May 2014

This briefing is for GPs, practice staff and others in primary care, on changes and developments at the Oxford University Hospitals NHS Trust (OUH). It has been prepared by the OUH and will be circulated on a regular basis. You can also read it at www.ouh.nhs.uk/services/gp-bulletin

If you have any comments or suggestions, please contact alison.barnes@ouh.nhs.uk

Any feedback on web issues please email to web.editor@ouh.nhs.uk

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1. Key performance measures

Please see the latest summary of our performance against key standards and indicators.
- Read our latest Performance Report
### Healthcare associated infections
- **MRSA and C. difficile: latest figures**

### 2. Clinical articles and referral protocols

#### Email addresses for patient enquiries
Please use these email addresses for patient follow-up enquiries regarding appointments; they are not the same as medical advice emails.
- **ENT.jr@nhs.net**
- **eyehospital.jr@nhs.net**
- **plasticsurgery.jr@nhs.net**
- **oralsurgery.jr@nhs.net**

#### Bowel Screening Programme
Between April and September 2014, one in every 28 Bowel Cancer Screening Programme (BCSP) home test kits will be the new Faecal Immunological Test (FIT) instead of the current guaiac Faecal Occult Blood test (gFOBt). This is a national BCSP initiative to pilot the use of the FIT in the programme, and if the pilot results are favourable will lead to a complete change to FIT from gFOBt in the coming years for BCSP invitations.

FIT has many practical and clinical advantages over the current gFOBt. It can detect human haemoglobin (Hb) at lower concentrations and with much less interference. This means that FIT can detect more cancers and particularly advanced adenomas with fewer false positives. With gFOBt, around 5% of people must complete more than one kit in order to get a definitive screening result. FIT will reduce the number of repeat tests needed, thereby shortening the screening timeline.

FIT measures blood in a different way from that used by our current gFOBt. It looks for the human-specific ‘globin’ part of Hb, not ‘haem’ which is detected using the current guaiac test. FIT uses an automated laboratory instrument that can detect much lower levels of blood than can be detected when using gFOBt.

The FIT kit consists of a small plastic bottle containing a stick with a grooved tip. The stick is integral to the lid of the bottle. The FIT sample is collected by scraping the tip of the stick along the bowel motion so that the grooves are covered. The stick is then returned to the bottle which contains a liquid to preserve the sample. The bottle is closed and can then be safely posted back to the screening hub.

Please direct any questions regarding this to David Munday, Lead Nurse for Bowel Cancer Screening: david.munday@ouh.nhs.uk / 01295 229834.

#### Infection control
The OUH is expected to have 0 avoidable cases of MRSA in the year 2013/14, and the Trust has met this required target of 0 avoidable MRSA cases in the financial year for 2013/14.

The OUH was required not to have more than 70 cases of C. diff in the last financial year. It ended 2013/14 with a total of 64 cases of C. diff across the four hospital sites. This overall figure will be reduced to a maximum of 67 cases in 2014/15.

#### Public Health Strategy
The Trust’s Public Health Strategy has been developed in collaboration with the County Council and approved by the Trust Board at its last meeting, and has now been endorsed by the Health Improvement Board. The action plan associated with the strategy is now being taken forward. The terms of reference for the Public Health Steering Committee, which will operate as a sub-committee of the Trust Management Executive and is currently being established. This will include representatives of patients, the County Council and other key stakeholders. We will shortly be going out to the CCG localities to discuss this further.
Annual pathology users’ survey

We welcome your views on the service you have received from the pathology laboratories at the Oxford University Hospitals NHS Trust. This online survey should not take too long to complete.

http://www.surveymonkey.com/s/M2TNB9N

Any comments made will be passed onto the relevant department so that they can respond if necessary.

If possible, please complete this survey by the end of May 2014. Thank you for your feedback.

Andrew Platt, Quality Manager: Laboratory Haematology & Clinical Biochemistry
andrew.platt@ouh.nhs.uk

3. Consultant appointments

- Consultant in Dermatology
  Dr Sarah Felton MB BS, FRCP

- Consultant in Cardiothoracic ICM and Consultant Anaesthesia
  Dr Patrick Breen MB, FFARCSI RCS, FJFICMI

- Consultant in General Internal Medicine with Geratology and General Internal Medicine
  Dr Alexandra Montagu BSc, MB ChB AND MRCP

- Consultant in Paediatric Anaesthetics
  Dr Chiew Kim Ng MBCMB AND FRCP

- Consultant in Thoracic Surgery
  Mr Dionisos Stavroulias

- Consultant in Emergency General Surgery
  Mr Michael Puttick BSc (Hons), MB BS, MD, MRCs, FRCS (GeneralSurgery)

- Two Consultants in Cellular Pathology
  Dr Mark McCole MB ChB, MRCP Part 1 and FRCPath and
  Dr Elena Collantes LMS 2004 University Auronorma de Madrid, PhD 2009

- Consultant in Academic Haematopathology
  Dr Daniel Royston MBChB, BMSc, DPhil, FRCPath

4. Trust news and service developments

Care Quality Commission report

The Care Quality Commission (CQC) published its report last week into the care provided at Oxford University Hospitals NHS Trust following its detailed inspection.

