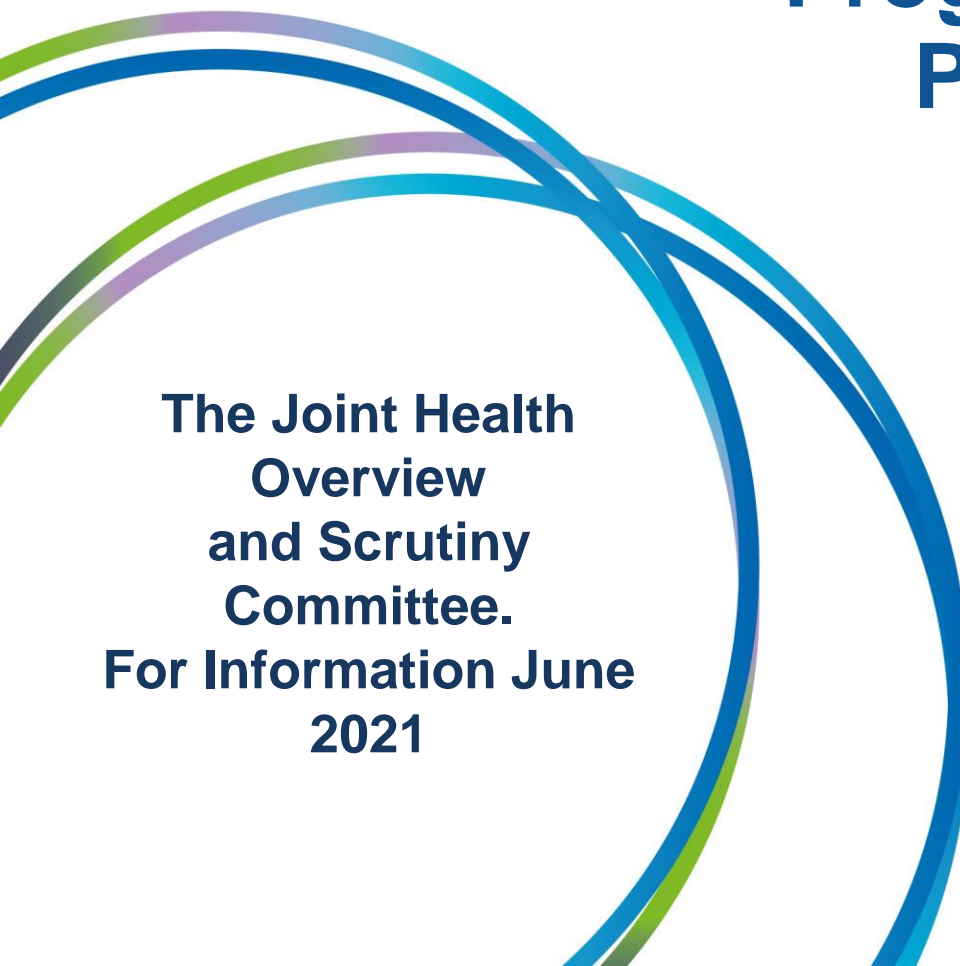


Progress against Quality Priorities 2020-21 and Priorities for 2021-22

Professor Meghana Pandit
Chief Medical Officer
24th June 2021

A decorative graphic on the left side of the slide, featuring several overlapping circles in shades of blue, green, and purple. The circles are of varying sizes and are arranged in a way that they appear to be part of a larger, abstract design.

**The Joint Health
Overview
and Scrutiny
Committee.
For Information June
2021**



Our Strategic Framework 2020-2025

This is our strategic framework, developed by our staff and built on our vision and values



2020-21 Priorities

Patient Safety

- Implementation of the National Early Warning Scoring System (NEWS2).
- Safety Huddles.
- Medication Safety: Insulin Safety.

Clinical Effectiveness

- Improving the provision of psychological medicine to all OUH patients.
- Staff health and wellbeing (feedback from the Staff Survey).
- To minimise the occurrence of Nosocomial COVID-19 in OUH.

Patient Experience

- The Home Assessment Reablement Team (HART).
- Reducing the number of patients with an extended length of stay (LOS).
- Patients who have their procedure cancelled.



Did we achieve the 2020-21 Quality Priorities?

