Oxford University Hospitals NHS Trust

Quality Account 2014/15

A Summary for HOSC

(From Draft Version 2)

Contents:

Statement from the Chief Executive

The Oxford University Hospitals NHS Trust remains committed to delivering compassionate excellence for our patients. The commitment we have made in our Quality Strategy is that:

> *"By 2017 we will be recognised as one of the UK's highest quality healthcare providers. We will have embedded all the fundamental aspects of patient and staff quality and safety and will demonstrate a commitment to continuous quality improvement. All our clinical services will be recognised as providing high quality care, while some will be able to demonstrate that they provide the highest quality compared to international benchmarks."* [1]

This Quality Account forms part of our annual report to the public about the quality of our services. It describes our key achievements during 2014/15 and our priorities for quality improvement during the forthcoming year 2015/16. In identifying our Quality Account we have identified and shared information across the Trust and with our doctors, nurses, therapists and management teams, with our service users and those who commission services from us.

In some areas, we have not achieved all that we had hoped to, but overall I am impressed with the tangible progress that we have made during the past year.

Challenges

As for many NHS organisations, our quality improvement plans are against a background of pressure on services. Providing care within national waiting time standards has been difficult for us in 2014/15, with particular challenges in emergency inpatient services, diagnostic services, radiotherapy, some areas of planned surgery and waits for first cancer treatment. Continued pressure on our inpatient services for people needing urgent care has meant that we have not met the national standard for seeing, treating, admitting or discharging people attending our Emergency Departments within four hours. Work continues with organisations across Oxfordshire, with input from the NHS Emergency Care Intensive Support Team, to develop services to provide the urgent care people need whilst minimising the use of hospital beds. We have improved and expanded the facilities in our Emergency Assessment Unit at the John Radcliffe to support more people going home on the same day and have improved the speed of diagnostic support available there and in our Surgical Admissions Unit.

Significant improvements were made during 2014 in waiting times for diagnostic tests; waits for MRI scans were a major contributor to this. By October, 97% of MRI scans were being provided within four weeks, enabling the overall standard of a six week wait for diagnostic tests to be met.
The Trust took on the provision of radiotherapy services for patients in the Milton Keynes area in late 2013 at short notice following the withdrawal of another provider. For the first four months of 2014/15, we were unable to meet the national standard for starting radiotherapy within 31 days, but this was addressed through providing extra capacity.

In much of 2014/15, the national standard for seeing patients within 62 days who are referred by their GP with suspected cancer was not met. Changes have been made in several services to improve the situation.

[1] For more information on our quality strategy go to http://www.ouh.nhs.uk/about/quality-priorities.aspx

Waits for planned care have also exceeded national standards during the year, with particular pressures in specialist surgery. We have invested in our spinal surgery service to reduce long waits experienced by some patients and have run a significant programme of work to improve the operation of our outpatient clinics to make better use of the appointment times available.

In August, 2014 we undertook an extensive review of breast screening assessments between 2011 and 2014 at the breast screening unit at the Churchill Hospital. The identification earlier this year of four women who developed an 'interval cancer', after having a follow-up assessment to their mammogram, triggered this review. Out of 624 women whose cases were reviewed, 30 women were recalled for a repeat assessment. Regrettably, following further tests, six of these women have received a diagnosis of breast cancer. All were immediately referred for their treatment in August. Representatives from Public Health England, the NHS Breast Screening Programme worked with the Trust to look at our actions in undertaking the recall and consider the lessons to be learned.

Progress to become a Foundation Trust

Assessment of the Trust's application to be a foundation trust has continued through the year. Our quality governance arrangements were examined and tested in detail and improvements agreed, notably to processes for reporting, investigating and learning from incidents. Monitor's assessment of the Trust establishes a clear link between the safety and effectiveness of care, the delivery of care within waiting time standards, and being financially viable. All three remain important and the clear message to clinical leaders within the Trust has been to maintain focus on all three.

Engaging stakeholders to transform services

In 2014 'Risk Summits' were held with patients, clinicians and our commissioners to develop our services outside normal office hours, and to improve the care of inpatients with diabetes or pneumonia, aiming to reduce variations in care between those treated by specialist services for these conditions and those who are not. Our achievements and plans resulting from these summits are contained within the body of this report and include:

- Substantial progress establishing the 'Care 24/7' project aiming to provide a consistently high standard of care over 24 hours, avoiding a drop in standards 'out of hours'.
- Joint appointments of consultants in acute general medicine and diabetes and a diabetes specialist nurse on every hospital site. We are pleased that more inpatients with diabetes are being seen by our specialist team than ever before.

Successes

The safety of prescribing across our hospitals has improved with the introduction of electronic prescribing. This removes the risk of transcription errors and is linked at the John Radcliffe Hospital to a dispensing robot which allows pharmacists to spend more time on wards providing advice and specialist support to patients and colleagues.

We have also made progress in controlling C. difficile infection. Cases have fallen from 64 in 2013/14 to 50 in the nine months to January 2015 (update with yr end figure). Seven patients acquired methicillin resistant staphylococcus aureus (MRSA) bacteraemia in our hospitals, with three of these infections assessed as avoidable. Following these we have strengthened staff training for inserting intravenous cannulae (drips), observing the entry site and the use of guidelines for prophylactic (preventative) antibiotic therapy.

Over the course of the 2015 we will be increasing the provision of 'human factors' training run by OxSTAR (Oxford Stimulation Training and Research). These courses provide an excellent opportunity

to examine the various 'human factors' associated with decision making, Staff receive 'hands on' experience in a simulated clinical environment and are designed to improve teamwork by optimising communication skills and situation awareness with the ultimate goal of reducing errors.

I was delighted to see our new children's outpatient area open at the Horton General Hospital in December 2014. This will allow us to see more children and adults as outpatients at the Horton and is evidence of our continued commitment to provide high quality care in Banbury. A new cardiology outpatients department also opened at the John Radcliffe, bringing together echocardiograms and outpatient appointments in one place and now offers patients a reduction in waiting times, in a new comfortable setting.

Our Regulators
The Care Quality Commission conducted a full inspection of the Trust's four hospitals in February and March 2014, producing a report in May 2014 which gave OUH a rating of 'Good' overall, except for A&E and Surgery at the John Radcliffe site, which were rated as 'requires improvement'. An action plan was agreed with the CQC and has is being actively managed in the Trust.

The CQC's inspectors observed caring and compassionate staff throughout the four hospitals and noted many example of good team working. Their reports, and many compliments and awards through the year, are a clear endorsement of the work done every day to provide compassionate and excellent care for our patients.

The improvements delivered this year would not have been possible without the commitment and dedication of the staff at the Trust who have worked hard to improve the experience and outcomes for patients who use our services. I thank them for their energy and professionalism

Sir Jonathan Michael, FRCP
Chief Executive

Statement from the Chairman

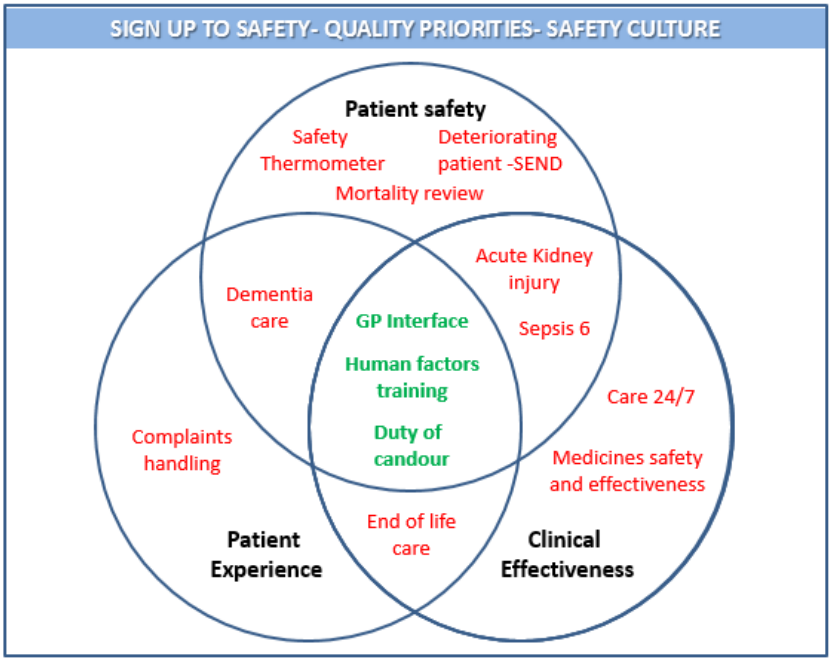
The Board of the Oxford University Hospitals NHS Trust remains committed to the delivery of the highest possible quality of care to our patients within the available resources. I have reviewed the content of the Quality Account and confirm its accuracy.