The CQC report rates the Trust as ‘good’ overall; the Churchill, Horton and Nuffield Orthopaedic Centre were all rated ‘good’ with the John Radcliffe ‘requiring improvement’. It was also rated ‘good’ for its services in five areas (‘domains’): safe, effective, caring, responsive to people’s needs and well-led. Of 115 ratings given to describe services (in each hospital and in each of the five domains) 104 were judged as ‘good’ and 11 as ‘requiring improvement’. Among the many positive findings, the report provides a clear endorsement of staff observed providing compassionate and excellent care throughout the four hospitals.

Other areas of good practice include:

- The system the Trust used to identify and manage staffing levels was effective and responsive to meet the needs of the hospitals.
- Services were innovative and professional.
- Managers had a strong understanding of the risks in service and improvements required. Incident reporting and monitoring was well managed and the learning from incidents was evident. There was a strong commitment, supported by action plans, to improve the service.
- It was evident that significant efforts had been being made to improve the effective discharge of patients within medical areas. The hospital was working closely with commissioners, social services and providers to improve the transfer of patients to community services.
There was good learning from incidents within critical care which translated into training and safer practice.

**The following areas were highlighted as actions the Trust must take:**

- The Trust must plan and deliver care safely and effectively to people requiring emergency, surgical and outpatient care.
- There must be enough qualified, skilled and experienced staff to safely meet people’s needs at all times.
- The Trust must plan and deliver emergency care to people in a way that safeguards people’s privacy and dignity.
- Staff must receive suitable induction in each area that they work.
- The Trust must ensure that newly qualified midwives are appropriately supported.
- Patient records must accurately reflect the care and treatment for each patient in line with good practice.

Some of the compliance actions cannot be resolved by the Trust alone. Discussions are ongoing with all our partners in health and social care to submit an action plan, with agreed timescales, to the CQC by 12 June.

More information on the CQC report is available from our website: [www.ouh.nhs.uk/about/care-quality-commission-inspection.aspx](http://www.ouh.nhs.uk/about/care-quality-commission-inspection.aspx)

**Foundation Trust update**

As part of its application to operate as an NHS Foundation Trust, the OUH submitted a revised IBP (Integrated Business Plan), as well as other relevant documents, to the NHS Trust Development Authority (TDA) on 11 April, 2014.

The Trust’s rating of ‘good’ by the CQC allows the Trust to proceed with its application process, subject to the assessments of the TDA and Monitor. The TDA continues to expect that our performance against national access standards will improve.

The OUH Board will meet the TDA Board on 9 June 2014. The TDA will then make a decision at its meeting on 24 July 2014 whether to refer us to Monitor for the next stage in our application. As a Foundation Trust we will still meet the same standards of care and principles that guide other NHS organisations, but we will be even more accountable to our local communities through public membership.

On 26 April 2014 the OUH Public Health Team joined forces with the Foundation Trust membership team and Go Active Oxfordshire to take a healthy living message to football fans. The OUH sponsored Oxford United’s last home match of the season against Accrington Stanley on 26 April and gave out more than 1,000 pieces of free fruit (donated by our hospital food providers Carillion and Aramark and the Waitrose store in Headington). Staff from the FT team also recruited football fans to become FT members of the Trust.

Our drive to recruit new members continues, and if any of your patients or staff might be interested in joining we would be happy to hold recruitment events in your practices.

Find out more at [www.ouh.nhs.uk/ft](http://www.ouh.nhs.uk/ft)

**New technology award**

The Trust has been awarded a grant of more than **£600,000** to provide mobile computers for nurses and midwives. The £604,000 grant from the NHS Nursing and Technology Fund will pay for approximately 160 computers on wheels, 400 tablets and 70 wall-mounted computers in drug dispensing rooms to assist pharmacy prescribing. The extra money is being made available to trusts to replace paper-based systems with technology that cuts drug errors and makes patient care safer.

