts being proposed for merger

*However one e-signature from each party is sufficient for the initial application to be made*

Signed: .....

Print: .....

Date: .....

Signed: .....

Print: .....

Date: .....

Signed: .....

Print: .....

Supplementary paper – HOSP briefing  
February 2020

Date: .....

Signed: .....

Print: .....

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Date: .....

Signed: .....

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Date: .....

Signed: .....

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Date: .....

Please continue on a separate sheet if necessary

Note: this application does not impose any obligation on NHS Portsmouth CCG to agree a variation to any existing primary medical services contract or agreement

## ***Supplementary guidance on how to complete application form***

### **Section 1**

- Registered population should state your raw list size as at the 1<sup>st</sup> day of the current quarter
- Boundary changes are generally not agreed as a result of a merger. If there are any proposed changes this would need to be discussed at the earliest opportunity as in-depth consultation would be required which may delay the merger application.

### **Section 3**

- Include benefits for patients, the practices, and others (such as commissioning organisations)
- Consider whether any of the following could be included:
  - Increased/improved sites for delivery of services
  - New services for some patients
  - Increased choice of female GP
  - Longer opening hours, incl ext hrs
  - CCG etc has fewer practices to manage
  - Fits with CCG Blueprint
  - Presents opportunities for staff
  - Supports resilience (and vulnerable practices)
  - Improved access to local (in-house?) pharmacy
  - Savings / Release of monies

### **Section 4**

- Ensure you have followed the guidance at App 2 and that you have captured the key points from this
- Where responses have been received from patients include in your application a summary of the results and where possible the practice's planned mitigating actions against any perceived negative impact
- Your application must include the methods used to communicate with patients and information around the number of patients that have responded

### **Section 7**

- This should reflect both inner and outer boundaries on a defined map of the local area.





## General Practice Sustainability

### Supplementary Briefing for scrutiny members

#### Context

Primary care services across the country are facing significant pressures, and as a result of this pressure the sector is experiencing a period of change after decades of relative stability.

There is a trend away from the traditional model of ‘partners’ effectively investing in a business which delivers general practice, towards salaried GPs who have no direct financial stake in the organisation, and whose responsibility is more defined, and more limited.

The issues facing general practice are now familiar, both locally and nationally, and were highlighted again recently by the Partnership Review led by Dr Nigel Watson (CEO of the Wessex Local Medical Committees).

Dr Watson concluded that the key issues affecting *primary care as a whole* were:

- responding to increasing levels of demand for care
- coping with difficulties with recruitment and retention
- a need for investment

His conclusions relating to pressures relating *specifically to GP Partners* were:

- Exposure to personal risk and liability relating to clinical care
- Burnout, with salaried GPs having fewer responsibilities than partners
- Estate responsibilities – dilapidations, affordability/negative equity and fit for purpose
- Acquiring the right skills and knowledge to run viable businesses

#### Local position

*Sites:*

In Portsmouth, these wider pressures have been evident for a number of years although the impact – measured in terms of site closures – has been relatively limited.

2013/14	2019/20
27 GP practice contracts	15 GP practice contracts
31 GP practice sites	27 GP practice sites

In this period, there has been only one formal closure of a practice in Portsmouth – the decision by Queens Road Surgery to hand back their contract following unsuccessful merger discussions. The others – Northern Road, Campbell Road and Ramilies – were closed following mergers and for various other reasons (e.g. end of lease).

With 27 sites, there are 0.6 sites per square kilometre in the city – a slightly greater density than in Southampton (0.5 sites per square km) – which equates to one site per 8,657 patients. Recent research in Hampshire regarding distance from sites in urban settings suggests an average of one GP practice in every 4km radius – in Portsmouth the average distance to a practice is approximately half that.

### Workforce:

Workforce data from the primary care sector is not as robust as in other sectors, but some key figures relating to Portsmouth primary care are:

Category	2015/16	2019/20	Difference
Portsmouth GPs (total)	141	145	4
GP to registered population	1:1553	1:1612	59
GPs (WTE)*	123	106	-17
GP(WTE) to registered population	1:1780	1:2205	425
Nurses (total)	104	103	-1
Nurses (WTE)	68	71	-3

\*WTE: Whole Time Equivalent

In terms of the ratio of GP partners to head of population for this financial year:

National average	Portsmouth CCG Average	Difference
1:2849 (GP partner : number of patients)	1:3629	780 patients

It is essential to note that these figures no longer reflect the full picture of the primary care workforce in Portsmouth. Diversification of the workforce means that simply counting 'doctors and nurses' now only gives a partial picture of the size and scope of the workforce.

For example, the figures above do not include:

- Additional GP hours have been commissioned through Portsmouth Primary Care Alliance, Care UK, and PHT which equates to an additional 12 WTEs for the 2019/20 financial year.
- Clinical Pharmacists – there are 4.9 WTEs working in primary care
- Pharmacy technicians – 2.7 WTEs
- Community paramedics – 2.6 WTEs

### Solutions

A range of local solutions are being explored to promote sustainability of general practice:

- The Portsmouth Primary Care Alliance is well-established, offering both a unified voice for the sector, and also a strong, collective means of delivering services.
- The Acute Visiting Service has helped both to ease the burden on practices, and to ensure at-risk patients are seen earlier in the day.
- The emerging multi-disciplinary care home teams are working to improve and standardise care to vulnerable residents, while also reducing demands on practices.
- Active signposting and social prescribing are now available to help people prevent physical and emotional ill health.
- The development of Primary Care Networks (PCNs) should make practices more robust, helping to further diversify the skill mix within practices and networks.
- All practices offer patients new ways of contacting practices, and new ways for clinical staff to assess and advise patients. The eConsult platform is now used by all city practices, and the use of Skype and the NHS App is increasing.