

HEALTH AND ADULT SOCIAL SERVICES (OVERVIEW AND SCRUTINY) COMMITTEE

11 FEBRUARY 2019

Report to:	Health and Adult Social Services (Overview and Scrutiny) Committee – 11 February 2019
Title:	Care Quality Commission Report
Author:	Hilary Todd, Quality Governance Manager, on behalf of Julie Dawes, Chief Nurse, Hampshire Hospitals NNS Foundation Trust
Purpose:	For information
Decision Sought:	The Health and Adult Social Services (Overview and Scrutiny) Committee is asked to note the report

1. PURPOSE

The purpose of this paper is to provide Health and Adult Social Services (Overview and Scrutiny) Committee with a progress report on the CQC Action Plans.

2. OVERSIGHT

There continues to be regular meetings chaired by the Chief Nurse with Divisions and Corporate teams to review the plan in detail, focussing on areas at risk and where additional support is required. The new Divisional Chief Nurses will be leading the plans at Divisional level.

Peer Reviews have commenced and to date they have been completed in the Emergency Departments at Basingstoke and Winchester, Theatres in Basingstoke and the Day Case Department in Andover. In January they will also be completed in Orthopaedics and Paediatrics on both sites. The Peer Reviews will continue for the rest of the year and will monitor the actions associated with S29a Improvement Plan and the Trust Wide Action Plan. The reviews are carried out by an experienced team which will include Divisional Chief Nurses, specialist teams such as the Infection Prevention and Control Leads, CCG colleagues and colleagues from outside the Trust.

3. SECTION 31 (S31)

The progresses against the conditions set by the CQC continue to be reported on. We have consistently met a number of conditions relating to paediatric training for staff and ensuring appropriate staff are on duty to support the care of children.

A number of developments within the Departments have impact on CQC actions. The Rapid Assessment and Treatment bays and the new Majors 2 and Emergency Decision Unit in Basingstoke all opened at the end of December as planned.

The new Paediatric Assessment Unit (PAU) in Basingstoke is due for completion the first week in February, this will be jointly staffed by ED and the Paediatric Team ensuring children consistently have a suitable area to be treated and qualified staff looking after them.

Winchester has had significant delays with building work due to unforeseen underground works needing to be completed before building can commence, however the additional space and PAU is set to open at the end of March. While this is ongoing the site continues to provide a full ED service.

The ED Full Protocol has been initiated on a number of occasions and the Refer and Send has improved pathways for patients and will make sure the right patients are cared for quickly and in the right place for their needs. This will also reduce crowding in the departments, helping to reduce the pressure felt at the front doors to the Hospitals.

There were four Peer Reviews in ED and they have been welcomed by the Department. They have focused not only on the areas where improvements have been reported but also in areas where it has been recognised that improvements still need to be embedded. These will form part of the new s31 reports and actions. Evidence gained during the Reviews has also been used in the regular s31 CQC reports

4. Section 29A

Progress on each of the issues continue to be reported and are discussed at the weekly CQC meeting chaired by the Chief Nurse and at the Executive Oversight meeting. Actions identified as complete on the plan were validated during the Peer Reviews of ED, Theatres and the Andover Memorial Hospital site as well as separate 'walk arounds'.

A significant number of completed actions have been validated and assurance that they have indeed been implemented gained, however the review process has also identified that in a small number of areas the actions taken during the initial implementation have not been sustained or only been partially implemented. Further reviews are planned in these specific areas and they will be revisited within one month. Any actions that have not been sustained have been escalated to the Divisional Operation Directors, Divisional Chief Nurses (DCNs) and highlighted to the Chief Nurse.

5. TRUST WIDE CQC ACTION PLAN

The Plan continues to be discussed at the weekly meetings led by the Chief Nurse, with the Chief Divisional Nurses (CDNs) are now taking the lead within each Division

The following actions have been completed:

- Approval of the Mixed Sex Accommodation and the Data Security and Protection Policy
- 80% of Wards have submitted an initial ward improvement plan to the Chief Nurse
- The annual safe storage of medicines audit was completed for all wards

- The Trust Safety Instruction – Ligature safety audit and risk assessment was completed and circulated to all areas
- The Divisions have achieved the Trusts standard of 80% of staff completing mandatory training

General areas that are showing improvement but not yet compete include the safety testing and labelling of equipment. Currently 70% of equipment on the asset register has been tested however a mitigation plan is now in place and 100% compliance should be reached by the end of April. It should be noted that this is equipment that has been already been identified by the Equipment Team and does not include equipment that has yet to be asset tagged.

A CQC Dashboard continues to be developed and it being used to monitor areas of improvement and those areas that need more attention from the DCNs. This dashboard is reported to the Executive Oversight Meeting and the data produced is a both at Trust and Divisional level.

Indicators that have improved this quarter:

- Number of overdue risks to be reviewed has reduced from 125 to 38
- News2 compliance has improved to 88.8% from a low of 68%
- Pressure Ulcer Assessments have improved from 59.1% to 92.6%
- Number of incidents open past 25 days has improved from a high of 1498 to 742
- Dementia awareness training has risen from 66.4% to 81%
- BLS Training has improved from 68% to 76% - although this is still below the 80% Trust standard
- Appraisal rates have improved from 66% to 73% - although this is still below the 95% Trust standard.

Indicators that are being monitored and managed by the DCN:

- Reduction in compliance of fridge audits
- Compliance with hand hygiene audits.

The action plan continues to be reviewed and re-assessed. Further outcomes and expected evidence will be confirmed. The evidence will be tested at Divisional level to ensure actions have been embedded and change sustained.

6. RECOMMENDATION

The Health and Adult Social Services (Overview and Scrutiny) Committee is asked to note the report.