

Trust Board in Public: Wednesday 13 November 2019

TB2019.117

Title	CQC Inspection: Action Plan Update Report
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Status	For information
History	<p>Progress reported to:</p> <ul style="list-style-type: none"> • Trust Board in September 2019 (TB2019.97 & TB2019.97a) • Trust Management Executive in September 2019 (TME2019.306 & TME2019.306a) and October 2019 (TME2019.343) • Clinical Governance Committee September 2019 (CGC2019.174 & CGC2019.174a)

Board Lead(s)	Eileen Walsh, Chief Assurance Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. On 7th June 2019 the CQC published the inspection outcomes for Oxford University Hospitals NHS Foundation Trust, relating to the following inspection activities:
 - 19-21 November 2018 – unannounced inspection of 5 core services;
 - 13 December 2018 - Use of Resources Inspection (announced);
 - 8-10 January 2019 - Well led inspection (announced).
2. As part of the inspection process the reports identified a number of actions for the Trust. These are comprised of 35 'Must do' and 24 'Should do' actions. Some of the 'Must do' and 'Should do' actions are repeated across all four sites and core services.
3. To date 60 out of 97 identified associated actions (excluding duplicates) (61.9%) are complete, 37 (38.1%) are incomplete.
 - 22 are currently in progress and on plan;
 - 9 are assessed as in progress and 'at risk' of delay;
 - 6 are in progress but requiring extensions to their completion dates.
4. Following completion of the JR11 theatre refresh work the Trust has made an application to CQC for consideration of removal of imposed conditions associated with Section 31 of the Health and Social Care Act 2008. The outcome is awaited, which can take up to five weeks.
5. The report provides a summary of the progress on the completion of actions to date, highlighting those that pose challenges to completion for Board awareness. This report should be read in conjunction with the supporting information which may be viewed via **Diligent**.

Recommendation

6. Trust Board is asked to:
 - Note areas currently on track but requiring continuous focus;
 - Note the areas of further scrutiny and acknowledge the potential need to re-profile due dates in the future;
 - Review and approve the proposed revised dates and note that further discussion on revised dates will be undertaken at TME.

CQC Inspection Action Plan Update Report

1. Purpose

1.1. The purpose of this paper is to provide the Trust Board with a level of assurance around progress towards completion of the action plan implemented following the publication of the CQC report in July 2019. It provides a full summary of all actions in the following categories:

- Actions completed;
- Actions in progress and on plan;
- Actions assessed as in progress and 'at risk' of delay;
- Actions in progress but requiring extensions to their completion dates

1.2. This paper should be read in conjunction with the supporting appendix, which may be viewed via **Diligent**.

2. Introduction

2.1. On 7th June 2019 the Care Quality Commission (CQC) published the inspection outcomes for Oxford University Hospitals NHS Foundation Trust, relating to the following inspection activities:

- 19-21 November 2018 – unannounced inspection of 5 core services;
- 13 December 2018 - Use of Resources Inspection (announced);
- 8-10 January 2019 - Well led inspection (announced).

2.2. Two inspection reports are published on CQC website and the Trust website.

2.3. Revised ratings posters which now include Use of Resources inspection outcome were made available by the CQC on 4th October 2019. These have been distributed for display by the Communications team in accordance with CQC Fundamental Standard 13, replacing the June 2019 posters.

3. Action Plan Monitoring

3.1. As part of the inspection process the reports have identified a number of actions for the Trust. These are comprised of 35 'Must do' and 24 'Should do' overarching actions.

