

Trust Board Meeting: Thursday 1 November 2012
TB2012.98

Title	Quality Report
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Status	A paper for information
History	A regular monthly report

Board Lead(s)	Professor Edward Baker, Medical Director Mrs Elaine Strachan-Hall, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

The following items are highlighted as key changes compared to the previous Quality Report:

1.	Central Alert System (CAS Alerts) -There has been an increase in the number of CAS alerts breaching the required deadline, during the first two quarters of 2012, 16 in total. These predominantly relate to medical equipment. Steps are being taken to address the backlog, but the situation remains a risk. Medical Device Alerts within the Trust has been raised with OUH by the PCT, the SHA and the Care Quality Commission.
2	Summary Hospital Mortality Index (SHMI) -The latest figure is 0.98 for the time period April 2011– March 2012.
3.	Contracting for Quality & Innovation (CQUINS) -The Trust has made progress towards achieving several of the CQUINS for 2012/13, however there are issues related to achieving required progress for Q2, with two of the 20 CQUIN initiatives. Work is in progress to address these issues.
4.	Complaints - 66 complaints were received during September 2012, one of which was graded as red. In the six months between April and September 2012, 435 complaints have been received.
5.	Patient Harm -Hospital acquired pressure ulcers accounted for the largest percentage of harmful incidents in September and demonstrate an increase from August.
6.	Incident Reporting -Following the implementation of the Datix system, incident reporting became paperless on the 1st October 2012. A comparison for Q2 shows that there has been a small decrease in the numbers of incidents reported in second quarter compared to 2011.
7.	Patient Experience - Comments received indicate scope for improvements However, responses to questions asked through the 'let us know your views' leaflets are positive.

Central Alert System (CAS Q2)

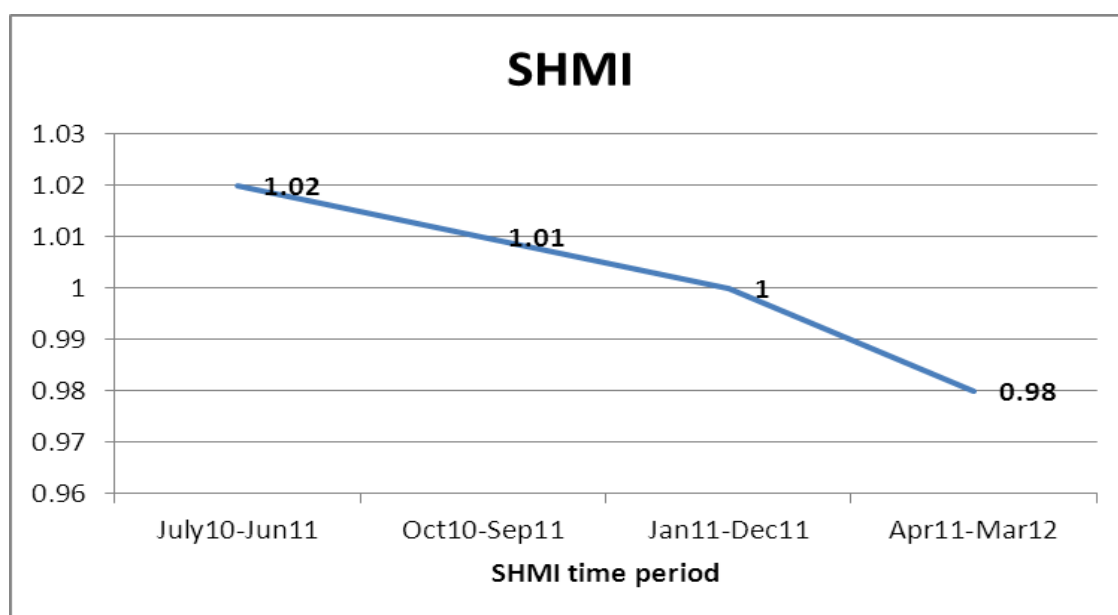
1. Eight new Medical Device Alerts (MDAs) were issued in September 2012. At 30th September 2012, 16 MDAs are open and breaching their due date. The Surgery & Oncology Division, which manages medical equipment, has appointed additional staff to resolve the problem.

