

Oxford University Hospitals NHS Foundation Trust

Inspection report

John Radcliffe Hospital
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 
Are resources used productively?	Requires improvement 

Summary of findings

Combined quality and resource rating

Requires improvement



We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

Oxford University Hospitals (OUH) is one of the largest NHS teaching trusts in the UK.

The trust is made up of four hospitals - the John Radcliffe Hospital (which includes the Children's Hospital, West Wing, Eye Hospital, Heart Centre and Women's Centre), the Churchill Hospital and the Nuffield Orthopaedic Centre, all located in Oxford, and the Horton General Hospital in Banbury, North Oxfordshire.

The trust provides a wide range of clinical services, specialist services (including cardiac, cancer, musculoskeletal and neurological rehabilitation) medical education, training and research. Most services are provided in their hospitals, but over six percent are delivered from 44 other locations across the region, and some in patients' homes.

The trust's collaboration with the University of Oxford underpins the quality of the care that is provided to patients, from the delivery of quality research, bringing innovation from the laboratory bench to the bedside, to the delivery of education and training of doctors.

Existing collaborations include research programmes established through the Oxford Biomedical Research Centre (BRC), funded by the National Institute for Health Research (NIHR), located on the John Radcliffe Hospital site and at the Biomedical Research Unit in musculoskeletal disease at the Nuffield Orthopaedic Centre.

The trust is also working towards achieving Magnet[®] Recognition, an organisational credential awarded to exceptional healthcare organisations that meet the ANCC (American Nurses' Credentialing Centre) standards for quality patient care, nursing and midwifery excellence and innovations in professional nursing and midwifery practice.

Overall summary

Our rating of this trust went down since our last inspection. We rated it as Requires improvement



What this trust does

The John Radcliffe Hospital (JR) is Oxfordshire's main accident and emergency site. The JR provides acute medical and surgical services including trauma, intensive care and cardiothoracic services. It is situated in Headington, about three miles east of Oxford city centre. It is the largest of the trust's hospitals, covering around 66 acres, and includes the Children's Hospital; the Eye Hospital; the Heart Centre; the West Wing and the Women's Centre.

The John Radcliffe site also houses many departments of Oxford University Medical School, is home to the George Pickering Education Centre and base for most medical students who are trained throughout the Trust.

The Churchill Hospital is a centre for cancer services and other specialties, including renal services and transplant, clinical and medical oncology, dermatology, haemophilia, chest medicine and palliative care. It incorporates the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM) - a collaboration between the local university, the NHS and three partner companies - which is a world-class centre for clinical research on diabetes, endocrine and metabolic disorders, along with clinical treatment and education.

Summary of findings

The Nuffield Orthopaedic Centre has been treating patients with bone and joint problems for more than 80 years, providing orthopaedic, rheumatology and rehabilitation services. The hospital also undertakes specialist services such as the treatment of bone infection and bone tumours, limb reconstruction and the rehabilitation of those with limb amputation or complex neurological disabilities.

The Horton General Hospital in Banbury serves the growing population in the north of Oxfordshire and surrounding areas. This is an acute general hospital providing a wide range of services, including an emergency department (with an emergency admission unit); acute general medicine and elective day case surgery; trauma; maternity (midwifery-led unit) and gynaecology; paediatrics; critical care and the Brodey Centre (treatment for cancer). The majority of these services have inpatient beds and outpatient clinics, with the outpatient department running clinics with visiting consultants from Oxford.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected Oxford University Hospitals NHS Foundation Trust on 19 to 21 November 2018, 7 December 2018 and the 8 to 10 January 2019. The core services we inspected as part of our continual checks on the safety and quality of healthcare services were urgent and emergency care, medical care and surgery, maternity, and gynaecology. We selected the services for inclusion in this inspection based on the intelligence information we held on these areas. These core service inspections were unannounced.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

What we found

Overall trust

Our rating of the trust went down. We rated it as requires improvement because:

- *We rated, effective, caring and responsive as good, and safe and well led as requires improvement.*
- *At the John Radcliffe Hospital, we rated two of the trust's services as good and three as requires improvement. In rating the trust, we took into account the current ratings of the four services not inspected this time.*
- *At the Churchill Hospital we rated one of the trust's services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the four services not inspected this time.*

Summary of findings

- *At the Horton General Hospital, we rated one of the trust's service as good and one as requires improvement. In rating the trust, we took into account the current ratings of the six services not inspected this time.*
- *At the Nuffield Orthopaedic Centre, we rated one of the trust's services as good. In rating the trust, we took into account the current ratings of the two services not inspected this time.*
- *We rated well-led for the trust overall as requires improvement.*

Are services safe?

Our rating of safe went down. We rated it as requires improvement because:

- The services provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, medical staff's compliance with safeguarding training on how to recognise and report abuse was significantly below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- Staff kept records of patients' care and treatment and they were easily available to all staff providing care. However, patient notes were not always fully completed and in some areas, they were not securely stored.
- In general, services followed best practice when prescribing, giving and recording medicines, but in some areas medicine storage was not in line with best practice.
- Services mainly had suitable premises and equipment and mostly looked after them well. There was a mix of old and new estate which did present the trust with challenges which they were monitoring and addressing. However, in some areas the environment had not been maintained to a satisfactory standard and the entrance to the children's emergency department was not always secure.
- Services had processes in place to manage the risk of infection and in most areas staff kept themselves, equipment, and the premises clean. However, within surgery, gynaecology, emergency department and maternity service there were areas where these processes were not being constantly applied.
- In some areas within surgery the incident reporting system was not being effectively used to report events which had resulted in harm or where there was risk as a result of damage to the fabric of the building.
- Not all services always had enough nursing staff, with the right mix of qualification and skills, although they were working hard to remedy this. The Midwifery service did not have the planned numbers of midwifery and nursing staff which impacted on the women's choice. Staff worked flexibly to provide a safe service although there was not enough midwifery staffing to reach the Royal College of Obstetricians and Gynaecology (RCOG) recommended midwife ratio of 1:28.
- As a major trauma centre the service did not meet the national requirements regarding consultant cover. However, the service had enough medical staff with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.

However

- Staff completed and updated risk assessments for each patient. They kept records and asked for support where necessary.
- Services took a flexible approach to ensuring they had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Summary of findings

- Services had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Services managed patient safety incidents well. Most staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Services provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service could cater for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff worked well together for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Services collected performance data against clinical standards for seven days working. The Trust had produced a seven-day service guide, which all staff we spoke with were very positive about.
- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However

- Services were supportive of staff development with a strong desire to ensure they were competent for their role. However, managers did not always appraise staff work and performance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. However, the emergency department (ED) at John Radcliffe hospital failed to meet any of the national standards for the three Royal College of Emergency Medicine audits in which it participated.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion and kindness. Feedback from patients was consistently positive about the way staff treated them.
- Staff provided emotional support to patients to minimise their distress
- Staff involved patients and those close to them in decisions about their care and treatment.

However

Summary of findings

- We observed some instances where a patients' privacy and dignity was not respected.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- Services planned and provided services in a way that met the needs of local people.
- Service took account of patients' individual needs. This included refurbishment of the complex medical wards to make them more dementia friendly and the development of treatment pathways such as direct admission and ambulatory care.
- In general people could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit and treat patients were being monitored and action had been taken by the trust to assess the risk to patients and improve performance in areas where this had been poor.
- Services investigated concerns and complaints and learned lessons from the results, and shared these with staff.

However

- A proportion of patients experienced a delayed discharge.
- Services responses to complaints were not always completed in a timely manner.
- Due to staffing challenges the endoscopy procedure rooms sometimes at the Horton General Hospital, which had extended the waiting list for non-cancer patients.
- In the emergency department at the John Radcliffe hospital found demand for services frequently outstripped the availability of appropriate clinical spaces to assess, treat and care for patients.
- Generally, people could access the services when they needed it. However, in the emergency department waiting times from referral to treatment and arrangements to admit, treat and discharge patients did not always meet national standards. In the gynaecology service patients could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.

Are services well-led?

Our rating of well-led went down. We rated it as requires improvement because:

- Services had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. These were not always effective as we found risks in some services which had not been identified as such.
- The services collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards. However, there was a lot of information and not always enough analytic support available to interpret and present the information in a usable format in a timely way.
- Re organisation had in turn led to a change in the staff with accountability for the governance of some services. These services were working to ensure there was an agreed and sustained systematic approach to continually improve the quality of its services and safeguarding high standards of care. However, the arrangements for governance and performance management had not always operated effectively.

However

- Most managers had the right skills and abilities to run a service providing high quality sustainable care.

Summary of findings

- Services had a vision for what they wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- Managers across the services and wider trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Most services used a systematic approach to continually improving the quality of their service and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Services were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found an example of outstanding practice in medicine. For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including 35 breaches of legal requirements that the trust must put right. We found 24 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued five requirement notices to the trust and took one enforcement action. Our action related to breaches of two legal requirements at a trust-wide level and five in a number of core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

The medicine service employed two registrars under the chief registrar scheme in Ambulatory Care. Most hospitals do not have a chief registrar scheme, so this was unusual. The aim of the placement was to identify treatment options which could safely be delivered in an ambulatory care setting.

Summary of findings

An example of the innovation putting the patient at the centre was the introduction of frailty team at the front door in the emergency department. Therapists were seeing patients and assessing their needs, without the need for a formal referral with the aim of facilitating an earlier discharge.

The pharmacy team had been at the forefront of planning for the new Falsified Medicines Directive, taking a national role to pilot the work. The trust responded promptly to national concerns and had taken action to improve their oversight of controlled drugs prescribing in light of the Gosport Independent Panel report. A culture of learning and improvement was shown through the work streams and plans; for example, training technicians to undertake different roles supporting the pharmacists.

A spasticity clinic had been developed. There was a specialist physiotherapist who using imaging techniques were able to guide injections to more accurate locations within agreed guidelines.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with the legal requirements.

Action the trust MUST take to improve

Trust Level

- The trust must ensure they have the right people with the right skills at executive level.
- 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 of the organisation's priorities.
- The trust must ensure the effectiveness of the board is monitored in a formal way.
- The trust must ensure managers appraise staffs' work performance.
- The trust must ensure information is collected, analysed, managed, and used in such a way to ensure information is presented in a clear, easily understood way, which can be used to provide assurance.
- The trust must review the effectiveness of their processes for ensuring risks are recognised and actions taken to mitigate the impact of such risks.

Emergency Department

- The trust must ensure all staff complete their mandatory training and the required level of safeguarding training for their role.
- The trust must ensure security to the children's ED entrance is maintained.
- The trust must review the safe storage of all items stored on trolleys in the children's ED.
- The trust must ensure the service meets its major trauma centre requirements for consultant cover.
- The trust must ensure patient health records are stored securely in all areas of the ED and Emergency Assessment Unit (EAU).

Summary of findings

- The trust must ensure medicines are safely and securely managed and stored at all times.
- The trust must ensure that all relevant staff sign Patient Group Directions documentation to indicate they understand them and will work with the framework as described.
- The trust must ensure staff are competent for their roles and managers appraise staff's work performance.
- The trust must ensure privacy and dignity of patients is maintained in the ED and EAU.
- The trust must ensure all staff adhere to trust policy regarding infection prevention and control.

