

## Cover Sheet

Trust Board Meeting in Public: Wednesday 14 July 2021

TB2021.56

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**Title:** CQC Inspection Report– Infection Prevention and Control

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**Status:** For Information

**History:** New Paper

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**Board Lead:** Chief Assurance Officer

**Author:** Dawn Gilkes, Senior Accreditation and Regulation Manager

**Confidential:** No

**Key Purpose:** Assurance

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## Executive Summary

1. The Care Quality Commission (CQC) has published a report following an unannounced focused inspection of the acute services at John Radcliffe Hospital, provided by Oxford University Hospitals NHS Foundation Trust.
2. This paper provides a summary of the findings of Care Quality Commission (CQC) inspectors following their Infection Prevention and Control (IPC) themed visit to the John Radcliffe Hospital for the attention of the Board.
3. Results of this report were published on the CQC webpages on 9 July 2021.
4. Key areas of good practice and opportunities for improvement were reported, which have informed an action plan.

## Recommendations

5. The Trust Board is asked to:
  - **Receive** and **note** the final inspection report from CQC.
  - **Note and support** the implementation of the associated action plan.

## CQC Inspection Report– Infection Prevention and Control

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### 1. Purpose

- 1.1. The Care Quality Commission (CQC) has published a report following an unannounced focused inspection of the acute services at John Radcliffe Hospital, provided by Oxford University Hospitals NHS Foundation Trust.
- 1.2. This paper provides a summary of the findings of Care Quality Commission (CQC) inspectors following their Infection Prevention and Control (IPC) themed visit to the John Radcliffe Hospital for the attention of the Board. It also provides a copy of the associated action plan.
- 1.3. Results of this report were published on the CQC webpages on 9<sup>th</sup> July 2021. Please see the contents and download a PDF version by clicking on this link: [www.cqc.org.uk/directory/RTH](http://www.cqc.org.uk/directory/RTH)

### 2. Background

- 2.1. The inspection took place on 5 May 2021 to look at infection prevention and control (IPC) measures in place. This was an unannounced inspection but was part of a series of IPC focused inspections of acute Trusts across the South East of England.
- 2.2. This onsite inspection formed part of a two-week inspection process, which started on 26 April 2021 with a pre-visit series of staff interviews and requests for documents and data.
- 2.3. In line with their standard approach to focussed inspections, CQC do not provide a rating of the Trust at this inspection. All previous ratings remain in place.
- 2.4. A copy of the final report was circulated to all Board members upon receipt from CQC.

### 3. Good practice identified

- 3.1. *The report states that “Inspectors found that the Trust’s IPC team had the skills and abilities to run the service and manage infection prevention and control. Leaders operated effective IPC governance processes and learning across the Trust was focused on supporting patient safety.*
- 3.2. *The Trust also had an open culture which meant that patients and staff could raise concerns about infection prevention and control without fear.*
- 3.3. *Staff said they felt respected, supported and valued. The Trust actively engaged with them to understand their thoughts and feelings during the pandemic and had developed an e-book ‘Stories from the COVID-19*

*Pandemic: #OneTeamOneOUH' which celebrated staff who had made a considerable impact. Staff were also encouraged to recognise colleagues who had achieved excellence in their area of work.*

- 3.4. *Trust leaders cared about the safety and wellbeing of staff and had developed a wellbeing plan during the pandemic called 'Growing Stronger Together – Rest, Reflect, Recover', focused on taking time out to recuperate after particularly busy periods. They had also put 'nap pods' in place to enable staff to take a break and get adequate rest when needed."*

#### **4. Opportunities for Improvement**

- 4.1. *The report identifies some opportunities for improvement, however. "Not all signs and floor markings were clear, leading to confusion amongst staff, patients and visitors.*
- 4.2. *In some areas, changes had not been made to the communal seating, which resulted in visitors sitting close together.*
- 4.3. *There were no effective processes in place for monitoring cleaning schedules of clinical and public areas.*
- 4.4. *In the emergency department there were sharps bins in non-clinical areas, and some in clinical areas that were not in stands.*
- 4.5. *More storage was needed to allow effective cleaning and reduce the risk of cross contamination, as boxes and some other items were stored on the floor."*

#### **5. Trust Response**

- 5.1. *Following the initial feedback on the day of the visit, immediate actions were taken to address any concerns highlighted at that time. Since the receipt of the written report, a detailed action plan has been developed and approved by the lead executives, a copy of which is appended to this board paper. Completion of the action plan will be monitored via trust governance processes including Hospital Infection Prevention & Control Committee (HIPCC), Clinical Governance Committee (CGC) and Trust Management Executive (TME).*

#### **6. Recommendations**

- 6.1. *The Trust Board is asked to:*
- **Receive** and **note** the final inspection report from CQC
  - **Note and support** the implementation of the associated action plan.