Dame Fiona Caldicott, FRCP
Chairman

Looking forward:
Quality Account Priorities for 2015/16

The quality improvement priorities for 2015/16 are:

Domain	CQC Questions	Annual Priorities for the Trust
PATIENT SAFETY	Safe Caring Responsive Well led	• Preventing avoidable patient deterioration and harm in hospital: *Sign up for Safety* • Partnership working to improve urgent and emergency care • Improving recognition, prevention and management of acute kidney injury
CLINCIAL EFFECTIVENESS	Effective Safe Caring	• Learning from deaths and harms to improve patient care • Management of patients presenting with sepsis
PATIENT EXPERIENCE	Caring Responsive Well led	• End of life: improving peoples care in the last few days and hours of life • Improving communication, feedback, engagement and complaints management: *with patients, carers, health care staff and social care providers*



Patient Safety

Preventing avoidable patient deterioration and harm in hospital: *Sign up for Safety*

Why we chose this

A million people use healthcare services every 36 hours, and the vast majority of them receive safe and high quality care. But things do go wrong, and mistakes are made. Recent high profile cases (such as the Francis inquiry into failings at the Mid Staffordshire NHS Foundation Trust) show that there is still a lot to do to make sure that everyone is treated safely when they use healthcare services.

Our aims

- Reduce the number of cardiac arrests and unplanned admission to Critical Care
- Progress improvements to the 'out of hours' clinical handover process via the 'Care 24/7' project.
- Share our progress to tackle patient safety issues with patients, relatives and/or carers.
- Support staff to be candid with patients and their families if something goes wrong
- Increase our understanding of the Safety Culture and identify ways of improving this.
- Collaborate with other organisations to improve practice
- Increase the number of patients receiving 'harm free care' by 95% (NHS Safety Thermometer)
- Reducing the number of a) catheters used, b) length of time they are used c) bladder infections

Our actions

Deteriorating patient: Determine our baseline by examining referrals to ITU, in-patient cardiac arrests, soring systems

Clinical handover: Embed the communication tool and guidance documents for clinical handover

Being open: Show progress providing harm-free care on display boards. Duty of Candour staff training

Safety Culture: Use Manchester Patient Safety Framework to inform the development of an action plan.

Safety Thermometer: Use Safety Thermometer and implement the specialist version in maternity.

Reducing pressure ulcers: Implement the educational strategy and strengthen role of link nurses. Standardise all equipment. Collaboration with our partner agencies.

FallSafe Care bundle roll out and measure compliance.

Catheter associated urinary tract infections: Determine our base Staff education on use of bladder scanning technologies. Standardise protocols and procedures and develop a bladder care bundle

Partnership working to improve Urgent and Emergency Care

Why we chose this

Demands on emergency care services are growing quickly. At the OUH we have not consistently achieved the national target of discharging or transferring 95% of patients within 4 hours of arrival to A&E. The factors driving increased pressure on A&E are complex and the solutions are dependent on all

parts of the health and social care system working well and working together.

Our aims

- Work with partner agencies to reduce avoidable A&E attendances and emergency admissions.
- Improve the way we diagnose and document patients with mental health conditions and alcohol related reasons for attending A&E; including staff training
- Improve how we assess complex frail patients ensuring ongoing care is in an appropriate setting.
- Achieve a sustainable electronic method of sharing important discharge information
- Improve our ambulatory pathways and our ability to 'signpost' clinicians and patients these
- Work with partner organisations to understand themes across the whole health economy.

Our actions

- Continued active engagement with our provider partners in and Health and Social Care to examine and refine the urgent care pathway and produce whole system solutions.
- Review and redevelop training for A&E staff on the assessment, diagnosis and management of patients with mental health or alcohol related conditions. (Target is 100%)
- Continued development of our electronic discharge system to include care plans and other relevant documents.
- Implement the findings from the Emergency Care Intensive Support Team (ECIST) action plan.
- Use FFT in A&E and other methods of collecting feedback and act on patient experience data.

Improved recognition, prevention and management of patients with Acute Kidney Injury (AKI)

Why we chose this

Patients with other illnesses or chronic conditions and elderly patients are vulnerable to AKI. It enhances the severity of other conditions increasing the length of time spent in hospital and also the risk of death. In June 2014 NHS England published a patient safety alert[2] which endorsed a national algorithm that offers a consistent approach to the detection and diagnosis of patients with AKI.

Our aims

- Implement the NICE Quality Standard (QS76) following the audit carried out at the Trust (determines percentage of emergency admissions with a major risk factor for AKI)
- Implement the OUH care bundle and embed the AKI algorithm
- Link our internal pathology alert with EPR so that relevant blood (creatinine) results are immediately visible to the treating doctor.
- Embed an electronic system to alert community care providers that a diagnosis of AKI is suspected by microbiology test results.
- Include key information on discharge correspondence to enable the GP to monitor and manage the condition effectively

Our actions

- Implement care bundle: Develop an AKI team to provide senior clinical review within 12 hours of admission by the appointing a dedicated nurse and enhancing medical back up.
- Deliver an IT solution with the EPR Team so that triggers (alerts) from the AKI algorithm are included in the EPR system. Prioritise this work within the EPR work plan.

[2] For the AKI alert see http://www.england.nhs.uk/wp-content/uploads/2014/06/psa-aki.pdf

- Medicines Review: potential development of a pharmacy role to carry out medication reviews to include AKI prevention
- Discharge: staff education (led by AKI nurse) to improve discharge of patient with an AKI so the relevant documentation includes:
- Review the death of any patient with an AKI alert to ensure appropriate and timely responses were made and feedback / learning if this did not occur so that practice is improved.
- Collaboration via Academic Health Science Network to integrate best practice with research.

Clinical Effectiveness

Learning from deaths and harms to improve patient care

Why we chose this

Approximately 2500 patients admitted to our hospitals die each year. Many of these deaths are expected and the care and treatment managed appropriately. Our ambition is to be one of the Trusts with the lowest risk adjusted mortality rates in the country as benchmarked against our peers. A spot check of compliance with our mortality review process showed that more work was needed to fully embed this process.

Our aims

- Raise the profile of the mortality review process across the Trust
- Achieve a year on year reduction in mortality
- Strengthen our internal data on the proportion of deaths that are avoidable to ensure we have affective strategies to reduce mortality rates in our hospitals
- Reduce the variation in approaches to how mortality reviews are conducted
- Improve the way we link information from mortality reviews with other data such as SHMI, HSMR, national and/or clinical audits, serious incidents or near misses, performance dashboards, complaints and patient feedback.
- Improve the way we share lessons learnt these reviews and mortality and morbidity meetings

Our actions

- Implement our new mortality reduction strategy.
- Carry out a full review of our 'Mortality Review Process'. This will include:
  - Creating a core Trust mortality database to collate all internally generated information
  - Examining how data derived from mortality reviews is triangulated with other sources
  - Potential change to forms / data collection methods used in mortality reviews
  - Spot audits to check compliance
  - How we disseminate learning and actions to determine action plans are in place
  - Process to 'sign-off' improvement plans ensuring a closure of learning
  - Evidence of a) multidisciplinary team involvement in review of deaths b) opinion external to the team managing care
  - Escalation processes for strategic management support and/or resolution if trends are noted
  - Assigning leads at a local level to address raised mortality in individual clinical areas
- Continued close monitoring of our published risk adjusted mortality rates and investigate elements within this that have higher mortality rates than expected

Management of patients presenting with Sepsis

Why we chose this

Sepsis is a common and potentially life-threatening condition whereby the body's immune system goes into overdrive in response to an infection, setting off a series of infections that can lead to widespread inflammation, swelling and blood clotting. In the UK it is estimated that around 35,000 deaths are caused by sepsis each year. In September 2014 the NPSA issued a National Patient Safety Alert[3] with resources to support the prompt recognition of sepsis and the rapid initiation of treatment. All Trusts are required to comply with this notice.