Quarter	New alerts issued			Open at end of quarter			Total open	Breaching Deadline
	MDA	NPSA	EFA	MDA	NPSA	EFA		
Q4 11/12							12	0
Q1	22	0	1	13	3	1	16	4
Q2	29	0	0	26	1	0	27	16

2. The increased number of open and overdue (breached) Medical Device Alerts within the Trust is being tracked by the PCT, the SHA and the Care Quality Commission.
3. The Clinical Governance Committee is monitoring the situation.

Mortality

4. Published mortality measures remain within expected limits.
5. Summary Hospital Mortality Index (SHMI) is 0.98 for the time period April 2011–March 2012.
6. This is lower than the Dr Foster adjusted HSMR of 106.6 for the same time period, which reflects the different way in which the two metrics treat patients coded as undergoing palliative care.
7. There has been a downward trend in SHMI since the first published value in October 2011.



CQUIN & Quality Account Update

8. The table below summarises current position achieving the CQUIN and Quality Account priorities.

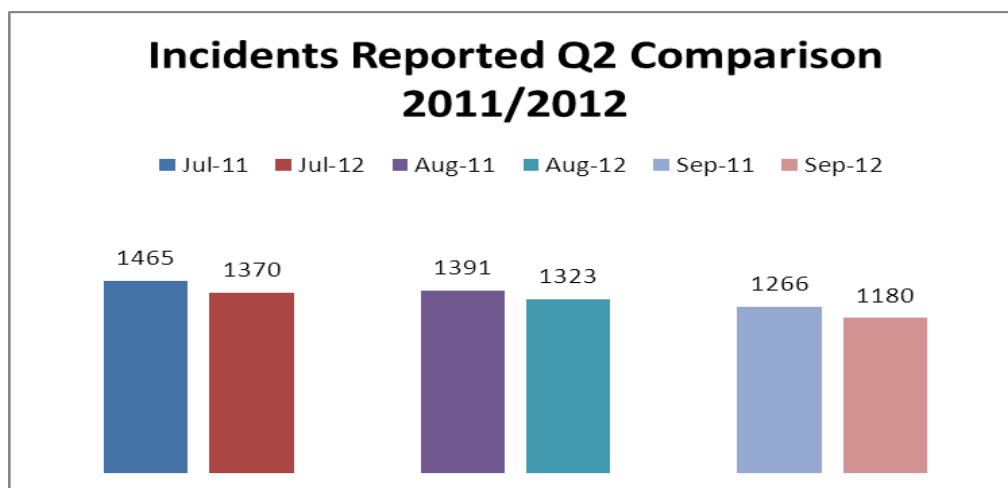
CQUIN Goal		Progress to date	Value at risk	RAG
VTE Risk Assessment (1A)	90% of adult patients admitted to have VTE risk assessment	90% goal met for Q1 2012/13. Mars Division utilises a paper-based system. Awaiting clarification from the EPR team on the target date when Mars will be able to access on-line assessment.	£427,159	
Composite indicator on responsiveness to personal needs (2A)	Performance in relation to five questions in national CQC inpatient survey.	National survey has been sent out patients by Picker. Patients currently returning these to Picker. Results expected in Jan 2013. A robust system to monitor these responses per ward will be possible once patient feedback system is in place (see 3A)	£320,369	
Implement an IT system facilitating real time feedback from patients (3A)	Agree patient feedback strategy with commissioner including options appraisal of relevant IT systems (Q1) and Procure / system in place by Q3	Timescales have slipped and introduction of Friend and Family initiative has been incorporated. A draft procurement and implementation plan to have system in place by April 13 will be presented to TME/SPC in next month.	£106,790	
Safety Thermometer (4A)	Percentages of relevant patients for whom full Safety Thermometer data are available in each quarter.	Currently ahead of target. Anticipate that 100% will be submitted from Q2 onwards.	£427,159	
Dementia screening, assessment and referral (5A,B,C)	Over 90% of emergency adult patients aged 75 years and over are asked dementia screening question within 72 hours of admission.	On-going discussions with the EPR team with a view to establishing an online form with automated prompting for relevant patients. The data sets (admission / repeated admission assessments) are being examined by the EPR team. Discussions will be held with commissioners around a suitable alternative system (paper-based records in high prevalence areas) for the interim.	£427,159	
Electronic Track and Trigger (6A) <i>QA PRIORITY</i>	Develop use of electronic track and trigger in year according to trajectory / plan agreed in Q1.	Several IT systems under evaluation. On target for Q1 and Q2.	£410,072	

