



Quality Account

2013/14

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Statement

from the Chief Executive



2013 was a challenging year for the NHS as a whole. The cornerstone of our response has been a programme of peer review of our clinical Divisions, along with a series of risk summits examining issues relating to quality that cut across our hospital sites and organisational structure.

The overall goal of Oxford University Hospitals (OUH) is to deliver compassionate excellence to the patients we serve – the kind of high quality care we would want for our own friends and families. In order to provide such care day-in, day-out, we need to further develop and embed a culture within the organisation that: fosters continuous improvement; welcomes and acts upon the feedback of service users, carers and staff; and handles concerns about the quality of care, when they arise, with openness and transparency.

This Quality Account forms part of our annual report to the public about the quality of our services. It describes our key achievements during 2013/14 and our priorities for quality improvement during the forthcoming year 2014/15. In developing our Quality Account we have identified and shared information across the Trust, with our doctors, nurses, therapists and management teams, with our service users and those who commission services from us. In some areas, we have not achieved all that we had hoped to, but overall I am impressed with the tangible progress that we have made during the past year.

A challenging year for the NHS

2013 was a challenging year for the NHS as a whole. A number of authoritative reports were published, critical of the way in which parts of the NHS have sometimes dealt with patients including the most vulnerable members of our society.

Many of the criticisms ran right to the core of healthcare, touching upon dignity, the experience of patients and their carers, and the safety of patients.

Key reports on the NHS published in 2013

- The second Francis Report into Mid-Staffordshire NHS Foundation Trust – February 2013.
- Review into the Liverpool Care Pathway – July 2013.
- Keogh review into the quality of care and treatment provided at 14 hospital Trusts in England – July 2013.
- The Cavendish Review into the role of healthcare assistants and care workers – July 2013.
- Berwick Review into patient safety – August 2013.

The scrutiny and criticism to which the NHS has been subject during 2013/14 coincides with an increasingly challenging financial climate.

Our response to these challenges

Set against this difficult backdrop, OUH was well prepared for the challenges that 2013/14 brought. Along with our Trust Values, the Delivering Compassionate Excellence programme and other allied work, the Trust's five-year Quality Strategy (launched in 2012) continued to serve as an important framework for a programme of continuous improvement. It assisted us in remaining focused. The cornerstone of our response to the external reports described above has been a programme of peer review of our clinical Divisions, along with a series of risk summits examining issues relating to quality that cut across our hospital sites and organisational structure.

The internal peer review programme involved teams of clinical and non-clinical staff from across the organisation working together with patients to observe and comment upon practices in other clinical Divisions. This provided fresh pairs of eyes, a powerful learning opportunity and an effective way of sharing good practice across clinical specialties and management structures.

This method of internal review also helped us prepare for the in-depth inspection of the Trust undertaken by the Care Quality Commission (CQC) over a two-week period in February and March 2014. Over 50 CQC inspectors (composed of full-time CQC staff, clinical peers from across the NHS and patient and carer representatives) observed care first hand and spoke to staff and patients, as well as to local people, about their opinions of our services. The CQC's report was published in May 2014 and the Trust was rated as 'good' overall in each of the CQC's key domains – safe, caring, effective, responsive and well led. Overall the CQC made 115 separate judgments and described services as 'requiring improvement' in 11 of these areas. The detailed narrative in the report is an invaluable resource as we work to further improve the services that we provide. A positive rating from the CQC allows us to progress with our application to become a Foundation Trust. You can read more about this later in the report. Please see the section entitled *Statement on compliance with Care Quality Commission (CQC) and essential standards of care*.

“ *The CQC's report was published in May 2014 and the Trust was rated as 'good' overall in each of the CQC's key domains – safe, caring, effective, responsive and well led. Overall the CQC made 115 separate judgments and described services as 'requiring improvement' in 11 of these areas. The detailed narrative in the report is an invaluable resource as we work to further improve the services that we provide.* ”

Working in partnership

Working in partnership can bring new approaches and fresh ideas from different disciplines and sectors into the NHS.

It is increasingly recognised that modern and effective healthcare has to be provided through robust and seamless networks involving all organisations that input into the care and treatment of our patients.

In relation to local services and, in particular, those provided for elderly people with multiple health and social care needs, we are working closely with GPs and our colleagues in community health and social care services, as well as the voluntary sector, to develop more integrated pathways of care.

This enables patients' needs to be met in a more holistic and joined up manner.

As a provider of a large number of specialist services, the Trust is at the heart of a number of clinical networks in partnership with surrounding District General Hospitals. These networks help to guarantee the quality of care across the networks and ensure that specialist skills and resources are used effectively. Networks also enable services, where clinically appropriate, to be provided as close as possible to the patient's home.

The Trust is also a member of a number of academic and commercial partnerships. Working in this way allows us to benefit from the expertise of each of our partner organisations and enables us to play our part in tackling some of the big healthcare challenges of the 21st century. These challenges affect local people just as much as the wider population.

In 2013 the Oxford AHSN, hosted by OUH, was designated by NHS England – as one of 15 Academic Health Science Networks (AHSNs) across the country – to cover a population of 3.3m across Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire and Bedford. These networks – partnerships between the NHS, universities and life sciences – are intended to help all member organisations offer more effective and efficient services, to innovate more quickly and achieve greater patient benefit. An additional focus is the creation of wealth as a result. Further information can be found www.oxfordahsn.org

The Trust is also one of the 15 NHS trusts in England appointed to host the local National Institute for Health Research (NIHR) Clinical Research Network, the clinical research delivery arm of the NHS. The South Midlands and Thames Valley Local Clinical Research Network (CLRN) helps to increase the opportunities for patients to take part in clinical research, ensures that studies are carried out efficiently, and supports the Government's Strategy for UK Life Sciences by helping companies to carry out vital clinical research into potential life-saving new treatments and improved ways to diagnose illnesses in the NHS. The Oxford AHSN and this CLRN cover the same geography and will collaborate closely.

“*The Trust is a member of a number of academic and commercial partnerships. Working in this way allows us to benefit from the expertise of each of our partner organisations and enables us to play our part in tackling some of the big healthcare challenges of the 21st century. These challenges affect local people just as much as the wider population... Towards the end of 2013 Oxford was successful in being designated as an Academic Health Science Centre (AHSC). We are one of only six such centres in England and indeed the only newly designated AHSC. The award of AHSC status is a testament to partnership working.*

Towards the end of 2013 Oxford was also successful in seeking designation as an Academic Health Science Centre (AHSC). We are one of only six such centres in England and indeed the only newly designated AHSC. The award of AHSC status is a testament to the partnership working described above. The Oxford AHSC partners are Oxford Brookes University, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust and the University of Oxford. The AHSC will combine the institutions' individual strengths in world-class basic science, translational research, training and clinical expertise to address 21st-century healthcare challenges. It will allow scientific discoveries to move rapidly from the lab to the ward, operating theatre and general practice, so patients benefit from innovative new treatments. The AHSC is embedded within the AHSN and will work closely with it in a number of areas including cognition (including dementia), 'big data' and use of new technologies, chronic disease and wealth creation.

OxUH is also a partner in the NIHR Collaborative Leadership for Applied Healthcare Research and Care (CLAHRC), hosted by Oxford Health. Again it is working in important areas that will benefit patients across the geographical area – within hospitals and in the community. Taken together, these partnerships position us to: innovate and develop new treatments (AHSC and AHSN); demonstrate the value and worth of these treatments (CLRN and CLAHRC); and spread best practice across our wider network of provider trusts (AHSN).

Quality priorities for the past year

As we look back over 2013/14, we can point to a number of significant successes in relation to the quality priorities that we set for ourselves a year ago.

- In the domain of patient safety, a Patient Safety Academy has been set up under the auspices of the AHSN, hosted by the University and with much activity taking place within the Trust.
- In the domain of clinical effectiveness, the 'SEND' project, which aims to automate the processes through which physiological measurements (temperature, blood pressure, pulse and other metrics) are combined into an 'early warning score', which may predict deterioration and allow the attention of our staff to be targeted most effectively, has now received major external grant funding having been supported through the Oxford Comprehensive Biomedical Research Centre in its development stages.
- In the domain of patient experience, we have agreed our patient experience strategy. The NHS Friends and Family Test has been effectively implemented within the Trust over the year, and consideration of feedback from patients and carers is now demonstrable at service level and in the Trust's major decision-making groups.

There have been areas in which our achievements have not been as tangible as we might have hoped. These topics are identified within the body of the report and remain areas for ongoing work. In a small number of areas, Oxfordshire Clinical Commissioning Group challenged us as to whether we were meeting elements of our contract in full and on a consistent basis.¹ We have worked with commissioners to address these concerns and continue to do so.

NOTES:

1. Commissioners used contractual mechanisms to bring issues to our attention (pertaining to quality) in relation to: administrative processes and the speed of clinical communication; the supply of medication in monitored dosage systems upon discharge; the suspension of emergency abdominal surgery on the Horton site; and radiology reporting times.

Quality priorities for the year ahead

As we look ahead to 2014/15, our quality priorities will focus on a number of areas that will directly impact upon the way in which we deliver patient care.

Once again, we describe our priorities across the three domains of patient safety, clinical effectiveness and the experience of patients. We recognise that a number of areas of our organisation could have lent themselves to hosting a quality improvement programme for 2014/15. At Trust level, we have consciously limited the number of priorities such that there is real opportunity for focused and effective work over the course of the year. It is important to note that other quality improvement work is going on at all levels within the organisation, within the clinical Divisions and at the level of services, wards and teams. These Trust-wide quality priorities for 2014/15 are as follows.

Patient safety

- A programme of work to review and improve arrangements in place for the management of inpatients outside normal office hours across the four Trust sites. We are calling this the 'Care 24/7' programme.

Clinical effectiveness

- Implementation of the outputs of the risk summits examining the care of adult inpatients with diabetes and pneumonia.
- Expand the provision of physician input into the care of inpatients in surgical specialties.

Patient experience

- Improvements to the timeliness and communication around discharge from hospital.
- Improvements to the experience of our outpatient services, from booking through to attendance and further correspondence.
- Develop services to provide integrated psychological support for patients with cancer.

Our staff

Sustained quality improvement cannot happen without the active involvement and engagement of our staff. We are one of the largest employers in the region. Recruiting and developing the best people to work with us, whose personal values and behaviours are aligned to those of the Trust, is critical to our success going forward. In this year's staff survey almost 3,500 staff responded, and when compared to all acute trusts in 2013, OUH performs well in a number of areas. Critically, on the question of *staff engagement* the Trust is in the top 20% when compared to acute trusts of a similar size. For the fourth successive year, there has been an increase in the proportion of staff happy to recommend our Trust as a place to work or receive treatment.

"The many examples of compassion and dedication on the part of staff, showcased in the annual staff awards and evident from the peer review process, allow me to feel confident in the organisation's ability to continue to provide high quality care despite the challenges that the NHS faces."

The compassion, dedication and skill displayed by many of our colleagues were highlighted through our staff awards programme, now in its second year. Examples of how individuals and teams deliver compassionate excellence in their daily interaction with patients and with one another can be found within the body of this Quality Account. It is this commitment and endeavour that allows me to feel confident in the organisation's ability to provide the right care to our patients, whilst continuing to improve the quality of the services and the care that we deliver.



Sir Jonathan Michael, FRCP

Chief Executive



Statement *from the Chairman*

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

A handwritten signature in black ink, which reads "Fiona Caldicott". The signature is written in a cursive style.

Dame Fiona Caldicott, FRCP
Chairman

Statement of Directors' Responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Account (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Account) Regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account are robust and reliable, conform to specified Data Quality standards and prescribed definitions, and are subject to appropriate scrutiny and review;
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board



Date: 30 June 2014. **Chair**



Date: 30 June 2014. **Chief Executive**

Our quality priorities for 2014/15

WHAT IS A QUALITY ACCOUNT?

Quality accounts are annual reports to the public from NHS providers about the quality of the services provided. They aim to enhance accountability to the public for the quality of NHS services. The OUH's Quality Account sets out where the Trust is doing well, where improvements in quality can be made and the priorities for the coming year.

Our quality priorities for 2014/15

We recognise that some of our quality priorities for 2013/14 were not achieved in full and we will continue to push forward with work in these areas. We also recognise that Oxfordshire Clinical Commissioning Group has constructively challenged us during the year in relation to the quality of some of the components of the services we provide.

Over the year ahead, we will prioritise the delivery of quality improvements across a range of projects and services. There are six high level Trust wide quality priorities. There have been several different drivers in the development of these projects: priorities set for the NHS nationally; priorities agreed with our commissioners as part of our CQUIN² contract (and/or in response to concerns commissioners have raised with us); priorities arising through feedback that the Trust has received from service users; and priorities developed through our Risk Summits that have examined three particular areas of our work – the care of patients with pneumonia and diabetes, and the way in which our hospitals work 'out of hours'.

The risk summits have included participants from various backgrounds – patient representatives, commissioners and General Practitioners, and junior and senior Trust staff. All six priorities are underpinned by our Trust Values and the goal of *Delivering Compassionate Excellence*.

As explained above, discussions with our Commissioners produced a list of CQUIN goals for the forthcoming year. For further detail, please refer to the section entitled *Goals Agreed with Commissioners*. In previous years, our quality priorities have been aligned to the domains of patient safety, clinical effectiveness and patient experience. Our five-year Quality Strategy, launched in 2012, also follows this helpful framework. This year, in addition to use of this framework, we will also match our plans and priorities with the key questions developed by the Care Quality Commission (CQC) during 2013/14. These key questions guide the CQC's inspection process and are described in the table below.

CQC's key questions and what they mean

Are they safe ?	People are protected from physical, psychological or emotional harm.
Are they effective ?	People's needs are met, and their care is in line with nationally recognised guidelines. Patients have the best chance of getting better or living independently.
Are they caring ?	People are treated with compassion, respect and dignity and care is tailored to their needs.
Are they responsive to people's needs?	People get treatment and care at the right time, without excessive delay, and they are listened to in a way that responds to their needs and concerns.
Are they well led ?	There is effective leadership, governance (clinical and corporate) and clinical involvement at all levels of the organisation. There is an open, fair and transparent culture that listens and learns from people's views and experiences to make improvements.

NOTES:

2. The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence, by linking a proportion of the Trust's income to the achievement of local quality improvement goals.

LOOKING FORWARD: Our quality priorities for 2014/15

IN SUMMARY:

The quality improvement priorities for 2014/15 are:

Patient Safety – Safe | Caring | Responsive | Well led

- A programme of work to review and improve arrangements in place for the management of inpatients outside of normal office hours across the four Trust sites ('Care 24/7').

Clinical Effectiveness – Effective | Safe | Caring

- Implementation of outcomes of diabetes and pneumonia risk summits.
- Expansion of the provision of physician input into the care of inpatients in surgical specialties.

Patient Experience – Caring | Responsive | Well led

- Improvements to timeliness and communication around discharge from hospital.
- Improvements to the experience of our outpatient services, from booking through to attendance and further correspondence.
- Develop services to provide integrated psychological support for patients with cancer.

Patient Safety

Care 24/7

WHY WE CHOSE THIS	OUR AIMS	OUR ACTIONS
<p>The NHS faces a number of challenges at the present time, including an increase in emergency admissions to hospital, limitations on the time that staff can spend at work over the course of the week and an increasingly difficult financial environment. A number of external bodies have written authoritatively on these challenges including The Future Hospital Commission (Royal College of Physicians). It is timely following this report and our own internal peer review process for us to review arrangements in place locally for care delivered outside normal office hours and to make an assessment of their appropriateness and their fitness for the decade ahead. It is also included as part of the local CQUIN.</p>	<p>We will need to consider a wide range of different elements including:</p> <ul style="list-style-type: none"> • how things are working now on our four sites • how well we work together as teams • how well teamwork is supported by IT • whether the management of patients out of hours is as safe as possible • our approach to issues of skill-mix, roles and staffing levels across the week. <p>The goal is to develop a system of care delivery that supports safe, effective and high quality care on all four sites 24/7.</p>	<p>A A series of risk summits to ensure that the issues are approached in an inclusive and collaborative manner; with the input of clinical commissioners and the inclusion of external perspectives to provide constructive challenge.</p> <p>B Gathering of relevant data to inform process.</p> <p>C Qualitative research with key groups to determine baseline and monitor impact of changes.</p> <p>D Thematic work on staffing models, standardisation of elements of workflows (for example, handover) and IT.</p> <p>E Agreement on model going forward for each of the sites, and costings.</p> <p>F Implementation (by February 2015).</p>

Monitoring and Reporting

The priority will be managed as a 'planned project' with regular progress reports to the Clinical Governance Committee and from there to the Trust Management Executive and the Quality Sub-Committee of the Trust Board. In addition, quarterly goals will be agreed with commissioners as part of the CQUIN contract, ensuring the articulation and monitoring of key in-year milestones.

Clinical Effectiveness

Implementation of outcomes of diabetes and pneumonia risk summits		
WHY WE CHOSE THIS	OUR AIMS	OUR ACTIONS
<p>A risk summit into the care of inpatients with diabetes was held during 2013/14 for these reasons.</p> <ol style="list-style-type: none"> 1. The annual national inpatient diabetes audit benchmarks self-reported local information against national self-reported data. In the 2012 round, deficiencies were noted with regard to: high rates of medication error; low involvement of diabetes specialists in routine care; and high reported rates of hypoglycaemia. 2. A SIRI (serious incident requiring investigation) occurred on the Nuffield Orthopaedic Centre site in March 2013 involving the death of a patient with diabetes. Several areas of learning were identified. 	<p>The pneumonia summit found that the adverse outcome data were likely to be in part a result of suboptimal documentation by medical staff and subsequent clinical coding³. However, a number of improvement actions were identified through both risk summits and we aim to implement these actions during 2014/15 in order to improve the quality of care for patients.</p>	<p>In relation to inpatient diabetes:</p> <ol style="list-style-type: none"> A. implementation of Think Glucose approach across the Trust B. recruitment to agreed enhanced staffing levels in respect of diabetes staff C. enhanced training on management of diabetes and revision of training model / material D. use of IT to facilitate identification and management of patients with diabetes.
<p>A risk summit into community acquired pneumonia was held during 2013/14 for these reasons.</p> <ol style="list-style-type: none"> 1. Some benchmarked outcome data for mortality from this condition were adverse. 2. It was recognised that patients with community acquired pneumonia are found across many services such that the Trust's clinical management structure is not ideally placed to provide assurance as to the quality and standardisation of clinical management. 3. It was recognised that the specialist respiratory service (Churchill site) does not manage the majority of cases of pneumonia. 4. National clinical audits suggested local deficiencies in documentation of risk stratification scores, and poor adherence with antimicrobial guidelines. 		<p>In relation to pneumonia:</p> <ol style="list-style-type: none"> A. introduction and audit of the Care Bundle that has been developed B. agree and implement a standard in relation to radiology reporting times for admission chest X-rays. C. improve timeliness of access to specialist respiratory clinical decision makers D. develop improved high care facilities on the John Radcliffe site pending ITU/HDU capital development (including, for example, critical care outreach) E. increase nurse staffing ratios in acute general medicine.

Monitoring and Reporting

The priority will be managed as a 'planned project', with leadership from the Medicine, Rehabilitation and Cardiac Division, with regular progress reports to the Clinical Governance Committee, and from there to the Trust Management Executive and the Quality Sub-Committee of the Trust Board. In addition, quarterly goals will be agreed with commissioners as part of the CQUIN contract, ensuring the articulation and monitoring of key in-year milestones.

Expansion of the provision of physician input into the care of inpatients in surgical specialties

WHY WE CHOSE THIS	OUR AIMS	OUR ACTIONS
<p>Patients admitted to hospital under the care of surgical teams often have co-existent medical needs. Increasingly frail and elderly patients are now undergoing routine and emergency surgery and there is an ever-growing need for collaborative multidisciplinary working to ensure that all aspects of a patient's care are well managed.</p>	<p>Effective working including ensuring that patients are as fit as they can be for surgery (pre-optimisation), enhanced recovery and proactive discharge planning aims to improve the experience of patients, clinical outcomes and service performance. Following a very successful pilot in 2013/14, roll-out of physician input to other services is planned for 2014/15.</p>	<ul style="list-style-type: none"> ● Expand medical input into surgical emergency unit (SEU) to seven days per week. ● Introduce medical input to vascular surgery. ● Consider introduction of medical input to surgical specialties at the Nuffield Orthopaedic Centre.

Monitoring and Reporting

The priority will be managed largely within the Medicine, Rehabilitation and Cardiac Division with regular progress reports to the Clinical Governance Committee, and from there to the Trust Management Executive and the Quality Sub-Committee of the Trust Board. In addition, quarterly goals will be agreed with commissioners as part of the CQUIN contract, ensuring the articulation and monitoring of key in-year milestones.

NOTES:

3. Clinical coding refers to the description of the type of care provided for an individual patient according to a strict and specific categorisation (supported by various international manuals for the classification of illness and treatment). Such clinical coding contributes to the way in which care is paid for, and also allows for some comparison of quality and outcomes.

