Briefing on Oxford University Hospitals

27 February 2013 – Issue 20

This briefing is a regular update for our partner organisations and key stakeholders within the wider community that we serve. It contains the latest news from the Oxford University Hospitals NHS Trust (OUH).

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1 OUH and the Francis Report
On Wednesday 6 February, Robert Francis QC published his final report of the investigations into the failures at Mid-Staffordshire NHS Foundation Trust. Oxford University Hospitals is fully committed to responding constructively to the recommendations in an environment of openness and transparency.

There are nearly 300 individual recommendations within the Francis Report, which runs to three volumes. The Trust is currently reflecting on the report and taking time to consider carefully the recommendations over the coming weeks.

The Trust has a strong focus on listening to patients and understanding their experience of the care and treatment they receive. We know that our staff take pride in the quality of care they provide and are committed to continuously reviewing how we look after our patients to make sure they receive the best possible healthcare.

The Trust is listening to the debate and to our patients and staff, and will work to sustain and improve where needed our standards and behaviours of delivering quality care within a culture of openness and compassion.

The Trust is already delivering some of the key recommendations mentioned in the Francis Report. For instance, the Trust has worked with its staff and patients to develop a clear statement of its values – Delivering Compassionate Excellence - and is working to ensure that they are embedded in everything we do from recruitment to patient care. The Trust has worked to improve its staff engagement generally, including using an initiative called Listening into Action to take

We organised meetings on all four of our sites last week and this week for staff to attend to hear a summary of the issues raised during the Francis Report and to reflect how lessons could be learned for our hospitals. The meetings have been very well attended and well received. The Trust Board will consider how to take forward these issues in the light of the government’s response to the Francis Report.

2 Foundation Trust progress update
The OUH Board met members from NHS South of England and from the new Trust Development Authority (TDA) in December. They agreed that the OUH will not need to meet with the SHA Board again. The TDA will now conduct the next stage of assessment on behalf of the Secretary of State for Health. The Trust needs to demonstrate by 1 March that:

- NHS performance standards continue to be met
- Plans are in place to safely reduce costs in 2013/14 and 2014/15
- Key commissioners sign up to forward plans

Are you a Foundation Trust member? If not, then we would be delighted if you would join. If you are, then why not ask a friend or family member to join too? We want to make the membership of Oxford University Hospitals representative of the patients and public we serve. We currently have about 6,500 members but would like to increase our membership further. You join online at www.ouh.nhs.uk/ft
Membership forms are also available in our hospitals and we will be delighted to send you forms if you email us at ouhmembers@ouh.nhs.uk or call us on 01865 743491. Alternatively you can write to us at FREEPOST OUH FOUNDATION TRUST OFFICE.

3 Our performance

Infection control
In March 2012, the Department of Health issued updated guidelines on the maximum number of cases of C Difficile and MRSA that it expected the Trust to see in this financial year. The Trust is expected to see no more than 88 cases of C Difficile and no more than seven cases of MRSA. So far this year the Trust has had 66 cases of C Difficile and three cases of MRSA which means that the Trust should succeed in reducing the number of cases in line with these targets.

Finance
The Trust’s financial position remained in line with its plans at the end of January 2013. Pay expenditure was 1.4% greater than planned for and non-pay expenditure was 6.3% more than planned for. The Trust has delivered £36.7 million of savings so far this year, which represents 90.8% of the year to date plan.

Operational performance
OUH is continuing to achieve the national standard of at least 95% of outpatients and 90% of inpatients waiting no more than 18 weeks for treatment for the Trust overall.

The Trust achieved the standard of over 95% of patients being seen within the four hour emergency department waiting time standard in Quarter 3. However, in the last month of the quarter, December, we just missed the standard at 94.58% when we experienced one of our busiest months ever in the Emergency Department. The last quarter of the year, is always our most challenging quarter in meeting this particular standard.

The last validated figures for cancer patients show that in November 2012, all cancer standards were achieved.

Delayed Transfers of Care
Delayed transfers of care remain a major cause of concern for the Trust with delays currently at over 180 across the health system and 146 within the OUH.

The Trust has had escalation beds open all year and since December the level of escalation has been in excess of 100 due to a combination of the high levels of emergency activity and the delays in transferring patients to the most appropriate location for their ongoing care needs. The Trust’s Supported Discharge Team providing care for patients at home for the first two weeks after their discharge and is now fully operational managing a caseload of up to 60 patients.

Good progress has been made in implementing the system wide discharge pathway and the teams across OUH, OH and OCC are working in partnership to improve the flow of patients across the various services provided by the partner organisations. However there are clearly some challenges, especially around assessment, that the teams are seeking to resolve.
4 Interventional Radiology Suite
A new state-of-the-art Interventional Radiology Suite has recently opened at the Oxford Regional Vascular Unit at the John Radcliffe Hospital.