[3] http://www.england.nhs.uk/wp-content/uploads/2014/09/psa-sepsis.pdf

Our aims

- Raise the profile the sepsis, particularly in emergency admission areas.
- Prompt recognition and initiation of treatments for all patients suspected of having sepsis
- Focus on patients arriving in hospital via the A&E or by direct admissions to the MAU
- Have system to collect data on patients presenting to the A&E and our other emergency admissions areas with sepsis and IV antibiotic treatment
- Use of a consistent screening tool / care bundle and algorithms.
- Timely recognition and management of patients who become unwell on the wards

Our actions

Appointment of a Consultant Sepsis Lead and Sepsis Oversight structure will provide senior and leadership and supervision. This is likely to include:

Data: Calculate of our baseline sepsis rates. Develop metrics and data sets to measure improvement in outcomes.

Screening: Standardise how we recognise and manage sepsis by the use of a screening tool, algorithm, guidelines and a care bundle *(sepsis six),* particularly in the A&E and other emergency admission areas such as Emergency Assessment Unit.

Enhance staff training: in emergency admission areas concerning recognition, risk assessment and management of sepsis

Learning from deaths: review all sepsis and put in action plans to address any deficits in care. Cascade learning across the Trust.

Patient Experience

End of life: improving peoples care in the last few days and hours of life

Why we chose this

The end of life and time leading up to it are a key experience for patients and their families. Our care of families at the start of their bereavement is an important extension of our care for our patients. In June 2014 the Government published 'One Chance to Get it Right'[4] this document describes the high-level outcomes that must be delivered for every dying person. Although our end of life care was rated as good by the CQC, the National Care of the Dying Audit revealed that we could do better.

Our aims

- Provide compassionate, consistent and reliable care to patients coming to the end of their lives in all areas of the Trust and on all shifts and also to their families after the death of their relative
- Develop a new End of Life (EOL) Care Strategy based on 'One Chance to Get it Right' and addressing results of the National Care of the Dying Audit. Phase One will focus on the JR hospital
- Ensure our protocols and guidelines reflect 'One Chance to Get it Right'.
- Continue to examine our practice by repeating the National Care of the Dying Audit again in 2015.
- Help our staff deliver care by focusing on staff education
- Enhance how we work with our community colleagues by providing expert palliative care advice and by receiving feedback to allow us to adjust our service where possible

Our actions

Leadership: Monthly meetings chaired by our medical and deputy medical directors. Develop Directorate EOL champions. Identify clinical leads in all directorates where more than 10 patients dying per annum

Trust EOL Strategy: Develop and implement by August 2015. Include set of metrics for Divisional reporting.

Guidance for Staff: Develop protocols and guidelines for staff to deliver consistent care across the Trust.

Education: Compile a suite of eLearning modules for clinical staff. Aim for the training to be mandatory. 75% of relevant clinical staff to have completed core modules in year one.

Audit practice: Carry out the National Care of the Dying audit in 2015 and respond to recommendations

Acting on feedback from patients, relatives and carers: Explore new ways of collecting this information

Staff support: Progress the business case to appoint a consultant and three Advanced Nurse Practitioners to provide a seven day a week service on the John Radcliffe site.

Engagement and working in partnership: Host a symposium during 2015/16 inviting key stakeholders. Aim is to discuss our strategy and practice, and to learn from good practice around the country.

Learning from deaths: captured all patients on EOL pathway during the mortality review process. Action plans will be put in place to address any deficits in care, and learning will be shared across the Trust.

[4] *One Chance to Get it Right*. Produced by the Leadership Alliance for the Care of Dying People, June 2014 and published by the Department of Health.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

Improving communication, feedback, engagement and complaints management:

with patients, carers, health care staff and social care providers

Why we chose this

Over the last year we have worked hard to increase the opportunities and methodology for engaging with our service users. Whilst our FFT results show the majority of patients would recommend our hospital to friends and family, feedback from patients, carers and external partner agencies has shown there is more we need to do.

We are also continuing to develop our services to care for people with cognitive impairment (dementia)

Although we have started work to improve our responsiveness to a number of issues raised by GP's during last year about the interface between GP and hospital, we recognise there are still substantial improvements that need to be made in the speed and reliability of the way we sign-off results; sending out discharge summaries and letters, accessibility by phone when doctors need to speak to colleagues in other organisations

Our aims

Feedback, engagement and complaints:

- Improve the experience for carers when they are in our hospitals with their loved ones
- Embed systematic method of gathering regular feedback from carers with their own experiences
- Develop and implement a privacy and dignity policy that respects the needs of vulnerable patients
- Improve how we communicate with patients whose first language is not English or people with visual or hearing impairments, learning disabilities
- Develop a visually display of patient feedback linking themes to clinical outcome data for Divisions
- Sustain and refine complaint management training for staff who investigate complaints
- Build in processes that embed into practice actions taken as a result of complaints and feedback

Cognitive impairment:

- Meet the national target of assessing elderly patients for the possibility of dementia
- All clinical staff to receive training on dementia awareness
- Adaptations to clinical environments to be dementia-friendly
- Enhance nursing leadership to drive improvements in dementia care
- Collaborate with partner organisations caring for patients with dementia

Interface with GPs

- 95% of results signed off within a week of the result being available
- High reliability in the generation and sending of discharge summaries and letters
- Streamlined and reliable arrangements in each specialty for contact with GPs to discuss patient issues

Our actions

Feedback, engagement and complaints:

- Co-produce a carers survey with 'Carers Oxfordshire' and determine method of testing this (pilot). Engage the Carers Voice[5] to help with the pilot.
- Produce a Privacy and Dignity policy supported by steering group comprising patients, carers and partnership organisations
- Review and re-write outgoing patient correspondence into easy to understand plain English
- Develop a new communication platform for hearing impaired people with computer and webcam

[5] Carers Voice Oxfordshire helps people to speak up about services and support provided for carers. For more information seehttp://www.carersvoiceoxfordshire.org/

access to sign-language interpreters.
- Redevelop the intranet and internet information relating to interpreting services
- Pilot the patient experience dashboard, with the aim of incorporating this into the regular reporting helping divisions to analyse their information and to present the learning and service changes
- Present complaints action logs at divisional clinical governance meetings for monitoring purposes
- Deliver and refine complaint management courses to Complaints Team, PALs and investigators.

Cognitive impairment:
- Intense focus on clinical areas to test for dementia patients that meet the criteria. This enables referral for specialist diagnosis and treatment. Assessment results to be reported monthly per Divisional
- Expand dementia awareness training to encompass all staff at the Trust
- Carry out environmental adaptations such as dementia adapted clocks, reminiscence interactive computers, dementia-friendly signage, colour and texture schemes
- Recruit a specialist nurse to drive improvements
- Manage the emergency care pathway to safeguard and improve the experience of people with dementia
- Share learning from partner organistations through the Oxford AHSN Dementia Clinical Network[6]

Interface with GPs
- Agreed an action plan regarding the signoff of test results
- Use our electronic patient record to track speed and reliability of these important interface activities
- Use links with the GP electronic records to increase speed and reliability of communication

[6] See http://www.oxfordahsn.org/our-work/clinical-networks/dementia/

Looking back:
Progress on quality priorities for 2014/15

The quality improvement priorities for 2014/15 were:

Domain	CQC Questions	Priorities for the Trust
PATIENT SAFETY	Safe Caring Responsive Well led	• A programme of work to review and improve arrangements in place for the management of inpatients outside of normal office hours across the four Trust sites ('Care 24/7').
CLINCIAL EFFECTIVENESS	Effective Safe Caring	• Implementation of the outputs of the risk summits examining the care of adult inpatients with diabetes and pneumonia. • Expansion of the provision of physician input into the care of inpatients in surgical specialties.
PATIENT EXPERIENCE	Caring Responsive Well led	• Improvements to timeliness and communication around discharge from hospital. • Improvements to the experience of our outpatient services, from booking through to attendance and further correspondence. • Develop services to provide integrated psychological support for patients with cancer.