PATIENT SAFETY: Implementation of NEWS2

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>Improves the earlier identification of deteriorating patients and facilitates standardisation.</p>	<p><u>Action 1.</u> Deliver trust wide communication for the launch of NEWS2 during 2020-21.</p> <p><u>Action 2.</u> Test and deliver the technical requirements for the deployment of NEWS2 within the System for Electronic Notification and Documentation (SEND) platform and the electronic patient record (EPR) during 2020-21.</p>	<p><u>Action 1:</u> <i>Partially achieved.</i> Trust wide communication about the launch of NEWS2 and the subsequent changes to this have taken place in a timely fashion. This is an ongoing process due to the delay in introducing the system caused by the pandemic.</p> <p><u>Action 2:</u> <i>Partially achieved.</i> The technical solution, including the fix of the problem experienced at the September 2020 launch, has been tested and was ready to be launched on 12th January 2021. However, it was considered that the launch of NEWS2 at this time would place an unacceptable stress on clinical teams tackling rising COVID-19 patient numbers and so, following an options appraisal, a decision to delay the launch was approved by the COVID-19 Steering Group until, at least, April 2021. The system went live in May 21.</p>



Safety Huddles

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>Effective safety huddles involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm.</p>	<p>A standardised method to run and record safety huddles has been developed and implemented across the Trust.</p> <p><u>Action 1</u>: Assess effectiveness (we would expect to see an increase in the numbers of incidents reported with a lower proportion of high harm incidents).</p> <p><u>Action 2</u>: Assess the safety culture across the organisation using a validated tool.</p>	<p><u>Action 1</u>: Partially achieved. The numbers of incidents reported have remained about the same over the last two years with the proportion of high harm incidents appearing to increase very slightly over that time. It is impossible to draw any meaningful conclusion from this. No commonalities or trends have been identified.</p> <p><u>Action 2</u>: Partially achieved. The University of Texas Safety Attitudes Questionnaire (UTSAQ), used by the OxSTaR for our human factors programme, has been distributed and will inform ongoing safety interventions and we will revisit these teams in the coming year. The initial draft of the data analysis from the UTSAQ shows that feedback was limited, but when combined with course, effective.</p>

Insulin safety

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>One in six people in hospital have diabetes and this is increasing. 35% of people with diabetes in OUH are treated with insulin and will be treated in all areas of the Trust.</p>	<p><u>Action 1:</u> We are going to cleanse our data to ensure it provides an accurate representation of our case mix.</p> <p><u>Action 2:</u> Where the NaDIA harm criteria has been met there will be an investigation of what happened in order to learn and improve care.</p> <p><u>Action 3:</u> Investigation templates for each of the harms will be produced and adapted as required to fit the needs of the investigations.</p> <p><u>Action 4:</u> A multidisciplinary insulin safety group will be set up to review the NaDIA harm reports, identify learning and actions to improve care.</p> <p><u>Action 5:</u> People with diabetes will be represented on the Insulin Safety group.</p>	<p><u>Action 1:</u> Fully achieved.</p> <p>Previously identified incidents reviewed against nationally defined criteria to clarify baseline.</p> <p><u>Action 2:</u> Partially achieved.</p> <p>Members of the Diabetes team are reviewing incidents while awaiting the formation of an insulin safety group.</p> <p><u>Action 3:</u> Partially achieved.</p> <p>Literature search undertaken. The work to complete this action is in the very early stages.</p> <p><u>Action 4:</u> Partially achieved.</p> <p>A planning meeting for the Insulin Safety Group has taken place and the aim is that the group will become more active once the pandemic allows. Divisional/wider representation will follow this process.</p> <p><u>Action 5:</u> Partially achieved.</p> <p>Candidates have been approached and provisional agreement has been obtained.</p>



CLINICAL EFFECTIVENESS

Psychological medicine

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>Improving mental health care in the ED was one of the 2019-20 priorities. At our Quality Conversation public event in January 2020 stakeholders asked that we develop this work to include all Trust inpatients</p>	<p>We aim to build on the already good level of ‘mental health’ care OUH offers its patients by enhancing it in several areas as follows:</p> <p><u>Action 1.</u> We will improve access to psychiatry for inpatients at the Horton general Hospital by implementing tele-psychiatry for medical inpatients.</p> <p><u>Action 2.</u> We will expand the provision of integrated psychiatry and psychology to cover more of the Trust’s high need areas such as haematology and gastroenterology.</p> <p><u>Action 3.</u> We will work with our partners Oxford Health to ensure that we deliver the nationally required Core 24 standard by ensuring that there is a rapid response to all emergency and urgent psychiatric referrals at nights and weekends as well as during weekdays.</p>	<p><u>Action 1:</u> <i>Partially achieved.</i> We have enhanced tele-psychiatry provision for all medical inpatients (on all sites including the Horton) in part as a response of COVID-19.</p> <p><u>Action 2:</u> <i>Partially achieved.</i> We have expanded Psychological Medicine to some, but not yet all, high need areas.</p> <p><u>Action 3:</u> <i>Fully achieved.</i> OUH Psychological Medicine has extended provision to include weekend and bank holidays. OH continues to cover night-time emergencies (and ED). As a result, OUH now meets the NHSE Core 24 standard of delivering a rapid response to all emergency (1 hour) and urgent (24 hours) referrals every day in both ED and OUH wards.</p>



