OUH Quality Account 2020-21

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Version	Date	Author	Outcome
0.6	21 April 2021 Clinical Governance Committee	ST/AS	Reviewed
0.9	June IAC	ST/AS	Reviewed
0.9	June Governor's PEMQ	ST/AS	Reviewed
0.9	May 2021 Oxfordshire Clinical Commissioning Group	ST/AS	Reviewed
0.9	May 2021 NHS England Specialised Commissioning	ST/AS	Reviewed
0.9	May 21 Oxfordshire Healthwatch	ST/AS	Reviewed

Part 1: Statement on quality from the Chief Executive Officer 2020-21

In our Quality Account we set out how Oxford University Hospitals (OUH) NHS Foundation Trust improves quality and safety through a consistent focus on a safety culture, embedding best practice consistently in the care received by our patients so that no patients are adversely affected by avoidable harm.

Our 'OneTeamOneOUH' response to the COVID-19 pandemic

2020-21 was a year like no other for the NHS – a year of unprecedented challenges for our staff, both professionally and personally, in the face of the COVID-19 pandemic.

On behalf of the Trust Board, I would like to say a heartfelt 'thank you' to all our staff for rising to this challenge as OneTeamOneOUH and for continuing to achieve our objective of delivering compassionate excellent care to our patients, working closely with our health and social care partners in Oxfordshire and beyond.

Our collaboration with the University of Oxford (UO), Oxford Brookes University (OBU) and the Academic Health Science Network (AHSN) underpins the quality of the care that is provided to patients, from the delivery of high quality research and bringing innovation from the laboratory bench to the bedside, to the delivery of high quality education and training of doctors, nurses and other health professionals.

This partnership has never been more important than during our response to COVID-19. Oxford has been at the heart of global research into COVID-19 including the development of the Oxford-AstraZeneca vaccine, the RECOVERY treatment trial, and testing of healthcare workers. This research has directly benefited our patients and staff with a cross-fertilisation between research and delivery of care.

Vaccination and the Oxford Vaccine

Monday 4 January 2021 was a momentous day for Oxfordshire and an historic day for the NHS as the rollout of the new Oxford-AstraZeneca coronavirus vaccine began at the Churchill Hospital in Oxford. OUH dialysis patients were the very first people in the world to receive the Oxford Vaccine in our COVID-19 vaccination 'hospital hub'. Brian Pinker, 82, a retired maintenance manager who has been having dialysis for kidney disease at the Churchill for a number of years, was the first person to receive his vaccination from OUH Chief Nursing Officer (CNO), Sam Foster.

Ministry of Defence (MoD) partnership

Members of the Armed Forces supported teams at OUH to help in the response against the COVID-19 second wave in early 2021. They included 20 trained Combat Medical Technicians, who in their day job deploy on overseas operations and exercises as medics, 16 military staff who joined our team in non-patient facing roles and six discharge planners. We were incredibly grateful for their support during a very challenging time for the NHS. They made a significant difference.

New developments

Work on a new 48-bed Critical Care Building at the John Radcliffe Hospital is now underway. The £29 million development is supported by Department of Health and Social Care financing. This new building will not only improve our critical care environment but also help us plan for future demands on our services. It is part of a regional plan to manage critical care as the NHS makes preparations for the ongoing impact of COVID-19.

Works to improve our Emergency Departments (ED) at both the Horton General Hospital (Horton) in Banbury and the John Radcliffe Hospital (JR) in Oxford were completed in 2020-21. Work continued throughout the COVID-19 pandemic to ensure these new facilities were available for our patients as soon as possible. The ED Majors area at the Horton has been expanded with separate areas for adults and children. Four additional patient cubicles have also been added, including a dedicated infection control bay. The newly refurbished Majors area at the JR, where patients who are seriously ill but not in a life-threatening condition are treated, includes five upgraded assessment bays and a new assessment room.

A dedicated new centre to care for patients with bleeding and clotting disorders will be based at the Nuffield Orthopaedic Centre (NOC). Work on the new Oxford Haemophilia and Thrombosis Centre (OHTC) started at the end of January 2021 and is due to be completed by the end of the calendar year.

New strategic objectives to improve the quality and safety of patient care

We launched our new Trust Strategy 2020-25 in September 2020. We were in the final stages of pulling this strategy together when the COVID-19 pandemic shifted our focus, requiring us to quickly reshape our hospitals and services so we could safely meet the needs of our patients and protect and support our staff.

Through our OneTeamOneOUH response to COVID-19, we saw amazing local initiative and flexibility across our services, with teams adapting the ways they worked, creating extra capacity and finding new ways to care for our patients.

Improving the access, quality and experience of care for all our patients is one of our three strategic objectives for the next five years – with three key themes.

1. Delivering high quality care – becoming 'Outstanding' across all CQC domains and building a culture of clinical effectiveness and improvement.
2. Continuously improving patient safety – creating a Just Culture across the Trust to encourage staff to report incidents and raise concerns, learning from incidents in order to reduce harm and embedding Safety Huddles, while ensuring safe staffing and a safe environment in which to provide care.
3. Working with patients to improve their health, care and experience – enabling patients to manage their own health and wellbeing and personalise their care, particularly for those with long-term conditions, and increasing patient and public involvement.

Key measures which we will use to monitor progress and assess success include:

1. Care quality ratings from our regulators (Care Quality Commission ((CQC)) Safe, Effective, Caring, Responsive, Well-led)
2. Patient waiting times – to ensure timely access
3. Number of patient harm incidents
4. Patient feedback and outcome and experience measures
5. Clinical outcome data

Our award-winning staff

Our staff are committed to delivering the highest quality care for our patients. This year we have celebrated their many successes including the following:

- A teaching scheme run by Critical Care staff won the Clinical Support Services Award category of the *Health Service Journal* (*HSJ*) Value Awards 2020 – 'Tea Trolley Teaching' brings bite-size learning into clinical areas, meaning staff don't have to leave their ward or department to take part in the 10-minute training sessions.

- The introduction of a day case total hip replacement pathway by a team based at the NOC is shortlisted in the Post COVID-19 Sustainable Transformation Award category of the *HSJ* Value Awards 2021.

- OUH staff who work in partnership with the Faculty of Sport and Exercise Medicine and others on the Moving Medicine project to support healthcare professionals to integrate physical activity into clinical care won the Person-centred Care Award category of the Royal College of Physicians' Excellence in Patient Care Awards 2020.

- OUH and Oxfordshire Clinical Commissioning Group (OCCG) staff were named Cancer Care Team of the Year at the *British Medical Journal* (*BMJ*) Awards 2020 in recognition of the suspected cancer (SCAN) pathway based at the Churchill Hospital (CH) in Oxford which is specifically designed for patients with 'low risk but not no risk' cancer symptoms.

As of 31 March 2020, 25 patients were waiting over 52 weeks for first definitive treatment. This position at the end of March 2021 was 4,934. This was comprehensively adversely affected by the COVID-19 pandemic as we postponed elective surgery from 17 March 2020 in preparation to accept significant numbers of COVID-19 patients. Harm reviews for all patients waiting in excess of 52 weeks across the year for psychosocial and clinical harm have been requested from the relevant clinicians, and selected reviews are discussed in the monthly Harm Review Group (HRG). The methodology for this necessarily changed and this process has been replaced with overarching risk stratification statements for services with high numbers of long-waiting patients; this is in conjunction with the national e-prioritisation which has meant that all patients are actively managed and divided into prioritisation categories based on clinical need. The harm reviews have allowed services to expedite treatment of patients as necessary. Where Moderate or above impact has been confirmed at HRG, these cases are reviewed through the serious incident requiring investigation (SIRI) forum process to confirm the investigation approach.

Following an agreed protocol, any cancer patient waiting for over 104 days for treatment has a review conducted of potential for clinical harm from the delay. Details are reported to the Trust's HRG and then reported to the Clinical Governance Committee (CGC).

We have continued to work together with all our clinical staff, portering, infection prevention and control team, procurement and supplies, despite the considerable challenges the pandemic has raised in order to protect our patients from hospital-acquired infections, as well as our staff. Due to the COVID-19 pandemic the NHS standard contract for objectives for 2020-21 has removed the consequence for breaching objectives for the numbers of *C. difficile* or MRSA. Nevertheless, all hospital acquired infections have been investigated to determine the root cause and also understand where improvements can be made to improve future prevention. This has included where patients have contracted COVID-19 while in our care. For these nosocomial probable and definite infections an overarching SIRI has been called with the individual cases undergoing root cause analysis to see what can be learned and how patient safety systems can be improved.

Performance against some national standards is included in this Quality Account, but is discussed in detail in the Annual Report.

Embedding a patient safety culture

The following initiatives have been put in place to improve our patient safety culture.

- Every week the Chief Medical Officer (CMO) and the Chief Nursing Officer (CNO) send a joint Safety Message email to all OUH staff in order to raise awareness of important patient safety issues.

- The Trust launched Safety Huddles for all teams, clinical and non-clinical, in 2020-21. This is an opportunity for staff to come together for a structured conversation based around four simple questions.

    - What went well yesterday?

    - What didn't go so well?

    - What can we learn from this and do differently today?

    - What risks are there for today that need mitigation?

- The CMO and the CNO sent a personal message to all OUH staff on 17 September 2020 to mark the World Health Organization's dedicated World Patient Safety Day.

- In June 2020 the Trust changed the software used to report incidents which has led to easier reporting with more tailored questions as well as the implementation of other modules such as Quality Improvement, Clinical Audit, NICE guidance,

central alert system, Complaints and Patient Advice and Liaison Service (PALS), Legal, Bereavement and Structured Mortality Reviews.

- Our Oxford Scheme for Clinical Accreditation (OxSCA) was launched in 2020-21 to outline a set of standards which clinical wards and departments can use to measure quality and demonstrate improvement in the services they provide. Clinical areas are evaluated on a series of standards such as patient satisfaction, quality improvement initiatives, staff development, leadership and clinical audit data with awards publicised widely.

- Reporting Excellence, which was launched in June 2016 by paediatricians Alison Shefler and Rhiannon Furr, encourages staff in their area to 'report' positive events and examples of best practice in order to improve patient care. The CMO presents a monthly Reporting Excellence award which is publicised to all staff and via the Trust's social media channels.

- The Quality Improvement (QI) Stand Up initiative was launched to staff in March 2021 with the first virtual event taking place in April 2021. QI Stand Up is an opportunity for staff speakers to present their work to a wider audience during a 30-minute session taking place every fortnight.

- Independent Medical Examiners have been appointed and are aiming to review all deaths to ensure learning can take place to improve patient safety, patient experience and outcomes.

- Our DAISY Awards celebrate nurses and midwives working at OUH. Patients, their families and our staff can nominate a nurse or midwife who has made a real difference through outstanding clinical care.

The impacts of these actions and progress made to improve our patient safety culture are demonstrated in the results of the 2020 NHS Staff Survey which were published on 11 March 2021.

- 83.3% of staff are satisfied with the quality of care they give to patients

  2.2% up on 2019 Staff Survey

- 82.4% of staff agree that care of patients is OUH's top priority

  3.4% up on 2019 Staff Survey

- 83.3% would be happy with the standard of care provided at OUH if a friend or relative needed treatment

  5.1% up on 2019 Staff Survey

- 89.8% say that the Trust encourages reporting of errors / near misses / incidents

  0.7% up on 2019 Staff Survey

- 77.7% agree that OUH takes action to ensure errors / near misses / incidents are not repeated

  2.5% up on 2019 Staff Survey

- 94.5% of staff know how to report unsafe clinical practice

  0.6% up on 2019 Staff Survey

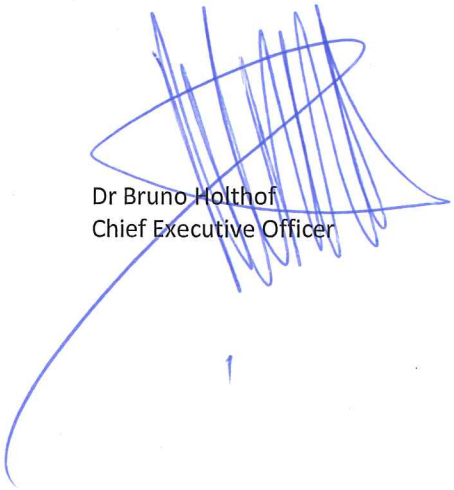
These encouraging results demonstrate progress in our aim to further develop and embed a safety culture in the Trust.

During 2020-21 we reported two clinical incidents classified as Never Events. This was a 71% reduction compared with 2019-20. Any immediate actions needed were taken while these incidents were being fully investigated. The final investigation report findings are presented to myself and to the Executive Directors. While this year has shown an improvement in the number of Never Events called, vigilance will be maintained going forward with regards to the key themes identified for Never Events over the last few years. These themes, for which there have been associated actions, have included distraction at crucial points in a procedure, inadequate environment / preparation and a less rigorous approach to the use of safety checklists in some areas.

This Quality Account, as well as looking back on how we performed against our standards and priorities in 2020-21, also looks ahead to the priorities for 2021-22. This year, unlike last year, we were not able to hold a Quality Conversation Event with the public, stakeholders and our staff to choose our Quality Priorities. We have reviewed and refreshed our position with staff and shared these with Governors, key stakeholders and the Trust Board.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information contained in this Quality Account is accurate and a fair

representation of the quality of healthcare services provided by Oxford University Hospitals NHS Foundation Trust.



Dr Bruno Holthof
Chief Executive Officer

Introduction

A Quality Account is an annual report to the public from the NHS providers about the quality of the services provided. The Quality Account aims to enhance a trust's accountability to the public for the quality of its NHS services. The Quality Account for OUH sets out where the Trust is doing well, where improvements in quality can be made and the priorities for the coming year.

Part 2: Priorities for future quality and statements of assurance from the Board

Our Quality Priorities for 2021-22

The ethos of the Trust and the NHS is a commitment to the delivery of compassionate and excellent patient care. Our quality of care has its foundation in the commitment of our staff to their patients and the focus on future excellence. Contained within this account are commitments to Quality Priorities within the domains of Patient Safety, Clinical Effectiveness and Patient Experience.

How we chose our priorities

We usually involve our patients, public, stakeholders and our staff in choosing our Quality Priorities through our annual public Quality Conversation Event. The Quality Conversation Event scheduled for February 2021 had to be cancelled due to the COVID-19 pandemic.

Discussion with internal stakeholders considered proposals with a focus on staff wellbeing and recovery, in addition to which of the current Quality Priorities should be continued into 2021-22.

These draft Quality Priorities were agreed by the Trust Management Executive (TME) followed by the Integrated Assurance Committee (IAC), Trust Board, Governors and external stakeholders.

Our Quality Priorities for 2021-22

The table gives the name and description of each Quality Priority with reasons why we chose these and then gives a description of how success will be evaluated.

Patient Safety

Quality Priority: Triangulation of complaints, claims, incidents and inquests	**Why we chose this Quality Priority**	**How we will evaluate success**
Potential safety issues are raised internally through the incident reporting system, and externally through complaints and patient liaison, safeguarding enquiries (under Section 42 of the Care Act 2014), deprivation of liberties safeguards (under the Mental Capacity Act 2005), legal claims and Coronial inquests. The aim is that by 31 March 2022, where relevant, all complaints / legal claims / inquests / section 42 cases have an associated incident report created as soon as possible. All complaints and legal claims that have been identified as entailing the highest (red) risk will be reviewed to identify learning to their history to reduce the possibility of recurrence.	To promote optimal efficiency and learning from potential issues by embedding a combined approach to patient and relative responses, investigations and systemic improvements.	**Action 1**: A weekly Incidents, Complaints, Claims, Safeguarding & Inquests Scrutiny Group will take place a minimum of three times every four weeks in FY 21/22, with involvement of the Trust's corporate patient safety, legal, safeguarding and complaints teams. **Action 2:** Data around the following issues will be shared with attendees at or in advance of each meeting to allow the relevant team to follow up (e.g. is there already, or ought there to be, an incident raised on the OUH system correlating with a Coronial inquest into a patient death?) • New orange / red graded legal claims received during the week • New orange / red graded complaints received during the week • Section 42 referrals received during the week • Deprivation of liberty safeguards opened during the week • New orange / red graded Coronial inquests and investigations received during the week • All Serious Incidents Requiring Investigation (SIRI) called within the last week • All incidents considered at the previous week's SIRI Forum agenda-setting meeting, regardless of whether they were eventually discussed; this will include all OUH incidents called at Moderate or above impact • Friends and Family Test data from the previous week to give an experience perspective adding intelligence, themes and context to distinct incidents /

Quality Priority: Triangulation of complaints, claims, incidents and inquests	Why we chose this Quality Priority	How we will evaluate success
		complaints / claims / safeguarding / inquests. Attendees may bring further information from other sources which they feel could be useful to the discussion. **Action 3:** The Trust's Serious Incident Group (SIG) meets each week, with responsibilities for reviewing all ongoing SIRI investigations, and selected other incident-related investigations, and overseeing SIRI action plans. Managers from the Trust's patient safety, legal, safeguarding and complaints teams are invited to these meetings, which will have a standing agenda item for discussion of legal, safeguarding and complaints issues. **Action 4**: The Trust's patient safety and legal teams will meet each month to review timeframes and ensure that as many SIRI reports as possible are made available in advance of inquests. **Action 5:** There will be a monthly report to SIG of new red grade legal claims, and a discussion to identify whether there had been any prior opportunities to mitigate these. **Action 6:** There will be a monthly report to SIG of new red grade complaints, and a discussion to identify whether there had been any prior opportunities to mitigate these.

Safety Huddles	Why we chose this Quality Priority	How we will evaluate success
A safety huddle is a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk.	When effective, safety huddles provide the opportunity to reduce harm and celebrate success.	A standardised method to run and record safety huddles has been developed and implemented across the Trust. **Action 1:** We will audit huddle documentation. Success will be determined by 75% or greater documentation of huddles on 75% or more of intervention wards. We will build the environment in the electronic

Safety Huddles	Why we chose this Quality Priority	How we will evaluate success
		patient record (EPR) with human factors testing and input from key wards where safety huddles can be recorded. This will also provide an audit trail for evaluation. **Action 2**: We will audit emergency calls and cardiac arrest rates in intervention areas. Success will be defined as a lower event rate in the year following the implementation and wash-in period. The following **PDSA** cycle will be used in order to ensure the effectiveness of this model: • Trial in three wards – these will be selected based on the data provided by 2222 calls / incident reporting and also be contact with clinical areas. • Re-build based on experience and feedback. • Select 10 wards for rollout – based on maximum reduction in cardiac arrests. • Roll out to 10 wards through training professional development nurses (PDNs). • Audit success of rollout. The focus will be on adult inpatient areas for the first year. This focus is supported by emergency call data and incident reporting.

Medication Safety; Insulin and Anticoagulation	Why we chose this Quality Priority	How we will evaluate success
Insulin Safety Insulin errors remain widespread around the country despite many local and national initiatives to improve insulin safety. They can be potentially life-threatening and on many occasions the harm suffered is ameliorable or avoidable.	One in six people in hospital have diabetes and this is increasing. 35% of people with diabetes in OUH are treated with insulin and will be treated in all areas of the Trust.	By 31 March 2022 all instances of two of the National Inpatient Diabetes Audit (NaDIA) Harms (severe symptomatic hypoglycaemia requiring rescue treatment and diabetic ketoacidosis (DKA) developing as an inpatient) will be explored to identify institutional learning. **Action 1**: We will contribute to the development and testing of automated processes for identification of NaDIA Harms. Automated identification will allow rapid investigation and also tracking of rates of

Medication Safety; Insulin and Anticoagulation	Why we chose this Quality Priority	How we will evaluate success
		Harms as well as benchmarking against similar Trusts. This will be our method for identification in the future. **Action 2**: We will develop a formal mortality and morbidity process for the investigation of these Harms. **Action 3:** Where the NaDIA Harm criteria have been met, irrespective of the actual impact to the patient, there will be an investigation of what happened in order to learn and improve care. **Action 4:** Initially all 'Harms' will be reviewed in a Diabetes Safety meeting. This will be used to guide the development of investigation templates similar to those used for Hospital Acquired Thrombosis. **Action 5**: A multidisciplinary diabetes safety group will be set up to review the NaDIA Harm reports, identify learning and actions to improve care. **Action 6**: People with diabetes will be represented on the Diabetes Safety Group.
Anticoagulation Safety We aim to improve the safe prescribing and administration of anticoagulation in the hospital inpatient setting or via contact with ED / Ambulatory assessment unit (AAU) with smooth transition to community settings on discharge.	Errors related to use of anticoagulants are widespread despite local and national guidance and initiatives to improve patient safety. Anticoagulants are an ever increasingly complex area where suboptimal use can cause serious patient harm.	**Action 1:** VTE prevention We aim to reduce the number of missed doses of Daltaparin thromboprophylaxis by 10% compared to amalgamated data from the last 5 years. We will focus on increasing multidisciplinary education resources and on investigation of EPR solutions. **Action 2:** Anticoagulation We aim to optimise the perioperative management of patients on oral anticoagulants. - We will introduce an updated medicines information leaflet (MIL) (Perioperative management of oral anticoagulants).

Medication Safety; Insulin and Anticoagulation	Why we chose this Quality Priority	How we will evaluate success
		- We will introduce a patient information sheet for patients on warfarin. - We will increase multidisciplinary educational resources and training - We aim to perform a baseline audit of Ulysses incidents related to perioperative anticoagulation prior to introduction of these measures and will compare with a follow up audit. - We aim to improve the perioperative pathway for patients requiring new mechanical heart valves or repair of mechanical heart valves. o Improve documentation about type of valve on database o Investigate improved inpatient support with dosing post operatively o Optimise anticoagulation support on hospital discharge

Clinical Effectiveness

To minimise the occurrence of *C.difficile* and MRSA in OUH	**Why we chose this Quality Priority**	**How we will evaluate success**
C.difficile – Objectives or 'upper limits' for numbers of infections associated with healthcare provision are set by NHS ENGLAND / Improvement. 2019-20. The purpose of this is to keep a really strong focus on keeping the numbers of infections down and protecting patients from harm. In 2020-21 the OUH objective was met (89 cases). In 2020-21 there were no objectives set, OUH worked to the 2019-20 objectives and have now exceeded the year's cumulative total. There is no upper limit for MRSA bacteraemia; this has what is called a 'zero tolerance'. Numbers of infections have been driven very low in recent years and the expectation is that this will continue through strong infection prevention and control (IPC) management. In 2019-20 there were a total of four cases of MRSA bacteraemia apportioned to OUH. In 2020-21 there were eight cases.	People who are already weak or frail can sometimes become seriously ill as a result of contracting these serious infections in hospital.	**Action 1:** Record numbers and present these through the hospital infection prevention and control committee (HIPCC) and CGC. **Action 2:** All cases to have an incident report form submitted with root cause analysis completed by the clinical area. This will be reported in Clinical Governance papers and completion of the action log evidenced. **Action 3:** Thematic analysis identifies that ventilator associated pneumonia (VAP) is a common theme in the MRSA bacteraemia cases in 2020-21. Task and finish group to be convened to a) review VAP bundles and delivery of them b) review standard and delivery of mouth care to all patients in the Trust **Action 4:** Launch of the seven Key Points to prevent Healthcare Associated Infections (HCAI). **Action 5:** Intensive Therapy Unit (ITU) capacity to return to normal in terms of bed spacing and staffing following the operational pressures of the COVID-19 pandemic. **Action 6:** IPC business plan to be submitted to bring team establishment in line with Shelford Group including an anti-microbial stewardship (AMS) team. **Action 7:** Improvement in AMS • Embed AMS activities within the Infection Consult Services. • Regular audit of antibiotic use with result feedback to clinical teams. • Surgical teams to re-instate acute surgical management of appendicitis and acute cholecystitis rather than conservative management with antibiotics. • AMS team to provide education and tools to support ward pharmacy teams to continue to promote intravenous (IV) to oral (PO)

To minimise the occurrence of *C.difficile* and MRSA in OUH	Why we chose this Quality Priority	How we will evaluate success
		switch, challenge duration of antimicrobial prescriptions and query prescriptions for fluoroquinolones and other broad spectrum agents like ceftriaxone. • Review options for computer-based pre-screening of certain antimicrobials within EPR to flag inappropriate use to medical / AMS team and to consider other ways of optimising digital pathways to support AMS. • Introduce a 72 hour auto stop to antibiotic prescriptions ensuring that prescribers review the need for antimicrobials. • Pharmacy and infection teams to raise awareness of the safety warnings associated with fluoroquinolone antibiotics such as ciprofloxacin, discourage their use and advise on suitable alternatives if required. • Expand the use of elastomeric administration devices in 2022. • In the ambulatory setting, improve AMS overview of prescriptions with particular focus on ceftriaxone avoidance and promotion of alternatives such as elastomeric administration of narrower spectrum agents. • Develop penicillin allergy de-labelling pathways. **Action 8:** Review of insertion and ongoing care of intravascular devices.

Quality Priority: Transition of children to adult services	Why we chose this Quality Priority	How we will evaluate success
The aim is to provide a framework by which the Trust can ensure that children and young people receive a quality service when transitioning from	To ensure that all young people we treat receive a quality service in order to	**Action 1**: Compliance with Transition From Children to Adult Services Policy. Include identification of lead service for patients that are under multiple services.

