**Oxford University Hospitals NHS Foundation Trust: Progress against Quality Priorities described in the Quality Account 2017-18 and feedback from 'A Quality Conversation' event January 2018**

**The Joint Health Overview and Scrutiny Committee For Information April 2018**

Oxford University Hospitals **NHS**
NHS Foundation Trust

# Did we achieve the 17/18 Quality Priorities?

# 2017/18 Priorities- a reminder

- Partnership working

- Safe discharge

- Preventing patients from deteriorating – delivering time critical care [heart attack, stroke, blood clots in the lungs, sepsis including the use of the System for Electronic Notification and Documentation (SEND)]

- Mental health in patients coming to our hospitals

- Nationally recognised iPad based track and trigger SEND project

- Cancer pathways

- Go Digital

- End of Life Care: improving people's care in the last few days and hours of life

- Dementia care

- Learning from complaints

# Partnership working

| Priority One: Partnership working | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| 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 sustainability and transformation project (STP) across Buckinghamshire, Oxfordshire and Berkshire. We also recognise the value of our services that provide national and international expertise and will work to enhance care in this area particularly for rare diseases. Our CQUIN (Commissioning for Quality and Innovation) programme this year includes partnership networks with other local/regional hospitals to deliver best quality care together for spinal surgery, infection of the liver from a virus (hepatitis C), specific blood disorders and chemotherapy etc. | We will evidence the benefit to patients from taking a whole system approach to our strategy including the University of Oxford, our commissioners, other trusts, our STP area, Oxford Academic Health Science Network and stakeholders.<br><br>Home Assessment and Reablement Team (HART) service development: we will ensure that the 50% of time is specifically for patient contact. This figure is derived by taking into consideration staff annual leave, sickness, maternity leave and travel time between each patient in the community as well as non-patient facing organisational activities.<br><br>By ensuring the Operational Delivery Networks (ODNs) - collaborations of doctors, nurses, managers and allied professionals - offer opportunities to share learning and develop solutions within and across networks at regional and national levels, to build collaboration and accelerate change for patients. This will be evaluated via achievement of the CQUIN requirements.<br><br>By fully embedding the OUH Public Health/ Health and Wellbeing Strategy we will continue to improve the organisational infrastructure that underpins staff health and wellbeing. We will implement a management development programme to equip line managers with the skills and capabilities to manage teams and services. This will provide managers with the tools to help create a healthy workplace for staff. | STP: We Achieved this.<br><br>Home Assessment and Reablement Team (HART) service development: We achieved this.<br><br>Operational delivery networks (ODN):<br>We expect to partially achieve this. The regional Spinal network holds regular MDT meetings and the network has produced regional policies to manage spinal emergencies including emergency imaging and transfer.<br>The hepatitis C ODN has a greater than 98% cure rate.<br>Haemoglobinopathies: By the end of Q3, 70% of patients had received an MDT review.<br><br>We achieved this:  We implemented a management development programme. |

# Oxford University Hospitals NHS

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# Safe discharge

| Priority Two: Safe discharge | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| Patients have told us that delays caused by their medicines not being ready when they expect to leave the hospital are a source of frustration. We have also had feedback from GPs that this is an area we can improve upon. This was the favourite new priority identified at our patient and public event and will build upon work we did last year to improve medicines safety. | Our aims are to improve the experience of discharge and the accuracy of discharge communication for future medication.<br>• We will bring forward the time medicines to take home are reconciled/written, significantly increasing the number of patients discharged before 12 noon, and reduce the number of changes needed on medicines to take home so they are ready at the time of discharge.<br>• Furthermore we aim to reduce the overall time it takes to turn around discharge medicines and ensure availability to the patient when they are ready to go home.<br>• We will aim to increase the percentage of patients discharged before noon from 8% to 30%. We will examine information from our electronic system (Cerner) and carry out audits to check our results. | We will partially achieve this.<br>Analysis of January and February 2018 discharges before noon show an increase to 22.5% (average). |

