

Oxford Radcliffe Hospitals



NHS Trust

**Quality Account
2009/2010**

June 2010

Part 1 – Statement on Quality from the Chief Executive

When I joined the ORH in April 2010, it was clear that we are right to be proud of these hospitals, and so much of what is achieved here is worth celebrating: high quality clinical services delivered in some fantastic facilities, world-class innovation and research, and the high regard in which we are held by the people of Oxfordshire. Much of this is shown in this report, the first Quality Account for the Oxford Radcliffe Hospitals, which outlines some of the activities that focused on improving all aspects of quality in 2009/10 and gives our priorities for the current year, 2010/2011.

During 2009/10, the Board approved its Quality Strategy; continued its focus on reducing healthcare associated infections; established the Surgical Working Group, received its reports and accepted its recommendations; and the Board considered additional reports on patient safety, covering serious untoward incidents and complaints, that allow the greater understanding of the areas for focus and learning. The reporting of quality is being refined and the intention is that a fully integrated report, a quality dashboard, will be considered by the Board at each meeting. More information on the priorities for the current year – 2010/2011 are included in **Part 2** together with some detailed information on various aspects of our services (**Appendix B**).

A number of initiatives focused directly on safety were launched during the year as described in **Part 3**. These included the roll out of the WHO surgical safety checklist in all our operating theatres, a staff survey on safety and culture, and the development of a number of safety action groups looking at specific areas. In addition, we report on how we have delivered against the plans set out in the Quality Strategy.

As part of the drive to improve quality and efficiency at a time of considerable financial challenge, we need to improve our ability to deliver services focused on the needs and expectations of patients and ensure quality, safety and efficiency. We will give clinical services the authority to deliver services, and the accountability of doing so within a framework that ensures the delivery of quality, operational and financial standards. The new organisation that emerges from these changes will better equip us to achieve the ambition of delivering excellence in all that we do.

This same determination to do the right thing for our patients and the Trust as part of the NHS, will help us move forward through the immediate challenges. We must maintain and improve safety, quality and performance in a way that is sustainable, and do so whilst delivering the financial performance required of us. We are determined to deliver operational and financial performance in a way that maintains our commitment to our patients and the quality of their care.

This Quality Account aims to demonstrate that commitment of the Board and the staff of the ORH to the delivery of the highest possible quality of care within the resources that are available. We welcome comments on the report and how it might be improved for next year and also on how we can take better account of the views of our patients, their families and the local and wider health community.

Sir Jonathan Michael

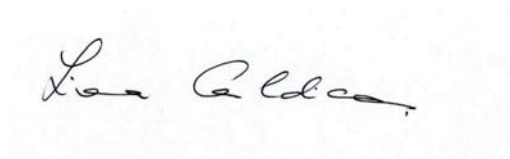
Chief Executive

Part 1


Statement from the Board of the Oxford Radcliffe Hospitals NHS Trust

The Board of the Oxford Radcliffe Hospitals remains committed to the delivery of the highest possible quality of care within the available resources and it has reviewed the content of the Quality Account and confirms its accuracy.

Helpful comments have been received from Oxfordshire PCT ¹. The Board looks forward to improving the quality of care throughout the coming year, noting the particular importance of the focus on quality at a time of significant financial challenge for all.



Dame Fiona Caldicott
Chairman



Sir Jonathan Michael FRCP
Chief Executive

30 June 2010

¹ Included as Appendix A1

Part 2

Priorities for improvement in 2010/2011

1. Patient safety, clinical effectiveness and patient experience are the three key elements that make up quality as described in High Quality Care for All². Our priorities for 2010/2011 are drawn from a number of sources including the ORH's Quality Strategy and national documents and guidance. The Board hopes that patients and the public will also contribute to and comment on these priorities.
2. The Trust Board has stated its commitment to safety, patient experience and standards and it will bring together clear and informative reports that will provide assurance not only to the Board but also to the public and our partners. The new Quality Report will keep the Board up to date each month, covering safety, experience and outcomes.
3. The new clinical management arrangements due to be implemented later this year are intended to provide the clinical and clinical support teams with the framework and information that will enable the delivery of high quality and safe patient care whilst also focusing on the need to make the most cost effective use of limited resources and ensuring that the patient experience is appropriate. Clear responsibilities for quality including safety will be placed on the new management teams. That reflects the Board's view of the importance of quality as well as strong operational and financial performance.
4. The priorities also take account of the continuing work with partners, including Oxfordshire PCT, Oxford's two universities, Oxfordshire County Council, and the Strategic Health Authority, as it is clear that the challenges the ORH faces can only be tackled through working collaboratively to implement plans that cover the complete patient pathway. The Creating a Healthy Oxfordshire programme will take this forward during the year.
5. Working with patients, patient representatives and carers will continue to inform what we do. The focus on the patient experience and the gathering of direct patient views, started last year, will be developed so that immediate opinions and views can be received from patients.
6. Outlined is the plan for 2010/2011 that builds on what we have already done and that underpins the Board's commitment to quality.

Patient safety

7. The recommendations from the Surgical Working Group (SWG), approved by the Board in March 2010, have been built into an action plan with clear milestones for delivery during the year. Updates will be provided to the Board through the Director of Nursing's reports.
8. Training for staff teams will be an important part of this work as the ORH moves towards becoming a High Reliability Organisation. Key elements from the plan are:

² Darzi Report June 2008

- 8.1 by November 2010, to have approved the project plan setting out key elements in becoming a High Reliability Organisation;
 - 8.2 by September 2010 SWG, working with OxSim, to have developed a plan to take forward patient safety/human factors training (tested by SWG in October 2009), and by the end of November 2010, all Divisions to have identified a single area to pilot/test the training ensuring a team approach;
 - 8.3 by the end of November 2010 draft a report a) showing current practice (within the pilot areas) on the use of camera/recordings in theatres; b) identifying areas willing to introduce this practice; c) identifying costs associated with practice; and d) recommending a way forward; and
 - 8.4 by the end of October 2010 post a list/register of a) experts, willing volunteers, key individuals on intranet to be accessible to all (identifying resources also from Oxford's two Universities); b) projects/systems already in place within the ORH that support patient safety. The work will be featured in ORH News and through Leaders' Briefings and other means.
9. A risk assessment tool for venous thromboembolism (VTE) is currently being rolled out across the organisation to ensure 90% of eligible patients are risk assessed to reduce the prevalence of hospital acquired VTE.
 10. The Trust aims to reduce hospital acquired pressure ulcers with the focus upon adherence to Trust policy, including use of an assessment tool, appropriate equipment and specific guidance on the routine care of pressure areas.
 11. The Trust will aim to reduce both the number and severity of falls by reviewing trends and any individual patient variances that may need action plans. The Trust is committed to reducing major or catastrophic falls by 10%.
 12. The Board will oversee the programme now underway intended to raise awareness of standards at ward level, drawing on the recommendations from the Francis Inquiry. In particular, it will scrutinise the impact of the financial challenge on patient safety, as defined by complaints, SUIs, mortality and experience, and by monitoring nurse staffing levels. This 12 week programme, initially aimed at ward sisters, will cover the areas detailed in the table below, topic areas of which have been drawn from an analysis of trends included in the Francis Inquiry Reports:

