

Review of compliance

Oxford Radcliffe Hospitals NHS Trust
John Radcliffe Hospital

Region:	South East
Location address:	John Radcliffe Hospital Headley Way Headington Oxford OX3 9DU
Type of service:	Acute Hospital
Publication date:	September 2011
Overview of the service:	The John Radcliffe Hospital is the largest hospital of the Oxford Radcliffe Hospitals NHS Trust. It was opened in the 1970s. It provides acute medical and surgical services, trauma and intensive care. The John Radcliffe Hospital houses the Children's Hospital which opened in 2007, the Oxford Eye Hospital, the Oxford Heart Centre and the Women's Centre which delivers around 5,500 babies each year. It is also Oxfordshire's main accident and

	<p>emergency site</p> <p>The trust is one of the largest acute teaching hospital trusts in the country. The John Radcliffe hospital is situated in Headington, about three miles east of Oxford city centre.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that the John Radcliffe Hospital was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether the John Radcliffe Hospital had made improvements since our last review of compliance for this location. We checked for improvements in relation to:

- Care and welfare of people who use services
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

How we carried out this review

As part of this review we used a range of information and evidence. This included reviewing information we hold about the trust and reviewing information provided by the trust which was specific to the John Radcliffe Hospital. We also carried out an unannounced visit to the hospital on 12 July 2011. During the visit, we observed how people were being cared for, talked to patients and their relatives, and talked to staff on five wards in the hospital.

What people told us

During our visit on 12 July 2011, most patients we spoke to were happy with the level of care they received and the responsiveness of staff. Patients and their relatives said that communication had been good and that they were involved in decision making processes. Staff were observed sitting with patients and taking time to talk with them. When call bells were rung, staff answered promptly. A few patients we spoke to raised concerns about the care they received and communication with staff.

What we found about the standards we reviewed and how well the John Radcliffe Hospital was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

Patients were generally happy with the care they received although some patients raised issues around the care and communication. We found that the trust had improved waiting times for patients across a number of key areas, including cancer treatment. In June 2011, the trust met all cancer waiting time targets. The trust demonstrated that it had worked in partnership with the wider health and social care sector to address delays in patients being discharged to other care settings. Some improvement had been made to the number of delayed discharges, although joint targets remained unmet. Radiology reporting times have been met for externally requested reports. In stroke care, while performance generally remained high, not all patients were receiving some procedures and treatments within the required timeframe. We found an improvement in staffs' understanding of how national and other clinical guidance is disseminated and implemented. Although temporary, the escalation ward we visited was not adequately maintained and fit to meet patient's care needs.

- Overall, we found that the John Radcliffe was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

The trust provided evidence that it had worked to improve the management of staffing across the trust. Staffing levels had recently been reviewed and safe levels set for each ward and department at the John Radcliffe Hospital. Staffing numbers were monitored on a daily basis and monitoring reports are provided monthly to key committees and to the board. There was evidence that staffing levels had improved in the surgical emergency unit and in the maternity unit. The trust had recently agreed to increase the amount of consultant obstetric cover. Staff on the wards stated that staffing was generally adequate. There were, however, some shifts that were staffed at minimum levels and in a few cases below minimum levels. Evidence was provided that a recruitment process was in place to increase the number of nursing staff.

- Overall, we found that the John Radcliffe was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

The trust provided evidence that there had been a significant improvement in staff's overall attendance at statutory, mandatory and essential training. There were some programmes where further attendance at training was required. The number of staff who had received an annual appraisal had improved, particularly with medical staff. Clinical supervision was in place on some wards, though limited evidence was provided to demonstrate it was regularly attended and effective across all staff groups.

- Overall, we found that the John Radcliffe was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

The trust had made significant progress in implementing a new committee and reporting structure at strategic and senior clinical levels of management. The trust had comprehensive governance information and data available to identify areas of concern. We found evidence that reporting processes on patient safety, quality, and risk have become more comprehensive across the divisions. This information provided improved assurance for the quality and trust board committees. There was good evidence provided in some areas that action plans were resulting in improvements for patients including around cancer care waits and radiology reporting. However, there was some evidence that not all issues were systematically addressed at divisional level. There was also limited evidence from minutes that learning of effective approaches was shared across the divisions. In addition, levels of venous thromboembolism assessments across some divisions required improvement.