Quality Priority: Transition of children to adult services	Why we chose this Quality Priority	How we will evaluate success
child-centred services to services for adults. This includes all young people with long-term conditions cared for in OUH.	achieve optimum health and psychological wellbeing.	**Action 2**: Develop a Trust wide multidisciplinary group to develop good practice on Transition From Children to Adult Services led by a Transition Co-ordinator. **Action 3**: Data Audit – EPR Ready Steady Go – Hello compliance. **Action 4**: Patient feedback from children and adults - inclusive of all backgrounds. Children will be asked about their experience of transitioning to adult services. The Trust's well established children's patient group, YiPpEe, will assist with this. **Action 5**: Staff feedback. **Action 6**: Partner feedback – include general practitioners (GPs) as some patients will be transitioned to GP services.

Quality Priority: Clinical Activity Recovery	Why we chose this Quality Priority	How we will evaluate success
Managing patients on elective waiting lists is critical to the recovery of planned clinical care. A national system was introduced to clinically prioritise patients whose admission for planned surgery had been disrupted by the pandemic. Risk (RCS) codes are assigned setting out a timeframe for treatment to be deferred: P1 – within 24 hrs P2 – within 1 month P3 – within 3 months P4 – over 3 months.	Due to the effects of the COVID-19 pandemic, more patients are waiting longer for surgery. This priority will help minimise harm to these patients from delayed treatment.	During 2021-22 patients on inpatient surgical waiting list will be clinically reviewed and allocated a timeframe for treatment as set out in the national priority scoring system with treatment scheduled within these agreed time frames. An investigation will be carried out for any patient who comes to harm due to delayed treatment. Our electronic patient record will be used to record and collate this information. **Action 1:** 90% of patients in identified cohorts to have RCS codes. **Action 2:** 85% P2 patients have had their treatment within their 4 week time allocation. **Action 3:** We will investigate any incident when harm has occurred due to a patient waiting for longer than the time frame documented in the P category. **Action 4:** Clinical prioritisation to be fully integrated with our electronic patient record through improvements to electronic workflows and interface with commissioning systems to record procedures.

Patient experience

Quality Priority: Digital innovations	Why we chose this Quality Priority	How we will evaluate success
This will build upon progress made in 2020-21, with the implementation of self-service for vaccinations and video consultations.	Due to the pressure on outpatients' waiting lists and space a digital channel shift is required.	During 2021-22 the use of digital solutions will be expanded to help support of the recovery plans for outpatient services and to transform how patients interface with the Trust. **Action 1:** Reduce the number of outpatient letters sent so that more than 50% are moved to non-paper based (source = Letter Production). **Action 2:** Implement self-service solutions so that patients can re-schedule or cancel their appointments online. We will aim to achieve a greater than 10% increase in self-service clinics (source = Patient Application). **Action 3:** Ensure the EPR is configured to enable accurate appointment types and clinics and increase the number of outpatient appointments to video or telephone. We will aim to achieve a greater than 25% increase in total number of virtual appointments (source = Cerner / Appointment Type). **Action 4:** Automate processes in scheduling to support services to reduce administration and clerical staff time and prioritise patients correctly. We will aim to achieve a greater than 10% increase in automated processes (source = Automation Software). **Action 5:** Increase use of the Patient Portal by establishing an automated process where patients can register for the solution. We will aim to achieve a 100% increase in registered and active users (source = Cerner Patient Portal).

Quality Priority: Staff health and wellbeing: Growing Stronger Together	Why we chose this Quality Priority	How we will evaluate success
The aim of this Growing Stronger Together priority is to look after the wellbeing of our people and teams and enable their recovery following the COVID-19 pandemic and transition into a 'new normal'.	Focusing on the recovery of our people is essential to keep them safe and healthy at work, help reduce stress, anxiety and presenteeism	This priority will build on the success of our Wellbeing Strategy and Quality Priority from 2020-21 as well as allow for new and innovative interventions to support the wellbeing of our people. The below six actions form part of a

Quality Priority: Staff health and wellbeing: Growing Stronger Together	Why we chose this Quality Priority	How we will evaluate success
	and retain an engaged workforce.	wider Growing Stronger Together programme plan. **Action 1**: By end March 2022, 85% of our people to have participated in a wellbeing conversation with their line manager. **Action 2:** Recovery, Readjustment and Reintegration (R3P) Programme to be developed to enable post traumatic growth for teams; with 20 sessions offered by end December 2021. **Action 3:** Review and agree home working and flexible working policies by end March 2022. **Action 4:** Test out the fit of our new leadership behaviours framework as we transition into a 'new normal' as part of our leading with care pathway by September 2021. **Action 5:** All Divisions to have workforce plans in place to address sustainable staffing issues by October 2021. **Action 6:** Recognition, celebration and commemoration event(s) by end December 2021.

Quality Priority: Quality Improvement (QI) Stand Up	Why we chose this Quality Priority	How we will evaluate success
Multiple QI projects have been delivered across OUH and many are in progress. These improve the safety and experience of patients. QI 'Stand Up' is a forum where QI projects will be shared with multidisciplinary colleagues across OUH to share learning.	To share learning and promote widespread adoption of quality improvement across the Trust.	Four speakers will present their QI projects each month. They will discuss their initiative, QI journey and share learning from their successes and failures. The audience is invited to share insights, feedback, and discuss ways to scale and spread QI in other areas of the Trust. **Action 1:** Set up fortnightly and then weekly QI presentations and monitor attendance and number of projects presented.

Quality Priority: Quality Improvement (QI) Stand Up	Why we chose this Quality Priority	How we will evaluate success
		Action 2: Seek evaluation from attendees and presenters to measure the benefit of attending QI Stand Up April 2021 to July 2021 **Action 3:** Monitor the number of QI projects being registered on Ulysses to explore if the number of projects registered increases over the year. **Action 4:** Enable scale and spread of at least three QI projects out of every 30 undertaken, across at least two Directorates.

Monitoring and reporting

- Regular reports on all Quality Priorities go to the Trust level CGC and from there to the IAC and the Trust Board.

Statements of assurance from the Board of Directors

A review of our services

During 2020-21 Oxford University Hospitals NHS Foundation Trust provided and sub-contracted 137 relevant health services.

Oxford University Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 137 of these relevant health services.

The income generated by the relevant health services reviewed in 2020-21 represents 100% of the total income generated from the provision of relevant health services by Oxford University Hospitals NHS Foundation Trust for 2020-21.

Participation in clinical audits and National Confidential Enquiries

Participation in national clinical audits

Clinical audit is a process for reviewing clinical performance by measuring clinical practice against agreed standards and as result should lead to the refining of quality of clinical care. During 2020-21, 62 national mandatory clinical audits and 0 national confidential enquiries covered relevant health services provided by Oxford University Hospitals NHS Foundation Trust.

During that period Oxford University Hospitals NHS Foundation Trust participated in 93% of all the eligible national clinical audits as detailed within Table A

The national clinical audits that OUH participated in, and for which data collection was completed during 2020-21, are listed below.

Participation in national clinical audits during 2020-21 (Table A)

The table describes the national audit subject, who sponsored the audit, what the audit is about and whether the Trust participated in 2020-21.

Audit title	Summary
Antenatal and newborn national audit protocol 2019 to 2022	• The audits are designed to get a better understanding of some critical points in the screening pathways and are critical to successfully quality assuring screening programmes and are also a requirement to comply with Public Health England screening inequalities strategy.
BAUS Bladder Outflow Obstruction Audit	• Audit collects data on baseline activity across the NHS for compliance with NICE and Emergency Assessment Unit (EAU) guidelines and determines variations in assessment and treatment, including waiting times and indications for surgery.
Renal / ureteric colic Audit	• The data on patients presenting in November 2020 will be collected in March 2021.
BAUS Cytoreductive Radical Nephrectomy Audit	• This audit has collected data on the current management of patients undergoing radical nephrectomy in the UK to reduce tumour volume. • Audit closed nationally. • data submission to the BAUS registries closed on 31 December 2019.
Management of the Lower Ureter in Nephro-ureterectomy Audit	• The audit will run until January 2022 when all patients should have a minimum of two years of follow up and will determine which surgical technique offers the best cancer control in terms of survival and recurrence.

Audit title	Summary
	• Data collection not until Jan 2022.
BAUS Urology Audits – Radical Prostatectomy	• The audit addresses open, keyhole or robotic-assisted removal of the prostate gland. • Audit Closed nationally. • Data submission to the BAUS registries closed on 31 December 2019.
BAUS Urology Audits - Cystectomy	• The audit addresses open, keyhole or robotic-assisted removal of the bladder for Cancer. • Audit Closed nationally. • Data submission to the BAUS registries closed on 31 December 2019.
BAUS Urology Audits - Nephrectomy audit	• The audit addresses partial or complete kidney removal (± the ureter) using open or "keyhole" techniques. • Audit Closed nationally. • Data submission to the BAUS registries closed on 31 December 2019.
BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)	• The audit addresses percutaneous "keyhole" removal of stones from the kidney (or upper ureter). • Audit Closed nationally. • Data submission to the BAUS registries closed on 31 December 2019.
British Spine Registry	• The British Spine Registry (BSR) is a web-based database for the collection of information about spinal surgery in the UK with the aim to improve patient safety and monitor the results of spinal surgery.
Care of Children in Emergency Departments	• The Quality Improvement Programme identifies current performance in EDs against clinical standards and show the results in comparison with performance nationally in order to facilitate quality improvement. • Data submission suspended due to the COVID-19 pandemic.
Case Mix Programme (CMP): Intensive Care Audit	• The Case Mix Programme (CMP) is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care / high dependency units). This national audit benchmarks the risk-adjusted mortality and selected indicators of quality delivered by the Trust's four adult critical care units.
Cleft Registry and Audit NEtwork (CRANE)	• The CRANE database collects information on the treatments of children with a cleft lip and / or palate and the outcome of these treatments.
Elective Surgery (National PROMs Programme): Hips and Knees	• This audit looks at the change in patients' self-reported health status.
Fractured Neck of Femur (care in emergency departments)	• To improve the care provided to adult patients in the ED who have a diagnosis of fractured neck of femur. • Data collection suspended due to the COVID-19.

Audit title	Summary
Infection Control (Care In Emergency Departments)	• To improve screening for symptoms of COVID-19 and other infectious diseases, and conditions making patients extremely vulnerable and to ensure organizational systems in place to support good infection prevention and control. • Data collection until April 2021.
Pain in Children (Care in emergency departments)	• To improve pain assessment at patient presentation and provision of analgesia within 30 minutes for patients in moderate or severe pain. • Data collection until October 2021.
Endocrine and Thyroid National Audit	• The Registry collects data on all patients undergoing thyroid surgery performed by any surgeon registered with the BAETS Audit. No exclusions apply.
Fracture Liaison Service Database	• Fracture Liaison Services (FLS) are the key secondary prevention service model to identify and prevent primary and secondary hip fractures. The audit has developed the Fracture Liaison Service Database to benchmark services and drive quality improvement.
National Audit of Inpatient Falls	• The audit provides comprehensive datasets on the quality of falls prevention practice in acute hospitals.
National Hip Fracture Database (NHFD)	• The audit measures quality of care for hip fracture patients and has developed into a clinical governance and quality improvement platform.
Inflammatory Bowel Disease (IBD) programme / IBD Registry	• The IBD Registry biological therapies audit collected data on all patients diagnosed with the ICD-10 codes and receiving biological therapy at any point during the year. The data was requested at three time points: initiation, post-induction review and 12-month review.
LeDeR – Learning Disabilities Mortality Review	• Reviews of deaths are being carried out with a view to improve the standard and quality of care for people with learning disabilities.
Major Trauma: Trauma Audit Research Network	• TARN is working towards improving emergency healthcare systems by collating and analysing trauma care.
Mandatory surveillance of bloodstream infections and *clostridium difficile* infection	• Mandatory Health Care Acquired Infection surveillance outputs are used to monitor progress on controlling key healthcare associated infections and for providing epidemiological evidence to inform action to reduce them.
Maternal, Newborn and Infant Clinical Outcome Review Programme	• The aim is to identify avoidable illness and deaths so the lessons learned can be used to prevent similar cases in the future. All deaths of women who die during pregnancy, or up to one year after the end of the pregnancy regardless of how the pregnancy ended, or the cause of death.

Audit title	Summary
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Adult Asthma Secondary Care	• To improve the quality of care, services and clinical outcomes for patients with asthma.
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Secondary Care	• This audit programme brings together primary and secondary care and pulmonary rehabilitation, along with patient experience and pilot linkage. It aims to drive improvements in COPD patient care.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Paediatric – Children and Young People Asthma Secondary Care	• To improve the quality of care, services and clinical outcomes for patients with asthma (children and young people).
National Audit of Breast Cancer in Older Patients (NABCOP)	• The audit assesses the processes of care and outcomes for women aged over 70 years. The National Audit of Breast Cancer in Older Patients (NABCOP) results help NHS breast cancer services in England and Wales to benchmark and improve the care delivered to these women.
National Audit of Cardiac Rehabilitation (NACR)	• The audit aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease, irrespective of where they live.
National Audit of Care at the End of Life (NACEL)	• The audit has been designed to ensure that the priorities for care of the dying person outlined in the document One Chance to Get it Right are monitored at a national level. • No data collection in 2020-21 nationally.
National Audit of Dementia	• The audit measures the performance of general hospitals against criteria relating to care delivery which are known to impact upon people with dementia while in hospital. • Due to COVID-19 the planned date for start of data collection has been pushed back to 2021-22 (will be kept under review).
National Audit of Pulmonary Hypertension	• The audit measures the quality of care provided to people referred to pulmonary hypertension services. • Continuous data collection and submitted by Royal Brompton hospital.
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	• The audit aims to address the care of children and young people with suspected epilepsy who receive a first paediatric assessment from April 2018 within acute, community and tertiary paediatric services.
National Bariatric Surgery Registry (NBSR)	• The National Bariatric Surgery Register is a comprehensive, prospective, nationwide analysis of outcomes from bariatric surgery in the United Kingdom and Ireland. It contains pooled national outcome data for bariatric and metabolic surgery in the United Kingdom.

Audit title	Summary
National Cardiac Arrest Audit (NCAA)	• The purpose of the audit is to monitor the incidence of, and outcome from, in hospital cardiac arrest in the UK and Ireland.
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	• The Myocardial Ischaemia National Audit Project (MINAP) was established in 1999 in response to the National Service Framework (NSF) for Coronary Heart Disease, to examine the quality of management of heart attacks (Myocardial Infarction) in hospitals in England and Wales.
National Adult Cardiac Surgery Audit	• This audit looks at heart operations. Details of who undertakes the operations, the general health of the patients, the nature and outcome of the operation, particularly mortality rates in relation to preoperative risk and major complications.
National Audit of Cardiac Rhythm Management (CRM)	• The audit aims to monitor the use of implantable devices and interventional procedures for management of cardiac rhythm disorders in UK hospitals.
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	• This project looks at percutaneous coronary intervention (PCI) procedures performed in the UK. The audit collects and analyses data on the nature and outcome of PCI procedures, who performs them and the general health of patients. • The audit utilises the Central Cardiac Audit Database which has developed secure data collection, analysis and monitoring tools and provides a common infrastructure for all the coronary heart disease audits.
National Heart Failure Audit	• The aim of this project is to improve the quality of care for patients with heart failure through continual audit and to support the implementation of the national service framework for coronary heart disease.
National Diabetes Foot Care Audit	• National Diabetes Foot Care Audit enables all diabetes foot care services to measure their performance against NICE clinical guidelines and peer units, and to monitor adverse outcomes for people with diabetes who develop diabetic foot disease.
National Diabetes Inpatient Audit (NaDia) – reporting data on services in England and Wales	• The National Diabetes Inpatient Audit – Harms (NaDIA – Harms) is a continuous collection of four diabetic harms which can occur during an inpatient stay.
National Core Diabetes Audit	• National Diabetes Audit collects information on people with diabetes and whether they have received their annual care checks and achieved their treatment targets as set out by NICE guidelines.
National Diabetes in Pregnancy Audit	• The National Pregnancy in Diabetes (NPID) Audit measures the quality of pre-gestational diabetes care against NICE guideline based criteria and the outcomes of pre-gestational diabetic pregnancy.
National Diabetes Transition (linkage with NPDA)	• The audit seeks to answer: is the transition from paediatric to adult care associated with changes in care process completion rates? Is the transition from

Audit title	Summary
	paediatric to adult care associated with a change in treatment target achievements (specifically HbA1c)?
National Early Inflammatory Arthritis Audit (NEIAA)	• The audit aims to improve the quality of care for people living with inflammatory arthritis.
National Emergency Laparotomy Audit (NELA)	• The National Emergency Laparotomy Audit aims to look at structure, process and outcome measures for the quality of care received by patients undergoing emergency laparotomy.
National Gastro-intestinal Cancer Programme 1,2,3 **National Oesophago-gastric Cancer (NOGCA)**	• The oesophago-gastric (stomach) cancer audit aims to examine the quality of care given to patients and thereby help services to improve. The audit evaluates the process of care and the outcomes of treatment for all O-G cancer patients, both curative and palliative.
National Bowel Cancer Audit (NBOCA)	• Colorectal (large bowel) cancer is the most common cancer in non-smokers and second most common cause of death from cancer in England and Wales. Each year over 30,000 new cases are diagnosed, and bowel cancer is registered as the underlying cause of death.
National Joint Registry (NJR) – Knee Replacement and Hip Replacement	• The audit covers clinical audit during the previous calendar year and outcomes including survivorship, mortality and length of stay.
National Lung Cancer Audit (NLCA) – Lung Cancer Clinical Outcomes Publication	• Lung cancer has the highest mortality rate of all forms of cancer in the western world and there is evidence that the UK's survival rates compare poorly with those in the rest of Europe. There is also evidence that, in the UK, standards of care differ widely. The audit was set up in response to the NHS Cancer Plan, to monitor the introduction and effectiveness of cancer services.
National Maternity and Perinatal Audit (NMPA)	• The Audit (NMPA) is a new large scale audit of the NHS maternity services across England, Scotland and Wales.
National Neonatal Audit Programme – Neonatal Intensive and Special Care (NNAP)	• To assess whether babies requiring specialist neonatal care receive consistent high quality care and identify areas for improvement in relation to service delivery and the outcomes of care.
National Ophthalmology Audit – Adult Cataract surgery	• The project aims to prospectively collect, collate and analyse a standardised, nationally agreed cataract surgery dataset from all centres providing NHS cataract surgery in England and Wales to update benchmark standards of care and provide a powerful quality improvement tool. In addition to cataract surgery, electronic ophthalmology feasibility audits are be undertaken for glaucoma, retinal detachment surgery and age-related macular degeneration.
National Paediatric Diabetes Audit (NPDA)	• The audit covers registrations, complications, care process and treatment targets.
National Prostate Cancer Audit	• This audit covers organisational elements of the service and whether key diagnostic, staging and therapeutic facilities are available on site for each provider of prostate cancer services.
National Vascular Registry	• The audit addresses the outcome of surgery for patients who underwent two types of vascular

Audit title	Summary
	procedure; infrarenal abdominal aortic aneurysm repair or carotid endarterectomy.
Neurosurgical National Audit Programme	• The aim of this programme is to engage units in a comprehensive audit programme that reflects the full spectrum of elective and emergency neurosurgical activity, and to provide a consistent and meaningful approach to reporting on national clinical audit and outcomes data.
Paediatric Intensive Care (PICANet)	• PICANet was established in 2002 and aims to continually support the improvement of paediatric intensive care provision throughout the UK by providing detailed information on paediatric intensive care activity and outcomes.
Perioperative Quality Improvement Programme	• The aim is to look at perioperative care of patients undergoing major non-cardiac surgery and measure complication rates, failure to rescue and patient reported outcomes.
Sentinel Stroke National Audit Programme (SSNAP)	• The audit collects a minimum dataset for stroke patients in England, Wales and Northern Ireland in every acute hospital, and follows the pathway through recovery, rehabilitation and outcomes at the point of six month assessment. It is the only national stroke register in the world to collect longitudinal data on the processes and outcomes of stroke care up to six months post stroke.
Serious Hazards of Transfusion (SHOT): UK national haemovigilance scheme	• The scheme collects and analyses anonymised information on adverse events and reactions in blood transfusion from all healthcare organisations that are involved in the transfusion of blood and blood components in the United Kingdom.
Society for Acute Medicine's Benchmarking Audit (SAMBA) – annual since 2012	• The audit compares the performance and structure of acute medical services and acute medical units. • Data collection delayed due to COVID-19, due to pressure on clinical teams.
Surgical Site Infection Surveillance Service	• The aim of the national surveillance programme is to enhance the quality of patient care by encouraging hospitals to use data obtained from surveillance to compare their rates of SSI over time and against a national benchmark, and to use this information to review and guide clinical practice.
UK Cystic Fibrosis Registry	• The audit addresses the care of all patients with a diagnosis of Cystic Fibrosis.
UK Renal Registry	• This is a national registry of patients receiving renal replacement therapy for established renal failure.

* National ethical approval for the IBD database does not require patient consent, which conflicts with Oxford's generic ethical consent for the 2500 patient IBD database. OUH maintains a local registry.

** Resources are currently being identified to allow healthcare professionals to ensure collection of patient data in real time and development of EPR systems to allow required automatic data field completion.

The reports of 32 national clinical audits were reviewed by the provider in 2020-21 and

Oxford University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Actions taken and benefits for patient care (Table B)

The table shows a list of national audits together with a description of actions taken and benefits for patient care following their review.

Audit title	Summary
National Heart Failure Audit 2018-19 Summary Report	• OUH is performing well above national average in most areas which include timely inpatient review, follow-up review and referrals to cardiac rehabilitation. Specific areas for improvement identified were Cardiologist and Echo availability at the Horton site. • Plans to increase availability of echocardiograms at Horton. Require one slot / day for echocardiogram available at Horton if/ when staffing allows. • Standard practice since pandemic to offer telemed follow-up with Heart Failure (HF) Nurse rather than face to face. This should continue. • The HF Multidisciplinary Team (MDT) team working to include pharmacist and palliative care consultant to improve patient experience.
National Neonatal Audit Programme – 2019 (2018 data) **John Radcliffe Hospital, Newborn Intensive Care Unit**	• The Newborn Intensive Care Unit (NICU) at the JR achieved 'excellent' outlier status (>2 standard deviations (SD)[1] above average) for administration of magnesium sulphate (MgSO4) [2] and thermoregulation[3]. • Performance declined and was below national average for three measures which include use of maternal milk at discharge for infants <33wks – from 59% in 2017 to 37% in 2018. This is an ongoing QI programme and results for 2019 are approximately 63%. Ongoing surveillance of breastfeeding audit data and staff training on baby friendly feeding methods implemented. • Nurse staffing – the percentage of shifts with 70% staff qualified in the specialty is significantly below comparison with other NICUs. This has been added to the risk register. Change in establishment numbers and grades of staff being reviewed.
National Audit of Percutaneous Coronary Intervention (2017-18)	• In emergency patients presenting with ST-elevation myocardial infarction, the recommended door-to-balloon time (DTB) of less than 90 minutes was met in 95% of cases (national average 89%).

[1] A measure that is used to quantify the amount of variation or dispersion of a set of data values.
[2] Magnesium sulphate is prescribed to reduce the incidence of cerebral palsy.
[3] Antenatal steroids are medications given to pregnant women expecting preterm delivery. They have been shown to reduce the morbidity and mortality of respiratory distress syndrome.

Audit title	Summary
	• Procurement process under review to consider use of alternative reporting database. The current reporting database (Solus) is not user-friendly, results in a significant additional workload for IT and clinical staff who need to review and correct errors.
National Adult Cardiac Surgery Audit (Data for 2015-18)	• The report highlights in-hospital survival after cardiac surgery at Oxford over 2016-18 was 98.58%, 'within expected limits' according to the risk prediction model and comparable to national outcomes. • No specific improvement actions were required from this audit.
National Oesophagus-Gastric Cancer Audit 2019	• Overall many of the standards are achieving high percentage compliance; however there is room for improvement in the numbers who undergo Positron Emission Tomography – Computed Tomography (PET-CT) as part of staging, and also for older patients being managed with curative intent. There is universal difficulty in achieving the 62 day target for time from referral to treatment for patients undergoing radical treatment, across all Cancer Alliances. • 30 and 90 day mortality remains consistently low after radical surgery for these cancers.
The British Association of Endocrine and Thyroid Surgeons – Surgeon Outcome 2019	• No clinical risks were identified, associated with published clinical outcomes. The identified workload of the service was favourable, at well over the 90th percentile. • To improve data submission actions to identify sources of data in liaison with the EPR Data Warehouse are in progress.
National Vascular Registry	• Case ascertainment has improved for elective Abdominal Aortic Aneurysm (AAA) repairs and carotid endarterectomy, but remains poor for major amputation and lower limb angioplasty / stent procedures and needs to be improved. • Major outcome measures were good with mortality rates for elective AAA repair and stroke rate after carotid endarterectomy being below the nationally accepted standards. The percentage of patients undergoing carotid endarterectomy within 14 days is within national standards, but currently not meeting the Getting It Right First Time (GIRFT) target of <7 days. • Improvement is needed in the times to treatment for elective AAA repair to achieve a recommended eight week target. The action plan includes measures to improve case ascertainment and work towards GIRFT targets.

