

Response to the Care Quality Commission Quality Report 2019

Improving the delivery of Safe Care

We need to ensure that safe nurse staffing levels are maintained on all wards.

What are we doing to put this right?

- We are completing the annual review of our staffing needs and feeding the output of this into business planning.
- We are conducting a daily review of staffing across the Care Groups led by the Matrons.
- We are continuing local and international recruitment campaigns and placing new recruits into areas with the highest number of vacancies or highest level of risk.

We need to ensure that our compliance with mandatory training improves.

What are we doing to put this right?

- We are reviewing the Trust position on mandatory training and producing a clear position statement and expectations for the organisation.
- We are developing standardised oversight arrangements and actions to ensure mandatory training compliance across the Care Groups.

We need to ensure that staff carry out daily checks of specialist equipment.

What are we doing to put this right?

- Matrons are completing daily 'check and challenge' via the Matrons checklist.
- We are rolling out a standardised daily Nurse in Charge/Ward Manager checklist across clinical inpatient areas.
- We are rolling out a new Matrons' assurance framework to give effective oversight to the Heads of Nursing.
- We are re-positioning the roles and responsibilities of the Heads of Nursing to take control of all clinical departmental performance.

We need to ensure that venous thromboembolism (VTE) risk assessments are consistently recorded within 24 hours and when a patient's condition changes in line with national guidance.

What are we doing to put this right?

- We are amending the drug chart to reflect national best practice guidance.
- Our VTE specialists will work with our medical admissions areas Tavy, Thrushel and Surgical Assessment Unit to ensure that all patients have a risk assessment completed.
- We will safely advance the rollout of the new electronic prescribing system across the Trust in the next 6 months which will facilitate data collection in real time at the point of prescribing. The prescription will not be able to be completed without full completion of the risk assessment.



Improving the delivery of Responsive Care

We need to improve the waiting times for access to our services.

What are we doing to put this right?

- We have agreed improvement plans for referral to treatment time as part of the Operational Plan for 2020/21.
- Our objectives for the Cancer waiting time standards are to continue to reduce the number of patients waiting more than 62 days and to significantly reduce the number of patients waiting more than 104 days.

Improving the delivery of Effective Care

We need to improve staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

What are we doing to put this right?

- We are undertaking a Training Needs Analysis.
- We are delivering training to targeted clinical areas.
- We are undertaking audit to ensure that training is embedded.
- We are reviewing ongoing training needs.
- We are introducing new restraint and enhanced care teams to the organisation.
- We are preparing a detailed plan and strategy for the rollout of Liberty Protection Safeguards.

Improving the delivery of Well Led Care

We need to strengthen our governance framework and ensure that it is clear to staff how risks, concerns and other issues can be escalated, and make sure that the Board can understand where areas need their attention.

What are we doing to put this right?

- We are re-aligning the Trust's governance committee structure to align Service Line, Care Group and corporate quality governance.
- We are appointing to Associate Chief Nursing Officer roles in Medicine and Surgery to provide an accountable person at Care Group level for quality governance.
- We are appointing a Deputy Chief Nurse (Quality & Safety) for corporate quality governance.
- We are introducing a new committee for clinical incident and risk management.
- We are moving from bi-monthly Public Board to monthly with a themed focus each month to allow the opportunity for deeper discussion on the quality and safety components of the Integrated Performance Report.
- We are improving assurance from the Integrated Performance Report on quality and safety in particular resulting from changes to the committee and sub-committee structure.
- We are ensuring direct access for annual reports to Board for discussion e.g. Safeguarding.

