Safety & Quality Programme (CQC Response):
Environment

HIGHLIGHT REPORT

Date of Update: 16-09-2016

Completed by Caroline Snewin

RAG Status:

Previous	Current	Forecast
	A	A

KEY: High risk | At risk | On track

Brighton and Sussex University Hospitals NHS Trust

PROJECT SUMMARY

DESCRIPTION

The CQC inspected BSUH in April 2016, and there were a number of issues identified around safer staffing.

Some of these were raised though the CQC section 29a Warning Notice in June 2016 and others were flagged additionally through the main report when published.

OBJECTIVES:

1. Review the results of the most recent infection control audit undertaken in O/P & produce action plans to monitor required improvements
2. Improve the environment within O/P to ensure it is consistently child friendly.
3. Ensure mortuary cleaning schedules & procedures comply with national specifications for cleanliness & environmental standards
4. Review and improve major incident storage facilities & replenish stock

KEY ACHIEVEMENTS / COMMENTARY

1. Installation of new hand hygiene products and SOP developed & ratified for audit
   Installation of bus stop signs completed @ RSH and partially @ PRH
   Data from hand hygiene audit presented @ IPAG, HIPC & PIMS
3. Recent cleaning audit in July 2016 showed 92% pass rate against national standard of 90%
4. PRH major incident storage location moved closer to A&E

NEXT STEPS:

1. IP awareness week 19th September 2016
2. Review of child toys in O/P w/c: 19th September 2016
3. Recruitment against vacancies and training schedule review
4. Major incident procedures being reviewed by A&E in RSCH to include stock replenishment procedures

KEY MILESTONES

MILESTONE	DUE DATE	STATUS
1.Installation of new paper towels	31.10.16	*Started*
1. Generic risk assessment for fans in ICU to be completed	30.06.16	*Started*
1. FM to add curtain change SOP and damaged commodes to cleaners handbook of audits & complete risk assessment for COSH	30.11.16	*Started*
2.Meeting arranged to discuss suitable toys and develop SOP for cleaning	31.10.16	*Started*
3. Quarterly cleaning audits carried out	Oct 2016	*Started*
4.Review and ratification of stock replenishment procedures	Oct 2016	*Started*

RISKS AND ISSUES (Red risks only)

Key risks and their scoring are in discussion and will confirmed over the next week.

RISK / ISSUE DESCRIPT	IMPACT	PROBABILITY	OVERALL	Mitigation
No red project risks				

KPI UPDATE

KPIs in development in line with CQC reporting requirements
Additional local KPIs will be discussed and agreed by end September 2016

ITEMS FOR ESCALATION

None

Safety & Quality Programme (CQC Response):
Fire Safety

HIGHLIGHT REPORT

Date of Update: 16-09-2016

Completed by Emma Tee

RAG Status:

Previous	Current	Forecast
R	A	A

KEY: High risk | At risk | On track

Brighton and Sussex University Hospitals NHS Trust

PROJECT SUMMARY

DESCRIPTION

During the BSUH CQC inspection in April, it was found that many of the Fire Risk Assessments (FRAs) were out of date, with the remainder of the assessments due to expire in late August and early September 2016.

As a result of this , a number of issues relating to fire safety were raised in the CQC section 29a Warning Notice.

OBJECTIVES:

- Ensure that all of the FRA for the Trust are brought up to date, phase one covering FRA out of date and phase two the fire risk assessments that will be out of date in August 2016.
- Work with all departments to ensure all corrective actions are resolved (Level 1 = immediate response, Level 2 = within 1 mth, Level 3 = with 3 mths, Level 4 within 6 mths, Level 0 at owners convenience.)
- Work with the Fire Safety Group to ensure the safety of patients' visitors and staff in the environment of fire safety on site.
- Ensure that all fire risks are escalated to the Fire Safety Group and the Board.

