

Cover Sheet

HOSC: Thursday 8 February 2024

Title: OUH CQC Improvement Update to HOSC

Status: For Discussion

Board Lead: Chief Assurance Officer

Author: Clare Winch, Director of Regulatory Compliance and Assurance

Confidential: No

Key Purpose: Strategy, Assurance, Policy, Performance

Executive Summary

1. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Their role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and it encourages care services to improve. The CQC carries out its role through registering care providers, monitoring services, rating services, taking action to protect people who use services and speaking with an independent voice on major quality issues in health and social care.
2. The CQC inspections and reports are a vital part of getting assurance on the quality of care we provide at Oxford University Hospitals (OUH) NHS Foundation Trust. The CQC inspects both, specific services and whole organisations. For us this means that the CQC can inspect services across any of our hospital sites.
3. In November 2023, the CQC announced the roll out of a new inspection framework. This means that future inspections will not be comparable to ones completed within the old framework.
4. This paper is brought to the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC), following a request to report on the CQC journey for the John Radcliffe (JR) hospital. As such, the paper addresses the request for *“insights into the steps taken by the Trust to address the “requires improvement” areas identified in the CQC ratings of the JR, including around:*
 - *The extent to which services are “safe”, “responsive”, and “well led” overall.*
 - *The steps taken to address CQC identifications of improvements required in Gynaecology, maternity services, surgery, and urgent and emergency services.’*
5. The report first outlines the current context of CQC ratings for the JR hospital; all of these are from inspections carried out in 2018, before the new framework was introduced. It then summarises important developments across the Trust which have taken place since the last inspections which all support and deliver improvements across the CQC key questions: is it Safe, Responsive, and Well Led. This work has been at both the strategic and operational levels.
6. After outlining some of the Trust-wide work we have undertaken at the OUH, this paper presents how we have addressed the requirements from the CQC following inspections which have taken place on the following services Maternity (2021 inspection), Gynaecology, Surgery and Urgent and Emergency Care (all last inspected pre-Covid in 2019).
7. The report provides HOSC with a description of the internal assurance and governance arrangements we have in place for monitoring, reporting and addressing care quality. Finally, the report concludes with an outline of how we plan to approach the new CQC framework and improvement for the future.

8. Recommendations

9. The Committee is asked to note the report.

OUH CQC Improvement Update to HOSC

Purpose

- .1. This paper is brought to the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC), following a request to report on the CQC journey for the John Radcliffe (JR) hospital. As such, the paper addresses the request for *‘Insights into the steps taken by the Trust to address the “requires improvement” areas identified in the CQC ratings of the JR, including around:*
 - *The extent to which services are “safe”, “responsive”, and “well led” overall.*
 - *The steps taken to address CQC identifications of improvements required in Gynaecology, maternity services, surgery, and urgent and emergency services.’*
- .2. The paper aims to provide an overview of the range of work undertaken to address the above and summarises some other more recent CQC activity within the Trust.
- .3. To do so, the report first outlines the current context of CQC ratings for the JR hospital and then outlines important developments across the Trust which have taken place to ensure all services are safe, responsive and well-led. We then present how we addressed the actions arising from the CQC inspections which took place on the following services Maternity (the 2021 inspection), Gynaecology, Surgery and Urgent and Emergency Care (ED) (all last inspected pre-Covid in 2019).
- .4. The report outlines the arrangements we have for monitoring, reporting and addressing care quality in our governance structures. Finally, the report concludes with an outline of how we are approaching the new CQC framework.