- Overall, we found that the John Radcliffe was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action we have asked the service to take

We have asked the provider to send us a report within 21 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Most patients we spoke to were happy with the level of care they received and the responsiveness of staff. Patients and their relatives said that communication had been good and that they were involved in decision making processes. Staff were observed sitting with patients and taking time to talk with them. When call bells were rung, staff answered promptly. A few patients we spoke to raised concerns about waiting times and the care given by staff. One patient commented that when they arrived on the ward, they were left in the waiting room, in a lot of pain and unattended. At this point there was no available bed. However, after she had a bed, she commented that the care had been good.

Three patients who had recently delivered babies were positive about their experience and the support and care they received. A recently published maternity survey found that most patients who had delivered at the two maternity units were satisfied with the care and treatment they had received. One patient on the maternity unit commented that she had not been involved in decisions and that communication had been poor. On the children’s hospital wards, patients and relatives were very complimentary about the care and the facilities. Most of the children’s wards had purpose built parent beds alongside each child’s bed and there was also accommodation for parents to sleep overnight near their children in specifically designed parent accommodation.

Other evidence

Our last review of compliance of this hospital identified that it was not meeting this essential standard. The concerns from our last compliance review were:

- Long patient waiting times for treatments following referral.
- High numbers of patients waiting to be transferred from hospital to other care placements.
- Radiology department not routinely meeting the target times.
- Best practice in stroke care was not always implemented.
- Relevant NICE guidelines were not always implemented or monitored.

Waiting times

Although there had been an inconsistent performance against a number of waiting time targets over the past six months, the general picture had been one of improvement. In quarter one of 2011/12, 95.6% of patients were seen in accident and emergency within 4 hours. The trust is ranked 105 out of 150 acute trusts within England for its performance. Whereas the 18 week target for treatment is no longer monitored by the Department of Health, the trust still reports on this. In June 2011, 90% of patients who required admission were treated within 18 weeks (against a target of 90%). Data provided by the trust showed a steady improvement since January 2011. However, in the specialty of neurosurgery, the 90% target was not being achieved at the time of our review.

In January 2011 we reported that the trust was also not meeting waiting time targets for patients receiving treatment for cancer. The trust verified that a cancer action plan was in place. This outlined a range of plans including improving radiology reporting times, improving the patient pathway, recruiting necessary staff and increasing theatre capacity. There had been a steady improvement against cancer waiting times for patients over the past six months and in June 2011 the trust met all targets. In the minutes of the trust board meeting from April 2011, senior executives commended the trust for the improvements and stated that the challenge lay in maintaining this level of care. The trust provided evidence to show that it had conducted analytical work to understand what was required in order to sustain achieving these targets.

Delayed transfers of care

There had been a long standing issue for the trust and the wider Oxfordshire health and social care sector with delays in the transfer of patients from hospital to other, more appropriate, care settings. An Oxfordshire wide partnership programme was established in September 2010 to improve delays in transfers of care and the patient pathway more broadly. A senior member on the programme board stated that the trust had been central to and engaged in this process. The trust demonstrated that they have worked to understand and address the problem. Solutions have focused on altering GP referral behaviour and making wider systems changes. The trust have worked to improve bed management and implemented an initiative called 'home by lunchtime' to improve the discharge (and therefore admissions) process. NHS Oxfordshire recently committed new funds to an early discharge programme to enable those patients who are able to move home to do so, with the necessary support. In May 2011, there was evidence of recent improvement with 7.8% of acute beds across the trust being occupied by a patient requiring discharge. In June this had decreased to 6% (against a target of 3.5% of

acute beds).

Radiology waiting times

In September 2010, inconsistencies were identified in the way radiology reporting was managed across the trust. The time taken to assess scans, (that were externally requested), and report back varied between hospital sites. In this review, we found that significant improvements had been made at the John Radcliffe Hospital. The target is that 95% of reports should be completed within 5 working days. In April 2011, this was achieved for reports on routine film. In June 2011, it was met for all other scanning reports including plain film, computerised tomography scanning reports (known as a CT scan) and magnetic resonance imaging scanning reports (known as a MRI scan).