KEY MILESTONES

MILESTONE	DUE DATE	STATUS
100% Compliance with FRA requirement (Phase 1)	31-08-16	***Complete***
Level 1 actions completed from Phase 1 (immediate action)	30-09-16	***On Track***
Level 2 actions completed (within 1 month of identification)	14-10-16	***To Commence***
Level 3 actions completed (within 3 months of identification)	16-12-16	***To Commence***
Level 4 actions completed (within 6 months of identification)	16-03-17	***To Commence***
Level 0 actions completed (at owners convenience)	31-03-17	***To Commence***
Commence Phase 2 FRA review - as they go out of date (business as usual)	On going	***To Commence***

KPI UPDATE

- KPIs in development inline with CQC reporting requirements
- Additional local KPIs – further work required to confirm.

KEY ACHIEVEMENTS / COMMENTARY

- The Trust is now 100% compliant with it's FRA's, all have been reviewed & are up to date (total 97 FRAs)
- 64% (62) of these updated FRA reports have been received back from the external company undertaking the assessments.
  - With the remaining 36% (35) expected by 16-09-2016.
- Additional Fire Warden courses confirmed.

- **NEXT STEPS:**
- Final FRA reports to be received by 16-09-2016
- All new actions and their priority levels to be confirmed in the project plan by 21-09-2016
- All new actions to have their owners & deadlines confirmed by 21-09-2016.
- Ongoing work to identify costings associated with each action.
- Continue with works to address actions identified – ongoing throughout project

RISKS AND ISSUES (Red risks only)

Key risks and their scoring are in discussion and will confirmed over the next week.

RISK / ISSUE DESCRIPT	IMPACT	PROBABILITY	OVERALL	Mitigation
The fixed resource of the estates team may mean that the capacity available is insufficient to deliver amount of works required to meet the requirements of the Fire Risk Assessments (FRAs) within the required time frame.	4	4	16	Additional contractor resource has been agreed to support the delivery of all Estates works required to ensure compliance with fire regulations
Current Trust financial delivery may impact on ability to fund required works to bring buildings up to fire regulations standards.	4	4	16	Financial implications of the works required and staff to support this have been submitted with a circa £431k identified. CQC spend is being reviewed as identified and approved through CQC steering Group
Limited availability of sufficient course placements may prevent achievement of required levels of fire wardens in each area	4	4	16	4 additional training sessions have been confirmed and will take place during Oct, Nov and Dec. Further availability has been requested

ITEMS FOR ESCALATION

- Decision regarding Barry Building use and capacity required prior to significant investment in some of the major estates actions

Safety & Quality Programme (CQC Response):
Medicines Management

HIGHLIGHT REPORT

Date of Update: 15-09-2016

Completed by Rebecca Watt

RAG Status:

Previous	Current	Forecast
A	A	A

KEY: High risk | At risk | On track

Brighton and Sussex University Hospitals NHS Trust

PROJECT SUMMARY

DESCRIPTION

The Medicines Management project is addressing the requirements arising from the CQC review in April. Specifically, storage of medicines, monitoring use of PGDs, correct use & storage of prescription forms, provision of Pharmacy resources

OBJECTIVES:

- Ensure medicines are always supplied, stored & disposed of securely & appropriately
- Ensure security of hospital prescription forms is in line with NHS Protect guidance
- Ensure staff are working under appropriately approved Patient Group Directions (PGDs). Ensure PGDs are reviewed regularly and up to date
- Review analgesia authorisation for Band 5 nursing staff (PGD)
- Ensure equipment and medicines required in an emergency are stored in tamper evident containers
- Review the provision of pharmacy services across the seven day week and improve pharmacy support

KEY MILESTONES

MILESTONE	DUE DATE	STATUS
Update prescription pad policy	31-07-16	***Complete***
New prescription pads with serial numbers issued to all departments	31-07-16	***Complete***
Band 5 nursing staff received PGD training	31-07-16	***Complete***
All PGDs to be reviewed, up to date authorisations required	31-07-16	***Complete***
Pharmacy security audit	30-09-16	***Commenced***
Review of 7 day Pharmacy service	Tbc	***Commenced***
Sealable Resus trollies to be ordered (funding agreed, to go out to tender)	Tbc	***To commence***