Audit title	Summary
Sentinel Stroke National Audit Programme – Sixth Annual Report	• The JR Stroke Service performed reasonably against national benchmarks and was rated as Band 'B' for Periods 24 and 25. The delivery of occupational and physiotherapy continues to be an area of sustained excellent practice. • Plan for a strategic review of the entire Oxfordshire Stroke Pathway through the OCCG Stroke Forum. • Speech and Language Team (SALT) staffing issues have improved but the lag in reporting time means this has not yet been demonstrated on Sentinel Stroke National Audit Programme (SSNAP). • Educational intervention for better nutritional screening.
BAUS and Local Prostatectomy Surgeon Outcomes	• Overall OUH results are in line with national average. • To improve data submission rates Divisional Management Team proposes the development of clinical information systems analyst.
BAUS and Local PCNL Surgeon Outcomes	• The OUH Percutaneous Nephrolithotomy (PCNL) Services manage more complex cases but have a slightly lower rate of significant complications compared to the national data from the British Association of Urological Surgeons (BAUS) Surgeon Outcome. • Collaborative working with the Data Warehouse and EPR to assist with data submission. • Analyse the audit requirements of the BAUS Surgeon Outcome for PCNL. • Confirm with Data Warehouse / EPR where this data is currently stored and identified gaps. • Develop a data query which would facilitate the collation of the necessary information of a regular basis in the correct format.
BAUS Surgeon Outcome Data 2017-18 Nephrectomy	• The data is comparable with national data which is positive for a high volume complex renal cancer centre. • Data submission requires further attention to improve submission rates. • Divisional Management Team proposes the development of clinical information systems analyst.
National Audit of Cardiac Rehabilitation	• OUH cardiac rehab uptake engagement and completion is higher than the national average. Patient feedback is excellent. • As waiting time to start rehab is not meeting National Audit of Cardiac Rehabilitation NACR target, the service is aiming for additional clinic space allocation.

Audit title	Summary
	• Dragon (voice activation system) training for the team to reduce time spent writing GP letters. • Develop OUH cardiac rehab app if permitted by I.G. • Continue to increase OUH rehab uptake further.
National Audit of Care at End of Life 2019	• There continues to be a significant improvement in the documented care of the dying since 2016. This OUH wide success is in part an outcome of both the charitably funded quality improvement project (2016-19) and having a dedicated programme manager (2017-20).
UK Parkinson's Audit 2019	• On all the components of patient reported experience measure (PREM) OUH performances were above the national average. The service was rated mostly as excellent or good. • Improve documentation for non-motor symptoms – Develop proforma for EPR which clinicians can access. • Vital that MDT is involved in guiding patients to develop individual care plans. Registered Nurse (RNs) in primary care to liaise with GPs on advanced care planning. • Improve communication between teams / promote timely referrals – improve access.
National British Thoracic Society (BTS) Audit of Community-Acquired Pneumonia (CAP)	• Significant improvements have been made for key targets / performance indicators since the last audit cycle (2014-15), with OUH now performing very well against national benchmarks for early chest X-ray, early senior review, early administration of antibiotics and compliance with local antibiotic guidelines. • Readmission within 30 days of discharge high – discussion at clinical governance meetings to consider actions, including possibility of larger local audit of Length of Stay (LOS) / readmissions. • Dissemination of data at Respiratory medicine and Acute General Medicine (AGM) clinical governance meetings. • Provide positive feedback in relation to improvements compared with 2014-15, with an emphasis on maintenance of performance.
National Prostate Cancer Audit (NPCA)	• The National Prostate Cancer Audit (NPCA) results show the care received by men diagnosed with prostate cancer was consistent with current recommended practice / NICE Guidelines. • 47% offered docetaxel – well above national 26.9% – demonstrating excellence in Oncology department.

Audit title	Summary
	• Plans to review electronic links with EPR and develop infrastructure to review dataset prior to submission. • There has been an improvement noted in the Prostate MDT with 80% of patients having a confirmed stage of disease confirmed.
BAUS and Local Cystectomy Surgeon Outcomes	• The data are comparable with national data which is positive for a high volume complex renal cancer centre. • Collaborative working with the Data Warehouse and EPR to assist with data submission.
NCEPOD Long Term Ventilation Study (LTV)	• OUH had 100% participation in this study, the aim was to identify remediable factors in care provided to people receiving Long Term Ventilation (LTV) in response to five National Patient Enquiry into Patient Outcome and Death (NCEPOD) recommendations. • Plans to undertake a survey of Paediatric District General Hospital (DGH) clinicians' experiences to inform quality improvement work related to training and support that could enhance the confidence of staff at DGH's in managing patients on LTV. • Review the paediatric template and how it is accessed with input from Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Children and Neonates Division (NOTSSCaN) Informatics Lead. • Raise awareness of the document amongst OUH staff. To Ensure Emergency Healthcare Plans (EHP's) are easily accessible and relevant healthcare professionals are aware of them.
PICANet – Paediatric Intensive Care Audit Network (PICU)	• The PICU at OUH continues to perform well in all quality areas and is well within nationally accepted benchmarks for mortality, readmissions and accidental extubation. OUH retrieval mobilisation times do not meet the standards but continue to improve year on year. • Participation in national conversation ongoing surrounding the national review about nursing dependency which may lead to a relaxation of the PICS standard in the future. • OUH Paediatric Critical Care (PCC) uses a variety of Band 3 and 4 posts to support qualified nurses and there is an established education and career development programme for these highly valued members of staff.
NCAA National Cardiac Arrest Audit	• The number of cardiac arrests per 1000 admissions is lower than 2018-19 and the available national comparator.

Audit title	Summary
	• Percentages of patients with Return of Spontaneous Circulation (ROSC) for more than 20 minutes and Survival to Hospital Discharge (STHD) have risen across all sites. Both indicators remain higher than the available comparator. • Working group will review quarterly reports, identify any clinical risks, areas for investigation and learning and report to Resuscitation Committee. • Resuscitation Committee to review results from working group and identify improvement actions for recommendation to Divisions and clinical services across the Trust. • Working group to review all cases of no survivors with predicted survival of >50% and identify those requiring full investigation with Root Cause Analysis.
NACAP National Asthma and COPD Audit Programme	• Improved standards on every metric as compared to previous round of the audit, but several remain well below the national quality improvement benchmark. The delivery of the severe asthma service is currently under significant threat due to being under resourced. Data submission for this national mandatory audit has been currently suspended by OUH due to insufficient resources to complete the audit. • Activate the EPR build for an electronic asthma care bundle. This is nearly completed but has still not been delivered.
PQIP – Perioperative Quality Improvement Programme	• The report summarised national improvements in the care and outcome of surgical patients. The aim is to reduce perioperative complications and establish goals. During COVID-19 data submission was suspended which has now resumed. • Improvement of protocols for assessment of pre-op anaemia and early post-operative eating are now planned.
NJR National Joint Registry Annual Clinical Report 2019-20	• The NOC continues to undertake a large number of primary and revision joint replacements every year. At the NOC the standard revision rate for hip and knee replacement reaches outlier status and this triggered a National Joint Registry (NJR) alert. • The team completed a Knee Unit outlier action plan which included actions to: • review all revisions • support outliers through investigation and change of practice • ensure a supportive environment – mentoring

Audit title	Summary
	• change practice from cemented to cementless Unicompartmental Knee Arthroplasty (UKA) • introduced period of re-validating technique (dual operating.
NABCOP – National Audit of Breast Cancer in Older Patients Audit	• OUH is performing above the net average on the majority of markers in line with NICE guidance. Significant improvement in OUH molecular marker status recording for invasive tumours was noted. • Improvements to ensure the WHO status is captured even for 80+yrs. • Record full tumour characterisation, including assessment of ER (Estrogen Receptors) and HER2 (higher levels of growth promoting protein) status, for all patients with invasive breast cancer for use at multidisciplinary team meetings in line with NICE guidance. • Review how to improve the recording of recurrence in local medical records and ensure this information is submitted to National Cancer Registration and Analysis Service (NCRAS) and Canisc.
NCEPOD – Acute Bowel Obstruction and Local Audit Report Summary	• OUH is performing above average against access to Computerised Tomography (CT), nutrition assessment and pain assessment. • Delays in getting to theatre are a recognised capacity issue that is on OUH risk register. • Introduce an enhanced management pathway for patients with acute bowel obstruction and re-audit.
NPDA National Paediatric Diabetes Audit – Annual Report	• Glycated Haemoglobin Test (HbA1c) outcomes: the number of patients achieving target HbA1c is well above the national average making Oxfordshire Children's Diabetes Service (OCDS) a positive outlier. • Healthcare check completion rate is still below national average and down since the previous year, resulting in OCD being identified as a negative outlier (below 3 standard deviations (SD) 4). The team will now perform twice yearly recall of National Paediatric Diabetes Audit (NPDA) outcomes rather than annually to allow proactive data validation. • Continue offering high standard of care and education. • More careful recording by doctors and administrative staff of urine results. • Full time psychology staff begun in July 2020. • Accurate recording of education provided at all annual review clinics.

Audit title	Summary
Royal College of Physicians – National Audit for Inpatient Falls 2019	• The audit measures compliance against national standards of best practice in reducing the risk of falls within acute care. • To raise awareness of correct usage of bedrails and compliance with documentation, undertake a baseline audit of the appropriate use of bedrails. • To facilitate access to walking aids for newly admitted patients seven days a week. Introduce red walking aids to remain in clinical areas. • Education to continue about flat lifting equipment; resource will now be available on all four sites.
Children's Diabetes and family Survey 2020: PREM report	• The excellent service that OUH provided in 2017 has been maintained in 2020 with improvements in the continuity of the doctors patients see at clinic appointments and in the provision of information. • Access to Psychology to be improved. Encourage families to ask to see a Psychologist during or separately from their consultation with the doctor when at clinic. • Develop a tool to summarise psychological advice provided during clinic appointments. • Improved continuity of care and transitory services. Team plans to review consultation techniques to facilitate improved dialogue between patients and Oxfordshire Children's Diabetes Service (OCDS) staff.
National Lung Cancer Audit	• OUH performs well against the clinically meaningful targets in the National Lung Cancer Audit (NLCA) matching or exceeding national averages in many areas. OUH continues to excel at treating early stage lung cancer with surgery and this is reflected in our one year survival figures which are 10% higher than the national average at 48%. • Plans to continue to re-audit and ongoing focus on Lung Cancer Improvement plan and GIRFT actions by team and Specialist Medicine / Medicine Rehabilitation and Cardiac Division (MRC).
National Oesophago-gastric Cancer Audit Annual Report	• OUH continues to be consistent with national recommendations, ascertainment rates have improved dramatically and mortality figures have been stable for some time.

Local audits

Each Division / directorate adds local requirements for audit to the Clinical Audit Programme as Supplementary Audit Projects. These non-mandatory audit projects should be undertaken to identify and implement improvements where safety and quality concerns have been identified and / or provide assurance of quality and safety where the

need for this has been identified. Divisions / directorates are required to make the reasons for the audit project explicit in their audit programmes. Clinical Directors are responsible for ensuring that clinical audits are approved and registered on the Trust's Ulysses Integrated Governance System. The local audit reports are monitored via clinical governance arrangements in Divisions / directorates and presented at local clinical governance meetings. The Trust has introduced the Ulysses audit data management system from Quarter 2 2020-21 to register and record all actions for audits. This will facilitate reporting of local audits and allow Divisional and central clinical governance teams to have greater oversight into local audits.

The reports of 70 local clinical audits were reviewed by Oxford University Hospitals NHS Foundation Trust in 2020-21 and Oxford University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Actions taken and improvements made from local audits (Table C)

The table shows a list of local audits and then describes the actions taken and improvements that have been made as a result.

Paper name	Summary
Trust-wide Health Records Audit	• The audit demonstrated improvement with 96% overall compliance score for Health Records in accordance with the Health Records Management Policy. • Divisions to review their own results at their respective Divisional governance meetings to discuss and identify key concerns and improvements needed in order to meet the required standards.
Trust wide Consent Audit	• The Trust-wide consent form audit is an audit of the consent forms which were completed in different areas. ALL patients consent to treatment and the audit reviews the quality of the information collated within the consent form and whether the process was followed in line with the OUH Consent to Examination or Treatment Policy. • The audit demonstrated that 16% of the consent forms which were audited did not meet the key standards set within our consent policy. • Actions following this audit include: to continue rollout of bespoke consent forms

Paper name	Summary
	associated with the relevant leaflet, producing an At-A-Glance to be shared widely within relevant areas and highlighting the low scoring areas such as provision of copy of consent to the patient, the importance of re-checking the consent immediately preceding the procedure.
Trust-wide Audit of VTE prevention	• The Trust has maintained and demonstrated overall improvement with regards to NICE clinical guidance and national service contract requirements for VTE prevention. • VTE prevention team's action plan includes continuing developing additional 'safety nets', including EPR solutions, following root cause analysis of incidents and audits of practice.
Trust-Wide Audit – The Deteriorating Patient	• Audit demonstrated an impressive number of observations collected: 1.7 million is a vast data sample pulled from System for Electronic Notification and Documentation (SEND) and EPR. • Continue to monitor using SEND data. Use better quality information from SEND to investigate reasons for good and poor compliance areas. • Continue to use audit data to inform Recognising Acutely Ill and Deteriorating Patients (RAID) policy and cardiac arrest reduction strategy. • Review audit process to ensure most accurate and useful data available and included for analysis. • RAID committee to continue work with leads in areas involved to investigate issues behind poor compliance and agree action plans.
Trust-wide Audit – Safe and Secure Storage of Medicines	• The overall Trust position stands at 85% compliance against all standards. When audit results are compared to those of January 2019 (prior to this a different set of standards and methodology was used) significant improvement is identified (49% to 85%). • Temperature recording – Move to automated recording and alert system. Go Digital Team has hired a Pharmacist Project Manager to put a business case together to support this. • Ongoing issue is the use of keys and lists of authorised staff with access to medicines

Paper name	Summary
Trust-wide Audit Auto Reporting Policy	• OUH performs well in appropriate designation of radiographs for auto-reporting and in accuracy of findings. • Re-iteration to all participating Commissioning Support Unit (CSUs) of requirement for a written evaluation of any auto-reported examination. Action to include in the induction of all junior doctors; physician associates and Advanced Nurse Practitioners (ANPs) in 'high use' areas (cardiothoracic surgery; critical care). • To ensure access to critical care EPR is available for the next re-audit cycle, plan is to liaise with critical care audit lead to facilitate ICU EPR access.
CG54: Urinary tract infection in under 16s: diagnosis and management	• 100% children had Urine Microscopy, Culture and Sensitivity (MCS) 5 sent to the laboratory. 89% compliance was noted with NICE guidance antibiotic choice for a lower Urinary Tract Infection (UTI) in children of all ages. However, all choices were considered clinically safe and appropriate. • Trust antibiotic guidance to be updated, in line with NICE guidance, to include oral agent to treat pyelonephritis if child clinically well and able to tolerate oral intake. • Ensure all urine cultures with 'atypical' organisms are discussed with a senior clinician following which appropriate acute and / or follow up imaging arranged.
CG99 Audit of constipation: management against NICE quality standards	• To update local guideline to highlight the quality standards and highlight locally produced educational video. • Target education at junior paediatric trainees and emergency department doctors who see the majority of these patients who present to hospital.
NG134 Depression in young people: Identification and Management	• The department performed at 100% compliance on 4/7 measures. Areas of learning included offering, or documenting that an offer has been made, to speak to the young person privately, provide advice on diet and exercise, and to give self-help information.

[5] The laboratory looks at the specimen, grows organisms that may be present and then matches them to an appropriate antibiotic treatment.

Paper name	Summary
NG 65 Spondyloarthritis in over 16s: diagnosis and management	• Dedicated Axial Spondyloarthritis (AS) teaching sessions twice a year.
Audit of NICE Quality Standard QS160 – End of Life Care in Children from birth to 18	• The data limited to information in patients' notes showed that there is a significant shortfall in the provision of consistent, organised and expertly delivered palliative care and skilled bereavement and psychological support. The creation of a Trust Child Mortality Team (in place from March 2020) will address some of these shortfalls. • Widespread education and promotion of Advanced Care Plan (ACP) planning and documentation. Include education at local governance meetings and new starter sessions regarding documentation of all discussions and agreed plans. Explore possibility of additions to EPR to enable documentation. • Explore the possibility of dedicated resources to create in-house accessible Paediatric Palliative Care Team with support for administrative work.
Compliance with NICE Guidance QS162: management and assessment of under 25s with cerebral palsy	• The audit demonstrated compliance with NICE Guidance QS162 – management and assessment of under 25s with cerebral palsy (CP) by the Community Paediatric Team and these children may be better served by a CP pathway / specific clinic or cohort together. • Consider the creation of a personal folder / healthcare passport for children and young people with cerebral palsy to help them make decisions about how their condition is managed. Meetings with community and hospital colleagues across Thames Valley to explore the possibility. • Consider traffic light tool for parents. • Consider CP specific clinic / cohort patients.
Audit of NICE Clinical Guideline CG110: pregnancy and complex social factors	• Areas noted for improvement include antenatal bookings by 10 weeks and improved information, education and training services for complex social factors. • Earlier bookings for vulnerable pregnant women, audit underway March 2021. • Audit community antenatal care outside LOTUS model March 2021.

Paper name	Summary
	• Improve access to verified sources of information regarding substance misuse and recommendations for pregnancy. • Liaise with Turning Point to develop training package for community midwives. • Improve access to translated sources and information. • Increase awareness and strengthen teenage pathway.
NG1 Gastro-oesophageal reflux disease in children and young people: diagnosis and management - Audit of use of Metoclopramide, Domperidone and Erythromycin	• OUH is fully compliant with point 1.3.7 of NICE Clinical Guideline (CG) 1. However, the indications for prescribing these medicines were not documented on EPR. • Regularly record indication when prescribing medication – departmental teaching session to be conducted to discuss this recommendation to paediatric doctors.
Local audit in response to Surgical Site Infection GIRFT visit – Audit of Implant Infection	• OUH is well within the national average but will continue to aim to get a below national average for implant infection rates as this is necessary due to the Trust being an Onco-plastics centre. Data have revealed an overall trend for improvement. • Pre-op routine screening of staff for MRSA requires continued vigilance.
Local Audit in response to GIRFT visit which identified a shortfall with regard to sepsis coding	• Results show that the majority of correctly coded sepsis cases were appropriately managed and had appropriate outcomes. • Sepsis Coding Review (ongoing) and involvement of clinicians in coding team. • Changes to EPR system-generated sepsis diagnoses.
Improving Quality of Liver Services Audit in response to alerts triggered from Specialist Service Dashboard 2019-20	• The results show that the care of patients with decompensated liver disease at the John Radcliffe Hospital exceeds the national standards in most of the examined domains. • Implement the Liver Power Plan which is now available for use on EPR.
Deep Dive Do Not Attempt Cardio Pulmonary Resuscitation Audit	• Develop educational resources to improve documentation of rationale and discussion with patients. • Process and documentation of reviews at key points in the patient's journey.

Paper name	Summary
	• Consider methods to support consultant endorsement in a more efficient manner.
UK Coronavirus Cancer Monitoring Project	• Outcomes similar locally to national, no adverse effects identified by systemic cancer therapy. • Establish formal system for capturing data on number of patients tested, cases and outcomes of COVID-19 and to monitor impact of any subsequent changes.

Our participation in clinical research

As one of the United Kingdom's leading university hospital trusts, OUH is committed to achieving excellence and innovation through clinical research. Along with the related areas of education and innovation, research is central to World-Class Impact, one of OUH's five strategic themes. Together with its research partners, OUH aims to find new ways to diagnose and treat our patients locally, and to contribute to healthcare advances nationally and internationally. This is underpinned by bringing together academic research expertise with our clinical teams to translate medical science into better healthcare treatments.

OUH hosts the AHSN and has been a partner in the Oxford Academic Health Science Centre (AHSC), along with Oxford Health NHS Foundation Trust (Oxford Health), OBU and the UO, since 2014. These partners bid successfully in the latest competition for NIHR / NHSE / I Academic Health Science Centre designation, under a new name – the Oxford Academic Health Partners (OAHP). This designation came into effect from 1 April 2020, for an initial period of five years.

In particular, OUH works in close partnership with the UO in clinical research, encompassing major programmes in all areas of medical sciences, including cardiovascular, stroke, dementia, cancer, infection, vaccines, surgery and imaging, as well as interdisciplinary collaborations in digital health.

The NIHR Oxford Biomedical Research Centre (NIHR Oxford BRC) was awarded funding of £114 million for the period 2017-22, following a competitive bidding process. In the wake of the COVID-19 pandemic, all BRC contracts have been extended by eight months, to 30 November 2022, with additional funding provided *pro rata*. The BRC is working with Oxford Health NHS Foundation Trust in mental health (which was awarded funding of

£12.8 million) and with the OAHP, to develop innovations in areas such as working with ‘big data’, personalised medicine and tackling the problems of multiple long-term conditions and dementia. The Oxford Health NHS Foundation Trust BRC is also supporting enhanced capabilities for working with industry, provision of clinical research facilities (CRF) and good manufacturing practice (GMP) manufacturing capabilities, and for patient and public involvement. The OAHP is working closely with both Oxford BRCs to develop complementary and synergistic bids for submission in the next competition for BRC designation, which launches in April 2021.

During 2020-21, there have been 833 active clinical research studies hosted by OUH. This is ~60% fewer than the previous year, because the majority of studies were paused due to the COVID-19 pandemic, in accordance with direction from NIHR. However, the Trust initiated 153 new studies during this time, many of which are related to COVID-19.

A total of 12502 OUH patients were recruited to 289 NIHR portfolio studies during 2020-21. This is a 50% reduction in participants compared to the previous year and just under half of these participants were recruited to COVID-19 studies.

In 2020-21, 165 OUH staff were directly supported by NIHR Oxford BRC funding and 241 staff were funded by the NIHR Clinical Research Network.

In response to the COVID-19 pandemic, between 24 March and 27 May 2020, all OUH clinical research activity was paused, except for studies directly related to COVID-19 and those where patient care is dependent on the research protocol. A staged resumption plan came into effect on 28 May 2020, enabling principal investigators (PIs) to request support to resume clinical research studies that had been paused, and to set up new studies, subject to specific conditions being met. Of the ~2,200 research studies paused in March 2020, 706 have been approved to resume recruitment and / or follow-up, and a further 283 new studies have been approved for set-up. These activities have been overseen by an Assessment and Prioritisation Panel, meeting weekly throughout the pandemic and working closely with eight Local Research Oversight Groups.

69 COVID-19 clinical research studies at OUH have been hosted to date. 33 of these are sponsored by the UO and four by OUH. 26 are UK Government-designated Urgent Public Health (UPH) studies and 43 are ‘local priority studies’. 47 are new studies that have been set up from scratch since March 2020. The other 22 are pre-existing studies that have been amended to address COVID-19 research questions or, in a few cases, are essential to support the delivery of COVID-19 research.

All COVID-19 studies which involve OUH patients and / or staff have been reviewed and approved by the OUH/UO COVID-19 Clinical Research Review Group (CRRG). The remit of this group is to ensure the portfolio of COVID-19 studies at OUH is complementary, that resources are used efficiently and that any local priority studies do not impede OUH's commitment to running UPH studies. The CRRG has met weekly since the start of the pandemic. It is co-chaired by the Director of R&D and the Director of the NIHR Oxford BRC. Other members include research nurse managers, R&D and senior clinicians who are actively involved in research as well as patient care in the most relevant parts of OUH (ED, ICU and respiratory).

Notable examples of Urgent Public Health COVID-19 research studies sponsored by the UO and hosted by OUH, which have already had a major impact, include:

- The Oxford-AstraZeneca vaccine trials. Over 1,500 participants were recruited locally. Peer-reviewed results of the phase 3 trial, published in December 2020, found the vaccine to be safe and effective. Following approval by the Medicines and Healthcare products Regulatory Agency (MHRA) on 30 December 2020 the vaccine has been rolled out extensively in the UK and many other countries.
- RECOVERY, the largest randomised controlled trial of potential COVID-19 treatments in the world. Over 350 OUH patients have been recruited to RECOVERY, which has already made a series of significant discoveries that have helped save many lives around the world during the pandemic. One of the keys to the success of RECOVERY was the speed with which it was set up at the start of the pandemic. The UO/OUH Joint Research Office teams played a significant role in this achievement – following national approvals within just a few days, OUH was the first site to complete set-up activities and recruit the first trial participant the very next day, on 19 March 2020.
- The C-MORE study, looking at the longer-term impact of COVID-19, has recruited 119 OUH patients. Its peer-reviewed findings, published in January 2021, showed that two to three months after the onset of the disease, 64% of patients continued to experience breathlessness and 55% reported fatigue. MRI scans revealed abnormalities in the lungs of 60% of participants, in the hearts of 26%, in the livers of 10% and in the kidneys of 29% of patients.

The STOIC trial, supported by the NIHR Oxford BRC and AstraZeneca, found that early treatment with budesonide, an inhaled medication commonly used to treat asthma, appears to significantly reduce the need for urgent care and hospitalisation in people with

COVID-19. In their peer-reviewed findings published in February 2021, the University of Oxford researchers also reported that giving budesonide to patients with COVID-19 within seven days of the onset of symptoms reduced recovery time.

The number of patients receiving relevant health services provided or sub-contracted by Oxford University Hospitals NHS Foundation Trust in 2020-21 who were recruited during that period to participate in research approved by a research ethics committee was 12502 participants recruited to 289 studies which were CRN portfolio registered.

Our education and training

OUH delivers and supports education across all professional groups and services.

Regarding undergraduate medical education, in 2020-21 there were 546 clinical medical students spread across OUH and its Local Education Providers (LEPs). The COVID-19 pandemic continues to have a substantial impact on training and assessment, although clinical placements continued throughout the most recent surge. Careful risk assessment allowed students to remain in clinical areas even at the peak, but footfall was strictly managed and coordinated. Alongside their training, students were able to sign up to the staffing bank and apply for remunerated roles across the Trust. This mirrored activity from last year, with roles from intensive care to laboratory work and staff testing. They received all training and support, and benefitted hugely from the supervision and mentorship of their placement leads and staff.

