

Briefing Paper

April 2014

Title	Oxford University Hospitals (OUH) Annual Quality Account Overview and Consultation Timeline
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Status	This briefing paper is for noting and discussion by stakeholders at their scheduled meetings in April and May 2014, namely: Oxfordshire Joint Health Overview and Scrutiny Committee Oxfordshire Health and Wellbeing Board Healthwatch Oxfordshire Oxfordshire Clinical Commissioning Group
History	This is a one-off briefing paper

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Background

What is a Quality Account?

1. It is a statutory requirement for all providers holding contracts with NHS commissioners exceeding a value of £130,000 per annum to publish an annual Quality Account.
2. The Quality Account is formally submitted to the Secretary of State and published via the NHS Choices website on 30 June each year.
3. Quality Accounts covering the financial year 2013/14 will be published 30 June 2014.
4. The Quality Account is composed of a number of distinct elements (as laid down by relevant regulations), including the following major sections:
 - Foreword from the Chief Executive.
 - Description of quality priorities for 2014/15.
 - Progress report on quality priorities identified last year for 2013/14.
 - Review of various nationally benchmarked data relating to quality and performance.
 - Review of high-level financial performance.
 - Statement on participation in national clinical audits.
 - Information on research participation by patients.
 - Progress report in relation to performance against CQUIN goals for 2013/14.¹
 - Statement on compliance with CQC (Care Quality Commission) standards.

Consultation

5. It is a statutory requirement that the lead commissioner is offered an opportunity to review a draft of a provider's Quality Account by 30 April, and to offer a view upon its content. The lead commissioner has up to 30 days to provide this view that is then published within the Quality Account.
6. It is a statutory requirement that the local Health (or Joint) Overview and Scrutiny Committee has an opportunity to review a draft of a provider's Quality Account. The Committee may offer a view upon its content and if provided, this view is then published within the Quality Account.
7. It is a statutory requirement that 'patient involvement networks' have an opportunity to review a draft of a provider's Quality Account. The patient involvement network may offer a view upon its content and if provided, this view is then published within the Quality Account. The definition of 'patient involvement networks' has evolved since the 2010 Act and is now taken to mean the local branch of Healthwatch England, and the Health and Wellbeing Board hosted by the Local Authority.
8. The Quality Account is independently reviewed by external auditors in order to provide limited assurance in respect of (1) having the content as laid out by Statute and (2) a review of data quality in respect of two specific measures presented in the Account.

Proposed handling of the Quality Account by stakeholders

9. Timetables for the production of the Quality Account (driven in large part by a lag time until validated end of year data are available, both locally and nationally) and the meeting schedules of governance committees within OUH render it impossible to guarantee that a formal draft will be available at a time to coincide with the meeting schedules of all

¹ CQUIN (Commissioning for Quality and Innovation) is a contractual framework between commissioners and providers whereby achievement of income equivalent to 2.5% of the contract value for the previous year is tied to meeting agreed quality-related goals.

stakeholders.

10. It is noted that Quality Accounts are often long documents, and that many stakeholders will be asked to comment upon the Accounts of several providers.
11. It is therefore proposed that stakeholders receive this briefing paper containing the proposed headline content of the Quality Account and have the opportunity to discuss this paper with a member of the OUH governance team during a routine meeting should they wish. The stakeholder committee can then decide how best to delegate the task of reviewing the Quality Account itself and devolve, should it so choose, the development of a response to members or officers.
12. It is anticipated that an early draft of the Quality Account will be made available to stakeholders on Monday 28th April. Individual stakeholders will choose how to share this draft amongst their membership.
13. The remainder of the paper describes the key content of the OUH Quality Account at a high level, in the following areas:
 - Foreword from the Chief Executive.
 - Progress report on quality priorities identified last year for 2013/14.
 - Description of quality priorities for 2014/15.

Foreword from the Chief Executive

14. It is anticipated that the foreword will:

- Recognise the major challenges faced by the wider NHS during 2013/14 – namely: the findings of the Public Inquiry into events at Mid-Staffordshire NHS Foundation Trust ('Francis 2') and the relationship between organisational culture and care; increasing emergency hospital attendances; and, the current financial environment in the Public Sector.
- Outline the key components of the response of OUH to Francis 2, specifically our *risk summits* and *peer review* process.
- Describe the successes of the Trust during 2013/14 in securing funding and/or recognition as a major contributor to: an Academic Health Science Centre (AHSC); a comprehensive clinical research network (CRN); and, an Academic Health Science Network (AHSN). The potential benefits for local patients from these endeavours will be highlighted.
- Note achievements made during 2013/14 from a quality perspective whilst recognising the former priority areas in which further work is still required.
- Recognise the fundamental importance of our staff in delivering the organisation's outcomes, and describe ongoing work in relation to our Trust values and staff development.

