

Trust Board Meeting in Public: Wednesday 17 January 2018

TB2018.13

Title	<p>Update on current published CQC Inspection Reports on:</p> <ul style="list-style-type: none"> • Oxford Centre for Enablement • John Radcliffe Hospital : Urgent and emergency services and Surgery
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Status	For discussion
History	<p>Reported to the:</p> <ul style="list-style-type: none"> • Quality Committee on 11 October 2017 • TME on 7 and 21 December 2017.

Board Lead(s)	Eileen Walsh, Director of Assurance			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The paper provides the Trust Board with an update in relation to the following published CQC reports:

- Inspection of the Oxford Centre for Enablement at Nuffield Orthopaedic Centre in August 2017.
- Inspection of the John Radcliffe Hospital : Urgent and emergency services and Surgery services in October 2016

Recommendations

2. The Trust Board is asked to note:

- The release of the report and the Trust's formal response to the CQC in relation to formal publication of the report.
- Current progress in relation to the remaining actions included in the John Radcliffe Hospital report.

1. Introduction

1.1. The paper provides the Trust Board with an update in relation to the following:

- Inspection of the Oxford Centre for Enablement at Nuffield Orthopaedic Centre in August 2017.
- Inspection of the John Radcliffe Hospital: Urgent and emergency services and Surgery services in September 2016.

2. Oxford Centre for Enablement at Nuffield Orthopaedic Centre in August 2017.

2.1. A copy of the Trust's response provided to the CQC's letter of intent was provided to the Quality Committee in October 2017, this included a copy of the Draft SIRC investigation report and an overarching action plan addressing the concerns raised in the letter of intent.

2.2. An update providing information in relation to progress on the completion of the action plan was presented to the Quality Committee in December and to Trust Management Executive on 7 December 2017. This report does not provide a further update in relation to this action plan.

2.3. This report provides the Trust Board with a copy of the final report published by the CQC on 15 December 2017, for information (provided as a separate report).

2.4. The Trust was required to send a formal response to the CQC in relation to the action identified in the report by 8th January 2018. Given that there is already an action plan in place the Assurance Team provided a copy of the action plan with the cross referencing to the CQC reported actions. The Trust Board is provided with a copy of the Trust's formal response form for information (provided as Appendix 1).

3. John Radcliffe Hospital: Urgent and emergency and Surgery services in October 2016

3.1. An update providing information in relation to progress on the completion of the action plan was presented to the Quality Committee in December and to Trust Management Executive on 7 December 2017. This report does not provide a further update in relation to this action plan. It provides a brief summary of the remaining outstanding actions.

3.2. Actions have been undertaken by Unit Managers and monitored by the applicable divisional leads. Completion of the action plan has been tracked by the Assurance Team.

3.3. The following actions remain on course for completion

- Improve mandatory training levels for medical and nursing staff (in ED).
- Improve safeguarding children level 3 training for medical and nursing staff in ED. Bespoke training is being rolled out to improve compliance.
- The flow of patients through the hospital must be improved to enable the emergency department to meet waiting times and enable patients to have timely access to specialist care and treatment. There are on-going issues with flow and focused actions are in place and reviewed through the Urgent Care Improvement Plan. A recent CQC System Wide review of patient discharge and flow through the Hospital and the County's care services is anticipated to provide further insight which the Trust may use to initiate further solutions.
- Review the use of both paper and electronic records in ED to ensure contemporaneous notes are maintained at all times.

- Consideration of the theatre business plan
- Consideration of plans to expand the resuscitation area (JR ED).

3.4. The following items are complete and are subject to on-going monitoring:

- The provision of a safe environment for the care and treatment of detained patients in the emergency department.
- The management of patients' pain in the ED.
- The arrangements for preserving patients' privacy and confidentiality in the children's ED.

4. Recommendation

4.1. The Trust Board is asked to note:

- The release of the report and the Trust's formal response to the CQC in relation to formal publication of the OCE report.
- Current progress in relation to the remaining actions included in the John Radcliffe Hospital report.