Continence, bladder and bowel care	Safety
Personal and oral hygiene	Diagnosis and treatment
Food and nutrition	Communication
Pressure ulcer prevention	Discharge management
Privacy and dignity	Cleanliness and infection control
Record keeping	

13. The outcomes from the Staff Safety Survey are now being analysed and the key messages will help inform the work during the year. A number of the issues raised will be covered by the education programme described above.
14. There will be a continued focus on the recognition and treatment of patients whose condition is deteriorating through the work of the Recognising Acutely Ill and Deteriorating Patients (RAID) committee. Crucial in this work will be the focus on training in recognition of the patient who is deteriorating.
15. Other areas of work in patient safety will include training programmes in line with NICE guidance on Acutely Ill Patients in Hospital and improved links with the community teams and GPs to support their introduction of systems that can alert clinical teams to changes in patients' conditions.
16. A number of actions are now underway to see how hospital mortality rates (published by Dr Foster and widely quoted in the media) can be reduced. These include:
 - 16.1 Completion of a detailed review to identify ways in which the patient pathway can be improved in the following five categories of diseases:
 - Alcohol related liver disease;
 - Pneumonia;
 - Cancer of Bronchus (Lung);
 - Congestive heart failure non hypertensive; and
 - COPD (Chronic Obstructive Pulmonary Disease)
 - 16.2 Ensuring that standards for clinical review are clear, and undertaking audits, with support from our own experts and those from Dr Foster, building also on continued improvements in documentation.
 - 16.3 Analysing any trends and co-morbidities to improve accuracy and ensuring that outcomes from Morbidity & Mortality (M&M) meetings are shared.
17. Readmission, length of stay and day case rates will continue to be monitored to assist with identifying improvement measures within specialties using the Dr Foster tool.
18. Regular reports on the effectiveness of these actions will be provided by the Dr Foster group to both the Care Quality Board and the Governance Committee.

Patient experience

19. The ORH receives a great deal of information directly from patients and their families. This comes in through a number of routes, including letters, emails, comments posted on the NHS Choices website, and through the use of 'hand-held' technology and in conversations with the patient liaison services teams on each hospital site.
20. Areas for improvement are highlighted in these surveys and form the basis for the action plans for improvements that will be closely monitored through the Divisions and the Care Quality Board. In addition, we are now trying to make better use of the information we gather directly to make sure that we can pick up trends – not only

across the Trust as a whole – but also at each of our three sites and in specific wards and departments for services.

21. Complaints and concerns expressed through the Patient Advice and Liaison Service (PALS) will continue to be an essential source of learning for the organisation, so that the patient's voice is heard and changes made accordingly within departments.
22. We are currently looking at gathering many more direct patient comments on their experiences so that improvements can be made in the care we provide.
23. We would welcome the views of patients and our partners on the sorts of questions that are being asked so that we can continually improve how we capture the experiences of patients. Regular reports on the patient experience are now included in the Director of Nursing's report to the Board.
24. Key questions to be asked as part of our contract with the Oxfordshire Primary Care Trust include:
 - Were you involved as much as you wanted to be in decisions about your care and treatment?
 - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
 - Were you given enough privacy when discussing your condition or treatment?
 - Did a member of staff tell you about side effects of medication to watch for when you went home?
 - Did we respond promptly and fully to any questions, concerns, worries or fears?
25. In addition the Board has agreed that the following questions should also be asked:
 - Would you recommend this hospital to others?
 - Were you happy with the standard of food and drink?
 - When you needed help, was it provided in a timely and helpful manner?
 - Was the environment clean and tidy?
 - Were you treated with courtesy and respect?

Clinical effectiveness

26. It is evident across the Trust that the number of audits – both national and local – that are carried out is considerable. However, we must continue to ensure that the lessons learned from the audits are then turned into actions that can improve the outcomes of care and the way care is delivered. This approach will be included in the Annual Audit Plans prepared for each Directorate. Progress through the plans will be monitored by the Care Quality Board on a monthly basis.
27. Participation of services in all national audits on all three sites of the ORH is expected for 2010/2011, as endorsed by the Chief Executive.

28. There is much excellent practice across the Trust; for example the anaesthetists hold monthly audit sessions for all staff; the cardiac services team present audit findings regularly and audit results inform monthly Morbidity and Mortality meetings. This local work will continue and be strengthened but in addition, the Board will look to the Care Quality Board and the new Divisions to make sure that there is a strong focus on audits and on the implementation of changes to clinical practice resulting from these audits.
29. Adherence to antimicrobial prescribing standards will continue to be audited to drive improvements in this aspect of care.
30. We will continue to monitor the number of patients with a Fractured Neck of Femur undergoing surgery within 48 hours recognising that this as best practice.
31. Work will continue on how we can make best use of information that is collected on the outcomes for patients- we know that clinical services directly contribute information to national databases, including, for example, the Renal Register, the Central Cardiac Audit Database and Lung Cancer. It is important that these audits are reviewed within the Trust so that we can benefit from the results and improve our outcomes and we will do this by the year end.
32. In addition further work is required to ensure that all of the information that is collated on patient outcomes is reported within the Trust, so that areas of good practice and those that require improvements can be identified.
33. Health and social care partners in Oxfordshire are working together to plan and deliver the 'Creating a Healthy Oxfordshire' programme. The aim is to find ways of using services and facilities as effectively as possible. This means supporting patients to manage their own health, supporting carers, increasing access to GP services, developing services closer to peoples homes to reduce the need for people to go to hospital and developing new models of care (e.g. using technology) to improve patient outcomes. We expect our membership of the newly established Thames Valley Health Innovation and Education Cluster will support this programme, particularly in terms of developing the competencies and skills required in a changing workforce.
34. The ORH will work with its health and social services partners :-
 - 34.1 to support access to expert advice on the use of new technologies and models of care for patients to maximise their health and provide their own care in their own homes or places of residence;
 - 34.2 When it is suspected a patient has suffered a severe episode of illness, to support patients and primary care professionals to diagnose and agree the appropriate intervention to maximise recovery, and or management of the episode of illness;
 - 34.3 When appropriate to enable the patient to be treated in an ambulatory / outpatient setting;
 - 34.4 When admission is required to provide the inpatient care provided as efficiently and effectively as possible with the optimum outcome for the patient;

- 34.5 Working in partnership with patients, those in primary and community services to discharge patients expediently back to their homes or into community settings with the appropriate support and advice to maximise their health and keep them in their home or community setting.

Conclusions

35. The plans outlined above focus on the three key elements of quality: patient safety, patient experience and effectiveness. The Board will oversee the delivery of plans and the development of more effective and useful reports on quality and the actions being taken to improve quality.
36. We welcome comments from partners on our priorities and how best we can engage with patients and our partners during the year.