External metrics remain very positive. General Medical Council progression reports indicate that Oxford graduates continue to have the highest postgraduate specialty exam pass rates of all medical schools in the UK, and approximately 70% of graduates agree or strongly agree that their course prepared them for their Foundation Year, a figure which remains above the national average.

New training and education initiatives for this year include four Kennedy Institute-funded DPhils ring-fenced for medical students who choose to intercalate research either immediately before or during their clinical training; combined with last year's CRUK-funded scheme Oxford is therefore able to offer eight students year on year a period of funded research. Our MSc in Medical Education which was developed to improve our faculty development and educational research impact was heavily oversubscribed in its

first year and the first cohort will start the course in later in 2021. These programmes speak to the imaginative and interdisciplinary work across the Medical School, Trust and Division, and the close collaboration with clinical and academic departments, Oxford University Clinical Academic Graduate School, Oxford University Medical Education Fellows and other Divisions within the University as a whole.

In relation to junior doctors, many were amongst those redeployed to support COVID-19 work and the Postgraduate Medical Education Team and the OUH Redeployment Group worked hard to ensure they were all fully supported in this. There are 840 whole time equivalent (WTE) trainee doctor posts at OUH in 2020-21. In addition there are approximately 60 Speciality and Associate Specialist (SAS) grade doctors and 300 Locally Employed Doctors who are not in posts formally recognised for training but still have development and supervision needs.

The General Medical Council (GMC) brought forward registration in 2020 for graduating medical students to allow them to become Interim Foundation Year doctors (FiY1s), a new role introduced as part of the pandemic response. In the period May to July 2020 OUH employed 71 FiY1s and provided them with induction, training and supervision. Feedback from FiY1s at a national level has been that having done such a post, they felt much better prepared for their first Foundation posts in August 2020.

OUH adhered to the principles laid out nationally and regionally by Health Education England (HEE) with respect to the redeployment of doctors in training. In the recent wave over 100 junior doctors were redeployed.

OUH has paid attention to wellbeing for all its staff, and trainees can access any of the Trust wellbeing resources. There are also additional sources of support for trainees within the postgraduate education system, including their Educational Supervisors, Trainee peer support groups and online Deanery resources, hosted by the Professional Support and Wellbeing Unit (PSWS).

Over the last 12 months education and practice development roles have provided and continue to provide critical support to nursing and midwifery staff to enable them to deliver the quality of services and patient care the Trust is recognised for. The COVID-19 pandemic has led to new and innovative ways of teaching and learning that have highlighted a range of challenges and opportunities.

The level of expertise of our staff is reflected in the growth and interest in the delivery of specialist in-house programmes. To date the Trust has developed postgraduate certificates in: Advanced Person Centred Ophthalmic Care, Advancing Perioperative Practice, Leading Compassionate Excellence in Nursing and Midwifery, Advanced Neuroscience Care and Rehabilitation, Adult Critical Care, and Advanced Renal and Urology Care.

Throughout the pandemic the Trust continued to recruit nurses from overseas and provide the necessary preparation for them to register with the Nursing and Midwifery Council, (NMC). Since February 2020 the Trust has inducted 328 nurses from overseas 270 of these since December 2020. The visibility and impact of education and training has ensured a level of vitality and interest among colleagues to continue to strive for the best and to invest in our existing and future workforce.

Focus on nurse retention

Band 5 staff nurse retention continues to be the key focus throughout the year to mitigate the significant recruitment challenges experienced nationally. The impact of the pandemic will have influenced our current strong nursing turnover position due to restriction on travel nationally. Band 5 nursing turnover in March 2021 was at 13.8% compared to 15.8% in March 2020 which is a strong position to be in as pandemic restrictions are lifted. The Clinical Workforce Recruitment, Retention and Education steering group continues to work collaboratively on the workforce challenges experienced.

International nurse recruitment has been a significant focus over the year. Despite the challenges of the last year, we still had a successful recruitment programme in place which has seen over 250 internationally trained nurses arrive and join our teams here at OUH.

Our peer review programme 2020-21

Peer reviews were put on hold as a result of the COVID-19 pandemic.

External Peer Reviews 2020-21

External peer reviews were put on hold as a result of the COVID-19 pandemic.

Our Human Factors training

In 2020-21 the OUH Human Factors and Patient Safety training, which is run in partnership with the University of Oxford's simulation centre (OxSTaR), changed substantially as a result of the pandemic. Our extensive experience with in-situ simulation was utilised to develop new pathways and standard operating procedures for patients admitted with COVID-19. New training was developed for the following: use of personal protective equipment (PPE), induction programmes (including simulated on call courses) for new staff or staff who were being redeployed, and transfer training to support staff in the safe transfer of critically unwell patients with COVID-19.

All of our training was pivoted to online platforms which made it possible for staff to attend webinars and discussion groups at times which were convenient for them. Over 75 educational videos were made to support safe care of patients with COVID-19, including donning / doffing PPE, how to take blood samples safely from arterial and central venous cannulae and intubation and proning techniques incorporating the newly developed safety checklists.

All of the training materials were made freely available on OxSTaR's outward facing website (www.oxstar.ox.ac.uk) and the team continues to work with the OUH Infection Prevention and Control Team to develop and renew these resources as new knowledge emerges. Since the start of the pandemic there have been over 28000 new users on the website from 160 countries, mostly from within the NHS but many from low to middle income healthcare systems.

The vision for the next year is to capitalise on our experience in using technology to support learning for greater numbers of healthcare professionals, and to increase human factors capabilities across the workforce in OUH.

OUH Integrated Quality Improvement Team

Our Integrated Quality Improvement Programme brings together a set of critically related programmes which will ensure that more of our patients receive timely, safe, compassionate, quality care in the right setting for them, at the same time providing value for money.

The Team provides dedicated programme management, project management and service improvement support working closely with clinicians and other staff. This is achieved through the following actions.

- Facilitating and supporting improvement projects including quality improvement knowledge.
- Providing programme and project management, tracking progress, capturing risks and escalating issues to remove barriers.
- Coaching, working with local leaders to work with improvement tools and Specific, Measurable, Attainable, Realistic, and have a Timeframe (SMART) metrics to achieve lasting change.
- Delivering the Quality Service Improvement and Redesign (QSIR) training; running bespoke seminars and providing coaching. Accredited QSIR trainers within the Improvement Team continue to work with colleagues across Oxfordshire, Buckinghamshire and West Berkshire to deliver the five-day QSIR Practitioner level course as well as a condensed one-day Fundamentals course. The aim of this course is to empower staff at a local level to make improvements to clinical services based on NIHR model for improvement. This year we are looking to commence the new QSIR Virtual course, which has been introduced as a direct response to the COVID-19 pandemic.

This ambitious Integrated Quality Improvement Programme contains in the region of 40 projects spanning urgent and emergency care, planned care, (including cancer services) theatres, outpatients and non-clinical efficiencies. We have started to support the national GIRFT programme and are working with the Trust GIRFT Lead to progress a number of key actions following the visits within the agreed action plans.

Other projects in the programme include

- NHS 111 First – with access to appointments for both adults and children.
- Clinic Utilisation – review of the current level of utilisation in our Outpatient departments and how this can be improved.
- Tumour site recovery – reducing waiting times to diagnosis and treatment
- Improving Theatre Productivity – within our operating theatres and reducing on the day cancellations of surgery for patients to reduce the amount of money spent on agency staffing.

Quality Improvement hub

The QI hub was set up in 2018 to empower healthcare professionals to develop QI capability and continuous, sustained patient-centred improvement by providing shared learning, collaboration and mentorship for everyone. The aim was to bring together the excellent pockets of QI and develop a community of empowered individuals and teams to drive a culture of continuous improvement.

The OUH QI hub format consists of a structured and comprehensive QI educational programme providing fortnightly, dedicated teaching on key QI methodologies including topics such as aim setting, problem identification, model for improvement, stakeholder analysis and engagement, process mapping, ‘Lean’ and patient involvement in QI. Each session is followed by participants taking part in individualised, practical face-to-face workshops.

The QI hub programme has been adapted to deliver it virtually due to restrictions during the COVID-19 pandemic.

The QI hub has supported over 70 projects and 80 participants in the last two years and demonstrated consistently excellent outcomes for patients. The QI projects have led to improvements in patient safety, outcomes and experience and have been presented at Trust, national and international meetings.

The programme has led to personal growth, career progression and staff development, with many having taken on consultant and senior management roles. The hub programme has seen representation from multidisciplinary healthcare professionals, with the majority having no previous experience of QI. The participants have gone on to lead and develop QI projects in their local areas as well as being part of bigger Trust projects. 100% of the respondents would recommend us to their colleagues.

Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme designed to improve medical care within the NHS. GIRFT teams work together with NHS providers to undertake specialty-based deep-dive reviews investigating data, identifying good practice, discussing challenges and developing action plans for improvement.

Over 30 specialties at OUH have been involved in a GIRFT deep-dive review to date. OUH had a planned schedule of deep-dive reviews for 2020-21 but as a result of the COVID-19 pandemic, GIRFT reviews were paused until July 2020. Deep-dive reviews then took place in Respiratory Medicine, Paediatric Trauma and Orthopaedics, Paediatric Cranial Neurosurgery and Paediatric Critical Care. A workshop in Emergency Medicine also took place. GIRFT deep-dive reviews were further paused from November 2020, again due to the pandemic.

Once GIRFT teams have conducted reviews with over 40 healthcare providers, a national report into the specialty is produced. In 2020-21, national reports relating to Radiology and Diabetes were published.

Reporting Excellence

The OUH Reporting Excellence Programme was launched in Paediatrics in 2016 as a mechanism by which staff across the Trust could recognise others for exceptional work in practice. From 2017, using a simple web-based link, the many examples of leadership, commitment, compassion and just 'going the extra mile' have been highlighted Trust-wide. Each nomination is accompanied by a built-in personal message of appreciation communicated directly back to the individual or team.

The nominations originate from all corners of the Trust's varied staff and in turn recognise the many small successes, adaptations and moments of humanity that enable the system to keep going even when under strain. Since April 2020 more than 150 Excellence Reports have been submitted each month. The CMO, Professor Meghana Pandit, continues to recognise an outstanding nomination regularly with a formal certificate presentation and sharing the achievements on social media across the Trust and beyond. This simple act of recognition has brought excellence full circle with both a personal and organisational acknowledgement of work done anywhere from the offices of Human Resources to Pharmacy, from Midwifery to the very front lines of emergency patient care.

In autumn of 2020, the Reporting Excellence scheme became fully integrated within the Trust Ulysses Integrated Governance System. Aligning the reporting of excellent practice alongside incident reporting and clinical improvement has underscored an equal commitment to learning from positive events and actions. To harness the enormous potential of understanding positive themes in practice, there are several initiatives across the Trust using Appreciative Inquiry as a basis for learning and quality improvement and it is anticipated that these will be rolled out over the next year.

It is well known that nurturing positivity in individuals and teams is linked with improved resilience and the ability to deal with adversity. This has been borne out in the incredible efforts all OUH staff have shown in dealing with the challenges presented by COVID-19, with thoughtful and heartfelt messages that provide a deep insight into how our staff are weathering the changing times. Excellence Reports continue to pour in with many examples of cooperation and modifications to professional practice and communication that have enabled first class patient care to remain the top priority. The scheme is now well established and recognised as an integral contributor to quality and staff wellbeing, with messages that inspire and confirm that as an organisation, the Trust has much to be proud of.

Our staff: other examples of outstanding practice

The OUH Apprenticeship Team and a number of OUH apprentices were finalists at the Oxfordshire Apprenticeship Awards on 1 October 2020. The Trust was Highly Commended in the Employer of the Year category and Sophie Pomroy won both the Apprentice Ambassador of the Year and Advanced Apprentice of the Year (Level 3) categories.

Holly Attle, Gynaecology Ward Sister at the John Radcliffe Hospital and Jonathan Bentley, an Intensive Care Nurse, were presented with DAISY Awards by the Chief Executive Officer (CEO) and the CNO. Jonathan was recognised for ‘his compassionate voice and words, his ability at his work, and his thoughtfulness’.

Four of our staff were shortlisted for a national Healthcare Quality Improvement Partnership (HQIP) Audit Heroes Award with Dr Sue Pavord, Consultant Haematologist winning the Clinical Practitioner of the Year 2020 for her work in the field of obstetric haematology.

Dr Sahana Rao, Consultant Paediatrician, was also shortlisted for the Clinical Practitioner of the Year and the Resuscitation Services Team – Jane Hatfield and Catriona Fleming were shortlisted for the Team of the Year 2020.

Guardian of Safe Working Hours

Doctors in Training: safe working hours

Nationally, ‘Doctors in Training’ represent 40% of the medical workforce. New terms and conditions of service (TCS) were introduced for this group in 2016 with a significant

amendment in 2019. The 2016 TCS include governance processes that require partnership working between Doctors in Training and their employing trusts to ensure safe hours working practices and to enable enhanced executive supervision of this group. The transition of all Doctors in Training to the 2016 TCS was completed in February 2020. At any one time there are about 850 Doctors in Training at Oxford University Hospitals NHS Foundation Trust. Additionally, there are a number of locally employed doctors sharing the same rosters, roles and responsibilities.

Oxford University Hospitals NHS Foundation Trust has taken the following actions to ensure compliance with the 2016 TCS, and so the quality of its services.

- All Doctors in Training are provided with compliant 'Work Schedules' and an electronic process to report exceptions when there is variance to rostered hours.
- The Board receives quarterly and annual reports from the Guardian of Safe Working Hours. The Guardian's reports are informed by workforce data relating to the Doctors in Training as well as feedback from the Junior Doctors Forum.

The table shows the number of exception reports, the number of doctors reporting, the number of specialties receiving reports, what the nature of the exception was and the additional hours worked per exception, broken down by quarter and then showing the total.

Exception Reporting		**2020**			**2021**	**Total**
		Apr-Jun	**Jul-Sep**	**Oct-Dec**	**Jan-Mar**	
Number of exception reports		46	76	108	87	317
Number of doctors reporting		12	34	37	28	85
Specialties receiving reports		3	15	14	16	25
Nature of exception	Education	16	7	5	10	38
	Hours and Rest	33	71	106	83	293
Additional hours worked per exception report		5.9	1.8	1.5	1.5	2.1

The table shows the number of locum shifts undertaken by bank and agency staff, broken down by quarter, and the reason for the locum shift.

Locum Shifts		**2020**			**2021**	**Total**
		Apr-Jun	**Jul-Sep**	**Oct-Dec**	**Jan-Mar**	
Total		2459	2772	2778	3007	11016
Agency		512	641	448	248	1849
Bank		1947	2131	2330	2759	9167
Reason for locum shift	Vacancy	1628	2112	1785	1466	6991
	Non-vacancy	831	660	993	1541	4025

Oxford University Hospitals NHS Foundation Trust has recognised that the following actions are required to promote safe hours working.

- There is a need to locally define the structure, mandate, terms of reference and procedures that are vital in the Trust's ability to provide nationally mandated assurance in matters relating to safe working hours for Doctors in Training, especially with respect to the management of associated data. As an initial action, the Trust has commissioned a task and finish group (including members of the Junior Doctors Forum) which will lead and support a review of the linkage between medical electronic rostering systems and other electronic sources of associated date. The findings will be presented in a report which provides the findings, a costed solution and timeframes for change.
- The TCS for Locally Employed Doctors are being updated to better align the principles of safe hours' working practices with those in the 2016 TCS for nationally recruited Doctors in Training, with whom they share the same rosters, roles and responsibilities.

Freedom to Speak Up

The Trust takes very seriously its responsibility for ensuring all members of staff feel confident and supported in being able to speak up when they believe the highest standards of care and service are being compromised, or could be compromised. Processes are in place to ensure that our staff feel able and safe to raise concerns, and have confidence they will be listened to and their concerns acted upon.

Where such issues are raised, they are generally addressed quickly and efficiently through our established processes as outlined in the Trust's Freedom to Speak Up – Raising Concerns (Whistleblowing) Policy. Under the terms of the Policy our Freedom to Speak Up (FtSU) Lead Guardian has a guardianship role in support of any employee who wishes to raise an issue of concern. Speaking up should be something that everyone does and is encouraged to do. Our Trust Policy is frequently updated to ensure it fully supports this aim. A separate Freedom to Speak Up Annual Report is presented to the TME and the Trust Board by the FtSU Guardian. We have a nominated Non-Executive Director responsible for Freedom to Speak Up so that speaking up is represented independently at Trust Board level. In addition we have a nominated Executive Director lead for Freedom to Speak Up.

The purpose of the FtSU role is to work with all staff to support the organisation in becoming a more open and transparent place to work and where staff are encouraged and enabled to speak up safely.

Ensuring staff do not suffer detriment

Speaking up about any concern an employee has at work is really important. In fact, it is vital because it will help the Trust to keep improving our services for all patients and the working environment for our staff. Staff may feel worried about raising a concern, and the Trust understands this, but this should not deter individuals from raising their concerns. In accordance with our duty of candour, our senior leaders and entire Board are committed to an open and honest culture. We will look into what staff say and staff will always have access to the support they need.

If a member of staff raises a concern under the Raising Concerns Policy, they will not be at risk of losing their job or suffering any form of reprisal as a result.

The Trust does not tolerate the harassment or victimisation of anyone raising a concern. Any such behaviour is a breach of the Trust's values and if upheld following investigation could result in disciplinary action.

The Raising Concerns Policy states that 'Provided a member of staff is acting honestly, it does not matter if they are mistaken or if there is an innocent explanation for their concerns'.

Our CQUIN performance

A proportion of Oxford University Hospitals NHS Foundation Trust income in 2020-21 was not conditional on achieving quality improvement and innovation goals through the *Commissioning for Quality and Innovation* (CQUIN) payment framework because the scheme was paused centrally due to the COVID-19 pandemic.

OUH implementing the priority clinical standards for seven day hospital services

Seven Day Hospital Services Board Assurance Framework

The Seven Day Service (7DS) clinical standards are made up of four priority clinical standards with the remaining seven focusing on continuous improvement. OUH has continued to exceed the 90% thresholds for weekends and weekdays for the priority standards and these are considered to have the largest impact on patient mortality:

a) patients receiving a review by a consultant within 14 hours of arrival at hospital
b) patients receiving a daily review on the wards and twice daily review in critical care areas
c) patients access to diagnostics
d) patient access to consultant directed interventions.

Triangulation of the audit results with published clinical outcome data (risk adjusted mortality data) shows that the care of patients admitted to emergency areas is very good. Board rounds, safety huddles and shift handovers (hospital at night) have made a significant impact in the daily review of patients; and there are no discernible differences between weekend and weekday performance (see table below).

The first table shows the percentage of patients who were reviewed by a consultant within 14 hours of arrival at hospital on a weekday, at the weekend and overall and this is compared to previous performance. The second table shows the percentage of patients who received a once daily review and a twice daily review, again during the week, at the weekend and overall.

	Standard 2		
	Patients reviewed by a consultant within **14 hrs** of arrival at hospital		
	Weekday	Weekend	Overall
Autumn 20	**96%**	**98%**	**97%**
Autumn 19	94%	97%	95%
Spring 19	95%	97%	96%

	Standard 8				
	Patient receiving required **once daily** reviews			Patients receiving required **twice daily** reviews	
	Weekday	Weekend	Overall	Weekday	Weekend
Autumn 20	**99%**	**97%**	**96%**	**100%**	**100%**
Autumn 19	96%	98%	97%	100%	100%
Spring 19	100%	93%	98%	100%	100%

Patients continue to receive diagnostics and consultant directed interventions in line with emergency and urgent timeframes; the only area of challenge has been urgent access to MRI within 12 hours for the critical care network which is relevant for a small number of children who required an anaesthetic before a diagnostic MRI. This has been mitigated by increasing the number of specialist doctors able to provide anaesthetic support and ongoing collaborative solution based work to increase the MRI capacity for these patients.

OUH has performed well against the remaining 7DS clinical standards for continuous improvement. An example relating to standard 1 (patient experience) is the ‘Keep in Touch’ service which was launched in the form of a letter delivery system whereby relatives could write or email directly to a generic ‘keep in touch’ email with the patient’s name and ward; this was one of a number of initiatives put in place to improve communication between patients and their loved ones during the first wave of the COVID-

19 pandemic and was described as a life line to the family.

Standard 3 (MDT review and medicines reconciliation) indicates a level of variation between weekend and weekday medicines reconciliation which would benefit from additional permanent Pharmacy staff at weekends and this is being explored in detail by the service. An example relating to standard 7 (mental health): OUH Integrated Psychological Medicine Service offers seamless physical and mental care to our patients seven days a week. Most high need services (e.g. trauma, medicine, cancer, ITU, neurology) have a psychiatrist and / or psychologist working as a member of the medical team. These enhanced teams not only offer patients parity of access to both physical and mental care, but also upskill the hospital medical and nursing staff. The Psychological Medicine Service has also proactively coordinated wellbeing support and advice for all staff during the COVID-19 pandemic.

Statements from the Care Quality Commission (CQC)

Oxford University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions.
Oxford University Hospitals NHS Foundation Trust has not participated in any reviews by the Care Quality Commission during 2020-21.

At 31 March 2021, the Trust had an overall rating of 'Requires Improvement' from the CQC. The CQC last carried out checks on services provided by the Trust during the 2018-19 year and the results were published in June 2019. The issues in the CQC inspection report resulted in detailed action plan that was mainly completed during the course of 2019-20.

Oxford University Hospitals NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

The Trust uses every opportunity for feedback in a proactive and positive way: whenever a report is received an action plan is developed with executive leadership to address the issues. Following inspection and during 2019-20 OUH took a number of actions as part of agreed action plans to address the conclusions or requirements reported by the CQC.

The majority of actions within these plans have been completed, however there are a range of areas that will remain subjects of continuous review and focus. These include statutory and mandatory training, appraisal rates, medicines management and infection

control (for example, that relate to the current RI rating in the 'safe' category). In addition the Trust has a programme of work to drive improvements in relation to the national waiting time standards that relate to the current RI rating in the 'responsive' category.

The completion of some agreed actions was temporarily suspended due to the COVID-19 pandemic and will be reported to the CGC and the TME upon resumption of services during the pandemic recovery phase.

CQC ratings grid as published in the June 2019 Report are provided below for the Trust overall and by site.

Key:
Good
Requires improvement

Rating for acute services/acute Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
John Radcliffe Hospital	Requires improvement June 2019	Good June 2019	Good June 2019	Requires improvement June 2019	Requires improvement June 2019	Requires improvement June 2019
Churchill Hospital	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019
Nuffield Orthopaedic Centre	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019
Horton General Hospital	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019
Overall Trust	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019

Ratings for John Radcliffe Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement June 2019	Requires improvement June 2019	Good June 2019	Requires improvement June 2019	Requires improvement June 2019	Requires improvement June 2019
Medical care (including older people's care)	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Requires improvement June 2019	Requires improvement June 2019
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019
Gynaecology	Requires improvement June 2019	Good June 2019	Good June 2019	Requires improvement June 2019	Requires improvement June 2019	Requires improvement June 2019
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
End of life care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Requires improvement May 2014	Good May 2014	Good May 2014
Overall	Requires improvement May 2019	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019	Requires improvement May 2019

Ratings for Horton General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement June	Good June	Good June	Requires improvement June	Requires improvement June	Requires improvement June
Medical care (including older people's care)	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019
Surgery	Good June 2019	Good June 2019	Good June	Good June	Good June	June
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
End of life care	Good May 2014	Good May 2014	Good May 2014	May 2014	Good May 2014	May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019

Ratings for Churchill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Surgery	Good June 2019	Good June 2019	Good June 2019	June 2019	Good June 2019	Good June 2019
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Gynaecology	Requires improvement June 2019	Good June 2019	Good June 2019	Requires improvement June 2019	Requires improvement June 2019	Requires improvement June 2019
End of life care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall	Requires improvement June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019

Ratings for Nuffield Orthopaedic Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019
Surgery	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019	Good June 2019

Our data quality

A vital pre-requisite to robust governance and effective service delivery is the availability of high quality patient data across all areas of the organisation. This underpins the effective delivery of patient care and is essential to both improvements in the quality of care and safety of our patients. The collection of data is vital to the decision-making process of any organisation and forms the basis for meaningful planning and helps to alert us to any unexpected trends that could affect the quality of our services. It also helps us identify and target areas that require additional systems training and support to improve the quality of data collection. We are committed to pursuing a high standard of accuracy, timeliness, reliability and validity, within all aspects of data collection in accordance with NHS data standards and expect that every staff member seeks to achieve these standards of data quality.

Oxford University Hospitals NHS Foundation Trust will be taking the following actions to improve data quality.

- We ensure that the data reported go through a process of sense checks and corrections in order to mitigate the risk of incorrect data being submitted.
- Where system workflows do not support the data to output correctly and the services have opportunity to validate, we incorporate these changes so the reported information is an accurate reflection of the actions taken.

- We proactively monitor and support clinical services to record accurate administrative and clinical related information in line with agreed system workflows for the Trust's EPR (Cerner Millennium). We deliver systems training for all users in accordance with their role within the organisation.
- We provide an operational and out-of-hours service for all system users in the form of a digital service desk which links directly to our EPR service provider. The service desk enables users to report data related incidents and issues that are prioritised and actioned on a daily basis.
- We create and run reports to proactively identify data anomalies that require action to support clinical and administrative data integrity across EPR and integrated systems.
- We provide quality assurance testing for upgrades and new system enhancements to ensure that the validity, integrity of data and existing system functionality is not compromised.
- We conduct quality assurance for system build and complete cleansing activities to ensure that inactive and obsolete data are no longer used.