Medicine Core Service

- The trust must ensure all staff complete their mandatory training, safeguarding training, and appraisals.
- The trust must ensure substances hazardous to health are always stored safely.
- The trust must ensure medicines are stored safely and securely at all times.
- The trust must ensure patient records are fully completed.
- The trust must ensure staff are competent for their roles and managers appraise staff's work performance.

Surgery Core service

- The trust must ensure all staff complete their mandatory and safeguarding training.
- The trust must ensure risks relating to the fabric of the environment are assessed and take action to ensure the environment is safe and fit for purpose.
- The trust must ensure s
- The trust must ensure there are sufficient number of staff the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The trust must ensure patients privacy and dignity is maintained when they are asleep, unconscious or lack capacity.
- The trust must ensure operating rooms are suitable for the purpose they are used for, for example have ultra clean ventilation. The theatre departments are clean and maintained properly to ensure adequate cleaning can be carried out.
- The trust must ensure risk registers reflect the current risks to their departments, the level of escalation of those risks and their mitigation. These must be reviewed on a regular basis. Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate.

Maternity Core Service

- The trust must ensure there are sufficient numbers of suitably qualified, competent skilled and experienced staff to meet the needs of the service, both midwifery and medical.
- The trust must ensure there is a robust process in place to monitor compliance with mandatory training across all maternity staff groups.
- The trust must ensure all relevant maternity staff complete safeguarding children training level 3.
- The trust must ensure staff are competent for their roles and managers appraise staff's work performance.

Gynaecology Core Service

- The trust must ensure infection prevention and control processes are effective and practiced by all staff.

Summary of findings

- The trust must review auditing processes to ensure they are effective in identifying areas for improvement and driving positive change.
- The trust must work to improve and meet the national target for patients from referral to appointment of 52 weeks.

Action the trust SHOULD take to improve

Trust Level

- The trust should consider identifying a board level lead in relation to the freedom to speak up initiative.
- The trust should ensure their equality and diversity action plan is given sufficient attention for the actions to be completed and progress made.
- The trust should review the provision of analytic support.

Emergency Department

- The trust should consider reviewing signage within the John Radcliffe Hospital ED and ED reception area so patients and relatives can be sure of where to go.

Medicine Core service

- The trust should ensure complaints are managed in a timely way.
- The trust should consider sharing more detailed data in meetings to enhance information sharing to support quality of care.

Surgery Core Service

- The trust should make sure staff are aware who is responsible for the maintenance and testing of equipment and what the assurance process was to ensure these were all current.
- The trust should ensure anaesthetic equipment is checked in line with professional guidance, so staff can be assured it is and fit for purpose.
- The trust should ensure records are stored securely at all times when not in use.
- The trust should ensure medicines have opening dates annotated to know when these will expire.
- The trust should ensure they meet national standards for care and treatment in hip surgery.
- The service should work to improve its
- The trust should work to improve cancellations rates.
- The trust should improve its timeliness in answering complaints.
- The trust should ensure theatre staff adhere to infection control policies and procedures and wear the appropriate coving to scrubs when leaving the department.
- 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.
- The trust should ensure they continue to reduce the length of stay for all elective and non- elective patients.

Maternity Core Service

- The trust should review the maintenance contract for the Horton General hospital maternity led unit and ensure the environment and equipment meets agreed standards.

Summary of findings

- The trust should ensure medicines are stored securely and at the correct temperatures.
- The trust should ensure maternity service guidelines are reviewed against current best practice or national guidance.
- The service should investigate complaints within the time frames detailed in its own complaints policy.

Gynaecology Core Service

- The trust should ensure medical and nursing staff comply with all mandatory training targets.
- The trust should ensure patient records are securely stored at all times.
- The trust should ensure temperature checks are completed of medicine storage rooms to ensure they remain suitable for use and liquid medicines, when used, are dated with clear expiry dates noted.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust went down. We rated well-led as requires improvement because:

- In general managers had the right skills and abilities to run a service providing high-quality sustainable care. At executive level it was acknowledged there were some key areas where the team lacked the expertise required. There was a focus on the development of future leaders, however there was no formal board development plan.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. However, the effectiveness of the board was not being assessed and with a lack of a standardised agenda for governance meetings across the trust the effectiveness of these was difficult to assess.
- Managers across the trust did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff development was not always given sufficient priority as appraisals were not always seen as a priority. Equality and diversity were not consistently promoted and the causes of workforce inequality were not being adequately addressed. Staff, including those with particular protected characteristics under the Equality Act, did not always feel they were treated equitably.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, these were not always effective, as we identified areas where poor practices which were presenting a risk, had not been recognised as such.
- The trust collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards. The triangulation and analysis of information needed to be strengthened.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Summary of findings

- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RHT/Reports.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Jun	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Requires improvement ↓ Jun 2019	Requires improvement ↓ Jun 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
John Radcliffe Hospital	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↓ Jun 2019	Requires improvement ↔ Jun 2019
Churchill Hospital	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Nuffield Orthopaedic Hospital	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Horton General Hospital	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Overall trust	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Horton General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Jun	Good Jun	Good ↔↔ Jun	Requires improvement ↓ Jun	Requires improvement ↓ Jun	Requires improvement ↓ Jun
Medical care (including older people's care)	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019
Surgery	Good Jun 2019	Good Jun 2019	Good Jun	Good Jun	Good Jun	Jun
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
End of life care	Good May 2014	Good May 2014	Good May 2014	May 2014	Good May 2014	May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall*	Requires improvement ↓ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for John Radcliffe Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019
Medical care (including older people's care)	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Surgery	Requires improvement ↓ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↓ Jun 2019	Requires improvement ↓ Jun 2019
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Gynaecology	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
End of life care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Requires improvement May 2014	Good May 2014	Good May 2014
Diagnostic imaging						
Overall*	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↔ May 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Churchill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Surgery	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	→← Jun 2019	Good →← Jun 2019	Good →← Jun 2019
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Gynaecology	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
End of life care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall*	Requires improvement ↓ Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Nuffield Orthopaedic Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019
Surgery	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Diagnostic imaging						
Overall*	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Nuffield Orthopaedic Centre

Windmill Road
Headington
Oxford
Oxfordshire
OX3 7LD
Tel: 01865742348
www.noc.nhs.uk

Key facts and figures

The Nuffield Orthopaedic Centre has been treating patients with bone and joint problems for more than 80 years. The hospital also undertakes specialist services such as the treatment of bone infection and bone tumours, limb reconstruction and the rehabilitation of those with limb amputation or complex neurological disabilities. Departments and services include orthopaedics, rheumatology, radiology, rehabilitation, OxSport, metabolic medicine, therapy services, Hydrotherapy pool and gym and day surgery unit.

The Oxford Centre for Enablement (OCE) at the Nuffield Orthopaedic Centre is the Wessex regional enablement centre and is commissioned by NHS England (NHSE) to provide specialist neurological rehabilitation for up to 26 patients. The area covers a wide area from Oxfordshire, Buckinghamshire, Berkshire, Hampshire, Isle of Wight and Dorset.

The Oxford Centre for Enablement (OCE) specialises in all aspects of disability and rehabilitation: clinical, education, research, and policy. It aims to help patients, other clinicians and clinical services, researchers, educationalists, commissioners and anyone involved in designing or developing rehabilitation services.

Summary of services at Nuffield Orthopaedic Centre

Good   

Our rating of services stayed the same. We rated it as good because:

- People were protected from harm. Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that are directly affected.
- People have good outcomes because they received effective care and treatment that met their needs. Up to date information about effectiveness was shared, and used to improve care and treatment and people's outcomes.
- When people received care from a range of different staff, teams or services, it was co-ordinated. All relevant teams were involved in assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.

Summary of findings

- People were supported, treated with dignity and respect and were involved as partners in their care. People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive.
- People's needs were met through the way services were organised and delivered. Reasonable adjustments were made and action taken to remove barriers when people find it hard to access or use services.
- Leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- There was an effective and comprehensive process to identify, understand, monitor and address future and current risk.

However

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups with the exception of medical staff. The medicine division had developed actions to address the gap in compliance, and action plans were in place at directorate level.
- The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.
- A proportion of patients did experience a delay when medically fit with their transfer from hospital.
- To keep patients safe, eight beds were closed which had impacted on the waiting list and finances. There was an average wait of two weeks for admission to the Oxford Centre for Enablement (OCE).

Medical care (including older people's care)

Good   

Key facts and figures

Medical services at Oxford University Hospitals NHS Foundation Trust are provided for local people across four hospitals. These hospitals are John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Centre and Horton General Hospital.

During this inspection adult medical services were inspected at John Radcliffe Hospital, Nuffield Orthopaedic Centre and Horton General Hospital.

The medical care service at the trust provides 516 medical inpatient beds located across 27 wards: The trust had 81,248 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 33,168 (40.8%), 3,688 (4.5%) were elective, and the remaining 44,392 (54.6%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 27,351 (33.7%)
- Gastroenterology: 18,091 (22.3%)
- Cardiology: 7,208 (8.9%)

(Source: Hospital Episode Statistics)

Our inspection to the Nuffield Orthopaedic Centre where we visited the inpatient ward at the Oxford Centre for Enablement (OCE) was unannounced to enable us to observe routine activity. We spoke with 16 members of staff including senior nurses, health care assistants, a consultant, junior nursing staff, allied health professionals, managers, cleaning staff, administration staff, ward nursing staff, a practice development nurse and a clinical governance and risk practitioner. We also spoke with two patients and a relative.

The Care Quality Commission last inspected the inpatient beds at the OCE on 8 November 2017: this was an unannounced inspection following up on the previous inspection on 9 August 2017. The previous inspection followed a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) notification concerning a safety incident that occurred on the 8 July 2017. The inspection in November 2017 was a focused inspection with only two domains being reviewed therefore there was no overall rating for the service. This was because the inspection was to follow up on concerns identified at the previous inspection. The two domains safe and well led were rated as requires improvement. The last comprehensive inspection of the medicine core service was February/ March 2014 when the service rated good for safe, effective, caring, responsive and well led.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- People were protected from harm. Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that are directly affected.
- People have good outcomes because they received effective care and treatment that met their needs. Up to date information about effectiveness was shared, and used to improve care and treatment and people's outcomes.

Medical care (including older people's care)

- When people received care from a range of different staff, teams or services, it is co-ordinated. All relevant staff, teams it was co-ordinated. All relevant teams were involved in assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.
- People were supported, treated with dignity and respect and were involved as partners in their care. People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff are positive.
- People's needs were met through the way services were organised and delivered. Reasonable adjustments were made and action taken to remove barriers when people find it hard to access or use services.
- Leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- There was an effective and comprehensive process to identify, understand, monitor and address future and current risk.

However

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups with the exception of medical staff. The medicine division had developed actions to address the gap in compliance, and action plans were in place at directorate level.
- The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.
- A proportion of patients did experience a delay when medically fit with their transfer from hospital.
- To keep patients safe, eight beds were closed which had impacted on the waiting list and finances. There was an average wait of two weeks for admission to the Oxford Centre for Enablement (OCE).