Part 2 – Prescribed Information (See Appendix B)

Part 3 – Review of quality performance

37. The Quality Strategy for 2009/10, approved by the Board in July 2009, was developed drawing on the Darzi Report, the NHS operating framework, the SHA's development of clinical pathways, and the Oxfordshire PCT's strategy for the next five years with its focus on improving access to health. The ORH has continued to focus on a number of general and specific areas as follows.
38. The Board has continued to reiterate its commitment of patient safety and the patient experience and over the year, it has demonstrated this through a number of means including the Executive walk rounds which have taken place throughout the year resulting in a number of themes and trends being identified. 27 walk rounds were undertaken and reported upon and the themes noted included insufficient resources, quality and size of the estate, and frustration with the recruitment process. These themes will continue to inform the Board's approach to patient safety (serious about safety and standards), the importance of the patient experience and clinical effectiveness.
39. It is of note that the Strategic Health Authority is currently reviewing the Paediatric Cardiac surgery services at the John Radcliffe Hospital. The period of review is January 2009 until the service was paused in February 2010 and the report and recommendations will be presented to the SHA Board, the Board of the Oxford Radcliffe Hospitals NHS Trust and to families.
40. The principles of human factors as applied to improving patient safety have already been used in the discussions with staff groups following the events that led to the pausing of paediatric cardiac surgery in February 2010. The Trust is also working to support the Independent Review Panel established by the SHA to review the service and the governance arrangements.
41. The Board reviewed the recommendations from the Healthcare Commission's report on the Mid Staffordshire Hospitals NHS Trust. The Board was assured on a significant number of areas but it also put in place a number of improvements. For example, regular qualitative reports on serious untoward incidents and complaints

are now considered by the Board with focus specifically on the importance of organisational learning and actions.

42. The Trust continued to monitor its compliance with core standards, and in December 2009, it declared its compliance with all standards. The declaration built on monitoring throughout the year and on a number of sources of internal and external intelligence including the CQC's patient and staff surveys, complaints letters, and trends arising from incidents. The monitoring of compliance continued throughout the year and supported the ORH's application for registration made at the end of January 2010.
43. The registration process highlighted a small number of possible gaps in compliance, including meeting our performance in statutory and mandatory training, and improving the support for staff working in escalation areas. In addition, responding to alerts from Dr Foster, the Board registered non compliance in relation to the care and welfare of users (Regulation 9) for adult cardiac surgery at the John Radcliffe Hospital, as we continued to examine the outcomes for patients in detail. The ORH has a number of actions underway to assure itself on the continued safety and outcomes which it has shared with the CQC and the PCT.
44. The ORH has been registered without conditions with the CQC and is developing its monitoring process to ensure continued improvements in its delivery of services and their outcomes and to support continued compliance.
45. The ORH has been working to implement the recommendations of the 'Healthcare for All' Report by Sir Jonathan Michael and the Six Lives report. This report made a number of recommendations to improve access to and the quality of care for people with learning disabilities within acute hospital settings. Progress has been made in developing protocols which now need to be fully implemented to flag when people with learning disabilities access our services and to make adjustments to ensure that their experience of the quality of care in the trust is good.
46. There has been significant activity in the field of patient safety and in March 2010 the Board approved the recommendations of the Surgical Working Group, (established in May 2009) and work is now being done to take these forward through the agreement of milestones for 2010/11.
47. The Global Trigger Tool (GTT) has been introduced into the Trust to provide measurement of harm to patients. The tool was first devised in the USA by the Institute of Health Improvement. The NHS Institute for Innovation and Improvement has adopted and validated a GTT checklist for use in the UK. The Trust's participation in GTT is a requirement of participation in the South Central Patient Safety Federation and forms part of the "No needless harm" work stream. Currently the group is reviewing and analysing data from 2009/10 and preparing reports highlighting learning and action points for the Trust.
48. During National Patient Safety First Week, organised in conjunction with the National Patient Safety Agency and the Institute for Innovation and Improvement in September 2009, the ORH took part in a number of initiatives including the following examples:

- 48.1 **Patient Safety Walk rounds** involving members of the Board visiting wards and departments and receiving information first hand from staff and patients. One of the achievements has been improved lighting for bedside computers within the adult intensive care unit to assist staff with monitoring the patient's condition.
- 48.2 **Safer Surgery Checklist** - the Trust-wide roll-out of the World Health Organisation's Safer Surgery initiative which is now routinely used in 43 theatres across the three sites of the Trust. This series of pre-operative checks brings together a range of existing safety procedures into one evidence-based surgical safety checklist process, and also improves communications and team working in theatres. In addition ORH has supported pilots for specialist checklists in conjunction with the NPSA and Royal Colleges for cataract surgery, cardiothoracic surgery and interventional procedures e.g. radiology. The pain relief team has also developed a pre-treatment checklist.
- 48.3 **Check your charts and meds** - a closer look at how staff document vital signs observations and record any allergy a patient may have. Matrons and ward managers checked charts randomly to see how consistent this work was and ensured improvements were made as necessary.
- 48.4 **Safer staff mean safer patients** - patients can only be kept safe if there is a safe working environment for all. A key part of the safety strategy has been the creation of the Safety Action Groups that focus on areas where the Trust has identified a need to reduce injury and illness for staff. Some successes so far include the introduction of a new safety cannula to reduce needlestick injuries, developing a surveillance scheme to reduce contact dermatitis from causes including latex gloves, and improved data collection for muscular-skeletal injuries.
- 48.5 **Staff safety survey** - this was completed at the beginning of 2010 and the findings are now being analysed. Improvements were seen in effective action on reducing violence and aggression, the quality of job design, and job satisfaction. Relative to other organisations, staff experience has yet to improve in the following four areas:
- 48.5.1. feeling valued by work colleagues;
 - 48.5.2. contribution towards improvement at work;
 - 48.5.3. receiving relevant job training, learning or development; and
 - 48.5.4. having good opportunities to develop their potential
49. The Board will ensure that actions are taken to deliver improvements for staff across all areas, working with staff and staff side groups.