KPI UPDATE

- KPIs in development inline with CQC reporting requirements
- Additional local KPIs – further work required to confirm

KEY ACHIEVEMENTS / COMMENTARY

Pharmacy security audit commenced w/c 12th Sept
The Trust has reviewed all PGDs in use, a robust system is in place to monitor use. Prescription pad security was noted in the CQC 29a warning notice. The Trust is confident the risk has been mitigated with procedures put in place

- **NEXT STEPS:**

Review current weekend service provision to determine whether it is 'fit for purpose', determine what service we can provide within resource and understand risks of not providing a service to certain areas, ensure priority areas are aligned to Trust strategy. HP is 1. Discussing with acute Trusts who have successfully implemented 7 day services to establish model and resource 2. Exploring IT solutions to enable more effective patient prioritisation-currently exploring functionality of PANDA software. Based on outcome, aim would be to consult on new models of 7 day working by end October 2016

Discussion about rolling out a monthly spot check audit to be completed by ward managers to check compliance.

RISKS AND ISSUES (Red risks only)

RISK / ISSUE DESCRIPTION	IMPACT	PROBABILITY	OVERALL	Mitigation

ITEMS FOR ESCALATION

- Board input regarding provision of pharmacy services across the 7 day week. Significant investment required. Demand plan requirement for business as usual & site reconfiguration plans

Safety & Quality Programme (CQC Response):
Experience

HIGHLIGHT REPORT

Date of Update: 16-09-2016

Completed by Rebecca Watt

RAG Status:

Previous	Current	Forecast

KEY: High risk | At risk | On track

Brighton and Sussex University Hospitals NHS Trust

PROJECT SUMMARY

DESCRIPTION

The CQC inspected BSUH in April 2016, there were a number of issues identified around patient experience.

Some of which were raised though the CQC section 29a Warning Notice in June 2016 and others being flagged additionally through the main report when published.

OBJECTIVES:

- Ensure that patients' dignity, respect and confidentiality are maintained at all times in all areas and wards
- The trust should implement a formal feedback process to capture bereaved relatives views of delivery of care

KEY MILESTONES

MILESTONE	DUE DATE	STATUS
'Knock & wait' Signs for all SEH clinic doors	31-07-16	***Complete***
Signage to be rolled out across OPD	30-09-16	***Ongoing***
All team leaders to ensure staff are compliant with patient confidentiality policy	30-09-16	***Ongoing***
Additional screens required for ED cohort area	16-09-16	***Ongoing***
All clinic doors to remain closed in OPD when in use	31-08-16	***Ongoing***
Privacy and dignity to be reviewed in Imaging. Male and female patients to be separated prior to the procedures when in gowns	31-10-16	***Not commenced***
Update the Policy on Chaperone Policy for Patients Undergoing Intimate Examinations and Procedures Review date August 2015	30-09-16	***Not commenced***

KPI UPDATE

- Observational audits commenced in Outpatients
- ED weekly checklist

KEY ACHIEVEMENTS / COMMENTARY

Head & neck achieved target 65% staff to complete IG training by 31st Aug. 83% completed as at 16th Sept
Observational audits within Outpatients, all clinic doors remain closed.
Safety huddle introduced in Outpatients. This weeks theme 'Shut that door'
SEH building temperature lowered in order for clinic rooms to have closed doors & be a comfortable temperature.
Use of cohort area within ED is monitored. A checklist is provided & reported weekly

- **NEXT STEPS**

"Treatment in progress/Knock & wait" posters on clinic doors in refurbished areas in OPD, to be rolled out to all Outpatient areas around the Trust
Link in with Human Factors workshops

