

Title	Oxford University NHS Foundation trust 2016/17 Quality Account 2016-17 and Proposed Quality Priorities 2017-1 for the Joint Health Overview and Scrutiny Committee April 2017
--------------	--

Status	For information
History	

Board Lead(s)	Dr Tony Berendt, Medical Director
----------------------	-----------------------------------

Executive Summary

1. This paper sets out the programme of work that was undertaken by Oxford University Hospitals NHS Foundation Trust in 2016/17 in order to deliver the identified Quality Priorities. The method and provisional choices for the 2017/18 Quality Priorities are contained within the body of the report.
2. **Recommendation**
HOSC members are invited to discuss and provide feedback on this overview of progress against 2016-17 quality priorities, and to note the emerging quality priorities for 2017-18.

1. Introduction

- 1.1. The essence of the Trust and the NHS is a commitment to the delivery of compassionate and excellent patient care. OUHFT's mission is to provide excellent and sustainable services to the people of Oxfordshire and to patients who come to the Trust in order to access specialist regional, national and international care which may be unique to our Trust. Our quality of care has its foundation in the commitment of our staff to their patients and the focus on future excellence which is the essence of our clinical strategy and our research and training programs. Contained within this presentation are commitments to quality priorities within the domains of patient safety, clinical effectiveness and patient experience.
- 1.2. Throughout 2016/17 we have reported to our board, our staff and our commissioners on progress against our quality priorities.
- 1.3. A well-received patient public and staff engagement event was held at the Trust on 16th January 2017. This event included short films outlining the 2015/16 quality priorities and why they might continue as well as round table discussions in which participants could highlight their most important areas of work from the current priorities, other quality improvement work going on in the Trust and suggestions for new areas of focus. The outputs from this event were reviewed by the Trust's Quality Committee.
- 1.4. A number of our 2016/17 priorities will continue as the work programmed was expected to extend over more than one year.
- 1.5. Staff have been involved in setting quality priorities via our business planning process and discussions in Clinical Governance Committees across the Trust.

2. Did we achieve the 2016/17 Quality Priorities?

We chose the following as our work programmes for 2016/17

- 2.1 (Priorities 1a -1e in table 1) Preventing harm and deterioration including programs for:
 - Medication safety (in response to audits in 2014/15 and including antibiotic stewardship- a national Commissioning for Quality Improvement and Innovation (CQUIN)
 - Acute kidney injury, AKI, (an alert affecting 30 patients per day)
 - Recognition and treatment of sepsis (National CQUIN)
 - Care 24/7 (NHS national priority)
 - Nationally recognised iPad based track and trigger SEND project
- 2.2 (Priority 2 in table1). Following an expert external review of our investigations of Never Events that occurred in the Trust in 2014/15 we are committed to:
 - Further Human factors training to enhance the lessons learned from adverse events.
 - Improving our systems for sharing learning within and between teams across the Trust

- Improving our systems for ensuring knowledge of and compliance with essential policies

2.3 (Priorities 3a -3c in table1). More effective care with better patient experience including programs for

- End of life care (proposed local CQUIN)
- Dementia care
- Our Compassionate Care program to improve patient experience throughout the Trust

2.4 (Priority 4 in table 1). Stake holder engagement and partnership working including:

- Improving our interface with primary care and other key partners
- Our Delayed Transfers of Care Program

Goal	Target	Evaluation
To improve compliance with the safe and secure medicine standards	100% compliance and if required an action plan to address any non-compliance	We did not achieve this. Compliance with the safe and secure storage of medicines standards has improved but not to 100% -action plans are being monitored and progress challenged in the Clinical Governance Committee.
To increase the number of medication incidents reported (indicative of an open and learning culture)	15% increase	We did not achieve this. Work has continued to encourage the reporting of medication incidents wherever possible. The successful introduction of electronic prescribing (ePMA) may be a factor.
To reduce the proportion of medication incident reported and graded as moderate or above in severity.	10% reduction overall, 20% reduction with insulin, anticoagulation, antimicrobial and omitted or delayed administration of essential medicines.	We partially achieved this. The 10% overall harm reduction has been achieved and 20% reduction in 3 of the 4 target areas. The target areas that have achieved a reduction are insulin, antimicrobials and delayed and omitted prescribed medicines.