Patient Safety

Care 24/7	
Our aims:	Our goal was to The goal is to develop a system of care delivery that supports safe, effective and high quality care on all four sites 24/7. <u>We aimed to:</u> • Convene a series of risk summits with staff and commissioners to collaborate and include external perspective. • Gather relevant data including using qualitative research methods with key staff groups to determine a baseline and monitor impact of changes • Examine staffing models, workflows (for example how we handover patients between teams) and IT solutions • Agree a model going forward with implementation hoped for February 2015
Our actions:	<u>Gathering information and Planning</u> • Carried out a series of consultations with staff and commissioners (risk summits and workstream meetings) • Set up a 'Nerve Centre' to promote effective communications, workforce and logistics.

	• Used NHS IQ audit as a self-assessment tool to measure our performance against a range of standards for seven day working. Several of audits are being analysed. • Determine the out of hour's workload baseline via detailed mapping exercise, focus groups and through shadowed junior doctors and senior nurse on night duty <u>Delivery</u> • Agreed a Care 24/7 model for each of our hospital sites. • Designed a new out of hour's team with clearer leadership and responsibilities • Designed a new handover process between day time and out of hour's teams to ensure handover is efficient and focused on the key important concerns. • Devised staff handover guidelines to set out standards for practice • Developed an IT on-line attendance register to allow any lapses in attendance to be followed up by relevant clinical leads • Trained nurses and clinical support workers to carry out tasks previously undertaken by junior doctors at night such as to taking blood, insert a IVs and performing an ECG. • Implemented a weekend out of hours on call-plan via the Switchboard team ○ Enhanced access to other key services such as pharmacy and radiology opinion (through remote access)
Our results:	• Piloted the Care 24/7 model at the Horton Hospital site (roll out to Trust 2015/16) • Collaborated with key stakeholders ensured we included all relevant views. • Use of bespoke communication tool for effective handover process with the multidisciplinary team. • Junior doctors have been able to spend more time with patients who were unwell since range of tasks now carried out by nurses and clinical support workers • Weekend out of hours on-call plan has enabled hospital consultants to expedite patient management plans in urgent situations
Benefits to patients	Improved quality of care for sick patients with earlier access to diagnostics and interventions as appropriate. We are keen for our patients to be discharged 'Home before Lunch' – our results show that on average patients have been able to leave hospital earlier in the day.
Further work	• Planning to increase the out of hours physiotherapy and occupational therapy • Develop the IT system within the Electronic Patient Record (EPR) to help the hour's clinical coordinator to allocate tasks for relevant doctors. • Live central electronic staff roster with details of skill mix, staff on leave so that emergency cover can be easily arranged • Electronic referral to the out of hour's team by ward staff to alert the out of hour's team to all patients of concern to prevent deterioration in the patient's condition

Clinical Effectiveness

Implementation of diabetes and pneumonia risk summits

Diabetes	
Our aims:	A high number of our patients are admitted for a range of illnesses and procedures who have diabetes: approximately 15% of adult inpatients in the Trust and in some clinical areas over 50% of patients have diabetes. Deficiencies in quality had been noted via a) a national audit and b) a serious clinical incident which highlighted several areas of learning. We held a risk summit, attended by a large number of clinical specialists, patient representatives and commissioners to agree a series of improvement actions.
Our actions:	<u>Increased Diabetic specialists:</u> • Two consultants work in both diabetes and general medicine across all clinical sites. • Identified 130 Diabetes Link Nurses to cascade diabetes training and best practice Set up a multidisciplinary[7] foot team to manage patients with diabetic foot disease <u>Developing staff education</u> • Developed a structured education programme for our staff in collaboration with Oxford Brookes University: mixture of online training and assessment and face to face support. Obtained external funding of nearly £50 000 to support this work. • Carried out multiple face to face education and training sessions for staff <u>IT systems</u> • Developed an IT solution to transfer all capillary blood glucose tests checked in the Trust into the electronic patient record (EPR). This will monitor the no and frequency of patients with low and very low blood glucose values by site and ward enabling the diabetes team to prioritise who to see and help wards track the no and frequency of hypoglycaemia in their patients. <u>Review of patient care</u> • Carried out a one-day Trust wide audit of the standard of care of every inpatient with diabetes in November 2014. Examined the feet of diabetic inpatients that day. • Performed an in depth case notes analysis on a selection of patients who developed either a foot ulcer or ketoacidosis whilst in hospital, and on inpatients who required intravenous treatment for low blood sugars. <u>Guidance for staff</u> • Developed and piloted guidelines for the perioperative management of diabetes • Developed clinical pathways, such as the new “hypoglycaemia pathway”. The launch concided with “World Hypo Day” when stands provided an opportunity to experience the symptoms of hypoglycaemia. • Developed a new risk assessment tool for all diabetic patients. • Secured external funds to distribute 200 standardised “hypoglycaemia (low blood sugar) treatment boxes” at the Diabetes Link Nurse training course.
Our results:	<u>Patients seen by diabetic specialists</u> • Tripled the time available to spend on diabetes inpatients by diabetes specialist *nurses* diabetes specialist *podiatrists*

[7] Multidisciplinary foot teams comprise a range of clinical staff e.g. diabetes specialist doctors, vascular surgeons, orthopaedic surgeons, diabetes podiatrists,

	• Meeting our current target of seeing over 85% of referrals within one working day. • Since January 2015, every hospital site has a dedicated diabetes specialist nurse, with a 25% increase in the number of diabetes nurses at the JR alone. Such cover also allows the delivery of many elements of evidence based "Best Practice" care to people admitted with diabetic emergencies. • 350% more patients with foot disease are being assessed and treated since the inpatient podiatry team has been established. <u>Staff education increased</u> • Doubled the number of face to face staff educational sessions since December 2014 We recognise that work is ongoing, and although these are significant developments have occurred since the appointment of the staff four months ago, the measurement of the impact of these changes on patients will continue over the forthcoming year.
Further work	<u>IT systems</u> • Further work IT development: link blood sugar testing with the electronic patient record to enable the automatic flagging of patients with diabetes, a reduction in insulin errors, and the standardisation of variable rate insulin infusions ("sliding scales"). <u>Team support and development</u> • Adapting guidelines for the perioperative management of diabetes following feedback • Further enhancement of the Multidisciplinary Foot Team <u>Education:</u> • Developing tier three training as bespoke "modules" about diabetes in specific clinical situations for specific clinical staff, made possible by external funding of £5000. • Further development of staff education following the in depth case not analysis. • Deliver a 2 day educational course for diabetic link nurses; repeated bimonthly for the remainder of the year. • Distribute 200 standardised "hypoglycaemia (low blood sugar) treatment boxes" at the Diabetes Link Nurse training course.