m-Health (6B) <i>QA PRIORITY</i>	Develop use of mobile phone for women with gestational diabetes	Plan agreed in Q1. Software is being tested on a small group in order to make the necessary improvements prior to rolling it out to the anticipated 50 participants. On target to deliver this by March 2013.		
Oesophageal Doppler Monitoring (7A)	Gap analysis and rollout (as necessary) of ODM technology.	Audit results have not been sent to the PCT. (Also no regional group as yet set up by SHA)	£410,072	
Child in a Chair (8A)	Reduce waiting times for patients requiring a wheelchair.	The Division has been working with the PCT and HIEC to deliver this CQUIN. The Trust needs to review financial proposals for the range of reduction in mean waiting times from the current baseline.	£136,691	
Digital Dermatology (9A) <i>QA PRIORITY</i>	Increasing use of technology to remotely diagnose dermatological conditions.	Key deliverables for Q2, Q3 and Q4 identified. Plan has been agreed with PCT.	£410,072	
Digital Laboratories (9B) <i>QA PRIORITY</i>	Increasing use of digital media (ICE system) in laboratory communication with GPs.	Initial download for dashboard successful. Plan has been agreed with PCT.		
Medical Support for elderly surgical patients (10A)	Enhanced medical support for elderly surgical patients in order to reduce length of stay.	Clinical Director (Emergency Medicine) is to complete a brief audit of surgical areas including vascular surgery, general surgery and trauma by end of Q2 to inform a phased focussed implementation of medical outreach.	£541,067	
COPD (11A)	Improved access to, and timeliness of, NIV for patients with COPD.	Sept: Work to be developed with A&E, AGM, ICU and Respiratory for all OUH sites. NRT prescribing for in-patients. The Clinical Director is engaged in a baseline audit. Funding for NRT has been identified for Q4.	£541,067	
Cellulitis (11B)	Enhanced outpatient treatment for cellulitis in order to reduce bed days.	Sept Working party (incorporating ED, AGM, Infections diseases) established to carry out a baseline audit. On track to deliver audit results and agreed shared pathway by the end of Q2.		
Liaison Psychiatry (12A)	Agree structure, appoint staff, define and deliver against KPIs.	Sept: Full business case for the service approved by SPC on the 9th August 2012. Job descriptions for doctors agreed. Advertising in September.	£541,067	

Nursing (13A) <i>QA PRIORITY</i>	Ward manager development programme.	PCT have requested nursing metrics to help develop outcome measures.	£384,443	
Standardisation of Spinal Pathway (14A)	Agree clinical spinal pathway with commissioners and role of standardized outcome measures (PROM)	PCT have requested standardised measurements of clinical outcomes. The spinal business case has been signed off locally and discussed at the planned care programme board (implementation has been held up by tendering process for MSK hub which is out of OUH control).	£128,148	
Development and roll out of palliative Care Support Tool (15A) <i>QA PRIORITY</i>	Overall care plan and pilot tool based on Amber care bundle	Palliative care tool developed and piloted but spot audits not yet undertaken. On-line resources updated	£384,443	
Medicines Reconciliation (16) <i>QA PRIORITY</i>	Accurately identifying the medicines that a patient is taking on admission.	<u>Medicines reconciliation</u> meeting CQUIN targets. <u>Medicines storage and security audit</u> in Q4 2011/12. Actions plans in place within each Division.	£384,443	
DTOC (17A)	Mapping of existing and revised patient pathways (Q1).	Patient pathways have been mapped and accepted by the PCT. Dialogue has occurred between the CQUIN Lead and the PCT.	£2,562,951	

Incidents

9. The table below compares the number of incidents reported each month in quarter 2 of 2012 with 2011. It is anticipated that the number of incidents reported will fall initially following the implementation of the Datix system as staff familiarise themselves with the system and then increase.