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service controlled all infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. The service had made the environment more secure for patients since our last inspection in November 2017.
- Staff completed and updated risk assessments for each patient. They kept records and asked for support where necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Medical care (including older people's care)

- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information which was displayed for members of the public and staff to see. Managers used this information to improve the service

However

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, medical staff's compliance with safeguarding training on how to recognise and report abuse was significantly below the trust target for adults and children modules. There was a risk patients' may not be safeguarded from harm.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service could cater for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff worked well together for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust collected performance data against clinical standards for seven day working. The trust had produced a 7 day service guide, which all staff we spoke with were very positive about.
- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Medical care (including older people's care)

However

- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups with the exception of medical staff. The medicine division had developed actions to address the gap in compliance, and action plans were in place at directorate level.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion and kindness. Feedback from patients was consistently positive about the way staff treated them. We observed a lovely rapport between patients, relatives and staff.
- Staff provided emotional support to patients to minimise their distress
- Staff involved patients and those close to them in decisions about their care and treatment. Information was available for relatives to read as they came into the OCE, to help them understand how they could be involved in supporting their relative.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service took account of patients' individual needs.
- The service investigated concerns and complaints and learned lessons from the results, and shared these with staff.
- Services were planned in a way that meet the needs of local people. The service since July 2017 had needed to reduce the number of beds open, to provide a safe service.
- Patients experienced a wait on average of about two weeks before admission to the Oxford Centre for Enablement, however the length of stay was better than the English national average. Some patients discharge from hospital was delayed.

However,

- The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Managers had the right skills and abilities to run a service providing high quality sustainable care.

Medical care (including older people's care)

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Staff were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However

- The service could include more data in meetings, to enable staff to be more informed of gaps in compliance, for example with mandatory training and appraisal completion.

Horton General Hospital

Horton Hospital
Oxford Road
Banbury
Oxfordshire
OX16 9AL
Tel: 01295229062
www.ouh.nhs.uk

Key facts and figures

The Horton General Hospital in Banbury serves the growing population in the north of Oxfordshire and surrounding areas. This is an acute general hospital providing a wide range of services, including an emergency department (with an emergency admission unit); acute general medicine and elective day case surgery; trauma; maternity (midwifery-led unit) and gynaecology; paediatrics; critical care and the Brodey Centre (treatment for cancer). The majority of these services have inpatient beds and outpatient clinics, with the outpatient department running clinics with visiting consultants from Oxford. During this inspection we visited the emergency department and the medicine service.

Summary of services at Horton General Hospital

Good   

Our rating of services stayed the same. We rated it as good because:

- People were protected from harm. Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that are directly affected.
- When people received care from a range of different staff, teams or services, it was co-ordinated. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- People were supported, treated with dignity and respect and were involved as partners in their care
- Reasonable adjustments were made and action taken to remove barriers when people found it hard to access or use services.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity act 2005. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.
- Leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- There was an effective and comprehensive process to identify, understand, monitor and address future and current risk.

However,

Summary of findings

- The services provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- Management and support arrangements for staff were not always effective. Appraisals were significantly below the trust target of 90% for all staff groups with the exception of medical staff.
- The services did not always have enough nursing staff, with the right mix of qualification and skills, although they were working hard to remedy this.
- While the trust took complaints seriously and ensured they were investigated the trust's responses to complaints were not always completed in a timely manner.
- A proportion of patients did experience a delay when medically fit for discharge or transfer.
- There was no vision for what the ED at the Horton General Hospital wanted to achieve and no workable plans developed with involvement from staff, patients, and key groups representing the local community.

Urgent and emergency services

Requires improvement  

Key facts and figures

The Oxford University Hospitals NHS Foundation Trust has two emergency departments (ED); these are located at the John Radcliffe Hospital and Horton General Hospital. The Emergency Departments at John Radcliffe Hospital and Horton General Hospital are part of the Medicine, Rehabilitation and Cardiac Division (MRC) that provide the following services: emergency medicine, acute general medicine, gerontology and stroke medicine, therapies and rehabilitation.

Between June 2017 to May 2018 there were 136,936 attendances at the trust's urgent and emergency care services. The percentage of ED attendances at this trust that resulted in an admission decreased in 2017/18 compared to 2016/17. In both years, the proportions were higher than the England averages.

From September 2017 to August 2018 there was a relatively stable trend in the monthly percentage of ambulance journeys with turnaround times over 30 minutes at Horton General Hospital. In the most recent month, August 2018, 27% of ambulance journeys had turnaround times over 30 minutes, this had reduced from 33% in previous months. From January 2018 to August 2018 the trust reported 54 "black breaches", when the ambulance crew had waited over an hour to hand over to ED staff. The highest number of black breaches occurred in March and July 2018 (10 and nine, respectively).

During this inspection emergency services were inspected at both the John Radcliffe Hospital and Horton General Hospital. Our inspection at the Horton General Hospital was unannounced to enable us to observe routine activity. We spoke with 25 members of staff including senior nurses, health care assistants, two consultants, junior medical staff, junior nursing staff, allied health professionals, managers and administration staff. We also spoke with 14 patients and 23 relatives.

The Care Quality Commission's last inspection at the Horton General Hospital was February/ March 2014 when the service was rated good for safe, caring, responsive and well led. Effective was not rated following the previous inspection.

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- Staff were not always given the opportunity to have an annual appraisal.
- The service did not always control infection risk well. Staff did not always keep equipment and the premises clean. Control measures to prevent the spread of infection were not always in use in the ED.
- Staff did not always adhere to trust medicines management policy.
- The environment was not always suitable for services provided.
- Privacy and dignity was compromised for some patients in the ED.
- The service did not always have enough nursing staff, with the right mix of qualification and skills, although they were working hard to remedy this.

Urgent and emergency services

- There was no vision for what the ED at the Horton General Hospital wanted to achieve and no workable plans developed with involvement from staff, patients, and key groups representing the local community.

However:

- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- Leaders on the wards had the skills, knowledge, experience and integrity they needed to fulfil their roles.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe.
- The trust had processes to ensure care and treatment was aligned with current evidence-based practice.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, but they did not make sure everyone completed it. Mandatory training compliance for medical and nursing staff was variable and below the trust target.
- The trust provided training on how to recognise and report abuse. Not all medical or nursing staff had completed the training at the required level to ensure they had the appropriate knowledge to do so. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service generally controlled infection risk well. Staff kept themselves, equipment and the premises clean. There was variable use of control measures to prevent the spread of infection.
- The service was restricted by the current layout of the building but staff maintained them well. They had suitable equipment and staff looked after the equipment well.
- The service did not always follow best practice regarding the safe storage of medicines.

However,

- The service had suitable equipment and looked the equipment well.
- Staff completed and updated risk assessments for each patient. They kept records and asked for support where necessary.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Medicines were prescribed and administered in line with best practice.

Urgent and emergency services

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good  → ←

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff worked well together for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However,

- Managers monitored the effectiveness of care and treatment. However, the service did not meet any of the national standards for two of the three Royal College of Emergency Medicine audits in which it participated.
- The service did not always make sure staff were competent for their roles. There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups. Managers held supervision meetings with staff however, appraisal completion rates were 57.3%, this was below the trust target of 90%.

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion and kindness. Feedback from patients was consistently positive about the way staff treated them.
- Staff provided emotional support to patients to minimise their distress. We observed staff providing encouragement and support to patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with felt they were involved in decisions about their care.

Urgent and emergency services

Is the service responsive?

Requires improvement ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- People could not always access the service when they needed it. Between October 2017 and September 2018 the trust failed to meet the national standard of 95% of patients who should be admitted, transferred or discharged within four hours of arrival in the emergency department. However, the service performed similar to the England average.
- Between October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average. During this period 91 patients waited more than 12 hours from the decision to admit until being admitted, with the highest numbers occurring in January 2018, 55 patients.

However,

- The service took account of patients' individual needs. The service had access to interpreting services for people whose first language was not English and sign language interpreters for people living with hearing impairment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Managers in the department had the right skills and abilities to run a service providing high-quality sustainable care. Local leaders within the ED were experienced, well respected and well thought of. However, directorate levels leaders were not visible and not engaged at a local level within the department.
- There was no vision for what the ED at the Horton General Hospital wanted to achieve and no workable plans developed with involvement from staff, patients, and key groups representing the local community.

However;

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Medical care (including older people's care)

Good   

Key facts and figures

Medical services at Oxford University Hospitals NHS Trust are provided for local people across four hospitals. These hospitals are John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Centre and Horton General Hospital.

During this inspection adult medical services were inspected at John Radcliffe Hospital, Nuffield Orthopaedic Centre and Horton General Hospital.

The medical care service at the trust provides 516 medical inpatient beds located across 27 wards: The trust had 81,248 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 33,168 (40.8%), 3,688 (4.5%) were elective, and the remaining 44,392 (54.6%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 27,351 (33.7%)
- Gastroenterology: 18,091 (22.3%)
- Cardiology: 7,208 (8.9%) (*Source: Hospital Episode Statistics*)

Our inspection to the Horton General Hospital was unannounced to enable us to observe routine activity. We spoke with 25 staff including senior nurses, health care assistants, two consultants, junior medical staff, junior nursing staff, allied health professionals, managers, cleaning staff, administration staff, ward nursing staff, a practice development nurse and a clinical governance and risk practitioner. We also spoke with four patients and a relative.

The Care Quality Commission last inspection at Horton General Hospital was February/ March 2014 when the service was rated good for safe, effective, caring, responsive and well led.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- People were protected from harm. Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that are directly affected.
- When people received care from a range of different staff, teams or services, it was co-ordinated. All relevant teams were involved in assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- People were supported, treated with dignity and respect and were involved as partners in their care. People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff are positive.
- Reasonable adjustments were made and action taken to remove barriers when people find it hard to access or use services.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.
- Leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.

Medical care (including older people's care)

- There was an effective and comprehensive process to identify, understand, monitor and address future and current risk.

However,

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- Substances hazardous to health were not always stored safely.
- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups with the exception of medical staff. The medicine division had developed actions to address the gap in compliance, and action plans were in place at directorate level.
- Outcomes for stroke patients had deteriorated from grade C in 2017 to grade D in 2018.
- The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.
- A proportion of patients did experience a delay when medically fit with their transfer from hospital.

Is the service safe?

Good ● ➡ ➡

Our rating of safe stayed the same. We rated it as good because:

- Staff completed and updated risk assessments for each patient. They kept records and asked for support where necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and managers used this information to improve the service. However, the results were not always displayed for patients and visitors to see.
- Staff mostly kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines.
- The service controlled all infection risk well. Staff mostly kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

However

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.

Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, medical staff's compliance with safeguarding training on how to recognise and report abuse was significantly below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- There was a lack of assurance that equipment was safe and ready to use. Checks on emergency equipment were not always completed daily and substances hazardous to health stored safely.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service could cater for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff worked well together for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust collected performance data against clinical standards for seven day working. The trust had produced a 7 day service guide, which all staff we spoke with were very positive about.
- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However

- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups except for medical staff.
- Outcomes for stroke patients had deteriorated from grade C in 2017 to grade D in 2018.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

Medical care (including older people's care)

- Staff cared for patients with compassion and kindness. Feedback from patients was consistently positive about the way staff treated them.
- Staff provided emotional support to patients to minimise their distress. We observed staff providing encouragement and support to patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with felt they were involved in decisions about their care.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit and treat patients were in line with good practice. The trust had systems in place to aid patient flow, that included bed meetings that were increased in frequency if there were concerns about the demand for capacity.
- The trust had put several initiatives in place to support a timely discharge for all patients.
- The trust investigated concerns and complaints and learned lessons from the results, and shared these with staff. However
- The trust planned and provided services in a way that did not consistently meet the needs of local people.
- A proportion of patients experienced a delayed discharge.
- The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.