Progress report on quality priorities identified last year for 2013/14.

15. The priorities for 2013/14 were arranged in the domains of patient safety, clinical effectiveness and the experience of patients.
16. The patient safety priority was 'safer care associated with surgery' including desired improvements in relation to the consent process. Progress over the year has been mixed and much work remains in relation to embedding cultural change and further optimising substantive staff numbers in post. Highlights include:
 - Oxford University, supported by the Trust, has been awarded funding to develop a Patient Safety Academy.
 - A Cross-Divisional Theatres Group coordinates and leads this programme of work.

- Compliance with the World Health Organisation (WHO) Surgical Safety Checklist is monitored via spot-checks and observational audit, along with other safety critical policies and practices (for example, counting of needles, swabs and surgical instruments). Reported compliance is much improved, ranging between 96 and 100%.
- Clinical supervision skills have been a focus of the leadership development programme attended by Theatre Sisters and Charge Nurses (amongst others).
- A significant recruitment campaign has been undertaken in Europe with the support of external recruitment experts.
- Staff members report an increased number of potential near-miss events, where their interventions have prevented an incident from occurring. Such reporting is held to signify an open and learning culture with a focus on safety.²
- Consent forms have been revised with an emphasis on standardising the information provided about risks and their frequency, where appropriate, and upon the need to formally evaluate a patient's capacity to make informed decisions where there is any doubt in this regard (for example patients with cognitive impairment).

17. The clinical effectiveness priority was 'using technology to improve care' including the use of human factors methodologies in improving the functioning of teams. Progress over the year has been good. Highlights include:

- Rollout of a new electronic system for the requesting of tests by colleagues in Primary Care ('ICE').
- Development of a new system for collecting, collating, analysing and reacting to markers of physiological deterioration amongst hospital inpatients. The end result is hoped to be a much improved 'early warning score' to allow clinical resources to be directed to patients who show early signs of deterioration. Major external grant funding has been secured for a project previously funded via the Oxford Biomedical Research Centre.
- A number of human factors training courses were held for teams from a variety of services within the Trust. The training emphasized lessons learned from organizations with a good safety track record such as the airline and nuclear industries. Training focused on how teams communicate together with an emphasis on communicating in a more structured way.

18. The patient experience priorities were 'improving the way we listen to and act on feedback' and 'improving care for people with cognitive impairment'. Progress over the year has been good. Highlights include:

- Agreement of a Patient Experience Strategy.
- Roll out of the national Friends and Family Test (FFT) ahead of schedule to all areas in the Trust.
- Enhanced profile for patient and carer feedback alongside other data for decision-making and service management.
- A number of consultant liaison psychiatrists have been appointed and have made a major contribution to the care provided for patients with cognitive impairment.
- Twenty nurses are being funded to attend an external Dementia Leaders Programme.

² High levels of incident reporting are regarded as demonstrating an open safety conscious culture, rather than necessarily signifying high levels of incidents and harm. The ratio of 'incidents with significant harm' to total incidents reported is monitored in order to determine the interplay between reporting practice and the volume of adverse incidents.

Description of quality priorities for 2014/15.

19. The emerging quality priorities for 2014/15, notwithstanding a public engagement event being held on 24th April and ongoing discussions with commissioners around CQUIN goals are as follows:
- Patient safety – a programme of work to review and improve arrangements in place for the management of inpatients outside normal office hours across the four Trust sites.
 - Clinical Effectiveness – implementation of the outputs of the risk summits held in autumn 2013 examining the care of adult in-patients with diabetes.
 - Clinical Effectiveness – expand the provision of physician input into the care of inpatients in surgical specialties.
 - Patient Experience – improvements to the timeliness and communication around discharge from hospital.
 - Patient Experience – improvements to the overall experience of patients attending outpatient appointments, particularly in relation to communication around booking and scheduling.
 - Patient Experience – develop services to provide integrated psychological support for patients with cancer.
20. Priorities for 2014/15 will again be arranged in the domains of patient safety, clinical effectiveness and the experience of patients. However, the priorities will also be aligned to each of the five key questions now asked of services and Trusts by the Care Quality Commission (safe, caring, effective, responsive, well-led).

Recommendation

21. Stakeholders are asked to receive this briefing paper and determine how best to delegate the task of reviewing the Quality Account itself (and the development of a formal opinion on it) to members or officers. It is anticipated that an early draft of the Quality Account will be made available to stakeholders on Monday 28th April.
22. Oxford University Hospitals NHS Trust welcomes comments from stakeholders at any point in time. However, comments received by 25th May will be incorporated into the draft of the Quality Account and related papers to be considered by the Trust Board's Quality sub-Committee.

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22 April 2014