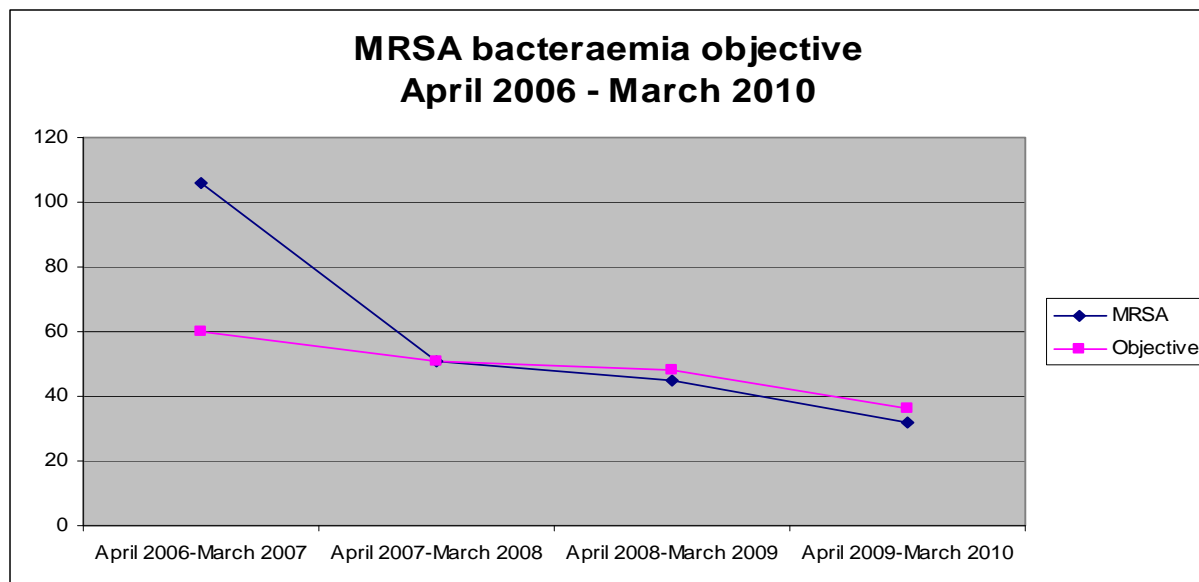
Infection Prevention and Control

50. Reducing infections in hospitals and effectively treating those that do arise, remained a key focus for the NHS. This year the ORH met its target for MRSA and Clostridium difficile (C.diff) as set by Oxfordshire PCT and South Central Strategic Health

Authority. In addition, more than 2,000 audits were carried out by staff to make sure that best practice was being followed.

51. Figures 1 illustrates the achievement of the Trust in having a 70% reduction in MRSA bacteraemia from April 2006 to March 2010.

Figure 1



52. The table below illustrates the achievements of the Trust in meeting the objectives set in reducing the prevalence of C. diff and the comparison with previous years.

Year	C. diff objective	C. diff actual
2007/2008	432	440
2008/2009	459	305
2009/2010	324	239

53. All MRSA blood stream infections are investigated using a process called root cause analysis whereby all aspects of the patient pathway are considered, an assessment is made of the source of the infection and actions are agreed to prevent similar cases in the future.
54. In June 2009, a project started to prevent MRSA bacteraemia in patients with long term urinary catheters. This is run by the infection control service at the ORH in collaboration with the Oxfordshire continence service, Nuffield Orthopaedic Centre NHS Trust, Oxfordshire and Buckinghamshire Mental Health Trust and staff from the ORH.
55. One of the areas of action during the year related to patients with long-term urinary catheters in place which can increase the risk of infection. The ORH’s infection control service has worked to improve healthcare staffs’ understanding of how to manage patients with urinary incontinence and how to reduce the need for a long

term urinary catheter (often inserted to manage incontinence). The various workstreams are outlined below:

- 55.1 **Audit:** the baseline audit of staff knowledge, the number of urinary catheters inserted in clinical areas and compliance with insertion and aftercare has been completed. A repeat audit is in progress to assess staff knowledge, the number of urinary catheters inserted and compliance with insertion and the aftercare of the urinary catheter.
- 55.2 **Guidelines:** Guidelines and the care pathway and incontinence assessment form for the management of urinary continence for all healthcare institutions in Oxfordshire have been completed.
- 55.3 **Procurement:** work to streamline the purchase of continence products through writing a formulary was started in 09/10 and will be completed this year.
- 55.4 **Training:** A training package using e-learning for the management of continence has been developed and is in use.
- 55.5 **Information leaflets:** Information leaflets for patients on two aspects; 'Should I have a long term urinary catheter?' and 'How to manage a urinary catheter at home' have been prepared.
56. Another key theme related to contaminated blood cultures and as a result the guidelines for taking blood cultures have been updated. Training on how to take blood cultures (using no touch techniques) is part of the specialised training sessions for inserting peripheral lines.
57. The ORH has continued to screen elective admissions for MRSA in line with guidance from the Department of Health. Over the last year, the ORH carried out 63,520 MRSA screens. To reduce bacteria on the skin, the majority of surgical patients are offered a skin cleanser for them to wash with the night before and the morning of surgery. Patients who are found to be colonised with MRSA are asked to continue with this wash and a nasal cream for five days. From February 2010 the ORH extended the MRSA screening programme to include patients admitted as emergencies from Medical Assessment Unit (MAU) and Surgical Emergency Unit (SEU) as part of the national programme to screen all emergency admissions for MRSA by December 2010.
58. All cases of C.diff are investigated using the national root cause analysis tool. Case review meetings are carried out on any ward with three cases of C.diff within seven days. The infection control service monitors the time to isolation for all cases with active C.diff disease to reduce the risk of other patients acquiring it. Compliance with patients being in a side room if they have C.diff disease is normally at 100%. The exceptions are when it is not clinically safe to move a patient. The C. diff policy was adapted to restrict the number of stool specimens sent for testing and to treat patients based on clinical symptoms/suspicion of the disease.
59. Infection research is strong within the ORH and there are four main infection themes: Staphylococcus aureus, Clostridium difficile, Norovirus (winter vomiting bug) and developing information technology to help analyse the data and feed back to staff.

Reducing harm from high risk medications

60. Much of the harm associated with the use of medication arises from a handful of medicines, now referred to as high-risk medications. National bodies have proposed that efforts to reduce medication-related harm should be focused on these and on medicines reconciliation. The multidisciplinary PADE (Prevent Adverse Drug Events) group has been established to co-ordinate trust, regional, national and international initiatives in this area using measurement for improvement tools. We are reporting into South Central's Patient Safety Federation 'no needless medication error' work stream and the WHO High 5 project on concentrated injectable medicines.
61. A comprehensive range of metrics has been developed and piloted over the year. This process has identified some areas which could impact on patient safety that now require greater scrutiny; for example, in the management of anticoagulation (often involving the use of Warfarin and regular blood tests). Shared ownership of this medicines management issue has brought together the specialist skills and expertise available within the Trust. Momentum for this work has been established and will be continued.

Recognising and treating patients whose condition is deteriorating (RAID)

62. One of the themes emerging from our serious untoward incidents (SUIs) is the need to improve on the care of the deteriorating patient. The RAID committee been working during 2009/10 to prepare the policy on the management of deteriorating patients and to introduce the track and trigger framework in the community hospitals. This has been evaluated and shown to reduce admissions to the acute sector.
63. Research work has been undertaken to ensure that the track and trigger scoring system currently in use is the most evidence based scoring system available and the escalation system and pathway has been reviewed and more defined.
64. The communication tool has been piloted in the Acute and Emergency Medicine and Geratology directorate and has as a result been adapted and improved. It has been incorporated into the corporate training sessions for resuscitation and acute life threatening events and will be distributed across the Trust. Surgery has already implemented its own tool.
65. Targeted competency-based training for staff in the taking, recording and interpretation of physiological parameters was undertaken for staff working in acute general medicine between April and October 2009. In the region of 195 staff members were trained at this time. Currently there are training programmes underway in the neurosciences and surgery specialities so more staff are accessing this training.
66. A version of the track and trigger chart was modified specifically for use in patients during a flu pandemic situation and this chart was subsequently also adopted by Oxfordshire and Buckinghamshire Mental Health Trust.
67. Despite the improvements in training, this remains an area of continued and necessary focus.