# Priority Three: Preventing patients from deteriorating

| Priority Three: Preventing patients from deteriorating – delivering time critical care [heart attack, stroke, blood clots in the lungs, sepsis including the use of the System for Electronic Notification and Documentation (SEND)] | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| This was the third most popular priority to continue at our patient and public consultation event and is a theme from our analysis of incidents or near misses in 2016/17. | • Through a programme of changes supported by the monitoring system SEND and as part of the cardiac arrest reduction strategy we expect to achieve a 10% reduction in cardiac arrests in 2017/18 from 2016/17.<br><br>• We will establish an education and communication programme to fully inform our staff about rapid response treatment for time critical diagnoses which may cause deterioration in hospital.<br><br>• We will work to achieve national priorities to improve care for patients with sepsis as described in the 2017/18 CQUIN. | Reduction in cardiac arrests: We achieved this. There is a 20% decrease in the instance of cardiac arrest in general ward areas between April 2017 and Feb 2018 when compared with the same period the previous year.<br><br>Education and communication programme: We partially achieved this. The number of midwives completing the recognition and treatment of the acutely ill and deteriorating patient (RAID) assessor training has increased and RAID assessments are now underway in maternity. This subject has also been included in all medical induction sessions since August 2017 (646 doctors). The groundwork is now complete for the e-learning package for time critical illnesses and the anticipated go live date for the training is by 31st May 2018.<br><br>Sepsis CQUIN: We fully achieved the screening element and partially achieved the intravenous antibiotics within an hour element (70% versus a target of 90%). |

# Priority Four: Mental health in patients coming to our hospitals

| Priority Four: Mental health in patients coming to our hospitals | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| We know that the Emergency Department (ED) is not the best place to care for patients with mental illness and we will be working with Oxford Health NHS Foundation Trust to find ways to prevent the need to come to ED for some of these patients. We will also work on further improving care for those with mental illness complicating physical illness who are admitted to our hospitals. This was the second most popular suggested new priority at our patient and public event. | • For patients attending ED we will collaborate with Oxford Health to achieve the CQUIN target for 2017/18. We aim to reduce by 20% the ED attendances of those within a selected cohort of frequent attenders in 2016/17 who would benefit from psychiatric and psychological interventions.<br><br>• For inpatients, our Psychological Medicine team will identify, train and support medical and nursing champions for psychological and psychiatric care of our patients in all key Trust services. | Mental health in ED CQUIN: We have achieved this with a 46% reduction in attendances since April for this patient cohort.<br><br><br>Education/ training quality initiative: We have fully achieved this. |

# Cancer pathways

| Priority Five: Cancer pathways | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| We plan to review cancer pathways with a focus on reducing the number of, and time between patient encounters (coming to hospital as an in- or outpatient or for tests) in order to consistently improve patient experience, meet cancer targets and provide diagnosis and treatment in a timely manner. | We aim to improve patient experience by increasing the numbers of individuals who are diagnosed and treated for cancer within target. We also aim to avoid unnecessary delays and we have a programme for quality in each cancer pathway. We will<br>• Increase the timeliness of first contact or visit for individuals with a suspected cancer so that >93 % of referrals are seen within 14 days.<br>• Increase the number of individuals confirmed with cancer who are treated within 62 days from 2 week wait referral to treatment start (Aim: >85% in 2017/18).<br>• Increase the number of patients who are treated within 31 days of decision to treat (Aim: 96% or greater in 2017/18). | We partially achieved this.<br>The table provides the trend data: |

| Target (%) | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Dec 17 | Jan 18 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2ww (93) | 92 | 92 | 97 | 96 | 97 | 98 | 98 | 97 | 95 | 96 |
| 62 day (85) | 86 | 83 | 83 | 85 | 85 | 85 | 82 | 82 | 87 | 82 |
| 31 day first (96) | 98 | 97 | 98 | 98 | 96 | 97 | 96 | 96 | 97 | 94 |

# Go Digital

| Priority Six: Go Digital | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| 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 will leverage electronic health records, data and technology to innovate and join up how we provide patient care across organisational boundaries and support self-care and research. We are committed to ensuring these processes improve our safety, effectiveness and patient experience. | • We will establish a Patient Portal to be used for appointment booking, receipt of letters and review of parts of the clinical record (for limited numbers of patients).<br><br>• We will deliver a major project for Core Clinical Documentation: this major project will be accelerated to deliver the capability providing the outstanding online documentation required by clinical staff to document electronically in real time into the patient record. It includes Care Plans, Assessments, Decision Support Rules, extended catalogues of orderables (clinical referrals), and 'best practice' clinical pathway guidance. | Patient portal: We did not achieve this. Preparatory work to facilitate this has been undertaken by the OUH, in partnership with Cerner, and this will be adopted for next year's priorities.<br><br>Core Clinical Documentation: We partially achieved this. The latest documentation standards for Nursing Care Plans, Assessments, and Clinical Referrals went live as planned across the Nuffield Orthopaedic Centre (NOC) on 19th February 2018. A decision on the rollout approach to remaining OUH sites will be based on learning from live use at the NOC. |

# End of Life Care

| Priority Seven: End of Life Care: improving people's care in the last few days and hours of life | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| This was the second most popular priority to continue when we asked our patients and the 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. | • We will implement further improvements in end of life care as described in our work plan for 2017/18. The work plan is based on our End of Life Care (EOLC) Strategy and builds on last year's work plan. | We completed the EOLC work plan. |
| | • We will deliver and learn from the daily palliative care input to the Emergency Department (ED) and Emergency Admissions Unit (EAU) as part of the End of Life Care Project funded by Sobell House Hospice Charity. | Palliative care input to ED and EAU: We achieved this. |
| | • We will increase the number of wards with enhanced skills in supporting end of life care. | Increasing ward accreditation: We will partially achieve this. Juniper, Laburnum and the Critical Care Unit at the Horton are currently preparing to accredit as is the Emergency Admissions Unit (EAU) at the JR. This should be complete early in 2018/19. |
| | • We will continue to gather feedback from bereaved families to understand their experience of care in the Trust and incorporate learning in the work plan. | Bereavement survey: We achieved this. |

# Dementia Care

| Priority Eight: Dementia Care | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| We are committed to providing an excellent standard of care for all patients but we know that we particularly need to ensure that those who are vulnerable and frail are getting the best possible care. Dementia is an increasingly common condition and we want to continue to build on last year's progress in this area. | • We will implement a paperless process for cognitive screening. A uniform core electronic clerking pro forma should help improve screening because junior doctors will then become familiar with using the same core form regardless of specialty.<br><br>• We will modify our consent forms to prompt consideration of the need for a capacity assessment prior to consent.<br><br>• We will design electronic systems to trigger individualised nursing care plans/bundles once the cognitive screen has been completed and it is positive. | Paperless cognitive screening assessments are in place.<br><br>Consent forms: We achieved this modification. The modifications to the consent forms have been approved by the Clinical Governance Committee (CGC) and will launch shortly.<br><br>Individual care plans: We partially achieved this. A new form to record the assessment of the patient's mental capacity has been agreed for use once the cognitive screen is positive however the roll out of the triggered individualised nursing care plans/ bundles will not take place before 31st March 2018. |

# Priority Nine: Learning from complaints

| Priority Nine: Learning from complaints | | |
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| **Why we chose this priority** | **How we will evaluate success** | **Evaluation March 2018** |
| It is fundamental that we listen to our patients and learn from their experiences therefore we want to make this an explicit priority this year. Communication is one of the top three themes from complaints and this will be an area of focus. | • We will carry out an in-depth review of 2016/17 complaints related to communication to better develop actions and stories which will have the greatest impact for staff.<br><br>• We will also review complaints about access to treatment to ensure the Trust is listening to the patient's views on what aspects of access really matter for their experience. This will be used to understand where improvements can be made. | Completed a review of complaints about communication.<br><br><br>Access to treatment: We partially achieved this. A programme of work led by the Director of Nursing is underway and will complete after 31st March 2018. |

# 'A Quality Conversation' event January 2018

- Almost 100 patients, Foundation Trust governors and members, and staff took part in an event on Tuesday 16 January 2018.

- A showcase of the achievements of the equality priorities was held in Tingewick Hall prior to table discussions of possible future quality priorities.

- The four priorities the audience chose to carry forward to next year were:

- a) Partnership working

- b) End of life care

- c) Preventing patients from deteriorating and

- d) Go Digital

- The feedback from the event was very positive with 88% finding the event useful or extremely useful.

- 98% of attendees felt they were able to contribute to decisions about the future quality priorities and 96% found the table discussions useful or extremely useful.

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John Radcliffe Hospital    Nuffield Orthopaedic Centre    Churchill Hospital    Horton General Hospital

# FOUR HOSPITALS, ONE TRUST, ONE VISION