Priority 1B: Improved recognition, prevention and management of patients with Acute Kidney Injury (AKI)

Goal	Target	Evaluation
Development of Trust wide education on AKI	Non-medical health professionals	We achieved this. A trust wide education programme is now in place. The education provision will be ongoing long term to address the issue of staff turnover.
Improve communication with primary care for patients who have suffered AKI	To include AKI 2/3 flags in discharge summaries	We achieved this. All AKI flags are now included in discharge summaries.
Pharmacy review of medication in patients with AKI	Increase early review of medication in AKI	We partially achieved this. The medication review tool has been rolled out across the Trust and staff are being educated to implement this. It will become live by 31 st March 2017 and then we will have fully achieved the aims.
Work with primary care colleagues to improve management of AKI in primary care	Admission avoidance	We achieved this. Primary Care alerts have been live since November 2016 with associated bespoke AKI care bundles in Primary Care. The OUH NHS FT model is being used in Buckinghamshire.

Priority 1C: Identification and early treatment of Sepsis

Goal	Target	Evaluation
Prompt recognition of sepsis	Standardised screening for sepsis across the Trust	We achieved this. We have developed and implemented an electronic Sepsis Screening Tool ('Sepsis Agent') for adult emergency admissions and inpatients which puts alerts on our computer screens for patients who may be septic. Since then more than 90% of patients meeting the criteria for screening have been screened for sepsis in the areas where this has been implemented.
Prompt antibiotic treatment of sepsis	Antibiotics to be administered within 1 hour of presentation with severe sepsis	We partially achieved this. The proportion of patients with sepsis that receive antibiotics within 1 hour has increased among both emergency admissions and inpatients (55% and 45%, respectively to the end of December 2016.

Priority 1D: Care 24/7

Goal	Target	Evaluation
All critically ill patients will be seen and reviewed by a consultant twice daily including all acutely ill patients directly transferred, or others who deteriorate	By Q4 100% of patients in intensive and areas defined as high dependency will be reviewed by consultants twice daily.	We achieved this. Our audit results demonstrate that 100% of our critically ill patients in intensive and high dependency areas have been reviewed twice per day by consultant level doctors and then daily as required within 'drop down units'.
Complete our program of work to implement the four critical standards by March 2017.	By March 2017 the bi-annual audits will be complete with data and actions reported to NHS England	We achieved this. We have carried out six monthly audits of more than 250 emergency admissions against these four priority standards. OUH NHS FT has performed extremely well in these audits, and the most recent published results reflect high standards of care delivered across the Trust.

Priority 1E: SEND System for recording and viewing patients' vital signs

Goal	Target	Evaluation
Complete planned roll out across the OUHFT NHS Foundation Trust	Roll out to JR Cardiac Centre and West Wing, Horton ED, NOC Centre for Enablement and Outpatient areas	We achieved this SEND has been fully rolled out according to plan and is in use.
The wards and clinicians from any location can access real-time vital sign observation charts and Track and Trigger scores	Clinical staff will use the system to capture patient observations in real-time	We achieved this SEND is now accessible from every computer in the trust. Clinical staff are using the system to capture patient observations in real-time.
Nursing time saved recording vital signs and calculating Track and Trigger scores	Nurses can provide better patient care due to saving time when using SEND to record patients' vital signs	We achieved this A research study of 577 observations of nursing practice found a 17% (35 second) median saving in the time to undertake observations when comparing SEND with the preceding paper system.

Priority 2: Human factors training

Goal	Target	Evaluation
To deliver human factors training incorporating simulation to healthcare professionals from all Divisions	18 one day courses	We achieved this. 18 one-day courses for multi-disciplinary teams across OUH NHS FT have taken place.
To develop a Human Factors and Quality Improvement Advisory Group and an associated strategy for quality and safety led by the Deputy Medical Director	To deliver a human factors and QI strategy for the OUHFT with the explicit aim of building capability across the Trust and delivering a sustainable programme of quality improvement	We achieved this. The Human Factors (HF) and Quality Improvement (QI) advisory group meets monthly to monitor and guide progress in Human Factors and Quality Improvement domains.
To deliver train the trainer courses to build capability and sustainability in human factors training across the OUHFT	Four one day ambassador courses to train an additional 50 trainers	We achieved this. Train the Trainer course for OUH NHS FT HF Ambassadors has been completed and we have trained 50 champions.
To deliver training in quality improvement for healthcare professionals and managers from all Divisions	One day Human Factors (HF)/ Quality Improvement (QI) training	We achieved this. Training provided by the Patient Safety Academy has delivered one day HF/ QI training for over 70 staff.