Pneumonia	
Our aims:	• Provide consistent high care to all patients with pneumonia who are cared for outside the specialist respiratory ward. • Improve outcomes for patients admitted with pneumonia • Develop, implement and audit a care bundle across the Trust. • Faster access to specialist respiratory doctors for early treatment and care decisions • Develop and improve critical care support for patients with acute respiratory conditions • Faster analysis of chest x-rays to help precise diagnosis and facilitate early treatment • Increase nursing levels in acute general medicine where majority of patients with pneumonia are cared for

Our actions:	We developed a care bundle[8] with clinicians from key specialties. Although we have introduced the elements within the care bundle we have not made as much progress using the documentation (forms) as we had hoped. We are however, piloting the use of the care bundle forms in the emergency department and respiratory medicine During 2014/15 we have made a number of significant changes to our service: • Increased seating and assessment areas in our emergency assessment unit • Implemented electronic prescribing (ePMA)[9] • Implemented electronic chest x-ray requesting to speed up diagnosis of pneumonia and initiation of antibiotic treatment • Changed patient assessment models and implemented rapid nurse assessment process and rapid doctor assessment processes. • Agreed standards for radiology reporting times and senior doctor interpretation relating to chest x-rays and standards • Increased the nurse-to-patient ratio in general medicine • Developed a critical care outreach service to support staff improve ventilation to patients with respiratory failure and chronic obstructive pulmonary disease • Specialist respiratory doctors available on a daily basis to see referrals from the Acute Admitting Team • Respiratory ward consultation system (on our JR site) to support staff in other areas treating patients with respiratory conditions Radiology reviewed the possibility of reporting all admission inpatient chest x-ray films and A&E chest x-ray films within 24 hours. The costs were examined with an outsourcing company and viewed to be too expensive. Currently there are insufficient resources within Radiology to offer this service.
Our results:	• Fast access to senior clinical decision makers means faster clinical decisions • Effective treatment initiated earlier through electronic chest x-ray ordering, prompt taking blood samples for diagnostic tests • Met the national standard of administering antibiotics within one hour of admission if septicaemia or within 4 hours of admission • ePMA provides an accurate timeline of medications administered allowing quantitative data to inform adherence to quality standards. • Additional expertise and support for ward staff to manage patients at the more critical end of the spectrum via specialist respiratory doctors and critical care outreach team support • Improved patient to nursing staff ratio in General Medicine to care for all patients
Benefits to patients	Full implementation of the actions within the care bundle should serve to help clinicians with decision making with regard to admission or discharge, extent of investigations, antibiotic choice and level of care required on admission. This should ultimately be reflected in improved patient outcomes and be demonstrated in the National Pneumonia Audit measuring showing decreased mortality and length of stay
Further work	• Embedding the bundle within the electronic care set for pneumonia, which will give a decision aid to prescribing and assist with timely audit.

[8] A care bundle is a set of interventions that, when used together, significantly improve patient outcomes. Multidisciplinary teams work to deliver the best possible care supported by evidence-based research and practices, with the ultimate outcome of improving patient care.

[9] ePMA (electronic prescribing medicines administration) is part of the electronic patient record (EPR) and should result in faster and safer drug prescribing and administration.

	• In 2015/16 respiratory ward will move to the JR to improve specialist respiratory outreach and liaison services. Potential to provide increased access to high level care respiratory beds. • Develop a respiratory ward consultation system at the Horton Hospital • Developed a respiratory strategy and are waiting for this to be approved. • Developing a common chest referral pathway which will include CAP • An ITU business case has been approved by the Trust

Expansion of provision of physician input into the care of inpatients in surgical specialties	
Our aims:	We choose this because patients admitted to hospital under the care of surgical teams often have co-existing medical needs. Key aims: to ensuring patients are as fit as they can be before surgery (pre-optimisation), enhanced recovery and be proactive with discharge planning. These should improve the experience of patients, clinical outcomes and service performance. Following a very successful pilot in 2013/14, roll-out of physician input to other services was planned for 2014/15.
Our actions:	We had hoped to increase to from a five day to a seven day Consultant service within our surgical emergency unit (SEU) but due to consultant vacancies we managed to maintain the five day service with further reduction in length of stay of patients. We continue to provide on-call support on weekends. Carry out a review of medical staffing within Acute General Medicine and Geratology to assess the available senior and junior support provided to surgical wards. Expanding this cover beyond SEU has been limited by medical consultant vacancies within medicine but we hope to provide medical consultant support to vascular surgery during 2015/16. Continued staff education relating to the identification and management of medical co-morbidities and embedding this within normal practice of doctors.
Our results:	The number of patients being admitted to SEU has continued to increase in 2014-15, but at a less substantial rate than the previous year. Despite the increase in admissions to SEU there has been a significant decrease in the length of stay (LOS) for both patients below 75 years and above 75 years. When comparing 2014 to 2013 there has been an overall reduction in average LOS of 10%. These improvements in both groups have been sustained over the two year length of the project and the growth in demand. There is still more work to do on with the over 75year age group to raise it from the current 6% decrease to the desired 10%.
Benefits to patients	• Decreased admission times • Enhanced discharge planning around complex medical issues • Beneficial collaborative multidisciplinary working • Enhanced awareness of medical conditions within surgical specialties
Further work	• Expansion of service beyond SEU

Patient Experience

Improvements to timeliness and communication around discharge from hospital *DRAFT – final wording to be signed off*	
Our aims:	• Ensuring that staff, patient and carer expectations are aligned from the earliest point possible by improving communication. • Ensuring that we communicate effectively and in a timely manner with other healthcare providers (NHS and social care). • Ensuring that preparations are made in advance of discharge becoming clinically appropriate. • Improving joint working with SCAS (South central Ambulance Service) and making appropriate use of transfer lounge facilities. • Improving all aspects of the 'TTO' (medicines to take out) process within and beyond pharmacy.
Our actions:	Implemented trust-wide generic standardised discharge documentation and discharge checklist for all discharges. *Revised the Discharge policy and incorporated this into the Corporate Bed Management Policy. Insert more information* Reviewed patient discharge information 'Plan well' campaign plus winter campaign. *Insert more information* Held regular meetings with SCAS and Arriva (transport service) *insert more information*. Additional transport has been provided as part of winter funding monies[10]. Rolling out electronic prescribing and administration medicines across all hospital sites will be completed in May. *Insert more information* Reviewed all PALs/complaints/incidents from discharge as part of monthly discharge meeting. *Insert data* We have actively reviewed the TTO policy with our commissioners. *Update*
Our results:	Improved information for patients by the display of Winter Campaign banners on all sites of the Trust and the availability of patient information leaflets on all wards Major performance in the transport service provided to our patients by Arriva following formal letter to the Commissioners in Wiltshire. This relates to improved turnaround times and pick up times for Arriva. We have seen a reduction in complaints and incidents. *insert end or year data* Implementing electronic prescribing enables us to monitor when TTO's have been written up so as to further understand delays in the discharge process. Shared learning on complaints and incidents with partner organisations such as Arriva

[10] This is money provided by NHS England for every part of the country to open extra beds, employ more frontline clinicians, and support community and local council services over the winter period.

	which have helped produce improvements in the service
Benefits to patients	Arriva patients have had a much improvement experience in particularly for renal dialysis patients from the West. Reduction in the number of medication errors, more transparent process. *Insert data* Electronic discharge summaries including TTOs are sent directly to GPs on discharge of patient thus improving communication. *insert end or year data* Enhanced weekend work within Pharmacy has reduced the length of time patients wait for their TTOs. *insert end or year data*
Further work	Developing Discharge documentation within Cerner Millennium to include section 2 & section 5. Completed rollout of ePMA and be able to formally monitor TTO turnaround times from April 1st 2015. Developing Discharge priorities for 2015/16 following workshop with multi stakeholders

Improvements to the experience of our outpatient services, from booking through to attendance and further correspondence *DRAFT – final wording to be confirmed by close of play 3.4.15*	
Our aims:	We have been working hard on the Outpatient Reprofiling Project, to improve how we run our outpatient clinics. We know from listening to our patients, staff and commissioners, that some of our patients experience difficulties in booking appointments. We know that some of our clinics run late, which causes our patients inconvenience and additional costs for car parking. We want to make improvements so that we can offer a more efficient and high quality service. Key issues include: • Ensuring that patients have timely and accurate communication in relation to the time and venue of their appointment. • Improving patient choice in relation to the date and time of their clinic appointment. • Ensuring that clinics run to schedule and if not, that the extent of any overrun is communicated clearly. • Ensuring that customer service on the day is good. • Ensuring that patients are sent copies of clinic correspondence as a matter of routine.
Our actions:	Rolled out the outpatients friends and family test in all outpatients. *Insert results* Completed standardising nearly all clinic templates as part of our work to improve the way our appointments are run. Rheumatology and Orthopaedic clinics will be completed in 2015/16 *Insert more information* Pilot establishing the 'Directly Bookable[11] system' at the Trust went well; we are now Rolling it out to all clinical services. We have a rollout out programme for all clinical