Is the service well-led?

Good   

- Managers at all levels in the trust had the right skills and abilities to run a service providing high quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- Managers across the service and wider trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively

Medical care (including older people's care)

- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However

- Compliance rates with mandatory training and appraisals were not discussed consistently at clinical service unit meetings or medicine directorate governance meeting. More data could have been included, to enable staff to have been more informed about gaps in compliance, for example with mandatory training and appraisal compliance.
- Action taken as a result of information, for example after an audit, was not always clear.

John Radcliffe Hospital

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Headington
Oxford
Oxfordshire
OX3 9DU
Tel: 01865741166
www.ouh.nhs.uk

Key facts and figures

The John Radcliffe Hospital (JR) is Oxfordshire's main accident and emergency site. The JR provides acute medical and surgical services including trauma, intensive care and cardiothoracic services. It is situated in Headington, about three miles east of Oxford city centre. It is the largest of the trust's hospitals, covering around 66 acres, and includes the Children's Hospital; the Eye Hospital; the Heart Centre; the West Wing and the Women's Centre.

The John Radcliffe site also houses many departments of Oxford University Medical School, is home to the George Pickering Education Centre and base for most medical students who are trained throughout the trust.

Summary of services at John Radcliffe Hospital

Requires improvement   

Our rating of services stayed the same. We rated it them as requires improvement because:

- Most services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, some risks which had a potential to have a high impact, were not considered as a risk and therefore were not captured on the services risk register.
- The services provided mandatory training in key skills to all staff but not everyone had completed their training. Nursing staff compliance was significantly higher than medical staff.
- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for staff groups except medical staff.
- The trust had a recruitment program and was undertaking various initiative to encourage staff to stay. However, some services, such as surgery, gynaecology and midwifery did not always have enough nursing or midwifery staff, with the right mix of qualification and skills.
- Patients care records were not always stored in a way which protected patient confidentiality.
- Medicines were not always safely stored and managed at all times.
- Some services did not always control infection risk well. Staff did not always keep equipment and the premises clean. Control measures to prevent the spread of infection were not always in use in the main theatres.

Summary of findings

- The environment was not always suitable for services provided. Areas in some of the main operating department and wards were damaged and in need of repair and posed potential risks to patient and staff safety.
- Privacy and dignity was compromised for some patients in the main operating department.
- National standards for care and treatment in some key areas were not always met. Referral to treatment (percentage within 18 weeks) and average length of stay for elective patients did not always meet the England average. The percentage of cancelled operations was higher than the England average.
- The trust's responses to complaints were not always completed in a timely manner.
- A proportion of patients experience a delay when medically fit for discharge.
- Audits and quality outcomes conducted at a local and divisional level to monitor the effectiveness of care and treatment were not always effective in identifying areas for improvement.

However

- The services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt. When things went wrong, staff apologised and gave patients honest information and suitable support.
- In general services provided care and treatment based on national guidance and monitored evidence of its effectiveness. Although we found the maternity service had not reviewed or updated some of the protocols and guidelines against best practice and national guidance.
- There was good multidisciplinary working. When people received care from a range staff, teams or services, it was co-ordinated.
- People were supported, treated with dignity and respect and were involved as partners in their care. People were treated with kindness during all interactions with staff and relationships with staff were positive.
- Reasonable adjustments were made and action taken to remove barriers when people found it hard to access or use services.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.
- Most leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.

Urgent and emergency services

Requires improvement   

Key facts and figures

The Oxford University Hospitals NHS Foundation Trust has two emergency departments (ED); these are located at the John Radcliffe Hospital and Horton General Hospital. The Emergency Departments at John Radcliffe Hospital and Horton General Hospital are part of the Medicine, Rehabilitation and Cardiac Division (MRC) directorate that provide the following services: emergency medicine, acute general medicine, gerontology and stroke medicine, therapies and rehabilitation.

Between June 2017 to May 2018 there were 136,936 attendances at the trust's urgent and emergency care services. The percentage of ED attendances at this trust that resulted in an admission decreased in 2017/18 compared to 2016/17. In both years, the proportions were higher than the England averages.

From January 2018 to August 2018 the trust reported 54 "black breaches", when the ambulance crew had waited over an hour to hand over to ED staff. The highest number of black breaches occurred in March and July 2018 (10 and nine, respectively).

During this inspection emergency services were inspected at both the John Radcliffe Hospital and Horton General Hospital. Our inspection at the John Radcliffe Hospital was unannounced to enable us to observe routine activity. We spoke with 36 members of staff including senior nurses, health care assistants, two consultants, junior medical staff, junior nursing staff, allied health professionals, managers and administration staff. We also spoke with 18 patients and 13 relatives.

The Care Quality Commission last inspection at John Radcliffe Hospital was February/ March 2014 when the service was rated requires improvement for safe, effective, responsive and well led. Caring was rated as good.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- Staff were not always given the opportunity to have an annual appraisal.
- Staff did not always adhere to trust medicines management policy.
- The service did not always control infection risk well. Staff did not always keep equipment and the premises clean. Control measures to prevent the spread of infection were not always in use in the ED.
- The environment was not always suitable for services provided.
- Privacy and dignity was compromised for some patients in the ED.
- The service did not always have enough nursing staff, with the right mix of qualification and skills, although they were working hard to remedy this.
- The security of patient health records was not maintained in the EAU.
- Signage for the ED and ED reception area at the John Radcliffe Hospitals was confusing and not clear enough to be understood by people who were unfamiliar with the environment.

However:

Urgent and emergency services

- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- Leaders on the wards had the skills, knowledge, experience and integrity they needed to fulfil their roles.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe.
- The trust had processes to ensure care and treatment was aligned with current evidence-based practice.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

Is the service safe?

Requires improvement ● ➡ ⬅

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however they did not make sure everyone completed it. Nursing staff compliance was significantly higher than medical staff.
- The trust provided training on how to recognise and report abuse. Not all medical or nursing staff had completed the training at the required level to ensure they had the appropriate knowledge to do so. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service did not always control infection risk well. Staff did not always keep equipment clean. There was variable use of control measures to prevent the spread of infection. Most of the emergency department areas we visited were visibly clean, tidy and free from clutter.
- The service was restricted by the current layout of the building. However, they did have suitable equipment and looked after the equipment well. Given the limitations of the premises staff maintained them well.
- The service did not always have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- As a major trauma centre the service did not meet the national requirements regarding consultant cover. However, the service had enough medical staff with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment but these were not always stored securely. Records were clear, up-to-date and easily available to all staff providing care.
- The service did not always follow best practice when prescribing and administering medicines. We found concerns regarding the recording and storage of medicines. Patients received the right medication at the right dose at the right time.

However;

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

Urgent and emergency services

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- Staff assessed patients to see if they were in pain and gave pain relief if needed. However, the systems used by the service did not assist staff to record and monitor pain scores effectively.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. However, the ED at John Radcliffe hospital failed to meet any of the national standards for the three Royal College of Emergency Medicine audits in which it participated.
- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups. Completion rates for appraisals was 57.3% against at target of 90%.

However;

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. However, patients did not always have their privacy and dignity maintained while in the department.
- Staff provided emotional support to patients to minimise their distress. We observed staff supporting patients and responding to their needs in and communicating in an appropriate way.
- Staff involved patients and those close to them in decisions about their care and treatment.

Urgent and emergency services

Is the service responsive?

Requires improvement ● ➡ ➡

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The service planned services in a way that met the needs of local people. However, we found this was not always delivered on a consistent basis. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess, treat and care for patients.
- People could access the service when they needed it. However, waiting times from referral to treatment and arrangements to admit, treat and discharge patients did not always meet national standards.
- The service treated concerns and complaints seriously, investigated them and shared these with all staff. However, it was not evident lessons were learned from the results.

However;

- The service took account of patients' individual needs.

Is the service well-led?

Requires improvement ● ➡ ➡

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Managers in the department had the right skills and abilities to run a service providing high-quality sustainable care. Local leaders within the ED were experienced, well respected and well thought of. However, directorate levels leaders were not visible and not engaged at a local level within the department.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, some risks which had a potential to have a high impact, were not considered as a risk and therefore were not captured on the risk register.
- The service engaged well with patients to inform local improvement. However, the views of staff were not always sought to plan and manage appropriate services.

However;

- There was a vision for the development of the ED environment. There were workable plans developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Medical care (including older people's care)

Good 

Key facts and figures

Medical services at Oxford University Hospitals NHS Foundation Trust are provided for local people across four hospitals. These hospitals are John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Centre and Horton General Hospital.

During this inspection adult medical services were inspected at John Radcliffe Hospital, Nuffield Orthopaedic Centre and Horton General Hospital.

The medical care service at the trust provides 516 medical inpatient beds located across 27 wards: The trust had 81,248 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 33,168 (40.8%), 3,688 (4.5%) were elective, and the remaining 44,392 (54.6%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 27,351 (33.7%)
- Gastroenterology: 18,091 (22.3%)
- Cardiology: 7,208 (8.9%)

(Source: Hospital Episode Statistics)

Our inspection to the John Radcliffe Hospital was unannounced to enable us to observe routine activity. We spoke with 31 members of staff including senior nurses, health care assistants, two consultants, junior medical staff, junior nursing staff, allied health professionals, managers, cleaning staff, administration staff, ward nursing staff, a practice development nurse and a clinical governance and risk practitioner. We also spoke with ten patients and two relatives.

The Care Quality Commission last inspection at John Radcliffe Hospital was February/ March 2014 when the service was rated good for safe, effective, caring, responsive and well led.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- When people received care from a range of different staff, teams or services, it was co-ordinated. All relevant staff, teams it was co-ordinated. All relevant teams were involved in assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- People were supported, treated with dignity and respect and were involved as partners in their care. People were treated with kindness during all interactions with staff and relationships with staff were positive.
- Reasonable adjustments were made and action taken to remove barriers when people found it hard to access or use services.

Medical care (including older people's care)

- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.
- Leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- There was an effective and comprehensive process to identify, understand, monitor and address future and current risk.

However

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for staff groups except medical staff. The medicine division had developed actions to address the gap in compliance, and action plans were in place at directorate level.
- The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.
- A proportion of patients did experience a delay when medically fit with their transfer from hospital.
- Processes to ensure patients were kept safe were not always reliable. Patients' records were not always fully completed, and medicines storage did not always comply with guidance.

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Nursing staff compliance was significantly higher than medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, medical staff's compliance with safeguarding training on how to recognise and report abuse was significantly below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm
- Staff kept records of patients' care and treatment and they were easily available to all staff providing care. However, patient notes were not always fully completed.
- The service followed best practice when prescribing, giving and recording medicines, but not consistently with their storage.
- Substances hazardous to health were not always stored safely.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, to achieve this in endoscopy procedure rooms had closed at times in the last 12 months, which had extended the waiting list for non-cancer patients

However

Medical care (including older people's care)

- The service controlled all infection risk well. Staff mostly kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and mostly looked after them well.
- Staff completed and updated risk assessments for each patient. They kept records and asked for support where necessary.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and managers used this information to improve the service. However, the results were not always displayed for patients and visitors to see.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service could cater for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff worked well together for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust collected performance data against clinical standards for seven day working. The trust had produced a 7 day service guide, which all staff we spoke with were very positive about.
- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However

- There was a gap in the management and support arrangements for staff. Appraisals were significantly below the trust target of 90% for all staff groups with the exception of medical staff.

