

**Portsmouth Health Overview and Scrutiny Committee
September 2018**

Portsmouth Hospitals NHS Trust update

Care Quality Commission report

The Care Quality Commission (CQC) has published its reports on the comprehensive inspection of the Trust and inspection of the “well led” domain carried out in April and May 2018.

We entirely accept the findings of the reports and are grateful to the CQC for ensuring we continue our focus on those areas where we are required to improve our services for patients.

The Trust’s ratings in each domain and care pathway have been reviewed and in many cases revised as a result of the CQC’s findings. The arrows in each box below indicate whether a domain has remained the same, reduced or changed by two levels of rating.

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

There have been significant improvement in some areas, and we are extremely proud that critical care has been rated ‘outstanding’ across the board. Improvements in end of life care and the strong first time rating in diagnostics, which was not previously rated as an independent pathway, are also welcomed.

Arrows indicating change in the above table mainly relate to the previous comprehensive inspection of the Trust, which was carried out in June 2015. However the position regarding urgent and emergency services is slightly different, as the CQC last inspected this pathway in February 2017.

The position in medical care, including older people’s care, has improved significantly compared to the 2017 inspection, when medical care was rated ‘inadequate’ for being safe, effective, caring and well-led and ‘requires improvement’ for being responsive, with an overall rating of ‘inadequate’.

By comparison, the overall rating for medical care, including older people’s care, has improved to ‘requires improvement’ following the most recent CQC inspection, with all areas rated as ‘requires improvement.’ This reflects the hard work and commitment of all of our staff.

Considerable progress has been made in some areas but we recognise that there remains more work for us to do. We need to go further in some areas to deliver the real changes needed to ensure the consistently high quality of care that our patients expect and

deserve. Some of the challenges the Trust faces are longstanding issues that have been well documented over a number of years.

The deterioration in some areas is disappointing - in particular the reduction in the Trust's overall caring rating from 'outstanding' to 'requires improvement,' despite 'good' or 'outstanding' performance in seven of the nine areas inspected. The report identifies a small number of incidents observed during the inspection which are not representative of the behaviour and values the Trust and indeed most of its staff, expect to see.

It is reassuring that the significant majority of the Trust's patients receive 'good' or 'outstanding' care. Addressing issues which prevent consistent delivery of outstanding care is a key feature of the Trust's response to the CQC's findings.

Maternity services will also be a particular focus of the Trust's response, as ratings deteriorated in all five domains following the latest inspection. The leadership team in the maternity department, Governance and Corporate Nursing teams are working in partnership to develop an effective improvement programme to address issues raised by CQC and their underlying causes.

The CQC issued the Trust with a list of 54 requirements and made 71 recommendations following its inspection. The Trust has been formally served with a notice under section 29A of the Health and Social Care Act 2012, which sets out the observed circumstances leading to the conclusion that the Trust has breached relevant regulations. The warning notice requires action to be taken to address these breaches by 31 October 2018.

Action being taken in response to the CQC reports

A revised approach to addressing requirements and recommendations made by the CQC has been developed.

A Quality Recovery Plan has been produced to help ensure the Trust fully complies with its regulatory obligations. The plan will be complemented by a range of activities to drive wider changes in practice and ensure quality improvement.

Implementation of the Quality Recovery Plan will be monitored by the Quality Improvement Advisory Group, which is chaired by the Chief Executive. Its membership includes a range of Executive Directors and Divisional Nursing Directors. The group's terms of reference and membership have been reviewed and revised to ensure it supports the Trust's wider quality assurance activity and engages with key stakeholders.

The Trust will submit a response to the Warning Notice to the CQC by 6 September 2018.

Transfer of Elective Spinal Service from Portsmouth Hospitals NHS Trust

As members are aware, the proposal to transfer the Elective Spinal Service from Portsmouth Hospitals NHS Trust (PHT) to University Hospital Southampton NHS Foundation Trust (UHS) was discussed at the Health Overview and Scrutiny Panel meeting held in June. The Panel agreed that this was not a significant service change.

Healthcare professionals used national best practice guidance and worked together to determine the safest way to provide this service going forward. Panel members have discussed the conclusion that best patient outcomes would be achieved if the Elective

Spinal Service relocates to the Wessex Regional Spinal Unit at UHS, which already carries out complex spinal surgical work as well as paediatrics and trauma surgery.

Panel members requested that additional engagement work was carried out with local people prior to 31 October 2018, when the service is expected to transfer. This has been achieved in partnership with Fareham and Gosport, South East Hampshire and Portsmouth Clinical Commissioning Groups (CCGs).

Following discussions with a number of local groups about the relocation of this service people have told us that:

1. They support the service moving and understand that this needs to be done to ensure safer care and treatment
2. They would prefer outpatient clinics to be provided closer to home
3. They are concerned about the travel time, including car parking, of going to Southampton General Hospital
4. There needs to be a very clear pathway which includes a key point of contact for each patient and details of who is responsible for rehabilitation or social care support

PHT has also worked with the CCGs and Healthwatch to create a patient information document for new patients. This document, entitled “Changes to spinal surgery in southern Hampshire,” seeks to inform patients, their family and carers and answers a broad range of questions. The document is being shared with patients and the public.

Emergency floor redevelopment

Portsmouth Hospitals NHS Trust is developing a proposal to redevelop the emergency floor at Queen Alexandra Hospital (QA).

The Trust’s Emergency Department (ED) dates back to 1979 and since then demand for urgent care has grown exponentially. In Portsmouth, the average daily attendance at the Emergency Department in 2010 was 240 patients per day. By 2017 this had risen to 299 per day and now sits routinely at 324 patients per day. On busy days the department sees up to almost 400 patients. This increase has predominantly been focused in the areas of major illness and paediatrics, although all parts of unscheduled care have seen an increase.

Since the Private Finance Initiative (PFI) redevelopment of QA there have been some enhancements to the physical space (most notably in the paediatric Emergency Department). Alongside this, in line with national guidance, patient streaming and re-direction pathways have been introduced to help improve patient flow both in the ED and across the hospital. This has had an impact on demand in minors but the physical layout of our majors area remains a significant operational challenge. As a result, despite our best efforts it is now clear that the adult facility is no longer fit for purpose, a fact recognised by external experts, including the Care Quality Commission in its recent inspection report on our urgent and emergency care service in May 2018.

Our proposal for redevelopment, operational by February 2021, will deliver an innovative clinical model for the delivery of urgent care for the local population in Portsmouth and South East Hampshire. The redesigned service will provide a single point of access for all adult emergencies at QA and in doing so will deliver the following benefits for our patients:

- Improved patient safety
- Early senior decision makers delivering best care
- Reduced admission rates
- Facilitate the delivery of high quality clinical care in a modern, fit for purpose environment
- Deliver effective and efficient clinical pathways
- Contribute to the resolution of related issues within the delivery of urgent care including adherence to national targets

The project is exploring the inclusion of an Urgent Treatment Centre in line with national guidelines, the co-location of a frailty team to provide early input and best care for older patients and an Acute Mental Health Unit. Doing so will allow us to meet the aims of the Five Year Forward View as well as the aims of the Sustainability and Transformation Partnership (STP) in minimising unnecessary admissions, reducing length of stay and ensuring our older patients are repatriated to the most appropriate place for their ongoing care and rehabilitation.

The project also aligns with our recently published five year strategy, 'Working Together' in which we commit to addressing some of the organisation's perennial challenges, of which the urgent and emergency care pathway is perhaps the most intractable.

The Portsmouth and South East Hampshire A&E Delivery Board will provide multi-agency oversight of the project, with direct input from clinical commissioners on the project Board to ensure alignment with the system wide urgent care strategy.

The scheme will require significant capital investment. However we firmly believe it is vital to securing a long term solution for the population of Portsmouth and South East Hampshire, working together across the health and social care system to deliver a new model of provision for urgent care. We believe we have a strong case to secure the full funding from the STP Capital scheme and the first stage is to submit our outline business case, which is on track for submission by early September 2018.

Working in tandem with our staff, partners and the local community is fundamental to the successful delivery of the project and a partnership approach is at the heart of our proposal. Even at this early stage of development significant work has gone into ensuring we have clinical input from inside and outside the Trust.

Winter preparedness and planning

Winter 2017/18 was widely acknowledged to be extremely challenging across the NHS. In Portsmouth this was largely a result of the impact of flu and the increased severity of illness among patients. In addition, despite close working with our partners we were unable to discharge more patients back to their own homes or into the community in advance of the peak of winter which impacted on our ability to respond effectively when the pressures were at their greatest.

Our planning for winter 2018/19 has already commenced and a central part of this is working with our partners across health and social care on plans which aim to reduce the bed occupancy of the hospital to 92% before the start of winter. Outside of winter our bed occupancy averages at 95%. Detailed analysis has been undertaken to show that reducing

this to 92% should allow us the capacity needed to respond to the additional demands placed on the hospital during winter. This should ensure that patient flow through the hospital is maintained and we can avoid using short term measures such as the use of escalation beds. In turn this will result in a positive difference for our patients who should experience fewer delays and where appropriate, a shorter stay in hospital.

Key to reducing our occupancy is reducing the number of patients who are medically fit to be discharged from the hospital. Good progress has been made in lowering this number and in recent months the figure has been approximately 200 delayed patients, although further work is required to maintain this reduction consistently. This reduction in our numbers of patients who are medically fit has allowed us to close down escalation areas which are not suitable for inpatient care; something we have prioritised because of the impact on patients of being treated in areas not designed for this purpose. Within the hospital work to help reduce the occupancy rate prior to winter includes extending our discharge lounge and developing plans to create additional capacity in the Emergency Department to reduce ambulance handover delays.

Outside the hospital we are working closely with our partners on ways to provide additional capacity for patients to be discharged to. The local A&E Delivery Board, chaired by our Chief Executive and with representation from all key partner organisations, is finalising the plan for how the required reduction in medically fit patients will be achieved ahead of winter. A detailed plan for winter 2018/19, incorporating this system wide work will then be presented to our Trust Board in September.

Delayed Transfers of Care

The table below acute and non-acute Delayed Transfers Of Care (DTC) relating to Portsmouth patients. The figures are recorded as the number of days delayed within each month for all patients delayed throughout that month.

	Feb	March	April	May	June	July
Non-Acute	29	66	45	9	3	28
Acute	447	930	208	165	184	180

ENDS