Staff health and wellbeing

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>This was one of the suggested priorities that stakeholders voted to include into 2020-21 at our Quality Conversation public event in January 2020.</p>	<p>The aim is to provide an effective, safe and healthy working environment which will be reflected by an improvement in the staff health and wellbeing scores in the 2020 OUH Staff Survey.</p> <p><u>Action 1:</u> Using staff survey data, engage with staff to identify and prioritise initiatives for implementation by end March 2021 to improve people’s health and wellbeing.</p> <p><u>Action 2:</u> A newly revised policy and procedure for managing stress in the workplace will be drafted ready for consultation by 31st March 2021.</p> <p><u>Action 3:</u> Ensure the use of a recognised Health & Wellbeing Framework to support our work is in place by 31st March 2021.</p>	<p><u>Action 1:</u> Action achieved. Health and wellbeing (HWB) has been a core priority throughout 2020/21. Our 2020 staff survey results showed a significant improvement in our wellbeing scores.</p> <p><u>Action 2:</u> Action achieved. The ‘managing stress in the workplace’ policy has been drafted and is ready for consultation in April 2021.</p> <p><u>Action 3:</u> Action achieved. The OUH Guide to Health and Wellness was launched in June 2020 and this comprised of six dimensions of wellness.</p>

To minimise the occurrence of Nosocomial COVID-19 in OUH

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>The aim of the project was to protect patients and staff by reducing the proportion of COVID-19 cases likely to have been acquired in hospital to as low as possible, and below the average proportion for similar acute Trusts.</p>	<p><u>Action 1:</u> set up a database to monitor the proportion of cases likely to be hospital acquired and to act swiftly to work with clinical areas where an increased number of cases is noted. To submit data on nosocomial infection rates nationally as required.</p> <p><u>Action 2:</u> To complete a gap analysis against the NHSE/I Infection Prevention and Control Board Assurance Framework document.</p> <p><u>Action 3:</u> To work with all clinical areas to reduce opportunities for SARS-CoV2 transmission, considering both patients and staff (e.g. patient triage and pathways, diagnostics, patient placement, social distancing, cleaning, communications, education).</p> <p><u>Action 4:</u> To support widespread testing of both patients (emergency, elective, regular weekly testing) and staff. To monitor the uptake of patient and staff regular testing.</p> <p><u>Action 5:</u> To ensure staff are supplied with and trained to use PPE appropriate for the clinical area for their own and patient protection.</p>	<p><u>Action 1:</u> Fully achieved Database set up and admission screening compliance can be accessed via the Orbit dashboard. Data continues to be reported nationally.</p> <p><u>Action 2:</u> Fully achieved. The BAF was reviewed and updated following presentation to Integrated assurance committee (IAC) in February 2021 and will be provided to NHSE/I for assurance of IPC measures being undertaken in the Trust. No significant gaps identified.</p> <p><u>Action 3:</u> Action on-going.</p> <p><u>Action 4:</u> Action on-going.</p> <p><u>Action 5:</u> Action on-going.</p>



CLINICAL EFFECTIVENESS

HART

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>This was one of the 2019-20 priorities that stakeholders voted to continue into 2020-21 at our Quality Conversation public event in January 2020. As a Trust we recognise that hospital based care is the first part of the journey to recovery and that this journey continues at home.</p>	<p>In 2018 and 2019, the proportion of patients returned to functional independence following hospital discharge reablement was 57% and 59% respectively. By 31 March 2021 we aim to enable 50% of patients leaving any hospital bed base each month to not require any ongoing care and to further increase the percentage of all patients on the HART pathway who return to independent living to 63%.</p> <p><u>Action 1:</u> Continue to recruit to Therapy posts to support discharge to assess (D2A) across the whole county- 8 whole time equivalents by 31st March 2021.</p> <p><u>Action 2:</u> Train ‘exercise and mobility champions’ within the workforce to enhance reablement- 8 champions by 31st March 2021.</p> <p><u>Action 3:</u> Undertake an evaluation of at least three different types of assistive technology to support independent living by 31st March 2021.</p>	<p>From Apr 20-Feb 21 57% of HDRS (Hospital Discharge Reablement Service) completed reablement episodes reached independence. Fully achieved.</p> <p>From Apr 20 – Feb 21 68% of HDRS completed episodes reablement discharged independent or with reduced care. Fully achieved.</p> <p><u>Action 1:</u> Fully achieved. 8 WTE equivalent therapists are working within HART.</p> <p><u>Action 2:</u> Fully achieved. 15 reablement support workers (RSW’s) have received additional training and competencies to enhance their working practice as Therapy Champions carrying out individualised programmes with patients. Working with Oxford County Council team to use ‘Just Checking’ system with suitable patients.</p> <p><u>Action 3:</u> Not achieved. Work has been delayed due to the pandemic pressures.</p>