RISKS AND ISSUES (Red risks only)

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RISK / ISSUE DESCRIPTION	IMPACT	PROBABILITY	OVERALL	Mitigation
No current red risks				

ITEMS FOR ESCALATION

Safety & Quality Programme (CQC Response):
Safer Staffing

HIGHLIGHT REPORT

Date of Update: 08-09-2016

Completed by Helen Codd

RAG Status:

Previous	Current	Forecast
	A	A

KEY: High risk | At risk | On track

Brighton and Sussex University Hospitals NHS Trust

PROJECT SUMMARY

DESCRIPTION

The CQC inspected BSUH in April 2016, there were a number of issues identified around safer staffing.

Some of which were raised though the CQC section 29a Warning Notice in June 2016 and others being flagged additionally through the main report when published.

OBJECTIVES:

- Ensure that the requirements identified in the CQC report are addressed, see project pack for full detail.
- Includes amongst others: mandatory training, staff workload, numbers and skill mix, and cancer waiting and treatment time targets.

KEY ACHIEVEMENTS / COMMENTARY

- ICU have defined and made guidelines available through the Trust infonet pages, including prompt cards to standardise and improve patient care.
- SOP and escalation plan for use of neuro ICU beds officially ratified on Monday 5th Sept at SMT, together with agreement of max. 7 neuro ICU beds.
- 6x nurses started training on in house neuro ICU course with Neuro Practice Educator.

NEXT STEPS:

- Quarterly review and update of ICU guidelines through the ICO standards group.
- Update neuro education strategy to reflect reduction to 7 beds.
- Continue to identify, collate and review actions associated to CQC safer staffing requirements.
- Review of medical registrar out of hours cover.
- Further development of KPIs.
- Trust wide IG compliance must be 95% by end of 2016.

KEY MILESTONES

MILESTONE	DUE DATE	STATUS
Creation of in-house neuro competence training programme	07/08/2016	*Complete*
In-house neuro ICU competence course commences	07/09/2016	*Complete*
50% of staff on neuro ICU to be neuro trained in line with national guidance	31/03/2017	*On track*
Trust wide IG training compliance to be at 95%	31/12/2016	*At risk*

RISKS AND ISSUES (Red risks only)

Key risks and their scoring are in discussion and will confirmed over the next week.

RISK / ISSUE DESCRIPT	IMPACT	PROBABILITY	OVERALL	Mitigation
No red project risks				

KPI UPDATE

KPI	Performance	Target
RSCH Critical Care Vacancy Rate	10.5%	8%
RSCH Critical Care Recruitment & Retention rate	10.6%	11.5%
Trust wide IG training compliance	74%	95%

ITEMS FOR ESCALATION

None

Safety & Quality Programme (CQC Response):
Patient Safety

HIGHLIGHT REPORT

Date of Update: 08-09-2016

Completed by Helen Codd

RAG Status:

Previous	Current	Forecast
	A	A

KEY: High risk | At risk | On track

Brighton and Sussex University Hospitals NHS Trust

PROJECT SUMMARY

DESCRIPTION

The CQC inspected BSUH in April 2016, there were a number of issues identified with a potential risk to patient safety.
These issues were raised in the CQC section 29a Warning Notice in June 2016.

OBJECTIVES:

- Ensure that the requirements identified in the CQC report are addressed.
- Ensure that all patient safety risks are escalated to the Quality and Performance Committee and the Board.