Stroke care

In our review last year, the stroke unit at the John Radcliffe Hospital was found to be performing well. In this review, while performance remained high in most areas not all patients were receiving some procedures and treatments within the required timeframe. In June 2011, the trust was ensuring that stroke patients spent most of their stay on a specialised ward. All patients were being scanned within 24 hours in arrival at hospital (when judged clinically appropriate) and almost all had multidisciplinary goals set within five days. However, only 63% of stroke patients had direct admission to the stroke unit within 4 hours of their hospital arrival. An average of 86% of patients had received an assessment by the multidisciplinary team within 72 hours of admission against a target of 90%.

NICE guidance

Staff demonstrated an awareness of guidance from the National Institute for Health and Clinical Excellence (referred to as NICE guidance). Staff on the maternity unit said that they were updated by the clinical maternity specialists and through mandatory clinical supervision. However, a few staff we spoke to were not sure how NICE guidelines were implemented at the hospital or on their ward.

Other issues

We visited an escalation ward, opened temporarily to take additional acute medical admissions. We found that the ward was not fully equipped or fully set up for patient care. The day room was empty except for two chairs. The toilets we inspected had a poor standard of cleanliness. The store room was disorganised with equipment not appropriately stored. Staff stated that they sometimes had to borrow medical equipment from other wards. Senior staff told us that the hospital was in the process of reorganising the medical unit so that the acute wards would be more able to focus on seriously ill patients. Post acute wards would be set up to provide care for those patients who were less ill. The Commission will require the trust to keep us informed of their actions on these issues so we can monitor improvements.

Our judgement

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

Patients were generally happy with the care they received, although some patients

raised issues around the care and communication. We found that the trust had improved waiting times for patients across a number of key areas, including cancer treatment. In June 2011, the trust met all cancer waiting time targets. The trust demonstrated that it had worked in partnership with the wider health and social care sector to address delays in patients being discharged to other care settings. Some improvement had been made to the number of delayed discharges, although joint targets remained unmet. Radiology reporting times have been met for externally requested reports. In stroke care, while performance generally remained high, not all patients were receiving some procedures and treatments within the required timeframe. We found an improvement in staffs' understanding of how national and other clinical guidance is disseminated and implemented. Although temporary, the escalation ward we visited was not adequately maintained and fit to meet patient's care needs.

Overall, we found that the John Radcliffe Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

During our visit to the John Radcliffe Hospital in July 2011, patients on most wards commented that there were enough staff and they came quickly when called. One patient commented 'staff are very busy but friendly and take the time to talk to you'. A few patients said that staff seemed under pressure and weren't always able to respond to them quickly enough.

Other evidence

Our last review of compliance of this hospital identified that it was not meeting this essential standard. The concerns from our last compliance review were:

- There were insufficient numbers and types of staff on duty at all times.
- Lack of available substantive staff due to vacancy, maternity leave and sickness.
- High use of agency and bank staff in some areas in order to support wards.

The trust provided evidence of the work it had conducted over the past six months to set, monitor and improve nursing staffing levels. In March 2011, divisional leads were asked to conduct a detailed review of ward and department staffing establishments, examining shift by shift resource allocation and the staff skill mix. Patients' care needs were considered, as well as the professional opinion of ward sisters and matrons. Staffing levels for each ward and department were established based on this work.

Staffing levels for nurses have been benchmarked against an Audit Commission database across all of the trust's wards and departments. This is based on the average number of registered and unregistered nurses required for a specific type of ward. Evidence was provided to show that on the wards we visited at the John Radcliffe Hospital, the number and skill mix of staff was the same or better when compared to the Audit Commission database. The trust was also in the process of reviewing staffing levels against two other university NHS trusts.

We found that the trust had monitoring processes in place to review if wards were meeting the established levels of staff. A new approach was implemented in July 2011. Meetings were held twice a day with deputy chief nurse, matrons and divisional nurses to review staffing levels shift by shift. Requests for additional staff for each of the three major hospitals were considered. An electronic rostering management procedure (dated June 2011) had been developed. This outlined the approval procedure for staff requesting additional staff as well as how annual leave, study leave and sickness were managed.