Medical care (including older people's care)

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion and kindness. Feedback from patients was consistently positive about the way staff treated them.
- Staff provided emotional support to patients to minimise their distress. We observed staff providing encouragement and support to patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with felt they were involved in decisions about their care.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way the met the needs of local people.
- The service was taking action to ensure it could more fully take account of patients' individual needs. This included refurbishment of the complex medical wards to make them more dementia friendly.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit and treat patients were in line with good practice, except in gastroenterology. The trust had systems in place to aid patient flow, that included bed meetings that were increased in frequency if there were concerns about the demand for capacity.
- The trust had put several initiatives in place to support a timely discharge for all patients.
- The trust investigated concerns and complaints and learned lessons from the results, and shared these with staff.

However

- A proportion of patients experienced a delayed discharge.
- The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.

Is the service well-led?

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers had the right skills and abilities to run a service providing high quality sustainable care.

Medical care (including older people's care)

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- Managers across the service and wider trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However

- Compliance rates with mandatory training and appraisals were not discussed consistently at clinical service unit meetings or medicine directorate governance meeting. More data could have been included, to enable staff to have been more informed about gaps in compliance, for example with mandatory training and appraisal compliance.
- Action taken as a result of information, for example after an audit, was not always clear.

Surgery

Requires improvement  

Key facts and figures

Surgical services are provided over four hospitals, which are part of Oxford University Hospitals NHS Foundation Trust. These hospitals are the John Radcliffe Hospital, the Churchill Hospital, the Nuffield Orthopaedic Centre, and the Horton General Hospital.

During this inspection adult surgical service provision were inspected at the John Radcliffe Hospital and the Churchill Hospital sites.

The trust has 487 inpatient beds located over 24 surgical wards and the four sites. From June 2017 to May 2018 the trust had 58,615 surgical admissions across these four sites. Emergency admissions accounted for 16,882 (28.8%), 31,092 (53.0%) were day case, and the remaining 10,641 (18.2%) were elective. (*Source: Hospital Episode Statistics*).

We inspected the surgical core service at the John Radcliffe Hospital which provided surgical in-patient, emergency and day case care for adults across wards and theatres in the west wing, main theatres and day case theatres. At the time of our inspection, eight theatres were in in the main theatre department. There were 12 surgical wards with a total of 245 beds which delivered care across four clinical divisions.

Our inspection at the John Radcliffe Hospital was unannounced to enable us to observe routine activity. We visited all of the surgical wards and the theatre departments and recovery areas in the west wing and main theatres. We spoke with 40 members of staff which included, matrons, ward managers, doctors and staff on the wards including allied health professional, ward clerks and house-keeping staff. We spoke with ten patients and their relatives and reviewed 14 sets of patient records, observed safety briefings and observed practice in the operating theatres.

The Care Quality Commission last inspected surgery at the John Radcliffe Hospital in 2016 and was rated as 'good' overall.

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- The service did not always control infection risk well. Staff did not always keep equipment and the premises clean. Control measures to prevent the spread of infection were not always in use in the main theatres.
- The environment was not always suitable for services provided. Areas in some of the theatres and wards were damaged and in need of repair and posed potential risks to patient and staff safety. Staff in the main theatre department had become disheartened that the refurbishment had not happened and had accepted the environment they worked in was substandard. Risks were not adequately reflected on the risk registers.
- Privacy and dignity was compromised for some patients in the main theatres.
- The service did not always have enough nursing staff, with the right mix of qualification and skills, although they were working hard to remedy this.
- The security of record keeping was not consistent across the wards.

Surgery

- National standards for care and treatment in some key areas were not always met. Referral to treatment (percentage within 18 weeks) and average length of stay for elective patients did not always meet the England average. The percentage of cancelled operations was higher than the England average.
- Signage for surgical wards at the John Radcliffe Hospitals was confusing and not clear enough to be understood by people who were unfamiliar with the environment.
- However:
- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- Leaders on the wards had the skills, knowledge, experience and integrity they needed to fulfil their roles.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe.
- We could see how nurse led roles, rota changes, and adaptations and recruitment were planned and discussed to combat nurse staffing shortfalls.
- The trust had processes to ensure care and treatment was aligned with current evidence-based practice.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- In surgery the 90% target was met for only one of the 10 mandatory training modules and one of the three safeguarding training modules for medical staff.
- The John Radcliffe Hospital was an old building and across its wards and in the main theatres the state and repair of the walls, floors, doors and work surfaces were such that adequate cleaning could not always be assured. This was not in line with The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections.
- Storage in the main theatres could increase the risk of infection. Intravenous fluid in boxes were stored on floors and equipment was stored in open corridors. There were no processes to show if equipment was cleaned prior to being taken into theatres.
- The main theatres had a mitigation plan in place to reduce issues with a silver fish infestation. This was not being monitored or implemented effectively.
- In order to complete a safe number of air changes and in order for the air handling units to work the pressures within the main theatres blew the doors ajar. The mitigation was to bolt the doors; however, this did not always happen. This compromised patient's dignity and privacy. Privacy and dignity was further compromised for patients in one theatre due to the lack of obscured view into the theatre room.
- All equipment with an inventory label and number was managed through an asset management system. However, when asked staff were unclear about who was responsible for the maintenance and testing of equipment and what the assurance process was to ensure these were all current. Further, anaesthetic equipment was not checked in line with professional guidance, therefore staff could not always be assured it was fit for purpose.

Surgery

- In surgery the 90% target was met for one of the three safeguarding training modules for which medical staff at the hospital were eligible.
- Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service.
- The security of record keeping was not consistent across the wards. Wards and areas, we visited had lockable notes trolleys, which were left open in high patient flow areas.
- There was an inconsistent approach to the reporting of incidents across the wards and the main theatres department. Staff we spoke with in main theatres had become tired of reporting the poor state of the theatre department. A staff injury as a result of the poor flooring had not been reported as an internal incident and therefore this had not been reported to the Health and Safety Executive.
- There had been three never events in the surgery core service at the John Radcliffe Hospital.
- Medicines were stored securely; however, they were not always stored safely. Dates of opening and anticipatory expiry dates on liquid medicines, including CD medicines were not annotated.

However:

- In surgery the 90% target was met for six of the 10 mandatory training modules for qualified nursing staff.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- In surgery at the John Radcliffe Hospital the 90% target was met for both safeguarding adults and children level 2 training modules.
- Staff on the wards and in the preadmission clinic decontaminated their hands in line with national guidance.
- Wards at the John Radcliffe Hospital had safety briefings and huddles, Staff told us they felt enabled these to be proactive rather than reactive which enabled them to deliver safe care and treatment to patients.
- We witnessed the correct process for World Health Organisations surgical safety checklists in the theatres on the day surgery unit, in interventional radiology and in the west wing and main theatres.
- The service followed best practice when prescribing, giving and recording medicines and patients received the right medication at the right dose at the right time.
- We could see how nurse led roles, rota changes, and adaptations and recruitment were planned and discussed to combat nurse staffing shortfalls.
- Staff completed and updated risk assessments for each patient.
- Staff kept detailed electronic and paper based records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patient records demonstrated a multidisciplinary collaborative approach to patient care and were well maintained.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. For example, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommendations and National Institute for Health and Care Excellence (NICE)
- The trust had processes to ensure care and treatment was aligned with current evidence-based practice and used enhanced recovery programmes (ERP).
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The surgical divisions had worked hard to reduce the number of falls. The number of falls for quarter one 2018/19 decreased by 30 incidents from the previous quarter.
- Overall patients at John Radcliffe Hospital had a lower than expected risk of readmission for elective and non-elective admissions when compared to the England average.
- Staff made sure that patients had enough to eat and drink when they needed it. They supported vulnerable patients who had additional needs or could not eat or drink themselves.
- Staff at all levels and from all disciplines worked together as a team for the benefit of their patients. Staff also worked closely with teams outside the hospital when preparing to discharge patients.

However:

- The John Radcliffe Hospital did not always meet national standards for care and treatment in some key areas. For example, the proportion of patients having hip surgery on the day of or day after admission was 56.9%, which failed to meet the national standard of 85%.
- In the 2016 National Emergency Laparotomy Audit (NELA) the trust achieved three amber performance ratings and one red performance rating.
- The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. We saw how staff took the time to interact with people who used the services and those close to them in a respectful and considerate way.
- Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients had information about their treatment, surgery and aftercare.
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi faith chaplaincy.

However:

- Patients in the main theatre were not always treated with dignity and respect. One of the operating theatres did not have its glass obscured to limit direct view into the operating theatre.
- The Friends and Family Test response rate for surgery at John Radcliffe Hospital was 24% which was slightly worse than the England average of 27% from September 2017 to August 2018.

Surgery

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service was developing different treatment pathways to suit the needs of the local population. Staff recognised that local people who required emergency surgical services at the trust did not want to be waiting in the emergency department and did not necessarily need to be admitted for treatment.
- Across the whole of the surgical directorate's services were being responsive to the needs of their patients and the challenges on staffing and bed availability.
- From October 2017 to September 2018, the John Radcliffe Hospital received 4,794 compliments about surgery, 43.4% of the total compliments trust wide were within surgery.
- The average length of stay for all non-elective patients at John Radcliffe Hospital was slightly lower than the England average.

However:

- From June 2017 to May 2018, the average length of stay for all elective patients at John Radcliffe Hospital was slightly higher than the England average.
- Six out of the nine surgical specialities did not meet the England average for referral to treatment (percentage within 18 weeks).
- In the two most recent quarters, January to June 2018, the percentage of cancelled operations has been higher than the England average.
- From October 2017 to October 2018 the John Radcliffe Hospital received 91 complaints about surgery. The trust took an average of 34.5 working days to investigate and close these complaints, which was not in line with their complaints policy.

Is the service well-led?

Requires improvement  

- Our rating of well-led went down. We rated it as requires improvement because:
- The fabric and condition of the main theatres at the John Radcliffe Hospital compromised patient and staff safety and leaders had become normalised to these conditions. The risks to staff and patients were not adequately reflected on the risk register.
- The majority of risk registered reflected the concerns highlighted to us from all the staff we spoke with. However not all the divisional registers had received regular review.
- Whilst learning and change in practice after never events was shared across all the theatres on both sites and the inpatients wards, we could not be sure how well this was embedded into practice.
- There was variation in what was discussed at the divisional governance meetings as not all minutes showed risk was a standardised agenda item.

Surgery

However

- Leaders on the wards had the skills, knowledge, experience and integrity they needed to fulfil their roles. Local nursing leaders at ward level were experienced and were knowledgeable about the needs of the patients they treated.
- Staff told us how they were encouraged to progress their career and how they were supported to do so.
- The strategy reflected the issues the service faced and business plans identified recruitment, cancer waits and aging estates and equipment as some of the issues.
- Home Sweet Home was part of the trust's strategy for 2017-2018 and the delivery of services on an ambulatory basis continued to expand.
- An electronic staffing safe care tool was used by the trust to analyse staffing ratios against the acuity of patients. We saw how ratios were assessed at meetings throughout the day and staff were sent to the areas which were most in need.

