





We're passionate about

- Putting patients first
- Quality, safety and patient experience
- Transforming services to meet the health needs of future generations



CQC Quality Summit

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Chief Executive

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Areas of Good Practice

- Critical Care - Network Award
- Neonates - Small Wonders project
- Bariatric service as part of a consortium
- Neonatal and paediatric Research





Areas of Good Practice

- Development of Nurse Practitioner roles
- Learning disabilities collaborative working with Hartlepool Council.
- Development of simulation suite including community scenario
- 6c's and Caremakers





Holdforth Unit

July 2015 inspection - Specific concerns around Leadership and the overall vision of moving towards a nurse led unit

Unannounced Visit

- Leadership - Ward matron replaced with an experienced matron – positive sustained impact on staff and quality of care
- Work undertaken with the staff supported by organisational development - positive impact on behaviours and staff have a clear vision for the unit



Areas for improvement

Minimise the likelihood of risk by completing the 5 steps to safer surgery checklist

WHO Checklist established in theatres

Adapted tool developed and implemented for ward based procedures

'how to do' training/teaching video launch 1st February 2016

Maternity adapting WHO safe childbirth checklist



Areas for improvement

Sufficient numbers of suitably qualified , skilled and experienced staff will be available to deliver safe care in a timely manner

Appointed senior nurse with particular focus on staffing

Overseas recruitment – Romania/ Philippines

Safe Care – pilot in surgical and medical areas

Review of Birthrate plus – appropriate staffing across maternity services



Areas for improvement

Midwifery structure – planned reconfiguration of services will provide Senior Clinical Nurse post

Band 7 leadership roles reviewed to enable coordination of lead roles

A&E senior structure

- Band 7 complement increased by 3 WTE
- Introduction of coordinator role to support patient flow provide increased presence overnight



Areas for improvement

Annual reviews for Midwives will be maintained within the 1% threshold

Appointment of Full time contact Supervisor of Midwives

Compliance monitored on a monthly basis by the contact supervisor and have remained within the 1% threshold since August 2015

Supervisor to Midwife ratio within required target (1:15)

Maternity Risk Management strategy reviewed to reflect supervision of midwives role and reporting structure



Areas for improvement

Staff undertaking triage will be appropriately trained using competency based triage training

- Development and implementation of a training package
- Development of competency based documentation for triaging of patients
- Reviewed local induction and on-going staff development



Areas for improvement

All staff will attend resuscitation training in line with role specific Training needs analysis

- Compliance monitored through RAG training records, Trust and individual ward department
- Recovery plans in place where training cancelled due to activity/patient safety



Areas for improvement

Staff will comply with Trust policies and procedures when managing and storing medicines including controlled drugs

Monitored monthly through SPEQ's visits

Audit of Kardex to be undertaken to include

- Administration
- Missed doses
- Quality of documentation



Areas for improvement

Pain in young children will be assessed and managed appropriately

- Currently documented within child's healthcare records
- Paediatric pain score tool is under development by paediatric staff which will be fully implemented by April 2016



Areas for improvement

Hand Hygiene procedures will be maintained by all staff

- Hand hygiene monthly monitoring and reporting to ensure compliance
- Personal Protective Equipment in use where there is risk of infection/cross infection
- Ongoing monitoring through monthly SPEQs , hand hygiene audits and ad hoc directorate audits



Areas for improvement

Cleanliness standards will be maintained at all times

- Within A/E there was noted to be some damaged equipment which was replaced immediately
- Failure to clean small items of equipment – monitored through regular hand hygiene audits



Areas for improvement

Maternity records will be filed in line with trust policy

Record audits to be undertaken to ensure compliance with policy

Risk register re: maternity records to be updated



Areas for improvement

All policies, guidelines and procedures be up to date and evidence based

Implementation of bi-monthly obstetric and gynaecology guideline meeting

Monitoring of guidelines through bi-monthly patient safety meetings in maternity services



Areas for improvement

Risk Assessments will be appropriately documented including those for personal care needs and capacity assessments

Assessments monitored through local documentation audit through

Health Care Record Audits

Staff, Patient Experience and Quality Standards visit



Areas for improvement

Resuscitation/emergency equipment will be checked on a daily basis in line with Trust guidelines

On-going monitoring by ward matrons

Spot checks undertaken by Senior Clinical Matrons



Areas for improvement

Handovers in the paediatric area will be conducted in an area which enables maintenance of confidentiality

Ward handovers are conducted in the paediatric ward resource room this includes nursing medical and multidisciplinary handovers



Areas for improvement

Effective systems will be in place to enable staff to assess, monitor and mitigate risks to staff and those utilising our services

Ongoing monitoring of implementation of risk management strategy

Board discussions have taken place to review Board Assurance Framework risk ratings and risk appetite



Areas for improvement

Collaborative work with internal audit

Enhanced risk management training to be implemented
quarter 4, 2015/2016

- Workshops for staff at all levels

- elearning

- Workbooks

- Serious incident investigation and root cause
analysis

Revised structure will strengthen expertise and leadership



Delivering the plan

Detailed action plans – agreed by Director

Ownership – Directorate/Core Service

- Led by senior team – General Manager, Clinical Director , Senior Nurse/Midwife

Monitoring

- Progress against action plans
- Monthly update to Ps and Qs
- Exception reporting to Board



Questions