Reducing the number of patients with an extended length of stay (LOS)

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>This was one of the 2019-20 priorities that stakeholders voted to continue into 2020-21 at our Quality Conversation public event in January 2020.</p>	<p>We will achieve a reduction in the number of patients with an extended Length of Stay (LOS) of over 21 days, to fewer than 90 patients by 31 March 2021.</p> <p><u>Action 1:</u> The Deputy Divisional Nurse will lead on this for each division.</p> <p><u>Action 2:</u> A weekly discharge patient tracking list (DPTL) will be sent out every Thursday.</p> <p><u>Action 3:</u> Each division will carry out a weekly review of this cohort of patients which will be documented on the patient's electronic record.</p> <p><u>Action 4:</u> Monday to Friday all delays will be reviewed at the 12:00hrs huddle to resolve issues and reduce LOS.</p>	<p>In February 2021 the numbers of patients with an extended LOS was 114. This is above the target of 90. When compared with February 2020 there has been a 17% drop Year on year in the average daily LOS numbers. In March 2021 the average daily LOS numbers decreased to 104.</p> <p><u>Action 1:</u> Fully achieved.</p> <p><u>Action 2:</u> Fully achieved.</p> <p><u>Action 3:</u> Fully achieved.</p> <p><u>Action 4:</u> Fully achieved.</p>



Patients who have their procedure cancelled

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
<p>This was one of the suggested priorities that stakeholders voted to include into 2020-21 at our Quality Conversation public event in January 2020.</p> <p>National surveys carried out in 2018 and 2019 found that the Trust was in the worst 20% of trusts where patients reported they had procedures cancelled. Feedback within the Trust found that if an operation is cancelled, patients would like an apology and explanation. During the period December 2018-19 there were a total of 75 cancelled appointments due to 'patient declining treatment on the day', this is an average of 6 a month.</p>	<p>The aim is to improve the position of the Trust regarding cancelled procedures in national surveys to the middle quartile by 31 March 2021.</p> <p><u>Action 1:</u> We will ensure that all staff who are likely to be delivering this news are trained to do so appropriately.</p> <p><u>Action 2:</u> We will explore the reasons for 'patients declining treatment on the day' and reduce the monthly average from 6 to 3 per month.</p>	<p><u>Action 1:</u> Partially achieved. Discussions with Urology are on-going regarding a potential pilot site for this action. Work was delayed due to the pandemic pressures.</p> <p><u>Action 2:</u> Not achieved. From August 20 – Jan 21 there have been 69 patient cancellations (on average 11 per month). This is for JR & WW theatres (no data for SUWON at present). The team have not had capacity to explore in depth with patients why they have declined their operation, however, COVID-19 is recorded as a detail for this on the data set. Further work on this was delayed due to the pandemic pressures.</p>

Quality Priorities 2021/22

- The Quality Conversation Event scheduled for February this year had to be cancelled due to the COVID-19 pandemic. Discussion with internal stakeholders considered proposals with a focus on staff wellbeing and recovery in addition to which of the current Quality Priorities should be continued into 2021-22. These draft Quality Priorities were agreed by the trust management executive (TME) followed by the integrated assurance committee (IAC), Governors and external stakeholders.

Finalised Quality Priorities 2021-22

Patient safety

- Triangulation of complaints, claims, incidents and inquests
- Safety huddles.
- Medication safety – Insulin and Anticoagulants.

Clinical effectiveness

- To minimise the occurrence of *C.difficile* and MRSA in OUH.
- Transition of children to adult services.
- Clinical Activity Recovery.

Patient experience

- Digital innovations .
- Staff health and wellbeing: Growing stronger.
- Quality Improvement (QI) Stand Up.



OneTeamOneOUH