Maternity

Good 

Key facts and figures

We inspected Oxford University Hospitals NHS Foundation Trust maternity services during an unannounced visit on the 19th, 20th and 21st November 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We did not produce a separate report for the Horton hospital midwifery led unit due to the current consultation to confirm a formal decision regarding the future of the maternity service.

Surgery, Urology, Women's and Oncology Division (SUWON) has the Maternity Directorate as part of it. This directorate undertakes the following: obstetrics and midwifery, women's theatres and midwifery-led units.

The trust has 118 maternity beds located at John Radcliffe Hospital:

- Ward L5 (postnatal ward and recovery suite for women following elective lower segment caesarean section): 46 beds
- Ward L6 (Antenatal Ward and induction of labour suite): 25 beds
- Ward L7 (Bereavement, late termination of pregnancy ward; private patients; antenatal and postnatal care): 12 beds
- High dependency area for high risk/complex pregnancies and post birth complications: 10 beds
- Spires alongside midwifery led unit (for women with low risk pregnancies): three birthing rooms and two side rooms for deliveries and three post-natal beds.

The trust also has a midwifery led unit at Horton General Hospital in Banbury, a midwifery led unit at Wallingford community hospital, Wantage maternity led unit and Cotswold birth centre (midwifery led unit).

For this core service inspection, we visited the maternity unit at the John Radcliffe hospital, including the alongside midwifery led unit, the Spires, and two other midwifery led units; Wallingford and the Horton hospital.

During our visit we spoke with 10 women and their partners and 62 members of staff. Staff included senior departmental staff, midwives and maternity support workers, student midwives non-clinical staff, doctors and managers. We reviewed 20 sets of notes including 18 medication charts and a wide range of documents submitted by the trust. We also looked at many pieces of equipment.

We last inspected this service in 2017 as part of a focused inspection of the safe and well led domains. We judged it as requires improvement in both domains.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

Summary of this service

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

Maternity

- Staff demonstrated care and compassion when caring for women.
- Staff were clear about their safeguarding responsibilities and if there was a concern about a woman's wellbeing staff understood and followed safeguarding procedures. Staff completed, assessed, monitored and managed risks appropriately. However safeguarding training targets were not met by the medical staff.
- Women had access to 24/7 telephone guidance and prompt responses. The trust provided maternity services seven days a week. There was good multidisciplinary working evident across the maternity unit.
- The service provided care and treatment that was based on national guidance and evidenced its effectiveness.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses. All units were secured both day and night.
- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the National Maternity Review.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Managers at local levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a clear statement of vision and values which was understood by staff at all levels.

However:

- There was an improvement from the 2017 inspection in the way the service controlled infection but we saw areas where infection control was not always effective.
- The service did not always store medicines safely. Medicines were stored in areas that were too warm but no actions had been taken. Some medicines were stored in unlocked fridges.
- The service did not have an effective system in place to ensure all staff completed their mandatory training. Neither the midwifery or medical staff achieved the trusts 90% completion target in all the mandatory training subjects.
- There was not enough midwifery staffing to reach the RCOG recommended midwife ratio of 1:28. Although the service had an ongoing recruitment programme the service was struggling to recruit sufficient midwives.
- Women could not always give birth in the place of their choosing due to midwifery shortages.
- The service had not reviewed or updated some of the protocols and guidelines against best practice and national guidance.
- The service did not always investigate complaints in a timely manner or in line with their complaints policy.
- Not all staff had received yearly appraisals to provide support and monitor the effectiveness of the service.
- There appeared to be a lack of support for the local managers and staff from divisional and executive level.

Is the service safe?

Requires improvement   

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings. However Safe was inspected in 2017 and has remained the same rating.

Maternity

Our rating of safe stayed the same. We rated it as requires improvement because:

- Although the service provided mandatory training in key skills to staff, they did not make sure all staff completed it. Mandatory training compliance for medical staff was poor as they did not meet the trust target for 12 out of the 12 mandatory training courses. Midwifery staff only met the trust target of 90% for almost half of their mandatory training courses. We were not assured there was a good process in place to monitor compliance with mandatory training across all staff groups.
- Not all medical staff had completed children and adults safeguarding training at the required level to ensure they had the appropriate safeguarding knowledge.
- Overall there were reliable systems and processes to prevent and protect people from a healthcare associated infection; however, there were some areas that required improvement.
- For most part, the service had suitable premises. The main exception was the Horton MLU where the birthing rooms required refurbishment. Walls in the delivery rooms had exposed plaster and a faded general appearance. Additionally, in the JRH there were areas of exposed plaster in the delivery suites but the appearance was much improved from the inspection in 2017. Exposed plaster causes an infection risk from the loose dust particles.
- Overall the service prescribed, gave, recorded and stored medicines well and we noted positive changes since our last inspection in 2017. However, we found some expired medicines in the antenatal and post-natal wards which staff had not disposed of in a timely way. Staff did not always store medicines safely, within the temperature ranges quoted by the manufacturers and in locked cabinets.
- The service did not have the planned numbers of midwifery and nursing staff. Although they had recruited additional staff, the impact of reduced staffing levels reduced patient choice. Staff worked additional hours and there was less time for senior staff to fulfil managerial roles. There was not enough midwifery staffing to reach the Royal College of Obstetricians and Gynaecologists (RCOG) recommended midwife ratio of 1:28.
- The service did not use safety monitoring results well. Although safety information was collected and shared with staff, it was not on display to the service users. There was little evidence managers used this to improve the service although the service did have a trust wide safety thermometer.

However:

- The service met the Royal College of Obstetricians and Gynaecologists (RCOG) recommended obstetric consultant staffing levels but were shorter for their lower grades and relied on locum cover to cover the service. However, there was no evidence this caused harm to any of the women or their families.
- Midwifery staff understood how to protect women from abuse and the service worked well with other agencies to do so. Midwifery staff had training on how to recognise and report abuse.
- Assessment of risks to women, babies and their families were assessed, monitored and managed appropriately. Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary.
- Staff kept appropriate records of women and babies care and treatment. Staff kept detailed records of the women's care and treatment. Records were clear, up to date and easily available to all staff providing care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Maternity

- The service managed patient safety incidents well and responded appropriately to significant events. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The trust had governance, risk management, and quality measures to improve patient care, safety, and outcomes.

Is the service effective?

Good   

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- The service provided care and treatment based on national guidance and provided evidence of its effectiveness. Managers checked to ensure staff followed national guidance.
- Staff gave women and babies enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- The midwifery service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service managed women's pain effectively and staff administered prescribed medicine in a timely manner. However, the service did not appear to have the tools to support those unable to communicate their level of pain.
- The service made sure new staff on the maternity units were competent for their roles and worked collaboratively. It offered annual appraisals but the appraisal completion rate was significantly lower than the trust target.
- Staff of different kinds worked together as a team to benefit women and babies. Doctors, midwives and other healthcare professionals supported each other to provide effective care.
- The maternity service provided 24-hour care for women, seven days a week.
- The service effectively promoted and empowered service users to manage their own health, care and wellbeing to maximise their independence.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the trust policy and procedures when a patient could not give consent.

However:

- The service had not reviewed all their guidelines according to their review dates, to ensure they were up to date and in line with best practice and national guidance, such as that provided by the National Institute of Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance.

Is the service caring?

Good   

Maternity

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Staff cared for the women, their partners and babies with a great deal of compassion. Feedback from women and their families confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress.
- Staff involved women and those close to them in decisions about their care and treatment.

Is the service responsive?

Good   

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the national maternity review which were, personalised care, continuity, safer care, mental health care ante and postnatally, multi professional working and working across boundaries.
- The service took account of the woman's individual needs.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with good practice.
- The trust took into consideration the diverse needs of families and a translation service was available to them. This included leaflets in many different languages.

However:

- Women had access to 24/7 care, telephone guidance and prompt responses however due to midwifery shortages women did not always receive their first choice of location to deliver their babies.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. However, they did not always investigate complaints in a timely way.

Is the service well-led?

Good 

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings. However, we inspected Well-led in 2017 and the rating has improved.

Our rating of well-led improved. We rated it as good because:

- Managers at local levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

Maternity

- The trust had a vision to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- The trust's strategy, vision and values underpinned a culture which was patient centred. Local managers had the right skills and abilities to run the service. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The service had good engagement with patients, staff, and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Due to operational pressures, ward managers and co-ordinators were required to work clinically on a regular basis, which meant they did not have adequate time to support staff and implement changes.
- Staff told us that executive and divisional leaders were not visible and staff did not feel supported by the executive team.

Requires improvement



Key facts and figures

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

The trust's gynaecology directorate is part of their surgery, women's and oncology division. This directorate undertakes the following: gynaecology; gynae-oncology; colposcopy; tissue biobank and fertility preservation.

The gynaecology services provided by the Oxford University hospital NHS Foundation Trust included 23 inpatient beds, clinics and theatres to support women's health conditions. These included diagnostic and treatment services for a range of health concerns including; abnormal bleeding, cancer services, pelvic pain, hysteroscopy services, endometriosis, colposcopy and urogynaecology services. The trust also provided termination of pregnancy services for patients up to their 24th week of pregnancy. This report will refer to gynaecology services which will include termination of pregnancy services, unless specified separately.

We visited the following areas:

- Early Pregnancy Unit based at the Rose Hill Community Centre
- Endometriosis, Urodynamic and Pelvic Pain Clinics based at John Radcliffe Hospital
- Gynaecology Day Surgery Unit based at the John Radcliffe Hospital which has six beds
- Gynaecology Ward based at the John Radcliffe Hospital which has 23 beds
- Gynaecology diagnostics clinic based at John Radcliffe Hospital
- Gynaecology theatre based at John Radcliffe Hospital
- Jane Ashley Ward based at the Churchill Hospital which has six beds available to meet gynae-oncology patient needs
- Gynaecology Colposcopy clinic based at Churchill Hospital
- Gynae-oncology services based at Churchill Hospital.

Our inspection was announced with 30 minutes notice provided, to enable us to observe routine activity across the hospital sites.

Before the inspection we reviewed information we held about this service, and information requested from the trust.

During the inspection, the inspection team;

- Spoke with five patients who were using the service
- Spoke with 46 members of staff; including the services clinical director, theatre staff, health care assistants, doctors, support workers, trainee doctors, service manager, matrons, the directorates governance lead and matrons.
- Spoke with three other staff who supported gynaecology services; including a GP, a pharmacist and agency member of nursing staff.
- Observed care provided in public areas.

Gynaecology

- Observed gynaecology theatre preparations.
- Observed one large multidisciplinary meeting.
- Reviewed 14 patient records including associated risk assessments and care records.
- Reviewed policies, procedures and guidance created in the relation to running of the services including audits and their resulting action plans, the trust's risk register and results of Friends and Family Test feedback.
- Immediately following the inspection, we asked the trust to provide us with additional information relating to staffing, training, appraisal figures as well as information relating to the service provision which we have included in our report.

Summary of this service

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as requires improvement because:

- Recent organisation changes meant there were new leaders at directorate and divisional levels. While these teams were working to ensure there were clear reporting structures and a sustained level of scrutiny to ensure they were delivering a quality service where risks were known and managed this was still under development. Therefore, it was not possible to fully assess the effectiveness or impact of the governance and risk management processes.
- People could not always access services within the national guidelines identified timescales.
- Audits and quality outcomes conducted at a local and divisional level to monitor the effectiveness of care and treatment were not always effective in identifying areas for improvement.
- Evidence was not provided to show staffing levels were always planned, implemented and reviewed to keep people safe.
- Infection prevention and control processes were not always practiced and completed in accordance with local and national policy.
- Patients care records were not always stored in a way which protected patient confidentiality.
- Medicines were not always stored in line with best practice.