Context

- .5. **CQC inspections:** The CQC carries out ‘comprehensive’ and ‘focused’ inspections. Comprehensive inspections are of whole organisations or services to ensure they are providing care across five key questions. These are is it safe, caring, effective, responsive to people's needs and well-led? CQC rates services on a four-point rating scale (outstanding, good, requires improvement and inadequate). Focused inspections are smaller in scale than comprehensive inspections and are used look at areas of concern or if there has been a change in a care provider's circumstances (e.g. merger). Focused inspections follow a similar process to comprehensive inspections but do not always consider all five of key questions.
- .6. How frequently the CQC inspect, the size of the inspection team they use and whether they announce their inspection depends on what type of service they

are inspecting. There are also some differences between the things they inspect when they review different types of services. When they inspect NHS trusts they do not look at all services, but ‘core’ services, which includes the following for NHS acute hospitals (where they are provided):

- Urgent and emergency services (ED)
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatient services and diagnostic imaging (such as x-rays and scans).

- .7. **OUH and the CQC:** OUH is a single Trust, with its clinical activities delivered as co-ordinated services across multiple sites. It is registered in line with CQC requirements as a series of discrete locations, even though OUH manages services in an integrated way across the multiple locations. Each location is subject to its own location rating for the provision of services delivered at that location. Each individual location contributes to the overall Trust rating.
- .8. **New framework:** The CQC launched a new inspection framework in November 2023; as such the new framework will be applied in future, but the ratings and five key questions will stay central to their approach, they will continue to use both.

JR Ratings and OUH response

- .9. The current CQC ratings for the JR, for the core services identified within the scope of this report to HOSC, are recorded in the table below:

JRH Core Service Ratings	Safe	Responsive	Well Led
Urgent and Emergency Care	Requires Improvement (2019)	Requires Improvement (2019)	Requires Improvement (2019)
Surgery	Requires Improvement (2019)	Good (2019)	Requires Improvement (2019)
Maternity	Requires Improvement (2021)	Good: (2019) Not rated in 2021	Requires Improvement (2021)
Gynaecology	Requires Improvement (2019)	Requires Improvement (2019)	Requires Improvement (2019)

- .10. There are a number of developments across the Trust which have taken place since the last inspections which all support and deliver improvements across each of the key questions: Safe, Responsive and Well Led. This work has been at both strategic and operational levels.

Strategic developments

- .11. The following strategic developments both amplify and clarify our strategic commitment to quality improvement, and underpin the Safe, Responsive and Well Led framework. These include:
- **Responding to the COVID-19 pandemic.** This required us to quickly reshape our hospitals and services so we could safely meet the needs of our patients and protect and support our staff. The experience of COVID-19 changed the context for everyone and for us, it redoubled our focus on safety and quality for our patients and staff.
 - **Trust Strategy 2020-2025.** As part of our improvement journey, during 2019-20, over 2,000 of our staff, patients and partners worked together to develop a new strategic framework for OUH. This was co-produced with staff and other key stakeholders to enable staff in all areas know, understand and support the vision, values and strategic goals and understand their role helps in delivering these.
 - **People Plan 2022-25.** In July 2022 the Trust Board approved a People Plan which hundreds of staff contributed to during listening events.
 - **OUH Clinical Strategy 2023-28.** Approved by the Trust Board in March 2023, this provides a blueprint for our clinical services, our sites, and our role as provider of excellent local and specialist care, with a focus on Quality Improvement, education, innovation and research, setting out our role as an anchor organisation and making our priorities clear.
 - **OUH Digital Strategy 2022-25.** The COVID-19 pandemic accelerated digitally enabled care at pace across all core services delivering and expanded on our Global Digital Exemplar status. Since then, we developed a Digital Strategy to maximise digitally enabled care to support improvements in safety, experience and outcomes for our patients and populations, across core services.
 - **Building a Greener OUH 2022-27.** Our Green Plan, published in 2022 highlights the areas we will focus on to reduce our carbon impact, lessen our effect on the environment, reduce consumption, increase reuse and recycling, and deliver even higher standards of patient care while lowering costs.
 - **Quality Priorities.** Every year, the Trust invites public and patients to tell us what matters to them to help inform our quality priorities. These quality priorities focus on Patient Safety, Clinical Effectiveness and Patient Experience. We publish a Quality Account each year which reports on progress against our priorities.
 - **Performance Management Framework:** Development and implementation of performance management framework with clearer data, responsibilities and scrutiny at executive level.