Patient Experience

Improvements to timeliness and communication around discharge from hospital

WHY WE CHOSE THIS	OUR AIMS	OUR ACTIONS
<p>The Trust is aware that the process of leaving hospital following an admission is often more convoluted and time consuming than we would wish. We have examined a number of data sources, including complaints and feedback from patients and carers.</p>	<ul style="list-style-type: none"> • Ensuring that staff, patient and carer expectations are aligned from the earliest point possible by improving communication. • Ensuring that OUH communicates effectively and in a timely manner with other healthcare providers (NHS and social care). • Ensuring that preparations are made in advance of discharge becoming clinically appropriate. • Improving joint working with South Central Ambulance Service (SCAS) and making appropriate use of Transfer Lounge facilities. • Improving all aspects of the medicines to take out (TTO) process within and beyond pharmacy. • Eliciting and acting upon patient and carer feedback in relation to discharge. 	<ul style="list-style-type: none"> A. Baseline work to better understand how the TTO process can be monitored in real time and how this relates to real patient experience (shifting from intra-pharmacy metrics to patient-centered systems). B. Scoping work and implementation of near-patient nurse-led dispensing. C. Review of TTO policy with commissioners. D. Implementation of a standardised discharge checklist. E. Work with Age UK to develop appropriate discharge information pack. F. Continuation of enhanced weekend pharmacy input to medicine (beyond winter periods). G. Scope non-medically led discharge. H. Agreement of standards in relation to communication around discharge.

Monitoring and Reporting

The priority will be managed through the Discharge Assurance and Oversight Group with regular progress reports to the Clinical Governance Committee, and from there to the Trust Management Executive and the Quality Sub-Committee of the Trust Board. In addition, quarterly goals will be agreed with commissioners as part of the CQUIN contract, ensuring the articulation and monitoring of key in-year milestones.

Improvements to the experience of our outpatient services, from booking through to attendance and further correspondence

WHY WE CHOSE THIS	OUR AIMS	OUR ACTIONS
<p>Outpatient services form a large part of the Trust's business, with in excess of 430,000 outpatient attendances taking place during 2013/14.</p> <p>The Trust is aware that patients' experience of the processes around our outpatient services is often less good than we would wish.</p> <p>There are a number of core issues.</p> <ul style="list-style-type: none"> • A mismatch between capacity and demand (we saw 12.5% more patients last year than there were formal clinic appointments or 'slots'). • Problems in the booking process for clinics, timeliness and administration (for example, ensuring that records are available) given that a proportion of patients are being 'added-on' to full clinics. • Issues around communication and customer service in the clinics. • Improving joint working with SCAS and making appropriate use of Transfer Lounge facilities. 	<p>Key issues include the following.</p> <ul style="list-style-type: none"> • Ensuring that patients have timely and accurate communication in relation to the time and venue of their appointment. • Improving patient choice in relation to the date and time of their clinic appointment. • Ensuring that clinics run to schedule and, if not, that the extent of any overrun is communicated clearly. • Ensuring that customer service on the day is good. • Ensuring that patients are sent copies of clinic correspondence as a matter of routine. 	<ul style="list-style-type: none"> A. A public and patient engagement event to enable a richer understanding of the issues from a patient perspective (April 2014). B. Progressive roll-out of the outpatient Friends and Family Test to facilitate real-time feedback on the experience of patients. C. Revise all clinic booking templates and, where necessary, adjust the number of clinics, such that capacity and demand match. The new templates will be in use by the end of 2014. D. Pilot the 'directly bookable' system such that patients and their GPs can view and select available clinic slots at the time of referral in two services (urology and gynaecology). Initial feedback from pilot and a roll-out plan to other services to be in place by the end of 2014. E. Review the 'on the day' aspects of the outpatient journey within the Surgery and Oncology Division with specific reference to: customer care; patient information systems (including, for example, pager systems to permit patients to access café facilities whilst waiting); and the development of core standards for outpatients. F. Undertake work to understand the potential to switch to communication of clinic letters to patients by email rather than in hard copy (where the patient wishes for this to occur). Pilot in selected services. G. Pursuing electronic check-in to improve confidentiality, improve communications and reduce delays.

Monitoring and Reporting

The priority will be managed as a 'planned project' with regular progress reports to the Clinical Governance Committee, and from there to the Trust Management Executive and the Quality Sub-Committee of the Trust Board.

Develop services to provide integrated psychological support for patients with cancer

WHY WE CHOSE THIS	OUR AIMS	OUR ACTIONS
<p>Patients with a diagnosis of malignancy carry a significant psychological morbidity associated with coming to terms with a diagnosis and its treatment, and in some cases the realisation of limited life expectancy. Although there is limited psychological support for some patient sub-groups, there is no systematic psychological medicine service provision for patients with haematological or other malignancy. As a major cancer centre, OUH seeks to further develop these services.</p>	<p>Following successful commencement of the psychological medicine service in medicine and gerontology in 2012/13-14, roll-out to oncology, hematology and other services is planned for 2014/15.</p>	<p>Recruitment of additional psychiatric support to:</p> <ul style="list-style-type: none"> A. enhance seven day input into the care of medical patients B. support the care of patients in maternity, oncology and neurosciences.

Monitoring and Reporting

The priority will be managed largely within the Medicine, Rehabilitation and Cardiac Division with regular progress reports to the Clinical Governance Committee, and from there to the Trust Management Executive and the Quality Sub-Committee of the Trust Board. In addition, quarterly goals will be agreed with commissioners as part of the CQUIN contract, ensuring the articulation and monitoring of key in-year milestones.

LOOKING BACK: Progress on quality priorities for 2013/14

IN SUMMARY:

The quality improvement priorities for 2013/14 were:

Patient Safety

- Safer care associated with surgery

Clinical Effectiveness

- Using technology to improve care

Patient Experience

- Improving the way we listen to and act on feedback

Patient Safety

Safer care associated with surgery

THEATRES

Our aims:

- Reduce unplanned returns to theatre.
- Reduce the waiting times for inpatients needing surgery.
- Achieve 100% compliance with the Trust policy for counting swabs used in surgery.
- Reduce organ/space infection rate (mediastinitis) following cardiac surgery to below 0.5%.
- Develop surgical site surveillance system for all elective and emergency orthopaedic surgery, vascular surgery, Whipple's⁴ procedure and Deep Brain Stimulators to determine the infection rate.
- Achieve 100% compliance with WHO surgical safety checklist.
- Reduce the number of cancellations for elective surgery.

Our actions:

- Lead a programme of safety related work through the Cross-Divisional Theatre Group.
- Audit compliance with the Trust swab and all related theatre policies.
- Develop a strong senior leadership team in theatres.
- Recruit to vacant posts in theatres.
- Closely investigate reported incidents through our incident reporting system (*Datix*).
- Audit infection rates following surgery and carry out a root cause analysis of organ site infections.
- Audit the use of the World Health Organisation (WHO) checklist and take appropriate steps in cases of non-compliance.
- Clinical supervision and teaching sessions to improve knowledge, skills and support.
- Display 'Staff briefing' notices to communicate key learning points.

Our results:

- Compliance with the WHO checklist, the swab and instrument count policy and wider theatre standards is monitored through spot-checks and observational audit and reported quarterly. Reported compliance ranges from 96-100%.

NOTE:

4. Whipple's procedure is an operation for pancreatic cancer www.nhs.uk/Conditions/Cancer-of-the-pancreas/Pages/Treatment.aspx

- The Chief Nurse, Divisional nurses and matrons have been providing clinical supervision in all theatres suites. Clinical supervision skills were a key component of the leadership programme attended by theatre sisters / charge nurses during 2013/14. Workshops and small groups have been convened to encourage staff to raise concerns.
- An energetic recruitment campaign supported by an external recruitment company is ongoing. A number of members of nursing staff (including theatres) have been recruited from Spain and Portugal with a tailored induction programme in place.
- Incident reporting has demonstrated that staff report an increased number of potential near miss events where their interventions have prevented a significant event from occurring. Incident trends and themes are analysed, and identified learning is shared via the Cross Divisional Theatre Group.
- A recent audit found that our surgical infection rate was 0.15% which is below the national average.
- A programme of Human Factors and simulation training is in place within the Trust (please refer to Clinical Effectiveness section). Additional local training has been provided by the clinical practice educators. Workshops and small groups have been convened to encourage staff to raise concerns, and to further develop the culture in which the raising of such concerns is welcomed.
- Staff briefing notices and other communication media are displayed and accessed by all staff.

Areas for further work:

- Discussions are ongoing as to how we can more effectively monitor and reduce the number of late cancellations in our surgical services.
- Work is ongoing with a number of specialties to increase the sophistication of work in relation to surgical site infections.

FRAIL PATIENTS

Our aims:

- Improve clinical outcomes for elderly frail patients in surgical areas.
- Improve pre-assessment of patients being admitted for surgery.
- Improve discharge planning by providing patients with enough information explaining what to expect and who to contact with any questions or worries.
- Prevent avoidable readmissions by identifying factors at clinical service level which contribute to these.
- Improve patient information in relation to surgery and the likely experience for patients.

Our actions:

- Expand the 'Frailty Team' by increasing the support provided by physicians to surgical and trauma services so that it becomes a six days per week service.
- Evaluate impact of expanded Frailty Team.
- Improve discharge information so patients know what to expect when they leave hospital.
- Expand nurse advice phone service for patients who have been discharged and reinstate this where it has previously proved successful.

Our results:

- Consultant physicians (medical specialists) now support the surgical team in caring for patients with medical co-morbidities, and in particular the frail elderly, five days per week. Junior doctors are also in place to both support the consultant and to receive training in this role.
- The introduction of senior medical support has made a significant and sustained impact on quality of care and length of stay. For patients under the age of 75 years, average length of stay has fallen from 4.0 days to 3.3 days. For patients over the age of 75 years, a fall from 7.8 days to 6.5 days has been observed in association with this project.

- There is a new submission process for departments developing in-house patient information and a checklist to help staff develop documents that meet the Trust standards. These take into consideration dyslexia awareness (encompassing aspects such as sentence length, layout, removal of jargon, and use of plain English). The Patient Information intranet site contains guidance and a flow chart for development, through to ratification and printing. During 2013/14, 135 patient information booklets have been developed or revised.
- Readmission and Discharge Specialist Practitioners telephone all cardiac surgery patients in their early postoperative discharge period to review their pain management, wound condition, nutrition, sleep patterns and bowel habit, and to answer any questions patients or their families may have. This continues to be a very positively evaluated service and helps to detect and treat any potential postoperative complications early with swift referral to GP or district nursing team. This service is being expanded to include thoracic surgical patients.
- For additional information please refer to Emergency Readmission within 28 days section.

Areas for further work:

- We will further expand physician input into surgical areas during 2014/15.

CONSENT

Our aims:

- Improve the consent processes for patients encompassing patient information, documentation and training.
- Improve process of 'delegated consent' to ensure that anybody obtaining informed consent other than the operator has received full and appropriate training. Emphasise the assessment of capacity within the consent process, particularly regarding children and patients with a learning disability or cognitive impairment.

Our actions:

- Revise consent forms (to better describe risks and benefits) and accompanying patient information.
- Improve consent training for staff.
- Develop tool to prompt and assist appropriate assessment of capacity when obtaining consent.

Our results:

- The main Consent Form has been revised. A number of clinical areas have devised a pre-printed list of generic risks in order to standardise (where appropriate) the information given. These areas include cardiothoracic surgery and gynaecology, with specialist surgery and neurosurgery in the process of developing procedure-specific material.
- The revised Consent Form now requires specific documentation as to whether any information leaflet has been provided.
- Forms now expressly require the health professional who is obtaining consent to state that *"I am capable of performing this procedure unsupervised OR I have been trained to obtain consent for the procedure"*, meaning that s/he should have a proper understanding of the information required to form the foundation of valid consent. An online, interactive clinical induction for FY1/FY2 doctors includes a component on consent.
- An E-Learning Consent Module for all clinical staff, with supporting workbook, has been revised.
- A tool for the assessment of mental capacity has been developed and trialled in geratology.

Clinical Effectiveness

Using technology to improve care

ELECTRONIC REQUESTING OF TESTS AND TELEMEDICINE

- Our aims:**
- Expand electronic requesting and reporting of tests to enable faster treatment of conditions in the community and more rapid referral to hospital for specialised tests.
 - Enable virtual assessment by hospital doctors of patients in community care settings, to facilitate early identification of people needing hospital admission and to support colleagues in the community to deliver the most effective care.
 - Better understand how we can improve health outcomes following heart attacks.

- Our actions:**
- Introduce electronic radiology requesting and reporting to GP practices.
 - Expand algorithms supplied with test requests to aid consistent testing of more complex conditions by GPs.
 - Feedback from GPs will be obtained to determine future improvements to algorithms.
 - Use telemedicine to support more accurate assessment of patients who have become acutely unwell in hospital settings.
 - Use iPads to record physiological and other measurements in patients who have had heart attacks to improve long term health outcomes.

- Our results:**
- The Trust has successfully used the Integrated Clinical Environment (ICE) system to work in partnership with GPs to support them when requesting X-rays, other imaging and blood tests. Tests have been grouped together to ensure that the optimal tests are consistently ordered. The Trust has also developed a framework of information and best practice guidance concerning the tests requested to ensure that patients receive the most effective care. An example of this is blood tests required for the diagnostic process in patients with possible dementia, linked to NICE guidance.
 - 90% of our GP practices are using the electronic system for requesting X-rays and imaging. 50-90% are using it for laboratory requests.
 - A project group has been established to monitor the rate of test requesting across GP practices and the results are fed back to GPs and the Oxfordshire Clinical Commissioning Group.
 - A pilot telemedicine project began in March 2014 where a number of senior clinicians, on a rota basis, are available for telemedicine consultations. Such consultations are facilitated by a nurse at the patient's side. The system is currently available to be used from Wallingford, Didcot and Abingdon community hospitals between the hours of 8am and 6pm daily. The benefit of the system is that patients can obtain a senior medical opinion from a hospital doctor while remaining in their community care setting. This reduces stress for the patient by reducing the need to travel unnecessarily to the hospital for assessment and admission, and ensures that they receive appropriate timely care. Senior clinicians benefit from being able to speak to a patient directly, as well as being able to review information contained within the Oxfordshire Care Summary. This combined approach enables senior clinicians to determine with more precision whether a patient can be managed at a community site. If patients need to be transferred to a hospital for treatment this can be achieved more efficiently.
 - An 'app' has been developed to support people to achieve treatment targets for risk factor modification after a heart attack. The app will be used alongside conventional rehabilitation care with outcomes measured in relation to achievement of secondary prevention goals. There have been delays in developing the appropriate technology with the project still currently in the development stage. The study is gathering pace and will be progressing to the Ethics Committee over the summer of 2014.

- Areas for further work:**
- We will continue to develop the telemedicine project in community hospitals, which began later than anticipated during 2013/14.

HUMAN FACTORS TRAINING

Our aims:

- Improve the way our staff work together and particularly how we communicate critical information requiring immediate attention and action.

Our actions:

- Deliver Human Factors training to clinical staff teams: this will include simulation of critical high risk situations.
- Use of teamwork training based on a successful programme in the aviation industry which has been shown to significantly improve safety levels.
- Analyse incident and complaints trends at clinical specialty level to enhance the active learning culture.

Our results:

- 14 Human Factors training courses were held in 2013/14. This involved the participation of teams from a variety of services within the Trust. On average 10-12 people attended each course and in total approximately 160 staff were trained. Teams were made up of a cross section of staff from clinical support workers to consultants. Scenarios were based around real life hospital incidents.
- The training emphasised lessons learned from organisations with a good safety track record such as the airline and nuclear industries. Training focused on how teams communicate together with an emphasis on communicating in a structured way.
- During training sessions staff were asked to reflect on their own clinical areas to see whether any processes could be improved. The Human Factors Team has visited areas to support staff to improve their processes. The training team made particular use of an historical incident from another trust where a patient died having received chemotherapy by the wrong route. Staff who are learning how to administer chemotherapy are being taught the principles of safe practice with reference to this incident to reinforce the need to follow correct processes.

Patient Experience

Improving the way we listen to and act on feedback

PATIENT FEEDBACK AND ENGAGEMENT

- Our aims:**
- Build a 'whole-picture' understanding of patient experience.
 - Respond to patient and staff feedback so changes in the way we deliver care and organise our services can be demonstrated.
 - Improve the signposting to other information resources such as that provided via *patient.co.uk*.⁵
 - Be in the top quartile of hospitals that patients and staff would recommend to friends and family.

- Our actions:**
- Develop a consistent patient feedback system across our hospitals.
 - Continue to use technology, social media and patient feedback websites such as *NHS Choices* and *Patient Opinion* to respond quickly to patients and use their experiences to improve our services.
 - Develop a mechanism for evaluating feedback based on Trust Values and '6 Cs'.⁶
 - Increase the number of Patient Engagement Forums (particularly those embedded at service level) to progress this work.
 - Review and expand information provided to patients on diagnosis and treatment options.
 - Report on success and innovation across the Trust to the media, on our website, through social media and in our publications.
 - Work towards capturing patient experience whilst it is happening, by using all means available including new technology, and encouraging patients to give us their feedback so that it can be used as soon as possible to improve the service to patients, and talk to them about what we've done as a result of feedback.
 - Improve communication with staff through 'Listening into Action' projects.

- Our results:**
- A consistent system for collecting patient experience information across OUH is described in the new Patient Experience Strategy. This was presented to the Quality Committee (October 2013) and Trust Board (November 2013). Roll-out of the Friends and Family Test (FFT) to all areas in the Trust.
 - All patient experience information received by the Trust is currently put onto a database and sent to each Division. We review all patient feedback and Divisions are made aware of lessons learnt from the reviews which will improve services. Lessons learnt are also included in Divisional quality reports. Patient feedback is posted – and responded to – on 'NHS Choices' and 'Patient Opinion'. Triangulation (a process of using a number of sources of information to validate the result) is used by the Patient Experience Manager to assess and report on how we are doing, and how we benchmark against our Trust Values.
 - Patient Engagement Forums are in place in a number of Divisions. The forums are currently set up as patient panels but are being redeveloped into groups with patient leaders. The aim is to transform the forums so they are better owned and led by patients. YiPpEe (the children's patient forum) has been pivotal in recommending changes such as designing menus with children and asking them how we should manage changes.
 - The Trust has worked to increase the number of positive healthcare-related stories in the media in order that coverage is more representative. Examples include:
 - **The Hospital Heroes Campaign:** The Oxford Mail and Oxford University Hospitals NHS Trust have teamed up to identify Hospital Heroes, and since the launch in July there have been dozens of nominations. As part of the campaign, the Oxford Mail is featuring inspirational stories from across our sites.

NOTE:

5. Patient UK provides medical information and support www.patient.co.uk

6. National compassionate caring vision for nursing based on six values <http://cno.dh.gov.uk/2012/12/04/vision-nursing/>

- Since the first **Listening into Action** staff conversations were held across the organisation in July 2012, and as a result of their success, a 'second wave' of projects was launched in July 2013 and is making good progress.
- Senior team walk rounds contribute to providing an opportunity for Executive and Non-Executive Directors to engage with patients, relatives, carers and staff, and to share concerns and celebrate success. Examples of improvements that have taken place as a direct result of the second wave of LiA projects and senior team walk rounds are:
 - improved access to pastoral support for patients and families in the outpatients department at the Churchill Hospital.
 - involvement of clinical staff in equipment procurement in the Resuscitation Service.
 - re-siting the Cashier's Office to provide more privacy and improved experience for patients and staff at the Nuffield Orthopaedic Centre.
 - implementation of a self-care haemodialysis patient programme in the Renal Dialysis Service.

IMPROVING CARE FOR PEOPLE WITH COGNITIVE IMPAIRMENT

- Our aims:**
- Improve the way we assess and provide care for patients with dementia and other forms of cognitive impairment.
 - Develop exemplary clinical leadership in dementia care through our psychiatric liaison team.
 - Provide carers with relevant and useful information on care, treatment options and further resources in the community.

- Our actions:**
- Expand the dementia care service by the appointment of three new consultant liaison psychiatrists.
 - Improve training for staff in relevant clinical areas.
 - Improve the number of older people assessed for dementia and other cognitive impairments as set out in the national CQUIN.
 - Further develop the physical environment to cater for those with cognitive impairment.
 - Establish dementia champions.
 - Carry out regular surveys to improve the quality of support and information provided to carers.

