



# A Summary of the Quality Account

2011/12

# About the Quality Account

**Quality Accounts** are reports to the general public by NHS healthcare providers about the quality of services provided. The requirement to produce an annual Quality Account was set out in the Health Act 2009 and supporting regulations. Health care providers measure quality of services provided by looking at:

- patient safety
- the effectiveness of treatments that patients receive
- patient feedback about the care provided

This is the first Quality Account from the new Oxford University Hospitals NHS Trust (ORH) and contains a review of quality priorities from both Oxford Radcliffe Hospitals and Nuffield Orthopaedic Centre NHS Trust (NOC). This document summarises our achievements with each of the quality priorities for both the ORH and NOC during 2011/12. It also describes the quality priorities we have agreed for the newly merged OUH Trust for 2012/13. The full version of our Quality Account can be found at:

[www.ouh.nhs.uk/about/publications/documents/OUH\\_Quality\\_Account\\_2011-12\\_FINAL.pdf](http://www.ouh.nhs.uk/about/publications/documents/OUH_Quality_Account_2011-12_FINAL.pdf)

## LOOKING BACK: A review of priorities for 2011/12

### PATIENT SAFETY

The VTE target of 90% assessment (ORH)	<i>not met</i>	An average rate of 78.35% for OUH over the year, improving to 88.8% for the month of March 2012. VTE risk assessment rates at the Nuffield Orthopaedic Centre were in excess of 90% throughout the year.
Pressure ulcer reduction (ORH)	<i>met</i>	35 Category 3 and 4 pressure ulcers in 2011/12 56 recorded in 2010/11
Improving medicines safety (ORH)	<i>met</i>	Improved focus on insulin management through audit of practice, staff education, strengthened prescribing and revised guidelines
Infection control targets (NOC)	<i>partially met</i>	NOC met MRSA but exceeded C-Diff by one case
Safer care in theatres (NOC)	<i>partially met</i>	95% operations to start on time not achieved Safer fluid management achieved WHO surgical safety checklist – 100% compliance at NOC

### CLINICAL EFFECTIVENESS

Mortality reduction (ORH)	<i>partially met</i>	Small reduction but further actions in place
Enhance clinical pathway re-design (NOC)	<i>partially met</i>	Limited progress with integrated spinal pathway – Reflected in CQUIN for 2012/13 Hip and knee pathways fully implemented
Quality improvement through PROMs (NOC)	<i>met</i>	Extended to encompass all spinal and physiotherapy patients
Improved radiology times (NOC)	<i>partially met</i>	Partially met but further actions in place to ensure sustained improvements

## PATIENT EXPERIENCE

Improving communication (NOC and ORH)	<i>partially met</i>	Combined IT system being considered for combined Trust to collect patient feedback electronically Protocols in place for cancelled operations Actions in place following patient surveys
Discharge within 2 hours of decision to discharge (NOC)	<i>not met</i>	Ongoing work to improve discharge process
End of life care (ORH)	<i>partially met</i>	Ongoing work to identify and address the needs of the dying CQUIN and Quality Account priority for 2012/13
Screening for dementia and delirium in emergency admissions (ORH)	<i>partially met</i>	Improved staff training and introduction of screening
Patients with learning disabilities (ORH)	<i>met</i>	Launched hospital passport and alert stickers for patient records

## LOOKING FORWARD: Priorities for 2012/13

### Patient safety

#### Safe medicines delivered on time

##### Medicines reconciliation

This is a process designed to ensure that all the medication that a patient is currently taking are correctly documented on admission and at each transfer of care. This encompasses collection of medication history, checking that medicines prescribed on admission for the patient are correct and communicating any changes, omissions or unintentional discrepancies to the next person(s) caring for the patient. We aim to deliver medicines reconciliation promptly after admission

##### Medicines to take home

Feedback from patients has indicated there are delays in receiving medication to take home on discharge. To reduce the waiting time for drugs to take home we are introducing a robot to dispense medicines more efficiently and rapidly. Once the robot is installed we will work to reduce the time patients wait from the decision to discharge until the actual time of discharge. In addition iPads are being used to communicate the prescription to pharmacy.