- **Board visibility Programme:** We have developed a CEO led Board visibility programme that includes routine CEO breakfasts, Board walkrounds and other opportunities for Exec and Non-exec members of the Board to visit our hospital sites.
- **Risk Management:** Staff and leaders have made best endeavours to identify any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans via the Board Assurance Framework, Corporate Risk Register and local risk registers, where appropriate.
- **System work:** A wide range of partnership activities are regularly reported via a range of digital media platforms, including the Chief Executive Officer's briefing to the Public Trust Board and via the OUH internet pages. We have ongoing collaboration with university, regional and network partners. The Trust has service specific research programmes that service users engage in, which provide information that is useful to support the development of services to meet patient needs. Ongoing work with region and system partners have been undertaken since our inspections, exploring a range of collaborative practices to support business continuity, safe urgent and emergency care, patient flow, surge planning and winter pressures.

Trust-wide, operational developments

- .12. In addition to the strategic work to reinforce and support the Trust in being Safe, Responsive and Well Led, there are a number of operational developments undertaken which reach across the organisation.

CQC Key Question: Is it Safe?

- .13. The following outlines activities across the Trust which support and deliver on those actions aligned to 'Safe'.
- .14. **Quality Improvement (QI):** The Trust have prioritised embedding a patient safety culture. The Chief Executive Officer and Chief Medical Officer lead a Trust wide drive to ensure QI is a golden thread in all that we do. In the last eighteen months, we have trained over 1600 staff in the subject of Quality Improvement and every fortnight a Trust-wide QI 'stand-up' shares good practice and learning from QI projects. We have been delighted by the number and range of staff from all areas and professional groups in the Trust that have joined these sessions. In October 2022 we expanded QI Stand-Up and made it more accessible by circulating a Microsoft Teams calendar invite to all OUH colleagues for each session. More than 100 staff now routinely attend each QI Stand-Up event. For the last two years, our objectives have been delivered using a QI approach.

- .15. **Patient Safety Incident Response Framework (PSIRF):** In line with national requirements, we introduced PSIRF in 2023. This is an approach to developing and maintaining effective systems and processes for responding to patient safety incidents focussed on learning and improving patient safety. We have a new policy and it is supported by a detailed Incident reporting and learning procedure. This has included the appointment of patient safety partners.
- .16. **Staff core skills training and appraisals:** A huge emphasis has been placed on core skill compliance, appraisal completion and monitoring. Compliance is now recorded on a central system, with rates published in the monthly 'Integrated Performance Report' monitored by our Trust Board. We introduced a values-based appraisal (VBA) window for the first time in 2022 which has had a positive impact. 94.2% of Trust wide staff completed an appraisal in the last financial year compared to 65% in 2021-22.
- .17. **Infection Prevention and Control:** The Trust completes the national Infection Board Assurance Framework, which is reported to the Hospital Infection Prevention and Control Committee, and forms an appendix to their annual report. The Trust's response to the COVID-19 pandemic, including the experiences of staff and their achievements has been published in the eBook 'Stories from the COVID-19 pandemic - #OneTeamOneOUH'.
- .18. **Staffing levels:** The trust undertook a programme of recruitment of staff against the backdrop of national, financial, social and professional challenges. The aim was to provide sufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and provide the right care and treatment. Assurance reports into safe staffing are reported as part of the Integrated Performance Report, where actions to address risks, issues and emerging concerns relating to performance and forecast are included.
- .19. **Records:** As part of the activities enabling implementation of the Digital Strategy 2022-25, we have developed and delivered a paperless workflow in ED. This has enabled instant discharge summaries and letter processing. Personalised care plans and patient passports are recorded on the Trust electronic patient records systems. These activities support people to make informed choices about their care and plan their future care while they have the capacity to do so.
- .20. **Medicines management:** The Trust implemented a safe storage of medication plan. This plan addressed access to store rooms and/or drug cupboards, and any short falls in compliance in practice. Medicine related audits, across all core services were migrated to a new digital platform, with reports received by the Medicines and Therapeutics Committee and Clinical

Governance Committee. This approach to medicines reflects current and relevant best practice and professional guidance.