[11] Directly bookable appointments are arranged via the 'Choose and Book' system: they can be booked from within the GP surgery or by the patient online. It enables patients to plan and manage their hospital appointments, e.g. the hospital or clinic of their choice, and importantly the date and time that they attend.

	specialities. Developed and implementing Outpatient pledges and supporting standards and are rolling out customer care training to clinic staff. *Insert more information* We have made progress rolling out the initiative of sending outpatient letters electronically to GPs within 10 days. *Insert more information* We are working hard to send copies of letters to patients. *Insert more information*
Our results:	Achieved a 55% response Friends and Family test. The results showed that 97% of outpatients were extremely likely or likely to recommend their care between October 2014 and January 2015. Revised 1200 clinic templates, which has created 30,000 additional slots, mainly in 10 key specialties. *Insert more information* Good progress being made relating to improving GP and patient experience of booking outpatient appointments. *Insert more information* Inspection visits demonstrate improved customer care in the outpatient departments for instance receptionists advising patients when clinics are delayed. Good progress is been made sending electronic outpatient letters to GPs within 10 days. *Insert more information*
Benefits to patients	Reduced Over booking of clinics, increased number of clinic slots has made it easier to book on Directly bookable services. Patients and their GPs can view and select available clinic slots at time of their referral rolled out in five specialties so far. GPs will be able to get patient letters in a timely way, ensuring care continues. No letters are lost.
Further work	Continue to roll out Directly Bookable Services and review programme to include 2 week waits Complete rolling our outpatient letters electronically Continue with rollout of Outpatient Pledges and supporting standards, monitoring compliance through self-assessment and assurance visits.

Develop a psychological medicine service to the Oxford cancer centre *(Title refined from 'Develop services to provide integrated psychological support for patients with cancer)*	
Our aims:	Following a successful commencement of the psychological medicine service in medicine and geratology in 2012/13-14, a roll-out to oncology services was planned for 2014/15.
Our actions:	New consultant psychiatrists are now working within palliative care. Following a recruitment drive a consultant psychiatrist will start in the Cancer Centre in May 2015, Worked with MacMillan Cancer Support; have provisionally agreed to fund the three nurse posts completing the psychological medicine team in cancer for three years. Anticipate

	these posts will be in place in the latter part of 2015. Until our full service is in place patients within the Cancer Centre are signposted to their GPs. Also on site is the new Maggie's Centre[12] – a walk-in charity for general support. MacMillan Cancer Support funds a full time psychologist for 16 – 25 year olds with cancer. A consultant psychiatrist has started working at Woman's Centre and another will join the Children's Hospital starting June 2015. A further appointment is planned for the Neuroscience Department later this year.
Our results:	The Psychological Medicine service currently comprising a unified service across the trust provided by 10 newly appointed psychiatrists and 20 existing psychologists. The Trust has been recognised as leader in UK for development of an integrated psychological medicine (psychiatry and psychology) service. All patients in the Trust have access to a consultant psychiatrist within 4 hours for urgent referrals and within one working day for routine referrals. In Medicine, Geratology, Women's, Palliative Care and Pediatrics there is an enhanced service where psychiatrists, psychologists work as part of the clinical teams. For example patients may see these professionals during routine ward rounds.
Benefits to patients	When the new service is fully in place in the Cancer Centre patients with depression and anxiety will be actively identified and offered with cutting-edge evidence based treatment for this as part of their cancer care. Patients receive seamless mental and physical care and support from admission through their hospital stay and beyond discharge.
Benefits to staff	The aim is to continue to develop ways of helping staff to better manage the challenges of coping with the sometimes personally distressing aspects of delivering care (often related to patient deaths) and thereby deliver better care to patients

[12] For more information go to: https://www.maggiescentres.org/our-centres/maggies-oxford/

Review of other quality performance 2014/15

Patient Safety

Harm-Free Care

'**Harm Free Care'** is **defined** by the absence of pressure ulcers, **harm** from a fall, urine infection (in patients with a catheter) and new VTE (blood clot). [13]

In line with national guidance, the Trust has continued to survey every adult inpatient on a given day every month using the NHS Safety Thermometer to identify patients who receive 'harm-free care.

The Trust was set a challenging Safety Thermometer CQUIN of a reduction in the number of 'new' pressure ulcers reported of 20% by the end of 2014/15. This was surpassed with an overall reduction of 36.3% achieved as seen in the graph. A target of zero avoidable pressure ulcers has been set for 2015/16.

Incident Reporting

Rates of incident reporting continue to increase, however the number of incidents that resulted in harm or death have declined. The Trust intends to take the following actions to improve rate of patient safety incidents resulting in severe harm or death:

- Sustaining a programme of Incident Awareness including Risk Assessment training. This mandatory training is provided on a monthly basis for staff on senior clinical practitioner, Senior Manager Grades and the Board. In 2014/15, 63 staff members trained.
- Include incident reporting at the corporate Trust induction programme
- Include lessons learnt from clinical incidents into each 'Quality Matters' newsletter for staff

Serious Incidents Requiring Investigation (SIRI)

A SIRI is any incident that could have or did lead to serious harm, major permanent harm or unexpected death, or serious damage to or loss of property, and with the potential to generate significant legal, media or other interest, or to seriously compromise the reputation, or integrity of the Trust. SIRIs include major and catastrophic incidents and Never Events. During 2014/15 we reported 76 SIRIs. The categories were:

- Delayed diagnosis
- Hospital Acquired pressure ulcers
- Breach of confidentiality
- Patient fall resulting in injury
- Death following a hospital acquired VTE
- Unexpected death following transfer
- Never events

Never Events:

A Never Event is described as an incident that is a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers. There are 25 types of incidents categorised as such by the NHS England[14].

[13] http://harmfreecare.org/measurement/nhs-safety-thermometer/

In 2014/15 we reported six incidents that met this criterion during this financial year:

1. Misplaced Nasogastric Tube
2. Wrong Sire Surgery (wrong tooth removal)
3. Retained Guidewire[15]
4. Wrong Site Surgery (wrong tooth removal)
5. Retained Guidewire (incident occurred late in 2013, however, this was only reported to the Trust during this financial year)
6. Retained Swab during surgery

Learning from SIRIs and Never Events

These cases and other serious incidents are scrutinized in detail by the Trust and by our commissioners. An investigation team is assembled, staff interviewed, evidence gathered so the root causes can be effectively identified and changes to practice put in place. We put together action plans and the key learning from these incidents. These plans are discussed fully with our commissioners and progress achieving the actions is monitored extremely closely at our Patient Safety and Clinical Risk Committee.

Duty of Candour

Medical treatment and care is not risk free. Errors will happen and nearly all of these will be due to failures in organisational systems or genuine human errors. A Duty of Candour on organisations registered with the Care Quality Commission, means that they must ensure that patients, and where appropriate their families, are told in an open and honest way when unexpected errors happen which cause a patient harm above a set threshold. Our Trust wide 'Being Open' policy is used a standard part of our incident investigation process. The Duty of Candour now formalises this in legislation.

Clinical Effectiveness (outcomes)

Preventing People from Dying Prematurely

Summary Hospital Mortality Indicator (SHMI)

The SHMI is the preferred hospital mortality indicator adopted by NHS England. The SHMI is the ratio between the reported number of patient deaths, during admission or within 30 days of their discharge, against the expected number of deaths based upon the characteristics of the patients treated. A SHMI value of less than 1.00 indicates that a Trust is preforming better than the national average. The SHMI is published quarterly by the Health and Social Care Information Centre (HSCIC) and each publication covers a 12 month rolling reporting period.

The latest SHMI, published on 27 January 2015 (for the reporting period July 2013 to June 2014), was 1.00. This value is banded 'as expected' using the HSCIC 95% confidence intervals adjusted for over-dispersion. *(Next data release due April)*.

The Trust intends to take a range of actions to improve this rate, and so the quality of its services by

[14] NHS England (2013). The Never Events list; 2013/14 update.
[15] This is a wire that guides a special tube (catheter) into the body. The catheter is used to administer medicines and fluids and the guidewire should be removed after the catheter has been successfully put in place.

identifying mortality reduction in our clinical effectiveness priority for 2015/16 titled 'learning from death and harms to improve outcomes'.