The trust outlined how safe levels of staffing were more broadly monitored. A risk matrix had been developed that identified optimum staffing levels (green), minimum staffing levels (amber) and at risk staffing levels (red) for each ward/department and each shift. Staffing information was collated against this matrix and reported monthly at clinical unit, directorate and divisional meetings. Evidence was also provided of reports presented to the trust clinical governance committee and the board meetings. In the report for June 2011, nursing and midwifery staffing across all of the trust was deemed to be adequate to provide safe levels of care.¹ There were a number of wards at the John Radcliffe Hospital highlighted in the quality matrix reports where permanent staffing was below 70% for some shifts in April 2011. The trust rated these wards amber and stated that safe staffing levels were achieved through the use of temporary staff.

We identified that in a number of areas, improvements have been made to the levels of nursing staff on wards. In September 2010, the surgical emergency unit was found to have poor levels of staffing and this was impacting on standards of patient care. In this review, we found this had improved. Managers on the ward commented that 98% of the time they have enough staff. They allocated staff with specific patients to care for based on their levels of illness so that staff had a similar workload. Staff commented that they 'do get pushed', but that they could meet the essential needs of patients. Patients on this ward stated that there were enough staff and they come quickly when they pulled the bell.

In our previous review, issues had been identified with the number of vacancies for midwives and consultant obstetricians on the maternity unit. The trust provided evidence that the maternity unit now had a full establishment of midwives. Most midwives we spoke to said that there were usually enough staff allocated to the wards. Senior staff commented that sometimes there was a high proportion of junior staff and that this placed pressure on other staff. They also commented that issues

¹ This means that there were no more than 3 shifts a month where staffing levels were below the required minimum.

sometimes arose when the delivery suite was busy and that this was, by its nature, unpredictable. One midwife commented that staffing levels were occasionally low and that midwives sometimes had more than one woman to look after on the labour ward. The unit had a process in place to increase the number of midwives by bringing staff from the post natal wards onto the labour ward when required.

The trust had recently addressed concerns over the insufficient numbers of consultant obstetricians working on the maternity unit. A paper to the trust management executive in May 2011, outlined the need for the appointment of additional senior staff, including three consultant obstetricians. The paper clarified that given the number of deliveries at the unit, that there should ideally be 98 hours of consultant presence on the labour wards per week.² There was currently only 40 hours. The paper stated that patient safety was being put at risk by having too few trained consultants. The trust had approved the recruitment of three additional consultants to begin later this year and said that they were using locum medical staff to ensure that adequate levels of consultant cover were met.

Staff on two other wards we visited reported that staffing levels were generally adequate. The children's wards were well staffed and staff commented that there was good teamwork and support. We visited an escalation ward which had been opened to temporarily manage an increase in the number of acute admissions. Senior staff commented that they sometimes cared for very sick patients and that they used a high proportion of agency staff who sometimes lacked the right skills. One staff member was concerned about the situation and stated that 'this was a potential clinical risk, but that to date there have been no incidents'. The trust stated that it was in the process of redesigning acute medicine. Senior staff told us that the hospital was in the process of reorganising the medical unit so that the acute wards would be more able to focus on the seriously ill patients. Post acute wards would also be set up to provide care for those patients who were less ill.

The trust provided evidence that it was actively recruiting staff to cover vacancies. In July there were a total of 215 (working time equivalent) vacancies for registered and unregistered nurses. The trust stated that it had made 69 confirmed offers to staff to start within six to eight weeks. A further 129 conditional positions had been offered. Since September last year the use of bank staff had remained the same. The use of agency staff has shown some improvement.