10. Serious Incidents Requiring Investigation that have been reported to the Primary Care Trust in September.

SIRI Ref	Division	Area	Date of Incident	Date SIRI Opened	Description
2012/03 2	CVT	Cardiac surgery	16/09/201 2	28/09/201 2	Post-operative infection
2012/03 3	S&O	SEU	08/09/201 2	20/09/201 2	Potential failure to rescue.
2012/03 4	EMTA	Gen Medicine	18/09/201 2	03/10/201 2	Information governance breach

Infection control***Clostridium difficile***

11. From 1st April 2012 to the 30th September 2012, the OUH Trust has had 45 cases of *Clostridium difficile* against a cumulative target at the end of September of 46 cases.

MRSA

12. There has been one case of *MRSA* bacteraemia since 1st April 2012 against a cumulative target of 3.

Endophthalmitis

13. There have been four cases of endophthalmitis following intraocular eye injections, which are carried out in the out patients department of the eye hospital. The cluster is being investigated as a SIRI.
14. To reduce the risk of further infections, there are now two dedicated rooms for intraocular injections, a written standard operating procedure in place for all staff supporting or carrying out the injections, an updated patient's information leaflet with advice regarding the infection risk and an agreed number of intraocular injections that can be supported by nursing staff per week.

Suspected hospital acquired infection following cardiothoracic surgery

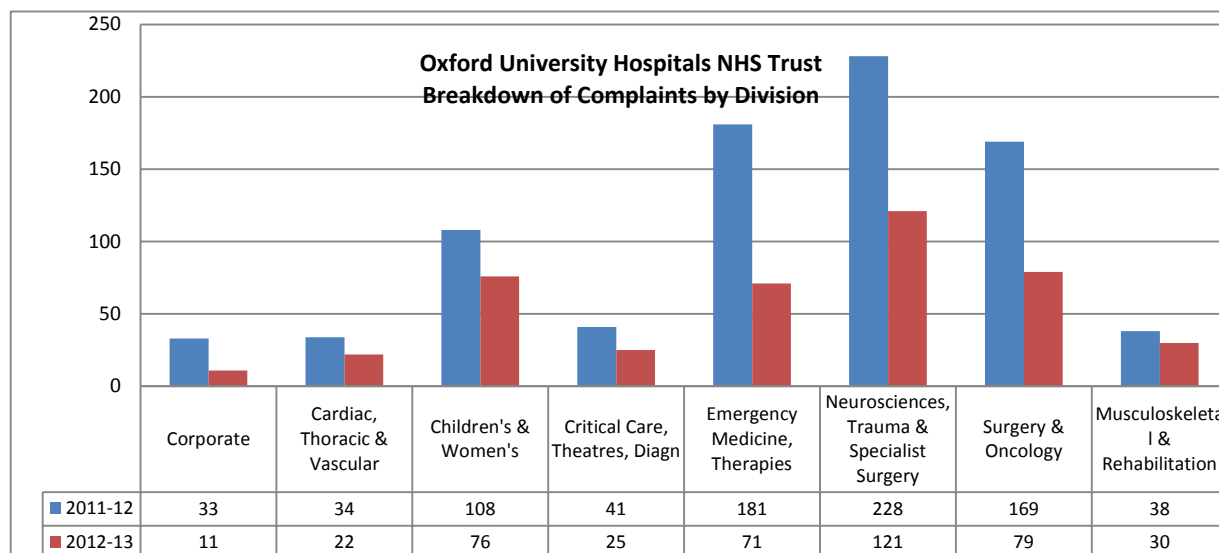
15. An adult patient who had cardiothoracic surgery in August 2012 developed a significant wound infection with an infected graft and died in September. The incident is being investigated with Milton Keynes and Northamptonshire PCT as a SIRI.