Patient experience

68. The CQC 2009 inpatient survey showed a number of improvements, with significant improvements being made in responses to questions on cleanliness and handwashing by clinical staff. However, the ORH is not complacent as the survey also showed we need to provide better information on services and, for example, on ward routines, and to address concerns expressed about the lack of time to discuss care with staff.
69. The CQC 2009 outpatient survey, carried out for the first time since 2004, highlighted some common areas, noting improved cleanliness but also commenting adversely on communications, particularly around waiting times and transport, and not being kept informed. These areas will be focused on for improvements in 2010/2011 as outlined in Part 2 of this report.
70. Regular reports on patient experience are now reviewed by the Care Quality Board; these reports, received directly from our patients through a number of routes, including concerns expressed through PALS, provide an invaluable source of information. Specifically, the following has been achieved:
- 70.1 **reducing noise at night;** the CQC inpatient survey show an average of 40% of respondents commenting on noise at night being a concern. Our own inpatient surveys (using the 'hand-helds') done since August 2009 utilising 20 pre-programmed questions indicate that the ORH remains comparable with the NHS average (21%) with 25% of our patients reporting concerns with noise at night. These survey data do not take account of the opening of the significant number of individual rooms in the Oxford Heart Centre and on level 4 at the John Radcliffe.
- 70.2 The 2009 inpatient survey (which includes more detailed questions) continues to show that the ORH is comparable to other NHS Trusts both in terms of noise disturbance from other patients 41% (nationally 39%) and noise from staff 22% (nationally 21%).
- 70.3 **Helping people with their meals** - specific work in the Neurosciences inpatients ward, Level 7 (acute general medicine) and Level 4 (geratology) has been evidenced in our patient survey outcomes. The inpatient survey records that 32% of respondents indicated that they did not receive enough help with meals (nationally 34%). This data is corroborated by our own inpatient survey using the 'hand-helds'.
- 70.4 **Improving response to patient call alarms.** The ORH compares similarly to other NHS Trusts in their response to patient call alarms as confirmed by external and internal surveys.

	ORH	Nationally
0 mins right away	14.7%	14.8%
1-2 mins	31.2%	37.0%

3-5 mins	30.5%	26.7%
>5 mins	16.8%	14.4%

70.5 However, improvements should continue and patient surveys of the trauma wards and nine wards participating in the Productive Ward project reported substantially improved performance during 2009/10.

71. Complaints and the associated learning and actions for the organisation are captured within regular reports to the Care Quality Board. An 'at a glance' summary is produced on a monthly basis by the Incidents, Claims and Complaints Committee to assist with the cascade of learning points across the Trust. Learning is highlighted in the action plans of complaints and in the last year has included:

71.1 staff behaviour towards patients and relatives and how it may be perceived by others;

71.2 respecting the wishes of relatives with regards to confidential information given by them and who has the right to know this;

71.3 the importance of timely and accurate discharge summaries; and

71.4 checking the competency of locum doctors.

72. In terms of **effectiveness**, there has been a focus throughout the year on improving stroke care through:

72.1 Good progress to increase the percentage of patients spending 90% of their hospital stay in specialised areas at both the Horton General Hospital and the John Radcliffe Hospital. In the 2008 RCP Sentinel Stroke Audit the JRH had a 90% stay rate of 41% - this was mediated by only including patients who had stayed in for more than 3 days. For 2009/10 the 90% stay rate was 54% for the whole trust, without exclusions. For the final Quarter of 9/10 the rate was 74% for the Trust, with a change for the JRH from 22% in quarter one to 70% in quarter four.

72.2 Increasingly, patients are also being cared for within Witney and Abingdon community hospitals which have this enhanced service with additional nursing, therapy and medical support. In addition, there is support for the early discharge scheme within the City of Oxford which enables patients to go home earlier than might otherwise have been possible.

72.3 The stroke thrombolysis service has been in place and available 24 hours a day since 2008 at the John Radcliffe Hospital. At the Horton, a 9-5 service is available but plans are well underway to improve this and extend its coverage.

72.4 Both the John Radcliffe and Horton General Hospitals have been exceeding the national target to make sure that over 80% of patients have CT scans within 24 hours of admission with suspected stroke. This is particularly important for assessing the nature of the stroke and in planning treatment.

- 72.5 There has been very good progress in improving the referral rate for the dysphagia (swallowing) service within 24 hours, largely as a result of improved staff training and the clustering of patients in specialist areas. In addition, delays in admission to specialist units from the emergency departments have been reduced significantly and it is expected that during 2010/2011, admission to such areas within four hours will be the routine.
- 72.6 Access to the Transient Ischaemic Attack (TIA) assessment and management service has been improved significantly with over 76% of high risk patients being assessed within 24 hours. Further work is being done to make improvements for patients at the Horton General Hospital.
73. Patient Reported Outcomes (PROMS) were introduced in April 2009, and the Trust has been administering questionnaires designed to assess the clinical outcomes of surgery from the patient's perspective. PROMS, a Department of Health initiative, consists of two patient questionnaires; the first completed immediately prior to surgery, the second three months later. The questionnaire focuses on the patient's health, pain levels and general wellbeing before and after the procedure. PROMS are initially being piloted for two operations - inguinal hernias and varicose veins - with the prospect of extension to a range of other procedures. In time, PROMS will provide important information on patients' views of how their surgery has benefitted them.
74. The ORH is required to administer only the first questionnaire; the second is sent out by a Department of Health agency which also analyses the results. In due course, these results, which will be compared with other hospitals, will be available on the NHS Choices website. The Trust has recently been provided with data which show that its rate of questionnaire return is far lower than had been recorded internally. In summary these are 57% (47.8%) for hernia and 23% (35.6%) for varicose veins (England-wide figures in brackets).
75. A number of actions are in place to address this gap. These include raising awareness amongst all staff responsible for administering PROMS questionnaires of the lower than expected response rate and requesting greater effort.

Conclusion

76. In conclusion, progress has been made in driving the quality agenda forward and the clinical services continue to make improvements in all areas. Board leadership has supported this - the executive walk rounds have been welcomed by the staff visited and the outcomes have informed the Board's discussions - and this focus continues.
77. The patient safety work, highlighted across the Trust in September 2009, is supported by numerous other initiatives and groups, often at a very local level. This work will be taken forward as outlined in Part 2 of this Account.
78. The patient experience is a crucial area for the ORH to improve on although it will be challenging to maintain the improvements during the current financial climate. The work with our Patient Panel, with local patient groups and stakeholders, has been

very positive and has benefited the overall patient experience. It must also be remembered that quality does not always require a financial resource.

79. The Board is determined to do the right thing for our patients and the Trust as part of the NHS, and this determination will help us move forward through the immediate challenges. We must maintain and improve safety, quality and performance in a way that is sustainable, and do so whilst delivering the financial performance required of us. We are committed to deliver both operational and financial performance in a way that fulfils our obligations to our patients.

