

2018/19 Quality Priorities:

1 DO NO HARM (Patient Safety)

a. Preventing patients deteriorating

Identifying deterioration early can allow prompt treatment to reduce the duration and severity of subsequent illness.

b. Safe surgery and procedures

Producing Local Safety Standards for Invasive Procedures can reduce the incidence of avoidable adverse events.

c. Right patient every time

The Trust is committed to learning from a small number of incidents when the wrong patient received a diagnostic test, procedure or treatment.

2 WAR ON WASTE (Clinical Effectiveness)

a. Go Digital

In Q4 (Jan-March 2019) the phased release of a new patient portal will enable patients to view appointments, test results and contribute information to their health record.

b. Lean processes

The Transformation team will train a core team of divisional staff in lean processes and each directorate will then complete a lean pathway exercise for at least one patient pathway.

3 RESPECT FOR PATIENTS AND PARTNERS

a. Partnership working

A Systematic Stranded Patient Review process will be embedded with our partners in the local health and social care system to ensure that patients leave hospital in a timely way and the Home Assessment Reablement Team (HART) will aim to achieve 55% direct face-to-face contact time with patients by 30 September 2018.

b. End of life care

An electronic care plan will be in place to ensure clear communication and continuity of end of life care across the Trust.

What Quality means to us...

QUALITY ACCOUNT SUMMARY 2017-18

“The essence of the Trust and the NHS is a commitment to the delivery of compassionate and excellent patient care. OUH’s mission is to provide excellent and sustainable services to the people of Oxfordshire and to patients who come to the Trust in order to access specialist regional, national and international care which may be unique to our Trust. Our quality of care has its foundation in the commitment of our staff to their patients and the focus on future excellence which is the essence of our clinical strategy and our research and training programs.”

OUH Quality Account 2017-18

WE REMAIN
COMMITTED
TO DELIVERING
COMPASSIONATE
EXCELLENCE, KEEPING
PATIENTS AND STAFF
AT THE HEART OF
WHAT WE DO.

The full Quality Account will be published and available on our public website.

These were some examples of our Quality Priorities for 2017/18

PATIENT SAFETY

PREVENTING PATIENTS FROM DETERIORATING

Through a programme of changes supported by the monitoring system 'SEND' (System for Electronic Notification and Documentation) and as part of the cardiac arrest reduction strategy we expected to achieve a 10% reduction in cardiac arrests in 2017-18 from 2016-17.

What we did

- ✓ We established an education and communication programme to fully inform our staff about rapid response treatment for time critical diagnoses which may cause deterioration in hospital.
- ✓ We worked to achieve national priorities to improve care for patients with sepsis as described in the 2017-18 commissioning for quality and innovation (CQUIN).

What this means

- ✓ We achieved a 20% decrease in the instance of cardiac arrest in general ward areas between April 2017 and February 2018 when compared with the same period the previous year. More than 90% of patients were screened for sepsis and more than 60% of those who required it, received intravenous antibiotics within an hour.

CLINICAL EFFECTIVENESS

MENTAL HEALTH IN PATIENTS COMING TO OUR HOSPITALS

We know that the Emergency Department (ED) is not the best place to care for patients with mental illness and we planned to work with Oxford Health NHS Foundation Trust to find ways to prevent the need to come to ED for some of these patients. We also planned to work on further improving care for those with mental illness complicating physical illness who are admitted to our hospitals.

What we did

- ✓ We collaborated with Oxford Health to achieve the CQUIN target for 2017-18. We aimed to reduce by 20% the ED attendances of those within a selected cohort of frequent attenders in 2016-17 who would benefit from psychiatric and psychological interventions.

What this means

- ✓ We achieved this with a 46% reduction in attendances since April 2017 for this patient cohort. For inpatients, our Psychological Medicine Team identified, trained and supported medical and nursing champions for psychological and psychiatric care of our patients in all key Trust services.

PATIENT EXPERIENCE

END OF LIFE CARE

Our aim was to implement further improvements in end of life care as described in our work plan for 2017-18. The work plan is based on our End of Life Care Strategy and builds on the 2016 work plan.

What we did

- ✓ We completed the End of life care work plan. We delivered and learned from the daily palliative care input to the ED and Emergency Admissions Unit as part of the End of Life Care Project funded by Sobell House Hospice Charity.

What this means

- ✓ The Trust has been able to improve people's care in the last few days and hours of life.

And it doesn't stop there – this year our priorities are:

DO NO HARM

PREVENTING PATIENTS DETERIORATING

Identifying deterioration early can allow prompt treatment to reduce the duration and severity of subsequent illness.

Success will mean

✓ Cardiac arrest reduction

Our goal is a 25% reduction in general ward areas and a 15% overall reduction.

✓ Antibiotics delivered within one hour of a sepsis flag

We will improve upon our 2017-18 achievement of 65% patients receiving antibiotics within one hour of alerting for sepsis, and set the target of >90%.