Eileen Walsh Director of Assurance

January 2018

Report prepared by: Clare Winch Deputy Director of Assurance

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RTH
Our reference	INS2-4131913903
Location name	Oxford University Hospitals NHS Foundation Trust

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 Safe care and treatment
	How the regulation was not being met:
	<i>A full assessment of environmental risk had not been conducted and patients were being placed at risk where risks were not being mitigated. Risk assessments were not being used to inform the planning of care to ensure patients care was planned in a safe way</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The Trust provided the CQC with a copy of its original action plan in relation to the issues set out in the CQC's letter of intent on 27 September 2017. A copy of the Trust's response including the action plan is provided for information (Appendix 1). The Trust has since conducted a reconciliation of the actions in this action plan, with progress as reported to the Quality Committee in December 2017, to those Must do and Should do actions set out in the report.</p> <p>Please see the copy of the cross referenced action plan (Appendix 2) for a note in relation to actions related to this regulation, in particular the Trust action number 8.</p>	
Who is responsible for the action?	See action plan
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
This action is now completed, progress in relation to the action plan is monitored and reported via the Quality Committee, any routine actions would then be transferred to be reported via divisional quality reports to the Clinical Governance Committee.	
Who is responsible?	Executive Lead: Chief Nurse for operational leads see action plan
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	See action plan
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
This action is now completed.	

Completed by: (please print name(s) in full)	Clare Winch
Position(s):	Deputy Director of Assurance

Date:	V1 5 th January 2018
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Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13
	Safeguarding service users from abuse and improper treatment
	How the regulation was not being met:
	<p><i>There was a lack of evidence of completion of mental capacity assessments to inform the planning of care in the patient's best interests.</i></p> <p><i>Applications for the deprivation of personal liberty were not considered when a patient was restrained through the use of bedside rails, mittens and intermittent one to one supervision.</i></p> <p><i>There was not a robust local system for the monitoring of both applications and dates for DoLs</i></p>

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The Trust provided the CQC with a copy of its original action plan in relation to the issues set out in the CQC's letter of intent on 27 September 2017. A copy of the Trust's response including the action plan is provided for information. The Trust has since conducted a reconciliation of the actions in this action plan, with progress as reported to the Quality Committee in December 2017, to those Must do and Should do actions set out in the report.

Please see the copy of the cross referenced action plan for a note in relation to actions related to this regulation, in particular the Trust action number 1 and 2.

Who is responsible for the action?	See action plan
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How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

These actions are now completed, progress in relation to the action plan is monitored and reported via the Quality Committee, any routine actions would then be transferred to be reported via divisional quality reports to the Clinical Governance Committee.

The Trust Board is to receive an update report in relation to wider learning at its next meeting on 17th January 2018.

Who is responsible?	Executive Lead: Chief Nurse for operational leads see action plan
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What resources (if any) are needed to implement the change(s) and are these resources available?

Date actions will be completed:	See action plan
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How will people who use the service(s) be affected by you not meeting this regulation until this date?

The specific actions identified are now completed.

Completed by: (please print name(s) in full)	Clare Winch
Position(s):	Deputy Director of Assurance
Date:	V1 5th January 2018