- Our results:**
- New consultant liaison psychiatrists have been appointed.
 - A training strategy has been devised as part of the Dementia CQUIN. Doctors in foundation, core medical and higher specialist medical training receive teaching on dementia and delirium, as well as the cognitive screen requirement, as part of their mandatory programme. Medical students receive teaching on dementia and delirium and this features within their final examinations.
 - Twenty nurses are being funded to attend the Dementia Leaders Programme, run by University of Worcester. The course is designed to enable clinical leaders to drive improvements for patients and carers.
 - The Department of Health granted the Trust approximately £250K to refurbish an acute general medicine ward in order to render it more suitable for patients with dementia. Patients and carers were consulted on these refurbishments and plans were developed, but unfortunately it did not prove possible to vacate the clinical space such that building works could begin within the financial year.
 - Dementia champions are being recruited and a dementia café day is in place. The Dementia Strategy addresses the steps to be taken to improve the quality of support provided to carers and the use of feedback received from them.

- Areas for further work:**
- Further avenues will be explored in order that a dementia friendly ward environment can be progressed.

Delivering Compassionate Excellence

We previously launched Delivering Compassionate Excellence (encompassing our Trust Values) aimed at further embedding the delivery of excellent care with compassion and respect. We recognised that there was a significant nursing contribution and wanted to pull together a number of work streams linked to our Trust Values in order to further develop nursing care and culture. For increased focus we developed a CQUIN around Nursing Leadership with our commissioners in 2013/14.

CARE SUPPORT WORKER ACADEMY

Our aims: Launch the Care Support Worker (CSW) Academy to provide a focused induction to clinical areas and to develop skills and knowledge through teaching, mentoring and assessment of competence.

Recruit CSW staff based on Trust Values.

Measure outcomes of the first group of CSWs who progressed through the Academy.

Our actions: The CSW Academy was launched in May 2012. 130 people have been through it to date. We increased the teaching component of CSW induction from three days to two weeks and made the focus a reflection of the Trust Values. Portfolio competencies have been introduced and support provided from Practice Development Nurses, Band 4 Assistant Practitioners and Ward Managers.

We have held four open days for the CSW Academy. These have provided an opportunity to discuss our Trust Values with prospective candidates and answer any questions related to working at the Trust and how they would be supported to develop knowledge and skills.

We have used value based interviews for all new CSWs which has been significant in the appropriate selection of candidates.

Our results: Attendance at the CSW Academy open days has been excellent and these have helped with recruitment.

Value based interviewing (VBI) has helped us identify applicants who want to learn and whose values are aligned with the Trust's including showing compassion and respect for others. It has also helped us to direct the right people to the right clinical areas.

Our CSWs have told us they feel better prepared and armed with more knowledge and skills.

Regular drop-in days to clinical areas have helped us to get feedback from managers, mentors and CSWs. This has helped us to understand that we need to do further work to improve the way competencies are completed.

"The Care Support Worker Academy is great and it is really valuable in ensuring that new CSWs have the right knowledge, as sometimes this is difficult to acquire in busy clinical environments where supernumerary time may not be guaranteed. It is an excellent development."

Sister, Neurosciences

The Trust is now compliant with almost all of the recommendations in the Cavendish Report (published July 2013) and the position has been presented to the Trust Board in March 2014.

The first OUH CSW Conference was held in March 2014, with awards presented by the Acting Chief Nurse and a patient. A strong desire to change the title to 'Nursing Assistant' in line with national terminology, and to reflect other disciplines, was noted.

The Saïd Business School has positively evaluated the CSW Academy.

FRONT LINE LEADERS PROGRAMME 'SAFE IN OUR HANDS'

Our aims: We wanted to develop the leadership capability of sisters and charge nurses from a variety of clinical environments.

This leadership programme incorporates role modeling, staff motivational skills, observation of care, clinical supervision, interaction with Executives and Non-Executive Directors, and the management of service improvement through influencing skills. By understanding the impact of leadership we aim to improve the capabilities of this key group of staff.

The specific objectives are listed below.

- Increase the participants' personal capacity and capability so that they have the vision and ability to empower staff to make significant and sustainable differences for patients and fellow staff.
- Provide objective performance indicators that the leaders themselves and their teams will be measured against.
- Provide participants time and space to reflect in depth on their leadership style and to take stock of their strengths and weaknesses within their role, and their impact on others.
- Offer participants time to reflect and learn away from their immediate workplace with peer networking and contact with senior staff within the Trust.

Our aims: The five-day programme focuses on leadership skills, influencing and team dynamics, with each participant committing to an individualised service improvement plan agreed by their manager.

Each 'Front Line Leader' has in addition completed self-assessments of their leadership skills, a clinical environment baseline assessment and staff feedback questionnaire. A Myers Briggs personality profile has also been undertaken to develop self-awareness skills.

Evaluation by the first three cohorts on this programme has been positive and feedback has been used to shape ongoing course developments.

Our results: Each participant has formally presented their service improvement plan at the end of the programme.

The Trust is developing the programme further with a leadership programme bespoke for Band 7 midwives. We are developing the *Safe in Our Hands* programme into a multi-professional course.

Examples of *Safe in Our Hands* service improvement plans are shown below.

1. Development and introduction of a new anaesthetic crisis management folder in all areas to improve patient safety and standardise practice.
2. New department newsletter for team development and improved communication.
3. Introduction of a new checklist to be used when transferring patients from a critical care area to ward.
4. Observational audit of WHO checklist in theatres.
5. Tracheostomy safety work with critical care and wards. Development and implementation of a new documentation chart.
6. New colour coding system for injectables in the Adult Intensive Care Unit to reduce the risk of medication errors and reduce the amount of nursing time spent in preparation of drug labels.
7. Falls safety programme initiated with a new dedicated staff lead in Acute General Medicine.
8. New sisters' forum developed at OUH, with three meetings held so far, to provide peer support and sharing of good practice across clinical areas.
9. Introduction of surgical rotation programme.
10. New use of the Transfer Lounge by neurosciences, helping to improve the management of patient flow and the discharge process.

DEVELOPMENTAL PROGRAMME DELIVERED WITH ACADEMIC PARTNERS

- Our aims:** We wanted to provide a framework to deliver a Developmental Programme that was firmly aligned with the Trust's quality objectives and Patient Experience Strategy.
- We chose to focus initially on Clinical Nurse Specialists (CNS) and Consultant Nurses, given their job role and potential to provide 'value added' in terms of service improvement and patient experience. The programme sought to enable standardisation and equity, as well as to facilitate career development.
-
- Our actions:** We have worked with our educational partners to develop these roles and foster a greater understanding of the job content within the context of the national initiative to modernise nursing careers. This has involved establishing workshops with key stakeholders and setting up clinical supervision learning sets.
- All CNSs have been invited to complete a portfolio of evidence against a range of competencies from assessing patients to planning treatment pathways with the multidisciplinary team.
-
- Our results:** The CNS team and Consultant Nurses have been assessed against standard Trust competencies. Clinical supervision and shared learning were incorporated within the assessment process.
- Further projects spanning 2013/14 that have progressed.
- Developmental programme for the Practice Development Nurses and Clinical Educators, in a partnership project with Oxford Brookes University.
 - Senior Nurse Development Programme – using portfolio support and clinical supervision groups.
-

Review of other quality performance 2013/14

Patient safety

Patient Safety Thermometer

In line with national guidance, the Trust has continued to survey every adult inpatient on a given day every month to identify patients who receive 'harm-free care' in relation to four 'harms':

- pressure ulcer
- fall resulting in harm
- catheter-associated urinary tract infection
- new venous thromboembolism (blood clot).

The challenges of meeting the 2013/14 national CQUIN of a 50% reduction in hospital acquired pressure ulcers as per Safety Thermometer data have led us to invest significantly in the Tissue Viability Team, including strengthening leadership through the recruitment of a Consultant Nurse for Tissue Viability. The team is expected to be at full complement early in 2014/15. This will deliver invaluable expert support and education to staff caring for patients such that pressure ulcer prevention and treatment will be optimised. The national 50% reduction target was not achieved during 2013/14 in large part because the Trust undertook an active drive to improve the reporting of pressure damage both via our clinical incident reporting system and through the Safety Thermometer.

The Trust is in a much better position to meet the 2014/15 CQUIN Safety Thermometer goal. We have agreed, with our commissioners, for our Safety Thermometer CQUIN to be a reduction in the number of 'new' pressure ulcers reported of 20% by the end of 2014/15 (from the current baseline).

The focus for the coming year will be on reducing the number and severity of avoidable hospital acquired pressure ulceration. A Trust Action Plan has been developed and will address improvements in areas such as:

- multidisciplinary education
- clinical competency
- clinical audit
- investigation process
- effective equipment management.

The *FallSafe* Care Bundle is aimed at reducing falls by 25% and includes patient assessment, review of medication and cognitive screening. It has been introduced across all wards in Acute General Medicine at the John Radcliffe and in some other wards across all four sites where patients are at high risk of falling. During 2014/15 the implementation of *FallSafe* will be rolled out to other services.

Executive Quality Walk Rounds

Over 70 Executive Walk Rounds took place in 2013/14. An emphasis was placed on ensuring improvements identified during the walk rounds are followed through. An update on the status of the actions against their anticipated completion date is received by the Trust Board's Quality Sub-Committee at each meeting. The Walk Round Programme continues to offer an invaluable opportunity for Executive and Non-Executive Directors to see and hear for themselves the challenges faced by staff and also to learn about various innovations and developments in practice.

Patient Safety and Clinical Risk Committee

In January 2014 we had the first meeting of the Patient Safety and Clinical Risk Committee which has replaced the separate meetings previously held. This approach enables closer scrutiny of issues affecting the safety of the care we deliver, triangulating learning from incidents, complaints and claims in order to inform the work plans of the subcommittees including:

- Falls Steering Group
- Recognising Acutely Ill and Deteriorating (RAID) Patients Group
- Tissue Viability Working Group
- Thrombosis Committee.

Incident reporting

Rates of incident reporting have continued to increase since the introduction of the *Datix* electronic incident reporting system across the Trust that went fully 'live' in October 2012. All Trust staff members are expected to report incidents using the *Datix* system with the exception of Estates and Facilities contractors whose staff are still reporting on paper. It is proposed that in time paper forms will cease to be used by this staff group also.

A core group of staff has been trained to review and sign off incidents reported in their areas and an ongoing training programme is in place. A new training programme has been introduced for existing users to enable them to extract real-time data to improve local knowledge concerning safety issues.

Measures used by NHS England and others to indicate a positive and healthy 'safety culture' within an organisation include the rate of incident reporting (the higher the better) and the proportion of reported incidents associated with significant patient harm (the lower the better).

Trusts across England upload summary data relating to incidents reported locally to the National Reporting and Learning System (NRLS). This allows the Health and Social Care Information Centre (HSCIC) to benchmark trusts in relation to incident reporting rates. The most recently available national benchmarking data from HSCIC relate to the period October 2012 to March 2013 (coinciding with the time at which the Trust switched over to the new electronic incident reporting system). Unfortunately, during this transition, summary details of very many fewer incidents were uploaded from OUH to NRLS. Around this time, incidents were only uploaded following 'administrative closure' (in essence a data cleansing / quality assurance exercise) and not at the time at which initial investigation had been completed.

A backlog of incidents that had been reported and investigated but that had not undergone administrative closure therefore built up. This occurred as the electronic reporting system was up-scaled from a version previously in use at the Nuffield Orthopaedic Centre. The workflow at the Nuffield Orthopaedic Centre was such that investigation conclusion and administrative closure took place simultaneously.

This discrepancy was recognised early in 2013/14 and corrected such that data uploads to NRLS now occur on a weekly basis. The most recent data published by NRLS (30 April 2014) cover the period April 2013 to September 2013 and show incident reporting rates at OUH (as submitted to NRLS) to have partially recovered towards their baseline level. For this period, OUH has the highest reporting of the seven trusts in the lowest quartile amongst a peer group of 27 acute teaching trusts. Incident reporting rates, along with the level of harm recorded for those incidents that were reported, are shown in *Tables A and B* alongside.

Table A: Incident reporting rates at OUH (benchmarked by NRLS against a peer group of 27 acute teaching trusts)

SOURCE: HSCIC/NRLS	OUH April 2011 – March 2012 (NRLS March & September 2012)	OUH April 2012 – March 2013 (NRLS March & September 2013)	OUH April 2013 – September 2013 (NRLS, April 2014)	National average (acute teaching Trusts) April 2013 – September 2013 (NRLS, April 2014)	National highest (acute teaching Trusts) April 2013 – September 2013 (NRLS, April 2014)	National lowest (acute teaching Trusts) April 2013 – September 2013 (NRLS, April 2014)
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The number and, where available, rate of patient safety incidents reporting within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Number of patient safety incidents	10,986	8495	6,253	5,664	11,573	2,235
Rate (per 100 patient admissions) for acute Trusts: 100* (total incidents [uploaded by Trust to NRLS]/ Trust admissions)	6.4	4.8	6.8	7.9	12.8	4.9
Number of patient safety incidents that resulted in severe harm or death	150	63	27	19	46	1
Percentage of patient safety incidents that resulted in severe harm or death	2.7%	1.4%	0.4%	0.4%	0.9%	0.03%

Table B: Severity of reported incidents at OUH (benchmarked by NRLS against a peer group of 27 acute teaching trusts)

SOURCE: NRLS, April 2014	None	Low	Moderate	Severe	Death
OUH (April 2013-September 2013)	72.1%	21.8%	5.6%	0.3%	0.2%
Acute teaching (April 2013 -September 2013)	75.7%	20.3%	3.7%	0.2%	0.1%

Table C: Local OUH incident data 2013/14 (audited by Ernst & Young as part of Quality Account preparation)

(i) Number of patient safety incidents	2265
(ii) Rate (per 100 patient admissions)	11.54
(iii) Percentage of patient safety incidents that resulted in severe harm or death	0.2%

As shown in Figures 1 and 2 overleaf, we now report approximately 2000 incidents per month within the organisation, an increase of approximately a third on the position 18 months ago. The proportion of incidents reported that are associated with patient harm (moderate or greater) has remained static and is currently less than 4%.⁷ We anticipate that benchmarked incident reporting data will demonstrate a satisfactory position once again in the 2014/15 Quality Account (when it is likely that the October 2013 - March 2014 reference period will be used).

NOTE:

7. The OUH figures include moderate harm whilst the national benchmark includes only severe harm or death.

FIGURE 1: Number of incidents reported at OUH in 2013/14

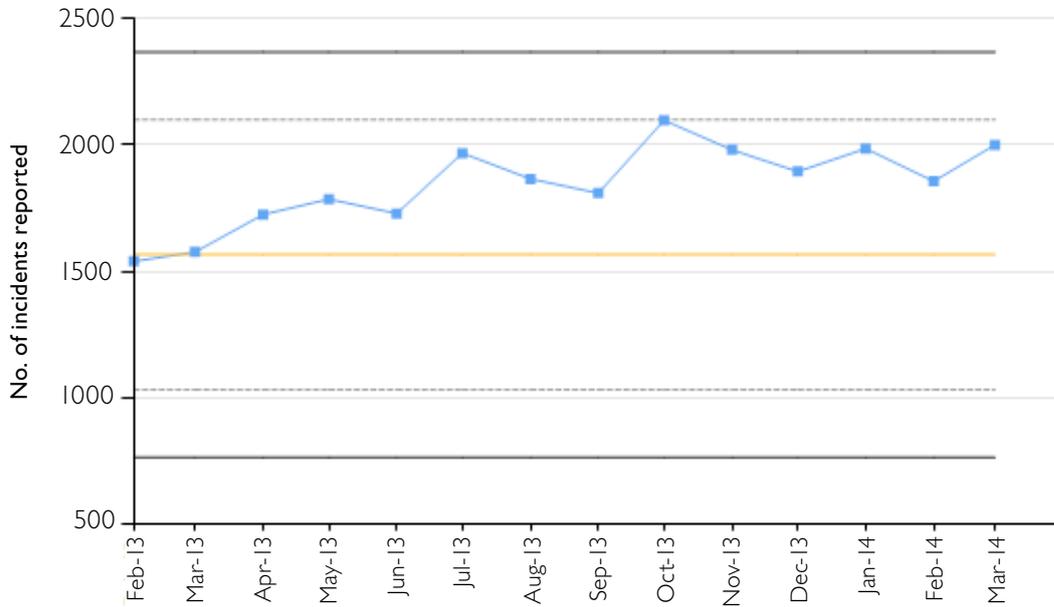
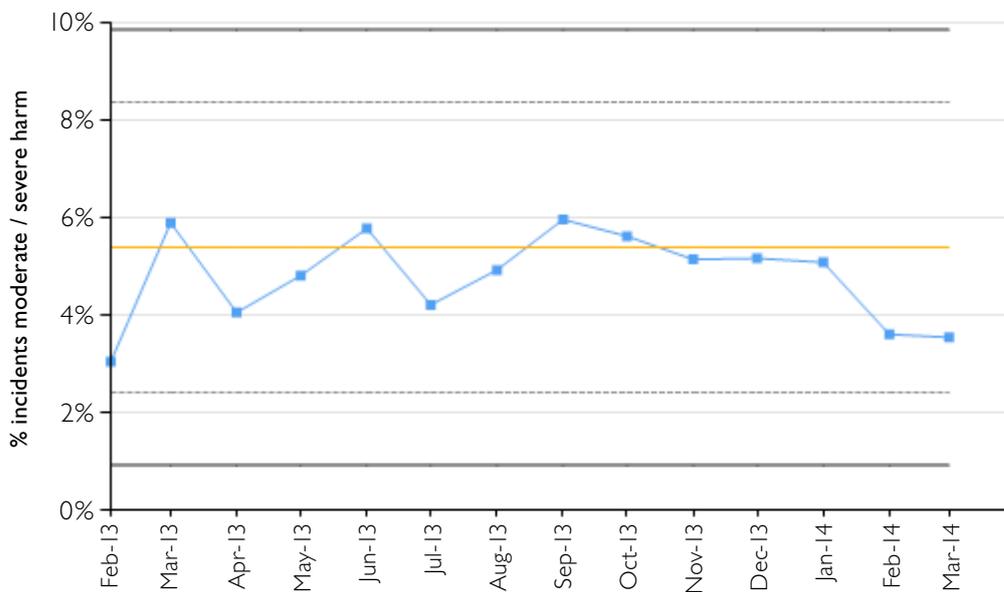


FIGURE 2: Proportion of incidents reported at OUH associated with moderate patient harm (or greater)



Clinical Effectiveness (outcomes)

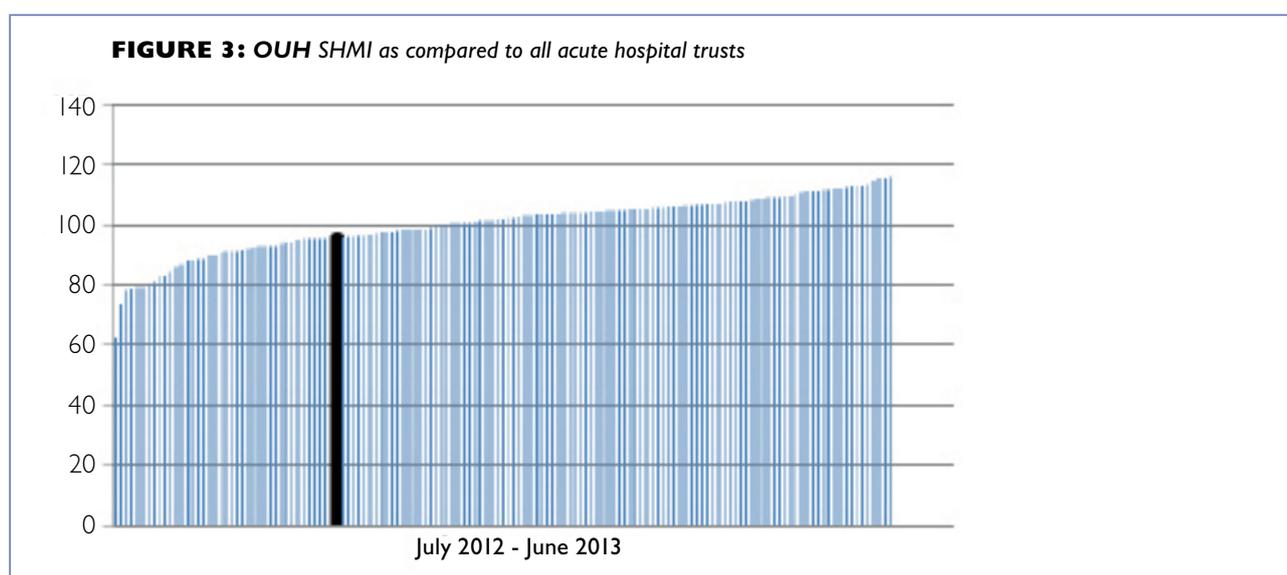
Preventing people from dying prematurely

Summary Hospital Mortality Indicator (SHMI)

The SHMI is NHS England's preferred hospital mortality indicator. The statistic compares the number of deaths that occur amongst patients admitted to a particular trust (or within 30 days of their discharge from hospital), and the number of deaths that would have been predicted based upon national figures and the risk profile of the admitted patients. A SHMI of less than 1.00 implies a favourable mortality profile. The SHMI is released quarterly and each release covers a 12 month rolling period.