Oxford University Hospitals NHS Foundation Trust submitted records during 2020-21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data shows.

SUS dashboards at month 12, 2020-21

The table shows the information by inpatients, outpatients and A and E demonstrating the OUH compliance compared to the national average.

Inpatients	OUH	National average
Valid NHS number	**99.6%**	**99.5%**
General Medical Practice Code	**100.0%**	**99.8%**

Outpatients	OUH	National average
Valid NHS number	**99.9%**	**99.7%**
General Medical Practice Code	**100.0%**	**99.7%**

A&E	OUH	National average
Valid NHS number	**98.9%**	**98.2%**
General Medical Practice Code	**99.9%**	**99.1%**

Information Governance Toolkit

Data Security and Protection Toolkit

The Trust submitted its annual Data Security and Protection Toolkit (DSPT) return for 2019-20 to NHS Digital on 30 September 2020: this was delayed due to the COVID-19 pandemic. The Trust was rated as 'standards not met' and an action plan was agreed with NHS Digital. Following successful completion of the outstanding actions the Trust is now rated as 'standards met'.

A mid-point submission of the DSPT for 2020-21 was made at the end of February 2021. This submission does not result in a formal rating of the Trust's data security performance against DSPT standards but is undertaken to demonstrate that work has commenced on completing the Toolkit. This submission was also delayed due to the pandemic. The final submission date for the 2020-21 DSPT is 30 June 2021. It is anticipated that the Trust will be rated as 'standards met'.

Clinical coding error rate

Oxford University Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020-21.

The Trust continues to recognise the importance of clinical coding and has increased staffing dedicated to collecting and reviewing coded data. These staff are engaged in, but are not limited to, the following workstreams.

- Clinical Coding Audit
- Validation of coded data with clinical colleagues
- Assurance of coded data affecting the Payment by Results process
- Assessing the impact of coded data on the national GIRFT project (Getting It Right First Time)
- Improvements in clinical coding training
- Participation in the Mortality reporting process

This work demonstrates the Trust's commitment to the collection and reporting of high quality coded data.

National core set of quality indicators
Mortality – Preventing People from Dying Prematurely

The Summary Hospital-level Mortality Indicator (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.

The SHMI, published on 11 February 2021, for the data period October 2019 to September 2020, is 0.92. This value is banded 'as expected' using NHS Digital 95% confidence intervals adjusted for over-dispersion.

The Trust considers these data are as described for the following reasons.

- The Trust has a process in place for collating data on hospital admissions, from which the SHMI is derived.
- Data are collected internally and then submitted on a monthly basis to NHS Digital via the Secondary Uses Service (SUS). The SHMI is then calculated by NHS Digital.
- Data are compared to the national benchmark, and our own previous performance, as set out in the table overleaf.
- The Trust reviews the SHMI in conjunction with other published mortality measures and the information from our internal review of deaths.

The Trust takes the following actions to improve the SHMI, and so the quality of its services, by continuing to review the SHMI at the Mortality Review Group (MRG).

- The Trust MRG meets monthly under the chairmanship of the Deputy CMO with responsibility for learning from deaths. The MRG has multidisciplinary and multi-professional membership with clinical representation from all four clinical Divisions.
- If there is an increase in the SHMI, the MRG will task Clinical Service Units to investigate the diagnoses groups contributing to the increase and review the findings from the investigations. If the investigation identifies any care quality concerns, actions will be implemented and monitored by the MRG.

The table shows the OUH SHMI value, the banding and compares this to the best and

worst performing trusts by quarter. It also shows the percentage of deaths with palliative care coding by quarter.

Source: NHS Digital	Jan 19 to Dec 19	Apr 19 to Mar 20	Jul 19 to Jun 20	Oct 19 to Sep 20
OUH SHMI value	0.92	0.91	0.91	0.92
OUH SHMI banding	2 - as expected	2 - as expected	2 - as expected	2 – as expected
SHMI best performing trust	0.69	0.69	0.68	0.69
SHMI worst performing trust	1.20	1.20	1.21	1.18
OUH % deaths with palliative care coding	51.00	52.00	54.00	55.00

The OUH SHMI for the most recent quarterly preview data period October 2019 to September 2020 is 0.92. This value is banded 'as expected.'

Our Trust target is for 100% of patient deaths to be reviewed to ensure that any omissions or actions taken are identified and learnt from to improve care. An analysis of the mortality reports for April 2020 to December 2020 indicate that 89% of deaths were reviewed within eight weeks. SuWOn and NOTSSCaN Divisions have subsequently reported that the outstanding reviews have now been completed. The Acute Medicine and Rehabilitation Directorate has re-commenced Mortality and Morbidity meetings and all outstanding Level 2 reviews have now been completed. The Respiratory Medicine Unit has re-commenced Mortality and Morbidity meetings and the focus has been on the cases awaiting Level 1 reviews.

Implementation of Learning from Deaths guidance

During 2020-21, 2690 OUH patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period.

Total number of deaths 2020-21	Quarter 1 2020-21	Quarter 2 2020-21	Quarter 3 2020-21	Quarter 4 2020-21
2690	657	601	661	771

By 31 March 2021, 771 case record reviews and 14 investigations had been carried out in relation to 1919 of the deaths included above.

In five cases a death was subjected to both a case record review and an investigation.

The table shows the number of case record reviews by quarter and the number of deaths judged more likely than not to have been due to problems in care.

	Quarter 4 2019-20	Quarter 1 2020-21	Quarter 2 2020-21	Quarter 3 2020-21
Number of case record reviews (Level 2 comprehensive mortality review or structured review)	313	236	271	264
Number of deaths judged more likely than not to have been due to problems in care	0	0	0	0

No death, representing 0.00% of 1,919 of the patient deaths during the reporting period, was judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of: 0 representing 0% of 657 for the first quarter; 0 representing 0% of 601 for the second quarter; 0 representing 0% of 661 for the third quarter. The reviews of deaths which occurred during the fourth quarter are underway and the summary will be included in the next Quality Account.

These numbers have been estimated using the quarterly Divisional mortality reports submitted to the Trust Mortality Review Group.

The Coroner has issued a ‘Regulation 28: Report to prevent future deaths’ for a Trauma case. The areas of concern were that there is not a Major Trauma Lead Consultant or a Trauma Co-ordinator in post in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. The mortality review concluded that there was poor care provided to the patient though this would not have changed the outcome.

The Trust response to the Coroner was that the Major Trauma Consultant role has been undertaken by the Orthopaedic Trauma consultants since the inception of the Major Trauma Centres (MTCs) in 2012. The role as defined by NHSE requires that a consultant undertake overall holistic care for all patients admitted to a MTC with traumatic injuries. Although many patients do have orthopaedic injuries (either wholly or as part of multiple injuries), there are other patients whose trauma is exclusively non-orthopaedic. This group is (for each specialty) a small number of patients. These patients have until now been managed by the surgical specialty related to their primary injury.

As the Trust moves to recover from the COVID-19 pandemic, the Trust will relocate trauma services to clinical areas that are physically adjacent. With this in place, patients would be admitted under the overall care of a 'Major Trauma Consultant' who will be an Orthopaedics Consultant. If their trauma is exclusively related to a different surgical specialty, referral would be made to that specialty for ongoing lead care. If the patient has orthopaedic / multiple (poly) trauma the patient would remain under the care of the MTC consultant. Isolated traumatic brain injuries will continue to be admitted under the care of Neurosurgery. The Trust would expect to retain some flexibility if a patient-specific factor required variation to this plan in order to ensure best care for the patient.

In respect to Trauma Co-ordinators; this role aims to allocate a named team member (keyworker) for each patient. Two roles are described by NHSE; Trauma Co-ordinator (TC) and Rehabilitation Co-ordinator (RC). Each MTC in England has chosen to build their service differently. At OUH, currently there are 1.4 whole time equivalent (WTE), Band 7 (senior) RCs who act as key workers for Major Trauma patients. Complete staffing of this group would require 6 WTE staff as identified by the Major Trauma management group in collaboration with incumbent staff. The Trust has recently approved two additional WTE RC posts. This will increase the number of WTE co-ordinators to four to provide a comprehensive five days service. This staff group may be able to provide limited weekend cover, but it is the Trust's expectation that two further posts will be added to deliver resilient seven day working.

Summary of learning and impact of the actions from case record reviews and investigations

COVID-19 cases

- COVID-19 Safety Audit completed at least once a month by all inpatient areas.

This audit includes Personal Protective Equipment (PPE), patient screening and adherence with social distancing and staff testing. The audit results are reviewed by Ward Managers and the findings and areas for improvement are shared with staff. The audit results are included in the monthly Divisional Quality Reports submitted to the Clinical Governance Committee (CGC).

- COVID-19 swabs for inpatients are done on the day of admission, day three and then weekly.
- Ventilation risk assessments completed for all areas and risks added to the Divisional Risk Registers.
- Safety Huddles held to inform ward staff in 'real time' of changes that may affect their clinical practice in relation to COVID-19.

Non COVID-19 cases

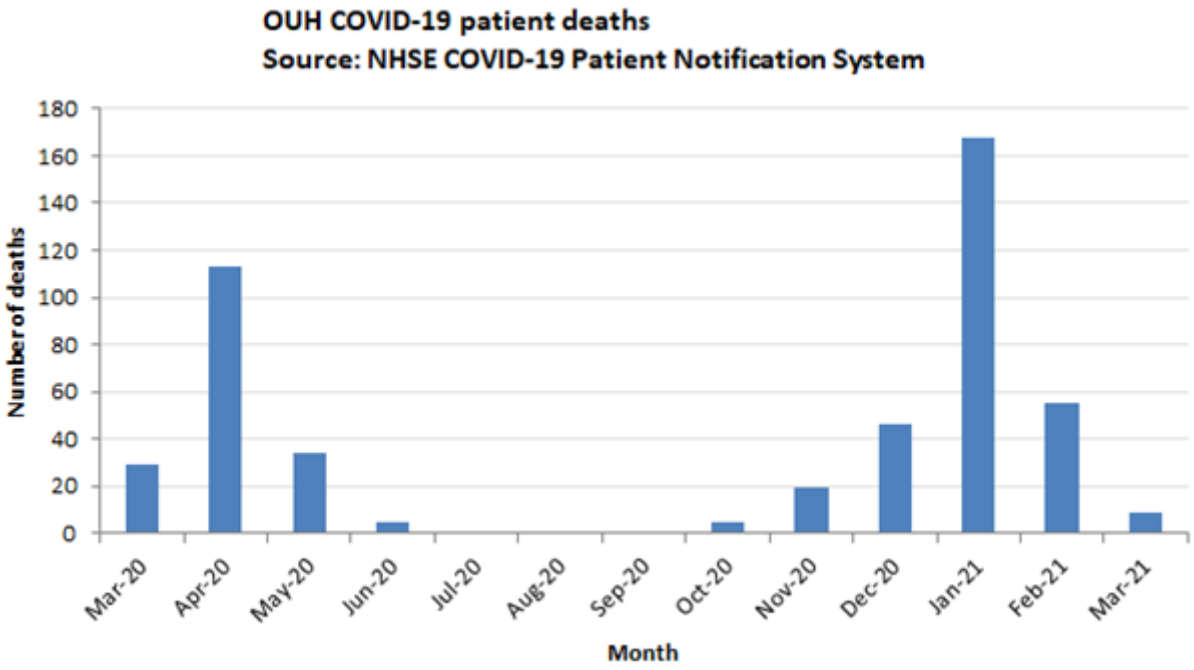
- Following the investigation of a patient admitted with a haemothorax, the Emergency Department team has shared the OUH 'Adult Blunt Chest Wall Injury Pathway' with the patient's GP. The OCCG will include a summary of the guidance in the GP Bulletin. The OUH working group on blunt chest trauma is reviewing whether the Computerised Tomography (CT) protocol needs to include contrast scans when a vascular injury is identified on non-contrast scans.
- Following the investigation of an intrauterine death, the Maternity directorate has updated the OUH 'Hypertension in Pregnancy Guideline' to ensure alignment with the NICE guideline for hypertension in pregnancy. Guidance on blood pressure thresholds and monitoring in pregnant women is to be included in the OCCG weekly GP Bulletin with a reminder that the OUH guideline can be accessed in the Maternity pages on the OCCG website.
- Following the investigation into the death of a patient who was nine weeks postpartum, there has been a Trust-wide safety message to increase awareness of the requirement to contact the obstetric team within one hour of arrival for pregnant patients and patients in the puerperium.
- The Surgery team is completing an audit of patients having a laparoscopic cholecystectomy at the various Trust sites, including other sites used by the Trust during COVID-19, to assess the criteria for assigning patients to each site and the post-operative outcomes.
- A 'Red Flag' checklist for patients who are post neck surgery and at risk for airway complications is being developed, and once ratified would be available at the bedside so that escalation can begin as early as possible. A collaborative project

to design a ‘neck surgery emergency equipment box’ is to be undertaken by a multidisciplinary group across directorates where surgery with similar risks occurs and incorporating learning from the incident involving a patient who had had thyroid surgery.

- The Horton Emergency Assessment Unit (EAU) Senior Nursing Team has implemented a system of reviewing all discharges from the previous day to ensure that the TTOs (to take out) have been completed and that the patients have the medication.
- The Learning Disability Team will be authoring a Trust-wide Safety Message highlighting the importance of uploading and referencing Hospital Passports on EPR for patients with learning disabilities.
- The requirement for a discharge summary to include the documentation of current medications, and a clear plan for recommencing medication that had been stopped during the admission, was highlighted. The importance of the provision of a complete and timely discharge summary was the subject of a Trust-wide weekly Safety Message.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions with patients and families were identified as an area for action following feedback from families that the discussions often felt too rushed and that they had to make a decision quickly. The MRC Division will be reviewing the concerns identified with all staff responsible for putting a DNACPR in place.
- The Child Mortality Review Team will be developing a guideline to assist operational managers and senior professionals with unexpected child deaths. There will be further training for the Emergency Department regarding the management of unexpected child death, with particular emphasis on multi-agency working and processes.

Deaths involving COVID-19

- According to the NHS England COVID-19 Patient Notification System there were 484 COVID-19 deaths reported for OUH from 1 March 2020 up to 31 March 2021. The number of deaths by month of death is depicted in the chart below. The highest number of deaths was reported in January 2021.



- The Intensive Care National Audit and Research Centre (ICNARC) benchmarking data for COVID-19 patients shows that the Adult ICU (AICU) has a standardised mortality ratio more than two standard deviations from the mean and better than the national average. AICU was one of only 12 intensive care units in the country to have achieved this. The ICNARC report for the Cardiac and Thoracic Critical Care Unit (CTCCU) found the overall COVID-19 mortality rate to be 18.2% compared with 41.6% nationally. The Respiratory High Dependency Unit (HDU) reported a reduction in month-to-month mortality despite off-setting admissions to ICU. This was a result of the improvements in non-invasive ventilatory management of COVID-19 patients. These achievements represent the result of collaborative hard work and expertise from countless people who worked in and around the intensive care units during this period. For some this was a re-deployment from another clinical area and for others an extreme version of their normal job on ICU.

Medical Examiner system

- Following successful recruitment during 2020-21, there are currently seven Medical Examiners at OUH. Medical Examiners have been reviewing selected cases since July 2020. The Medical Examiners review the patient records and interact with the clinical team and bereaved family to ensure accuracy of the Medical Certificate of Cause of Death, to determine if there needs to be a referral to the Coroner, to identify any clinical governance concerns and if the case requires a structured mortality review and / or patient safety incident notification.

The Lead Medical Examiner has completed reviews of OUH staff deaths with COVID-19 and submitted the findings to the National Medical Examiner.

Case record reviews and investigations from Quarter 4 of 2019-20

313 case record reviews and three investigations were completed after 31 March 2020 which related to deaths which took place in the fourth quarter of 2019-20, before the start of the reporting period. None of the patient deaths representing 0% of 779 of the patient deaths reviewed from the fourth quarter of 2019-20 are judged to be more likely than not to have been due to problems in the care provided to the patient. These numbers have been estimated using the quarterly Divisional mortality reports submitted to the Trust Mortality Review Group.

Patient Reported Outcome Measures (PROMs)

PROMs are used to ascertain the outcome following planned inpatient surgery for the procedures of hip and knee replacement. Patients are asked to complete a questionnaire before and after their surgery to self-assess improvements in health from the treatment, rather than using scoring systems or judgements made by the treating clinicians.

The Trust considers that the PROMs data are as described for the following reasons.

- The Trust has a process in place for collating data on patient reported outcomes.
- Data are then sent to the approved external company on a monthly basis which collates the PROMs responses and sends these to NHS Digital.
- Data are compared to peers, highest and lowest performers, and our own previous performance, as set out in the tables.

The tables in this section show the improvement in health (adjusted health gain) perceived by patients following these two procedures. Comparisons are shown with all health providers who carry out the same procedure in England. The latest data publications available from NHS Digital are for the previous financial year 2019-20. The annual data publication for 2020-21 will be available later in 2021 and will be published in the 2021-22 Quality Account.

Primary hip replacement – average health gain	2016-17	2017-18	2018-19	2019-20 (provisional data)
OUH	**0.43**	**0.45**	**0.45**	**0.47**
National average	0.44	0.47	0.47	0.47
Highest	0.54	0.57	0.56	0.54
Lowest	0.31	0.38	0.35	0.33

Patients are asked to complete a questionnaire before their hip replacement procedure, and again six months afterwards (to allow patients enough time to recover from the procedure). The difference between pre- and post-operative scores is the patient's self-reported health gain or improvement in health. The average health gain for patients who had primary hip replacements during 2019-20 at OUH was the same as the national average of 0.47.

Primary knee replacement – average health gain	2016-17	2017-18	2018-19	2019-20 (provisional data)
OUH	**0.31**	**0.36**	**0.36**	**0.32**
National average	0.32	0.34	0.34	0.32
Highest	0.40	0.42	0.41	0.42
Lowest	0.24	0.23	0.27	0.24

The average health gain for primary knee replacements during 2019-20 was the same as the national average of 0.32.

The Trust takes the following actions to improve the PROMs, and so the quality of its services.

- The Orthopaedic Unit reviews the PROMs responses and presents this to the Trust Clinical Effectiveness Committee (CEC).
- If there are negative responses identified in the PROMs returns, these are reviewed by the Orthopaedics Unit to determine if actions are required.

- The actions are monitored by the Directorate Clinical Governance Team.

Emergency readmissions within 28 days of discharge from hospital

The Trust routinely monitors 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 the Trust's discharge support, patients are encouraged to seek support directly if they are experiencing symptoms of ill health following a treatment or procedure. The method of contact by patients would usually be by telephone but patients may also attend at hospital. Emergency departments are situated at the JR and Horton but patients known to the Trust's services may also be admitted directly to the Churchill.

The last readmissions data from NHS Digital is for 2018-19 and is for readmissions within 30 days of discharge. Therefore, Dr Foster has provided more recent data for readmissions within 28 days of discharge.

The Trust considers these data are as described for the following reasons.

- The Trust has a process in place for collating data on hospital admissions, from which the readmissions indicator is derived.
- Data are collected internally and then submitted on a monthly basis to NHS Digital via the SUS. The data are then used to calculate readmission rates.
- NHS Digital develops the SUS data into Hospital Episode Statistics (HES).
- Dr Foster takes an extract from HES data to provide benchmarked clinical outcome data.
- Data are compared to peers, highest and lowest performers, and our own previous performance.

The table shows OUH discharges and 28 day readmissions and compares them to the highest and lowest Trust values for three consecutive years.

		2018-19			2019-20			2020-21 (April 2020 to July 2020 only)	
	Under 16	**16 and over**	**Total**	**Under 16**	**16 and over**	**Total**	**Under 16**	**16 and over**	**Total**
OUH discharges	28,838	165,029	193,867	28,415	166,237	194,652	6,102	34,887	40,989
OUH 28 day readmissions	7,196	16,378	23,574	2,995	17,096	20,091	693	4,400	5,093
OUH 28 day readmissions rate	9.7%	9.9%	12.2%	10.5%	10.3%	10.3%	11.4%	12.60%	12.4%
National 28 day readmissions	9.6%	8.7%	8.8%	9.8%	8.7%	8.9%	9.2%	10.90%	10.7%
Highest NHS trust value	11.0%	10.6%	10.6%	7.2%	7.3%	7.3%	5.2%	5.7%	5.6%
Lowest NHS trust value	7.9%	8.9%	9.4%	6.0%	5.8%	5.8%	3.6%	3.0%	3.1%

For the most recent available data period of April 2020 to July 2020, the OUH 28 day readmission rate was above the national average. The OUH 28 day readmission rate was 12.4% and the national average was 10.7%.

Dr Foster analyses all hospital data and categorises a readmission as ‘any readmission within 28 days to any specialty’. The analysis does not differentiate between a readmission due to a complication or deficiency in the provision of care or an admission for a new medical issue. The Trust has introduced care pathways whereby a patient is discharged with a scheduled readmission to an ambulatory unit as part of their plan of management. The analysis for readmissions does not exclude these planned readmissions.

A red alert is triggered when the readmission rate for a procedure or condition is over the national average. These data represent an early warning system and the alerts are investigated by the respective clinical units to identify any learning or improvement areas.

The Trust takes the following actions to improve this indicator and so the quality of its services.

- Negative (higher than expected) readmission rates are investigated by the respective Division.
- If the investigation identifies any care quality concerns, actions are implemented and monitored by the Divisional Clinical Governance Team and reported to the Trust Clinical Governance Committee.

Patient experience

The Trust is fully committed to putting patients, carers and families at the heart of everything that we do. We aim to provide timely, compassionate and inclusive access to services, care and treatment. We also want to ensure that our patients' thoughts and observations about their care and treatment are heard. The Trust collects information about patient experience through several formal and informal mechanisms, including: the Friends and Family Test, the National NHS Patient Survey Programme, Patient Stories, Patient Participation Groups (PPGs), as well as ad hoc surveys and a dedicated patient feedback email. All feedback is sent to the relevant clinical service area and drives improvement plans.

Compassionate care

The drive for continuous improvement in our services to our patients, their friends and family is underpinned by the Trust Values of Learning; Respect; Delivery; Excellence; Compassion; Improvement.

The Trust takes part in the annual CQC National Inpatient Survey (1). The survey asks questions about patients' hospital admission, which are framed around the responsiveness to inpatients' personal needs (2). The table below shows the Trust and national benchmarking answers to this for the last three surveys.

The Trust's responsiveness to the personal needs of its patients during the reporting period

Responsiveness to inpatients' personal needs	2017-18	2018/19	2019/20
OUH	**73**	**70**	**73**
National average	**69**	**67**	**67**
Highest scoring trust	**85**	**85**	**84**
Lowest scoring trust	**60**	**59**	**60**

Source: National Statistics, NHS Digital website

Notes:

1. The latest National Adult Inpatient Survey requested the views of people who were inpatients in July 2019. The Trust received the embargoed results in February 2020, ahead of the CQC reports in June 2020. The NHS Outcomes Framework Indicators for 2019-20 were published in August 2020.
2. This data set is part of NHS Outcomes Framework Indicators – the data are published once a year and patient experience is measured by scoring the results of a selection of questions from the National Adult Inpatient Survey focusing on the responsiveness to personal needs. This creates a compound metric where a perfect score would be 100 – comparison is made above with National results.
3. As a result of the COVID-19 pandemic, changes were made to the planned implementation of the CQC National Patient Experience Programme, in particular to the National Adult Inpatient Survey (revised sampling period) and the National Maternity Survey (cancelled for 2020). The sampling period for the National Adult Inpatient Survey was revised from July to November 2020 with fieldwork commencing in January 2021. Initial results are expected in June 2021 and CQC benchmarking reports are expected in September 2021.

The results from the CQC national surveys and complaints were used to form the Patient Experience Delivery Plan. This two-year plan started in December 2018 and was designed to address issues which most concerned patients and their families. Progress against the plan has been presented at Trust Board Meetings during this reporting period. The ten themes within the Patient Experience Delivery Plan are:

- Delivering same sex accommodation
- Noise at night
- Holistic care plans for people with cancer
- Emergency Department waiting times
- Delayed or cancelled operations or procedures
- Discharge from hospital
- Car parking on the hospital sites
- Home First: HART (Home Assessment Reablement Team)
- End of life care
- Patient Led Assessments of Care Environments (PLACE)

Due to the COVID-19 pandemic the actions contained within the Patient Experience Delivery Plan were put on hold. The Trust will now investigate how to capture ‘real time’

patient feedback within the ten key focus areas. This will give a new baseline before implementing a refreshed Patient Experience Strategy across the Trust. This strategy will include additional ways for patients, carers and families to be involved with reviews and service improvements.

Patient recommendation of our hospitals to family and friends

The Friends and Family Test (FFT) has been adopted nationally across all aspects of NHS healthcare. All trusts use the recommend rate to gauge patient satisfaction with their services. The Trust's recommend rates with the number of responses for the 2020-21 financial year are in the table below.

The Trust is delighted that overall, across the year 93.4% patients (n= 127846) told us that they rated their experience as very good, or good. The FFT survey also asks patients to comment on their care. This feedback is shared with the respective wards and departments. The comments are also themed for the Trust Board and help the Board to understand a balanced view of patient experience alongside complaints, claims and compliments.

Results from the OUH Friends and Family Test (FFT) survey April 2020 to March 2021	
FFT: inpatients and day cases	**96%** of patients rated their experience on their ward as very good or good. This is based on 27916 responses.
FFT: emergency departments	**87%** of patients rated their experience within the emergency department as very good or good. This is based on 17815 responses.
FFT: outpatients	**94%** of outpatients rated their experience as very good or good. This is based on 81,515 responses.
FFT: maternity	**96%** of women rated their experience of the Trust's maternity services as very good or good. This is based on 600 responses.