However,

- Incident reporting systems were in place and there was a culture of reporting, investigating and learning from incidents.
- There were effective arrangements in place to safeguard patients from abuse and mitigate the risk of it happening.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Emotional support was provided by people with appropriate skills and experience.
- Feedback from patients about their experience of care was consistently positive. Patients were treated with respect and dignity.
- The service recognised the differing needs of patients and delivered care which met these.

Gynaecology

- There was a clear statement of vision and values which was understood by staff at all levels.
- Staff praised local, divisional and directorate management for their leadership skills

Is the service safe?

Requires improvement



This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated safe as requires improvement because:

- The service did not always control infection risk well. In the gynaecology ward cleaning processes were not always effective with dusty equipment and rooms seen.
- The service could not evidence they always had the right numbers of nursing and medical staff, with the right mix of qualification and skills, to keep patients safe while providing care and treatment. The trust, however, were taking action to rectify this.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care, however, were not always handled in a way to maintain patient confidentiality. Patient records were accessible by visitors, staff, patients and the inspection team whilst on the gynaecology ward, gynaecology day case unit at the trust's maternity and gynaecology services reception area.
- The service did not always evidence best practice when storing medicines. Stock rooms were overstocked with inappropriate storage of IV bags on the floor. Room temperatures were not monitored to identify when they may become unavailable for safe storage.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Medical and nursing staff in gynaecology services met most compliance targets for mandatory training modules.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The service was compliant with the NHS Standards for Invasive Procedures which support the delivery of safer care.
- Safe processes were in place to ensure equipment remained available for use. An asset management process was in place to ensure equipment was serviced and maintained in line with manufacturer's guidance.
- The service acted to manage patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. The service recognised and acted when previous serious incidents were repeated.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. During the month of the inspection all patients on the gynaecology ward received harm free care.

Gynaecology

Is the service effective?

Good 

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Policies and procedures relating to the delivery of patient care were in date, reviewed and available to all staff. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences. A protected mealtime policy ensured patients were not disturbed during their meals.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Audits were used to identify where improvements in service provision could be made and action taken to ensure these were completed.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings to provide support and monitor the effectiveness of the service. Most staff spoke positively of the training provided to support and develop them in their role.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Patients who moved between services received a consistently coordinated approach to their care.
- The service supported people to make healthier life choices by offering access to a range of services and information to enable people to manage their health, care and wellbeing. Leaflets and advice were widely available for patients and visitors to review.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care ensuring a best interest process was followed where required.

However:

- There was no formalised audit programme for termination of pregnancy services, to allow outcomes to be compared with other benchmarks, and improvements to be made if required.

Is the service caring?

Good 

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

Gynaecology

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff were observed providing comforting support to patients.
- Staff provided emotional support to patients to minimise their distress. Patients and their family members were provided with information and access to additional resources to support their recovery or ongoing treatment.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement



This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated responsive as requires improvement because:

- Patients could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.

However,

- The trust planned and provided services in a way that met the needs of local people. This included moving the early pregnancy unit from the trust site to a community location. This provided a more suitable environment for patients worried about their pregnancy to seek support, reassurance and guidance.
- The service took account of patients' individual needs. Staff had access to a range of sources to support patients who required additional assistance before, during and after diagnosis and treatment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Staff acted to prevent a reoccurrence of the circumstances which rose to complaints.

Is the service well-led?

Requires improvement



This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated well-led as requires improvement because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Recent changes to the reporting structure had resulted in staff feeling more supported by managers at directorate and divisional level. However, the directorate leadership was a new and developing team, while staff were positive about their new leaders it was not possible to assess the long-term impact of the change.
- The current managers across the service promoted a positive culture which supported and valued staff, creating a sense of common purpose based on shared values. While this was seen as a positive change by staff it was not possible to establish if this recent change would be sustained.

Gynaecology

- Re-organisation had in turn led to a change in the staff with accountability for the governance of the service. The service was working to ensure there was an agreed and sustained systematic approach to continually improve the quality of its services and safeguarding high standards of care. However, the arrangements for governance and performance management had not always operated effectively.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. These systems, however, were not always effective and had not identified areas for improvement noted during this inspection. This included the infection and prevention and control practices at the gynaecology ward or patient record confidentiality concerns across gynaecology services at John Radcliffe Hospital.

However,

- The trust had a vision for what it wanted to achieve which had been developed with involvement from staff and patients. The values and behaviours expected by staff were publicised to patients, so they were aware of the standards of treatment to expect. Staff understood and applied the values and behaviours.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services and collaborated with partner organisations effectively. Where concerns had been raised during staff surveys the trust acted to improve wellbeing support available.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The trust had a programme of gynaecology-based research projects. This would provide information which would be used to support the development of services to meet patient need.

Churchill Hospital

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Headington
Oxford
Oxfordshire
OX3 7LJ
Tel: 01865226055
www.ouh.nhs.uk

Key facts and figures

The Churchill Hospital is a centre for cancer services and other specialties, including renal services and transplant, clinical and medical oncology, dermatology, haemophilia, chest medicine and palliative care.

The hospital, together with the nearby John Radcliffe Hospital, is a major centre for healthcare research, housing departments of Oxford University Medical School and Oxford Brookes University's School of Healthcare Studies.

It incorporates the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM) - a collaboration between the University of Oxford, the NHS and three partner companies - which is a centre for clinical research on diabetes, endocrine and metabolic disorders, along with clinical treatment and education.

Summary of services at Churchill Hospital

Good   

During this inspection we inspected the core services of gynaecology and surgery. We rated the gynaecology services as requires improvement and the surgery as good. In reaching our final rating for this location we have taken in to account the ratings for the core service medicine and end of life care also provided at this location, which were not inspected on this occasion.

Our rating of services stayed the same. We rated them as good because:

- Incident reporting systems were in place and there was a culture of reporting, investigating and learning from incidents.
- Staff kept detailed records of patients' care and treatment. Detailed risk assessments were carried out for patients who used the services and risk management plans were developed in line with national guidance. There were effective arrangements in place to safeguard patients from abuse and mitigate the risk of it happening.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patients said they were involved in decisions about their care and that staff considered their emotional well-being, not just their physical condition.
- The service followed best practice when prescribing, giving and recording medicines and patients received the right medication at the right dose at the right time.

Summary of findings

- Staff assessed and monitored patients regularly to see if they were in pain and had enough to eat and drink.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.

However

- In general, services provided care and treatment based on national guidance and managers monitored the effectiveness of care and treatment and used the findings to improve them. Most leaders had the skills, knowledge, experience and integrity they needed to fulfil their roles.
- However, recent organisation changes meant there were new leaders at directorate and divisional levels for the gynaecology service. While these teams were working to ensure there were clear reporting structures and a sustained level of scrutiny to ensure they were delivering a quality service where risk were known and managed this was still under development. Therefore, it was not possible to fully assess the effectiveness or impact of the governance and risk management processes.
- There were structures, processes and systems of accountability to support the delivery of the strategy and sustainable services. However in the gynaecology services audits and quality outcomes conducted at a local and divisional level to monitor the effectiveness of care and treatment were not always effective in identifying areas for improvement.
- Evidence was not provided to show staffing levels were always planned, implemented and reviewed to keep people safe.
- Staff did not always receive training identified as necessary for their role.

Surgery

Good   

Key facts and figures

Surgical services at Oxford University Hospitals NHS Foundation Trust are provided for local people across four hospitals. These hospitals are the John Radcliffe Hospital, the Churchill Hospital, the Nuffield Orthopaedic Centre, and the Horton General Hospital.

During this inspection adult surgical service provision were inspected at the John Radcliffe Hospital and the Churchill Hospital sites.

The trust has 487 inpatient beds located over 24 surgical wards and the four sites. From June 2017 to May 2018 the trust had 58,615 surgical admissions across these four sites. Emergency admissions accounted for 16,882 (28.8%), 31,092 (53.0%) were day case, and the remaining 10,641 (18.2%) were elective. (*Source: Hospital Episode Statistics*).

We inspected the surgical core service at the Churchill Hospital which provided adult surgical in-patient care for renal and transplant patients. The hospital also provides a new triage unit for urology patients. There are ten theatres including day case theatres and five surgical wards with 115 beds.

Our inspection at the Churchill Hospital was unannounced to enable us to observe routine activity. We visited all four of the wards and the new urology triage unit. We spoke with matron, ward managers, doctors and staff on the wards this included allied health professional and house-keeping staff. We spoke with four patients on the ward and one patient on the urology triage unit. We reviewed patient records, observed safety briefings and observed practice in the operating theatres.

The Care Quality Commission last inspected surgery at the Churchill Hospital in 2014 and was rated as 'good' overall.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned.
- Staff kept detailed records of patients' care and treatment. Detailed risk assessments were carried out for patients who used the services and risk management plans were developed in line with national guidance.
- The service followed best practice when prescribing, giving and recording medicines and patients received the right medication at the right dose at the right time.
- Staff assessed and monitored patients regularly to see if they were in pain and had enough to eat and drink.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patients said they were involved in decisions about their care and that staff considered their emotional well-being, not just their physical condition.
- The service provided care and treatment based on national guidance and evidence of its effectiveness, and staff worked together to assess, plan and deliver care and treatment. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

Surgery

- The average length of stay for all non-elective patients at Churchill Hospital was slightly lower than the England average.
- Leaders had the skills, knowledge, experience and integrity they needed to fulfil their roles. There were structures, processes and systems of accountability to support the delivery of the strategy and sustainable services.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients, and key groups representing the local community.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.

However:

- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- The service did not always have enough nursing staff, with the right mix of qualification and skills, but were working hard to improve recruitment. The service did not always make sure staff were competent for their roles.
- The Churchill Hospital did not always meet national standards for care and treatment in some key areas such as re-admission rates. From June 2017 to May 2018, the average length of stay for all elective patients at Churchill Hospital was higher than the England average.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- All patients had a full risk assessment that staff reviewed regularly from admission to discharge. Staff monitored changes in patients' conditions using nationally recognised systems.
- Records demonstrated a multidisciplinary collaborative approach to patient care and were well maintained.
- Medicines were appropriately prescribed, administered and supplied to patients. Allergy statuses of patients and venous thromboembolism (VTE) risk assessments were completed and appropriately recorded.
- Staff knew what incidents to report and could demonstrate how to use the electronic reporting system. Managers gave feedback to all staff after investigating incidents to prevent them happening again.
- Theatre staff followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery, and monitored this to make sure they continued to do it accurately.
- Staff understood and could describe what to do when they believed a patient was at risk of avoidable harm. Nursing staff received training and managers discussed safeguarding themes with their teams each month.
- Medical staffing numbers were above a 90% fill-rate for the Churchill Hospital.

However:

- In surgery the 90% target was only met for five of the eight mandatory training modules for which qualified nursing staff at the hospital were eligible.
- In surgery the 90% target was not met for any of the eight mandatory training modules for which medical staff at the hospital were eligible. The 90% target was met for one of the three safeguarding training modules for which medical staff at the hospital were eligible.