Air handling unit upgrade – JR2 theatres

16. The pilot upgrade of one of the air handling units providing ventilation for two cardiothoracic theatres, theatre 5 and 6 of the John Radcliffe theatres was carried out in September. The aim was to achieve a minimum of 20 Air Changes (AC) per hour per theatre.
17. Theatre 6 is now achieving 21.4 AC per hr and theatre 5 is achieving 24.2 AC per hr.
18. Minor works were also carried out within the operating rooms. This involved replacing old shelving with storage cabinets and two shelves per theatre.
19. There is now a plan to continue and upgrade the air handling units for a further six theatres including the third cardiothoracic theatre, trauma theatres and vascular.

Complaints

20. The number of complaints received per division for Q1 & Q2 the last two years is illustrated in the table below. The total number of complaints for Q1 & Q2 for 2012/13 is 435.



21. The four key themes identified remain patient care/experience, delays/waiting times (appointments, admissions discharge and transport), communication and behaviour.

New Complaints – September 2012

22. Of the 69 new complaints, 1 was graded red, 33 orange, 31 yellow and 4 green.

23. The one red complaint was received by NTSS related to an elderly patient who died having previously fallen and fractured his hip. This remains open and is being managed through the complaints process.

Management of complaints

24. In September all complaints were acknowledged within the statutory 3 working days. There were no breaches in responding to complaints within the agreed timescale of 25 working days relating to complaints received in August 2012.

Ombudsman Investigations

25. In September the Ombudsman's Office requested information on 3 complaints that had been dealt with by the Trust in 2011 and 2012. One complaint related to Children & Women's Division where siblings were not allowed to visit a very sick new-born baby, and two complaints related to Surgery and Oncology where a patient was dissatisfied with her referral and a patient who was dissatisfied with her varicose veins surgery.

26. Following provision of information the Trust is waiting to hear the outcome of their investigations from the Ombudsman.

27. The Ombudsman's Office recommended that the Trust look further into one patient's concerns about provision of orthotics and provide a further response. The MaRs Division is currently reinvestigating the complaint and will provide a written response to the complainant by 5 November.

Divisional updates on key themes and trends received in September 2012

28. The table below indicates the number of complaints received by Division in September and the themes of these complaints.

Division	Complaints received September 2012	Increase/decrease on previous month	0	2	4	6	Themes Please note one complaint may have more than one theme
Cardiac, Thoracic & Vascular	2	-1	0	2	0	0	1 Clinical Care 1 Nursing Care
Children & Women's	12	=	0	7	4	1	7 Clinical Care 2 Delays/Waiting time 1 Communication 1 Attitude 1 Hotel services
Corporate	3	+2	0	0	0	3	1 Hotel Services 1 Communication 1 Car Parking
Critical Care, Theatres, Diagnostics & Pharmacy	4	+3	0	3	1	0	3 Clinical Care 1 Communication
Emergency Medicine, Therapies & Ambulatory	10	=	0	7	3	0	5 Clinical Care 3 Delays/Waiting time 1 Patient Property 1 Attitude
Musculoskeletal & Rehabilitation Services	7	+2	0	2	5	0	2 Clinical Care 2 Delays/Waiting time 2 Attitude 1 Aids and Appliances
Neurosciences, Trauma & Specialist Surgery	15	-4	1	4	10	0	5 Clinical care 7 Delays/Waiting time 1 Communication 1 Bereavement 1 Nursing Care
Surgery & Oncology	16	+6	0	8	8	0	6 Clinical Care 3 Nursing Care 3 Delays/Waiting time 2 Communication 1 Attitude 1 Privacy and Dignity

Divisional Action following complaints

29. All Divisions work with their assigned Complaint Co-ordinators to ensure that learning from complaints is monitored. Completed Action Plans are discussed at the Clinical Risk Management Committee (CRMC) monthly meeting and either agreed for closure or returned to Division for further work.

Nursing Metrics

30. The seven quality dashboards are provided as an appendix showing data for each of the Divisions and key points covering all Divisional activities are highlighted on the accompanying sheets. The indicators on these dashboards largely relate to the issues which are sensitive to nursing interventions such as pressure tissue damage, and harm from medication errors and falls.