The table below shows the Trust's overall results from the FFT survey for this 12 month period.

April 2020 to March 2021	Very good	Good	Neither good nor bad	Poor	Very poor	Don't know
Number of responses overall	104,483	14,977	3,576	2,049	2,182	579
Percentage	82%	12%	3%	2%	2%	1%

Oxford University Hospitals NHS Foundation Trust considers that these data are as described for the following reasons.

- The data and information generated by the FFT are robustly scrutinised to check for accuracy before being signed off and submitted to NHS digital as part of the national submissions programme.
- The Patient Experience Team has introduced some significant improvements to enable the test to run more smoothly and to enable wards and departments to more easily access their feedback, to help them learn and improve their services.

Oxford University Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of our services as follows.

- The FFT is sent via an automated text message across several services. Following a successful trial in February and March 2020, text messages are now used to collect feedback in children's wards.
- A trial started in December 2020 to explore response rates using two alternative methods. Patients were able to complete the FFT via text, or via an online link. At the end of the trial period, the response rates will be compared, with the aim of further rollout of the most effective method.
- Initiatives are being explored to increase the response rate within Maternity.
- All team leaders are encouraged to use the website where feedback is uploaded – Envoy Messenger. There are facilities on the site to create 'You said, we did' posters and to create action plans around any feedback that requires follow-up and the training has shown staff how to use this tool.

COVID-19 specific activities

Keep in Touch (KIT) Scheme

This was set up in May 2020 to enable family and friends to write to inpatients at the Trust. It was a much-needed opportunity for families to keep in touch when patients were not able to receive visitors. Feedback from families for this service has been heartfelt, given the complications of families being able to see each other during the pandemic. Meesages have been received from across the country for inpatients within the Trust. The scheme is still operational and receives approximately 10-20 emailed letters a day.

Support for patients who are unable to wear masks due to hidden disabilities

The Social Distancing Group explored how to support patients who have hidden disabilities and are unable to wear masks, and the group developed a single-use sticker to be given on arrival by the Reception and Volunteer teams. The sticker was approved by Carers Oxfordshire. The scheme was supported by clear communications to advertise the appropriate use of the stickers alongside the key message for the majority of members of the public to wear masks.

Healthcare during COVID-19: Understanding the impact

Two Trust-wide patient questionnaires have been developed and are being tested. The first explores patient experience of remote outpatient appointments (telephone / video). The aim of this questionnaire is to understand how remote appointments are working, the advantages for and the issues experienced by patients. The second explores experiences of face-to-face appointments / day case treatment. This questionnaire aims to understand patients' experience of feeling safe when coming into hospital and the COVID-19 safety measures put in place. Early findings show that patients have had a positive experience of remote outpatient appointments and would like, where appropriate, for these to continue as they alleviate some stresses, for instance transport, that can be associated with coming into hospital.

Staff recommendation of our hospitals to family and friends

NHS Staff Survey results

Recommendation of the organisation as a place to be treated:

The two tables below show OUH scores compared to the national average, highest and lowest scoring trusts over four consecutive years.

OUH scores	2017-18	2018-19	2019-20	2020-21
OUH	**71%**	**74%**	**78%**	**83%**
National average	71%	71%	71%	74%
Highest scoring trust	86%	87%	87%	92%
Lowest scoring trust	47%	40%	40%	50%

Recommendation of the organisation as a place to work:

OUH scores	2017-18	2018-19	2019-20	2020-21
OUH	**57%**	**57%**	**64%**	**70%**
National average	61%	63%	63%	70%
Highest scoring trust	77%	81%	79%	84%
Lowest scoring trust	43%	39%	36%	47%

The 2020 key findings from our NHS Staff Survey include the following.

- Our highest response rate to date of 53% (6,971 people) compared to 2019 response rate of 48% (5,926 people) and 48% (5,767 people) in 2018. This is above the median average for response rates in Acute and Acute and Community Trusts of 45% 2020.
- 23 out of the 78 questions are significantly better than 2019; 51 questions are not significantly different; one is statistically worse in respect of staff who felt unwell due to work related stress as 2% more staff have experienced work related stress compared to 2019.
- The main three themes showing significant improved scores are: i) Health and wellbeing, ii) adequate resources and iii) recommending OUH as a place to work.
- Our overall employee engagement score has seen a positive improvement from 7.1 out of 10 in 2019 to 7.2 out of 10 in 2020. We have seen good improvements in our people advocating for the Trust as both a place to work (70% up from 64% in 2019; compared to 66.9% average) and to receive treatment (83% up from 78% in 2019; compared to 74% average).

Oxford University Hospitals NHS Foundation Trust is taking the following actions to improve the outcomes associated with these indicators, and therefore the quality of its

services.

Responding to the messages in the survey:

- We will continue to build on the improvements seen in the 2020 survey, specifically in relation to the improvements in wellbeing as this remains an organisational focus as part of our 'Growing Stronger Together' initiative in 2021.
- We are also embedding 'Just Culture' and 'Civility Saves Lives' principles into our leadership practices and procedures. Specific training modules for building and nurturing a 'Just Culture' are being developed and will be incorporated into our development offer for our leaders.
- Learning from what has worked well to date within the national best in class trusts, as well as identifying areas of internal good practice, is important to enable collective improvement. The findings and action plans emerging from the analysis will be embedded and owned within teams and Divisions, as well as identifying cross-cutting themes that will also be driven forward corporately.

Infection prevention and control

Oxford University Hospitals NHS Foundation Trust considers that these data are as described for the following reasons.

- The Trust has a process in place for collating data on *C.difficile* cases.
- Data are collated internally and submitted on a daily basis to Public Health England.

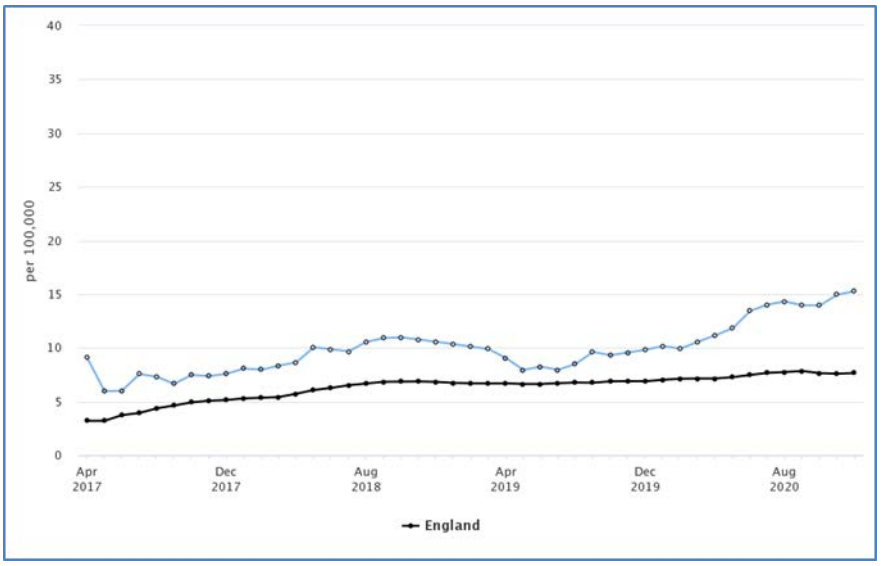
Oxford University Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of our services.

- A root cause analysis (RCA) of each *C.difficile* case is normally presented at the monthly Health Economy meeting which includes representation from OUH, Oxford Health, OCCG and PHE.
- The purpose of this meeting is to review all reported cases of *C.difficile* to apportion responsibility, identify causality and trends, identify lapses in care and develop agreed action plans for quality improvement.
- The upper ceiling for OUH apportioned cases of C.*difficile* for 2019-20 was 89. Due to the COVID-19 pandemic the NHS standard contract for objectives for 2020-21 has removed the consequence for breaching objectives.
- All cases of hospital onset, hospital acquired (HOHA) *C.difficile* and community onset hospital acquired (COHA) are now reported and investigated on Ulysses.

- During the COVID-19 pandemic there was an increase in *C.difficile* cases. The CQC wrote to the Trust for assurance on the management of *C.difficile*. The response paper was presented to the HIPCC and CCG in February 2021. The CQC has requested further information in relation to antimicrobial stewardship.
- In March 2021 the 'Seven Key Steps Safety Checklist to remember' for Preventing Healthcare Associated Infection during COVID-19 was launched and is expected to form part of safety huddles. This checklist draws attention to key messages around infection prevention and control practice and behind each key step there is underpinning information.

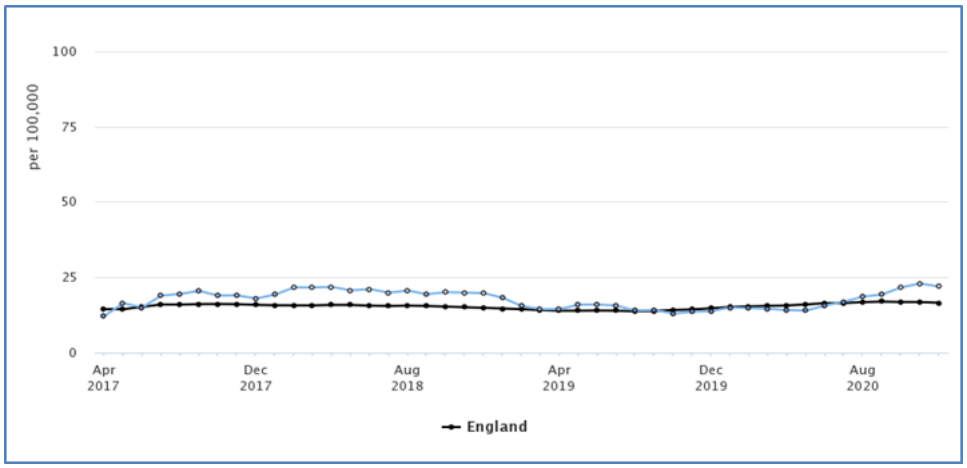
The graph below shows OUH *C.difficile* infection counts and 12-month rolling rates of community onset- healthcare associated cases by reporting trust and month (COHA) (data correct to December 2020,

Ref: https://fingertips.phe.org.uk/profile/amr-local-indicators/)



The graph overleaf shows OUH C.*difficile* infection counts and 12-month rolling rates of community onset healthcare associated cases, by reporting trust and month (HOHA) (data correct to November 2020).

Ref: fingertips.phe.org.uk/profile/amr-local-indicators/



- Data are compared to peers, highest and lowest performers, and our own previous performance, as set out below.

The table shows the number of C.difficile cases, the bed days, the rate and compares this to the national average, best and worst performing trusts.

***C.Difficile* rates per 100000 bed days**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
OUH attributed (number)	72	51	89	114
Total bed days	391,765	359,098*	356,490*	290,643
Rate per 100000 bed days (OUH attributed cases)	18.1	14.2	23.8	39.2
National average	13.7	14.2	**	**
Best performing trust	0.0	0	**	**
Worst performing trust	91.0	79.7	**	**

**The Bed Days for 2018-19 and 2019-20 are calculated using UsedBedDays_GA&CC*

**The *C.difficile* indicator was changed to 'Number of avoidable incidences of *C.difficile* infection in patients that developed after 48 hours of admission' (CLOD) in April 2019. National total figures for *C.difficile* (CLOD), have not been published on HES since 2018-19.

MRSA Bacteraemia

For the financial year 2020-21 there were a total of eight MRSA bacteraemia apportioned to OUH. All eight cases have undergone a root cause analysis (RCA) and been reviewed at the Health Economy meeting.

- Seven of the cases were intensive care patients, of which five had COVID-19.
- In seven of the cases, ventilator associated pneumonia (VAP) was considered to be the source of the infection.
- All eight cases were deemed unavoidable due to the complexity of the patients.

Learning points identified from the RCAs

- Missed MRSA screening on admission.
- Delayed and inconsistent administration of MRSA decolonisation.
- Mouth care not reliably recorded.
- Usual VAP bundles compromised due to patient proned, heavier sedation, mouth care carried out by less experienced staff during the pandemic, patients received high dose steroids.

Contributory factors

- Reduced nurse: patient ratio during pandemic.
- Non-compliant bed spacing due to increased number of patients in intensive care.
- Long length of stay in intensive care and hospital for COVID-19 patients.

Actions

- Task and finish group set up in intensive care to conduct audit of VAP, implement interventions and review.
- Seven Key Steps (oxnet.nhs.uk) for reducing healthcare acquired infection during COVID-19.
- Audit of compliance to MRSA screening and decolonisation in intensive care settings.

End of life care

Plans for the year were heavily influenced by the pandemic. The hospital palliative care team adopted national guidance on the management of symptoms due to COVID-19 and developed some additional local guidance. Information was made available on the

intranet in addition to providing teaching for staff as requested. Palliative care unit staff (Sobell House Hospice) moved to meet the clinical need over the year – to hospital, hospice and community as needed. During the first wave three members of OUH staff were redeployed to the hospital palliative care team and medical staff from Katharine House Hospice and Helen and Douglas House joined the hospital team to support the care of patients dying in OUH. This enabled the medical team to provide a seven day a week consultant clinical presence in the John Radcliffe Hospital for two months.

The palliative care consultants examined their practice in providing care for those dying in the first wave. They published a paper which is one of only seven international papers looking at care at the end of life in this pandemic. The team has submitted a rapid review of pharmacological management of symptoms for publication. This information will support care at the end of life for patients dying of COVID-19.

Patient safety incidents

The number of patient incidents and near misses reported at OUH via our electronic reporting system demonstrates a small (4%) decrease on the previous financial year (2019-20 23,075; 2020-21 22,101). This is because of a reduction in the expected rate of incident reporting in April to June, reflecting the cancellation of elective surgery and some outpatient activity as the Trust changed its clinical focus to concentrate on the COVID-19 pandemic. OUH actively encourages staff to report clinical incidents and near misses so lessons can be learned in order to improve care. Measures used by NHS England and others to indicate a positive ‘safety culture’ within an organisation include the rate of incident reporting (the higher the better) and the proportion with significant patient harm (the lower the better). Trusts across England upload data relating to patient incidents reported locally to the National Reporting and Learning System (NRLS) to allow NHS England to view incidents and to identify trends at a national level. This also allows trusts to benchmark the data with similar trusts.

Oxford University Hospitals NHS Foundation Trust considers that these data are as described for the following reasons.

- Data are compared to peers, highest and lowest performers, and our own previous performance, as the table below shows.
- Data on patient safety incidents are collated on a Trust-wide incident management system.

The table overleaf shows that, since April 2015, OUH has reported a consistent number of incidents per year, which is notably above the national average for acute non-specialised trusts. Source: NRLS, Organisation Patient Safety Incident Reports which are published six months in arrears.

Patient safety incidents reported

	Oxford University Hospitals NHS Foundation Trust				
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20****
Number of patient safety incidents	**17,788**	**17,121**	**17,002**	**17,202**	**18,188**
National average (acute non-specialist trust)	9,465	7,661	10,714	11,338	**12,724**
Highest reporting trust	24,078	27,991	31,007	45,740	**44,025**
Lowest reporting trust	3,058	2,880	2,444	1,844	**3,444**
Number of patient safety incidents that resulted in severe harm* or death	**44**	**11**	**16**	**30**	**59**
National average (acute non-specialist trust)	39	38	37	37	39
Highest reporting trust	183	190	220	159	183
Lowest reporting trust	2	3	0	1	1
Percentage of patient safety incidents that resulted in severe harm or death	**0.20%**	**0.06%**	**0.09%**	**0.17%**	**0.32%**
National average (acute non-specialist trust)	0.40%	0.40%	0.37%	0.36%	0.34%
Highest reporting trust	2.00%	1.38%	1.76%	1.35%	1.44%
Lowest reporting trust	0.00%	0.02%	0.00%	0.01%	0.01%

* As per the NRLS definition.
** Latest figures available.

In early 2019 the Trust amended its approach to impact grading for incidents, to conform with NRLS advice. This involved a transition from healthcare-related impact grading, where avoidability was considered, to a literal grading of the impact, where the impact on

the patient is reflected regardless of whether the harm was avoidable or not. This has meant an increase in the number of incidents reported with ‘Death’ or ‘Severe’ harm as the impact. (The table above shows 59 such cases in 2019-20, which was the annual total for the three previous years combined). This result reflects a change in categorisation only, there are no concerns that a greater number of death and severe harm incidents are occurring.

Oxford University Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of our services.

The Serious Incident Requiring Investigation (SIRI) Forum is a weekly meeting where frontline staff, executives and leads for specialist areas such as Tissue Viability, Pharmacy, VTE and Information Governance attend as required. During 2020-21 there were 1,227 documented attendees compared to 2019-20 where there were 1,346 documented attendees. This is a reduction of 119 and likely reflects that several meetings at the start of the financial year were not held because of the COVID-19 pandemic. Decisions were still made but via email or smaller group discussions. From 14 May 2020 SIRI Forum meetings were held virtually.

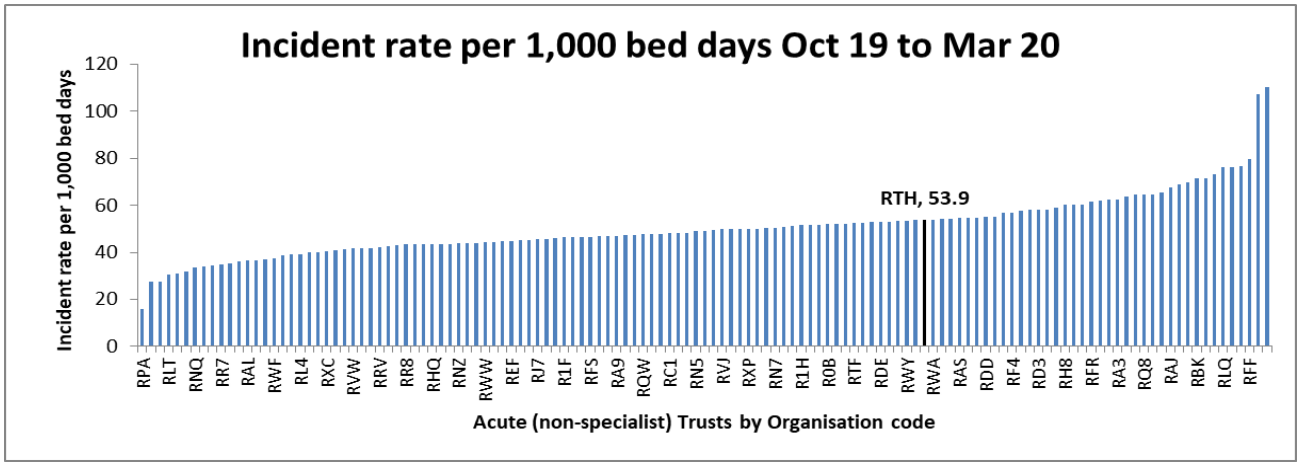
The Trust undertakes a Patient Safety Response meeting each weekday morning. The group is chaired by the CMO or a deputy from an agreed pool, including senior medics and the Head of Clinical Governance. The group reviews all incidents reported with, or upgraded to, moderate or above impact since the last meeting. In addition to identifying questions that should be addressed by 72 hour reports for incidents to be considered for discussion at the SIRI Forum, or downgrading the impact where necessary, the meeting may send a delegation to departments to ensure that there is suitable support for staff members and patients.

During 2020-21 84 SIRIs were declared on the Strategic Executive Information System (STEIS) with 27 being subsequently downgraded. 22 of those were classified as nosocomial COVID-19 probable / definite deaths which were later downgraded on STEIS to allow investigation under one SIRI. This is a 20% decrease in SIRIs on 2019-20, in which 77 SIRIs were identified, with six downgrades.

The table and graph overleaf show the incident rate per 1000 bed days for organisations who report in to the NRLS. The OUH rate demonstrates 54 incidents / 1000 bed days, which is above the national average for this reporting period.
Source: NRLS, Organisation Patient Safety Incident Reports

Incidents per 1000 bed days

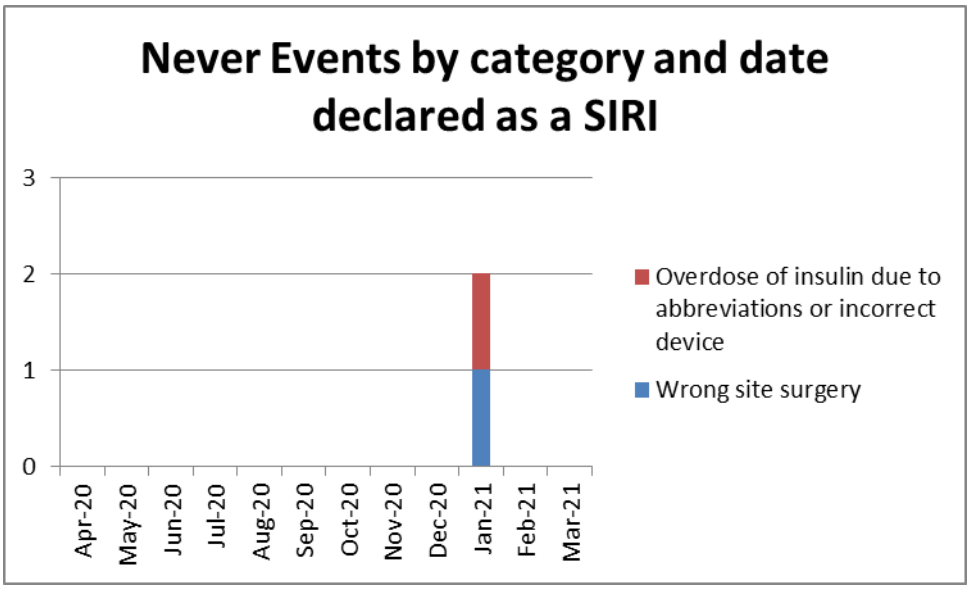
Incident rates – acute non-specialist Trust									
	Oct 15 Mar 16	**Apr 16 Sep 16**	**Oct 16 Mar 17**	**Apr 17 Sept 17**	**Oct 17 Mar 18**	**Apr 18 Sep 18**	**Oct 18 Mar 19**	**Apr 19 Sep 19**	**Oct 19 Mar 20**
Incident rate (per 1,000 bed days)	**41**	**44**	**40**	**44**	**44**	**48**	**49**	**50**	**54**
National average	40	41	41	43	43	45	46	50	51
Highest reporting rate	76	72	69	112	124	107	96	104	110
Lowest reporting rate	15	21	23	23	24	13	17	26	16



Never Events

A Never Event is described as a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers. There are 16 types of incidents categorised as such by NHS England, although one has been temporarily suspended (undetected oesophageal intubation), and one does not affect acute trusts such as OUH (failure to install collapsible shower or curtain rails).

This graph demonstrates that two Never Events were confirmed between April 2020 and March 2021, inclusive.



In 2020-21, two Never Events were reported compared to seven in 2019-20 and 11 in 2018-19.

The two Never Events for 2020-21 were as follows.

1. Wrong site surgery: a patient who had lesions in both lungs underwent a CT-guided biopsy of the right lung when they were listed for a biopsy of their left lung. No harm has come to this patient as a result of this incident.
2. An overdose of insulin administered using the incorrect type of syringe. No harm has come to the patient as a result of this incident.

The learning and improvements stemming from these incidents, with a particular focus on the system changes made to reduce the probability of recurrence are as follows.

- Relevant WHO checklist amended to specify that CRIS (radiology information software) request must be read out and the correct procedure ratified.
- Amendment to education / induction programmes for nursing and medical staff to cover the requirement above. A generic checklist is being produced for the repurposing of areas throughout the Trust. This is being led by the Emergency Planning Team.
- Insulin syringes are to be stored with insulin vials in the fridge.

How learning from Never Events has been shared at all levels in the organisation and externally

Internally

- The learning has been reported at committees within the Trust. This includes the Patient Safety and Clinical Risk Committee (PSCR), CGC and IAC.
- The Never Event reports have been discussed within departments.
- In 2019, a new process was adopted, by which all Never Event investigations are presented to the CEO, CMO and CNO following completion. The investigation team summarises the incident and main findings, and the Divisional and local management discusses progress against the action plan, and further learning. Clinicians involved in the Never Events also attend, and positive feedback concerning the process has been received from all sides.
- Patient safety alerts have been placed on the front page of the intranet where appropriate.
- Never Event root cause analysis reports are sent to governance staff in all Divisions, not just that in which the incident occurred, on completion, for immediate consideration regarding sharing learning.
- All SIRI root cause analysis reports are uploaded to the Trust intranet on completion.
- Safety messages have been sent to all OUH email accounts and posted on the Trust intranet each week since February 2019. These messages are brief and can cover any patient safety issue, such as an introduction to a recent change in procedure locally or nationally, confirmation of best clinical practice, or a celebration of recent outstanding activity; they are often inspired by learning opportunities raised in incident investigations, and mandated in investigation action plans. By the end of March 2021, 113 of these messages had been disseminated.

Externally

- The CQC and NHS Improvement are informed of a Never Event when it occurs and a 72-hour report is sent to them for information.
- OCCG and NHS England and Improvement review all completed root cause analysis reports, and they complete assurance visits once action plans are

complete to ensure that learning has been sufficiently embedded, before closing the incident on STEIS.

The results of the 2020 national NHS Staff Survey provide positive assurance regarding the Trust's approach to incident reporting and management. Questions relating to the treatment of staff involved in incidents, taking remedial actions in response to incidents, and communicating these with staff, all showed an increase on Reponses from the past three years, and all were above the national average.