We will develop and deliver a sepsis training package to >50% of regular clinical staff working in EDs.

SAFE SURGERY AND PROCEDURES

The aim is to produce Local Safety Standards for Invasive Procedures (LocSSIPs) and thereby reduce the incidence of avoidable adverse events.

Success will mean

- ✓ We will establish a new LocSSIPs group.
- ✓ We will develop the remaining key overarching policies from which the specific LocSSIPs will develop.
- ✓ We will develop/review LocSSIPs relevant to the eight Never Events that occurred in 2017-18.
- ✓ We will scope other surgical and invasive procedural areas across the Divisions where LocSSIPs should be developed.

RIGHT PATIENT EVERY TIME

This Quality Priority is key to ensuring safe diagnostic tests, procedures and treatments are identified with the correct patient every time.

Success will mean

- ✓ Positive patient identification (PPID)
- ✓ We will deliver a campaign to promote PPID across the Trust.
- ✓ Questions on PPID will be rotated through the new Matrons' Assurance App during 2018-19.
- ✓ We will achieve a 50% reduction in PPID incidents in Radiology compared to 2017-18.

WAR ON WASTE

GO DIGITAL

Oxford University Hospitals NHS Foundation Trust is one of the UK Global Digital Exemplar Trusts and Go Digital is one of our strategic priorities. This was also one of the 2016-17 priorities that stakeholders voted to continue into 2018-19 at our Quality Conversation public event.

Success will mean

- ✓ Global Digital Exemplar programme includes the patient portal which will go live in Q4 2018-19 (January-March) for use by OUH staff.
- ✓ During Q4 (January-March) 2018-19 a phased release across different departments will allow patients to view appointments, results and contribute information to their health records via the portal.

LEAN PROCESSES

We chose this because we want to increase efficiency within the directorates in order to eliminate waste (including respecting patients' time) and improve patient experience. This will include consideration of streamlining administration processes that meet the needs of patients.

Success will mean

- ✓ The Transformation Team will train a core team of Divisional staff in lean processes.
- ✓ Each directorate will then complete a lean pathway exercise for at least one patient pathway.

RESPECT FOR PATIENTS AND PARTNERS

Our aims are to further progress programmes under the following domains:

PARTNERSHIP WORKING

This was the one of the 2017-18 priorities that stakeholders voted to continue into 2018-19 at our Quality Conversation public event.

Success will mean

- ✓ A Systematic Stranded Patient Review process will be embedded to ensure critical clinical decision-making prevents harm from deconditioning and patients leave hospital for their next destination in a timely way.
- ✓ We will use outcomes from the Systematic Stranded Patient Review process to advise joint funding priorities and to inform the 2018-9 winter plan.
- ✓ We will actively participate in the End Pyjama Paralysis campaign and report progress in the 2018 19 Quality report.
- ✓ Home Assessment Reablement Team (HART)
- ✓ We will maintain our 2017-18 achievement of 50% direct face-to-face contact time with patients. In addition we will aim for the stretch target of up to 55% by 30 September 2018 which we will thereafter aim to maintain.

END OF LIFE CARE

This was the one of the 2017-18 priorities that stakeholders voted to continue into 2018-19 at our Quality Conversation public event.

Success will mean

- ✓ An electronic care plan will be in place to document end of life care to ensure clear communication and continuity of end of life care across the Trust.

And we have committed to NHS Improvement that we will deliver the 4 hour standard and improve on long waits for treatment.



**BECAUSE QUALITY
IS OUR PRIORITY,
IN 2017/18
WE DELIVERED**

The Horton hip fracture team were finalists in the 'patient safety' category for a British Medical Journal (BMJ) award for their pioneering work in transforming hip fracture treatment and reducing the rehabilitation time from theatre to patient discharge.

The Oxford Reproductive Tissue Cryopreservation Service at Oxford Children's hospital is the country's only comprehensive fertility service. The programme is a collaboration between OUH and the University of Oxford; the team behind this service were announced as highly commended and runners-up in the Cancer Care Team category at the BMJ Awards ceremony on 10 May 2018.

Patent safety innovations in the past 12 months included the development of the Trust patient safety alert intranet page which has received over 16,900 hits in 11 months.

We were proud to be re-validated in October 2017 as a venous thrombo-embolism exemplar centre.

In the last year, there have been more than 1,880 active clinical research studies hosted by OUH. During 2017-18 the Trust initiated 244 new studies and hosted 365 studies with commercial partners.

However we didn't meet the standards for referral to treatment times and 4 hour waits in the Emergency Department that our patients expect of us.

Data collected from the Friends and Family Test (FFT) confirm that

86%
of patients
in A&E

96%
of inpatients

94%
of outpatients

96%
of day-case
patients

96%
of women
having babies

71%
of staff

would recommend the Trust to friends and family