Surgery

- Nursing staff numbers were lower than planned across the surgical core service.
- There was one never event which occurred at Churchill Hospital from September 2017 to August 2018 and related to wrong site surgery.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff provided care and treatment based on national guidance and service policies reflected this. The trust had processes to ensure care and treatment was aligned with current evidence-based practice and used enhanced recovery programmes (ERP) to help improve patient outcomes.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results across the divisions and with those of other services to learn from them.
- Staff worked hard to reduce the number of patient falls. The number of falls for quarter one 2018/19 decreased by 30 incidents from the previous quarter.
- Staff made sure that patients had enough to eat and drink when they needed it. They supported vulnerable patients who had additional needs or could not eat or drink themselves.
- Staff at all levels and from all disciplines worked together as a team for the benefit of their patients. Staff also worked closely with teams outside the hospital when preparing to discharge patients.
- The surgical division provided services seven days a week in line with NHS Services, seven days a week, clinical standards.

However:

- The Churchill Hospital did not always meet national standards for care and treatment in some key areas. For example, urology and colorectal surgery patients had a higher than expected risk of readmission for elective and non-elective re-admissions when compared to the England average.
- The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance.

Is the service caring?

Good   

- Our rating of caring stayed the same. We rated it as good because:
- Staff cared for patients with compassion, treating them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients had information about their treatment, surgery and aftercare.
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi faith chaplaincy.

Surgery

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- Managers planned and provided services in a way that met the needs of local people. They were flexible and made changes to improve services and support patients more effectively.
- Staff told us at the Churchill Hospital had developed different treatment pathways to suit the needs of the local population for example a urology triage unit had recently opened.
- Staff took account of patients' individual needs, particularly for patients with dementia, learning disabilities and mental health problems through champions and advocates. Wards which had patients who were recovering from gastro-intestinal operations had dedicated dietitian provision five days a week.
- The service had seen a fall in the number of complaints since the last inspection. Staff knew how to deal with complaints and concerns. Managers investigated them and shared lessons with all staff.
- The average length of stay for all non-elective patients at Churchill Hospital was slightly lower than the England average.
- The trust's referral to treatment time (RTT) for admitted pathways for surgery was about the same as the England average.

However:

- From June 2017 to May 2018, the average length of stay for all elective patients at Churchill Hospital was higher than the England average.
- The average length of stay for general surgery non-elective patients at Churchill Hospital was 10.8 days, which was much higher than the England average of 3.8 days.

Is the service well-led?

Good  → ←

- Our rating of well-led stayed the same. We rated it as good because:
- The service had a clear vision and strategy that all staff understood and put into practice. The strategy reflected the issues the service faced and business plans identified recruitment, cancer waits and aging estates and equipment as some of the issues. We saw how the strategy was slowly being achieved across the surgical divisions, with their introduction of going paperless and electronic records systems and the development of ambulatory units
- Information cascaded up from all departments to governance meetings and this filtered back to the staff across all departments and wards.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service acted to eliminate or minimise risks.
- Managers supported their staff and encouraged specialist training. Staff at the Churchill Hospital said they felt supported and respected by colleagues at all levels.

Surgery

- Managers encouraged innovation and shared good practice upwards so other divisions could benefit.
- There were structures, processes and systems of accountability to support the delivery of the strategy and sustainable services. All staff were clear about their roles and understood what they were accountable for.

Requires improvement



Key facts and figures

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

The trust's gynaecology directorate is part of their surgery, women's and oncology division. This directorate undertakes the following: gynaecology; gynae-oncology; colposcopy; tissue biobank and fertility preservation.

The gynaecology services provided by the Oxford University hospital NHS Foundation Trust included 23 inpatient beds, clinics and theatres to support women's health conditions. These included diagnostic and treatment services for a range of health concerns including; abnormal bleeding, cancer services, pelvic pain, hysteroscopy services, endometriosis, colposcopy and urogynaecology services. The trust also provided termination of pregnancy services for patients up to their 24th week of pregnancy. This report will refer to gynaecology services which will include termination of pregnancy services, unless specified separately.

We visited the following areas:

- Early Pregnancy Unit based at the Rose Hill Community Centre
- Endometriosis, Urodynamic and Pelvic Pain Clinics based at John Radcliffe Hospital
- Gynaecology Day Surgery Unit based at the John Radcliffe Hospital which has six beds
- Gynaecology Ward based at the John Radcliffe Hospital which has 23 beds
- Gynaecology diagnostics clinic based at John Radcliffe Hospital
- Gynaecology theatre based at John Radcliffe Hospital
- Jane Ashley Ward based at the Churchill Hospital which has six beds available to meet gynae-oncology patient needs
- Gynaecology Colposcopy clinic based at Churchill Hospital
- Gynae-oncology services based at Churchill Hospital.

Our inspection was announced with 30 minutes notice provided, to enable us to observe routine activity across the hospital sites.

Before the inspection we reviewed information, we held about this service, and information requested from the trust.

During the inspection, the inspection team;

- Spoke with five patients who were using the service
- Spoke with 46 members of staff; including the services clinical director, theatre staff, health care assistants, doctors, support workers, trainee doctors, service manager, matrons, the directorates governance lead and matrons.
- Spoke with three other staff who supported gynaecology services; including a GP, a pharmacist and agency member of nursing staff.
- Observed care provided in public areas.

Gynaecology

- Observed gynaecology theatre preparations.
- Observed one large multidisciplinary meeting.
- Reviewed 14 patient records including associated risk assessments and care records.
- Reviewed policies, procedures and guidance created in the relation to running of the services including audits and their resulting action plans, the trust's risk register and results of Friends and Family Test feedback.
- Immediately following the inspection, we asked the trust to provide us with additional information relating to staffing, training, appraisal figures as well as information relating to the service provision which we have included in our report.

Summary of this service

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as requires improvement because:

- Recent organisation changes meant there were new leaders at directorate and divisional levels. While these teams were working to ensure there were clear reporting structures and a sustained level of scrutiny to ensure they were delivering a quality service where risks were known and managed this was still under development. Therefore, it was not possible to fully assess the effectiveness or impact of the governance and risk management processes.
- People could not always access services within the national guidelines identified timescales.
- Audits and quality outcomes conducted at a local and divisional level to monitor the effectiveness of care and treatment were not always effective in identifying areas for improvement.
- Evidence was not provided to show staffing levels were always planned, implemented and reviewed to keep people safe.
- Staff did not always receive training identified as necessary for their role.
- Infection prevention and control processes were not always practiced and completed in accordance with local and national policy.
- Patients' care records were not always stored in a way which protected patient confidentiality.
- Medicines were not always stored in line with best practice.

However,

- Incident reporting systems were in place and there was a culture of reporting, investigating and learning from incidents.
- There were effective arrangements in place to safeguard patients from abuse and mitigate the risk of it happening.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Emotional support was provided by people with appropriate skills and experience.
- Feedback from patients about their experience of care was consistently positive. Patients were treated with respect and dignity.

Gynaecology

- There was a clear statement of vision and values which was understood by staff at all levels.
- The service had taken proactive action to reduce waiting lists for gynaecology services.
- Staff praised local, divisional and directorate management for their leadership skills.

Is the service safe?

Requires improvement



This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated safe as requires improvement because:

- Staff working in gynae-oncology services did not meet any trust targets for their mandatory training modules
- The service did not always control infection risk well. Privacy curtains were not cleaned in line with trust and national guidance and an unclean treatment room was observed.
- The trust did not always evidence best practice when storing medicines. Medicine storage room temperatures were not monitored to identify when they may become unavailable for safe storage. Staff supporting gynaecology patients on the Jane Ashley ward did not date the opening and anticipatory expiry dates on liquid medicines which would indicate if medicines were no longer effective to use.
- The trust could not evidence they always had the right numbers of nursing and medical staff, with the right mix of qualification and skills, to provide the right care and treatment.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary placing patients on the appropriate cancer care pathway to manage their health and wellbeing.
- Safe processes were in place to ensure equipment remained available for use. An asset management process was in place to ensure equipment was serviced and maintained in line with manufacturers guidance.
- The service acted to manage patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. The service recognised and acted when previous serious incidents were repeated.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used safety monitoring results well. Most patients received harm free care whilst using gynaecology services.

Is the service effective?

Good



Gynaecology

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Policies and procedures relating to the delivery of patient care were in date, reviewed and available to all staff. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Audits were used to identify where improvements in service provision could be made and action taken to ensure these were completed
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Most staff spoke positively of the training provided to support and develop them in their role.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Patients who moved between services received a consistently coordinated approach to their care.
- The service supported people to make healthier life choices by offering access to a range of services and information to enable people to manage their health, care and wellbeing. Leaflets and advice was widely available for patients to take home, review and consider implementing lifestyle changes to benefit their overall health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care ensuring a best interest process was followed where required.

Is the service caring?

Good 

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff were observed providing comforting support to patients.
- Staff provided emotional support to patients to minimise their distress. Patients and their family members were provided with information and access to additional resources to support their recovery or ongoing treatment.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement 

Gynaecology

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated responsive as Requires Improvement because:

- People could not always access the service when they needed it. Despite the allocation of additional beds in the Jane Ashley ward, patients continued to wait longer than 52 weeks to be seen by specialists. At the end of September 2018 158 patients had not been seen within a year.

However,

- The service took account of patients' individual needs. Staff had access to a range of sources to support patients who required additional assistance before, during and after diagnosis and treatment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Staff acted to prevent a reoccurrence of the circumstances which rose to complaints.

Is the service well-led?

Requires improvement

This was the first inspection of the core service of gynaecology and termination of pregnancy as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated well-led as Requires Improvement because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Recent changes to the reporting structure had resulted in staff feeling more supported by managers at directorate and divisional level. Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. However, the directorate leadership was a new and developing team, while staff were positive about their new leaders it was not possible to assess the long-term impact of the change.
- The current managers across the service promoted a positive culture which supported and valued staff, creating a sense of common purpose based on shared values. While this was seen as a positive change by staff it was not possible to establish if this recent change would be sustained.
- Re-organisation had in turn led to a change in the staff with accountability for the governance of the service. The service was working to ensure there was an agreed and sustained systematic approach to continually improve the quality of its services and safeguarding high standards of care. However, the arrangements for governance and performance management had not always operated effectively.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. These systems, however, were not always effective and had not identified areas for improvement noted during this inspection.

However,

- The trust had a vision for what it wanted to achieve which had been developed with involvement from staff and patients. The values and behaviours expected by staff were publicised to patients, so they were aware of the standards of treatment to expect. Staff understood and applied the values and behaviours.

Gynaecology

- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Regular ward and board level meetings were held to share information and risks allowing for positive action taken to be taken to address any identified areas for improvement.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services and collaborated with partner organisations effectively. Where concerns had been raised during staff surveys the trust acted to improve wellbeing support available.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The trust had a programme of gynaecology-based research projects they were participating and planning to participate in. This would provide information which would be used to support the development of services to meet patient need.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Surgical procedures

Regulation

Section 31 HSCA Urgent procedure for suspension, variation etc.

Our inspection team

Amanda Williams Head of Hospital Inspections led this inspection. An executive reviewer, Sarah Connery, Director of Finance and Information supported our inspection of well-led for the trust overall.

The team included two inspection managers, 15 inspectors and one assistant inspector and 18 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.