31. The key issues during September are those of pressure tissue damage and antimicrobial prescribing standards. While some patients' condition greatly increases the risk of pressure tissue damage, a requirement for further education for staff has been identified in EMTA and MARS. An improvement in antimicrobial prescribing standards is anticipated through effective nursing leadership, collaboration with senior medical staff and further analysis of audit results to identify where efforts for improvement need to be directed.

Patient Safety

32. All adult inpatient wards (excluding EAU) are required, to complete the NHS Patient Safety Thermometer on a given day every month. This tool identifies patients who receive harm free care by collecting data in relation to four 'harms':

- Pressure Ulcers (PU)
- Falls causing harm
- Catheter related urinary tract infections (CUTI)
- New venous thrombo-embolisms (VTE)

33. This data has been collected trust-wide since July 2012 as part of the national contract. Variance in the numbers of patients for which data is submitted each month will depend on factors such as empty beds and eligibility of patients. From October, all ward areas will provide detail on the numbers of eligible and non-eligible patients.

34. In September the NHS Patient Safety Thermometer indicated a 'harm free' rate of 91.07%. This is a slight improvement from the previous month (90.93%). When 'old harms' are removed from the data, the harm free rate in September is 94.47%

35. Detail of the new harms for July to September within the OUH is provided below:

	July	August	September
Number of Patients	1126	1014	995
Harm Free Care % *	95.91	95.46	94.47
New P.U. %	1.42	0.99	1.91
Falls with harm %	0.71	1.68	1.91
New CUTI %	1.42	0.99	1.11
New VTE%	0.80	1.08	0.70

*Harm free rate when 'old harms' are removed from the data.

Table 1: A breakdown of harms within the OUH during July, August and September 2012

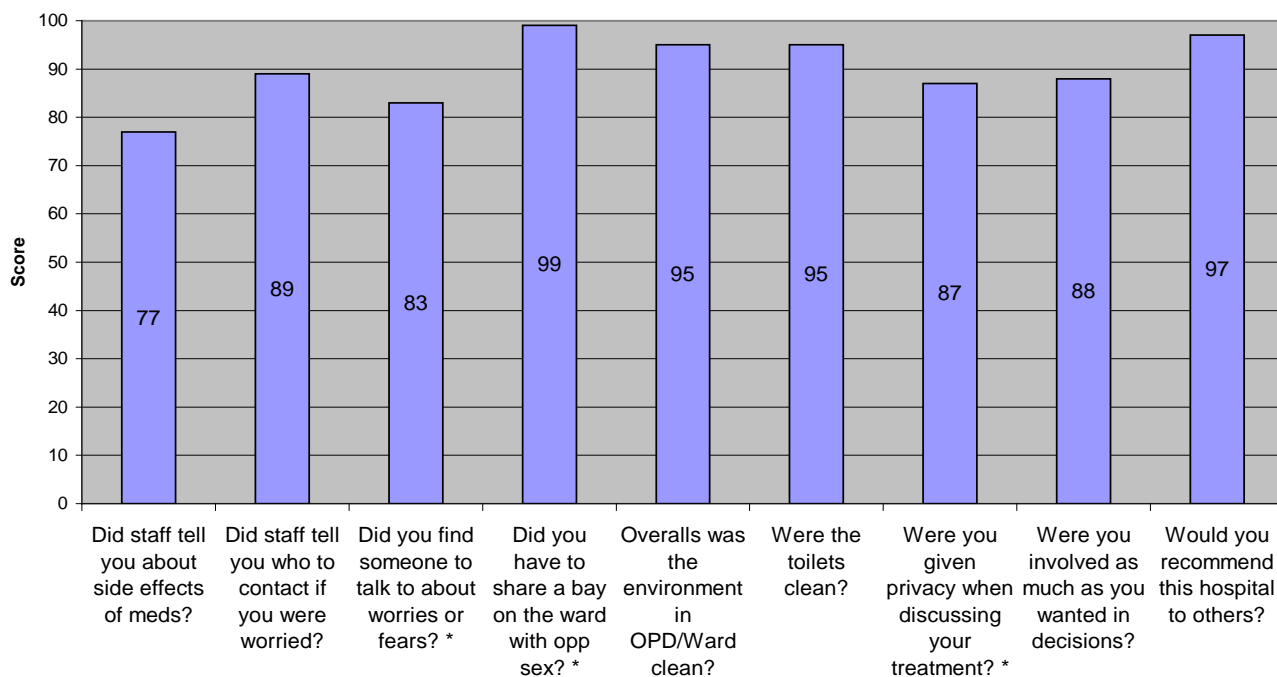
36. Pressure Ulcers and falls accounted for the largest percentage of harms in September and pressure ulcers demonstrate a marked increase from August. The recently appointed Deputy Chief Nurse will be taking forward the work of the OUH Wound Healing Professional Advisory Group until the post of Trust Tissue Viability Nurse is appointed.