KEY MILESTONES

MILESTONE	DUE DATE	STATUS
The consent policy was reviewed and circulated	March 2016	*Complete*
Implementation of consultant led PATing process	11/07/2016	*Complete*
Submission of paper reviewing the risk of using ALERT at PRH in ED to SMT	31/08/2016	*Complete*
Review of allocation criteria for patients to the Barry Building	09/09/2016	*On track*
Demand & capacity plan modelling for BSUH. Joint venture with SASH	tbc	*To commence*

KPI UPDATE

KPI	Performance	Target
ED checklist completed	100%	100%
NEWS score documented	100%	100%
SMART form completed	100%	100%
Comfort rounds documented	100%	100%
No patients in corridor with NEWS>4	100%	100%
RSCH Time to initial assessment < 15 mins - Weekly average	33	15
RSCH Time to treatment in dept < 60 minutes - Weekly average	60	60

KEY ACHIEVEMENTS / COMMENTARY

- Audit of reported incidents of high risk patients placed in the Barry Building completed, 5 identifiable patients, no harm associated with ward allocation.
- Highest risk balcony beds in Barry Building now closed.
- Paper reviewing use of Alert in PRH ED completed and submitted to SMT – awaiting feedback.

NEXT STEPS:

- Baseline Sepsis audit of 1,2,3 being conducted 12th (RSCH) and 14th (PRH) October.
- Recruit a Sepsis Nurse and Clinical Lead.
- Monitor and maintain consultant led PATing process.
- Agree demand & capacity plan modelling with SASH.
- Continue to identify, collate and review actions associated to CQC patient safety requirements.
- Audit of patient allocation to Barry Building wards

RISKS AND ISSUES (Red risks only)

Key risks and their scoring are in discussion and will confirmed over the next week.

RISK / ISSUE DESCRIPT	IMPACT	PROBABILITY	OVERALL	Mitigation
No red project risks				

ITEMS FOR ESCALATION

Ongoing delays for patients waiting for mental health placement
Decision required regarding use of ALERT at PRH ED

Safety & Quality Programme (CQC Response): Governance

HIGHLIGHT REPORT

Date of Update: 16-09-2016

Completed by Rebecca Watt

RAG Status:

Previous	Current	Forecast

KEY: High risk | At risk | On track

Brighton and Sussex University Hospitals NHS Trust

PROJECT SUMMARY

DESCRIPTION

The CQC inspected BSUH in April 2016, there were a number of issues identified around governance.

Some of which were raised though the CQC section 29a Warning Notice in June 2016 and others being flagged additionally through the main report when published.

OBJECTIVES:

- Ensure its governance systems are embedded in practice to provide a robust and systematic approach to improving the quality of services across all directorates
- Urgently facilitate and establish a line of communication between the clinical leadership team and the trust executive board
- Ensure safe and secure storage of medical records
- Further objectives outlined in full Governance Action plan

KEY MILESTONES

MILESTONE	DUE DATE	STATUS
Clinical governance function restructure & redesign	31-10-16	*To commence*
Creation of standard terms of reference for Directorate Clinical Governance Committees	31-10-16	*To commence*
Revision of Trust Risk Management Strategy	30-09-16	*ongoing*
Establish structured performance review meeting process, with standing agenda, scorecards etc	30-09-16	*ongoing*
Audit of compliance with Directorate Clinical Governance Standing agenda	31-07-16	*complete*
Appoint Clinical Governance Business Partners	31-12-16	*To commence*

KPI UPDATE

Demonstrable changes in patient safety through improved clinical governance
RAGE report for STAM training

KEY ACHIEVEMENTS / COMMENTARY

A new Director of Clinical Governance appointed
First quarterly all day 'Confirm and Challenge' meeting on 4th August, with Board, CDs, Clinical Leads and Senior Managers
RPI workshops commenced on 4th July

- **NEXT STEPS**

Implement Trust wide plan for safe storage of medical records. Link in to Human Factors workshops, addressing patient confidentiality
Improvement areas identified: for performance, booking and scheduling; HR, recruitment processes; utilisation of theatres especially obstetric; LOS, repatriation of tertiary patients; IPC, culture; complaints process; medical records, responsiveness

RISKS AND ISSUES (Red risks only)

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RISK / ISSUE DESCRIPTION	IMPACT	PROBABILITY	OVERALL	Mitigation
No current red risks				

ITEMS FOR ESCALATION