The latest figure published on 30 April 2014 (for the 12 months to the end of September 2013) was 0.96. The SHMI for OUH has been 0.95 or 0.96 for each of the last six data periods published.

The graph below shows the OUH SHMI position in comparison to other English trusts (for the 12 months to the end of June 2013).



Note: 100 on the graphic equates to a SHMI of 1.00

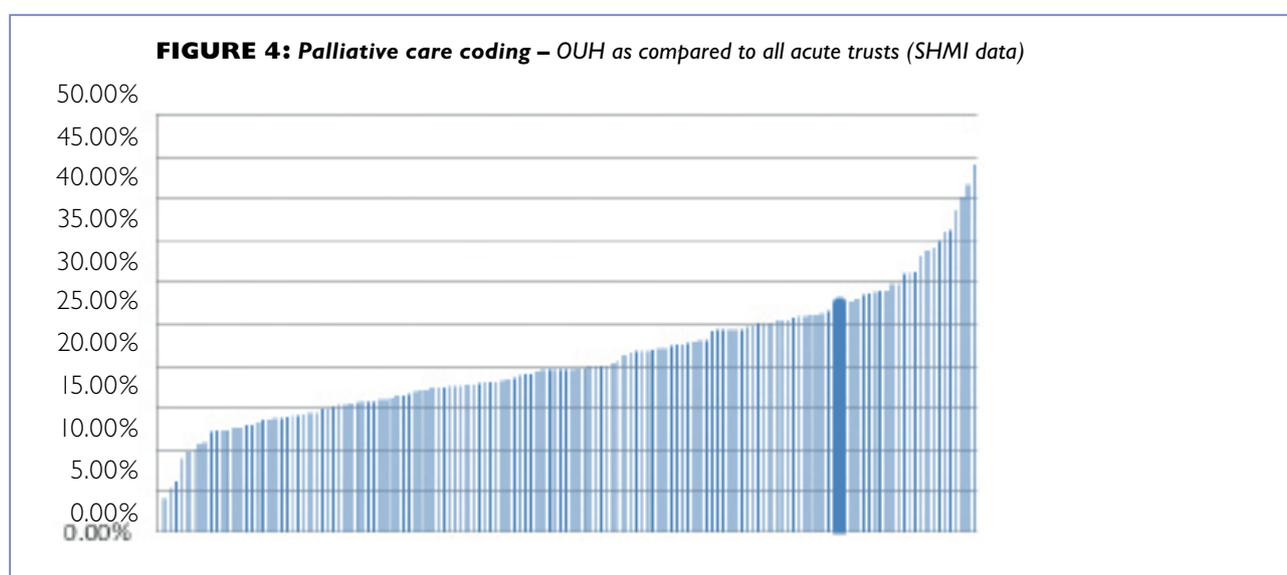
SOURCE: HSCIC	OUH 2011/12	OUH 2012/13	OUH 2013/14 (figure incorporates half of the 13/14 financial year)	National average	Highest	Lowest
The value and banding of the Summary Hospital Mortality Indicator (SHMI) for the Trust for the reporting period	0.98 (95% CI: 94.84-1.01.79)	0.95 (95% CI: 91.51-98.12)	Latest figure October 2012 – September 2013: 0.96 (95% CI: 0.90-1.11)	1.00	1.19	0.63

Palliative care coding

The Health and Social Care Information Centre (HSCIC) collates information nationally concerning the numbers of patients coded (assigned a code which identifies diagnosis and treatment) as receiving palliative (end of life) care while in hospital. This measure is designed to accompany the SHMI indicator as a high level of palliative care coding may reduce (or improve) the calculated SHMI.

OUH is relatively unusual in that it has an on-site hospice, Sir Michael Sobell House, which cares specifically for patients with terminal conditions. This contrasts with the majority of trusts which discharge patients to end of life facilities based outside the organisation. Approximately 10% of patients who die at Oxford University Hospitals NHS Trust do so within the hospice.

The tables below show the rate of palliative care coding at OUH as compared to all other acute trusts.



SOURCE: HSCIC SHMI data	OUH 2011/12	OUH 2012/13	OUH 2013/14	National average	Highest	Lowest
The percentage of patient deaths with palliative care coded for the Trust for the reporting period	22.9%	25.9%	Latest figure July 2012 – June 2013: 27.5%	20.65%	44.09%	4.22%

Recovering from ill health and injury

Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) look at the outcome a patient experiences following planned inpatient surgery for four common procedures (hip and knee replacement, varicose vein surgery and groin hernia surgery). Patients are asked to complete a questionnaire before and after their surgery to assess improvements in health as perceived by the patients themselves.

The table below outlines the Trust's participation rates for each of the four procedures as compared to all other providers in England. The data presented in the table below cover the time period from April 2013 to September 2013. To date, there are no further complete comparative figures available for 2013/14.

Participation rate					
ORGANISATION NAME	ALL PROCEDURES	GROIN HERNIA	HIP REPLACEMENT	KNEE REPLACEMENT ⁸	VARICOSE VEIN
OUH 2013/14 Qs 1 & 2 (published February 2014)	78.60%	77.40%	50.60%	144.90%	67.20%
All participants (England) 2013/14 Qs 1 & 2 (published February 2014)	72.70%	57.60%	79.20%	90.50%	39.90%
OUH 2012/13 Qs 1 & 2 (for comparison to same period 2013/14)	71.40%	65.00%	34.00%	137.00%	23.00%
OUH 2012/13 Qs 1 to 4	82.60%	62.60%	64.10%	159.80%	53.40%
All participants (England) 2012/13 Qs 1 to 4	74.90%	61.30%	82.60%	89.60%	44.00%

The process for ensuring that patients receive a questionnaire has changed, and now preoperative questionnaires are given routinely at the preoperative assessment clinic appointment and collected on completion. A direct consequence in changing practice is that the Trust's participation rate in all areas has increased in 2013.

NOTE:

8. The participation rate can exceed 100% as historical activity figures are used as the denominator for this metric. If the frequency of the procedure increases over time, apparent PROMs participation rates become higher.

Emergency readmissions within 28 days

Emergency admissions are monitored by the Trust on a continual basis, as they can provide an indication of the efficacy of the care and treatment we have provided. However, it is important to note that the relationship between care quality and readmission is complex. Some readmissions are inevitable and appropriate. Complete avoidance of emergency readmission would likely be reflected by a prolonged length of stay and an inappropriate degree of risk aversion. In order to support patients at home with often complex conditions, the Trust encourages patients to seek support directly from us if they are experiencing symptoms of ill health following a treatment or procedure. On discharge, many patient groups are given a leaflet that contains a contact telephone number if they have any problems. The first point of contact for such patients will usually be the telephone. However, this may lead to a patient's attendance at hospital if they require medical treatment. Emergency departments are situated on the John Radcliffe and Horton sites but patients already known to our services can also be admitted directly to the Churchill. This approach to patient self-referral has meant that a number of alerts have been registered by the Dr Foster system suggesting higher than expected re-admission rates in individual specialties.⁹ Alerts are investigated and findings have related to the process described above.

Data from the HSCIC is only available for readmission rates up to the end of 2011/12 and show readmission rates broken into two age categories. Some of these time periods relate to the years before the Nuffield Orthopaedic Centre NHS Trust (NOC) and Oxford Radcliffe Hospitals NHS Trust (ORH) merged, and so are depicted separately. The readmission rate for patients over 15 years of age at the ORH was the same as the national average for 2011/12 at 10.28%. For patients below the age of 15 years, the readmission rate was 9.52% (below the national mean).

Data from Dr Foster Intelligence show that our readmission rates for both paediatric and adult patients were stable in 2012/13, and up until September 2013.

HSCIC data

The percentage of patients readmitted to a hospital within 28 days of being discharged from a hospital.

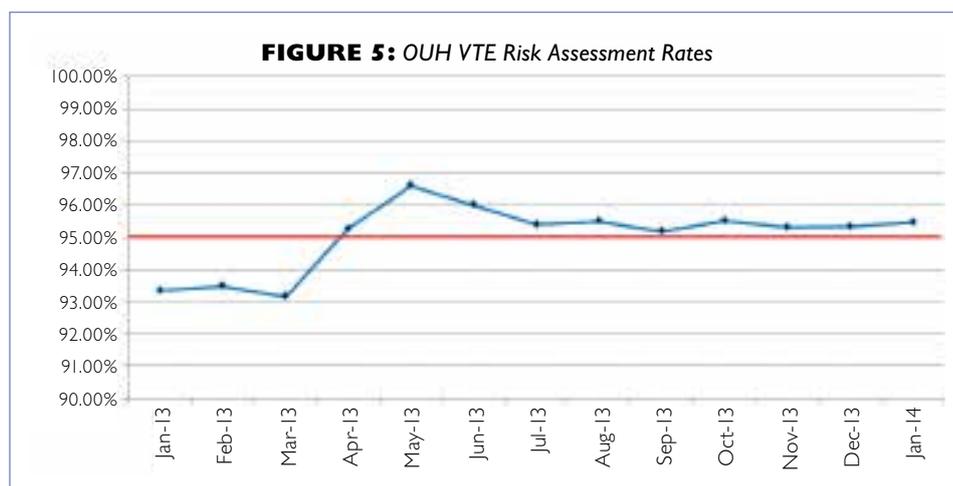
Age groups	2009/10	2010/11	2011/12	National average 2011/12	Highest 2011/12*	Lowest 2011/12*
(i) 0 to 14 (NOC)	0.00	0.00		10.15%	14.34%	6.23%
(i) 0 to 14 (ORH)	8.53%	9.33%				
(i) 0 to 14 (OUH)			9.52%	10.01%	22.74%	6.61%
(ii) 15-74 (NOC)	9.86%	10.40%		11.42%	14.09%	9.18%
(ii) 15-74 (ORH)	11.96%	11.72%				
(ii) 15-74 (OUH)			10.28%	10.28%	39.03%	2.42%

NOTE:

9. The Dr Foster system presents benchmarked data back to trusts comparing their self-reported performance (as described by the Hospital Episode Statistics they submit) to that of English NHS hospitals overall.

Venous Thromboembolism Assessment (VTE)

VTE (the formation of blood clots within the veins) is a condition that contributes to an estimated 25,000 deaths amongst patients in hospital each year, some of which could be avoided. National guidance from the National Institute for Health and Care Excellence (NICE) states that 95% of all patients should be assessed for their risk of developing a DVT (deep vein thrombosis), and their risks of bleeding, on admission to hospital. OUH met the national target every month during 2013/14 as shown in the graph below.



The data presented below show the Trust's performance for the first nine months of 2013/14 as compared to the lowest and highest performing NHS acute providers.

Source: Health and Social Care Information Centre (HSCIC)	OUH performance %	National average	Lowest % nationally	Highest % nationally
Q1	95.6	95.4	53.3	100
Q2	95.4	95.7	44.4	100
Q3	95.4	95.8	77.7	100

Source: Health and Social Care Information Centre (HSCIC and OUH internal data)	OUH 2011/12	OUH 2012/13	OUH 2013/14 Year to date: Apr – Mar 14	National average Year to date: Apr – Dec 12	Highest Year to date: Apr – Dec 12	Lowest Year to date: Apr – Dec 12
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period. * OUH internal data cover the entire reporting period (Apr 12 – Mar 13) whereas the data from HSCIC are available up to Dec 12.	78.35%	*92.5%	*95.5%	*93.77%	100%	85.47%

The quality of broader work undertaken within the Trust in relation to the prevention and management of venous thromboembolism was recently recognised by NHS England, the Trust being awarded 'exemplar' status.

Healthcare Acquired Infections

The rate of *Clostridium Difficile* (*C. Difficile*) per 100,000 bed days for 2013/14 was 14.7 and is shown in the chart below. Information from the HSCIC setting out national averages for comparison is published up to 2012/13.

***Clostridium Difficile* and admitted patients aged two years and over**

Source: ORBIT HSCIC data for 2013/14 unavailable	OUH 2011/12	OUH 2012/13	OUH 2013/14	National average 2012/13	Highest 2012/13	Lowest 2012/13
The rate per 100,000 bed days of cases of <i>Clostridium Difficile</i> infection reported within the Trust amongst patients aged two years and over during the reporting period.	24.15	19.81	14.4	17.3	30.8	0

MRSA bacteraemia

The small number of cases of MRSA bacteraemia that developed during inpatient stays at OUH during 2013/14 were all categorised as unavoidable as the bacteraemia developed as a result of the patient's clinical circumstances and were not related to the standard of care provided. All positive bacteraemia results have a root cause analysis (RCA) completed. An RCA attempts to solve problems by trying to identify and correct the root causes of events.

Prevention of harm from infection associated with urinary catheters

Regular audits are carried out to provide assurance that urinary catheters are being inserted according to clinical guidelines to reduce the risk of developing an associated infection.

Surgical site infection rate

The mediastinitis rate following cardiac surgery remains less than 1%. This is a considerable achievement and is comparable to the leading cardiac surgical units in the UK and the United States.

The infection rate for elective hip and knee replacement remains within the published acceptable range and the tolerance limits set by Oxfordshire Clinical Commissioning Group. It is also comparable to other major units within the UK.

The experience of patients

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

Learning from you

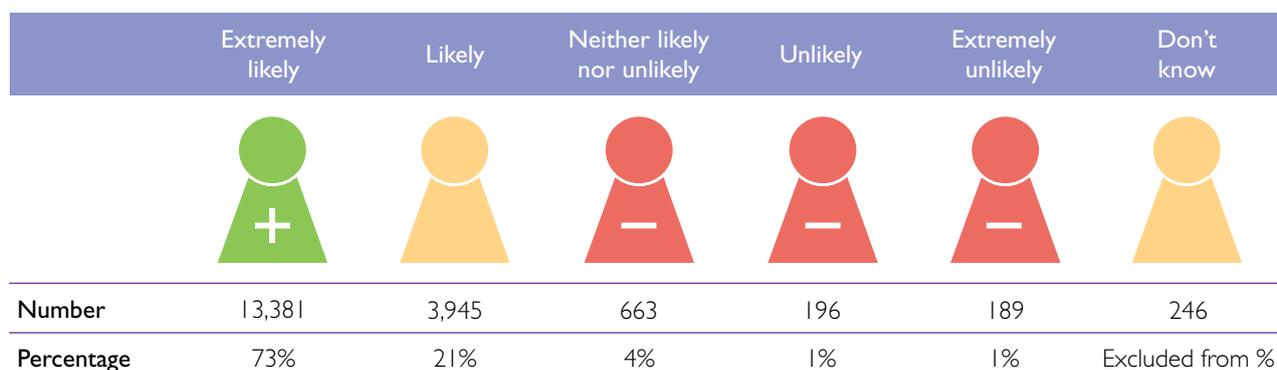
OUH is committed to seeking and acting upon feedback from patients and their friends and family. This is because we want every patient to have the best experience possible, and feedback helps our staff to know what we are doing well (and we should keep on doing) and what we need to change.

We do this by:

- using questionnaires and comment cards
- listening to what you tell us in person
- responding to letters and emails you send us, and feedback posted on NHS choices
- listening to what you tell the Patient Advice and Liaison Service (PALS)
- seeking 'Patient Stories': asking patients to give us an in-depth account of their experience to help us to understand the issues better.

Highlights over the past year

- We have improved response rates for the **'Friends and Family Test'**. If you stay overnight in one of our hospitals, use maternity services, or attend the emergency department, you will be given a comment card asking whether you would recommend the ward/emergency department to friends and family (if they needed similar care or treatment). This was introduced in inpatient wards and emergency departments in January 2013, and in maternity services in September 2013. A high response rate is important because it means that feedback is more meaningful, as it is more representative of the views of patients. A low response rate can mean that feedback is unreliable. The Trust aimed to achieve a 20% overall response rate for emergency departments and inpatients during January 2014 to March 2014. This was achieved: 24% of patients responded.
- The FFT score¹⁰ for inpatients between April 2013 and March 2014 was 73. This score is based on 11,100 responses. 96% of patients are extremely likely or likely to recommend the ward to which they were admitted.
- The FFT score for emergency departments between April 2013 and March 2014 is 58. This score is based on 6,400 responses. 92% of patients are extremely likely or likely to recommend the care they received in the emergency departments.
- Women using maternity services are asked about their antenatal care, experiences at birth, care on the postnatal ward, and the postnatal community service. The FFT score for maternity services between October 2013 and March 2014 was 58. This score is based on 1,000 responses. 92% of patients are extremely likely or likely to recommend our obstetric services.



NOTE:

10. This is the proportion of patients who would strongly recommend minus those who would not recommend, or who are indifferent. The score can range from -100 to +100.

- **Improving discharge timeliness, safety and information.** A Discharge Assurance and Oversight Group was set up to review the Trust's discharge policy and procedures, and to ensure that they are followed consistently across the organisation. Discharge coordinators have been appointed and a discharge checklist has been developed to assist staff. Pharmacy has been working with wards across the organisation to ensure there are systems for efficient ordering and processing of discharge medications, and to reduce delays relating to waiting for medications. We are aware that the timeliness of discharge is a significant issue for some of our patients and that this is the start of a programme of work, rather than a whole solution.
- **Improving waiting times for appointments:** both waiting lists and waiting in clinic. A full review of outpatient clinic appointment scheduling has been carried out and new appointment scheduling profiles are being implemented across the organisation. This area of work is reflected within our 2014/15 quality priorities and was discussed in depth at our patient and public engagement event on 24 April 2014.
- **Developing a customer care training programme.**
- **Enabling patients and the public to be involved in service developments** through attending patient and public involvement groups relating to the service they are interested in, or providing feedback to the service.
- **Keeping patients, families and carers informed by patient experience feedback that is available to the public** by ensuring wards display Friends and Family Test results and comments, and what is being done in response to the feedback.
- **Discussing 'Patient Stories'** and their improvement plans at public Trust Board meetings and making the reports available on the Trust website.
- **Developing a 'Patient Leaders' programme** which will support patients and staff to work together to develop services.

National patient surveys

There were two national surveys in 2013: the *Inpatient Survey* and the *Maternity Survey*.

The results from both surveys were very positive.

- Women using maternity services rated their care on average:
 - care during labour and birth at 9.1/10 (significantly better than the national average¹¹),
 - care in hospital after birth at 8.1/10 (significantly better than the national average), and
 - interactions with staff at 8.7/10 (about the same as the national average).
- 87% of inpatients rated their care overall at 7 or above on a scale of 0-10.

Rating	"I had a very poor experience of care"						"I had a very good experience of care"					
	0	1	2	3	4	5	6	7	8	9	10	
Percentage of respondents	1%	0%	1%	0%	1%	3%	7%	13%	23%	24%	26%	

The *Inpatient Survey 2013* highlighted delays in discharge as an issue for patients, with 43% of patients surveyed saying their discharge was delayed. Of these patients, 57% said the delay was longer than two hours. The main reason for a delay was waiting for medicines (70%). Patients responding to this survey stayed on an OUH inpatient ward during July 2013 and improvements have been implemented since (detailed above).

The *Maternity Survey 2013* showed that 29% of women did not receive consistent advice about breastfeeding (of those who wanted or needed advice). To address this, a breastfeeding strategy has been agreed, which includes the appointment of an infant feeding specialist midwife and implementation of maternity support worker training.

NOTE:
11. Significant differences to the national average are determined by the Care Quality Commission.

The survey also showed positive results on the following questions:

- 98% of women were given a contact number for a midwife or team during their pregnancy
- 91% said they were always spoken to in a way they could understand during their antenatal care, and a further 9% said this sometimes happened
- 98% of women said that, if they had a partner or someone else close to them present, this person was able to be involved as much as was wanted
- 97% of women said they were asked how they were feeling emotionally at home after the birth of their baby
- 100% of women were visited by a midwife at home after birth, or saw them in a clinic.

CASE STUDY

Independent review of Major Trauma Networks

The Oxford Major Trauma Centre and Thames Valley Trauma Network welcome the findings of an independent audit that shows 20 percent more patients are now surviving severe trauma since the introduction of Major Trauma Networks in 2010.

Results from the Trauma Audit and Research Network (TARN) national audit show that one in five patients who would have died before the networks are now surviving severe injuries.

Professor Sir Bruce Keogh, Medical Director for NHS England said:

“These figures show how getting the right patient to the right hospital at the right time can save lives and improve recovery from serious trauma.

“Trauma is the leading cause of death in children and adults under the age of 40, with patients often suffering complex, multiple injuries that need surgical and nursing care from multiple specialists.

“The figures remind us that some patients are best treated in a specialist centre that isn’t always closest to their home. Like stroke and cardiac services, we know that whilst patients may spend longer in an ambulance the expert care provided at Major Trauma Centres saves lives and improves outcomes for patients.”

CASE STUDY

Trust awarded £604,000 for new technology

Oxford University Hospitals NHS Trust has been awarded a grant of more than £600,000 to provide mobile computers for nurses and midwives.