.21. **Safety Culture:** Numerous other initiatives across the Trust support the safety culture within the organisation. These include:

- Reporting Excellence and staff recognition activities
- Patient Safety Response (PSR) team meetings held every weekday to review any incidents and respond promptly.
- Safety Messages from the Chief Medical Officer and the Chief Nursing Officer are emailed to all staff weekly and posted on the Intranet.
- All teams are encouraged to hold Safety Huddles every day to focus on what went well, what could have gone better, and what lessons can be learned to do things differently.
- An internal Oxford Scheme for Clinical Accreditation (OxSCA) programme evaluates inpatient clinical wards against a set of standards to measure quality and demonstrate improvement in the services they provide.
- DAISY Awards celebrate nurses and midwives working at OUH whose patients, families and staff have nominated them for having made a real difference through outstanding clinical care.
- Staff and patient facing quality boards were introduced.
- Incident reporting: There has been improvement in the number of incidents that staff have reported via the incident reporting system, demonstrating a commitment to learning and improvement. Reports increased from 2832 in December 2021 to 3263 in November 2023. There has also been a concurrent decrease in the number of never events within the Trust, with five recorded in 2021, four in 2022 and three in 2023.
- Freedom to Speak Up Guardian (FTSUG): Reviewed the FTSU service leading to update of our FTSU Strategy 2019-2022 and strengthening of structure for this team (please see well led section below).

CQC Key Question: Is it Responsive?

.23. The following outlines activities across the Trust which support and deliver on the quality statements aligned to 'Responsive'.

.24. **Providing information:** The availability of performance information to inform routine performance review meetings has improved. This links to our work on the development of the performance management framework within the Trust.

- .25. **Listening to and involving people:** A review of the complaints and Patient Liaison service has been undertaken. Weekly meetings with divisional leaders and the complaints team have been initiated for support or prioritisation to optimise thorough and timely complaints response. This is part of the Trust commitment to a high quality complaints management process. Outcomes are reported through divisional governance and performance processes and also via the Integrated Performance Report. We are committed to seeking and acting upon feedback from patients, their friends and family. We want every patient to have the best experience possible, feedback helps our staff to know what they are doing well, (and what we should keep doing), and what we need to change. Patient stories are presented to the Trust Board and Integrated Assurance Committee on a monthly basis, providing an insight into an individual's experience of our services. They often provide opportunities for learning. Supporting and involving staff and patients after a patient safety event is one of the four key themes of the Patient Safety Incident Response Framework and the integral work of our Patient Safety Partners.
- .26. **Equity in access:** Specific actions taken to drive improvement in national target performance, this included the development of an overarching Integrated Improvement Plan. This specially covered changes in relation to the urgent and emergency care pathways, via the PLACE based partnerships groups within the Integrated Care Board area. The Hospital at Home service (H@H) is a successful initiative that has been introduced, providing an alternative to acute hospital admission, for the treatment and monitoring patients, enabling them to stay at home during an acute illness. The H@H team also facilitate early discharge from hospital, providing care that had previously been provided within an acute setting, providing person centered care in a patient's home that is equivalent to inpatient care. In order to support delivery of care for patients requiring high quality end of life care and to address gaps in the provision and coordination of community-based services for people at the end of life, the Oxfordshire Rapid Intervention for Palliative and End of Life Care (RIPEL) was set up. This is an innovative collaboration between the Trust's palliative care service at Sobell House and Katherine House Hospices and the Acute Medicine and Rehabilitation Directorate within Medicine Rehabilitation and Cardiac Division. This collaboration is key in the delivery of patient and family centred care as it supports the expansion of specialist end of life care knowledge and expertise across the Trust. Additionally, the service provides the practical and emotional 'wrap around care' for both the patient and the family. This is an aspect of care that is highly appreciated by patients and their families who are looked after at Sobell House and Katherine House, and the team are pleased to be able to extend this approach to care for families at home.