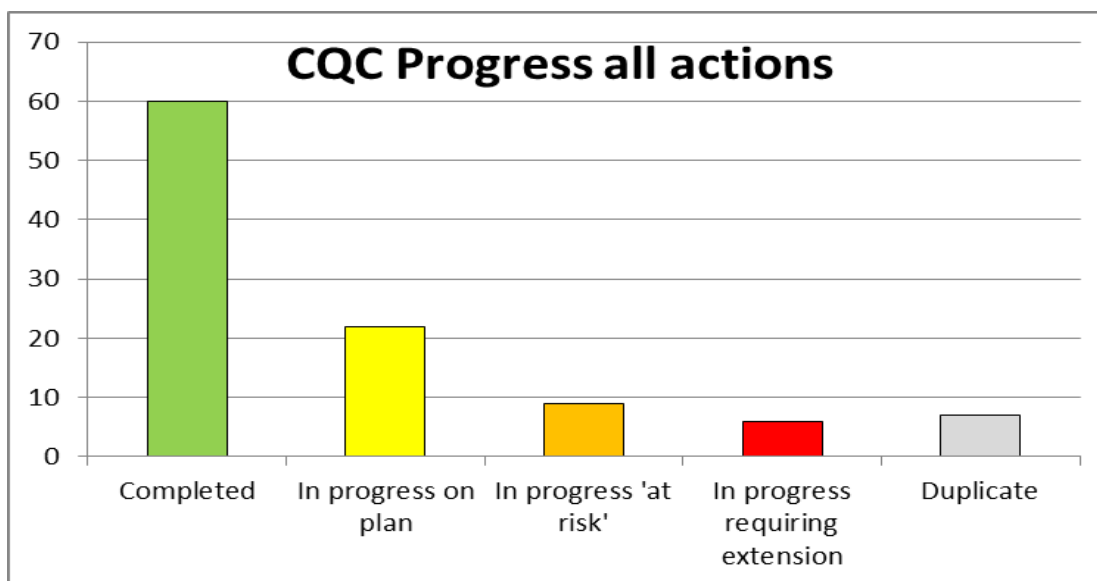
3.2. The Trust wide action plan subdivides some of the overarching actions and progress is measured against a total of 97 identified items (excluding 7 of the 'Must do' and 'Should do' actions which are repeated across either sites and/or core service).

3.3. The actions to address the 'Must do' concerns have been mapped to the existing NHSI enforcement undertakings, where relevant and incorporated into the Integrated Improvement Plan (IIP).

3.4. Progress with the Trust wide action plan is monitored on a monthly basis (in conjunction with the IIP monitoring process) and reported to both the Trust Management Executive and the Clinical Governance Committee for information. In addition updates on progress are provided to the Board.

3.5. Each Core Service, against whom actions were allocated have made progress towards completion. A full copy of the actions and current status as of 3rd November 2019 may be accessed via **Diligent**.

3.6. The graph below provides a summary of the overall progress against all CQC actions.



4. Completed Actions

4.1. To date 60 out of 97 actions (excluding duplicates) (61.9%) are complete.

4.2. Recent successes include the JR2 theatres refresh programme and Section 31 associated activities are now complete. The Board reviewed the evidence compiled to support the completion of these actions and the request for consideration of removal of conditions has been submitted, the outcome is awaited. The CQC inspectors visited JR2 theatres as part of their planned quarterly engagement meeting on 5th November 2019 (actions 1, 10 & 11). Initial feedback from CQC indicates that they recognise the significant improvements made by the Trust to the theatres suite.

5. Actions in progress and on plan

5.1. There are 22 actions that are in progress and on plan to achieve the target completion date.

5.2. There are two actions that have been highlighted in this section to ensure that the Board are aware of these areas. They both require continuous focus from the Executives and Trust Management Executive. These are:

- Statutory and Mandatory Training rates (Action 3): All actions are in place and targeted staff groups e.g. Emergency Department have demonstrated marked improvement with compliance against KPIs of 90%. However trajectories for achievement of the target are not always clearly articulated within monthly monitoring reports and an upward trajectory is not always visible across all Divisions. Medical staffing compliance continues to be an area of focus. The Interim Chief Performance Officer (CPO) has provided assurance that the implementation of agreed actions including electronic systems of working and a refreshed policy should enable KPI achievement.
- Appraisal rates (Action 23): The CPO has progressed the actions involving the development and implementation of a new appraisal approach. Workshops have been launched regarding the new values based appraisal tool. There is a working group undertaking data cleansing and the exploration of a new

electronic system, which will complete in January 2020. A report from the electronic learning management system (ELMS) on 3rd November 2019 shows the trust wide average compliance is 65.69%, with the highest performing clinical Division averaging 73.75%. With sustained engagement and oversight the CPO has provided assurance on the delivery of the action.

6. Actions in progress, currently assessed as 'at risk' of late completion.

6.1. There are nine actions that are in progress and currently assessed as at risk of not achieving the target completion date. These have been included in order to raise the Board's awareness to the potential need to re-profile dates in the future.