Aims and Objectives

Appendix A

The aims of the ORH are fourfold:

- to be **Hospitals of Choice** for patients by providing an outstanding environment for clinical services with customer-focused patient care that will be valued by our partners and the communities we serve;
- to be **world-leading teaching hospitals** and an AHSC (in partnership with the University of Oxford) with an international reputation for advancements in medicine and biomedical research, able to offer specialist expertise and outstanding teaching and treatment facilities;
- to achieve **financial sustainability and long-term growth**, by intelligent redesign of our hospital services based on improved leadership, productivity and efficiency;
- to be **an excellent employer**, with flexible and workable policies that will encourage the recruitment and retention of quality staff.

These aims are underpinned by ten strategic objectives as follows:

- To consolidate and advance the international status of the Trust's defining services.
- To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community.
- To continue to strengthen the Trust's portfolio of specialist services and to consolidate and extend the catchment area from which patients for specialist services are drawn.
- To ensure that the development of platform services parallels and advances the strategy for clinical services, ensuring that platform services contribute to optimising the efficiency and customer care focus of the Trust.
- To identify, evaluate, prioritise and nurture emerging services
- To develop the Trust's role as an academic health sciences centre of international standing.
- To provide demonstrably excellent clinical outcomes and indicators of patient safety
- To improve the overall patient experience by offering excellent customer care.
- To maximise the Trust's contribution to the health and wellbeing of the local community.
- To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business processes.

NHS Oxfordshire has reviewed Oxford Radcliffe Hospitals NHS Trust Quality Account. The Quality Account provides information across the three areas of quality as set out by Lord Darzi: patient safety, patient experience and clinical effectiveness. There is evidence that the Trust has relied on both internal and external assurance mechanisms. The ORH outline their priorities in the introduction though more examples, relating to clinical outcomes could be given to demonstrate progress.

The PCT is satisfied as to the accuracy of the data contained in the Account; however it would benefit from more detailed information to explain clearly what the ORH does well and where improvements are needed as nationally mandated. The clinical audit sections details a number of audits undertaken, but there is limited information on what actions have been taken to address any poor performance and only limited data to demonstrate that changes have been effective.

A number of patient safety initiatives are detailed in the report, but again there is limited information on how successful these initiatives were at improving the safety of patients although there has been significant progress in relation to hygiene.

The patient experience section details improvements in stroke services, reducing noise at night and helping people with their meals though there is limited information on learning from complaints and concerns raised through PALS.

The Trust should consider simplifying the content to enable patients to better understand the accounts and in future include more detailed information to allow patients to get a better understanding of the quality of services at the ORH.

It should be noted that Paediatric Cardiac surgery services on the John Radcliffe site are currently under review and the PCT await the findings to assess if there are any implications relating to the quality of service.

The primary purpose of Quality Accounts is to encourage boards to assess quality across the totality of services they offer and this document does not fully allow the board to achieve this goal. NHS Oxfordshire recognises that this is the first year of production and would expect to see more detailed information in future years.

Part 2 – Prescribed Information

Appendix B

	Prescribed Information	Form of statement (words in italics indicate information which must be inserted by the provider)
1	<p>The number of different types of NHS services provided or subcontracted by the provider during the reporting period, as determined in accordance with the categorisation of services—</p> <p>(a) specified under the contracts, agreements or arrangements under which those services are provided;</p> <p>or</p> <p>(b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.</p>	<p>During 2009/2010 the ORH provided 92 NHS services.</p>
1.1	<p>The number of NHS services identified under entry 1 in relation to which the provider has reviewed all data available to them on the quality of care provided during the reporting period.</p>	<p>The ORH has reviewed all the data available to them on the quality of care in 89 of these NHS services.</p>
1.2	<p>The percentage the income generated by the NHS services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, NHS services.</p>	<p>The income generated by the NHS services reviewed in 2009/2010 represents 99.2% per cent of the total income generated from the provision of NHS services by the ORH for 2009/2010.</p>
2	<p>The number of national clinical audits(a) and national confidential enquiries(b) which collected data during the reporting period and which covered the NHS services that</p>	<p>During 2009/2010 55 national clinical audits and six national confidential enquiries covered NHS services that the ORH provides.</p>

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	the provider provides or subcontracts.	
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period the ORH participated in 85.5% and 100% of the national clinical audits and national confidential enquiries respectively which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquires identified under entry 2 that the provider was eligible to participate in.	The national clinical audits and national confidential enquiries that the ORH was eligible to participate in during 2009/2010 are as follows and the ORH took part in all below apart from those underlined:
2.3	The ORH took part in all those listed across <u>APART from those underlined</u>	<p>Paediatric intensive care audit network</p> <p>Vascular Surgery database:</p> <ul style="list-style-type: none"> ▪ Abdominal Aortic Aneurysm ▪ Carotid Interventions ▪ Infrainguinal Bypass ▪ Amputations <p>National Neonatal Audit Programme</p> <ul style="list-style-type: none"> ▪ John Radcliffe ▪ Horton General Hospital <p>National Diabetes Audit</p> <ul style="list-style-type: none"> ▪ John Radcliffe Paediatric ▪ <u>Horton Paediatric</u> ▪ Churchill Adult ▪ <u>Horton Adult</u> <p>Intensive Care National Audit and Research Case mix</p> <p>John Radcliffe adult critical care unit</p>