Recovering from Ill Health and Injury

Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) is one of the methods used to ascertain the outcome a patient experiences following planned inpatient surgery for four common procedures (hip and knee replacement, varicose vein surgery and groin hernia surgery). Patients are asked to complete a questionnaire before and after their surgery to assess improvements in health as perceived by the patients themselves. The Trust intends to take the following actions to improve our PROMS results and so the quality of its services:

- A PROMS Officer has been appointed by the orthopaedic directorate to improve the completion rates for the pre-operative PROMS questionnaires.
- Detailed review of data by orthopaedic directorate followed by presentation of results and improvement actions within their internal clinical governance structures
- Provide orthopaedic teams with individual patient reported data so as to improve individual team responsibility for patient outcomes as measured by PROMS or hip and knee replacement

Emergency readmissions within 28 days of discharge from hospital

Evidence shows that nationally approximately 8.3% of all admissions are readmissions within 30 days of discharge. The reasons for this are often complex, often without one causal factor.

We routinely monitor emergency readmissions as one of the indicators of the efficacy of the provision of care and treatment. In some cases, readmissions may be inevitable and appropriate. The complete circumvention of emergency readmissions would likely be reflected by a prolonged length of stay and lead to an inappropriate degree of risk aversion. As part of our discharge support, patients are encouraged to seek advice directly if they are experiencing symptoms of ill health following a treatment or procedure. Patients generally contact the relevant clinical area by telephone but patients may also choose to return to hospital. Emergency departments are situated on the John Radcliffe and Horton General Hospitals but patients known to our services may also be admitted directly to the Churchill.

(Source: HSCIC released April 2014) Recheck data upload April 2015

Age Groups	2009/2010	2010/2011	2011/2012
(i) 0 to 15 (NOC)	0.00	0.00	
(i) 0 to 15 (ORH)	8.51%	9.25%	9.52%
(ii) 16 or over (NOC)	10.32%	10.86%	
(ii) 16 or over (ORH)	11.97%	11.73%	11.41%

The Trust has taken the following actions to improve our readmission rate and so the quality of our services:

- We have a Clinical Effectiveness Committee that monitors readmissions on a monthly basis and identifies any areas of concern
- Individual specialties investigate the underlying cause of any alert noted on the Dr Foster system. Reports and improvement plans are submitted and monitored by the Clinical Effectiveness Committee. Some of our recent alerts were found to be planned admissions for

instance a) patients returning for Chemotherapy and b)potential transplant patients admitted to determine accurate matching when an organ becomes available (as per Trust protocol are admitted)
- On-going work to improve patient information leaflets provided on discharge to explain what to expect

Healthcare Acquired Infections

Clostridium Difficile

The rate of *Clostridium Difficile* (*C.Difficile)* per 100,000 bed days for 2013/14 was 13.9 and is shown in the chart below. Information from the HSCIC setting out national averages for comparison is published up to 2013/14. *Awaiting 2014/15 HSCIC data*

Clostridium Difficile and admitted patients aged two years and over

	April 2011 to March 2012	April 2012 to March 2013	April 2013 to March 2014
Trust Name	***C. diff* rate per 100,000 bed days**	***C. diff* rate per 100,000 bed days**	***C. diff* rate per 100,000 bed days**
OUH	**24.5**	**23.2**	**13.9**
National	22.2	17.4	14.7
Lowest	0.0	0.0	0.0
Highest (rate)	58.2	31.2	37.1

The maximum number set for the Trust in 2014/2015 is 67 cases. The table below highlights actual cases of *C.diff* per month within the Trust. We exceeded our monthly limit in May, June and November by 5 cases but were below our monthly limit in April, August, December and January by 12 cases. All cases of C-difficile are scrutinised at the monthly Health Economy meetings. Two of our cases was categorised as 'avoidable' but these were due to the patient having a history of C-difficile which affected the sample for testing rather than deficiencies in patient care.

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Total	1	6	7	6	3	6	6	8	3	4		
Monthly limit	5	5	5	6	6	6	6	6	6	6	5	5
Cum total	1	7	14	20	23	29	35	43	46	50		
Cum limit	5	10	15	21	27	33	39	45	51	57		

The Trust remains on track to meet the C.*diff* objective for 2014 / 2015. *Awaiting validated Feb / March figures* The Trust will continue to maintain the above actions in order to improve this rate and so the quality of its services.
- Rapid detection of cases
- Rapid isolation and treatment of cases
- Tight management of antibiotics and prescribing

Venous thromboembolism (VTE)

VTE (the formation of blood clots within the veins) is a condition that contributes to an estimated 25,000 deaths amongst patients in hospital each year, some of which could be avoided. It is a preventable cause of morbidity and mortality and VTE risk assessment and appropriate thromboprophylaxis has been a national health priority since 2010. National guidance from the National Institute for Clinical Excellence (NICE) states that at least 95% of all adult inpatients should be VTE risk assessed (weighing their risk of developing a clot – DVT or PE) against their risk of bleeding) and given appropriate preventative therapy.

The table below shows the percentage of VTE risk assessment over the first three quarters of 2014/15 compared to acute NHS Trusts. *(Full year's data available from HSCIC on 1.5.15)*

(Source: HSCIC released February 2015)

	OUH	National (NHS Acute Trusts only)	Lowest % (NHS acute care providers)	Highest % (NHS acute care providers)
Q1	92.7%	96.1%	87.2%	100%
Q2	94.3%	96.1%	86.4%	100%
Q3-to date	94.7%	96.0%	85.2%	100%
Q4				

The actions that we have taken and intend to take to improve this score, and so the quality of our services are:

- Information has been made widely available to all relevant clinical staff about how to complete a VTE risk assessment on EPR. Information was distributed in several ways: locally to inpatient wards and electronically to all clinical divisions where the information was then cascaded to all doctors.
- Every consultant has been sent a 'how to' document to show them how to make an inpatient list on EPR to evaluate their daily VTE risk assessment figures.
- An email and short PowerPoint presentation was sent to all the clinical divisions for cascading to inform all doctors about the dip in VTE risk assessment and that as a Trust this needed to improve
- Prompts within EPR are set to alert when a patient has been admitted for six hours that a VTE risk assessment is required (if one has not been done). Whenever a clinician logs in to a patient's electronic medical record this alert continues to fire until the risk assessment has been completed.
- To further improve VTE risk assessment figures, VTE risk assessment tool on EPR will be compulsory on admission for patients, as it will be directly linked to the electronic prescription chart (e-PMA prescription). This will ensure that the risk assessment is completed for 100% of patients that are admitted and when the risk assessment is completed, the EPR system will direct the clinician to the drug chart to prescribe the appropriate mechanical/and or chemical thromboprophylaxis. This will be built into the EPR system during the forthcoming year.

The patient experience

Your views count and therefore your thoughts, opinions and observations about all aspects of our hospitals are very important to us. Our aim is that every patient's experience is an excellent one and understanding what matters most for our patients and their families is a key factor in achieving this.

Learning from you

- The Friends and family Test (FFT).
- Listening to what you tell us in person. (Face to face discussions)
- Responding to letters and emails you send us, and feedback via the NHS Choices website.
- Listening to what you tell the Patient Advice and Liaison Service (PALS).
- 'Patient Stories': in-depth account of experience to help us to understand the issues better.

FFT April 14 to Feb 15

Awaiting end figures: upload to Unify 15.4.15. Comparative data from HSCIC: release mid-May

Achieved the 25% response for inpatients	96% of patients were extremely likely or likely to recommend the ward they stayed on, based on 9,400 responses.
Achieved the 20% FFT response rate for A&E	89% of patients were extremely likely or likely to recommend the care they received in the Emergency Department, based on 6,400 responses.
FFT within outpatients and day-case areas,	96% of outpatients were extremely likely or likely to recommend the care they received, based on1197 responses.
FFT within day-case areas	97% of day-case patients were extremely likely or likely to recommend the care they received, based on 6,400 responses
FFT within maternity services	94% of women were extremely likely or likely to recommend the Trust's maternity services, based on 6,400 responses.