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 Premises and equipment
	How the regulation was not being met:
	<i>Patients were placed at risk by the unsecure entry and exit point, which would enable some patients to leave the ward or the grounds unsupervised</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The Trust provided the CQC with a copy of its original action plan in relation to the issues set out in the CQC's letter of intent on 27 September 2017. A copy of the Trust's response including the action plan is provided for information. The Trust has since conducted a reconciliation of the actions in this action plan, with progress as reported to the Quality Committee in December 2017, to those Must do and Should do actions set out in the report.</p> <p>Please see the copy of the cross referenced action plan for note in relation to related actions, in particular the Trust action numbers 3, 4, and 7.</p> <p>In addition to those action the CQC report highlighted the following additional Should do action 'Take action to ensure the conservatory is a safe area for patients to use when it is raining,</p>	
Who is responsible for the action?	See action plan
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
<p>The specific actions included in the action plan are now completed, progress in relation to the action plan is monitored and reported via the Quality Committee, any routine actions would then be transferred to be reported via divisional quality reports to the Clinical Governance Committee.</p> <p>In relation to the additional point as highlighted above :</p> <ul style="list-style-type: none"> Building works are being undertaken to fix the leaking conservatory the trust PFI contractors have been given the order. Depending on the weather they are due to commence work on the conservatory in the week commencing 8th January 2018. It should be completed in 2-3 days (max one week), again depending on the weather as all work is external. 	
Who is responsible?	Executive Lead : Director of Clinical Services
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	See action plan
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
<p>The specific actions identified are now completed.</p> <p>The additional action identified relates to the estate provision and not directly to patient entry and access points.</p>	
Completed by: (please print name(s) in full)	Clare Winch
Position(s):	Deputy Director of Assurance
Date:	V1 5th January 2018

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 Good governance
	How the regulation was not being met:
	<i>Records were found to be difficult to integrate , each patient did not have a contemporaneous record of care</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>The Trust provided the CQC with a copy of its original action plan in relation to the issues set out in the CQC's letter of intent on 27 September 2017. A copy of the Trust's response including the action plan is provided for information. The Trust has since conducted a reconciliation of the actions in this action plan, with progress as reported to the Quality Committee in December 2017, to those Must do and Should do actions set out in the report.</p> <p>Please see the copy of the cross referenced action plan for note in relation to related actions, in particular the Trust action number 8.</p> <p>In addition to those action the CQC report highlighted the following additional Should do action: 'Consider the introduction of clear guidance as to when a patient becomes a risk and the use of the tagging system should be used for their own safety.'</p>	
Who is responsible for the action?	See action plan
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
<p>This action is now completed, progress in relation to the action plan is monitored and reported via the Quality Committee, any routine actions would then be transferred to be reported via divisional quality reports to the Clinical Governance Committee.</p> <p>In relation to the additional point as highlighted above :</p> <ul style="list-style-type: none"> The Trust has developed the 'Enhanced Observation Nursing Care Plan' which clearly defines what constitutes patients at high/medium/low risk. The tagging system is an option when the patient is assessed to be of a high or medium risk of harm. Staff will be trained on the plan within the next two weeks and the plan will be then piloted for a week. Following the piloting stage, the Trust will confirm its suitability for use in other OUH wards. 	
Who is responsible?	Executive Lead: Chief Nurse for operational leads see action plan
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	See action plan
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
<p>The action in the action plan is now completed.</p> <p>The additional action identified relates to the consistency of use and monitoring of the tag system and represents a minimal risk to the patient group.</p>	
Completed by: (please print name(s) in full)	Clare Winch

Position(s):	Deputy Director of Assurance
Date:	V1 5th January 2018

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 Duty of candour
	How the regulation was not being met:
	<i>Clear records of conversations with family members were not being maintained</i>

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The Trust provided the CQC with a copy of its original action plan in relation to the issues set out in the CQC’s letter of intent on 27 September 2017. A copy of the Trust’s response including the action plan is provided for information. The Trust has since conducted a reconciliation of the actions in this action plan, with progress as reported to the Quality Committee in December 2017, to those Must do and Should do actions set out in the report.

In addition to those actions included in the original action plan the CQC report highlighted the following additional Must do action ‘Ensure that all aspects of the duty of candour regulations are adhered to and conversations are clearly documented.’ The following actions are being put in place to address this issue:

- 1) A duty of candour update has been drafted and will go out with all invitations to our weekly SIRI forum where incidents meeting the candour threshold are discussed. The need to document the verbal fulfilment of the Duty will also be highlighted in the meetings. – This to be in place by 31st Jan 2018
- 2) The duty of candour update will be posted to the all staff Yammer social media group by 31st Jan 2018
- 3) The 5 divisions of the trust will be asked to directly cascade the update following the Jan 2018 trust wide clinical governance meeting with a request for this to be face to face wherever possible
- 4) The SIRI forum will document completion of the verbal duty (as now) but also monitor the written documentation of this going forward. By 31/1/18

Who is responsible for the action?	Deputy Medical Director (as Chair of SIRI Forum and Chair of Clinical Governance Committee)
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How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Actions to be reviewed as part of the SIRI forum monitoring process.