	<p>Neuro-intensive care unit</p> <p>Horton Hospital critical care unit</p> <p>National Elective Surgery Patient Recorded Outcome Measures</p> <ul style="list-style-type: none">▪ inguinal hernia▪ varicose veins <p>Congenital Heart Disease:</p> <ul style="list-style-type: none">▪ paediatric cardiac surgery▪ adult cardiac surgery <p>National Joint Registry: hip replacements</p> <p>Renal Registry: renal replacement therapy</p> <p>National Bowel Cancer Audit</p> <p>National Head and Neck Cancer Audit</p> <p>Adult cardiac surgery: Coronary Artery Bypass Graft and Valvular Surgery</p> <p>Myocardial Ischaemia National Audit Project</p> <ul style="list-style-type: none">▪ John Radcliffe▪ Horton General Hospital <p>Heart Failure Audit</p> <ul style="list-style-type: none">▪ John Radcliffe▪ Horton General Hospital <p>Pulmonary Hypertension Audit</p> <p>National Hip Fracture Database</p> <p>Trauma and Research Network: severe trauma</p>
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	<p>NHS Blood & Transplant: renal transplants</p> <p>NHS Blood & Transplant: potential donor audit</p> <p>Adult cardiac interventions</p> <p>National Kidney Care Audit</p> <p>National Sentinel Stroke Audit</p> <ul style="list-style-type: none">▪ John Radcliffe▪ Horton General Hospital <p>National Audit of Dementia</p> <ul style="list-style-type: none">▪ John Radcliffe▪ Horton General Hospital <p>National Falls and Bone Health</p> <p>National Comparative Audit of Blood Transfusion</p> <p>Red cell transfusion in neonates and children</p> <p>Audit of blood collection process</p> <p>British Thoracic Society: respiratory diseases</p> <ul style="list-style-type: none">▪ Paediatric asthma▪ Paediatric community acquired pneumonia▪ Adult community acquired pneumonia▪ <u>Adult asthma</u>▪ <u>Adult Non-invasive Ventilation</u>▪ Emergency Oxygen Audit <p>College of Emergency Medicine:</p>
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		<ul style="list-style-type: none"> ▪ Pain in children (John Radcliffe) ▪ <u>Pain in children (Horton General Hospital)</u> ▪ Fracture neck femur (John Radcliffe) ▪ <u>Fracture neck femur (Horton General Hospital)</u> ▪ Asthma in adults(John Radcliffe) ▪ <u>Asthma in adults (Horton General Hospital)</u> <p>National Mastectomy and Breast Reconstruction</p> <p>National Oesophago-gastric cancer audit</p> <p>Royal College of Physicians Continence Care Audit</p> <p>Confidential Enquiry into Elective and Emergency Surgery in the Elderly</p> <p>Confidential Enquiry into Parenteral Nutrition</p> <p>Confidential Enquiry into Surgery in Children</p> <p>Confidential Enquiry into Head Injury in Children</p> <p>Confidential Enquiry into Obesity in pregnancy</p> <p>Confidential Enquiry into Perinatal Mortality</p>								
2.4	<p>A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed for during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.</p>	<p>The national clinical audits and national confidential enquires that the ORH participated in, and for which data collection was completed during 2009/2010, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.</p> <table border="1" data-bbox="1070 1209 2065 1385"> <thead> <tr> <th data-bbox="1070 1209 1503 1318">National audits</th> <th data-bbox="1503 1209 1697 1318">Cases required</th> <th data-bbox="1697 1209 1892 1318">Cases submitted</th> <th data-bbox="1892 1209 2065 1318">% submitted</th> </tr> </thead> <tbody> <tr> <td data-bbox="1070 1318 1503 1385">Paediatric Intensive Care Audit</td> <td data-bbox="1503 1318 1697 1385">all patients</td> <td data-bbox="1697 1318 1892 1385">350</td> <td data-bbox="1892 1318 2065 1385"></td> </tr> </tbody> </table>	National audits	Cases required	Cases submitted	% submitted	Paediatric Intensive Care Audit	all patients	350	
National audits	Cases required	Cases submitted	% submitted							
Paediatric Intensive Care Audit	all patients	350								

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	Network			
	Vascular Surgery Database			
	Abdominal Aortic Aneurysm	117	52	44%
	Carotid Interventions	194	128	66%
	Infringuinal Bypass	45	2	4%
	Amputations	70	0	0%
	National Neonatal Audit Programme			
	John Radcliffe	680	680	100%
	Horton	258	258	100%
	National Diabetes Audit			
	Adult Churchill	all patients	3855	
	Paediatric John Radcliffe	all patients	243	
	Intensive Care National Audit and Research Case mix			
	John Radcliffe adult critical care unit	all patients	758	100%
	Neuro-intensive care unit	all patients	533	100%

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	Churchill intensive care unit	all patients	425	100%
	Horton critical care unit	all patients	468	100%
	Patient Recorded Outcome Measures			
	Inguinal hernia	all patients	257	
	Varicose Veins	all patients	53	
	Congenital Heart Disease: paediatric and adult surgery			
	Paediatric	all patients	198	
	Adult	all patients	191	
	National Hip Fracture Database	500	414	83%
	Renal registry: renal replacement therapy	all patients	1452	
	National Lung Cancer Audit	302	353	100%+
	National Bowel Cancer Audit	all patients		
	National Head and Neck Cancer Audit	all patients		
	Adult Cardiac Surgery: Coronary Artery Bypass Graft and Valvular Surgery	all patients	546	

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Myocardial Ischaemia National Audit Project			
John Radcliffe	all patients	872	
Horton	all patients	153	
Heart Failure Audit			
John Radcliffe	200	145	73%
Horton	200	38	19%
National Hip Fracture Database	500	414	83
Trauma & Research Network: severe trauma	all patients	48	
NHS Blood and Transplant			
Renal transplants	all patients	125	
Potential donor audit	all patients	450	100%
Adult cardiac interventions	all patients	1717	
National Kidney Care Audit	112	87 (4)	
National Sentinel Stroke Audit			
John Radcliffe	Organisational survey only in 2009/10		

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	Horton	Organisational survey only in 2009/10		
	National Audit of Dementia			
	John Radcliffe	40	Data collection begins April 2010	
	Horton	40	Data collection begins April 2010	
	National Falls and Bone Health			
	National Comparative Audit of Blood Transfusion: changing topics			
	Blood collection process	40	37	93%
	Red cell use in neonates and children	40	40	100%
	British Thoracic Society: respiratory diseases			
	Paediatric community acquired pneumonia	>5	53	100%+
	Paediatric asthma	>5	9	100%+
	Adult community acquired pneumonia	5	21	100%+
	Adult asthma	5	0	0%

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	Non-invasive ventilation	1	0 still open for data	
	Emergency Oxygen	1	4	100%+
	College of Emergency Medicine			
	Pain in children JR	50	50	100%
	Asthma in adults JR	50	50	100%
	Fractured neck of femur JR	50	50	100%
	National Mastectomy and Breast Reconstruction	243	186	77%
	National Oesophago-gastric cancer audit	200	199	99%
	Royal College of Physicians Continence Care Audit	80	87	100%+
	National Confidential Enquires into patient outcome and death (NCEPOD)			
	Parenteral Nutrition	49	45	92%
	Elective and Emergency Surgery in the Elderly	38	37	97%
	Surgery in Children	submission ongoing	N/A	N/A

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		Centre for Maternal and Child Enquiries (CMACE)			
		Head injury in children (JR & HH)	Deadline May '10	52	N/A
		Obesity in pregnancy (JR + HH)	all patients	80	N/A
		Perinatal Mortality	all patients	60	
2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports of 17 national clinical audits were reviewed by the provider in 2009/2010 and the ORH intends to take the following actions to improve the quality of healthcare provided.			
2.6	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.	National audit		Actions Taken	
2.7	The number of local clinical audit(a) reports that were reviewed by the provider during the reporting period.	Paediatric Intensive Care		No actions as results are good - observed mortality lower than nationally	
2.8	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7.	Lung Cancer National Audit		Improved quality of data now being submitted for each patient. The recommendations of the national report has been reviewed by the Lung Multi-disciplinary Team (actions to be included)	
		Myocardial Ischaemia National Audit Project			
		John Radcliffe		Individual patient concerns are addressed at the monthly primary PCI meeting. Cases requiring review are discussed and any learning	

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			disseminated to all teams. There is continued audit and identification of individual cases that highlight delay to treatment in the patient pathway. Close liaison with Datacam (industry partners responsible for local database) in order to rectify issues with data collection particularly around whether patients receive care in specialist areas, or have clinical input from the specialist Cardiology teams.
		Horton	As above. Closer involvement of Cardiology specialist input for patients at the Horton, for NSTEMI patients.
		Heart Failure (John Radcliffe)	Nurse specialists are auditing the health records of patients who died with a primary diagnosis of heart failure taking into account significant co-morbidities over six months from July 2009 - January 2010
		Kidney transplant	Morbidity and mortality meetings are now 3 monthly. Regular minuted audit meetings to continue.
		NHS Blood & Transfusion potential donor audit	6 monthly and end of year report reviewed at Donation Committee.
		Adult cardiac interventions	Local data compared to national data - no actions required locally.

