

Care Quality Commission Quality Report 2018

Improving the delivery of Safe Care

The CQC require us to address and resolve the issue of unrecognised or unaddressed risks in the Pharmacy and Diagnostic Imaging teams connected with patient safety, staff pressures, performance, and governance failings.

What are we doing to put this right?

- We have put in place additional senior expertise and secured support from a partner organisation to support Pharmacy.
- We are completing a Gap Analysis against the Royal Pharmaceutical Society Hospital Pharmacy Standards to identify and manage unrecognised areas of risk.
- We have implemented a series of leadership and team development days to support Pharmacy staff.
- We are recruiting to vacancies in Pharmacy.
- We are reviewing governance arrangements in both services.
- We are developing plans to support culture and wellbeing in Imaging.
- We are reviewing our prioritisation for replacement of Imaging equipment.
- We are developing and implementing plans to improve scanning and reporting capacity in Imaging.

Improving the delivery of Responsive Care

The CQC found that improvement was required to bring the current referral to treatment time target into line with targets and to bring the current cancer wait targets, especially for two-week wait and 62-day pathways into line with targets.

What are we doing to put this right?

- We are working to ensure achievement of the improvement trajectory as agreed with NHS Improvement.
- We are implementing the following key projects:
 - Outpatient Productivity Programme to increase outpatient attendances and reduce wasted clinic slots.
 - Theatre Productivity Programme (PERSIST) to maximise use of our theatres.
 - Development of new partnership working to help reduce waiting times.
 - Development of 3rd Cardiac Catheter Laboratory to increase capacity for this service.
 - Consultant recruitment in Medical Specialties.
 - Improved administrative functions in specified Service Lines to help reduce delays.
 - Rolling out more Advice & Guidance schemes to help reduce unnecessary appointments.



Improving the delivery of Effective Care

The CQC found that the management of Deprivation of Liberty Safeguards (DoLS) was not consistent.

What are we doing to put this right?

- Repeating communications to all staff.
- Providing training and ward specific updates re Mental Capacity Act (MCA) and DoLS.
- Continuing audit to evidence improvement in staff awareness of safeguarding issues, specifically MCA and DoLS processes. We will target support to wards that do/should apply DoLS regularly or where issues are identified.
- We have completed a review of Safeguarding Adults processes. The outcome of this review will be considered and changes made to process to ensure that risk is reduced.

The CQC found that we need to ensure that patients presenting with possible sepsis are recognised, started on a treatment pathway and administered antibiotics within 60 minutes

What are we doing to put this right?

- We are continuing with our audit of all patients arriving in ED with severe sepsis and continuing our improvement programme to improve our compliance with the recommended treatment pathway.

Improving the delivery of Well Led Care

The CQC found that we need to address and resolve the remaining issues with staff and staff groups who do not feel valued and supported and ensure that action is taken to address behaviour that is inconsistent with the values of the organisation.

What are we doing to put this right?

- We are making a Trust values commitment statement.
- We are expanding and increasing the profile of the 'Your Voice' methodology as a means of enabling staff to speak up.
- We are increasing the number of Freedom to Speak Up Guardians and publicising their service widely.
- We will explore the introduction of an independent raising concerns mechanism for staff concerns.
- We will introduce a 360 degree appraisal process as part of leadership development.
- We will promote a top 20% Staff survey response rate.