The £604,000 grant from the NHS Nursing Technology Fund will pay for approximately 160 computers on wheels, 400 tablets, and 70 wall-mounted computers in drug dispensing rooms to assist pharmacy prescribing.

The extra cash is being made available to trusts to replace paper-based systems with technology that cuts drug errors and makes patient care safer.

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

Oxford Transplant Centre carries out UK's first abdominal wall transplant

The UK's first successful abdominal wall transplant operations in conjunction with an intestinal transplant, led by Consultant Plastic Surgeon Henk Giele, and transplant surgeons Peter Friend and Anil Vaidya, have been carried out in Oxford.

Since June 2012, ten of these operations have been performed at the Churchill Hospital, as part of the intestinal transplant programme at the Oxford University Hospitals NHS Trust.

The operations use pioneering plastic surgery techniques to enable an increasing number of patients to undergo successful closure of the abdominal wall after bowel transplantation, thus transforming their quality of life.

Patient Advice and Liaison Service (PALS)

PALS is the first stop for patients, their families and carers who have a query or concern about the hospital or a service. The team provides an impartial and confidential service and aims to help resolve issues by addressing them as quickly as possible. Where PALS is unable to help, the person making an enquiry is directed to a more appropriate person or department.

The majority of PALS contacts relate to requests for information about hospital processes or putting people in touch with the correct department or individual who can help them. The service collates comments, suggestions and concerns made either directly to the service or by the patient experience feedback mechanisms available throughout the hospitals. A monthly report is prepared for the Trust Board on key themes of patient concern and positive/negative feedback.

PALS is an integral part of the Patient Experience Team and works closely with the Complaints Department to provide a seamless and comprehensive service to patients and their families. PALS can be contacted by telephone, email, letter to the hospital or through the 'Let us know your views' leaflets which can be found across all hospital sites.

How we handle complaints

The Trust aims to adhere to the 'Principles of Remedy' produced by the Parliamentary and Health Service Ombudsman in 2007 and the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, in order to produce reasonable, fair and proportionate resolutions as part of our complaints handling procedures. These include the following.

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

In the financial year 2013/14, the Trust received 889 formal complaints. All complaints are dealt with individually with the complainant and in a manner best suited to resolve the particular concern raised.

The main areas for concern were patient care, communication, delays, attitude and access (particularly obtaining an appointment).

Mandatory statements from the Board

Review of services

- During 2013/14 the Oxford University Hospitals NHS Trust provided and sub-contracted 102 relevant NHS services.
- OUH has reviewed all the data available on the quality of care in all 102 of these relevant health services. Services review indicators of quality using dashboards, scorecards and reports so that their performance can be analysed on a monthly basis. This enables services to identify priorities and actions needed to deliver improvements.
- The income generated by the relevant health services reviewed in 2013/14 represents 100% of the total income generated from the provision of relevant health services by the Oxford University Hospitals NHS Trust for 2013/14.

A number of key performance indicators have not been achieved during 2013/14 as shown above. The majority of these failures relate to the non-availability of inpatient beds for elective patients at peak times of emergency activity, and are a consequence of a significant increase in referrals during the year. During 2013/14, the Trust carried out 108,000 elective procedures compared to 97,700 in the previous year. OUH recognises that increasing emergency attendances and a continued high level of delayed transfers of care are major challenges for the organisation, and continues to work with commissioners and other partners in the healthcare economy. The recent CQC inspection report further highlighted these issues. There has been an additional issue in relation to access to radiotherapy which is being addressed. The cause is multifactorial and relates to an emerging imbalance between demand (rising) and capacity (specialist staff shortages and radiotherapy machinery downtime due to upgrades undertaken to provide additional functionality). Oxfordshire Clinical Commissioning Group has highlighted some of these performance issues in-year through contract queries.

PERFORMANCE INDICATORS	TARGET	2013/14	DATA PERIOD APRIL 2013 TO:	SPECIAL COMMENTS
4 hour maximum wait in the emergency department from arrival to admission, transfer or discharge	95%	93.23% ●	31/03/2014	See text below
Cancelled operations (28 day breaches)	5%	7.87% ●	31/03/2014	Referred to within body of Quality Account
MRSA ¹²	0	5 ●	31/03/2014	Referred to within body of Quality Account
<i>C. Difficile</i> ¹³	77	64	31/03/2014	
RTT ¹⁴ admitted performance	90%	88.78% ●	31/03/2014	See text below
RTT non-admitted performance	95%	95.62% ●	31/03/2014	
RTT incomplete performance	92%	91.90% ●	31/03/2014	See text below
RTT admitted median	11.1	7.41	31/03/2014	
RTT admitted 95th percentile	23	24.8 ●	31/03/2014	See text below
RTT non-admitted median	6.6	5.24	31/03/2014	
RTT non-admitted 95th percentile	18.3	17.55	31/03/2014	
RTT incomplete median	7.2	7.09	31/03/2014	
RTT incomplete 95th percentile	36.1	21.46	31/03/2014	
2 week GP referral to 1st outpatient	93%	95.62%	31/03/2014	
2 week GP referral to 1st outpatient – breast symptoms	93%	96.86%	31/03/2014	
31 day second or subsequent treatment – surgery	94%	95.66%	31/03/2014	
31 day second or subsequent treatment – drug	98%	99.78%	31/03/2014	
32 day second or subsequent treatment – radiotherapy	94%	87.76% ●	31/03/2014	See text below
31 day diagnosis to treatment for all cancers	96%	96.52%	31/03/2014	
62 day referral to treatment from screening	90%	94.41%	31/03/2014	
62 day referral to treatment from hospital specialist	NA		NA	We had no consultant upgrades in this financial year
62 day urgent GP referral to treatment of all cancers	85%	80.92% ●	31/03/2014	See text below
Cardiac access Reperfusion: Primary Angioplasty (PPCI) ^A	85%	93.69% ●	31/03/2014	
Patients with 2 week onset of chest pain seen in rapid access chest pain clinic	100%	99.55% ●	31/03/2014	Note 100% threshold and view overall performance here as good
Stoke care Patients who have had a stroke that have spent more than 90% of their stay in hospital on a stroke unit	80%	90.21%	31/03/2014	
Access to GUM clinic ¹⁵	98%	99.02%	31/03/2014	
VTE ¹⁶	95%	95.49%	31/03/2014	

● = TARGET NOT MET

NOTES:

12. Methicillin Resistant Staphylococcus Aureus (MRSA) is a type of bloodstream infection.

13. *Clostridium Difficile* is a form of diarrhoea which can be associated with antibiotic usage.

14. RTT = referral to treatment time (where the aim is less than 18 weeks in the significant majority of patients).

15. GUM = genitourinary medicine.

16. VTE = venous thromboembolism (or a blood clot, typically in the veins of the leg).

Participation in clinical audits

Participation in national clinical audits and confidential enquiries enables us to benchmark the quality of services that we provide against other NHS Trusts, and hence to highlight best practice in providing high quality patient care, and to drive continuous improvement across all of our services.

During 2013/14, 39 national clinical audits and seven national confidential enquiries covered relevant services that Oxford University Hospitals NHS Trust provides. During that period OUH participated in 100% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate. Also in 2013/14, OUH undertook over 300 registered local clinical audits.

Several areas of good practice are demonstrated by our clinical audit results.

- **Bronchiectasis.** For the majority of quality standards, the OUH performed above national average, including physiotherapy access, microbiological surveillance, availability of intra-venous antibiotics at home, patients with a self-management plan and investigations for underlying causes.
- **National Hip Fracture Database.** The Horton General Hospital has halved its incidence of pressure ulcers and 30-day mortality (to well below the national average) and seen a reduction in length of stay in line with the rest of the country. The percentage of patients achieving best practice tariff has increased from last year placing the Horton 5th out of 180 hospitals in this metric. The John Radcliffe Hospital has also had successes with a reduction in length of stay to well below the national average and an increase in the proportion of patients undergoing surgery within 36 hours during a year in which the JR became a Major Trauma Centre. Despite the added pressures on the JR site, the trauma unit has increased the number of patients achieving best practice tariff. The JR is ranked 7th out of 180 hospitals in providing total hip replacements to patients when deemed suitable.
- **Acute coronary syndrome or acute myocardial infarction 'heart attack'.** For all indicators, performance is very slightly different to the previous year but continues to exceed the national average. There is continued exceptional achievement

against the national standard for door to balloon time. The OUH team rates second in the UK in the rapid assessment and treatment of people presenting with heart attacks.

- **Paediatric Intensive Care (PICANet).** In June 2012, Southampton and Oxford PICUs launched SORT – the Southampton and Oxford Retrieval Team. Since then, no patient has been sent outside the South Central region due to lack of beds or availability of a retrieval team. In previous years, between 50 and 100 patients per year were sent elsewhere, often to London. This was a considerable inconvenience to patients and their families.
- **Neonatal Intensive and Special Care (NNAP).** The John Radcliffe Hospital unit has achieved the set standard for three items, and is above national average for all items measured at an individual Trust level with an improved performance against last year on all questions. The Horton Special Care Baby Unit is 100% compliant with regards to mothers who deliver their babies between 24+0 and 34+6 weeks gestation being given a dose of antenatal steroids, and for consultation with parents by a senior member of the neonatal team within 24 hours of admission. This was an excellent result and a significant improvement from last year.
- **National Audit of Dementia.** The John Radcliffe performed significantly better than the national average for screening for delirium, use of a standardised mental status test, assessment for delirium and for recording of the cause of cognitive impairment before discharge. The previous excellent performance in discharge planning and discussions with carers was maintained. Overall the Horton site performed better in most areas of the audit than the national average; the audit results show that the Horton has made significant improvements in several areas.

Audit development

In 2014/15 we will develop and implement an annual audit programme that monitors our performance against national, regional and local standards. This will provide a framework that will help us identify where we are doing well and where we need to make improvements. Our robust programme will be based on national priorities such as infection control, patient safety, clinical effectiveness and the priorities agreed with our commissioners.

For a complete list of Clinical Audits and Confidential Enquiries please see Appendix I.

Information on research

Oxford University Hospitals NHS Trust has an international reputation for research excellence and a vision to be at the heart of an 'innovative academic health science system'.

Our patients benefit from world-class discovery and innovation and our growing portfolio is addressing major conditions including cancer, dementia and stroke.

Research and teaching is carried out in partnership with the University of Oxford Medical Sciences Division, Oxford Brookes University's Faculty of Health and Life Sciences and Oxford Health NHS Foundation Trust, combining clinical expertise with academic excellence. Research and clinical facilities are co-located on our hospital sites to foster a culture of collaboration.

In 2013/14 we took significant steps forward, strengthening our academic and industry partnerships and consolidating Oxford's position regionally, nationally and internationally.

In November 2013, Oxford was designated as an Academic Health Science Centre by the Department of Health – becoming one of just six Academic Health Science Centres in England.

Health Minister Lord Howe described the centres as “among the world leaders in health research, health education, patient care and working with industry to promote economic growth”.

The AHSC partners – Oxford Brookes University, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust and the University of Oxford – will combine individual strengths to address 21st century healthcare challenges.

Oxford University Hospitals was also announced as the host NHS Trust for the newly created Oxford Academic Health Science Network (AHSN). This network of NHS trusts, academic institutions and life sciences businesses covers the Thames Valley and South Midlands region and will enable the swift uptake, adoption and translation of healthcare research and innovations across this wider geography.

The Trust is also host to the National Institute for Health Research Comprehensive Research Network: Thames Valley and South Midlands. This network will invest in clinical research staff to match patients to appropriate research opportunities, carry out the clinical duties required for the studies and cover research-related costs such as X-rays and scans.

These new designations have strengthened a research position that continues to be underpinned by two significant National Institute for Health Research awards: the Oxford Biomedical Research Centre and Biomedical Research Unit.

The number of active studies supported by OUH was 1,357 as at March 2014 compared to 1,175 the previous year and 554 in 2008. 23,055 patient participants were recruited to 346 NIHR portfolio studies during the year.

156 members of staff are supported by the Biomedical Research Centre (BRC) in the OUH which breaks down as follows:

Research midwife	6
Research nurse	55
Pharmacist	2
Doctor – consultant	68
Doctor – research fellow	17
Cardiographer	1
Other clinical	7

Case studies

CASE STUDY

Promising results in gene therapy for inherited blindness

A pioneering gene therapy trial for an inherited cause of blindness has shown very promising results.

Nine patients with the condition choroideremia have been treated with the gene therapy in operations at Oxford Eye Hospital, part of Oxford University Hospitals NHS Trust. The condition is caused by a defective gene that affects light sensing cells in the eye. The gene therapy works by injecting a working copy of the faulty gene under the retina. Study results, reported in *The Lancet*, showed improvements in patients' vision in dim light and two patients were able to read more lines on the eye chart. The first patient to be treated, 65-year-old Jonathan Wyatt, said: "My left eye, which had always been the weaker one, was that which was treated as part of this trial. Now when I watch a football match on the TV, if I look at the screen with my left eye alone, it is as if someone has switched on the floodlights. The green of the pitch is brighter, and the numbers on the shirts are much clearer."

Professor Robert MacLaren of the Nuffield Laboratory of Ophthalmology at the University of Oxford, and a consultant surgeon at the Oxford Eye Hospital, led the development of the retinal gene therapy and the first clinical trial.

CASE STUDY

Tablet technology will confine paper-based patient charts to the history book

An iPad-based early-warning system for patient monitoring will replace paper charts and improve care.

The System for Electronic Notes Documentation (SEND) was developed by teams from Oxford University Hospitals and the University of Oxford. It is being rolled out across all adult wards thanks to funding from the Safer Wards, Safer Hospitals NHS Technology Fund.

The system replaces paper charts and means medical and nursing staff use computer tablet technology to record and evaluate patients' vital signs. The system alerts staff to early signs of patient deterioration instantly and reliably, and allows patient data to be shared with specialists across the hospitals.

Critical Care Medicine clinical researcher Dr Peter Watkinson helped develop the system. He said: "Bringing together experienced clinicians and biomedical engineers has allowed us to develop an ergonomic, intuitive early warning scoring system where information is shared in real-time with staff, wherever they are in the Trust, enabling improved patient care."

Oxford University Hospitals' 'end-to-end electronic prescribing' project also received funding from the Safer Wards, Safer Hospitals NHS Technology Fund. The system will link electronic patient records directly to the hospitals' pharmacy robot. It is estimated the system, the first of its type in the UK, will cut prescription turnaround time by an hour, meaning patients can leave earlier and beds become available sooner.

CASE STUDY

New surgical ‘smart patch’ solution for shoulder injury

An innovative surgical patch developed in Oxford could transform the success of shoulder repair operations. The patch will be used by surgeons to repair torn tendon tissue where it attaches to bone, and patient trials are expected to begin in 2014.

Made from a new material developed by a team of surgeons, engineers and biochemists, the ‘smart-patch’ promotes rapid regrowth of damaged tissue ensuring the injury heals more quickly and more successfully. Andy Carr, an Oxford University Hospitals surgeon and Nuffield Professor of Orthopaedic Surgery at the University of Oxford, led the development of the patch, which has been designed to repair damage to the rotator cuff.

More than 10,000 rotator cuff repairs are performed in the UK each year and the group’s own research has shown that internationally between 25 and 50% will fail to heal properly.

Prof Carr said: “One of the great strengths here in Oxford is having clinicians, engineers, biochemists and other specialists, working together across the partnership between the University of Oxford and Oxford University Hospitals NHS Trust. This multidisciplinary approach means that when unsolved clinical problems are identified we can investigate the cause, develop a solution, before returning to clinic to test if it helps patients.”

The patch has the potential to be adapted for use in other tissue repair operations such as heart surgery, hernia repair, bladder repair and the treatment of early arthritis.

CASE STUDY

Thousands of women needed for a ground-breaking health and pregnancy study

Women without children and who are not pregnant hold the key to a ground-breaking study of pregnancy and women’s health.

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

The research team will then follow the women through any subsequent pregnancy and beyond. By observing changes in health measures before, during and after pregnancy, new understanding of why some women develop conditions such as diabetes, pre-eclampsia, or anxiety and depression will be gained. The team hopes this will lead to better preparation for pregnancy, improved methods of preventing complications and earlier detection of problems when they do arise.

The study combines teams from the Women’s Centre at Oxford’s John Radcliffe Hospital who have joined forces with the University of Oxford’s Nuffield Department of Obstetrics and Gynaecology, Nuffield Department of Primary Care Health Sciences and Division of Cardiovascular Medicine.

Dr Ingrid Granne, Consultant Gynaecologist at Oxford University Hospitals NHS Trust, said: “This study could help identify women who are susceptible to certain conditions much earlier so we can give better care.” The OxWatch team wants to recruit 300 women in the first pilot-phase and then expand the numbers to 12,000 women in Oxfordshire and other national centres.

Goals agreed with commissioners (CQUINS)

Commissioning for Quality and Innovation Framework (CQUIN)

Commissioners hold the health budget for their population and decide how to spend it on hospital and other health services. Our local commissioner, Oxfordshire Clinical Commissioning Group (OCCG), sets us annual goals based on quality and innovation in order to bring health gains for patients. A proportion of the Trust's income is conditional on achieving these goals. This system is called the CQUIN payment framework.

Performance against the CQUIN payment framework for 2013/14

In 2013/14, 2.5% of our income was conditional on achieving quality improvement and innovation goals. OCCG assessed the Trust as having achieved a year-end settlement of 77% of the potential CQUIN value for the year. The various projects undertaken during the year are laid out below with a Red, Amber and Green (RAG) rating to indicate whether the goals were met, partially met or failed.

CQUIN Goal	Comment	Met / Partially met / Failed
Telemedicine – use of information technology to facilitate virtual consultation between secondary care and other care environments (community hospitals)	<ul style="list-style-type: none"> Pilot began March 06 2014 following earlier technical challenges Ongoing support required to bring about behaviour change and encourage use Project continues into 2014/15 	
Intra operative fluid monitoring – use of Doppler monitoring technologies to optimise intraoperative management	<ul style="list-style-type: none"> Over 80 procedures undertaken each month using this technology 	
Child in a chair – improving access to specialist wheelchairs	<ul style="list-style-type: none"> Maximum five week wait for adults and children maintained throughout the year 	
Gestational diabetes – mobile phone technology to monitor pregnant women remotely	<ul style="list-style-type: none"> 52 patients recruited but further work required – converted to a clinical trial 	
Physiological outcomes post MI – use of iPad technology to monitor outcomes remotely and in real time	<ul style="list-style-type: none"> Study delayed – awaits ethics approval 	
ICE – electronic requesting and pricing system for tests	<ul style="list-style-type: none"> Roll-out to General Practices as planned 	
Friends and Family Test – response rate		
Safety Thermometer – 50% reduction in hospital acquired pressure ulceration	<ul style="list-style-type: none"> There was an active drive to increase reporting during the year 	
Dementia	<ul style="list-style-type: none"> Element: Educational 	
	<ul style="list-style-type: none"> Element: Screening – Screening results plateaued at 60% for OUH 	
	<ul style="list-style-type: none"> Element: Carer support – Carers' questionnaire sent out on regular basis throughout year for feedback – Dementia Café established and held on a monthly basis at the JR to provide support 	
VTE	<ul style="list-style-type: none"> Element: Screening Element: Root Cause Analysis for hospital acquired thrombosis 	

CQUIN Goal	Comment	Met / Partially met / Failed
Psychiatric liaison service	<ul style="list-style-type: none"> • Psychiatric and psychological medicine teams combined • 90% of patients seen same day as referral • Positive feedback from medical and ward teams for support • Recognised benefit to discharge process 	
Baseline data for frail elderly patients	<ul style="list-style-type: none"> • Whole system targets met • Plans for continuation of review into 2014/15 • Qualitative audit undertaken and action plan agreed 	
Medical support for complex patients in surgery	<ul style="list-style-type: none"> • Input five days a week rather than goal of six • Reduced length of stay • Better management of complex cases, increasing throughput on ward 	
Emergency Admission Navigators	<ul style="list-style-type: none"> • Staff in place but target for reduced admission of patients with selected conditions not met 	
Nursing	<ul style="list-style-type: none"> • <i>Element:</i> Nursing staff turnover • <i>Element:</i> Training, leadership and development • <i>Element:</i> Maintaining comparative length of stay position 	
Diabetic foot disease	<ul style="list-style-type: none"> • Virtual MDT has been established and trialed • To be continued into new financial year (as part of diabetes risk summit implementation) 	
Diabetic support for young adults	Self-management course for young adults	
Learning disability and epilepsy (LD)	Identification of patients with learning disability and co-existent epilepsy, and involvement of neurology specialist in care	
ECIST report (Emergency Care Intensive Support Team)	Delivery of actions against external review of emergency departments.	

Quality improvement initiatives associated with the CQUINS for 2014/15

A number of CQUIN projects have been agreed in principle with OCCG for 2014/15. These are presented in the table below. In many cases, the topic is either nationally mandated, or reflected in the Trust's quality priorities for the year as set out elsewhere in the Quality Account.

