

Cath Smith presented this report to the Committee and the following points were discussed:

- Admission criteria for other local hospitals have been shared with NHS Hampshire and Calleva group to reinforce options for patients following the closure of Odiham Hospital.
- There is ongoing work with Basingstoke, Frimley and Winchester Hospitals to improve transfer process and early discharge.
- There have been four new complaints logged relating to SS Division. These have been isolated complaints and as a result there will be a review of the Continence Service. CS added that there have been many compliments for SSD.
- Four SIRIs have been raised at Oakridge – RCA has been completed and a safeguard alert was raised relating to pressure sores. The internal panel have completed, this will now go to corporate panel.
- Rushmoor and Hart engagement with GP practice over SIRI response to ensure joint learning – CS added that there were no major safeguarding issues.
- Rushmoor and Hart have continued problems recruiting with poor response to adverts or unsuitable applicants. Competition from employers in Surrey are contributing to the problem. They are seeking alternative ways of advertising.
- Area Directors are in post in Winchester and Andover, Calleva and Rushmoor and Hart. The next line management stage is to be completed.
- The Division is bidding for Pulmonary Rehabilitation Service.
- Compliance is established at ACH for single sex accommodation but they are still awaiting signage.
- Concerns arising from ECT; Marie Corner is project managing the change process around medical devices regarding contract for servicing, training and maintaining equipment. The Division is working with OPMH to improve access and uptake for dementia care training. RiO has been rolled out over the last year; this is contributing to the amber within outcome 21 relating to medical records.
- JJ advised CS that the section of the report asking for the list of ECTs and their status should have all areas listed. There is a lack of clarity around this section of the report template. SH suggested that the tabular format may not be suitable. CS wanted to know where in the report 'ambers' should be written. JJ advised that it would be helpful to attach action plans for all 'ambers'. Evidence needs to be up to date.
- JJ added that, because of the lack of clarity around the Division reports, it may be helpful to consider updating the templates and running a workshop to clarify. HS added that common language is needed for ICS and MH&LD as currently the CQC templates differ. The term we should be using is Provider Compliance Assessment not Evidence Collecting Template as this is the one CQC are requesting. JJ to explore possible changes to template and guidelines or a workshop to help Divisions write effective reports.

Risk Register

There was no Risk Register included with the report.

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Adult Services South-East Division Q&G Report

No one was available to presented this report to the Committee, the following points were discussed:

- There was a safeguarding alert raised following an unexpected death at Gosport War Memorial Hospital. There is a Police alert in place after any incidents from Gosport War Memorial.
- SH added that there are 2 sudden deaths under investigation – one at Lymington and One at Gosport.
- The Older Persons Partnership, joint with Solent and Portsmouth Hospitals Trusts, has held a workshop. This partnership will enhance the overall patient experience and clinical outcomes.

Risk Register

The Risk Register was not included with the report.