Action	Due date	For consideration
17. The trust must ensure patient records are fully completed. (medicine core service)	31/03/20	This action comprise a) Review and update the Trust wide Health Records Policy b) Implement the 'paper light' project in all inpatient areas across the Trust c) Implement the inpatient digital pathway across the Trust. Further assurance is required about the timeline for the implementation of the inpatient digital pathway. To be reviewed and discussed with the new Chief Digital and Partnership Officer.
Should do actions:		
30. The trust should review the provision of analytic support.	31/12/19	Initial work has been undertaken to review the analytical support capacity across the Trust. To be reviewed and discussed with the new Chief Digital and Partnership Officer.
38. The service should work to improve its National Emergency Laparotomy Audit (NELA) ratings	31/03/20	Progress with the NELA audit is monitored via the Clinical Effectiveness Committee, further assurance is required in relation to the completion of the two remaining should do actions.
42. The trust should ensure they continue to work towards meeting national standards such as re-admission rates for elective and non-elective urology and colorectal patients.	31/03/20	Achievement of the remaining two parts of this action requires continued scrutiny and oversight from the Theatres Management Group and relevant Executives.
44. The trust should review the maintenance contract for the Horton General Hospital maternity led unit and ensure the environment and equipment meets agreed standards.	31/12/19	The Director of Midwifery has confirmed that an estates assessment has been undertaken to ensure that all Maternity clinical areas provide an environment to minimise the risk of infection to patients, staff and visitors. However the implementation of agreed works and completion of three agreed actions may be subject to some delay and is being kept under close review.

6.2. The Board are asked to note the areas of further scrutiny and acknowledge the potential need to re-profile due dates in the future.

7. Actions in progress that require extension or additional resources

7.1. There are six actions that are in progress that have been identified that require a revision to the due date. These have all been summarised below.

Action	Due date	For consideration
2d. Draw up and deliver plans to increase the size and improve the facilities of the ED at the JR.	31/03/20	The work comprises 2 phases. This action will be addressed by Phase 1. Phase 1 was due to complete by the end of March but required a three week extension. Recent communication around this is available on the Trust Intranet pages and via Trust social media platforms.

Action	Due date	For consideration
		Dates for the end of Phase 2 require agreement through both TME and Board. (Proposed revised due date: 30 April 2020)
4b. The trust must ensure patient health records are stored securely in all areas of the ED and EAU.	01/11/19	The immediate action to address the record storage concern has been addressed. However the longer term plan to deliver a 'paper light' system was completed for the JRH site in August 2019 but requires roll out to Horton Site. (Proposed revised date to be agreed by TME)
13a. The trust must ensure information is collected, analysed, managed, and used in such a way to ensure information is presented in clearly easily understood way, which can be used to provide assurance.	30/09/19	Action 13a focused on the review and development of the Board level Integrated Performance Report. This has been under continuous development over the course of this financial year and its development is subject to continuous improvement. The appointment of the Chief Digital and Partnership Officer will enable a digital solution to the compilation of this report. (Proposed revised date to be agreed by TME)
15. The trust must ensure the effectiveness of the board is monitored in a formal way	30/09/19	Following discussions with the Trust Chair the decision was taken to delay the implementation of the Board Effectiveness Tool until the Board had been fully established. (Proposed revised due date 31 March 2020)
22. The trust must ensure there is a Board level development plan which reflects the needs of the board and supports them in developing the knowledge required to maintain oversight organisations priorities.	30/09/19	Following discussions with the Trust Chair the decision was taken to delay the implementation of the Board Development Plan until the Board had been fully established. (Proposed revised due date 31 March 2020)
24. The trust must ensure staff are competent for their roles and managers appraise staff's work performance.	30/09/19	As previously reported this links to the training and appraisal rates actions (nos. 3 and 23). It is proposed to amend the due date to 31 March 2020 to maintain consistency across all these actions. (Proposed revised due date 31 March 2020)

7.2. The Board asked to review and approve the proposed revised dates and note that further discussion on revised dates will be undertaken at TME.

8. Recommendation

8.1. The Trust Board is asked to:

- Note that 60 out of 97 actions are completed
- Note areas currently on track but requiring continuous focus;
- Note the areas of further scrutiny and acknowledge the potential need to re-profile due dates in the future;
- Review and approve the proposed revised dates and note that further discussion on revised dates will be undertaken at TME.

Eileen Walsh

Chief Assurance Officer

Paper prepared by: Dawn Gilkes, Senior Accreditation and Regulation Manager – November 2019