

Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
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Title:	Hampshire Hospitals NHS Foundation Trust :CQC Trust Wide Action Plan
Report From:	Julie Dawes, Chief Nurse

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Executive Summary

The Trust Wide action plan is monitored on a weekly basis by the Chief Nurse and monthly by the Executive Team at the Executive Oversight Meeting. This is very much a working document with the Divisional Chief Nurses (DCNs) reporting each week on actions that have been completed, those in progress and actions being taken to address any overdue or at risk actions.

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 supporting ligature risk assessments was completed and circulated to all areas for them to complete.
- The Divisions have achieved the Trusts standard of 80% of staff completing mandatory training.

A number of Issues are currently overdue but all have actions to ensure that progress is being made and assurance been given to the Chief Nurse. It should be noted that a single requirement may have a number of red actions associated with it as it could affect each of the three Divisions.

A CQC Dashboard continues to be developed and it is being used to monitor areas of improvement and those areas that need more attention from the DCNs.

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 (approximate 50% reduction)
- 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 include:

- Reduction in compliance of fridge audits- although this is now a more accurate reflection of checks being undertaken and is improving
- Compliance with hand hygiene audits.

The dashboard is shared with the DCNs and can be broken down to divisional level. The themes of the 'red' actions are:

Equipment maintenance

The Trust has recognised the issues with the labelling and maintenance of equipment and the issue is being overseen by the Director of Finance. A standard approach has now been adopted and a single label identifying the date for the next action (being it servicing or insurance) is now in place. There have been significant additions to the Equipment Team on both sites, and a new post created specifically for the maintenance of mattresses and pumps. The team has secured external support and the company will be supplying additional engineers into the Trust support for a month to assess whether or not it will make a significant difference. If it does, the trial period may be extended taking into account the significant expense. A coordinated programme of sink replacement in theatres has been agreed taking into account availability and theatre closedown. The programme will commence 1st Feb and should be completed by the end of March 2019.

Environmental Cleanliness

The Board regularly receives updates on cleaning audits and compliance, however following the Peer Reviews where a small number of issues were noted the cleaning and the content of the cleaning audits being revisited to ensure that the Board assurance is valid.

Appraisal rates

The Chief Nurse set a challenging target of 95% of staff having an appraisal by 31st December 2018, the rate has significantly improved it has not met the Trust target, however all Divisions have confirmed this will be met by the end of March 2019.

Closing of Low/No harm incidents

Again the Chief Nurse set a challenging target and the number of incidents open past 25 days has improved from a high of 1498 to 742 (approximate 50% reduction). The Divisions have confirmed that further reductions will be made by the end of March 2019.

Mental Health Act Training

Discussions within the Trust are ongoing and the work is being developed with Southern Health colleagues.

The action plan has been further developed to add outcomes and identify expected evidence.