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		College of Emergency Medicine	
		John Radcliffe	Individual patient concerns are addressed at the monthly primary PCI meeting. Cases requiring review are discussed and any learning disseminated to all teams. There is continued audit and identification of individual cases that highlight delay to treatment in the patient pathway. Close liaison with Datacam (industry partners responsible for local database) in order to rectify issues with data collection particularly around whether patients receive care in specialist areas, or have clinical input from the specialist Cardiology teams.
		Horton	As above. Closer involvement of Cardiology specialist input for patients at the Horton, for NSTEMI patients.
		Heart Failure (John Radcliffe)	Nurse specialists are auditing the health records of patients who died with a primary diagnosis of heart failure taking into account significant co-morbidities over six months from July 2009 - January 2010
		<p>The reports of 348 local clinical audits were reviewed by the provider in 2009/2010.</p> <p>These are some of the examples of actions the ORH intends to take to</p>	

		improve the quality of healthcare provided:														
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		Research of Neurosurgical Biopsies in Neuropathology	documenting consent for research in one clinical area. The relevant clinicians were informed of their responsibilities with regard to seeking full patient consent.
		TA 159 - Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin	No action required as guidelines are being followed.
		TA155: Ranibizumab (Lucentis) & Pegaptanib (Avastin) for AMD	Improvement in documentation.
		Completion of Anaesthetic Record by anaesthetists in ORH 2009	Improvement is required in completion of anaesthetic record, the results of the audit were presented to the anaesthetic team to raise awareness.
		Documentation of Risks for Nerve blocks	Leaflets and labels describing the risks are being developed which highlight the main risks associated with this treatment. This ensures that all patients provide
		Audit of the Oxford Radcliffe guideline for thyroid function testing for neonates whose mothers have a history of thyroid disease	Create a handout for parents to ensure they get adequate information. Amend the present guidelines and clinical proforma to aid assessment.
		Cytogenetic Lab: Clinical Pathology Accreditation (CPA) audit of blood with fluorescent in situ hybridization (FISH)	All action complete: Redesign the harvesting records. Monitor intervals between cleaning of safety cabinets by 31/8/09.

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		technique	
		Pharmacy and Therapies: An audit to assess anti-emetic prescribing in paediatric haematology/ oncology on Kamran's Ward.	Update and simplify the anti-emetic policy.
		An audit of patient radiation dose across hospital sites and radiological modalities.	Medical physics staff to work with radiographers on ensuring that radiological equipment is set to deliver the optimum radiation dose and patients are not overexposed.
		Genito-urinary medicine: Hepatitis B vaccination defaulters	To send letters or text reminders to patient in order to increase the number of patients who complete their course of vaccination.
3	The number of patients receiving NHS services provided or subcontracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service.	The number of patients receiving NHS services provided or sub-contracted by the ORH in 2009/2010 that were recruited during that period to participate in research approved by a research ethics committee is not available but a process being put in place to ensure its availability for 2010/2011	
4	Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation payment framework(b) agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of NHS services.	a) A proportion of the ORH income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between the ORH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.	
4.1	If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the		

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	Commissioning for Quality and Innovation payment framework the reason for this.	Further details of the agreed goals for 2009/2010 and for the following 12 month period are available on request.
4.2	If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework, where further details of the agreed goals for the reporting period and the following 12 month period can be obtained.	
5	Whether or not the provider is required to register with the Care Quality Commission ("CQC") under section 10 of the Health and Social Care Act 2008(c).	The ORH is required to register with the Care Quality Commission and was registered with no conditions from 1 April 2010
5.1	If the provider is required to register with the CQC— (a) whether at end of the reporting period the provider is— (i) registered with the CQC with no conditions attached to registration, (ii) registered with the CQC with conditions attached to registration, or (iii) not registered with the CQC; (b) if the provider's registration with the CQC is subject to conditions what those conditions are; and (c) whether the Care Quality Commission has taken enforcement action against the provider during the reporting period.	
6	Whether or not the provider is subject to periodic reviews by the CQC under section 46 of the Health and Social Care Act 2008.	The ORH is subject to periodic reviews by the Care Quality Commission and the most recent review was the follow up review on Children's Services published in March 2009 by the Healthcare Commission. The review focused particularly on training and skills. No overall assessment was published but results provided
6.1	If the provider is subject to periodic reviews by the CQC—	

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	<p>(a) the date of the most recent review,</p> <p>(b) the assessment made by the CQC following the review(a),</p> <p>(c) the action the provider intends to take to address the points made in that assessment by the CQC, and</p> <p>(d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period.</p>	<p>for each individual element.</p> <p>The ORH has developed a process to assure continued compliance across all regulated activities with respect to training across the whole range of requirements including training to meet the needs of children. The Health and Safety committee will continue to monitor mandatory and statutory training and the Board will receive Workforce Reports to include training and appraisal metrics and staff survey outcomes. Maintenance of compliance across all regulations will be embedded across all the Divisions of the ORH and will be specified as part of the governance, safety, quality and risk framework.</p>
7	Whether or not the provider has taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.	The ORH has not participated in any special reviews or investigations by the CQC during 2009/2010.
7.1	<p>If the provider has participated in a special review or investigation by the CQC—</p> <p>(a) the subject matter of any review or investigation,</p> <p>(b) the conclusions or requirements reported by the CQC following any review or investigation,</p> <p>(c) the action the provider intends to take to address the conclusions or requirements reported by the CQC, and</p> <p>(d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period.</p>	
8	Whether or not during the reporting period the provider submitted records to the Secondary Uses service(a) for inclusion in the Hospital Episode Statistics(b) which are included in the latest version of those Statistics published prior to	

Oxford Radcliffe Hospitals

	publication of the relevant document by the provider.	
8.1	<p>If the provider submitted records to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data:</p> <p>a) the percentage of records relating to admitted patient care which include the patient's— (i) valid NHS number; and (ii) General Medical Practice Code;</p> <p>(b) the percentage of records relating to out patient care which included the patient's— (i) valid NHS number; and (ii) General Medical Practice Code;</p> <p>(c) the percentage of records relating to accident and emergency care which included the patient's—</p> <p>(i) valid NHS number; and (ii) General Medical Practice Code.</p>	<p>The ORH submitted records during 2009/2010 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.</p> <p>The percentage of records in the published data:</p> <p>– which included the patient's valid NHS number was: 92.1% for admitted patient care; 97.7% for out patient care; and 85.9% for accident and emergency care.</p> <p>– which included the patient's valid General Medical Practice Code was: 99.8% for admitted patient care; 99.8% for out patient care; and 99.0% for accident and emergency care.</p>
9	The provider's score for the reporting period, as a percentage, for Information Quality and Records Management, assessed using the Information Governance Toolkit published by the Audit Commission.	The ORH score for 2009/2010 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 83% (Green).
10	Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission.	The ORH was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding was 21.0%.
10.1	If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	