



## Cover Sheet

Trust Board Meeting in Public: Wednesday 10 May 2023

TB2023.48

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**Title:** CQC Oxford Critical Care Report

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**Status:** For Information

**History:** Briefing to IAC 12/04/2023, TME2023.161 27/04/23.

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**Board Lead:** Chief Assurance Officer

**Author:** Dawn Gilkes, Head of Accreditation and Regulation

**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 Oxford Critical Care (OCC) services provided at the John Radcliffe Hospital.
2. The paper provides a summary of the findings of the CQC inspection on 9, 10 and 11 November 2022. The report was published on the CQC webpages on 6 April 2023. Key areas of good practice and opportunities for improvement were reported, which are informing the development of the action plan to address the recommendations raised.
3. The inspection focussed on two CQC domains, safe and well led. The findings have not changed the ratings of the service overall, which remains as 'good', in the context of the overall rating for the Trust the 'requires improvement'.
4. The members of the Board were provided with the communications briefing in relation to the publication of the CQC report (by the Director of Communications and Engagement on 4 April 2023). This included an embargoed copy of the report, Trust press release and CQC press release.
5. In addition to an all-staff email communications a specific briefing meeting was arranged via the divisional team, with the support of the Assurance Team, for OCC and wider critical care are staff to make them aware of the publication of the report. This was held on Wednesday 5 April 2023 prior to the report publication on 6 April 2023, it was attended by the Chief Operating Officer, Interim Chief Nursing Officer, Interim Chief Medical Officer, Acting Chief People Officer and Director of Regulatory Compliance and Assurance, with members of the Divisional and Directorate teams who were there to support the conversation on next steps and a short Q&A session.

## Recommendations

6. The Trust Board is asked to:
  - **Receive and note** the final CQC inspection report on Oxford Critical Care services, circulated previously and available on the CQC website and via the hyperlink.
  - **Note and support** the development and implementation of an Oxford Critical Care action plan and the associated process for monitoring implementation.

## CQC Oxford Critical Care Report

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### 1. Purpose

- 1.1. The paper provides a summary of the findings of Care Quality Commission (CQC) following their unannounced inspection of Oxford Critical Care services on 9, 10 and 11 November 2022.
- 1.2. Results of this report were published on the CQC webpages on 6 April 2023. To access the report please visit the CQC website by clicking this link: <https://www.cqc.org.uk/location/RTH08>
- 1.3. The report was circulated under embargo to Board members on 4 April 2023. The purpose of this paper is to formally acknowledge receipt of this report and inform Trust Board of the next steps.

### 2. Publication of Unannounced Oxford Critical Care Inspection Report

- 2.1. Staff welcomed an inspection team, which included two CQC inspectors and two specialist advisors. One was an experienced critical care level three nurse, and another was a governance lead who specialised in diversity and inclusion. The team was led by an inspection manager and overseen by Carolyn Jenkinson, Head of Hospital Inspections.
- 2.2. The inspection comprised visits to the practice area and review of patient records on 9 November 2022 and teleconference interviews with staff on 10 and 11 November 2022.
- 2.3. The inspectors spoke with a range of staff including: four Consultants, 18 Nurses, Unit Matron, Deputy Matrons, Divisional Leads, Clinical Governance Leads, the Divisional Education lead, Deputy Chief Nursing Officer, Head of Wellbeing, and the Freedom to Speak Up Guardian and members of the Divisional Management Team.
- 2.4. The inspection focussed on two CQC domains, safe and well led. The findings have not changed the ratings of the service overall, which remains rated as good, in the context of a requires improvement rating for the JRH site and the whole Trust.

### 3. Good practice identified.

- 3.1. The report states that:

*“...the new critical care unit was praised by staff and met national standards. The unit was clean and the service controlled infection risk well. Provision to support increased infection control measures if needed were in place.*

*Medicines were well managed.*

*Staff assessed risks to patients and kept good care records.*

*The service managed safety incidents well and learned lessons from them. Incident reporting showed that there was an open reporting culture and that incidents were reviewed, and actions taken to drive improvement.*

*The service took a flexible approach to managing staffing to ensure they had enough staff to care for patients.*

*The service had taken steps to develop their own staff and aid them in improving the skill mix of their own staff.*

*Staff received annual appraisals and nursing staff were up to date with their mandatory training requirements.*

*There was a vision for the development of the service and business plans were under development to support the vision. Staffing and skill mix was a recognised challenge for the service.*