##### Medicines storage and security

We will audit our performance in relation to medicines safety and security and report our findings to the Medicines Safety Group. We will make improvements where required. In addition as part of the Electronic Patient Record project the Trust will be deploying

advanced ePrescribing and Medicines Administration which is built into the software. The likely first areas to deploy this functionality will be the Neonatal and Neuroscience intensive care units and preparatory work is ongoing.

### Clinical effectiveness

#### Innovation to support better care

##### Electronic early warning systems

Electronic track and trigger is a project which makes use of handheld and bedside computers to record vital signs, make calculations automatically and prompt specific actions from the healthcare team. Storing observations in electronic form also permits research to improve the mathematical algorithms used. This technology has been developed locally and will be implemented initially in the Trauma service over the course of 2012/13.

##### mHealth

Many patient groups who currently attend hospital clinics to manage their conditions could use mobile phone technology (mHealth) to assist in the management of their conditions, avoid hospital visits and gain empowerment in relation to their own health. One such group of patients is those women who develop diabetes during pregnancy. During 2012/13, we will undertake a pilot of mHealth technologies to assist pregnant women in managing gestational diabetes from their own homes, with virtual support from the hospital's multidisciplinary team.

## Patient experience

### Improving end of life care

#### Care of the dying

We shall continue to support the use of the Liverpool Care Pathway in addressing the needs of those who are thought to be dying imminently in selected clinical environments across the Trust. We shall continue to explore the best way in which to access single rooms for patients who are dying where this is desired by the patient or family. We shall design and implement a discharge checklist for use where the care of patients who are thought to be dying imminently is transferred from the acute hospital to another team.

#### Identification of those who may be coming towards the end of their lives

We aim to pilot and implement a local tool, based on the AMBER Care Bundle developed in London, to prompt the identification of patients who may be in the final phase of their lives, followed by discussion and communication of that discussion to other stakeholders (including, for example, the General Practitioner).

#### Joint working

We will ensure that the OUH end of life care group works in close collaboration with NHS Oxfordshire's end of life care reference group.

## Delivering Compassionate Excellence

Compassionate excellence is the kind of healthcare you expect for yourself and your family. We aim to provide excellent care with compassion and respect and also to deliver, learn and continuously improve. The recently agreed Trust Core Values of Excellence, Compassion, Respect, Delivery, Learning and Improvement will be used to inform our recruitment, induction, appraisal and leadership practices as well as our general communication and customer care.

This work is being taken forward through our 'Values into Action programme' to ensure that a values based approach is taken in our practice, our behaviours and our processes so that our Trust Core Values are demonstrated in all aspects of our work.

There is a significant nursing contribution to Delivering Compassionate Excellence and in 2012/13 we will bring together number of workstreams linked to our Trust Values in order to further develop nursing care and culture:



- Health Care Support Worker Academy.
  - ✓ Launch the academy in 2012/13.
  - ✓ Recruitment to this academy will be based on our values.
  - ✓ We will measure outcomes of 1<sup>st</sup> cohort i.e. experience, skill and competency / patient care standards.
- New Ward Manager Leadership Development Programme *Safe in our Hands*.
  - ✓ Deliver productive ward modules
  - ✓ Have competencies and skills assessments
  - ✓ Evaluated impact on quality metrics and team measures incorporated within the programme. These metrics are:
    - Documentation of evidence
    - Hydration/nutrition assessment and compliance
    - privacy and dignity
    - estimation of Expected Discharge Date (within four hours of admission to hospital)
    - Analysis into breaches of the expected discharge date.
- Developmental ward programme delivered with our academic partners to:
  - ✓ Provide a framework for the delivery of a developmental programme for ward areas, aligned with the Trust quality objectives and patient experience strategy
  - ✓ Be supported by an academic partner (providing coaching and challenge).

We have updated our Nursing and Midwifery Standards; a set of 12 standards with supporting nursing actions. These statements express our commitment to delivering excellence to our patients. A corresponding set of promises have been agreed as 'Our Promise to Patients' aimed at providing reassurance to patients and public of our commitment to delivering excellence. Printed cards containing the standards have been given to all nursing, midwifery and support staff and posters displayed in appropriate areas of the Trust and on the Trust website. We will ensure that welcome boards are in place at the entrance of each ward on all four sites this year. The boards will display pictures of the team and will display the commitment of the team to each patient.