37. The Trust Falls Safety Group is being re-convened with revised terms of reference and membership and will focus on supporting the introduction the FallSafe care bundle over the next 12 months. This was introduced in Gerontology as part of a pilot study and demonstrated improvement in reducing the number of falls.

Patient Experience

38. The business case for provision of a trust-wide patient feedback system will be presented at the Strategic Partnership Committee for implementation by April 2013. The system will enable the trust to monitor patient experience across the trust and provide wards with up-to-date ward-level feedback and to meet the new national Family and Friends Test requirement.
39. The majority of comments received indicate scope for improvement (234/72% negative comments; 56/17% positive comments; 10/3% mixed comments; 25/8% neutral comments). However, responses to questions on the 'let us know your views' leaflets are positive. See table below.
40. There were 67 'let us know your views' leaflets returned in September and 114 returned August. The percentage of respondents who said they would recommend the hospital to others remains high, with 63 of the 67 respondents indicating that they would recommend the services offered by the OUH (2 of the returned questionnaires did not answer this question and have not been included in the score calculation).
41. Patient experience data has been collected from 67 questionnaires, 148 telephone calls, 17 attendances to the PALS office in person, and 77 instances of feedback in written form.
42. Key themes for positive feedback relate to the high standard of care delivered (10 comments) and the caring, friendly and helpful attitude of staff (46 comments).
43. Key themes for negative feedback relate to delays or cancellations in appointments and treatment or contacting the hospitals to obtain information about appointments, bookings or test results. This feedback is most common for ophthalmology (26 comments) and ENT (28 comments). The divisional complaints and PALS co-ordinator is working with the general manager of the division to resolve the issue.
44. There were 12 comments relating to negative staff attitude, divided across the divisions. A report containing this information is sent to divisional teams for action

Let us know your views questions - September 2012



*(Higher scores indicate positive responses; for questions marked with * a score has been calculated which is not equivalent to a percentage)*

45. The table below provides a summary of the top four feedback issues.

Top 4 patient feedback issues	August
Caring, friendly and helpful attitude	46
Appointment, treatment and discharge delays	101
Poor communication	23
Negative attitude of staff	12
Source of patient experience reports	September
Let Us Know Your Views (Questionnaires)	67
Comments & Suggestions Forms	4
Patient feedback via e-mails	51
Letter	18
NHS choices	4
Telephone calls (to PALS)	148
In person (to PALS)	17

Executive Safety Walk Rounds

46. There were six walk rounds completed in September 2012. This brings the total to 41 since April 2012, an average of approximately 7 per month. The areas visited were as follows:

- **Division of Musculoskeletal and Rehabilitation Services (MaRs):** Ward A & Day Surgery, Recovery & HDU, and Orthotics (The Tebbit Centre)
- **Division of Surgery & Oncology:** Day Surgery Unit and the Surgical Emergency Unit (SEU)-
- **Division of Cardiac, Vascular & Thoracic:** Cardiac Ward

47. The -key issues included estates issues (i.e. emergency call bell and door damage which have been resolved, and heating concerns which have been escalated), recruitment issues (escalated), hotel services issues (taste of food, and cleaning concerns) nursing issues (up to date notice boards).

48. Good practice in terms of positive patient feedback, implementation of intentional rounding and nurse led discharge were noted.

Professor Edward Baker, Medical Director
Elaine Strachan-Hall, Chief Nurse

Appendices attached
Appendix 1 Nursing Dashboard