- In children's services using 'Fabio the Frog' (easy read FFT form for people with learning disabilities).
- Introduced a texting version of FFT in A&E and outpatients to increase the response rate.

National patient surveys

There were three national patient surveys in 2014: *The Inpatient Survey, the Emergency Department Survey and the first national children's survey*. *[Data under embargo till mid-April]*

Engaging with you over the past year

We have regularly engaged with a range of public and patient groups and individuals and have used this information to ensure that our Quality Account reflects the wishes and experiences of people who use our services. Work includes:

- Workshop in November 2014 with Public Participation Groups and Trust staff to explore ways of developing the 'patient voice'. Will include a three year strategy to further develop this work.
- Privacy and Dignity workshop in February 2015 to co-produce privacy and dignity policy with voluntary and community groups and patient representatives.
- Carers strategy: co-producing a carers feedback survey and methodology to improve how we hear and act upon the views of patients and carers.
- Public and Patient Engagement Strategy is being developed and will go out to public consultation in the summer 2015.
- Patient partners programme is funded by the Health Education Thames Valley (HETV) and supports members of the public to raise issues important to them.
- Seldom Heard People funded by the Health Education Thames Valley (HETV) to improve the inclusion of seldom heard people and vulnerable groups.
- Patient stories: the Chief Nurse presents with the patient's permission a case study and associated learning to Trust bi-monthly public Board meetings.

Setting priorities with patients and member of the public

- The Trust's Clinical Peer Reviews in January and February 2014.
- The Quality Strategy workshop in January 2015.
- The procurement of the Patient Experience feedback system.
- Patient partnership groups.
- Analysis and priority setting following the Inpatient Survey 2013.
- Analysis and priority setting following the Cancer survey 2014.
- The production of patient stories.
- Discharge workshop in February 2015 to analyse and set the work programme for 2015/16.
- The development of the 'Knowing Me' care planning document. This provides staff with personalised information to facilitate a more individual approach to their care.

Compassionate Care based on the Trust Values

This work has been integrated into a project funded by the Health Education Thames Valley (HETV).

- The coding of complaints using the Trust values.
- Complaints investigation training (aimed at new complaints investigators).
- Seven Dementia friendly computers to support reminiscence in hospital.
- The Dementia information café for relatives and carers. Visitors have access to information, advice and support from a range of organistations.
- The co-production of the Trusts Privacy and dignity Policy.

How we handle complaints

The Trust has undertaken a review of complaints following lessons learnt cited in the Francis Report, and reports by Healthwatch, The Parliamentary and Health Service Ombudsman and the Care Quality Commission. These changes include;

- New style complaints response letters that are easy to understand and contain less jargon.
- A complainant's satisfaction survey in conjunction with the Patients Association and the NHS Benchmarking Team. This aims to help people to be more confident to speak openly.
- All serious complaints are assessed to establish if they should be investigated as a clinical incident. This was an important recommendation from the Francis Enquiry.
- Two complaints investigation courses
- A comprehensive complaints algorithm setting out the process from start to finish.

The management of complaints is one of our priority areas for work in the forthcoming year.

Equality and Diversity

Equality, diversity and inclusion are becoming increasingly important within health services; as public health, employers, employees and for patients and carers. Achievements:

- Awarded Partners status as part of the NHS Employers National Partners Programme.
- 85% of staff received mandatory training in Level 1 Equality and Diversity training.
- Trust policies and procedures are assessed prior to implementation to ensure equality issues are considered by means of an Equality Analysis.
- Updated the hospital passport for people with learning disability
- Produced the "I-care" card to assist in the identification of carers.
- The Trust's bereavement service continues to be regarded by the four regional Islamic funeral directors as providing an exemplary services
- Developed the 'Knowing Me' care planning document for vulnerable adults (including patients with dementia) in partnership with Oxford Health NHS FT and Carers Oxfordshire.

Interpreting Services

We are committed to ensuring that access to the interpreter intranet and internet will be improved before the end of 2015. We will develop the content and increasing visibility of the interpreting information on the Trust's intranet site and public website.

The Healthwatch chapter on Quality within the Oxfordshire Joint Strategic Needs Assessment (JSNA)

Healthwatch Oxfordshire is a key partner to enables us to better understand patient, carer and the public's views of our services. Additionally for the first time, this year, Healthwatch Oxfordshire has contributed to the JSNA chapter on quality services. The JSNA is jointly developed by the NHS and local authority and enables a local area to have a clear understanding of the needs of the whole population and the wider determinants of health.

Healthwatch is a national organisation with local offices to:

- Provide information about local health and social care services
- Listen to views and experiences on the way that health and social care services are delivered
- Using views to influence how services can be improved
- Making views known to influence the way services are designed for the future

The table overleaf presents the areas of work for 2015/16 developed by Healthwatch Oxfordshire shown alongside the service improvement work already being undertaken by the Trust and our partners.

All services across Oxfordshire	Service developments
Joining up people's care, when it is being delivered by a range of health and/or social care providers	1. Oxfordshire Integrated Care Alliance Programme between OUH and partner Trust (for older people and those with complex care needs). This includes the Supported Hospital Discharge Service (SHDS). 2. The Sexual Health Service. This encompasses primary, intermediate and tertiary services.
Communication between different organisations within the system about	1. Oxfordshire Integrated Care Alliance Programme between OUH and a partner Trust (for older people and those with complex care

All services across Oxfordshire	Service developments
patients -	needs). 2. The Discharge Oversight Group 3. The Oxfordshire Care Summary record 4. The Oxfordshire collaboration in relation to the implementation of Deprivation of Liberty Safeguards (DOLS) following the Supreme Court's judgment on Cheshire West 5. The Safeguarding children and Adults Multi-agency Safeguarding Hub (MASH)
Communication by all parts of the system with patients and carers, both in terms of staff attitudes, involvement of people in decision making about their care and delivery of dignity standards –	1. The development and implementation of the Trust's Privacy and Dignity Policy. This is being co-produced with patients, the public and partner organisations. 2. The Oxfordshire NHS collaboration to implement Tracking and Flagging for people with a Learning Disability. 3. The Trust's Dementia Information Café in partnership with Guidepost, Alzheimer's Society, the Museum of Oxford, Carers Oxfordshire and Age UK. 4. The Carers Feedback project. This being coproduced in partnership with Carers Oxfordshire and Carers Voice
Carer involvement in care planning and care delivery -	1. The Patient and Public Partnership (PPGs) project. This project is supporting the development of PPGs within the Trust.
Better treatment of patients with physical *and* mental health needs, and recognising and addressing the psychological component of all healthcare see above	1. The Psychological Medicine service. This award winning service offers a specialist central service, training and supports front line clinicians and their patients.
Continuing to build a culture in which staff, carers and patients feel able to raise concerns or complaints without fear of retribution -	1. Complaints investigators training. 2. The new Complaints algorithm. 3. The Learning from complaints project. 4. The Raising concerns policy is being updated in light of Sir Robert Francis reports.
Supporting delivery of public education about how to use the NHS wisely and self-care programmes that might help reduce demand.	1. The 'Here for Health' Team and education programmes 2. The Sexual Health Service. This encompasses primary, intermediate and tertiary services.
The timeliness of Social Services social care assessments and access to care packages and re-ablement services	1. Oxfordshire Integrated Care Alliance Programme between OUH and partner Trust (for older people and those with complex care needs). This includes the Supported Hospital Discharge Service (SHDS). 2. The Discharge Oversight Group
OUH specific issues	**Service developments**
Providing high quality, individualized care at OUHT, while meeting NHS Constitution pledges on A&E waiting times, cancer treatment times and 18 week referral to treatment targets	1. Knowing me care planning document and Hospital passports 2. The Oxfordshire NHS collaboration to implement Tracking and Flagging for people with a Learning Disability. 3. The Trust's Dementia Strategy 4. The agreed emergency care plan work stream - January 2015. 5. The agreed referral to treatment (RTT) plan.