Interventional Radiology is a specialty which uses minimally-invasive image-guided procedures to diagnose and treat diseases which in many cases would previously have required major open surgery. The images help interventional radiologists to direct interventional instruments through the body in procedures such as angiograms, angioplasties and stenting (the unblocking, widening or repair of the arteries). They are usually performed using narrow tubes called catheters, rather than by making large incisions into the body as in traditional surgery.

These procedures reduce not only the length of time spent in hospital but also recovery periods for patients. In addition to its benefits to patients, the new suite strengthens the John Radcliffe Hospital’s position as the hub hospital at the centre of the developing Thames Valley Vascular Network. The Thames Valley Vascular Network was created to centralise vascular services after a 2010 South Central Review of the Provision of Vascular Surgery recommended that there should be a single Vascular Centre based in Oxford.

As the network develops, the John Radcliffe Hospital will become the central unit where all patients requiring major vascular surgery in Buckinghamshire and Berkshire will be transferred to the John Radcliffe for their operation whilst remaining under the care of their local clinical team. This includes Endovascular Aortic Aneurysm Repair.

This will create a substantial vascular network in which the patient has as much as possible done locally but undergoes major surgery in a large unit supported by other tertiary level specialties. The unit has round-the-clock emergency cover with an ‘on-call’ consultant vascular surgeon and radiologist who provide most of the out-of-hours service for the surrounding areas.

5 Cotswold Maternity Unit
In October 2012 the Trust took the decision to suspend births at the Cotswold Maternity Unit based in Chipping Norton. The Trust has conducted a review following concerns around working practices raised by staff and women using the unit. A number of actions have already been taken and the suspension of births was done to enable a full review of the unit to be completed. Jane Hervé, Head of Midwifery at the Trust, led the review into all aspects of the unit’s working practices.

The unit has remained staffed and open during the day to provide women and their families with antenatal support, breast feeding advice and support, babies’ hearing tests and postnatal care. Women from Chipping Norton and the surrounding areas have continued to have a choice of where to give birth and these include:

- Horton General Hospital, Banbury
- Consultant-led unit at the John Radcliffe Hospital, Oxford
- Spires Midwifery-led Unit at the John Radcliffe Hospital, Oxford
- Home birth
- South Warwickshire Hospital
The Trust remains totally committed to reopening the Cotswold Maternity Unit to births as soon as possible. We will work with local mothers and GPs to make the reopened unit a success. The problems that led us to where we are today are very complicated and we need to ensure that they are thoroughly addressed. A full report on the review with recommendations on the future operation of the unit will now be considered by the Trust’s Board in March.

6 Liverpool Care Pathway
Over the past few weeks there has been an increasing media focus on the use of the Liverpool Care Pathway for the Dying Patient (LCP). Some of the reports have suggested that use of the pathway within the NHS may not always be appropriate and that, rather than being used to optimise care provision for dying patients, it is being used with the deliberate intention of hastening death and denying appropriate life-prolonging treatments. A number of patients, relatives, staff and volunteers have expressed concerns about the use of the LCP in the OUH. We therefore thought it might be helpful to explain how it is used at the Trust.

The LCP was developed with the intention of facilitating delivery of the best quality care to patients who are in the last hours and days of life. It has been recommended as a best-practice model by the Department of Health and provides guidance on the different aspects of care that should be considered in patients who the multidisciplinary team have identified as being in the last few days of life.

The guidance relates to comfort measures, anticipatory prescribing of medicines, discontinuation of inappropriate interventions and communication with the patient and their family. Any, and all, interventions that are felt to be in a patient’s best interests are actively encouraged; there is no ‘ban’ on any intervention including the provision of food and fluids. The use of the LCP should be regularly reviewed by both the nursing and medical teams and, should the patient’s clinical condition improve, it can be discontinued.

At present, version 12 of the LCP is being used on selected wards at the John Radcliffe, Churchill and Horton General Hospitals. An information sheet for relatives or carers is given to all families except in the unlikely event that the patient has not consented to this. The Trust has prepared an additional information sheet for relatives, addressing potential concerns that may have arisen following the media focus, which is also available.

7 Vision for the Horton and suspension of emergency abdominal surgery
The Trust is planning to start a consultation on its vision for the Horton General Hospital. The Trust will discuss with the Community Partnership Network a timetable for consultation and will then publish a document setting out the proposals for the future of services provided at the Horton General and expanding the range of services available there for local people.

The vision encompasses a secure future for paediatrics, obstetrics and the Emergency Department at the Horton General and an expansion of outpatients and routine day surgery. These proposals will bring a wider range of services closer to home for patients living in the north of the county. The public, patients, staff and stakeholder organisations will be invited to give their views as part of the consultation.