Who is responsible?	Executive Lead: Medical Director
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What resources (if any) are needed to implement the change(s) and are these resources available?

Minimal resources required, as part of the Clinical Governance Team routine processes.

Date actions will be completed:	31 January 2018
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How will people who use the service(s) be affected by you not meeting this regulation until this date?

The Trust believes that the duty of candour regulation is currently being met, the actions will ensure that sufficient evidence is held to demonstrate this.

Completed by: (please print name(s) in full)	Clare Winch
Position(s):	Deputy Director of Assurance
Date:	V1 5th January 2018

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 Staffing
	How the regulation was not being met:
	<i>There was not always sufficient staff with right mix of skills and knowledge to meet the needs of the patients</i>

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The Trust provided the CQC with a copy of its original action plan in relation to the issues set out in the CQC's letter of intent on 27 September 2017. A copy of the Trust's response including the action plan is provided for information. The Trust has since conducted a reconciliation of the actions in this action plan, with progress as reported to the Quality Committee in December 2017, to those Must do and Should do actions set out in the report.

Please see the copy of the cross referenced action plan for note in relation to related actions, in particular the Trust action numbers 1, 5, and 9.

In addition to those action the CQC report highlighted the following additional Should do action 'Ensure there is sufficient medical cover to provide a safe service.'

Who is responsible for the action?	See action plan
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How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

The specific actions identified in the action plan are now completed, progress in relation to the action plan is monitored and reported via the Quality Committee, any routine actions would then be transferred to be reported via divisional quality reports to the Clinical Governance Committee.

In relation to the additional point as highlighted above :

- Staffing levels are subject to twice daily review across the Trust and regular actions to mitigate staffing needs are taken as required.
- Recruitment is ongoing for medical cover. The trust has a recruitment plan on place to address current gaps in medical cover.

Consultants:

- The unit is currently operating with one substantive consultant and one locum consultant, (whose contract has been extended to the end of October 2018).
- A recruitment of a further locum consultant (6 month fixed term) is in progress. The recruitment plan then allows for the recruitment of a substantive post in February 2018 to take advantage of the trainees expected to finish their training by July 2018.

Registrars:

- There are currently two full time Registrars in post. At Doctors rotation in February this will go down to 0.5WTE as an interim measure the trust is currently in the process of employing a second SHO (6 month fixed term). Interviews have been undertaken and the trust is in the process of appointing the successful candidate with an anticipated start date of 29th January 2018. Whilst in the process of undertaking recruitment to address the need in registrars.

Who is responsible?	Executive Lead: Director of Clinical Services
What resources (if any) are needed to implement the change(s) and are these resources available?	
Resources are already in place to meet the medical cover needs. OCE is budgeted for three substantive consultant posts, two SpR posts and one SHO.	
Date actions will be completed:	See action plan

How will people who use the service(s) be affected by you not meeting this regulation until this date?
<p>The unit is commissioned by NHSE for 26 beds; however when the unit changed to admitting only category A patients the number of patients was restricted to 22, on 16 July 2017, due to the assessed staffing levels. The staffing levels were reviewed again the week commencing 18th September after discussion with Divisional Nurse, it was agreed to reduce to 18 beds.</p> <p>Bed numbers have been reviewed and reduced to ensure safe numbers of registered staff. This will also mean a surplus of unregistered staff who will be able to engage effectively with 1:1/close supervision of patients and in ensuring the safety actions identified are addressed.</p> <p>It is expected that in the foreseeable future the ward will be safely covered in terms of medical cover as there are two consultants, .5wte – 1wte SpRs, and two SHOs</p>

Completed by: (please print name(s) in full)	Clare Winch
Position(s):	Deputy Director of Assurance
Date:	V1 5th January 2018