The tablet computers will be used by nurses and midwives so that they can input and review clinical data at the patient’s bedside or elsewhere, while computers on wheels will be used for prescribing, and giving nursing staff better access to medical records.

The new equipment will run using existing Trust applications such as Cerner Millennium – the software used by the Electronic Patient Record system. The tablets will also be provided for patients to complete the Friends and Family Test to record their experiences in real time.
The use of the new technology is in line with the Trust’s strategy of moving towards a ‘paper-light’ approach, of which electronic prescribing of medicines is a key element. It is expected that staff will begin using the new system in April.

Outpatient re-profiling update
The Oxford University Hospitals NHS Trust has been working on a review of all consultant-led outpatient clinics for several months. The objective is to improve the efficiency of our clinics to achieve a better service for patients. We are reviewing a number of aspects of our clinics, including the things we know can cause problems. Specifically, we are looking at the start and end times of clinics, how many appointments are available and the balance of new and follow-up appointments. We have also looked at the duration of each appointment time. Some of this work has been greatly enhanced by the involvement of local GPs.

For you and your patients, this work will mean that there are more appointments available through Choose & Book. We are also taking steps to ensure that when patients attend for their appointment they experience fewer delays.

So far more than 300 new outpatient clinic scheduling profiles have been built on our EPR system. Some have already been implemented and others are due to be implemented over the next few weeks. Of the remaining profiles, most have now been designed and we are currently working with services to resolve outstanding queries. There were a few delays with Ophthalmology but there is now a plan in place to go live with the new profiles from the beginning of August, to coincide with a new timetable. So far the service which has been fully completed is ENT. This project is being led by the Service Improvement Team.

If you have any questions or would like to speak to someone about this project, please contact us: mandy.hollis@ouh.nhs.uk / 01865 743200

Public engagement event
The Trust held an engagement event on 23 April 2014, attended by a range of staff and more than 35 members of the public, who were invited to help inform the Quality Account and quality priorities. A helpful discussion was had about ways of improving patients’ experience of outpatient departments across the Trust, one of the quality priorities for 2014/15.

Network connectivity
The Trust’s IM&T department provides access to the IT network for the whole of the NHS across Oxfordshire. Over the last two years they have also provided network capability to all GP practices and more recently they have provided Wi-Fi access and improved access speed across the Trust, as well as access to Eduroam, and to the County Council. The team were recently asked by Oxfordshire County Council whether it would be possible to replicate this service for their council workers in GP surgeries. The benefit of having Wi-Fi is improved safeguarding, as social work staff do not need to carry around as many paper files if they can access information remotely. This work has now successfully been completed.

Integrating services with Oxford Health
The Trust is in discussion with Oxford Health NHS Foundation Trust to explore ways in which relevant services run by the two trusts can be better integrated. The aim is to provide more joined-up patient pathways, to improve the quality of patient care, and to avoid unnecessary duplication and waits as patients move across organisational boundaries. These discussions are also looking at the need to strengthen integration with GP and social care services.

OxWatch study recruiting non-pregnant women
Thousands of women are needed for a ground-breaking women’s health and pregnancy study. Women without children, who are not pregnant, hold the key.

The OxWatch study – based at the John Radcliffe Hospital – is the first of its kind to research how women’s wellbeing and lifestyle affects their health in later life, especially after having children. To build a full and detailed picture, thousands of young Oxfordshire women, who have not yet started their families, will be invited to join the pioneering project.
Pregnancy research

The Oxford Safer Pregnancy Alliance (OSPREA) is a team of midwives, nurses, doctors, scientists and support staff who are working together with women and their families to carry out research relating to pregnancy and reproduction.

For more information please email enquiries@obs-gyn.ox.ac.uk or visit www.osprea.ox.ac.uk

Children’s Hospital Network website

A new website has been launched showcasing the pioneering collaboration between the children’s specialist services at the John Radcliffe Hospital and Southampton General Hospital. Clinicians and managers from the Oxford and Southampton hospitals work together to provide an integrated service for children with complex requirements for cardiac, neurosciences, critical care, rehabilitation and oncology treatments.

The website offers information on the activities of the Oxford and Southampton Children’s Hospitals Network, which was formed in 2012 following a review of national specialist services. The website is aimed at clinicians and health professionals, as well as the families of children who are referred for specialist treatment provided by the network.

The clinical teams work across both hospital sites to ensure that children from a large geographical area receive the benefits of shared medical and surgical expertise. Many young patients are referred from more than 20 district general hospitals across a region stretching from Northamptonshire in the north and as far south as Cornwall and the Channel Islands.

For more information please visit www.oschn.nhs.uk