*Staff felt respected, supported, and valued by local leaders.”*

#### **4. Opportunities for improvement**

4.1. The report also highlighted opportunities for improvement, comprising:

*“The service did not always have the right staff skill mix and was unable to meet the recommended national guidelines on nursing skill mix in intensive care units.*

*Staff fatigue was high, and morale was low. Relationships between unit, directorate and divisional managers, staff turnover and the pace of change at the unit all impacted on the working environment.*

*Medical staff had not completed mandatory training to a level required by the Trust.*

*The processes for identifying and escalating risk appeared to be inconsistently used, which created a disconnect between the unit and senior leaders.*

*Leaders of various seniority were unaware of local risks or were interpreting risk differently to those on the unit floor.*

*Audits were not always being completed and therefore, this information was not being used to measure the quality and safety of the unit.”*

#### **5. Suggested Actions**

5.1. It should be noted that this report did not result in any ‘must do’ actions from the CQC, and the following ‘should do’ actions were reported:

- *“Ensure that the staffing skill mix and agency/bank usage meets the requirements as set out in The Faculty of Intensive Care Medicine ‘Guidelines for the Provision of Intensive Care Services.’ (Regulation 18)*
- *Ensure the unit meets National Institute for Health and Care Excellence guidelines regarding intensive care access to speech and language therapists (SALT).*
- *Consider progressing their plans to introduce a critical care outreach team.*
- *Ensure medical staff mandatory training rates meet or exceed the trust target.*

- *Ensure a patient prioritisation document is developed to enable staff to prioritise conflicting patient demands on the unit.*
- *Consider reviewing how teams communicate across the trust structure and implement an improvement plan.*
- *Ensure local audits are completed in line with the audit schedule and used to assess the quality and safety of the service.”*

## 6. Trust Response

- 6.1. Following the initial feedback on the day of the visit, immediate actions were taken to address any concerns highlighted at that time. Following receipt of the written report, the Board will continue to work with the senior management team in critical care services to support them to make any improvements identified.
- 6.2. Prior to the receipt of the report the Chief Medical Officer undertook a safety and onboarding review of the unit using available safety data, this concluded the unit was safe and was sent to the CQC.
- 6.3. The Trust received the first draft report on 4 January 2023 and provided factual accuracy response (with agreement by the CQC) on 9 February 2023. This response was extensive and a second draft with further opportunity for factual accuracy response was provided to the Trust on 20 March 2023, with further response from the organisation.
- 6.4. The members of the Board were provided with the communications briefing in relation to the publication of the CQC report (by the Director of Communications & Engagement on 4 April 2023). This included a copy of the report, Trust press release and CQC press release.
- 6.5. In addition to an all-staff email communication a specific briefing meeting was arranged via the Divisional Team, with the support of the Assurance Team, for OCC and wider critical care staff to make them aware of the publication of the report. This was held on 5 April 2023, prior to the report publication on 6 April 2023. It was attended by the Chief Operating Officer, Interim Chief Nursing Officer, Interim Chief Medical Officer, Acting Chief People Officer and Director of Regulatory Compliance and Assurance, with members of the divisional and directorate teams who were there to support the conversation on next steps and a short question and answer session.
- 6.6. Around 40 + staff attended this session, which was offered as a hybrid of in person meeting and teleconference. Notes from this conversation, along with further suggested actions were taken to enable areas to be taken forward.
- 6.7. A range of next steps were included on the slide set presentation used for this session, this included the cultural connectedness review commissioned by the Chief People Officer (due to commence shortly), along with key contact points for staff support.

- 6.8. The CQC action plan will be one facet of a wider Oxford Critical Care Development Programme, complementing existing improvement activities and service requirements.
- 6.9. A briefing was presented by the Division to the Integrated Assurance Committee on 12 April 2023 and a complementary paper received by Trust Management Executive on 27 April 2023.
- 6.10. Work is underway with the division and the service to develop an action plan to address the recommendations this is proceeding through local and corporate governance processes with Executive oversight.
- 6.11. Completion of the action plan will be monitored via trust governance processes including Critical Care Anaesthetics, Pre-operative, and Resuscitation CAPR Governance Committee (CAPRGC), Clinical Governance Committee (CGC) and Trust Management Executive (TME) and Integrated Assurance Committee.
- 6.12. CQC have stated that their oversight of the action plan completion will take place through discussion at engagement meetings.

## 7. Recommendations

- 7.1. The Trust Board is asked to:
  - **Receive and note** the final CQC inspection report on Oxford Critical Care services, circulated previously and available on the CQC website and via the hyperlink.
  - **Note and support** the development and implementation of an Oxford Critical Care action plan and the associated process for monitoring implementation.