Our judgement

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

The trust provided evidence that it had worked to improve the management of staffing across the trust. Staffing levels had recently been reviewed and safe levels

² This is the recommended number as set out by 'Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour (2007) Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health'. The NHS Litigation Authority uses these measures in assessing organisations and determining whether safe levels of patient care are being provided.

set for each ward and department at the John Radcliffe Hospital. Staffing numbers were monitored on a daily basis and monitoring reports are provided monthly to key committees and to the board. There was evidence that staffing levels had improved in the surgical emergency unit and in the maternity unit. The trust had recently agreed to increase the amount of consultant obstetric cover. Staff on the wards stated that staffing was generally adequate. There were however some shifts that were staffed at minimum levels and in a few cases below minimum levels. Evidence was provided that a recruitment process was in place to increase the number of nursing staff.

Overall, we found that the John Radcliffe Hospital was meeting this essential standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We did not speak to people about requirements relating to this essential standard.

Other evidence

Our last review of compliance of this hospital identified that it was not meeting this essential standard. The concerns from our last compliance review were:

- Low attendance to mandatory and essential training across a range of areas, including adult and children safeguarding training and health and safety management.
- Not all staff received an annual performance appraisal.
- Variable supervision of staff in clinical roles which was described as ad-hoc for some staff.

Staff at the John Radcliffe Hospital commented that they had attended mandatory training, though some said that there were some courses they still needed to attend. Most staff said that there were good learning and development opportunities and that they were encouraged to attend sessions. Ward managers on the wards we visited monitored attendance at mandatory training on a monthly basis.

The trust provided overall trust data for the number of staff who had attended statutory, mandatory and essential (SME) training. The trust had come to the end of a three year plan in April 2011. This aimed to achieve 80% compliance with all 41 SME training programmes. Of these, 18 were statutory and mandatory courses and 23 were essential courses. In April 2011, 23 of these courses had met or exceeded

compliance targets, 9 were recorded as having compliance between 60% and 80%, and 9 were below 60%.

The trust outlined that they had worked from April to July 2011 to increase the number of staff trained across the five mandatory training courses that were below 60%. Data was provided to show that in July 2011, over 80% of staff had attended these five courses. This included fire safety yearly update training, safeguarding adults level 1 'alerter' training, moving and handling training, general health and safety training which included slip, trips and falls and infection control for non clinical staff. In addition, all of the mandatory training courses that were identified as having low attendance in September 2010, had achieved over 80% attendance. This included safeguarding for children training, health and safety management and infection control training for clinical staff. We found that there was further work to do to ensure all relevant staff attended adults safeguarding training. In June 2011, 70% of staff had received this training, although over 80% had attended protection of vulnerable adults foundation stage training.

The trust's health and safety committee had the role of monitoring SME attendance on a monthly basis. However, the reports provided offered a summary account and were not specific enough to identify attendance by staff groups or clinical services. The trust stated that they were in the process of implementing a new system for monitoring training attendance.

Appraisals

During our visit, the majority of staff we spoke to had received an appraisal in the past 12 months. The trust provided data that showed that in June 2011, 72% of non-medical staff across the trust had received an appraisal. The minutes of the public board meeting in April 2011 outlined that there had been a strong focus on improving the number of appraisals conducted for medical consultants. The trust had also worked to improve the reporting process for these appraisals. Evidence was provided to show that in April 2011, 81% of medical staff had received an annual appraisal, a significant improvement from last years figure.

Supervision

The trust explained that a preceptorship programme³ was in place across the trust to enable unregistered nurses to become qualified. Medical staff reported that they had educational and clinical supervision and that they felt professionally well supported. Supervision for nursing staff was more variable with some having good access and other commenting that it was not available to them.

The trust stated that newly recruited medical staff were required to have mentoring arrangements in place before they could begin work at the trust. The trust outlined that there had been a review of mentoring arrangements and procedures for other staff groups including allied health care professionals, nurses and midwives.

³ Preceptorship is defined as a period of practical experience and training for a student, especially of medicine or nursing, that is supervised by an expert or specialist in a particular field.

Supervision processes were also reviewed as part of the annual appraisal process.

Our judgement

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

The trust provided evidence that there had been a significant improvement in staff's overall attendance at statutory, mandatory and essential training. There were some programmes where further attendance at training was required. The number of staff who had received an annual appraisal had improved, particularly with medical staff. Clinical supervision was in place on some wards, though limited evidence was provided to demonstrate it was regularly attended and effective across all staff groups.