Question	OUH 2017	OUH 2018	OUH 2019	OUH 2020	National average 2020	National best 2020	National worst 2020
Fair treatment of staff involved in an incident	58%	59%	64%	65%	61%	71%	48%
Taking actions against incidents	71%	72%	75%	78%	73%	84%	60%
Feeding back on actions against incidents	60%	60%	65%	67%	62%	73%	47%

Duty of Candour

Duty of Candour is a statutory requirement that patients are contacted when they have been involved in a clinical incident which has resulted in Moderate or greater impact. As soon as reasonably practicable after becoming aware that a notifiable patient safety incident has taken place, a registered person must notify the relevant person that the incident has occurred. This discussion must be given in person, provide an account which is complete and accurate, advise on any further investigation into the incident which might be required, and include an apology. This must be followed by a written notification to the relevant person.

OUH compliance with Duty of Candour in 2020-21

This table demonstrates that Duty of Candour has been addressed in all of the relevant incidents from this financial year.

	Verbal	Letter
Q1 2020-21	111/111	111/111
Q2 2020-21	99/99	99/99
Q3 2020-21	153/153	153/153
Q4 2020-21	97/97	97/97

There can be complications relating to Duty of Candour, such as a patient's contact details being out of date, which can delay the completion of one or both elements. All cases requiring Duty of Candour are monitored in the Trust's weekly SIRI Forum and Divisional representatives supply updates on progress to confirm that these cases are being actively managed, and report when the obligations have been concluded. Completion of Duty of Candour and wherever possible a copy of the relevant correspondence is recorded both in the Trust incident management system and in the patient's notes.

Venous thromboembolism (VTE)

Venous thromboembolism (VTE) is the collective term for deep vein thrombosis (DVT) and pulmonary embolus (PE). A DVT is a blood clot which blocks the blood flow in one or more veins of the leg. A PE occurs when a blood clot breaks free from the DVT and travels to the lungs where it blocks the blood supply to part of the lung.

The Trust has met and exceeded the 95% target for VTE risk assessment of patients for 2020-21.

Oxford University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons.

- The Trust has a robust process in place for collating data on venous thromboembolism assessments.
- Data are collated internally and then submitted on a quarterly basis to the Department of Health.
- National figures of VTE % have been suspended for 2020-21 due to the COVID-19 pandemic therefore we are unable to compare data to peers for this year.

- Data for previous years are compared to peers, highest and lowest performers, and our own previous performance, as set out in the table below.

VTE	2017-18	2018-19	2019-20	2020-21
OUH VTE assessment rate	98%	98%	98%	98%
National average	95%	96%	96%	*
Best performing trust (all acute trusts)	100%	100%	100%	*
Worst performing trust (all acute trusts)	74%	78%	79%	*

* National figures for VTE were not being submitted in the last year.

Oxford University Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services.

- In response to COVID-19 the VTE Prevention Team and the EPR Team have worked closely to adapt the e-VTE risk assessment recommended outcome to e-prescribing following publication of new interim guidelines for VTE Prevention in those with suspected proven COVID-19.
- The Pharmacy Team continues to support the VTE Prevention Team to enable a robust independent Trust-wide audit of appropriate thromboprophylaxis. This continues quarterly and good quality data has helped drive improvements in patient safety.
- All hospital associated thrombosis (HAT) incidents are reported. Potentially preventable HATs are discussed in the SIRI Forum and learning outcomes are disseminated.
- OUH participated in the national GIRFT Thrombosis Survey.
- e-Learning VTE prevention and safe anticoagulation modules are regularly reviewed and are up to date.
- Improvements have been made in patient information about hospital acquired venous thromboembolism that is provided on discharge. In order to provide all patients with information on discharge, a statement on VTE risk on discharge has been included in the electronic discharge summary since July 2017.

Part 3: Other information
Progress against priorities for 2020-21

The table gives the name and description of each Quality Priority, states why we chose these as Quality Priorities and then gives a description of how success was evaluated over the course of the year, followed by the evaluation.

Patient Safety

NEWS2	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
In April 2018 NHS England mandated the implementation of NEWS2 across all acute hospital trusts and ambulance services. (Patient Safety Alert NHS/PSA/RE/2018/003).	Improves the earlier identification of deteriorating patients and facilitates standardisation.	We will implement NEWS2 across OUH during 2020-21. **Action 1:** Deliver Trust-wide communication for the launch of NEWS2 during 2020-21. **Action 2:** Test and deliver the technical requirements for the deployment of NEWS2 within the System for Electronic Notification and Documentation (SEND) platform and the electronic patient record (EPR) during 2020-21.	**Action 1**: Trust-wide communication about the launch of NEWS2 and the subsequent changes to this have taken place in a timely fashion. As this is an ongoing process due to the delay in introducing the system caused by the pandemic, the action is ***partially achieved.*** **Action 2:** The technical solution, including the fix of the problem experienced at the September 2020 launch, has been tested and was ready to be launched on 12 January 2021. Some potential risks remain as the testing process is similar to that used in September but the team is more confident in success. However, it was considered that the launch of NEWS2 at this time would place an unacceptable stress on clinical teams tackling rising COVID-19 patient numbers and so, following an options appraisal, a decision to delay

NEWS2	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			the launch was approved by the COVID-19 Steering Group until, at least, April 2021. ***Partially achieved.***

Safety Huddles	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
A safety huddle is a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk.	Effective safety huddles involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm.	A standardised method to run and record safety huddles has been developed and implemented across the Trust. **Action 1:** Assess effectiveness (we would expect to see an increase in the number of incidents reported with a lower proportion of high harm incidents). **Action 2:** Assess the safety culture across the organisation using a validated tool.	**Action 1:** Although it is not possible to undertake a meaningful comparison with the same time in the previous year due to the COVID-19 pandemic, the data show that the number of incidents reported has remained about the same over the last two years with the proportion of high harm incidents appearing to increase very slightly over that time. It is impossible to draw any meaningful conclusion from this as the numbers are so small and the variables are many and complex although analysis is ongoing. No commonalities or trends have been identified. ***Partially achieved.*** **Action 2:** The University of Texas Safety Attitudes Questionnaire (UTSAQ), used by the OxSTaR for our human factors programme, has been distributed to multidisciplinary teams who have undergone training

Safety Huddles	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			collectively as a result of Never Events including Interventional Radiology, Plastics and Dermatology. Analysis of data from the UTSAQ will inform ongoing safety interventions and we will revisit these teams in the coming year using the UTSAQ to understand any change in culture as a result of these interventions. Future plans include broadening the use of this questionnaire across OUH to support more teams in the delivery of effective safety interventions. The initial draft of the data analysis from the UTSAQ shows that feedback was limited, but when combined with course, effective. ***Partially achieved.***

Insulin Safety	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
Insulin errors remain widespread around the country despite many local and national initiatives to improve insulin safety. They can be potentially life-threatening however, on many occasions the harm suffered is ameliorable or avoidable.	One in six people in hospital have diabetes and this is increasing. 35% of people with diabetes in OUH are treated with insulin and will be treated in all areas of the Trust.	By 31 March 2021 there will be a 20% reduction in two of the National Inpatient Diabetes Audit (NaDIA) Harms: severe hypoglycaemia and hospital acquired diabetic ketoacidosis. **Action 1:** We are going to cleanse our data to ensure they provide an accurate representation of our case mix.	**Action 1:** Previously identified incidents reviewed against nationally defined criteria to clarify baseline. Information query built to ensure all DKA incidents are identified using current systems.

Insulin Safety	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			Query built for Ulysses to identify reporting of previous incidents. System implemented for identification of new incidents from EPR-generated alerts and diabetes team consults. ***Action achieved.***
		Action 2: Where the NaDIA Harm criteria have been met there will be an investigation of what happened in order to learn and improve care.	**Action 2:** Members of the Diabetes Team are reviewing incidents while awaiting the formation of an insulin safety group. ***Partially achieved.***
		Action 3: Investigation templates for each of the harms will be produced and adapted as required to fit the needs of the investigations.	**Action 3:** No existing templates identified for NaDIA Harms from local / national sources (peer experts, charities and national societies with an interest in inpatient care approached). Local templates for other harms identified and reviewed. Literature search undertaken. The work to complete this action is in the very early stages. ***Partially achieved.***
		Action 4: A multidisciplinary Insulin Safety Group will be set up to review the NaDIA Harm reports, identify learning and actions to improve care.	**Action 4:** There is a Trust imperative to set up a Medicine Safety Group first (inaugural meeting December 2020). Insulin safety is being considered in the round as part of this group. The Insulin Safety Sub Group will report to the main Medicine Safety Group. A planning meeting for the Insulin Safety Group has

Insulin Safety	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			taken place and the aim is that the group will become more active once the pandemic allows. Divisional / wider representation will follow this process. ***Partially achieved.***
		Action 5: People with diabetes will be represented on the Insulin Safety Group.	**Action 5:** Candidates have been approached and provisional agreement has been obtained. ***Partially achieved.***

Clinical Effectiveness

Psychological Medicine	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
Improving the provision of psychological medicine to all OUH patients (formerly referred to as 'mental health care')*	Improving mental health care in the ED was one of the 2019-20 priorities. At our Quality Conversation public event in January 2020 stakeholders asked that we develop this work to include all Trust inpatients.	We aim to build on the already good level of 'mental healthcare' OUH offers its patients by enhancing it in several areas as follows. **Action 1:** We will improve access to psychiatry for inpatients at the Horton General Hospital by implementing tele-psychiatry for medical inpatients.	**Action 1:** We have enhanced tele-psychiatry provision for all medical inpatients (on all sites including the Horton) in part as a response to COVID-19. Further work is needed to address practical and technical issues (suitable space in the psychiatry office, availability of suitable devices, staff training and reliable connections to Wi-Fi networks). ***Partially achieved.***
		Action 2: We will expand the provision of	**Action 2:** We have expanded Psychological Medicine to some, but not

Psychological Medicine	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
		integrated psychiatry and psychology to cover more of the Trust's high need areas such as haematology and gastroenterology.	yet all, high need areas. New posts for haematology have been approved. Psychological Medicine continues to work with medical and surgical specialties including gastroenterology, respiratory medicine, stroke, specialist surgery and cardiology to improve provision. COVID-19 has emphasised the need but also slowed progress in contracting and approvals. ***Partially achieved.***
		Action 3: We will work with our partners Oxford Health to ensure that we deliver the nationally required Core 24 standard by ensuring that there is a rapid response to all emergency and urgent psychiatric referrals at nights and weekends as well as during weekdays.	**Action 3:** OUH Psychological Medicine has extended provision to include weekend and bank Holidays. Oxford Health continues to cover night-time emergencies (and ED). As a result, OUH now meets the NHSE Core 24 standard of delivering a rapid response to all emergency (1 hour) and urgent (24 hours) referrals every day in both ED and OUH wards. Although the action has been achieved, at this point in time, ongoing input will be required to ensure this performance is maintained. ***Fully achieved.***
*OUH aspires to provide comprehensive patient-centred care to all of its patients. While recognising that the term 'mental health' (as opposed to physical health) is often used to refer to both patients and their illnesses, we prefer not to dichotomise patients or their illnesses in this way. Instead, we use the term Psychological Medicine to refer to one of the many types of care we provide to our patients.			

Staff health and wellbeing	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
Related to feedback from the Staff Survey.	This was one of the suggested priorities that stakeholders voted to	The aim is to provide an effective, safe and healthy working	

Staff health and wellbeing	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
	include into 2020-21 at our Quality Conversation public event in January 2020.	environment which will be reflected by an improvement in the staff health and wellbeing scores in the 2020 OUH Staff Survey. **Action 1:** Using Staff Survey data, engage with staff to identify and prioritise initiatives for implementation by end March 2021 to improve people's health and wellbeing	**Action 1:** Health and wellbeing (HWB) has been a core priority throughout 2020-21. Our 2020 Staff Survey results showed a significant improvement in our wellbeing scores, including a 6% increase in people feeling that OUH definitely takes positive action on health and wellbeing. Key components that have driven this improvement include: HWB Lead commenced 11/01/21 to work with our Black, Asian and Minority Ethnic (BAME) staff members to co-design culturally relevant initiatives. • 'Your Wellness Matters' winter wellbeing campaign launched 11/01/21 through to the end of March 2021. • Weekly workshops for wellbeing leads facilitated by Psychological Medicine and Culture and Leadership. • Fortnightly Psychological Medicine and Here for Health 'self-care' webinars for our people. • Respite rooms being identified. • Risk assessments completed for all our people.

Staff health and wellbeing	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			• Greater flexible working arrangements positively received. • Specific HWB questions included in 2020 Staff Survey. • Rollout of flu and COVID-19 vaccinations. Over 11,000 OUH staff have now had a COVID-19 vaccine and over 3500 staff have now had both doses. • Winter incentives package offered over Christmas. • 'Recognition' annual leave day – 2021-22. • Regional funding for a rest pod for Neuro ICU. • Participation in the national arts programme – one of 20 trusts. • Leadership Behaviours Framework in development – based on leading with care. • DMTs and three CSUs rolling out Affina. • Non-Executive Director (NED) Wellbeing Guardian identified***.*** ***Action achieved.***
		Action 2: A newly revised policy and procedure for managing stress in the workplace will be drafted ready for consultation by 31 March 2021.	**Action 2:** The Managing Stress in the Workplace policy has been drafted and is ready for consultation in April 2021. ***Action achieved.***
		Action 3: Ensure the use of a recognised Health and Wellbeing Framework to support our work is	**Action 3:** The OUH Guide to Health and Wellness was launched in June 2020 and this was comprised of six dimensions of wellness: Emotional and psychological;

Staff health and wellbeing	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
		in place by 31 March 2021.	environmental; physical; occupational and intellectual; financial; social. These are based on the eight dimensions of wellness framework and they have driven the OUH work priorities during 2020-21. Furthermore, as part of the collaboration in the BOB ICS, OUH undertook an organisational assessment in November 2020 against the NHS Health and Wellbeing Framework to help to plan and implement system priorities to improve the wellbeing of our people. ***Action achieved.***

To minimise the occurrence of nosocomial COVID-19 in the OUH	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
COVID-19, caused by SARS-CoV2, is a disease with high morbidity and mortality in the elderly and certain vulnerable groups. It is spread by the respiratory route, and also likely to be spread by contact / infectious fomites. The potential for infection within hospitals is considerable, both between patients, patients and staff, and between staff.	The aim of the project is to protect patients and staff by reducing the proportion of COVID-19 cases likely to have been acquired in hospital to as low as possible, and below the average proportion for similar acute trusts. The COVID-19 clinical information study (Co-CIN) across multiple, acute trusts in England identified the proportion of cases likely to have been acquired in hospital as 12% (defined as symptom onset within five days of admission). (01/01/2020-13/04/2020). The proportion of cases in OUH using this definition was 13%.	**Action 1:** Set up a database to monitor the proportion of cases likely to be hospital acquired using the definitions* of HOIHA, HOPHA, HODHA, and to act swiftly to work with clinical areas where an increased number of cases is noted. To submit data on nosocomial infection rates nationally as required. **Action 2:** To complete a gap analysis against the NHSE&I Infection	**Action 1:** Database set up and admission screening compliance can be accessed via the Orbit dashboard. Data continues to be reported nationally. During November and December 2020 there was a steep increase in COVID-19 activity in the Trust. In November there were 11 (6%) probable nosocomial cases and 14 (8%) definite cases out of 180 cases and in December there were 35 (5.8%) probable and 33 definite (5.5%) cases out of 601. NHSE&I advised that OUH was an outlier for the number of definite nosocomial cases for week ending 28 December. Prior to this notification, NHSE/I had undertaken a supportive visit to OUH and had gained assurance around management of flow of patients on all pathways. A COVID-19 safety audit is available for clinical areas to complete to understand compliance to screening, cleaning, ventilation and PPE. In January 2021 there were 1081 patients in the Trust, of which 38 (3.5%) were definite nosocomial and 50 (4.6%) were probable nosocomial. Despite the increase in cases since October 2020 the proportion of cases that are nosocomial has fallen month by month since November 2020. ***Fully achieved.*** **Action 2:** The BAF was reviewed and updated following presentation to Integrated

To minimise the occurrence of nosocomial COVID-19 in the OUH	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
		Prevention and Control Board Assurance Framework document **Action 3:** To work with all clinical areas to reduce opportunities for SARS-CoV2 transmission, considering both patients and staff (e.g. patient triage and pathways, diagnostics, patient placement, social distancing, cleaning, communications, education).	Assurance Committee (IAC) in February 2021 and will be provided to NHSE&I for assurance of IPC measures being undertaken in the Trust. No significant gaps identified. ***Fully achieved.*** **Action 3:** There has been an increase in COVID-19 positive cases in non-COVID-19 areas in the Trust. This has resulted in nosocomial transmission in bays and operational issues due to closed beds in bays where exposed patients are cohorted. Where two or more cases are identified in one area in a period of time meets the criteria for declaring an outbreak. The IPC Team has worked seven days a week since December 2020 with onsite services, the Health and Safety Team and Occupational Health to reduce the risk of transmission and outbreaks in clinical and non-clinical areas (two or more staff or patients linked in time and place) to review, investigate and recommend actions if required. Outbreaks are reported nationally and through the Trust's clinical governance process. An outbreak cannot be closed until 28 days after the last case. Despite the increase in cases since October 2020 the proportion of cases that are nosocomial has fallen month by month since November 2020. ***Action ongoing.***

To minimise the occurrence of nosocomial COVID-19 in the OUH	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
		Action 4: To support widespread testing of both patients (emergency, elective, regular weekly testing) and staff. To monitor the uptake of patient and staff regular testing.	**Action 4:** *Patients:* Screening of patients on admission and during their stay for SARS-CoV-2 continues, with an increasing number of positive patients. A dashboard has been developed that shows that the majority of patients are screened within 12 hours of admission. There are still areas for improvement. **Key actions: infection prevention and control and testing guidance requires**: a) All patients must be tested at emergency admission, whether or not they have symptoms. b) Those with symptoms of COVID-19 must be retested at the point symptoms arise after admission. c) Those who test negative upon admission must have a second test three days after admission, and a third test five to seven days post admission. d) All patients must be tested 48 hours prior to discharge directly to a care home and must only be discharged when their test result is available. Care home patients testing positive can only be discharged to CQC-designated facilities. Care homes must not accept discharged patients unless they have that person's test result and can safely care for them. e) Elective patient testing must happen within three days before admission and patients must be asked to self-isolate from the day of the test until the day of admission. In addition the Trust undertakes weekly screening of all inpatients. Lateral flow tests are

To minimise the occurrence of nosocomial COVID-19 in the OUH	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			now in use in the emergency setting and Maternity Delivery Suite. *Staff:* The Trust continues to offer testing for both symptomatic and asymptomatic staff (data will be aligned with PHE studies). The asymptomatic data showed an increase from October 2020 which continued through to December. There was also an increase in positive results for symptomatic staff screening. Lateral flow home testing kits for staff have been in place since November 2020 in addition to our existing successful asymptomatic staff testing clinics. Staff are being asked to test themselves twice a week and encouraged to continue accessing regular asymptomatic testing clinics up to every two weeks. The results of our staff LFD usage have been published in a recent peer reviewed article: Home-based SARS-CoV-2 lateral flow antigen testing in hospital workers (journalofinfection.com). In December 2020 the OUH Staff Testing Group published in the New England Journal of Medicine, showing for the first time that the presence of positive anti-spike or anti-nucleocapsid IgG antibodies was associated with a substantially reduced risk of SARS-CoV-2 reinfection in the ensuing six months. From February 2021 in symptomatic staff screening the number of staff accessing the service has

To minimise the occurrence of nosocomial COVID-19 in the OUH	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			reduced, and the percentage of positive tests has also reduced. ***Action ongoing.***
		Action 5: To ensure staff are supplied with and trained to use PPE appropriate for the clinical area for their own and patient protection.	**Action 5:** The educational resources for using PPE during COVID-19 were updated in November and are available on the Infection Prevention and Control intranet. Resources include videos, posters and visual guides. There is also a new e-Learning module available on My Learning Hub. The PPE Support Team continues to visit wards and is primarily staffed by the IPC Team. A COVID-19 safety audit was introduced for areas to review compliance with safety factors such as personal protective equipment, social distancing and ventilation. The Trust abides by the PHE guidelines for PPE; this is kept under regular review and discussed at COVID-19 Clinical Forum and Steering Group. ***Action ongoing.***

*__Definitions:__
HOIHA - Hospital onset indeterminate healthcare associated – first positive specimen 3-7 days after admission to the Trust
HOPHA - Hospital onset probable healthcare associated – first positive specimen 8-14 days after admission to the Trust
HODHA - Hospital onset definite healthcare associated – first positive specimen 15 or more days after admission to the Trust

Patient Experience

HART	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
Supporting service users to return to independent living following discharge.	This was one of the 2019-20 priorities that stakeholders voted to continue into 2020-21 at our Quality Conversation public event in January 2020. As a Trust we recognise that hospital based care is the first part of the journey to recovery and that this journey continues at home.	In 2018 and 2019, the proportion of patients returned to functional independence following hospital discharge reablement was 57% and 59% respectively. By 31 March 2021 we aim to enable 50% of patients leaving any hospital bed base each month to not require any ongoing care and to further increase the percentage of all patients on the HART pathway who return to independent living to 63%. **Action 1:** Continue to recruit to Therapy posts to support discharge to assess (D2A) across the whole county eight whole time equivalents by 31 March 2021. **Action 2:** Train 'exercise and mobility champions' within the workforce to enhance reablement: eight champions by 31 March 2021.	From April 2020 to February 2021 57% of HDRS (Hospital Discharge Reablement Service) completed reablement episodes reached independence. ***Fully achieved.*** From April 2020 to February 2021 68% of HDRS completed episodes reablement discharged independent or with reduced care. This meets the requirement of the new Hospital Discharge Policy produced by NHS England in August 2020. ***Fully achieved.*** **Action 1**: Eight WTE equivalent therapists are working within HART, currently using 1.2 WTE locums to achieve this but continuing to recruit to permanent positions. Four WTE therapy assistants have also been recruited using skill mix review of staffing budget***. Fully achieved.*** **Action 2:** 15 reablement support workers (RSWs) have received additional training and competencies to enhance their working practice as Therapy Champions carrying out individualised programmes with patients. Working with Oxfordshire County Council team to use 'Just Checking' system with

HART	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
			suitable patients. ***Fully achieved.*** **Action 3**: Work has been delayed due to the pandemic pressures. ***Not achieved.***
		Action 3: Undertake an evaluation of at least three different types of assistive technology to support independent living by 31 March 2021.	

Reducing the number of patients with an extended length of stay (LOS)	Why we chose this Quality Priority	How we will evaluate success	Evaluation January 2021
Ensuring patients reach the discharge destination that is right for them in a timely manner which will also help to improve flow through the Trust.	This was one of the 2019-20 priorities that stakeholders voted to continue into 2020-21 at our Quality Conversation public event in January 2020.	We will achieve a reduction in the number of patients with an extended length of stay (LOS) of over 21 days, to fewer than 90 patients by 31 March 2021.	In February 2021 the number of patients with an extended LOS was 114. This is above the target of 90. When compared with February 2020 there has been a 17% drop year on year in the average daily LOS numbers. In March 2021 the average daily LOS numbers decreased to 104.
		Action 1: The Deputy Divisional Nurse will lead on this for each Division.	**Action 1:** ***Achieved.***
		Action 2: A weekly discharge patient tracking list (DPTL) will be sent out every Thursday.	**Action 2:** ***Achieved.***
		Action 3: Each Division will carry out a weekly review of this cohort of patients which will be documented on the patient's electronic record.	**Action 3:** ***Achieved.***

Reducing the number of patients with an extended length of stay (LOS)	Why we chose this Quality Priority	How we will evaluate success	Evaluation January 2021
		Action 4: Monday to Friday all delays will be reviewed at the midday huddle to resolve issues and reduce LOS.	**Action 4:** ***Achieved***.

Patients who have their procedure cancelled	Why we chose this Quality Priority	How we will evaluate success	Evaluation March 2021
Gathering information to understand the impact of cancelled admissions and procedures on patients and their families. This will provide valuable insight for recommendations to enhance the patient experience.	This was one of the suggested priorities that stakeholders voted to include into 2020-21 at our Quality Conversation public event in January 2020. National surveys carried out in 2018 and 2019 found that the Trust was in the worst 20% of trusts where patients reported they had procedures cancelled. Feedback within the Trust found that if an operation is cancelled, patients would like an apology and explanation. During the period December 2018-19 there were a total of 75 cancelled appointments due to 'patient declining treatment on the day', this is an average of six a month.	The aim is to improve the position of the Trust regarding cancelled procedures in national surveys to the middle quartile by 31 March 2021. **Action 1:** We will ensure that all staff who are likely to be delivering this news are trained to do so appropriately. **Action 2:** We will explore the reasons for 'patients declining treatment on the day' and reduce the monthly average from six to three per month.	**Action 1:** Discussions with Urology are ongoing regarding a potential pilot site for this action. Work has been delayed due to the pandemic pressures. ***Partially achieved.*** **Action 2:** From August 2020 to January 2021 there have been 69 patient cancellations (on average 11 per month). This is for JR and WW theatres (no data for SUWON at present). The team have not had capacity to explore in depth with patients why they have declined their operation, however, COVID-19 is recorded as a detail for this on the dataset. Further work on this has been delayed due to the pandemic pressures. ***Not achieved.***

Other notable achievements

Although it was a challenge to deliver all the 2020-21 Quality Priorities in full due to the impact of the pandemic, it is important to recognise that there were other notable Trust achievements during 2020-21.