Priority 3A: End of life: improving people’s care in the last few days and hours of life



Goal	Target	Evaluation
Additional palliative care provided in Emergency Department (ED) and Emergency Assessment Units (EAUs)	Palliative care staffed to provide daily rounds in ED and EAU	We achieved this 100% of patients recognised to be near to the end of life at ED and EAU had a palliative care review within 24 hours to the end of December 2016 and this is projected to continue in the future. (Data refresh awaited).
Improved feedback from families	95% of families offered a feedback form	We did not achieve this A bereavement survey has been piloted across a cohort of wards and has been received very positively. The Bereavement Team will offer the feedback form from the end of March 2017.
Swan scheme in place	Symbol Known to and understood by all staff	We partially achieved this Swan Scheme roll out: Renal, 7A, 7B and Oncology wards have been identified as working towards achieving accreditation by the end of March 2017. The symbol has been chosen: sunflower. Information will be disseminated to all staff via the staff update in April 2017.
Improved staff confidence, skills and knowledge	75% of staff have undertaken e-learning training	We did not achieve this Cascade training is now in place: more than 100 senior nursing and medical staff have been now been trained in EOLC. E-learning modules have been agreed and will be rolled out in 2017/18
Anticipatory medication	95% of patients have these medicines on discharge	We did not achieve this. Work has progressed within the Trust on this and partnership work continues with Oxford Health NHS FT to advance this priority.
Joint work on discharge	Understanding blocks to discharges	We did not achieve this. Work on this will roll on to 2017/18

Priority 3B: Dementia Care

Goal	Target	Evaluation
Dementia data reviews	90% of patients aged 75 years and over screened for dementia	We did not achieve this The current dementia screening rates have improved to 60%. Significant work is being carried out to improve compliance.
To promote a positive experience for patients living with dementia and their carers during any engagement with hospital services.	Improvement in qualitative feedback	We partly achieved this The Trust continues to work closely with Carers Oxfordshire on the Carers Project. The Outreach Worker from the charity regularly attends the Trust's Dementia Information Café and holds drop-in 'surgeries' on the Acute General Medicine wards at the John Radcliffe, as well as taking referrals from Staff. Qualitative data has shown a positive response to these sessions.
To promote dementia awareness via training to relevant staff within the hospital	75%	We achieved this. Figures for the relevant staff trained for tier 1 dementia training were 73% (up to 8 th March 2017) with a projection that the year-end target of 75% will be achieved.
To enhance the current knowledge and understanding of dementia through appropriate training to all relevant staff.	Training of 50% of frontline staff	We achieved this 65% of relevant frontline staff have received training in 2016/17.

Priority 3C: The compassionate care program

Goal	Target	Evaluation
To provide classroom training sessions for 1500 frontline staff on Delivering Compassionate Care	1500 staff attend classroom sessions in 2016/2017 financial year.	We achieved this. Up to 8 th March 2017 1,400 employees had attended the training on Delivering Compassionate Care. 6 dates for delivery are planned before 6 April 2017 providing places for 110 delegates bringing the projected total to over 1500.
To evaluate the outcomes of learning leading to longer term behaviour and attitude change of frontline staff.	50% of attendees complete evaluation 3-6 months post-training in 2016/2017 financial year.	We achieved this. Quarterly surveys to attendees measuring training outcomes continue to be circulated and have achieved a 100% return rate. An interim evaluation has been completed and demonstrates a 95% 'highly satisfied' response.
To provide E-Learning training accessible to all staff on concepts underpinning Delivering Compassionate Care	1500 staff access and complete E-Learning Package sessions in 2016/2017.	We did not achieve this A review is in progress to establish plans to increase the penetration of this course across the frontline staff group.