CQUIN GOAL	COMMENT/ORIGIN
Friends and Family Test – continued use and further roll-out (aiming for over 20% response rate in ED over the year, 40% for inpatients in March 2015)	National
Dementia management	National
Safety Thermometer – 20% reduction in significant hospital acquired pressure damage	National (specific target agreed locally)
Discharge processes	Local – Quality Account priority
Care 24/7	Local – Quality Account priority
Physicians and surgical patients	Local – Quality Account priority
Psychological support for patients with cancer	Local – Quality Account priority
Implementation of outcomes of diabetes and pneumonia risk summits	Local – Quality Account priority
Progress to radiology accreditation	Local
Improvements in outpatient experience	Local – Quality Account priority

Statement on compliance with Care Quality Commission (CQC) and essential standards of care

The Trust is governed by a regulatory framework set by the Care Quality Commission (CQC) which has a statutory duty to assess the performance of healthcare organisations. The CQC requires that hospital Trusts are registered with the CQC and therefore licensed to provide health services.

The CQC provides assurance to the public and commissioners about the quality of care through a system of monitoring a Trust's performance across a broad range of areas to ensure it meets essential standards. The CQC assessors and inspectors frequently review all available information and intelligence they hold about a hospital.

You can find out more about the standards here: www.cqc.org.uk

Oxford University Hospitals NHS Trust is currently registered without conditions. There are no CQC enforcement orders in place in respect of Oxford University Hospitals.

The new CQC process for inspecting hospitals focuses on **five key questions**.

1. Are the services and premises **safe**?
2. Are the services provided **effective** and ensure good patient outcomes?
3. Are we **caring**?
4. Is the organisation **responsive** to patients' needs?
5. Is the Trust a **well led** organisation?

In February 2014, a planned inspection was undertaken by the CQC across the four main hospitals making up the Trust.

Care Quality Commission rates the Trust as 'good'

The CQC's Chief Inspector of Hospitals inspected all four of our hospital sites in Oxford and Banbury as part of the CQC's new inspection regime. The CQC report rates the Trust as 'good' with a small number of areas for improvement.

In February 2014 a team of 51 inspectors visited the Trust's four hospital sites for two days, and made unannounced spot checks on 2 and 3 March. In advance of the inspection, the Trust provided

thousands of pages of documentation to the CQC to help with their inspection. The CQC spoke to patients, visitors, carers and staff to form an overall impression of the services the Trust provides and to rate the organisation and its services in five areas (known as domains): safe, effective, caring, responsive to patients' needs and well led.

The CQC also held two public meetings, one in Oxford and one in Banbury, to hear from local people about patients' experiences, which were overwhelmingly positive. During the two weeks of the visit the inspectors repeatedly tested out their initial findings and have now given the Trust an overall rating of '**good**' in all five of the above domains.

Among the many positive findings, the report provides a clear endorsement of our staff, who were observed providing compassionate and excellent care throughout our four hospitals. Of 115 areas inspected across the Trust, 11 were identified as 'requiring improvement'. The individual hospitals were rated as follows:

John Radcliffe Hospital	Requires improvement
Horton General Hospital	Good
Churchill Hospital	Good
Nuffield Orthopaedic Centre	Good

At the John Radcliffe Hospital, many of the services were delivered to a good standard, although the inspectors found that both emergency department and surgical services required some improvements. The report highlighted problems with staff shortages within the maternity department and on surgical wards and theatres; high bed occupancy; and failure to meet the national emergency department target to admit, transfer or discharge patients within four hours.

The CQC identified the following actions for the Trust to take.

- The Trust must plan and deliver care safely and effectively to people requiring emergency, surgical and outpatient care.
- There must be enough qualified, skilled and experienced staff to safely meet people's needs at all times.
- The Trust must plan and deliver emergency care to people in a way that safeguards people's privacy and dignity.

- Staff must receive suitable induction in each area that they work.
- The Trust must ensure that newly qualified midwives are appropriately supported.
- Patient records must accurately reflect the care and treatment for each patient in line with good practice.

The CQC highlighted the following as areas of **good practice**.

- The system the Trust used to identify and manage staffing levels was effective and responsive to meet the needs of the hospitals.
- Services were innovative and professional.
- Caring compassionate staff throughout the four hospitals.
- Managers had a strong understanding of the risks in service and improvements required. Incident reporting and monitoring was well managed and the learning from incidents was evident. There was a strong commitment, supported by action plans, to improve the service.
- Staff worked well between teams. The value of an effective multidisciplinary approach, in improving outcomes for patients, was understood and actively encouraged.

Statement on relevance of data quality and our actions to improve data quality

During 2013/14 the Trust has continued to reinforce a number of measures to strengthen data quality. Each of the clinical Divisions continues to strengthen its arrangements for securing good quality data. The Trust has also continued to make use of internal and external audit to identify areas for improvement and has introduced a quarterly compulsory audit programme for each Division that is monitored by the Information Governance and Data Quality Group. The Trust continues to improve its data quality and has a robust governance structure for monitoring and improvement. At Oxford University Hospitals NHS Trust, data quality is seen as everybody's responsibility, and this approach helps us to ensure that every staff member aims to achieve high standards in data quality and that we strive for continual improvement throughout the organisation.

Data quality indicators are reported to the Trust's Information Governance and Data Quality Group, and are also included within the Trust's monthly performance to ensure data quality governance is aligned with the Trust's performance management framework. A data quality assurance framework requires the data underpinning all the Trust's key performance indicators to be rated according to the data quality and the level of assurance.

“This report has given us a richer and broader understanding of our organisation and how it is perceived both internally and externally. However, there is no room for complacency and areas highlighted in the report for improvement will be acted on swiftly.”

“We were aware of the areas listed for improvement through our own internal review processes and many have either been addressed or have action plans for improvement.”

- It was evident that significant efforts had been made to improve the effective discharge of patients within medical areas. The hospital was working closely with commissioners, social services and providers to improve the transfer of patients to community services.
- There was good learning from incidents within critical care which translated into training and safer practice.
- There were processes in place throughout the hospitals which took into account patients' diversity. These included an interpretation service and information provided in different formats according to the patients' needs.
- The Trust internal peer review process, in which over 100 clinical areas had been reviewed in a three month period across the Trust.

All Divisions have operational data quality groups which have representation from all service areas. These groups look in detail at a number of data quality indicators and monitor the progress of improvement.

Good quality data are an indicator that an organisation has robust systems and methods of capturing accurate information about its patients, and is critical to the delivery of effective patient care. It is vital that relevant staff have access to timely, accurate and comprehensive information about the care and treatment that our patients are receiving. Good data quality also underpins the effective use of resources and it is thus essential to the Trust in its task of ensuring value for money to the taxpayers.

The Trust has a Data Quality Strategy which embeds robust data quality practices which in turn lead to well managed services and robust levels of assurance and accountability Trust wide. The issue of information quality pervades all aspects of the delivery of patient care. It crosses both internal and external organisational boundaries and is the responsibility of everyone involved in delivering and supporting that care ensuring that information is of the highest possible standard.

The strategy aims to provide a robust yet flexible framework within which the Trust can maximise the completeness, accuracy and validity of patient information. It recognises the need to ensure that data are collected for justifiable purposes and used in accordance with sound principles of information management and governance. It endorses the use of mandatory, validated NHS numbers on all patient records as the foundation on which all further information quality considerations must rest. The strategy provides a statement of responsibilities which should underpin all data collection, management and monitoring activities within the Trust and enable the embedding of the six elements of the data quality into our processes: accuracy, validity, reliability, timeliness, relevance and completeness.

The Trust is committed to creating a positive culture in respect of all individuals who are employed in our hospitals. One of the most important elements of improving and maintaining service relies on the opportunity for continuing staff education and training. The training policy underpins the application of all relevant employment policies and ensures that for all staff, including temporary staff, we apply access control, ensure data quality processes are adhered to and put procedures in place to support the consistent capture of quality data into our corporate systems.

During 2013/14 we have developed further e-learning programmes which include dedicated data quality workbooks and e-assessments.

Secondary Uses Service (SUS)

The SUS is the single source of comprehensive data to enable a range of reporting and analysis of healthcare in the UK. The SUS is run by the NHS Information Centre and is based on data submitted by all provider trusts. As with any sharing of information, the Trust ensures patient confidentiality is appropriately protected at all times.

NHS number and GP Practice code validity

The patient NHS number is the key identifier for patient records, and the quality of NHS number data has a direct impact on improving clinical safety. The NHS number code validity is monitored by the Information Governance and Data Quality Group and the Data Quality User Group which continue to raise awareness to Divisions and to identify necessary actions to strengthen performance

We submitted records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data, which

included the patient's valid NHS number, was as follows.

- **99.08%** for admitted patient care as at month 7
- **99.64%** for outpatients as at month 7
- **95.40%** for emergency department as at month 7
- **99.97%** for admitted patients have a valid GP Practice Code
- **99.97%** of outpatients have a valid GP Practice Code
- **99.99%** of patients admitted to the emergency department have a valid GP Practice Code.

Information Governance Toolkit attainment levels

The Trust's Information Governance (IG) assessment score for 2013/14 is 86% with all requirements at level 2 or 3 giving the Trust a 'Satisfactory' rating (out of a possible range of 'Unsatisfactory' or 'Satisfactory'). In IG terms 'Satisfactory' is the top rating and is green. There is an ongoing challenge to ensure that the IG training requirements are met for all staff, especially for the many staff with honorary contracts, and further resources are made available through the e-LMS. Ensuring that all flows of identifiable data both within the Trust and externally are adequately mapped and managed will remain a priority area for additional action.

Clinical coding

Clinical coding translates the medical terminology written by the clinicians to describe the patient's diagnosis and treatment into nationally standardised codes. This information is vital to the Trust as it supports:

- the delivery and monitoring of patient care
- the planning and management of the Trust's services
- the collection of income.

The audit is carried out through checking the accuracy of primary coding (1st diagnosis) and then secondary (subsequent diagnosis) coding.

The Clinical Coding Team now meets level 3 of the three Information Governance standards specific to coding. This has been assisted by the appointment of a Coding Trainer to join the Coding Auditor. Three more clinical coders became accredited this year, two with distinctions, and more are sitting the exam shortly.

The Coding Auditor is responsible for a programme of audits across the Trust which focuses on both specialty and Clinical Coding Team members. These audits inform both Trust data quality and coding training requirements/improvements. The Coding Trainer has delivered standard courses to new clinical coders and will start delivering refresher and specialty courses too this year. Jointly the Auditor and Trainer deliver coding awareness courses to junior doctors and have developed a popular pocket-sized handbook on clinical coding for clinical staff.

The most recent clinical coding audit by the Audit Commission was carried out in December 2012. Oxfordshire Primary Care Trust shared the data with the Trust and we were pleased that the results were very good, and an improvement on the previous year.

% procedures coded incorrectly

Primary 6.5%
Secondary 8.6%

% diagnoses coded incorrectly

Primary 5.0%
Secondary 5.0%

Regular and ad-hoc meetings are held between clinicians and coders to validate the coded data against the information held in the hospital notes. These meetings enable both clinicians and coders to have confidence in the coded data. The results are also monitored and reported to the Information Governance Committee. The most recent internal audit in coding completed was in the Paediatric Day Case Unit (please see below). The Trust benchmarks its clinical coding against that of other trusts.

% procedures coded incorrectly

Primary 0
Secondary 9

% diagnoses coded incorrectly

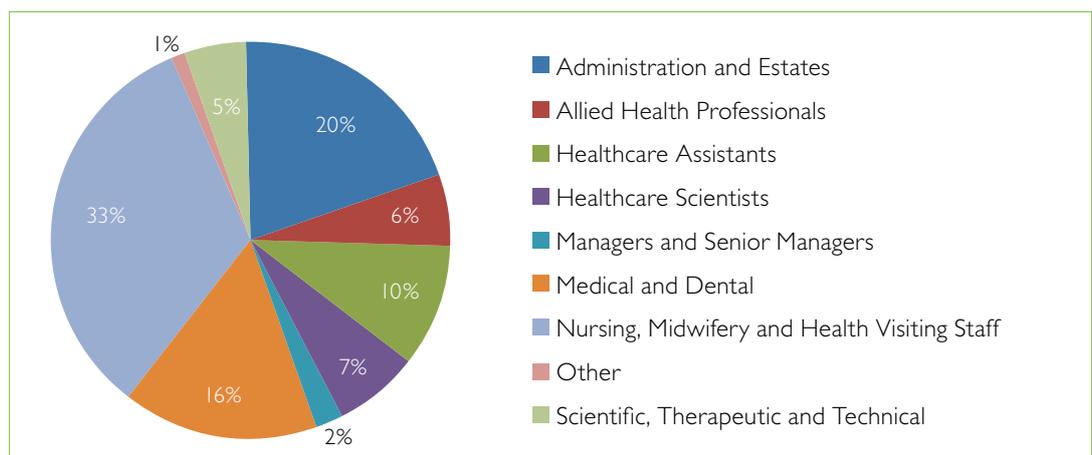
Primary 4
Secondary 1

Our staff

During 2013/14 we have continued to focus on staff engagement through our strategy of ‘Delivering Compassionate Excellence’ to support improvements in the quality of patient care. Staff engagement ensures that all aspects of quality of care, patient safety, clinical effectiveness and patient experience are embedded in the practice and behaviours of our Trust staff.

Workforce profile

In January 2014, the Trust employed 11,489 people in 9,552 whole-time equivalent (WTE) posts. The chart below shows substantive WTEs by staff group.



OxH benefits from the expertise of academic consultants who are employed by the University of Oxford and hold honorary consultant contracts with the Trust for their clinical contributions. A similar working agreement with Oxford Brookes University seeks to use the benefits of collaboration to improve patient care.

A total of 620 facilities staff are employed by the Trust and seconded to third party entities through NHS Retention of Employment (ROE) agreements. These members of staff provide domestic, portering and catering services. The Trust manages the relationship through commercially-based service level agreements.

Equality and diversity

The Trust complies with Equality Act 2010 public sector equality duties. OUH has implemented the Equality Delivery System (EDS2) to ensure good practice, compliance with legislation, provision of a platform for change and an improvement in demonstrating and realising equality in the workplace. The Equality Delivery System (EDS) was used in April and May 2013 by the Workforce EDS Panels, to assess the equality and diversity performance of the Trust in 2013/14. The Trust has committed to use EDS2 in the next assessment that will take place in April/May 2014 with regards to equality and diversity performance in the year 2013/14. The Trust then intends to complete a full EDS2 review every three years for the workforce EDS Goals, with interim reviews for particular outcomes or areas of the Trust. The outcomes and areas to form part of the interim reviews will be determined, in consultation with the EDS2 Panel, as an outcome of the full review.

Equality objectives have been developed through engagement activities, both internal and external to the Trust, and EDS2 grading activities. Objectives are reviewed at least annually to ensure progress is being made and to determine whether additional objectives should be added. Priorities include:

- 90% of staff members to be assessed as competent in equality and diversity through training and subsequent competency-based assessment;
- reducing the incidence of bullying and harassment experienced by staff from other staff.

Workforce plans and expenditure

The Trust has aligned workforce plans with the Long Term Financial Model (LTFM) and the planned activity levels of its services. However, variations will exist which will require contingent staffing to meet unusually high levels of activity, e.g. winter pressures, which increases short-term demand on the workforce to respond to changing service provision.

Workforce redesign and the development of new roles, which is fundamental to the development of flexible and sustained models of care, has already delivered results and will continue. Examples are below.

- As part of its response to delayed transfers of care (DTOC), OUH has developed its Supported Hospital Enhanced Discharge Service. This includes a Community Support Worker role which supports patients after discharge in their homes or other community care settings. Community Support Workers have a local reward package which recognises the need to provide care into night-time hours and to work weekend days without incurring enhanced rates of pay.
- In order to improve integration of elderly care across organisational boundaries, a cultural survey was undertaken, including facilitated discussions with staff from OUH, Oxfordshire County Council and Oxfordshire CCG. This identified barriers on the patient pathway which slowed the discharge of patients. Actions are being taken to remove barriers and improve the patient experience.
- Members of the Emergency department have developed new skills and new roles, enabling a more effective distribution of tasks between nursing and medical staff.
- Opportunities have been taken for service-specific clinical nurse specialists to be developed, enhancing the skills available and quality of services provided.
- Expansion is also being sought in the Trust's Assistant Practitioner workforce to enable the management of patient safety and quality with a revised skill mix, linking with the strategic objective of delivering better value healthcare.
- Using the national Modernising Careers programme and based on Benner's model of 'Novice to Expert,' pathways are being developed in each role with associated competencies. The aim is to accelerate service improvements and quality by improving the capability of clinical staff and the consistency of care delivered.

- Job rotation is being considered in specific clinical areas, with a view to developing Band 5 nurses in particular to undertake roles in which they can gain skills and experience relevant to areas in which recruitment is more difficult, such as theatres, and to aid retention more generally.
- Variations to local shift patterns are being piloted in Divisions to enhance the seven-day provision of non-elective services and to enable elective services to provide capacity aligned to demand, with more services operating across the week and over extended periods of the day. Baseline productivity levels, establishing the ratios of clinical staff to patient activity, are being determined and targets for improvements agreed.
- Nurse staffing levels and skill mixes have been reviewed using the Safer Nursing Care Tool, which is advocated by the Shelford Group of Hospitals. This is an evidence based tool and calculates the level of nurses and skill mix ratios according to the levels of acuity or dependency of the patients in ward areas.
- This process was undertaken in April, October and December during 2013 and has resulted in assurance regarding the levels and skill mix of nursing staff in the majority of clinical areas. However it has also indicated areas of concern with regard to the levels of staff in some wards and skill mix in others. This was reported to the Trust Management Executive (TME) and the private section of the Trust Board in January 2014, and TME was asked to develop a business case to address the issues related to the staffing deficits.

Sickness and absence management

In line with expectations for the wider NHS, OUH has committed to reduce and maintain sickness absence at a Trust-wide average of 3% or below.

OUH's target level for sickness absence is below that experienced by comparator Trusts. The Health and Social Care Information Centre (HSCIC) noted an annual absence rate of 4.24% for 2012/13 for the NHS in England. The OUH compared favourably with the Shelford Group average of 3.77% in 2012/13 from data published by the HSCIC.

OUH's level in January 2014 was 3.3%. Specific action has been taken through, for example, the introduction of a new sickness absence procedure, improved Occupational Health support, targeted action in directorates and training for managers in dealing with absences.

In 2014, FirstCare, an absence management system, is being implemented across the Trust to improve absence reporting, to enhance information management and reporting and to help maintain the engagement of those staff who are off sick. This will have the benefit of achieving quicker returns to work, improved productivity and potentially significant financial savings.

The pattern of sickness absence is relatively constant within the Trust. 89% of all episodes of sickness and one third of total time lost are due to short-term absences of seven days or less. Absence is largely due to reported colds/flu (24%) and gastrointestinal problems (18%).

Staff Survey findings are used to measure and inform impact of actions taken by the Trust's Health and Wellbeing Strategy Group. OUH's Health and Wellbeing Strategy has an underpinning philosophy of self-help and individual responsibility, supported by a corporate framework to promote a healthy lifestyle and good practice in relation to workplace health, thereby reducing the likelihood of absence.

The new Occupational Health and Wellbeing Centre opened in 2013 and saw the introduction of streamlined systems and processes to improve efficiency and reduce waiting times for referrals to be seen by an Occupational Health Advisor. In addition a Public Health and Wellbeing Specialist was appointed to provide additional focus and support of measures to improve the overall health of the workforce. Initiatives have included assisting staff to stop smoking, introduction of a Healthy Eating Group, lunchtime exercise clubs and information on stairwells.

Staff turnover

The Trust experienced staff turnover in the region of 11% throughout 2013. A reasonable degree of turnover is considered beneficial, but excessively high levels are costly in terms of potential disruption to services, especially when some skills are in short supply.

Generally, in the context of the national economic climate, NHS Trust turnover rates have reduced to within a range of 8-10%. OUH is targeting a reduction in staff turnover to 10.5% in 2014/15, with incremental year-on-year reduction with a trajectory to achieve 8% by 2019/20, and to operate within this national range.

Specific initiatives are to be introduced to address recruitment and retention issues in some staff groups where the turnover figures are above Trust average, such as Band 5 nurses and midwives and staff in Bands 1 and 2. Comparators include Cambridge University Hospitals at 9.2% and University Hospitals Birmingham at 8.4%.

Engagement

Values into Action

Members of staff have, with patients and partners, developed the Trust Values. After agreement of the Trust Values in January 2012, the 'Values into Action' programme was initiated, the first phase of which was to describe clear and measurable standards of behaviour that staff should expect from each other. These behaviours form the basis of recruitment, induction, appraisal, communication, customer care, performance management and recognition approaches throughout the organisation.

Safe Staffing and *Delivering Compassionate Excellence* have been key drivers for several initiatives undertaken at the Trust including Value Based Interviewing (VBI), the twice daily Matron/Divisional Nurse meetings, Listening into Action and latterly the piloting of Values, Behaviours and Attitudes workshops to support managers in addressing staff whose values, behaviours and attitudes indicate non-alignment with the Trust Values and aspirations.