CQC Key Question: Is it Well Led?

- .27. The following outlines activities across the Trust which support and deliver on the CQC quality statements aligned to 'Well Led'.
- .28. **Shared direction and culture:** We believe that wellbeing starts with kindness. Evidence shows that kinder cultures improve staff wellbeing and engagement, which in turn leads to safer care and better outcomes for patients. The CEO launched our new Kindness into Action programme in October 2022 with a Leading with Kindness training programme for our leaders and managers, something that has been integral to the improvement and development of core services across all sites.
- .29. **Risk Management:** The Trust reviewed its processes for ensuring risks are recognised and actions taken to mitigate the impact of such risks. We have focused on the development and successful delivery of a new risk information recording management system. This is hosted via the Ulysses platform to best enable risk registers to reflect the current risks to their departments, the level of escalation of those risks and their mitigation, with regular review and escalation.
- .30. **Capable, compassionate and inclusive leaders:** A Board restructure was undertaken and signed off in 2019. This led to the clarification of Chief Officer roles and enhancement of appointments of Directors, including the appointment of Chief Digital and Partnerships Officer in 2019, Chief People Officer in 2020 and Estates and Facilities Officer in 2023 (also links to partners and communities). Activities linked to the delivery of the People Plan and the development of a compassionate listening culture, including the implementation of Kindness into Action and respectful resolution training programmes. This has enabled development of leaders who are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role. OUH Wellbeing Lead appointed, supporting increasing cohort of well-being champions. We also invested £500,000 in new wellbeing equipment for wards and departments, embedded a dedicated psychological health support service which was initially developed with funding from NHS Charities Together via Oxford Hospitals Charity, and worked with the Charity to provide targeted wellbeing support for frontline staff over the winter months .
- .31. **Staff Surveys:** The staff voice exists where everyone in the organisation feels they can have a say and that their voice is heard and listened to. Their views taken into account when decisions are being discussed that affect them. We have put mechanisms in place to enable an ongoing conversation with our staff, in different ways, to ensure every voice is heard, actively listen to what is being said, in order to use the feedback to guide action plans to address any issues raised and celebrate when things are going well. Our

primary source of staff voice is the use of Staff Survey information on a quarterly basis, as well as a number of ad hoc surveys and interactions throughout the year, on specific topics, or within specific areas. Our staff have demonstrated increased engagement with the national staff survey. A total of 6,576 people working at OUH completed the survey – that's almost 46% of staff who were eligible to participate in the survey, the results of which will be published later this year. Having nearly half of our people take part in the survey is important so we hear what is working well for them at OUH, and what could be even better, so that together we can make OUH a great place to work where we all feel we belong – which is the vision of our OUH People Plan 2022-25.

- .32. **Freedom to speak up (FTSU):** Enabling staff to speak up safely about any concerns they may have, is also central to developing a culture where all staff feel they belong. We completed a review of the service leading to update of our FTSU strategy 2019-2022 and strengthening of structure for this team. Our FTSU team was Highly Commended at the Health Service Journal (HSJ) Awards 2022. There is an ongoing programme of FTSU face to face drop-in sessions and virtual events with staff and leaders actively promoting staff empowerment to drive improvement. We had a visit by National Guardian in 2022 who delivered a keynote speech and visited maternity practice areas at JR. The National Guardian expressed how greatly impressed she was by all that she had heard and seen at OUH which demonstrated the health of the speaking up culture at the Trust. In particular, she welcomed the opportunity given for her to undertake a Walkabout in Maternity Services, as evidence of the Trust's genuine commitment actively to encourage staff to speak up about their views of the service and their experiences as an employee.
- .33. **Workforce equality, diversity and inclusion:** Development and implementation of trust wide People Plan 2022-2025, alongside publication of Trust Board approved EDI Objectives for 2022-2026. Implementation of the Equality Delivery System (EDS) 2022 which is a mandated outcomes framework that aims to enable improvement on equality, diversity, and inclusion (EDI) for NHS organisations and services. Implementation of EDS is mandatory for NHS provider organisations and is a requirement of the NHS Standard Contract. Within OUH work is overseen by the EDS Steering Group. Equality, Diversity and Inclusivity focussed peer reviews have been developed and implemented following co-production with staff networks.
- .34. **Governance and performance management:** .We developed a new Integrated Performance Report data, across all core services including the maternity dashboard to ensure information is collected, analysed and managed to ensure information is presented in a clear, easily understood way, which can be used to provide assurance. As part of the Trust's commitment to digitisation improvements have been initiated that aim to