Overall, we found that the John Radcliffe Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak to people about requirements relating to this essential standard.

Other evidence

Our last review of compliance of this hospital identified that it was not meeting this essential standard. The concerns from our last compliance review were:

- Reporting arrangements and the quality of information produced to monitor the quality and safety of patient care across the organisation were not effective
- Lack of a systematic process in place to ensure actions required to improve services were implemented, followed-up and their impact monitored.

Other evidence

In the past nine months, the trust has restructured both its management and committee structure. The trust board approved a revised sub-committee structure in October 2010 and the new committee structure was implemented on 1 January 2011. The board had four subcommittees: the board in committee, the quality committee (to replace the governance committee), the audit committee and the remuneration and appointments committee.

In February 2011, revised terms of reference were approved for the trust management executive. There were eight new sub-committees which included the clinical governance committee which met monthly. The clinical governance committee had comprehensive membership consisting of senior clinical and managerial staff from clinical divisions and other corporate areas. The quality committee (which reports to the board) had quarterly meetings and minutes from the clinical governance committee were tabled on the agenda.

The trust provided evidence of improvements made to reporting processes for clinical governance. Managers of the trust's six clinical divisions were required from March 2011 to provide monthly reports using a specific template. The template had key areas to be populated relating to patient safety, quality and risk. These were presented as a 'dashboard' so that key areas of risk were easily identified. The reports also included details of staffing levels, clinical outcomes and patient experience. Examples of two divisional reports were provided. Minutes of the clinical governance meetings from April to July 2011 showed discussion of the reports by division. There was some evidence of progress being discussed across a range of issues including monitoring of assessments for venous thromboembolism (VTE) and single sex accommodation breaches. However, these discussions focused mainly on reporting results with limited (minuted) discussion of actions taken or evidence that learning was being shared across the divisions.

Quality reports were collated and tabled at both the quality committee and the board. The individual divisional reports were also provided. The minutes of the board meetings showed discussion of the quality reports, including feedback on how the reporting process could be further improved. Other reports on the quality of patient care have been tabled at board meetings over the past 6 months including the infection control annual report, action plans for improving care and ombudsman's reports. Detailed complaints reports were also provided at the quality committee and board meetings. These documents detailed the analysis of complaints and actions taken in response to complaints including recommendations for learning. Complaints were monitored at divisional level.

Further evidence of progress in improving governance and risk management systems was provided. In July 2010, an independent review of paediatric cardiac care was commissioned by the Strategic Health Authority (SHA) following four deaths after paediatric surgery in a short space of time. The review identified that a number of areas required improvements across the trust, including systems for risk management, clinical governance systems and the management of new clinical staff. The trust developed an action plan following the review. In April 2011, the trust submitted a report that stated that all actions had been completed with three exceptions. Based on a review of documents and discussions with senior management, the SHA panel agreed that progress had been made against the recommendations. They recommended that further monitoring and assurance testing be carried out within the normal NHS processes and that 'this would constitute a proportionate response'.

In this review, we found that the trust had risk management processes in place to identify and address clinical and non-clinical risks. Serious incidents requiring

investigation (SIRI's) were collated at divisional level and reported to the clinical governance committee, the quality committee and the board. Staff said they were happy to report incidents and were aware of the process. On one ward, risk assessments were in place relating to staffing concerns. Staff commented that they heard from the risk management team if a major incident had occurred. Some staff were aware of risk registers though others did not know how risks were more widely reported.

The trust provided a copy of its clinical audit programme which demonstrated involvement in national and mandatory audits and laid out local clinical audits to be conducted. The trust had a clinical audit team in place and had recently established a clinical audit committee (due to meet for the first time in September 2011). An audit report (draft) provided by the trust outlined a methodology for the conduct of audits and an example was provided of a documentation audit which was systematic and robust. Recommendations were included in the findings and organisational learning was highlighted.