Priority 4: Stake holder engagement and partnership working

Goal	Target	Evaluation
To involve stakeholders in future strategy	Work collaboratively as a healthcare system across Oxfordshire	We achieved this The Trust continues to participate in the Sustainability and Transformation Plan (STP)
To improve communication of patient information to primary care colleagues	To deliver 98% all e-discharge summaries to primary care colleagues within 24 hours of discharge	We did not achieve this 80% of discharge summaries currently are e-messaged to primary care colleagues within 24 hours of discharge
To improve assurance that all test results have been acted upon	To endorse 95% of test results on EPR within seven working days	We did not achieve this. Following revision of the trajectory in conjunction with OCCG, the February 17 target was achieved with 80% of test results endorsed on EPR within seven working days against a target of 78%
Progress system wide improvement in quality of care	Deliver aims of the delayed transfers of care (DToC) program	We achieved this. It is the Trust's priority to get patients back to their home environment as quickly and as safely as possible by supporting them for up to 6 weeks in their own home with re-ablement support. It is also the Trust's aim to prevent hospital admission by supporting patients already in the community to whom we have been alerted by our primary care colleagues. The Trust has 140 re-ablement workers supporting on average 180 patients and clients per day in the community. The Trust is providing over 350 hours of care per week for those patients who have been identified as requiring a long term care package and who are awaiting our social and health care colleagues to identify local domiciliary care providers to take over these care packages. The Trust is working closely with Oxfordshire County Council on this priority.
To ensure patients and families have an improved experience of the discharge process from inpatient care	Establish a working group by 30 th November 2016. Launch a revised patient discharge booklet by 31 st March 2017.	We achieved this. The working group has been established. The revised patient discharge booklet has been launched. Four discharge workshops have run at the John Radcliffe, the Churchill, the Nuffield Orthopaedic Centre and the Horton to reduce the number of delayed transfers of care by earlier and comprehensive discharge planning.

3.0 How we are choosing our priorities for 2017/18

3.1 Here we describe a suite of quality priorities for the coming year. These are part of a wider work plan to deliver high quality care to all of our patients. All quality improvement work is monitored closely by our Clinical Governance and Quality Committees and we regularly report our performance to our commissioners and regulators.

3.2 A well-received patient public and staff engagement event was held at the Trust on 16th January 2017. This event included short films outlining the 2015/16 quality priorities and why they might continue as well as round table discussions in which participants could highlight their most important areas of work from the current priorities, other quality improvement work going on in the Trust and suggestions for new areas of focus. The outputs from this event were reviewed by the Trust's Quality Committee.

3.3 The most support for continuing priorities was for Partnership working and End of Life Care

3.4 Our Governors have expressed interest in adopting End of Life care as their chosen priority for 2016/17.

3.5 A number of our 2016/17 priorities will continue as the work programmed was expected to extend over more than one year.

3.6 Over the year ahead, we aim to prioritise the delivery of quality improvements across a range of projects and services. There are nine Trust wide quality priorities. There have been several different drivers in the development of these projects:

- Priorities set for the NHS nationally;
- Priorities arising through feedback that the Trust has received from service users and our local Healthwatch organisation;
- CQUIN (Commissioning for Quality and Innovation) projects developed with our commissioners from NHS England and Oxfordshire Clinical commissioning group
- Priorities set from a review of incidents and internal audit reports and
- Priorities articulated in our Annual Business Plan.

4.0 Draft Priorities for 2017/18:

Using the methodology outlined above our current draft priorities are as follows:

Patient safety

- Partnership working
- Safe discharge
- Preventing patients from deteriorating – time critical care (Heart attack, stroke, blood clots in the lungs, sepsis including the use of the SEND system)

Clinical effectiveness

- Best care for patients with mental ill health including preventing need to come to the Emergency Department and their care during physical illness
- Cancer pathways