Oxfordshire Winter Plan

The Oxfordshire Winter Plan which is a joined-up and holistic plan involving all health and care partner organisations in the county – built on the success of our 'one team' approach over the last two winters. We asked the people of Oxfordshire to help us to help them by choosing the right service throughout the winter.

New Radiotherapy Centre in Swindon

In early August 2020 work got underway to build our new OUH Radiotherapy Centre on the Great Western Hospital site in Swindon. Local people have donated £2.9 million towards the specialist equipment needed to provide radiotherapy in Swindon. It is estimated that by providing treatment closer to where people live the new OUH Swindon Radiotherapy Centre will save over 13,000 patient journeys to Oxford every year, alongside anxiety, stress and precious time. Jason Dorsett, our Chief Finance Officer, represented the Trust Board at a socially-distanced ground-breaking event on 23 October 2020 on the building site.

The Black, Asian and Minority Ethnic (BAME) Staff Network at Oxford University Hospitals

The BAME Staff Network at OUH has been created to promote a culture of inclusion and diversity at OUH – their new Twitter feed was launched on 1 October 2020 to mark the start of Black History Month. Black History Month recognises and celebrates the outstanding contribution that people of African and Caribbean descent have made to the UK over many generations, including in the NHS. This year it was particularly important in the context of the Black Lives Matter movement and the disproportionate impact which COVID-19 has had on BAME communities.

OUH partnership with Apple:

OUH patients can now choose to access Apple's Health Records on iPhone which brings together hospitals, clinics and the existing Apple Health app to make it easy for

patients to see their available medical data from multiple providers whenever they choose. OUH patients who have been registered with our 'Health for Me' patient portal can access Health Records on iPhone. Registration on the patient portal is being rolled out by clinical specialty, starting with Diabetes and Renal, before being rolled out Trust wide.

Our 2020-21 performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement.

The table shows the performance of key indicators by quarter for the year and the sum total for the previous year.

	Target	2018-19 Annual	2019-20 Annual	2020-21 Q1	Q2	Q3	Q4	Full year
Rates of *C. difficile*	<89 2019/20* 2020-21 no target due to pandemic	51	89	26	34	31	23	114
18 Week Incomplete	>92%	80%	80%	54%	51%	68%	69%	61%
4 hour Target	>95%	87%	83%	91%	87%	83%	81%	85%
Maximum wait of 62 days from urgent referral to treatment for all cancers	>85%	72%	68%	44%	74%	77%	73%	76%
Extended 62-Day Cancer Treatment Targets (following detection via national screening programme of hospital specialist)	>90%	79%	60%	77%	77%	87%	88%	69%
Supporting measures: number of diagnostic waits <6 weeks - DiagWaits	>99%	98%	97%	66%	76%	86%	90%	79%

** C.difficile infections were measured using new criteria for apportioning cases from 2019-20. As a result the threshold increased compared to the previous financial year in line with the new reporting classification. The total cases reported in the table are also not directly comparable between financial years.*

Emergency Department (ED) access: 95% ED patients wait fewer than four hours

Oxford University Hospitals NHS Foundation Trust considers that these data are as described for the following reasons.

- The Trust has a robust process in place for collating data on ED attendances and four hour breaches.
- Data are collated internally and then submitted on a monthly basis to the Department of Health.
- The Trust is regularly and independently audited to ensure accuracy of the figures.
- Data are compared to peers, highest and lowest performers, and our own previous performance, as set out in the table below.

Emergency Department	2017-18	2018-19	2019-20	2020-21
Four hour Breaches	26,673	20,588	27,939	18,379
Attendances	155,352	160,714	165,011	126,306
Performance	83%	87%	83%	85%
National average	89%	88%	84%	89%
Best performing trust	100%	100%	100%	100%
Worst performing trust	73%	62%	66%	74%

Oxford University Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services.

- Performance against the national standard for the percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from referral was 68.9% at the end of 2020-21, and there were 4,934 patients waiting over 52 weeks for first definitive treatment. In September 2020, OUH was required to submit a 'Phase 3' Elective Recovery Plan which included a trajectory for the number of patients waiting over 52 weeks; delivery against this trajectory was adversely affected by a subsequent surge in COVID-19.

- The indicator measuring A&E attendances where the patient was admitted, transferred or discharged within four hours of their arrival at an A&E department was 88.2% at the end of 2020-21. OUH recorded a 23% decrease in attendances in 2020-21 compared to the previous financial year.

- The indicators measuring 62 day cancer standards from GP referral and from screening programmes to treatment were 76% and 69%, respectively, at the end

of 2020-21. Performance against the indicator measuring diagnostic wait times for tests within six weeks was 92.3% at the end of 2020-21. COVID-19 had a significant impact on performance against these standards throughout the course of 2020-21.

Statements

Annex 1: Statements from commissioners, local Healthwatch organisation and Overview and Scrutiny Committees

NHS
Oxfordshire
Clinical Commissioning Group

Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford
OX4 2LH
27th May 2021
Telephone: 01865 336795

Statement from Oxfordshire Clinical Commissioning Group (OCCG)

OUH Quality Account Response – OCCG

Oxfordshire Clinical Commissioning Group (OCCG) has reviewed the Oxford University Hospitals NHS Foundation Trust (OUH) Quality Account and believe that it is accurate and meets the requirements of a Quality Account. The challenges of 2020-21 mean that it is not possible to accurately capture all the care and work undertaken by the organisation in a single report.

We note that some of the 2020-21 Trust Priorities have been achieved in full, others have been either partially achieved or not achieved. The COVID-19 pandemic should be factored in regarding an assessment of achievement. We note some of the priorities have been rolled over into 2021-22, ensuring that the priorities remain relevant as we move into a period of recovery. OCCG notes the review and continuation of priorities into safety initiatives such as Safety Huddles and insulin safety. The Trust has achieved all actions relating to the NHS Staff Survey. The improvements in engagement and leadership of staff can be seen in the results of the NHS Staff Survey. The Trust priority of minimising the occurrence of nosocomial COVID-19 cases is to be commended. As the pandemic entered the winter, nosocomial COVID-19 cases rose in virtually every organisation. OUH is undertaking an in-depth review of all cases and this is being managed as a Serious Incident in line with NHS England guidance. This presents an opportunity to learn from the unprecedented circumstances.

OCCG notes the Trust Priorities for improvement for 2021-22 and supports these priorities. All the priorities will benefit a large number of patients. It is clear, however, that restoring levels of clinical activity and addressing the patient backlog is a priority.

This backlog and the long waiting times is a significant patient safety issue.
OUH has a process in place to identify harm in patients who are waiting longer than expected by national standards. This process has been expanded to support the Trust in safely managing patients waiting a considerable length of time for treatment. Many services within the Trust adapted to the pandemic by innovating and increasing the use of digital solutions. There is a real opportunity to retain and build on this modernisation of services. We support the Trust in making this a priority for 2021-22.
The mortality rates at OUH remain stable and compare well. The introduction of the Medical Examiner system and increased number of case reviews should support further learning is this area. OCCG notes that the readmissions rate is high and, while accepting the rationale provided by the Trust, believes there is an opportunity for further work and improvement. The COVID-19 mortality rates excellent when compared to other trusts and this is to be commended.
The rate of *C.Difficile* has risen significantly and presents a challenge, both to the Trust and to the wider health economy. The investigation of MRSA cases has highlighted the many challenges involved in caring for patients in intensive care during the pandemic. The Trust has demonstrated understanding of the challenges involved and has taken action to address these.
There has been significant reduction in the number of Never Events at OUH. This builds on the reduction seen in 2019-20. The Trust has demonstrated that it retains a good reporting culture, which suggests that the reduction in Never Events can be reliably accepted as due to less harm occurring, rather than any issues in reporting. The report also highlights improvement in the safety culture of the organisation. The Trust has other safety challenges in which OCCG would like to see improvements. In particular, the endorsement of test results, the flow and management of patients into a cancer Multidisciplinary Team (MDT) and the onward referral of patients from other specialties. We welcome the opportunity to work with the Trust to address these patient safety issues.
There has been no Commissioning for Quality and Innovation (CQUIN) scheme for 2020-21 for providers to participate in or to achieve. There has been no additional Care Quality Commission (CQC) actions or updates relating to the Trust.
The OUH Quality Account is an accurate description of the Trust's activity and the quality of its services. We recognise the considerable challenges of the last 12 months, and value the close working relationship that OUH and OCCG have enjoyed during this time.

NHS England Specialised Commissioning statement on Oxford University Hospitals NHS Foundation Trust 2020-21 Quality Accounts

David Barron
Director of Specialised Commissioning
and Health & Justice – South East Region
NHS England & NHS Improvement

21st June 2021

Bruno Holthof
Chief Executive,
Oxford University Hospital
NHS Foundation Trust

Dear Bruno

Re: 2020 – 2021 Oxford University Hospital Quality Account

Thank you for sharing the Oxford University Hospitals NHS Foundation Trust (The Trust) 2020/2021 Quality Account with NHS England and NHS Improvement as the commissioner of Specialised services.

You may be aware that the SE Specialised Commissioning, Quality team is depleted at presented, in the absence of a Director of Nursing the Quality Account 2020-21 has been reviewed by other members of the Specialised Commissioning Quality team.

Firstly, I would like to convey my thanks to the whole team in recognition of the hard work and dedication applied during the last year. Resilience, flexibility and adaptability has been shown by many at all levels, with the continuation of key services to support patient care despite unprecedented demand and uncertain times. Specialised

Commissioning accept it has not been possible to deliver all the 2020-21 Quality Priorities in full due to the impact of the pandemic.

There is however evidence from the account that despite the challenges faced by all during the COVID 19 pandemic some progress has been made against the Trusts 20-21 quality objectives, furthermore the Trust has been responsive to other challenges relating to quality in the last year, such as a targeted focus on staff wellbeing and striving to understand and mitigate the negative impact to patients of COVID 19. New and innovative interventions shaped by the last year, such as the Growing Stronger Together programme, form part of the forthcoming years objectives. This approach will further aid the achievements relating to Band 5 staff nurse retention and the successful international nurse recruitment programme alongside the focused measures applied to the trainee medical workforce.

Specialised Commissioning had oversight of the “Phase 3” Elective Recovery plan and contributed to the 21-22 Ops planning process which demonstrates the measures the system and partners are taking to address the backlog in waiting times for elective and cancer care as a result of the first and second surges in COVID-19 during 20-21. It is positive to note that a system of request to clinicians is in place to clinically review all patients waiting in excess of 52 weeks for psychosocial and clinical harm and that the reviews are discussed in the monthly Harm Review Group (HRG). The over-arching risk stratification statements for services with high numbers of long-waiting patients, with a prioritisation process based on clinical need, allowing the expedition of patients as necessary, contributes positively to clinical outcomes where services are pressured. This approach should continue during 21-22, with a process in place for investigation for any patient who comes to harm due to delayed treatment, collated by the electronic patient record and shared with commissioners where relevant.

I note the work of the Integrated Quality Improvement Team specifically delivering the Quality Service Improvement and Redesign (QSIR) training which will contribute to a proactive approach to quality improvement throughout the Trust.

Although the NHS standard contract for objectives for 2020-21 has removed the consequence for breaching objectives for the numbers of *C. difficile* or MRSA, all hospital acquired infections including COVID 19 continue to be investigated to

determine the root cause and outline improvements that can be made to improve future prevention, contributing positively to the patient safety agenda.

The Quality Improvement (QI) Hub, led by clinical representatives including a range of clinical and non-clinical stakeholders has aided in positive contribution to patient safety as demonstrated in the staff survey. Further identified by the launch of a number of safety related initiatives such as adoption of the “Just Culture” and Safety Huddles for all teams in 2020-21.

A key objective for the region during 21-22 is building resilience in the system, the expansion of Adult Critical Care is central to this and is being led by Specialised Commissioning. OUH are significant in contributing to meeting that objective through the development of a new 48-bed Critical Care Building at the John Radcliffe Hospital.

Whist I recognise the opportunity for patient and user engagement in the forthcoming years quality objectives has been curtailed, the drive noted in the account to increase patient and public involvement particularly working with patients to improve their health, care and experience is recognised, alongside the involvement of staff in the objective setting.

Despite the impact of wave 1 of the COVID 19 pandemic in June 2020 the Trust were able to change the software used to report incidents and implement other modules such as Quality Improvement, Clinical Audit, NICE guidance, Central alert system, Complaints and PALS, Legal, Bereavement and Structured Mortality Reviews, in addition to the launch the Oxford Scheme for Clinical Accreditation (OxSCA) which outlines a set of standards which clinical wards and departments can use to measure quality and demonstrate improvement in the services they provide. This information will assist in the monitoring and shaping of future service plans in collaboration with commissioners.

Of particular note is the specific measures taken and approved by the executive team relating to COVID 19 such as the Keep in Touch (KIT) Scheme and the support for patients who are unable to wear masks due to hidden disabilities both of which will positively contribute to patient experience. Key to the future delivery of safe care is understanding the impact of COVID, the initiatives adopted to explore patient

experience of feeling safe in the hospital environment will assist in patient health and wellbeing.
You note the number of patient incidents and near misses reported at OUH during 21-22 decreased on the previous financial year due to a reduction in the expected rate of incident reporting, reflecting the cancellation of elective surgery and some outpatient activity as the Trust changed its focus to concentrate on the COVID-19 pandemic. I anticipate that the electronic system will ensure robust reporting of any increases during the forthcoming year.

You note the learning from the two of never events during 21-22 has been shared at all levels in the organisation and externally, reviewed by the executive team with a number of actions in place to mitigate future occurrence. You will be aware that during 21-22 commissioners are expecting to roll out the Patient Safety Incident Response Framework (PSIRF) following completion of the NHSE wide pilot, this will focus on systemic learning from trends particularly in Serious Incidents to ensure embedded improvement.

The Trust was issued a 'Regulation 28 notice by the coroner relating to the prevention of future deaths in Trauma. Identifying that there was not a Major Trauma Lead Consultant or a Trauma Co-ordinator in post in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. The mortality review concluded that poor care was provided to the patient, though this would not have changed the clinical outcome. The Trust has responded positively with plans to relocate trauma services to clinical areas that are physically adjacent, patients will be admitted under the overall care of a 'Major Trauma Consultant' who will be an Orthopaedic Consultant unless their trauma is exclusively related to a different surgical specialty, when a referral will be made to that specialty for ongoing lead care. Recent approval has been secured for an increase in allocated team members (keyworkers) of 2 additional WTE posts, providing 5 days a week service with expectation that 2 further posts will be added to deliver resilient 7 day working. The Specialised Commissioning Operational Delivery Network will support the Trust in this improvement.

The project to protect patients and staff by reducing the proportion of COVID-19 cases likely to have been acquired in hospital to as low as possible, is central to ensuring patient safety. I look forward to understanding the outputs and achievements of the project.

The measures planned in reducing the number of patients with an extended length of stay (LOS) will serve to support the recovery agenda.

Although the Trust paused all routine clinical research activities, in order to prioritise studies directly related to COVID-19, contribution to national audits such as the neonatal programme and cardiac surgery audit have continued to provide a focus on the quality agenda.

In the 19-20 Quality Account detail was provided regarding the improvement made to GMC Higher Training. At that time enhanced Monitoring continued in Neurosurgery for Foundation Level medical trainees through monitoring by HEE to ensure the evidence of improvements in the learning environment were sustainable, Specialised Commissioning would value an update of the position.

Despite the COVID-19 pandemic new and innovative ways of teaching have been applied to continue education and practice development roles to provide critical support to nursing and midwifery staff to enable them to deliver the quality of services, this approach has been essential to the management of the changing presentation of patients during the last year, we recognise the responsive approach applied to ensure the workforce are well supported and able to delivery essential services in unprecedented times.

You have detailed a number of other areas of outstanding practice such as the Triangulation of complaints, claims, incidents and inquests, clinical research studies hosted by OUH, a focus on ensuring staff do not suffer detriment and speaking up initiatives to ensure a positive working environment for staff. These and others contribute positively to a positive experience and outcomes for patients.

I am able to provide reassurance that despite postponement of the NHSE/I QST process due to the COVID 19 pandemic we expect the process to be re-established during 20-21. We will of course advise you of its reinstatement. This will allow teams delivering specialised services such as Congenital Heart Disease to demonstrate the work applied to peer review improvement requirements alongside other services deemed as requiring enhanced provider surveillance.

We look forward to continuing to work collaboratively with the Trust in the coming year in order to support the quality improvements identified by the Trust.

David Barron

Director of Specialised Commissioning
and Health & Justice – South East Region
NHS England & NHS Improvement

Response from the Health Overview and Scrutiny Committee to Oxford University Hospitals NHS Foundation Trust Quality Accounts

Oxfordshire Joint Health Overview and Scrutiny Committee
County Hall
New Road
Oxford
OX1 1ND
29 June 2021

Prof. Meghana Pandit
Chief Medical Officer
Oxford University Hospitals NHS Foundation Trust
by e-mail: Meghana.Pandit@ouh.nhs.uk

Dear Professor Pandit,

OUH NHS FT progress against quality priorities 2020/21; priorities for 2021/22

Thank you for presenting information on Oxford University Hospitals Foundation Trust's (OUH) quality priorities to the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) on 24 June 2021.

I and the committee fully recognise the significant impact of the COVID-19 pandemic on OUH's work over the past year. We are acutely aware of the pressures on you and your teams and the impacts which this has had on workloads and on physical and mental health across OUH. As such we are very grateful both for the work which OUH does and for your time in bringing details of it before the committee.

The presentation you made gave the committee a clear account of progress against OUH's priorities for 2020-21. There is much to applaud, both in what has been achieved, whether fully or partially, and the manner in which OUH has applied its values to the delivery of its priorities. Your focus on OUH growing stronger together as you collectively begin to recover from the pandemic was both evident and reassuring.

The achievements recorded in your presentation are impressive and welcome. The additional explanatory detail about how COVID and other factors led to some of your

priorities being “partially achieved” or “not achieved”, is appreciated, particularly given the committee’s earlier discussion of closed pathways during the pandemic.

I and the committee were also reassured to understand how those 2020-21 priorities which were ‘partially’ or ‘not’ achieved remain actively pursued, tracked and reported to the OUH Board in the current business year. Your response to Cllr van Mierlo, explaining that your 2021-22 priorities do not explicitly reference mental health because you will continue to report on that among 2020-21 “partially achieved” priorities, was a helpful example of this in action.

I and the committee are very supportive of your priorities for 2021-22. In discussion of the year ahead I was very encouraged by your response to Cllr Hicks about how OUH will continue to work with partners to apply its expertise and resources to preventative activities at population health scales, which could help reduce the demand for admissions. You also gave helpful examples of how OUH collaboration with Oxford Health and the Biomedical Research Centre has already involved research into reducing admissions due to multi-morbidity, and how your existing Hospital at Home services have supported those with a COVID-19 diagnosis at home and so avoided admissions or readmissions. I look forward to hearing more about these preventative and partnership elements of your Strategic Framework 2020-25 in the coming years.

I and the committee remain very keen to continue to support OUH and the wider health and care system in the coming year. I look forward to further details of how the priorities identified through this process develop through the 2021-22 business year and would welcome further discussion at a future HOSC meeting in due course. Equally if there are matters or proposals on which OUH would like the committee’s engagement please do not hesitate to contact me.

Yours Sincerely

Cllr Jane Hanna
Chair, Oxfordshire Joint Health Overview & Scrutiny Committee
Jane.Hanna@Oxfordshire.gov.uk
Contact: Steven Fairhurst Jones, Senior Policy Officer
Email: steven.fairhurstjones@oxfordshire.gov.uk

Oxford University Hospitals
NHS Foundation Trust

Governor Response to Quality Account 21 June 2021

The Council of Governors was pleased to read this positive record of what the Trust has done and continues to do to ensure that standards for the quality and safety of treatment and care are maintained and improved.

All governors have had the opportunity to comment on the report. The Council of Governors' Patient Experience, Membership and Quality Committee has additionally met virtually with Trust senior staff and non-executive directors to discuss key aspects of the Quality Account and to highlight a number of particular areas requiring more detailed explanation and future monitoring by the Committee. The document has been revised based on governor feedback where relevant.

During the financial year 2020/21 the Council of Governors had less opportunity to maintain its own scrutiny of service quality through its Patient Experience, Membership and Quality Committee, as meetings were scaled back due to the pandemic. The full Council was, however, regularly updated on issues related to the pandemic response and the Committee was able to resume its usual schedule towards the end of the year. Governors also raised more general issues relating to quality through its formal Council meetings and through discussions with non-executive directors where appropriate.

At the close of its response to last year's Report the Council recognised the strength of the Trust's early response to the COVID-19 pandemic and the unprecedented challenge that it had presented to the Trust's staff. The length and severity of the pandemic, which remains ongoing, might not have been widely anticipated at that time. It has impacted on every aspect of the Trust's work and the Quality Account records some of the Trust's achievements in responding to COVID-19. The Council wishes again to commend the amazing work done by all staff to treat COVID patients and to maintain other services where it was possible to do so safely.

Governors noted the significant focus on ensuring the effective monitoring of key quality issues and the emphasis on compassionate care which were commended, particularly in

the context of a very challenging year. It was noted that there was a need to further strengthen data and analytics to support this work and that the Trust was working to achieve this.

The Council welcomes the developments described in the Quality Account and is pleased to note the recognition by the Trust of areas where further improvements are required. Governors will continue to monitor these areas through its committees.

The Council of Governors recognises that the pandemic continues and that recovery from it will be a further significant challenge for the organisation, with staff fatigued and waiting lists lengthened. However, it is hoped that the opportunity will also be taken to maintain positive changes that have emerged from this period, including the use of remote outpatient appointments for those who want them and closer working relationships with key partners.

The need to ensure that staff wellbeing is supported following a hugely challenging year is recognised by governors. The measures to achieve this reported in the Quality Account are welcomed and will be monitored by the Council.

Overall the Council wishes to acknowledge the commitment and resilience of all staff for retaining high standards of compassionate, innovative care as they worked to maintain and improve quality standards in response to the pandemic in addition to all aspects of clinical care.

Cecilia Gould

Lead Governor

Sally-Jane Davidge

Chair of the Patient Experience, Membership and Quality Committee

Your voice on health and social care

Dr Holthof
CEO
Oxford University Hospitals NHS Foundation Trust
Sent by email to Bruno.holthof@ouh.nhs.uk
18 June 2021

Dear Dr Holthof,

Thank you for letting Healthwatch Oxfordshire have sight of the Trust's Quality Account 2020-21 prior to publication and for your responses to our comments and suggestions as detailed in our letter dated 28th May 2021.

The statements on page 80 and 82 of the documents about patient experience is now clear that their experiences are valued and used to inform clinical services and drives improvement plans for these services. We particularly welcome that this approach will give a new baseline before implementing a refreshed Patient Experience Strategy across the Trust. Healthwatch Oxfordshire welcomes any help we can give with promoting or involving patients in this process over the coming year.

The involvement by your children's patient group, YiPpEe in patient feedback regarding transition from children's to adult services is welcomed.

Regarding the Trust wide consent audit thank you for clarifying this point and we welcome knowing that the Trust has recently revised its Interpretation and Translation Policy together with planned raising awareness programme for all staff. We look forward to hearing how successful this has been, particularly the piloting of a tool on the electronic patient record (EPR) requiring all patients to have a communication needs assessment.

We asked what involvement the Oxfordshire Maternity Voice Partnership had in feeding back to the Trust patient experience. We are encouraged that their involvement in system wide groups enables their feedback to inform the ‘You said – We did’ and that there is a focus collecting data to ensure voices from the most seldom heard groups are identified.

I would remind the Trust that not all patients are digitally connected, many cannot communicate via telephone or video, some patients need language support, and that the preferred method of consultations might be face-to-face. Thank you for responding to this and assuring Healthwatch Oxfordshire, and patients, that digital appointment letters and broader digital offerings will always include paper communications if digital is not accessed within 72 hours of being sent out.

2020-21 was a difficult year for the community, staff, and patients. Again, we thank all staff at the Trust for their continuing commitment to provide a quality and safe service to the community of Oxfordshire.

As the Trust recovers from the COVID-19 pandemic we hope that waiting times for treatment will come down and that effective communication with patients gives them the ongoing confidence that their health and treatment needs remain a priority for the Trust.

Kind regards,

Rosalind Pearce
Executive Director

Annex 2: Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.
NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves of the following.

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2020-21 and supporting guidance detailed requirements for quality reports 2020-21.
- The content of the Quality Report is not inconsistent with internal and external sources of information including the following.
    - Board minutes and papers for the period April 2020 to May 2021.
    - Papers relating to Quality reported to the Board over the period April 2020 to May 2021
    - Feedback from commissioners dated 27 May 2021 (Oxfordshire Clinical Commissioning Group), 21 June 2021 (NHS England Specialised Commissioning).
    - Feedback from Governors dated 18 June 2021.
    - Feedback from local Healthwatch organisations dated 18 June 2021.
    - Feedback from Overview and Scrutiny Committee dated 29 June 2021.
    - The Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2021.
    - The (latest) national and local patient survey dated June 2020 and March 2021 respectively.
    - The (latest) national and local staff survey September to November 2020.
    - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2021.
    - CQC inspection report dated June 2019.

- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report are robust and reliable, conforms to specified data quality standards and prescribed definitions, and are subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board
NB: sign and date in any colour ink except black

Prof Sir Jonathan Montgomery
Trust Chair
30 June 2021

Dr Bruno Holthof
Chief Executive Officer
30 June 2021