enhance arrangements for the availability, integrity and confidentiality of data, records and data management systems. In addition a financial governance review and related improvements have been undertaken.

- .35. **Expansion of Professional Midwifery and Nursing Advocate roles:** Maternity services have employed equality and diversity midwives along with more Professional Midwifery Advocates. Chief Nursing Officer Fellows roles introduced. Funded by Oxford Hospitals Charity, the scheme aims to encourage staff to find practical and impactful solutions to a number of hospital challenges. This year's research topics include minimising falls among patients; the transition from paediatric to adult care; retention of staff; the impact of Professional Nurse Advocates; and dealing with violence and aggression.
- .36. **Partnerships and communities:** We have strengthened work with Oxfordshire Maternity and Neonatal Voices Partnership as key stakeholders, including support with site reviews, key service development programmes, patient information leaflet reviews, web page improvements, and staff recruitment. There have work to support aspects of women's health and safeguarding, including work with community groups and translation services.
- .37. **Strengthening and visibility of leadership:** We have launched executive sponsored key service improvement programmes including Maternity Development Programme, Newborn Care Development Programme and Oxford Critical Care Development Programme.
- .38. **Staff engagement:** We have an established range of staff networks comprising: BAME, LGBT+, Disability and accessibility, Women's and young apprenticeship networks. We have supported more ringfenced time for network leads and the support of dedicated executive sponsors. An OUH nurse, Chair of the Black Asian and Minority Ethnic (BAME) network was joint winner of BAME nurse of the year national awards for work instrumental in supporting colleagues in the Filipino community who work across all core services at OUH. Our staff networks are key to developing a culture and organisation where everyone feels they belong. For example, our Women's Network led the way in raising awareness of the impact of menopause on our people through events and a survey which have helped shape our new policy. A small but significant step to addressing women's health in the workplace was the introduction in March 2023 of free sanitary products for staff. This change was introduced as part of the Trust's Cost of Living commitment and working collaboratively with the OUH Women's Network, free sanitary product dispensers are now fitted in staff toilets across all hospital sites, with alternative provisions made at OUH@Cowley and other satellite sites. We have introduced an OUH staff text system. This initiative responded to feedback from staff especially those without an OUH email account, or with no regular access to one, and improved the way we communicate with them.

Finally, we have increased the number of employees who have engaged in national staff surveys, with results used to deliver local 'time to talk' activities and action.

Service-specific responses

- .39. Following the 2019 CQC inspection on Maternity, Gynaecology, Surgery and Urgent and Emergency Services, OUH received 46 (total) improvement actions, including 22 'must do' and 15 'should do' actions, for these four services.
- .40. To address these improvement requirements, managers and clinical leaders worked with staff in each service to identify and develop a set of actions to address the findings. Delivery of the actions were monitored and with progress reported via the Trust's governance and assurance structure at service and trust-level.
- .41. This was done swiftly with the majority of actions completed by the end of March 2020. The following describes the actions we took to address the improvement actions.
- .42. The following identifies any additional specific actions taken in each service area, where they were different to the strategic or more trustwide operational actions.