In 2013, Value Based Interviewing (VBI) a core project within the Values into Action workstream, was piloted within Children's Services, Care of the Elderly and the Care Support Worker Academy. The aim of the project was to incorporate the Trust Values into the recruitment process to test candidates' alignment with them in order to improve services and patient experience. Following an initial positive impact assessment, VBI is being rolled out through Divisions and directorates. VBI has been used for the recruitment of some nurses, support workers and administrative staff as well as being used for the recruitment of consultants and Executive Directors. VBI is being delivered in conjunction with the National Society for the Prevention of Cruelty to Children (NSPCC).

To progress the embedding of the Trust Values in all aspects of the employee's journey with OUH, the Corporate induction programme and e-LMS Appraisal System have been updated to incorporate the values.

In February 2014, the Value Based Conversation Project commenced. The purpose of this project is to build on the VBI process and to adapt the skills and techniques on which VBI is based, to enhance the skills of managers generally and specifically to improve the quality and impact of appraisal discussions with staff, and support them in having challenging performance management conversations to address non-aligned behaviours and attitudes. These measures will help to embed the values in the day-to-day operational processes and management of staff. The impact is to be measured through improved staff engagement scores in the Staff Survey and 'temperature checks' and will provide evidence that the Values are 'real' and 'lived' within the Trust.

Staff engagement

Staff engagement is central to the delivery of OUH's business plan. It is widely recognised that a workforce that is engaged, empowered and well led will provide better care and a more positive experience for patients and service users. Therefore, effective staff engagement is essential in enhancing the organisation's reputation and in achieving the Trust's strategic objectives.

OUH has participated in the annual NHS Staff Survey to assess levels of staff engagement and to consider the direct feedback of staff regarding their experiences in the workplace. The findings of the Staff Survey are used in several ways:

- firstly, as a measure of overall staff engagement, informing the Trust at organisational level on what is being done well and where to focus attention on improvement;
- secondly, at a directorate and Divisional level, to provide data on staff experience alongside indicators such as patient surveys, peer reviews, complaints and compliments, to inform and shape integrated plans to improve quality and patient experience;
- thirdly, as a way to benchmark with comparable organisations.

The importance of the annual Survey is reinforced by the NHS Operating Framework, which highlights the question regarding whether staff would recommend their hospital as a place to be treated and as a place to work, commonly known as the Friends and Family Test, and is a key indicator of quality of care provided. In the 2013 National Staff Survey, 76% of OUH staff agreed or strongly agreed with this recommendation, against a national average for all acute Trusts of 66%, placing OUH in the top quartile.

The national annual Staff Survey has since 2012/13 been supplemented by a Trust-wide local census. In 2014/15 the Trust will be able to benchmark itself through the introduction of a quarterly engagement survey which will encompass the Friends and Family Test.

The Trust seeks to consistently rank within the top 20% of all acute trusts on the nine engagement indicators of the National Staff Survey in the three key areas of advocacy, motivation and involvement. In addition, by 2019 the Trust aims to improve engagement scores in its local census to increase to an average score of 4 or better (with the highest score being 5), across all nine engagement indicators.

In addition, through 'Listening' events and focus groups OUH staff are being actively invited to contribute to the development and implementation of local Divisional and corporate improvement plans in response to survey results.

In 2012/13, OUH was an early implementer of the Listening into Action (LiA) methodology. During 2013/14 a second wave of improvement projects using the LiA methodology in the initiation phase made good progress.

The Trust introduced a recognition scheme in 2012 linked to its values, central to which was an annual recognition awards ceremony. This has been extended in 2013 to include Divisional awards events and plans are in place to introduce long service awards, and a system to support and facilitate local recognition of individuals and of teams.

OUH aims to deliver an approach to staff engagement that creates a 'can-do' culture and builds a committed and high-performing workforce focused on achieving OUH's objectives. Priorities are to:

- deliver communications appropriate to their intended audience;
- build knowledge and understanding of the Trust, its vision and values and the role the individual plays in the organisation;
- involve staff in the development of service plans and engage them in improvement programmes through 'Listening' events and focus groups;
- reinforce an open communications culture across the Trust and provide opportunities for two-way dialogue; and
- support staff through projects that improve motivation and help the organisation to learn from its employees.

Progress in improving overall staff engagement is evidenced through the positive trend in the Trust's Staff Survey results, the Trust's engagement score for 2013 was 3.75 (on a scale of 1 to 5, 5 being high) against the 2012 score of 3.74. Other examples are as follows.

- a. The positive trend in staff uptake of seasonal influenza immunisation, rising in 2013 to 66% of front line staff at the end of December, an 8% increase on 2012. (OUH has consistently performed better than the national average for vaccine uptake despite being one of the largest trusts and vaccination remaining non-mandatory).
- b. Staff participating in improvement initiatives to enhance services and patient experience through Listening into Action projects across the Trust, which have included improving tertiary referral record sharing and communication in Neurosciences; improved access to pastoral services for oncology patients and their families; and implementation of a self-care haemodialysis patient programme in the Renal Unit.

Leadership development

Building a visible, trusted, vibrant and cohesive leadership community within the Trust, with members who live the Trust Values, are exemplars of management best practice and who provide consistent standards of leadership from Board to bedside, is central to delivery of the Workforce Strategy. Through its leadership community the Trust will ensure:

- the organisation is well led
- staff are engaged and empowered
- quality of services is maintained
- excellent patient experience.

A dedicated programme of development for leaders within OUH will be delivered to enhance skills and capability and ensure consistency of approach and practice. The OUH will develop a Leadership and Talent Management Strategy, which sets out the Trust's approach, priorities for leadership and talent development. The new NHS Leadership Framework, launched in 2013, has been adopted by the Trust and will form a cornerstone of the leadership development framework.

OUH leaders are expected to make clear and visible links between the Trust's strategic objectives and those of their teams and individuals, to be proponents of management best practice, advocates for continuous improvement and staff engagement.

Clinical and non-clinical leaders and managers are encouraged to lead by example, to articulate a clear and compelling vision and to live the values of the Trust. They are reviewed against clear competency standards and through 360 degree feedback to inform personal development plans that at a Trust level support talent management and succession planning.

In 2013 the Trust launched its series of OUH leaders' conferences, designed to facilitate learning and knowledge sharing and to provide networking opportunities in order to build a vibrant unified leadership community.

OUH leaders are encouraged as part of their continuing professional development to participate in local and national leadership development programmes including those of the King's Fund, and NHS Leadership Academy programmes. OUH is working with partners in Oxford including the University of Oxford's Saïd Business School and Oxford Brookes University to develop local leadership programmes for specific staff groups. A leadership programme for ward managers incorporates content on best practice, peer review, clinical supervision, CQC standards and outcomes linked to the Trust's CQUINs.

Learning and development

OUH aims to create an excellent learning environment in which every member of staff makes the best possible use of their experience, skills, knowledge, capability and capacity.

A Learning and Development Framework has been created to ensure that learning and development is planned in an effective way to support the organisation's goals and objectives. Resources are maximised through collaboration with education providers including the University of Oxford, Oxford Brookes University and other third party providers, and utilisation of learning technologies. OUH in partnership with Health Education Thames Valley (HETV) and other Local Education and Training Boards (LETBs) agrees commissioning for education placements and inputs to the workforce planning process. There are performance review meetings with the FE providers managed through the LDA agreement.

OUH works closely with the University of Oxford and HETV in the delivery of education and training for doctors. The Trust has over 800 junior doctors in training.

Staff members are expected to receive regular feedback on their performance from their line managers and to have an annual appraisal to discuss and agree:

- clear objectives that are aligned to organisational objectives and Trust Values
- Personal Development Review (PDR) and learning and development needs
- review and feedback on their performance over the year.

During 2013 the Trust launched a new electronic appraisals system for non-medical staff. This will be embedded during 2014 to increase both the quality and number of appraisals that are completed.

Through the introduction of the new system it is anticipated that the number of staff receiving an annual appraisal will increase incrementally during 2014/15, toward the target of 95% of staff reporting they have had an appraisal.

The Trust designs and delivers learning and development programmes including professional pre-registration education and training, as set out by professional bodies; continuous professional development; leadership and management training; and the 'Oxford Model', which includes initiatives to support apprenticeships and deliver Foundation

Degree Programmes. This aims to support staff who are at the start of their career in the NHS and/or working as Assistant Practitioners. A multi-professional approach to providing learning and development is taken wherever practicable.

The Care Support Worker (CSW) Academy brings together the recruitment, selection, induction and ongoing learning and development of Care Support Workers (CSWs). It provides a recruitment and development pathway for CSWs and a coordinated approach to oversee their development from the moment they enter the Trust. The Academy also supports existing CSWs through apprenticeship frameworks and portfolios of competence, and signposts them to existing bespoke programmes run by in-house teams and to other short courses. This is intended to contribute to improving the quality and consistency of care in the Trust's services.

Following the Francis Report into the care of patients at Mid Staffordshire NHS Foundation Trust, a modified programme has been designed for existing CSWs to generate clear standards of evidence based best practice and behaviours for this group of staff.

The Cavendish Review, recommended that a 'Certificate of Fundamental Care' be developed, and that all care support staff will be required to obtain a 'Care Certificate' before working unsupervised.

The government has accepted the recommendations for a Care Certificate, which will be delivered when ready through the academy framework.

A web based learning management system provides a platform for staff to book and undertake classroom learning, e-learning or e-assessment in order to achieve the competencies set out by the Trust's statutory and mandatory training framework. The system enables staff to review their own compliance and provides automatic reminders when competencies are about to expire.

APPENDIX 1

List of clinical audits

The national clinical audits and national confidential enquiries respectively, which Oxford University Hospitals NHS Trust was eligible to participate in during 2013/2014, are as follows.

ELIGIBLE NATIONAL CLINICAL AUDIT	OUH PARTICIPATED	% CASES SUBMITTED
PERI AND NEONATAL		
Neonatal intensive and special care (NNAP)	✓	100%
CHILDREN		
Paediatric asthma (British Thoracic Society)	✓	92%
Paediatric bronchiectasis (British Thoracic Society)	✓	100%
Moderate or severe asthma in children (College of Emergency Medicine)	✓	100%
Childhood epilepsy (RCPH National Childhood Epilepsy 12 Audit)	✓	100%
Paediatric intensive care (PICANet)	✓	(Q1 to Q3) 100%
Paediatric Inflammatory Bowel Disease (IBD)	✓	100%
Diabetes (RCPH National Paediatric Diabetes Audit)	✓	100%
ACUTE CARE		
Emergency use of oxygen (British Thoracic Society)	✓	485 patients were audited across the organisation of which 61 were on oxygen. The audit does not require every patient on oxygen to be audited
National Audit of Seizures in Hospitals (NASH)	✓	100%
Cardiac arrest (National Cardiac Arrest Audit)	✓	<i>Data was submitted in Q1 of 2013/14 but this was not sufficient for a comparative audit report to be produced. The Trust is planning for full data submission in 2014/15</i>
National emergency laparotomy audit (NELA)	✓	Data collection started in January 2014. 30 cases submitted by March 2014 and data collection is ongoing
Adult critical care (ICNARC Case Mix Programme)	✓	69%
Paracetamol overdose (care provided in emergency departments) (College of Emergency Medicine)	✓	100%
Severe sepsis and septic shock (College of Emergency Medicine)	✓	100%
LONG-TERM CONDITIONS		
Diabetes (National Adult Diabetes Audit)	✓	2825 cases submitted but with incomplete information
Diabetes (National Diabetes Inpatient Audit)	✓	100%
Ulcerative Colitis and Crohn's disease (UK IBD Audit)	✓	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	✓	Data collection for this audit only commenced in February 2014 (<i>Data submitted by Neurosciences and Therapies but not Geratology</i>)
Rheumatoid and early inflammatory arthritis	✓	Data collection for this audit only commenced in February 2014

ELIGIBLE NATIONAL CLINICAL AUDIT	OUH PARTICIPATED IN	% CASES SUBMITTED
ELECTIVE PROCEDURES		
Hip, knee and ankle replacements (National Joint Registry)	✓	98% (April 2013 to February 2014) <i>of patients who provided consent</i>
Elective surgery (National PROMs Programme) inguinal hernia, varicose veins, hip replacement, knee replacement	✓	Inguinal hernia Q1 and Q2 = 77%
	✓	Varicose veins Q1 and Q2 = 67%
Data is for April to October 2013	✓	Hip replacement Q1 and Q2 = 51%*
	✓	Knee replacement Q1 and Q2 = 145%*
* Local data indicate OUH participation rates for hip and knee replacement is higher than recorded nationally. The number of returned questionnaires for knee replacements exceeds the expected cases based on Hospital Episode Statistics (HES).		
Coronary angioplasty (NICOR Adult Cardiac Interventions Audit)	✓	100%
Peripheral Vascular Surgery (VSGBI Vascular Surgery Database)	✓	Data not available. Cases are being uploaded from the National Vascular Database that closed on 31.12.13 to the new National Vascular Registry.
Carotid Interventions, Abdominal Aortic Aneurysm, Infra-inguinal Bypass, Lower Limb Amputations		
Coronary Artery Bypass Graft and Valvular Surgery (Adult Cardiac Surgery Audit)	✓	100%
CARDIOVASCULAR DISEASE		
Acute Myocardial Infarction and other ACS (MINAP)	✓	(Q1 to Q3) 100%
Heart failure (Heart Failure Audit)	✓	126%
Sentinel Stroke National Audit Programme (SSNAP)	✓	
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	✓	100%
RENAL DISEASE		
Renal replacement therapy (Renal Registry)	✓	100%
CANCER		
Lung cancer (National Lung Cancer Audit)	✓	100%
Bowel cancer (National Bowel Cancer Audit Programme)	✓	Expected to be 100%; data entry closes June 2014
Head and neck cancer (DAHNO)	✓	At least 95%; data entry closes October 2014
Oesophago-gastric cancer (National O-G Cancer Audit)	✓	Data entry closes October 2014
TRAUMA		
Falls and Fragility Fractures Audit Programme (FFFAP)	✓	100%
Severe trauma (Trauma Audit and Research Network)	✓	102.5%
BLOOD TRANSFUSION		
National Comparative Audit of Blood Transfusion	✓	
• Use of anti D		100%
• Management of patients in Neuro Critical Care Units		100%

KEY ** OUH submits data on all patients with a primary heart failure diagnosis recorded by the heart failure specialist nurses as the reason for admission. This includes cases of heart failure that are missed on Hospital Episode Statistics (HES) hence the apparent over submission.
*** The Trust submitted data on 785 cases. The National Audit Team has given an estimate of 766 expected cases based on Hospital Episode Statistics (HES) for 2012.

Oxford University Hospitals NHS Trust was not eligible to participate in the following NCAs

- Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)
- Pulmonary hypertension (Pulmonary Hypertension Audit) – OUH data is sent to the relevant referral centre and forms part of that centre’s submission to the National Audit
- National audit of schizophrenia (NAS)
- Prescribing in mental health services (POMH)

NATIONAL CONFIDENTIAL ENQUIRIES

OUH PARTICIPATED IN

% CASES SUBMITTED

NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME AND DEATH (NCEPOD)

NCEPOD – Alcoholic Liver Disease	✓	100%
NCEPOD – Subarachnoid Haemorrhage	✓	100%*
NCEPOD – Tracheostomy Care	✓	Case notes requested were returned 100%
NCEPOD – Lower Limb Amputation	✓	This study is still open.
Child health programme (CHR-UK)	✓	100%
Maternal, infant and newborn programme (MBRRACE-UK)	✓	86%

* Data for 01/01/2013 and 30/06/2013

Oxford University Hospitals NHS Trust was not eligible to participate in:

National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)

The following enquiry did not collect data in 2013/14:

National Review of Asthma Deaths (NRAD)

During 2013 reports on 30 National Clinical Audits and two National Confidential Enquiries were published, reviewed by OUH and actions taken or planned. Examples of reports reviewed and actions taken are listed below.

NATIONAL CLINICAL AUDIT REPORT

ACTION FROM REVIEW

Sentinel Stroke National Audit Programme (SSNAP)

The Horton General Hospital performed very well, surpassing national averages on nine out of 12 of the indicators. Areas for review include access to Speech and Language Therapy (SALT), stroke skilled Early Supported Discharge (ESD) and access to stroke specialist consultant physician within 24 hours of clock start.

Early review by stroke specialist consultant remains a key priority and the Acute Medical Review at the Horton may provide further specialist consultants with appropriate experience and skills to augment the current team of three consultants. The John Radcliffe Hospital performed very well, surpassing national averages on ten out of 12 of the indicators. Areas for review include access to Speech and Language Therapy (SALT) and dietetics.

Direct access to the stroke unit in a timely manner remains a key priority and a weekly joint meeting with emergency department colleagues ensures that all steps are taken to improve this metric. Ongoing educational initiatives with ambulance staff and the emergency department staff will help increase the number of patients eligible for thrombolysis (clot-busting medication). The service will work with colleagues in the community to ensure that good performance takes place at all stages of the patient’s pathway.

NATIONAL CLINICAL AUDIT REPORT
ACTION FROM REVIEW

Lung Cancer (LUCADA/NLCA)	The service will work to reduce waiting times for PET scans, biopsies and surgery.
BTS Adult Community Acquired Pneumonia	The service will work to ensure all patients who require a chest X-ray and who are prescribed antibiotics receive them within four hours of admission.
BTS Adult Non-invasive ventilation (NIV)	<p>The service will take action to:</p> <ul style="list-style-type: none"> • improve in the appropriate prescribing of oxygen (including education of medical and nursing staff) • make provision for high dependency respiratory patients • increase respiratory consultant input at the JR and Horton sites • improve documentation of NIV.
BTS Adult Emergency Use of Oxygen	<p>Oxygen prescription has improved since the inception of this audit. Although slightly decreased compared to last year, the Oxford University Hospitals is performing better than the national average. The service will be exploring the use of new technology to enable nurses to think about the administration of oxygen as they are completing observations. With the planned introduction of hand-held devices and smart technology, automated prompts should enable the nurses to adjust the amount of oxygen administered to achieve the target oxygen saturations. This will improve the precision with which oxygen is administered. OUH staff are excellent at recording observations. It is hoped that when the planned technological changes are implemented, with an appropriate learning package, oxygen prescription and administration will similarly reflect such excellence. The next audit cycle is in 2015, by which time these changes should be embedded.</p>
National Paediatric Diabetes Audit	The service is planning a large scale change to the clinic set up to improve waiting times and will ensure that all patients are provided with the opportunity to see a dietitian once a year.
MINAP Acute Coronary Syndrome or Acute Myocardial Infarction	<p>The cardiology department will:</p> <ul style="list-style-type: none"> • identify all those with door to balloon (time to treatment) greater than 30 minutes to identify consistent problems and address on an individual basis • work with referring units, emergency departments and ambulance services to establish pathways that reduce delay to transfer for PPCI • re-audit to monitor impact of additional cardiology cover at the Horton on the availability of advice and support for inpatients.
Inflammatory Bowel Disease (UK IBD audit): Biologics – Children’s Hospital	<p>Overall, Oxford Paediatric Gastroenterology has shown good results in the audit of biological therapy for IBD in children. Revised infection screening is now in place to include Hepatitis B and C, and retrovirus status. Use of Patient Recorded Outcome Measures (PROMs) is being explored and will be adopted to assessing quality of life before and after treatment.</p>

**College of Emergency
Medicine;
Fever in Children****Key findings (JR)**

- This is the second audit of feverish children, which has shown an increase of the risk profile of children under five years of age attending the JR Emergency Department (ED).
- There has been a significant improvement in the timing of the first set of vital signs taken in ED.
- There is good performance in investigation of patients, with slight improvement possible in relation to taking blood cultures and urinalysis.
- The prescribing rate of antibiotics in amber risk patients with no apparent source of infection is high and requires review in line with the recommendation from CEM.

Key actions (Horton General)

- A card has been designed to act as a real-time reminder for staff, to be worn with badges, which incorporates the NICE traffic light system for assessing fever in children. This has been made and distributed to all regular doctors working in the department. We already have similar cards giving normal values for the vital signs in children of different ages. These have helped to improve our performance in previous audits.
- Nurse-led rapid assessments with enhanced documentation.

**College of Emergency
Medicine: Fractured
Neck of Femur****Key findings (JR)**

- Fractured neck of femur has been audited six times, which is more than any other condition. There have been some encouraging improvements in quality.
- The most significant improvement has been in the recording of pain scores in line with mandatory assessments within the Electronic Patient Record (EPR).
- The re-evaluation of pain following analgesia remains challenging and requires further attention.
- Review and improve times to X-ray in line with local guidelines.

Key findings (Horton General)

- Implement nurse prescribing to expedite analgesia. It appears that nurses were waiting for X-ray results confirming diagnosis before requesting analgesia for patient.

