Response to the Gosport Independent Panel Report briefing

On behalf of: Hampshire and Isle of Wight Partnership of CCGs and NHS Portsmouth CCG

February 2019

1. Introduction

This report is intended to provide an update to the Portsmouth Health Overview and Scrutiny Panel on the work undertaken locally since the publication of the Gosport Independent Panel Report (June 2018) and subsequent Government response in the autumn.

It is evident that the Gosport Independent Panel Report is a challenging read and while there is no doubt that the NHS has changed over the last 20 years, it is imperative that we take this opportunity to review the actions that have been taken and ensure that improvements have been and, where necessary, continue to be made, and that these are embedded into the culture and the way we do things.

Part of this ongoing work is to ensure that actions included in the Government response to the Gosport Independent Panel report are carried out across the Hampshire and Isle of Wight Partnership of CCGs and Portsmouth CCG.

To support this, a Gosport Learning and Assurance Oversight Board, which includes representatives from the CCGs, NHS England, NHS Improvement, Healthwatch and clinical leads has been established.

The sections below provide information about the work undertaken to date in assessing how the CCGs relate to the key themes in the report, particularly where it is felt that there is room for improvement and how this is being taken forward.

2. Themes from Gosport Independent Panel Report (and other reviews)

The themes in the Report and other reviews were identified and grouped in the three domains of governance that are now established in the NHS – patient safety, clinical effectiveness and patient experience. They are described below as failures and the self-assessment process required evidence of assurance to demonstrate that these have been addressed.

- Patient Safety
    - Failure to maintain patient safety through poor medication prescribing and administration practice
    - Failure to work effectively in partnership including when carrying out investigations
- Clinical Effectiveness
    - Failure to have effective clinical oversight to identify and respond to poor clinical practice
    - Failure to provide exemplary care for older people
    - Failure to use information available or utilise high quality information
- Patient Experience

    - Failure to respond to, listen to and learn from the concerns raised by staff and families regarding the experiences of patients
    - Failure to provide appropriate end of life care.

To date no gaps requiring urgent action have been identified, and areas for improvement have been acknowledged, as well as some examples of excellent practice.

3. Self-assessment tool

A self-assessment tool was developed which also incorporated the findings of other reviews referred to in the Report. This was completed by CCGs to help identify any gaps or weak areas in relation to the themes and provide a focus for action.

The self-assessments did not identify any urgent actions but did identify areas for improvement and work plans are being developed to address these.

In addition each local care system (eg Portsmouth and south east Hampshire) across the Partnership is now in the process of completing an assessment which will inform their work plans to address any gaps or weaknesses identified.

4. Self-assessment findings

The result of the first stage of self-assessments has been completed and it is clear that there is a comprehensive programme of assurance already embedded, as well as several programmes of work underway. However, the following areas for further improvement were identified and programmes of work are now being established:

- Medication and Prescribing
    - Support move to electronic prescribing across the whole system
    - Ensure that reporting from the Controlled Drug network and the information that chief pharmacists have is used in local care systems
    - Develop locality / system means of monitoring medication prescribing and administration compliance
    - Support an audit programme specifically to build confidence and provide assurance
- Partnership working
    - Actively participate in the implementation of the safeguarding adults intercollegiate document
    - Improve documentation/records storage using the standards in the Data Security and Protection Toolkit to support improvements
    - Support the work of the Hampshire and Isle of Wight STP Quality Board to bring together the existing patient experience work programmes
- Clinical Oversight
    - Ensure that there is oversight of the standards of care provided by practice nurses and care home nurses, in the same way as NHS providers' nurses
    - Ensure clinical standards for new models of care are incorporated in the planning process
    - Work with others, such as NHS England and NHS Improvement to ensure that there is system wide visibility of clinical outcomes, for example dentist and optometrists
    - Develop locality / system means of monitoring clinical outcomes that includes all providers, NHS, private, and independent
- Quality of information
    - Ensure that within each local area there are robust systems for reviewing broader sources of information about the services provided/delivered

    - Ensure that information and data used is assessed for data quality
- Excellence in the care of older people
    - Actively support the Wessex Academic Health Science Network poly-pharmacy work and incorporate other allied health professionals in this
    - Develop capability and competence in staff in relation to the Mental Capacity Act and Mental Health Act
    - Building on the success of the frailty work, identify areas for further improvement in the elderly care pathway
- Listening to and learning from staff and patients' concerns
    - Fully implement 'freedom to speak up' guardians in CCGs and Primary Care
    - Reduce the number of complaints upheld by the Parliamentary Health Service Ombudsman (PHSO) through improving the quality of complaint investigation and engagement with families and complainants
    - Review actions, themes and learning from complaints within local systems
- End of Life Care
    - Test compliance with the analgesic ladder in local systems.

There are also examples of good practice identified through the self-assessment process and these include:

- The establishment of the frailty pathway across north and mid Hampshire
- The collaboration that is taking place in the Frimley system
- The work of the medicines management leads to support medicines safety
- The clinical reference group for end of life care services when clinicians have worked together to revise the guidance available for staff in relation to caring for patients at the end of their lives, incorporating best practice prescribing and drug administration.

5. Next steps

Work programmes for each area of improvement are now being developed and implemented. Progress on these is reported to the Gosport Oversight Board and further updates on its work can be provided to the Panel, as required.