

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:

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

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 |
| Urgent & Emergency | RI | RI | RI | Inadequate | RI | RI |
| Med care + Older People's care | RI | RI | RI | RI | RI | RI |
| Surgery | RI | RI | Good | Good | RI | RI |
| Critical Care | Outstanding | Outstanding | Outstanding | Outstanding | Outstanding | Outstanding |
| Maternity | RI | RI | Good | RI | RI | RI |
| Children & Young People | RI | Good | Good | Good | Good | Good |
| End of Life care | Good | Good | Good | Good | Good | Good |
| Outpatients | Good | N/A | Good | Good | RI | Good |
| Diagnostic imaging | Good | Good | Good | Good | Good | Good |
| Overall | RI | RI | RI | RI | RI | RI |

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



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