## Appendix 1: CQC IPC Action Plan 2021

No.	Action the trust SHOULD take to improve	Actions to be completed	Date for completion	Responsible Person	Accountable Executive	Progress
1	The Trust should continue to focus on Healthcare Associated Infection (HCAI) rates and ensure past cases are reviewed in line with the current strategy.	a) Continuation of existing processes regarding oversight of Healthcare Associated Infections alongside implementation of new National Standards for Cleaning	Ongoing - 31/03/2022	Director of Capital Development and Acting Director of Estates and Facilities and Director for Infection Prevention and Control	CMO	Ongoing activity - Incidence continues to be reviewed, acted upon and reported to Clinical Governance Committee and Hospital Infection Prevention and Control Committee
		b) 7-point IPC plan in place and compliance is being monitored.	31/03/2022	Internal auditors	CMO	In progress
2	The Trust should ensure adequate storage in ward areas to allow effective cleaning and reduce the risk of cross contamination.	a) Divisional Directors to revisit areas of noncompliance identified during the visit to gain assurance that no items are stored on the floor.	31/07/2021	All Divisional Directors	CMO & CNO	In progress
3	The Trust should ensure cleaning schedules are readily available and there are effective structures, processes and systems of accountability to prevent the spread of health acquired infections.	a) Undertake and report results to Executive Directors of an audit of current compliance, identifying any existing gaps.	31/07/2021	Soft FM service Managers	CNO	Cleaning schedules for areas visited were supplied. Remainder of action in progress
		b) Agree methods of assurance that will be adopted in accordance with Implementation of National Cleaning Standards	31/07/2021	Soft FM service Managers	CNO	In progress
		c) Consider feasibility of an agreed notice to be placed in all toilets – highlighting cleaning routine and assurance.	12/05/2021	Soft FM service Managers	CNO	Cleaning schedules for areas visited were supplied to CQC. Remainder of action in progress
4	Undertake a review of signage and floor markings in order to optimise social distancing messaging and practices in shared areas.	a) Review and refresh of seating and social distancing measures and signage in all reception area at the JRH Welcome Centre, West Wing, Main reception at Churchill Hospital and Horton Hospital.	31/07/2020	Director of Clinical Services	COO	Completed
		b) Walk through and re-review staff existing signage with support from Social Distancing Group following review of Government Guidelines on 19/07/2021.	31/07/2021	Director of Clinical Services	COO	Social Distancing next meeting 07/07/2021
		c) If not in place already clear lines of demarcation and arrows to be applied to floor, especially in large or long spaces/corridors.	31/07/21	Director of Capital Development and Acting Director of Estates and Facilities	CNO	In progress - specific actions dependant on outcome of Government lifting of road map guidance on 19/07/2021

No.	Action the trust SHOULD take to improve	Actions to be completed	Date for completion	Responsible Person	Accountable Executive	Progress
		d) Staff to report to the estates helpline the need to replace existing floor signage if damaged or faded in their areas.	31/07/2021	Director of Capital Development and Acting Director of Estates and Facilities	CNO	Ongoing- specific actions dependant on outcome of Government lifting of road map guidance on 19/07/2021
5	Ensure that sharps bins as always assembled and stored safely.	a) Undertake local review of JRH Emergency department and report results and immediate remedial actions taken to Executive Directors	31/07/2021	MRC Divisional Medical and Nursing Directors	CMO	In progress
		b) Annual sharps bin audit as part of contract with the suppliers Daniels to be undertaken and reported in June 2021 (note last annual audit deferred due to Covid-19 pandemic)	30/06/2021	Lead Nurse for Infection Prevention and Control	CMO	In progress - Audit Completed - results to be reviewed and paper will be presented at Hospital Infection Prevention and Control Committee and Clinical Governance Committee
		c) Sharps bin audit questions from existing annual environmental audit to be adapted for use via the MyAssurance app and are to be included within the Oxford Scheme for Clinical Accreditation (OxSCA) assessment tool.	30/06/2021	Director for Regulatory Compliance and Assurance	CAO	Completed
		d) Consideration of safe storage of sharps safety message to follow dissemination of results of annual sharps audit	31/07/2021	Director for Patient Safety and Clinical Effectiveness	CMO	Not commenced
6	Implementation of effective communication of key messaging about inspection and report to all staff.	a) Chief Executive Officer provided an update and thanks to all staff involved in supporting this recent inspection via all staff email	06/05/2021	Director of Communications	CEO	Completed
		b) Update the Chairman, non-executive Directors and Governors of findings	11/05/2021	Director of Communications	CAO	Completed
		c) CAO share initial findings from on-site visit via all staff briefing	13/05/2021	Director of Communications	CEO	Completed
		d) Communications strategy regarding final report key messaging and actions to be agreed and implemented – acknowledging hard work evidence to date, lessons learned, professional behaviours and sustainability	06/07/2021	Director of Communications	CPO	Completed
		e) Dissemination of final report and associated action plan via existing governance reporting processes, including Clinical Governance Committee, Hospital Infection Prevention and Control Committee and Trust.	31/07/2021	Lead Nurse for IPC and Director for Infection Prevention and Control	CMO	In progress – Trust Board 14/07/2021 Clinical Governance Committee on 21/07/2021