- Go digital

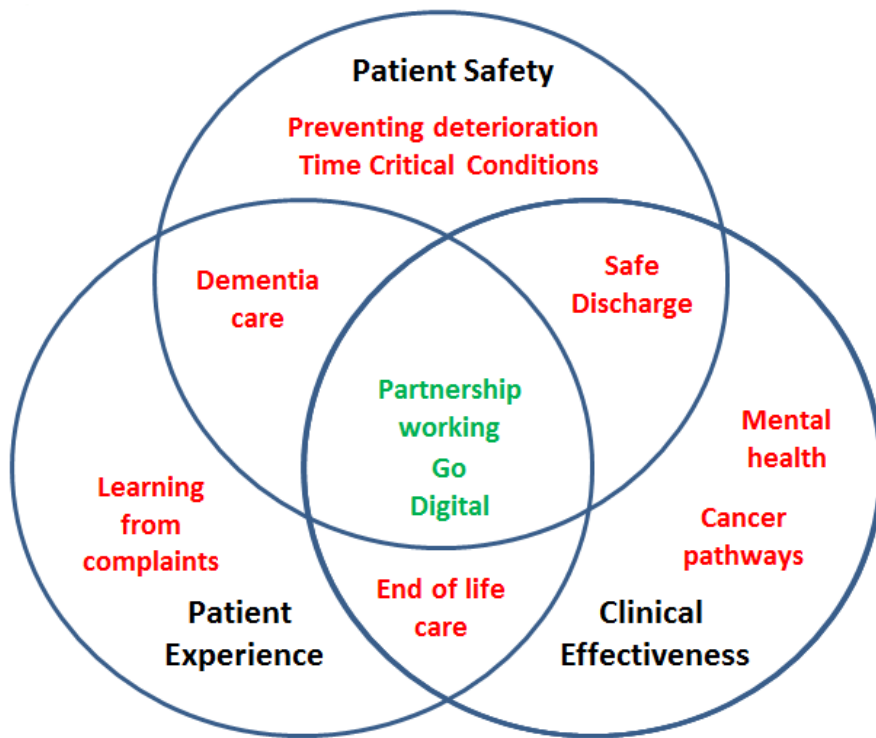
Patient experience

- End of life care
- Dementia Care
- Learning from complaints

5.0 Draft Quality Priorities 2017/18

The table below follows the format we have developed in previous years and links the proposed priorities to the three quality domains of patient safety, clinical effectiveness and patient experience.

Table 2



7.0 Why we chose these Draft Priorities for 2017/18:

7.1 Patient safety

7.12 Partnership working – This was the top choice from our patient and public consultation event in January. It is also a major strategic aim for the Trust to work with system partners across Oxfordshire in areas such as the STP. Our CQUIN (Commissioning for Quality and innovation) programme this year includes partnership networks with other hospitals to deliver best quality care together for spinal surgery, specific blood disorders and chemotherapy etc.

7.13 Safe discharge – This is an area which spans one of our areas of work from last year but also builds on feedback from patients and GPs that we could improve in this area. It was also the favourite new priority from our patient and public event.

7.14 Preventing patients from deteriorating – time critical care (Heart attack, stroke, blood clots in the lungs, sepsis including the use of the SEND system) – This was the third most popular priority to continue at our patient and public consultation event and is a theme from our incidents or near misses.

7.2 Clinical effectiveness

7.21 Mental Health – We know that the Emergency Department (ED) is not the best place to care for patients with mental ill health and we will be working with Oxford Health to find ways to prevent the need to come to ED for patients and we will work on improving care for those with mental health conditions during physical illness requiring admission to our hospitals. This was the second most popular suggested new priority at our patient and public event.

7.22 Cancer pathways – Delivering timely and co-ordinated care for patients with Cancer is a major priority for us and our regulators NHS Improvement.

7.33 Go digital – We have been named a ‘global digital exemplar’ which recognises that we are at the forefront of the use of digital technology to deliver exceptional treatment and care. As a digital exemplar, we have ambitious plans to accelerate the opportunities that digital technology offers, in line with the ambition of the NHS to be ‘paper-free’ and for patient records to be held electronically and accessible across different systems. We are committed to ensuring these processes improve our safety, effectiveness and patient experience.

7.3 Patient experience

7.31 End of life care- This was the second most popular priority to continue when we asked our patients and public at our event in January 2017. We agree that while we achieved a lot last year we can still do more to develop our end of life care in 2017/18.

7.32 Dementia Care – Dementia is an increasingly common condition and we want to continue to build on last year’s progress in this area.

7.33 Learning from complaints – It is fundamental that we improve how we listen to our patients and learn from their experiences therefore we want to make this a priority this year.

8.0 Conclusion

8.1 HOSC members are invited to discuss and provide feedback on this overview of progress against 2016-17 quality priorities, and to note the emerging quality priorities for 2017-18.

Dr Anthony Berendt, Medical Director Oxford University NHS Foundation Trust
Dr Clare Dollery, Deputy Medical Director Oxford University NHS Foundation Trust
23rd March 2017