Surgery

- .43. Improvements needed in surgery related primarily to the quality of our estate, we:
 - Developed and delivered a 'JRH Theatres refresh' project to address privacy and dignity concerns and the risks caused by the environment in a sustainable manner.
 - Further actions included the implementation of a new escalation protocol for estates issues, with clear senior management oversight, risk assessment of storage solutions, review and update the standard operating procedure for cleaning in theatres, with spot checks and monitoring from matrons. These actions also specifically addressed infection control and digital solutions to patients records.

Urgent and Emergency

- .44. Improvements needed in Urgent and Emergency core service related to the quality of our estate, staff appraisals, securing of paper records, safe storage of trolley items. To address these concerns, we:
 - Completed the expansion and refurbishment of the JR Emergency Department, including the children's Emergency Department (ED) security access. Further works included installation of a new CT scanner and renovation of the Childrens' Emergency Departments, including

enhancement to door security and the safe storage of equipment at the John Radcliffe Hospital.

- Put measures in place to support Urgent and Emergency staff to complete core skills training and to have values-based appraisals
- Purchased lockable units for the ED to secure health records prior to digitalisation
- Purchased 'closed units' for the safe storage of items stored on trolleys in the children's ED
- Reviewed the signage within the JR ED, with revisions made to improve wayfinding so patients and their relatives or carers may be sure of where to go
- Actions to address infection prevention and control issues identified in the (e.g. checklist handovers)
- A range of solutions were implemented to enhance aspects of operational performance related to national targets.

Gynaecology

.45. Improvements needed in Gynaecology related to aspects of service delivery and performance were the key issues were around staff mix and adherence to Major Trauma Centre staffing guidance. To address these concerns, we:

- Undertook a programme to review the gynaecology service pathways and core processes.
- Developed and implemented a business case to increase consultant capacity with the Surgery and Oncology Division.
- Adopted a range of solutions to enhance aspects of operational performance related to national targets.

Maternity

.46. Improvements needed in Maternity related to the key aspects of our estate, leadership and staffing, including engagement and culture. To address these concerns, we:

- Maternity Development Programme was developed to address all of the concerns highlighted. This led to the development and launch of staff developed maternity behavioural charter, aligned to regional Kindness into Action initiatives, available as a suite of resources to all OUH staff, and aligned to the principles of NHS England Just Culture Guide.
- There was a set of estate improvement works, including endeavors made to respect the privacy and dignity of bereaved families.

- The maternity team have benefitted from working with a Maternity Improvement Advisor from NHSE, and close collaboration with regional and ICB colleagues, undertaking governance, service development and compliance review activities.

Assurance and Governance

- .47. To ensure that the commitments we make and the actions we need to take are delivered on the strategic, Trust-wide and service-specific level, we reviewed our associated governance structure.
- .48. The key reports that play a central a role in monitoring compliance and improvements are the Integrated Performance Report and the Divisional and Directorate Quality Reports. These reports are routinely taken through the Trusts governance structures up to the Trust Board, Integrated Assurance Committee, for assurance purposes and to the Trust Management Executive and Clinical Governance Committee, for operational review purposes.
- .49. The outcomes and overview of our progress in response to CQC Inspections have been reported in the Trust's Annual Reports and Quality Accounts. These are published on the Trust's website.

Moving forward

- .50. As described at the beginning of this report, the CQC are in the process of introducing a new Single Assessment Framework. This is currently being introduced in the South region.
- .51. The Assurance Team is tracking the issue of any emerging guidance, and this has been reported through the Trust governance arrangements.
- .52. We continue with our ongoing engagement arrangements with our local regulation team.

Conclusion

- .53. This paper has been brought to the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC), following a request to report on the CQC journey for the John Radcliffe (JR) hospital.
- .54. The report outlined the current context of CQC ratings on the JR. It summarised the important strategic and Trust-wide developments which have taken place to support and deliver improvements across the key questions: Safe, Responsive and Well Led. We have presented how we have addressed the requirements from the CQC following inspections of core services at the JR and given a description of the internal assurance and governance arrangements we have in place for monitoring compliance.

Recommendations

.55. The Committee is asked to note this report.