**College of Emergency
Medicine: Renal
Colic – Adult**

Key findings (JR)

- Some patients who present to the department in severe pain are getting inadequate pain relief. Ongoing vigilance is required. Therefore, a Standard Operating Procedure will be introduced for all triaged patients who have a pain score of 4 or above to receive oral Paracetamol and Ibuprofen from the Triage Nurse. It is present practice that a pragmatic approach to analgesia is taken in order to match symptoms to prescription. It is a common misconception that drugs lower on the pain ladder for analgesia will not be effective.
- Patient Group Directive for IV Paracetamol nurse prescribing in cases of moderate pain.

Key findings (Horton General)

- We need to give analgesia faster. The best analgesia for abdominal pain does depend on the diagnosis, but the Unit is considering an application for a generic nursing PGD for IV Paracetamol as this works well for the fractured neck of femur patients. Diclofenac could then be added specifically for the renal colic patients. May 2013 PGD for IV Paracetamol has been applied for. A literature search showed IV Paracetamol to be effective in renal colic.
- Most imaging is done on an urgent outpatient basis so we cannot exclude an abdominal aortic aneurysm unless we have special, more urgent, arrangements for all patients over 60 years of age. Currently, the service only checks for an aneurysm in patients where this is possible on clinical assessment and examination, not routinely on all patients. In May 2013, a new pathway was approved with Radiology whereby patients aged over 60 years and over qualify for an urgent CTKUB (X-ray examination) before going home.

**National Diabetes
Inpatient Audit**

Key actions

- Establishment of diabetes quality group.
- Review of suitability of mandatory education programmes in diabetes (currently only 'safer use of insulin').
- Appointment of a diabetes inpatient clinical consultant lead.
- Attempt to re-establish a base for Diabetes Specialist Nurses on the JR site.
- Development of the guidelines for the management of diabetes in the perioperative period.

NATIONAL CLINICAL AUDIT REPORT**ACTION FROM REVIEW****National Audit of Dementia**

A cognitive assessment pathway is in place. This needs to be extended to incorporate a specific pathway for patients with known dementia. This is to facilitate optimal patient care.

GPs to receive better information on cognitive status of their patients, enabling better primary care management of the patient's condition. Previous admission data will be available to help manage subsequent admissions better.

Better training and support for staff and improved outcomes for patients.

Nurse teaching/training in dementia – nurse training programme in dementia and delirium to be implemented. Data to be collected on number of referrals to the mental health liaison team. The outcome will be that staff will have the knowledge to better manage patients with delirium and dementia. Staff will recognise the need for and availability of specialist support. Monitoring of awareness and use of the mental health liaison service.

Specialist dementia training of senior nursing staff via Worcester University course. Dementia/delirium link nurse training programme to be developed. Creation of dementia link nurses to be identified for all wards dealing with older people. Review of nursing paperwork to ensure nursing care plans for patients with dementia to include sections on patient preferences/routines and patient-specific behavioural interventions.

Development of a coded system to identify patients with dementia and/or delirium on the wards and in patient records, e.g. use of a coloured patient identifier band to improve staff awareness of patients with cognitive problems.

Stroke Improvement National Audit Programme (SINAP)**Key actions**

- Deployment of stroke admissions booklet to capture key performance data within first 72 hours.
- Weekly meetings with Acute Stroke Unit / Emergency Department teams to monitor timely access to the Acute Stroke Unit.
- Employment of three Band 3 therapy assistants to increase therapy provision and allow seven day working.

NATIONAL CONFIDENTIAL ENQUIRIES REPORTS**ACTION FROM REVIEW****NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME AND DEATH (NCEPOD)****Alcohol Related Liver Disease (ARLD)**

Many of the recommendations for management of patients with ARLD are current practice at OUH, including consultant review, appropriate investigations and assessments and early review of patients with decompensated ARLD by a specialist gastroenterologist/hepatologist.

A business case is being developed, led by the Trust's public health registrar, to address all recommendations that are not currently met. This is being done with the input of all stakeholders. It is anticipated that the Trust Management Executive will consider this proposal during the second half of 2014.

NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME AND DEATH (NCEPOD)**Sub-Arachnoid
Haemorrhage**

Overall the Trust demonstrated a standard of excellence in our management of this complex patient group. In particular OUH is one of a few neurosurgical centres to accept patients for treatment irrespective of their age or conscious state, to have a comprehensive protocol for perioperative management, and to have daily multidisciplinary team meetings. However, the audit highlights some deficiencies in adequate record keeping for patients referred but not accepted, sufficient allocated neuroradiology and neurosurgical sessions to guarantee treatment seven days per week and adequate support for co-ordination of inpatient and post discharge care. Potential measures to address these shortfalls are currently being considered.

These include:

1. an electronic referral system for all neurosurgical patients which will enhance clinical care and promote patient and family involvement
 2. options appraisal in respect of further neuroradiology and emergency neurosurgical services to allow us to provide treatment seven days per week (either locally or as part of a network).
-

OUH local clinical audit

During 2013/14 OUH has undertaken over 300 local clinical audits. The following list shows examples of local clinical audits completed during 2013/14, a brief description of the activity that was being audited, their overall findings, areas for improvement, and the progress made.

CLINICAL AUDIT	DETAIL AND ACTION
Follow-up for MRI pituitary requested by endocrine team in June-July 2013 – a retrospective audit	<p>The audit project was prompted by a clinical incident related to the lack of review and action on an MRI scan of the brain requested in the outpatient clinic. The re-audit showed:</p> <ul style="list-style-type: none">• a large increase in the proportion of reports reviewed by the requesting doctor• all scans reporting a new tumour or increase in size of a pre-existing tumour were discussed in a weekly neuroradiology meeting• an abnormality requiring immediate action was reported the same day.
Carotid artery stent placement for symptomatic extra-cranial carotid stenosis NICE IPG389	<p>This audit confirmed that the service's practice of extra-cranial carotid stenting is overall compliant with the standards set by NICE guidelines, a large UK-based registry and the available literature. However, small patient numbers and low overall complication rates cause variations in outcomes between years. Several areas for improvement have been identified to improve patient information and to deal with significantly increasing workload.</p> <ol style="list-style-type: none">1. Agree on follow-up policy for out of area patients.2. Agree on training for second endovascular operator.3. Renew efforts to design and implement adequate patient information material based on British Society of Interventional Radiology information document.
Audit of propranolol in infantile haemangioma	<p>New proforma to aid initiation of treatment and an updated parent information sheet have been created with input from consultant paediatrician.</p>
An audit of compliance with British Journal of Anaesthesia guideline: do preoperative haemostasis results change the management of patients prior to emergency surgery?	<ol style="list-style-type: none">1. Educate junior staff to take a history of patient's bleeding prior to emergency surgery.2. Reduce the number of unnecessary tests by educating junior staff to only perform preoperative coagulation testing for patients undergoing emergency surgery if the patient has one of the listed indications.3. Monitor indications for ongoing coagulation testing.4. Ensure appropriate management of abnormal coagulation results.

CLINICAL AUDIT	DETAIL AND ACTION
Imaging of children with UTI – are we compliant with NICE Guidelines?	<p>Key actions</p> <ol style="list-style-type: none"> 1. Educate referrers on the appropriate referral criteria with particular emphasis on referral criteria for first time uncomplicated UTI to prevent over-investigation. 2. Reference NICE guidelines in reports. 3. Only accept request cards for UTI imaging that have clearly indicated referral criteria according to NICE guidelines.
Audit of incidence and management of anaesthesia-related dental damage in OUH	<p>Compliance with the guideline was good for postoperative management of the complication (>80% compliance with all aspects). Compliance was less good for preoperative risk assessment and communication of risk preoperatively although this was only assessed for cases where actual damage occurred rather than for all cases undertaken over the two year period. As a response to these findings the guideline will be updated and re-publicised within the anaesthetic department.</p> <p>The service also plans to improve preoperative information given to patients about this uncommon complication at the preoperative assessment clinic.</p>
Clinical Audit of NICE CG153 Psoriasis	<p>The main area for improvement was the assessment of patients with psoriatic arthritis. This was only assessed in 72% of cases and 0% of these were with a validated screening tool.</p> <p>An action plan was formed to aim for 100% compliance with NICE guidance for all areas of assessment and management with patients with psoriasis, and a specific screening-tool for psoriatic arthritis was introduced.</p>
Audit of consent in Dermatology (patch testing and surgical procedures)	<p>Three cycles of audit were done for surgery. The first cycle was an evaluation of practice. Following this, minimum standards for written consent for surgical procedures were agreed by the department and a further two cycles of audit were carried out. In all cycles, every patient having surgery had signed a consent form, which was dated in all but one case. Improvements were made in the recording of the site of surgery: in the first cycle, only 80% of forms recorded the site of the procedure(s), and some of these contravened OUH guidelines by using abbreviations such as 'L' for 'left'. In the third cycle, all forms recorded the site in accordance with OUH guidelines. Improvement from 88% to 97% was made in the proportion of forms that listed three 'mandatory' risks of surgery – bleeding, infection and scarring – that were decided upon by the medical team. Handwriting was identified as an area for improvement, but did not improve over the course of the audit.</p>

CLINICAL AUDIT	DETAIL AND ACTION
<p>Review of the reasons for postponement of intravenous biological therapies in patients attending the Rheumatology Day Unit or Ward for scheduled treatment</p>	<p>The Rheumatology Department undertook an audit of the reasons why patients cancel treatment with intravenous biological agents. There were 190 postponed or cancelled infusions over a one year period, 40 of which were after medical assessment on the day treatment was due. Half the cancellations were due to infections, of which most were in the upper respiratory tract. Over the same period of time 832 infusions of biological agents were given. Biological therapies should not be given if there is evidence of serious infection, but are considered safe in mild infection. The department plans to write department guidelines to support decisions on managing mild infections in patients on biological therapies who attend for infusions.</p>
<p>Re-audit of NICE CG112 Sedation in Children</p>	<p>Further work is required to ensure full compliance with the guidance on sedation for respiratory-related procedures. This will be taken forward by the Children's Directorate. The importance of measuring and recording the ASA grade will be emphasised and subject to re-audit, particularly in the Day Care Ward and other areas of the Children's Hospital. There was evidence in the cases audited that monitoring during sedation was not consistent. This, too, will be an area of focused attention and re-audit. The service will ensure sedation packs and information leaflets are implemented to other areas which occasionally use sedation (e.g. trauma plaster room).</p>
<p>Aseptic Non Touch Technique IV cannulation audit (9th Audit of IV cannula use)</p>	<p>Areas for improvement</p> <ol style="list-style-type: none"> 1. Removal of cannula when not in use. 2. Removal of cannula at 72 hours or document decision. 3. Improve documentation of cannula insertion.
<p>Local practice and compliance with British Thoracic Society (BTS) Guidelines for investigation and management of acute pulmonary embolism (2 complete audit cycles)</p>	<p>Recommendations: Increase staff awareness in regards to the BTS guidelines, specifically:</p> <ul style="list-style-type: none"> • all CT pulmonary angiogram (CTPA) requests should be preceded with a D-dimer assay and chest radiography, the result of both should be indicated in the request card • CTPA requests that do not meet the criteria should be discussed with a consultant radiologist prior to approval. <p>A second audit cycle showed improvement.</p>
<p>Use of Antipsychotics in Dementia and Delirium</p>	<p>Recommendations</p> <p>Document baseline level of functioning including presence or absence of behavioural signs/symptoms. Attempt non-pharmacological interventions first.</p> <p>Clear documentation of target symptoms prior to antipsychotic use. If no improvement in 48 hours then stop. Stop medication at earliest possible point. Write review date or "not for discharge" as part of additional information when prescribing antipsychotics to aid in completing TTOs. Review psychiatry plan prior to discharging on antipsychotics.</p>

External review statements

Oxford University Hospitals NHS Trust Quality Account – statement from Oxfordshire Clinical Commissioning Group (OCCG)

Oxfordshire Clinical Commissioning Group (OCCG) has reviewed a draft of the Oxford University Hospitals NHS Trust (OUH) Quality Account for 2013/14.

OCCG works closely with OUH to ensure that it provides high quality services for the patients of Oxfordshire. Quality is formally discussed every six weeks between directors at OCCG and OUH. In addition, every contract review meeting between the two organisations has a section where quality is discussed in detail. OCCG also attends the OUH Clinical Governance Committee.

This Quality Account does cover many of the examples of good quality within the Trust and OUH is open in identifying some of its own weaknesses. It is also evident within the document that NHS Constitution standards (four hour A&E waits, 18 week referral to treatment and cancer waiting time targets) were not consistently met throughout the year. OCCG issued a contract query (this is used to formally note non-compliance by OUH to the NHS contract) and the Trust responded and delivered action plans to address these concerns. OCCG also raised contract queries around aspects of radiology and medicines management, and the transfer of emergency surgery from the Horton General Hospital to the JR Hospital. Whilst acknowledged, these issues are not described in detail within the Quality Account.

Upon reviewing the priorities set out by OUH for 2014/15, OCCG were consulted on these priorities and feel these are all appropriate and challenging goals. In particular, the work of getting all specialties to move

towards being directly bookable in 2014/15 will greatly improve the quality of services that patients can expect. Directly Bookable Services (DBS) refers to services that can book appointments from within the GP Practice or by the patient online.

OCCG regularly gathers feedback from GPs and this has been used to identify primary care clinician views of secondary care. OUH has been collaborative in addressing many of the issues highlighted by GPs and this demonstrates a willingness to work with other providers to the benefit of patients. The Quality Account could have mentioned much of the good work that has taken place.

The OUH Quality Account is presented in a format that is generally accessible to the public and there is a clear explanation of clinical issues with jargon generally being avoided. However, the report does have a few instances where OCCG feel that readers might struggle to follow what is described unless they have a detailed understanding of the NHS. OCCG notes that OUH has taken steps to minimise these instances and that OUH is constrained in part by national guidance as to content and layout.

The report includes all the nationally mandated sections and OCCG has reviewed the data presented in the Quality Account which is in line with other data published.

Oxford University Hospitals NHS Trust Quality Account – Statement from Healthwatch Oxfordshire

Healthwatch Oxfordshire welcomes the opportunity to contribute to Oxford University Hospitals NHS Trust's Quality Account. The Account sets out a significant level of achievement by the Trust in delivering a range of services to the people of Oxfordshire and further beyond.

Healthwatch Oxfordshire also welcomes the reports arising from the CQC inspection of the Trust and the overall rating of the Trust's services as 'good'. The reports provide detail of a generally well run service which highlights the many innovative and professional services run by the Trust and evidence of caring, compassionate staff throughout the four hospitals run by the Trust. The Trust, its staff, management team and Board are to be congratulated on the many positive comments included in the reports and the examples of quoted best practice. However shortfalls highlighted in relation to the outpatients, emergency and surgical areas at the John Radcliffe Hospital are an important area for focus by the Trust as addressed through the improvement plan to be compiled in response to the reports. We look forward to working with the Trust to support their approaches towards patient engagement through a number of sources of patient feedback including websites like Patient Opinion and NHS Choices.

These include the following.

- We acknowledge that a number of steps have been taken by the Trust to improve the service in the Emergency department but the waiting times experienced by some patients remains a cause for concern as well as the regular failure to meet the target for a four hour maximum wait in the department.
- The level of cancelled operations is an important area for attention by the Trust.
- The status of the Horton General Hospital remains a cause of public concern in respect of its long-term future and the part it will play in the strategic delivery of health services in Oxfordshire. The Trust's management has referred to the vital role that the hospital will continue to play and it is important that this is effectively clarified over time to reassure public concerns.
- The long-term issue in respect of delayed transfers of care remains a cause for concern. Healthwatch Oxfordshire recognises that different agencies within health and social care are working on this issue but are concerned about the experience of the many patients affected by the delays.
- Responses to delayed transfers of care need to be tempered by effective discharge arrangements which are safe and well communicated as well as timely for the patient affected. We welcome the focus on this important area in the Trust's quality priorities for next year. This will be a focus for Healthwatch Oxfordshire underpinned by the first special inquiry to be undertaken by Healthwatch England which will be examining the experiences of older people, people with mental health needs, and people experiencing homelessness when they are discharged from hospitals and care homes.

Oxford University Hospitals NHS Trust Quality Account – Statement from Oxfordshire Health Overview and Scrutiny Committee (HOSC)



County Hall
New Road
Oxford
OX1 1ND
30 May 2014

Ian Reckless
Consultant Physician
Acting Deputy Medical Director, OUH

Dear Ian,

Re: Oxfordshire Health Overview and Scrutiny Committee – comments on the draft Oxford University Hospitals NHS Trust Quality Account 2013/14.

Many thanks for sending the committee the draft Quality Account for comment. This document is a valuable tool in helping the public to understand the Trust's performance and priorities for improving the quality of local services. Members of Oxfordshire Health Overview and Scrutiny Committee (HOSC) have reviewed the draft document and a summary of our views is provided below.

CQC Outcomes

Although the outcomes of the CQC inspection have only recently been published we would encourage you to incorporate the areas for improvement in the quality priorities for 2014/15.

Patient Engagement

The move to increase public engagement through patient-led engagement forums is welcomed and we would encourage you to use these groups to discuss the vision for the hospitals and the services they provide.

Delayed Transfers of Care

Delayed transfers of care (DTOC) remain high despite recent improvement. We hope to see improved performance over the next year as a result of new initiatives and partnership working with other key organisations to address the pathway.

In particular, the inpatient survey highlights that 43% of patients had a delayed discharge with the main reason cited as the wait for medicines. The delay in prescribing medicine is an issue that has been raised with members by residents of the local community and we would urge the Trust to take action to improve performance in this area over the next year.

Dementia Screening

The Trust is implementing new initiatives around dementia but screening for dementia has fallen far short of the 90% target. Oxfordshire has an ageing population and we are concerned local residents may not be accessing the support they need as a result. We would like to see clear actions in place to improve performance in this area over the next year.

Technology and Innovation

It is commendable that the hospital is attracting funding to support new technology to accurately monitor patients. We hope this will lead to safer patient care and an improved patient experience.

Highly Specialised Care

We're pleased the Trust is demonstrating excellence in highly specialised care such as the UK's first abdominal wall transplant. To have specialised care available locally is of a huge benefit to the residents of Oxfordshire.

I welcome further discussion at the July HOSC meeting about how you plan to tackle issues raised by the Care Quality Commission during the recent inspection.

Yours sincerely

Cllr Stratford
Chairman of HOSC

Independent Auditors' Limited Assurance Report to the Directors of Oxford University Hospitals NHS Trust on the Annual Quality Account

We are required by the Audit Commission to perform an independent assurance engagement in respect of Oxford University Hospitals NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The selected indicators for the year ended 31 March 2014 subject to limited assurance were:

- Percentage of patient safety incidents that resulted in severe harm or death on pages 29-32; and
- Rate of clostridium difficile infections per 100,000 bed days on page 38.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

Independent Auditors' Limited Assurance Report to the Directors of Oxford University Hospitals NHS Trust on the Annual Quality Account

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2013/14 issued by the Audit Commission on 17 February 2014 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to June 2014;
- papers relating to quality reported to the Board over the period April 2013 to June 2014;
- feedback from the Commissioners dated 02/06/2014;
- feedback from Local Healthwatch dated 02/06/2014;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 11/09/2013;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 13/05/2014;
- the latest national staff survey dated 12/03/2014;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 21/05/2014;
- the annual governance statement dated 05/06/2014;

- the Care Quality Commission's quality and risk profiles dated May 2013 (31/05/2013), June 2013 (30/06/2013), July 2013 (31/07/2013), October 2013 (21/10/2013) and March 2014 (16/03/2014); and;
- any other relevant information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Oxford University Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Oxford University Hospitals NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Oxford University Hospitals NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Ernst & Young

Apex Plaza, Forbury Road, Reading, RG1 1YE
25 June 2014

Acknowledgements and feedback

Acknowledgements

Oxford University Hospitals NHS Trust wishes to thank corporate and Divisional teams for their contribution to the production of the Quality Account 2013/14. Equally, the Trust would like to acknowledge the invaluable contribution of those who supported the public engagement event on 24 April 2014 and the many individuals and groups that give their time to advise us on how to improve our services on an ongoing basis, throughout the year.

We would like to acknowledge the helpful feedback from our key stakeholders, published within this Quality Account.

Feedback

Readers can provide feedback on the report and make suggestions for the content of future reports. Please contact our Media and Communications Unit.

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Four hospitals, one Trust, one vision



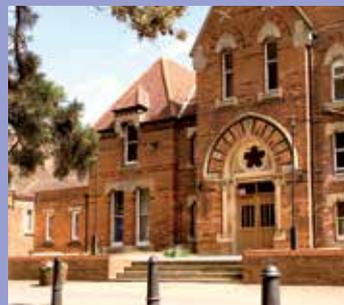
John Radcliffe Hospital



Nuffield Orthopaedic Centre



Churchill Hospital



Horton General Hospital

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk