Oxford University Hospitals **NHS**
NHS Foundation Trust

Oxford University Hospitals NHS Foundation Trust: Progress against Quality Priorities described in the Quality Account 2018-19 and feedback from 'A Quality Conversation' event January 2019

The Joint Health Overview and Scrutiny Committee For Information April 2019

'A Quality Conversation' event January 2019

- Approximately 75 patients, Foundation Trust governors and members, and staff took part in an event on Tuesday 15 January 2019.

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

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

- a) Partnership working - including avoiding patients being stranded in hospital and the Home Assessment Reablement Team (HART)

- b) Preventing patients from deteriorating

- c) Safe surgery and procedures

- The feedback from the event was very positive with 86% finding the event useful or extremely useful.

- 98% of attendees felt they were able to contribute to decisions about the future quality priorities.

Oxford University Hospitals
NHS
NHS Foundation Trust

Did we achieve the 18/19 Quality Priorities?

2018/19 Priorities- a reminder

- Preventing patients deteriorating: Cardiac arrest reduction and Sepsis.

- Safe surgery and procedures.

- Right patient every time.

- Go Digital.

- Lean Processes for patient pathways.

- Partnership working: avoiding patients being stranded in hospital and Home Assessment Reablement Team (HART).

- End of Life care.

Preventing patients deteriorating

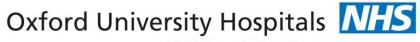| Cardiac arrest reduction and antibiotics delivered within one hour of a sepsis flag		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
Identifying deterioration early can allow prompt treatment to reduce the duration and severity of subsequent illness. This priority was the one of the 2017/18 priorities that stakeholders voted to continue into 2018/19 at our Quality Conversation public event in January 2018.	**Cardiac Arrest Reduction** Our goal is a 25% reduction in general ward areas and a 15% overall reduction (which would include areas within the Heart Centre).	• The overall progress against the target set out in the Quality Priority is an 2.8% decrease overall with a 9.3% increase in general ward areas when the period Apr-Jan 2017/18 is compared with the same period in 2018/19. • The resuscitation team continue to observe a number of patients who are subject to a 2222 call and for whom a decision regarding resuscitation status would have been appropriate prior to the point of cardiac arrest. These cases are reviewed and highlighted to the patient's consultants who share the learning with their respective teams. ***Not achieved.***

Preventing patients deteriorating

Cardiac arrest reduction and antibiotics delivered within one hour of a sepsis flag		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
Identifying deterioration early can allow prompt treatment to reduce the duration and severity of subsequent illness. This priority was the one of the 2017/18 priorities that stakeholders voted to continue into 2018/19 at our Quality Conversation public event in January 2018.	We will improve upon our 2017/18 achievement of 65% patients receiving antibiotics within one hour of alerting for sepsis, and set the target of >90%. We will develop and deliver a sepsis training package to >50% of regular clinical staff working in the emergency departments by 31 March 2019.	• Overall, since April 2018, 412/580 (71%) acute admissions and 1009/1363 (74%) inpatients with sepsis have received antibiotics within 1 hour. *We have improved to 74% but have not fully achieved this.* • Training has been delivered to 197/319 (62%) of regular clinical staff in the Emergency Department (target 50%). • Outcomes of patients with sepsis at OUH: Dr Foster data demonstrates a sustained fall in Summary Hospital-level Mortality Indicator (SHMI) for sepsis since Trust sepsis work began in July 2015. • The Oxford Sepsis Team strategy has been shortlisted for the British Medical Journal 2019 Award for Innovation in Quality Improvement. *We have fully achieved this.*

Safe surgery and procedures

Oxford University Hospitals **NHS**

NHS Foundation Trust

Safe surgery and procedures		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
National Safety Standards for Invasive Procedures (NatSSIPs) have been produced to address many of the underlying causes of Never Events (events that should be wholly avoidable due to the consistent application of specific safety checks e.g. WHO surgical safety checklist). The aim is to produce Local Safety Standards for Invasive Procedures (LocSSIPs) and thereby reduce the incidence of avoidable adverse events. The OUH had eight Never Events in 2017/18 and that is why focus on these standards has been chosen to be a Quality Priority.	Establish a new Safety Standards for Invasive Procedures group (SSIPG). Develop the remaining key overarching policies from which the specific LocSSIPs will develop. Develop/review LocSSIPs relevant to the eight Never Events that occurred in 2017/18. Scope other surgical and invasive procedural areas across the Divisions where LocSSIPs should be developed.	• The SSPIG group has been established and meets regularly. • The remaining key overarching policies from which the specific LocSSIPs will develop are all either complete or nearing completion. • An implementation plan for LocSSIPs has been developed and reviewed at SSPIG. A small number of LocSSIPs have been completed with work on the others currently underway. • The scoping work for LocSSIPs is expected to be completed before the end of March 2019. FY2s (junior doctors) are supporting clinical areas with the creation of LocSSIPs as part of their Quality Improvement Projects (QIPs). ***We have partially achieved this.***

Right patient every time

Oxford University Hospitals **NHS** — NHS Foundation Trust

Right patient every time		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
This Quality Priority is key to ensuring safe diagnostic tests, procedures and treatments are identified with the correct patient every time. We chose this priority following a number of incidents, particularly in Radiology where the wrong patient received a test or procedure in the previous year. We are committed to learning from these events.	Positive patient identification (PPID) Delivery of a campaign to promote PPID across the Trust. Questions on PPID will be rotated through the new Matron's Assurance App during 2018/19. The app is being launched for Matron's assurance audits. Achieve a 50% reduction in PPID incidents in Radiology compared to 2017/18	• Final sign off for the revised PPID policy happened at clinical policies group on 5th March 2019. New 'at a glance' documents will be circulated following this sign off. • 'Wristband Wednesday' continues however the audit tool is being updated for March 2019 and an associated document "What good looks like" is being produced for the audit. • There has been 1 PPID incident in radiology (in February 2019). This was presented at the serious incident requiring investigation (SIRI) forum and a local investigation is now underway. Learning will be shared once this investigation is complete. ***We have fully achieved this.***

Go Digital

Go Digital		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
Oxford University Hospitals NHS Foundation Trust is one of the UK Global Digital Exemplar Trusts and Go Digital is one of our strategic priorities. This was also one of the 2016/17 priorities that stakeholders voted to continue into 2018/19 at our Quality Conversation public event.	**Global Digital Exemplar programme - patient portal** The patient portal will be live in Q4 2018/19 (January-March) for use by OUH staff.

During Q4 (January-March) 2018/19 a phased release across different departments will allow patients to view appointments, results and contribute information to their health records via the portal. | • An eight-week pilot of the patient portal is in progress as of 30th January 2019 with the diabetes service and will help understand how best to engage with users and provide a baseline prior to roll out to the rest of the organisation throughout 2019.

We have partially achieved this. |

Oxford University Hospitals NHS
NHS Foundation Trust

Lean Processes

Lean processes		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
We chose this because we want to increase efficiency within the directorates in order to eliminate waste (including respecting patients' time) and improve patient experience. This will include consideration of streamlining administration processes that meet the needs of patients.	The Transformation Team will train a core team of Divisional staff in lean processes. Each directorate will then complete a lean pathway exercise for at least one patient pathway.	• From September 2018-February 2019 we will have had 172 staff participate in Quality Service Improvement and Redesign (QSIR) fundamental courses run by the Transformation Team. • Feedback has been outstanding with the most describing the course as "Inspiring." • Directorates the Transformation team are supporting, incorporating 'Lean' as one of the improvement tools include: Gynaecology, Trauma and Orthopaedics, Specialist surgery, Children's, Renal transplant and urology and Oncology and Haematology. ***We have fully achieved this.***

Partnership working

Partnership working		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
This was the one of the 2017/18 priorities that stakeholders voted to continue into 2018/19 at our Quality Conversation public event.	A Systematic Stranded Patient Review process will be embedded to ensure critical clinical decision-making prevents harm from deconditioning and patients leave hospital for their next destination in a timely way. Use outcomes of Systematic Stranded Patient Review process to advise joint funding priorities and to advise 2018/19 winter plan.	• Patients who are ready for discharge are discussed at 12:00hrs Monday to Friday to identify actions that will further support their discharge. This is to reduce their overall length of stay in hospital. • In addition we are working with the community locality teams to provide further support for 'discharge to assess'. • Partners we are working with include the North locality teams, The Order of St John and the continuing healthcare team (CHC). ***We have fully achieved this.***

Partnership working

Partnership working		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
This was one of the 2017/18 priorities that stakeholders voted to continue into 2018/19 at our Quality Conversation public event.	Actively participate in the **End Pyjama Paralysis campaign** and report progress in the 2018/19 Quality report. **Home Assessment Reablement Team (HART)** We will maintain our 2017/18 achievement of 50% direct face-to-face contact time with patients. In addition we will aim for the stretch target of up to 55% by 30 September 2018 which we will thereafter aim to maintain.	• All inpatient areas actively participated in the campaign to end pyjama paralysis. This work continues through the wards particularly within the general medical wards. *We have fully achieved this.* • HART's February 2019 contact time percentage was 47%, a slight decrease on previous performance. • However the drive to achieve the 55% will continue as HART have recently entered into a subcontract agreement with Oxford Health who are supporting patients in 4 agreed postcodes across a wide geographical location. *We have not achieved this.*

Oxford University Hospitals **NHS**

NHS Foundation Trust

End of life care

End of life care		
Why we chose this priority	**How we will evaluate success**	**Evaluation March 2019**
This was one of the 2017/18 priorities that stakeholders voted to continue into 2018/19 at our Quality Conversation public event.	An electronic care plan will be in place to document end of life care to ensure clear communication and continuity of end of life care across the Trust.	- There has been learning from the two areas of OUH that have trialled the care plans. - Following review, the care plan will be rewritten into the electronic patient record (EPR) in the next 3 months. - An advice sheet for staff has been written. - The EOLC care plan is likely to be rolled out initially at sites that are confident with care at the end of life and where there is a strong level of daily support from the Hospital Palliative Care Team. - Continuation of the work has been incorporated into the EOL work plan for 2019/20. *We have partially achieved this.*

2019/20 Priorities

Safety First

- A. Preventing Never Events- particularly around safe surgery and procedures.
- B. Patient safety response teams.
- C. Reducing still births.

Partnership working

- A. HART services.
- B. Reducing the number of stranded patients.
- C. Care of patients with mental health issues.

Preventing deterioration

- Sepsis care – antibiotics within 1 hour.
- Launching NEWS 2.

Digital

- Patient portal to support better interaction with hospital services.
- Roll out of the Surginet module in Cerner Millennium to support best care for patients undergoing surgery and procedures.

Oxford University Hospitals NHS

NHS Foundation Trust

John Radcliffe Hospital

Nuffield Orthopaedic Centre

Churchill Hospital

Horton General Hospital

FOUR HOSPITALS, ONE TRUST, ONE VISION