The proposals will also include a recommendation to transfer emergency abdominal surgery to the John Radcliffe. This proposal is based on the national recommendations from the Royal College of Surgeons on emergency abdominal surgery. These recommendations clearly demonstrate that emergency surgical
patients should have the same level of access to suitable specialist surgeons as currently provided to patients seen on a planned basis.

In order to ensure that patients are treated by a surgeon with the relevant specialist skills, emergency abdominal services need to be centralised. This service already exists at the John Radcliffe where there is a critical mass of patients requiring emergency abdominal surgery to warrant a full range of specialist emergency surgical staff rotas.

Because of some unexpected changes in medical staffing personnel, there are no longer enough consultants with the required expertise in major abdominal surgery within the surgical team at the Horton to ensure that patients requiring emergency assessment and surgery can be cared for safely. The Trust therefore took a decision to suspend emergency abdominal surgery at the Horton General Hospital and transfer the small number of patients requiring such surgery to the John Radcliffe from Friday 18 January.

8 Wallingford Midwifery-led Unit to get upgrade
Maternity services in Wallingford will benefit as part of a £25 million government funding initiative. The Wallingford Midwifery-led Unit, run by OUH, will receive £340,000 which will be used to upgrade facilities in the unit. The unit is one of more than 100 across the country to benefit from the funding.

9 Forthcoming events at the OUH
An invitation to give us your views – Monday 11 March
The Trust has organised a meeting for the last few years to consult patients and the public about its services and to help set the Trust’s priorities in terms of quality for the organization moving forward to the next financial year. Through such public engagement events, members of the public are invited, via facilitated discussion events, to set out areas for quality improvement. These are then summarised and used to inform the Quality Account priorities for 2013-14.

We have arranged the next public engagement event for MONDAY 11 March, 6.00 – 8.30 pm, in the George Pickering Education Centre and we do hope you are able to join us.
RSVP to Ella Reeves. Email: ella.reeves@ouh.nhs.uk or telephone her on 01865 223372

Oxford Biomedical Research Centre - Bringing research to life through public talks
All talks are at the Nuffield Orthopaedic Centre and start at 6.30pm. Light refreshments are served from 6.00pm. Please let us know if you are planning to attend, as places are limited. Please register with Caroline Rouse by contacting her on ouhmembers@ouh.nhs.uk or on 01865 743491.

New approaches to heart disease – Dr Rajesh Kharbanda, Wednesday April 17
Dr Kharbanda, Consultant Cardiologist, describes the areas of study that are currently being undertaken in Oxford, and how these might influence future care. He will talk about the state of the art techniques used to assess heart patients, and how it helps identify new approaches to treating heart disease.

Stroke prevention – Professor Peter Rothwell, Wednesday July 3
Clinical Neurologist Professor Peter Rothwell outlines the latest stroke and related dementia research, how it is leading to earlier recognition of those at risk, improving diagnosis and developing more effective use of existing preventive treatments.

Chronic Kidney Disease – Dr Nathan Hill, Monday September 19
Senior Research Fellow Dr Nathan Hill talks about OxRen – a new UK study that will determine how many people have Chronic Kidney Disease and monitor the progression of people with the disease over the course of a decade. CKD affects one in ten people in the UK and OxRen hopes to improve screening and treatment through better understanding of the disease, its prevalence and progression.

Charitable Funds Events
Oxford Mail OX5RUN
There is still time to sign up for the OX5run in support of the Children’s Hospital, on Sunday 10 March at 10.30am. You can find out all about it here www.ouh.nhs.uk/ox5run and you can sign up online here or pick up a leaflet displayed around the hospitals. It costs just £10 to take part and you can run on your own or put together a team.

Abseil Sunday 12 May
Sign up now for our next abseil, which is raising funds for The Cancer Care Fund (supporting cancer causes across the Trust) The Oxford Heart Centre, Heads Up (head and neck cancer research) the Emergency Assessment Unit, IMPS (teaching life-saving skills to school children) and Silver Star (supporting mums through difficult pregnancies).

Over the years abseils have raised hundreds of thousands of pounds for causes across the Trust and cost just £10 to enter for a day you will never forget.

Why not see if a group of colleagues, family or friends would like to join you on the ropes? For more info visit www.ouh.nhs.uk/charity or call 01865 7 43444 or email charity@ouh.nhs.uk

A date for your diary!
On Wednesday May 15 the Oxford Biomedical Research (BRC) will be holding its annual open day in the atrium of the West Wing at the John Radcliffe Hospital. It is a chance to meet their researchers, discover, discuss, and debate their work through interactive exhibitions and events, and find out how it is improving healthcare for you and your family. The open days are great fun and really interesting ways of finding out more about the latest scientific thinking and medical research developments. Come along to find out more! Full event details will be released this spring.

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