In 2010/11, the trust had been involved in 44 national clinical audits and five national confidential enquiries that it was eligible to be involved in. During our visit, staff we spoke to were aware of audits which were conducted on their wards. The examples of the audits they told us about were hand hygiene, life saving, cleaning and privacy and dignity. Staff told us audit results were placed on the staff room and discussed at ward and team meetings. Monitoring of audits was included in the divisional quality reports.

Through the audit process the trust identified a concern with the number of patients not receiving an assessment for venous thromboembolism (VTE). The department of health required from June 2010 that VTE assessments were reported nationally. In May 2011, 18% of cardiology admissions, 42% of thoracic surgery admissions and 38% for cardiac surgery admissions had not had a VTE assessment. Clinical governance minutes showed discussion of this and reported rates, including some improvements across some divisions. There were, however, some divisions where assessment rates remained low.

Our judgement

There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.

The trust had made significant progress in implementing a new committee and reporting structure at strategic and senior clinical levels of management. The trust had comprehensive governance information and data available to identify areas of concern. We found evidence that reporting processes on patient safety, quality, and risk have become more comprehensive across the divisions. This information provided improved assurance for the quality and trust board committees. There was good evidence provided in some areas that action plans were resulting in improvements for patients including around cancer care waits and radiology reporting. However, there was some evidence that not all issues were systematically addressed at divisional level. There was also limited evidence from minutes that learning of effective approaches was shared across the divisions. In addition, levels

of venous thromboembolism assessments across some divisions required improvement.

Overall, we found that the John Radcliffe Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
<p>Treatment of disease, disorder or injury.</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983.</p> <p>Surgical procedures.</p> <p>Diagnostic or screening procedures.</p> <p>Maternity and midwifery services.</p> <p>Termination of pregnancies.</p> <p>Family Planning.</p>	9	4
	<p>Why we have concerns:</p> <p>There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.</p> <p>Patients were generally happy with the care they received although some patients raised issues around the care and communication. We found that the trust had improved waiting times for patients across a number of key areas, including cancer treatment. In June 2011, the trust met all cancer waiting time targets. The trust demonstrated that it had worked in partnership with the wider health and social care sector to address delays in patients being discharged to other care settings. Some improvement had been made to the number of delayed discharges, although joint targets remained unmet. Radiology reporting times have been met for externally requested reports. In stroke care, while performance generally remained high, not all patients were receiving some procedures and treatments within the required timeframe. We found an improvement in staffs' understanding of how national and other clinical guidance is disseminated and implemented. Although temporary, the escalation ward we visited was not adequately maintained and fit to meet patient's care needs.</p>	
Treatment of disease,	23	14

<p>disorder or injury. Assessment or medical treatment of persons detained under the Mental Health Act 1983. Surgical procedures. Diagnostic or screening procedures. Maternity and midwifery services. Termination of pregnancies. Family Planning.</p>	<p>Why we have concerns: There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.</p> <p>The trust provided evidence that there had been a significant improvement in staff's overall attendance at statutory, mandatory and essential training. There were some programmes where further attendance at training was required. The number of staff who had received an annual appraisal had improved, particularly with medical staff. Clinical supervision was in place on some wards, though limited evidence was provided to demonstrate it was regularly attended and effective across all staff groups.</p>	
<p>Treatment of disease, disorder or injury. Assessment or medical treatment of persons detained under the Mental Health Act 1983. Surgical procedures. Diagnostic or screening procedures. Maternity and midwifery services. Termination of pregnancies. Family Planning.</p>	<p>10</p>	<p>16</p>
	<p>Why we have concerns: There was evidence that most, but not all, of the concerns raised in our last review of compliance were addressed.</p> <p>The trust had made significant progress in implementing a new committee and reporting structure at strategic and senior clinical levels of management. The trust had comprehensive governance information and data available to identify areas of concern. We found evidence that reporting processes on patient safety, quality, and risk have become more comprehensive across the divisions. This information provided improved assurance for the quality and trust board committees. There was good evidence provided in some areas that action plans were resulting in improvements for patients including around cancer care waits and radiology reporting. However, there was some evidence that not all issues were systematically addressed at divisional level. There was also limited evidence from minutes that learning of effective approaches was shared across the divisions. In addition, levels of venous thromboembolism assessments across some divisions required improvement.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 21 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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