



# Quality Report 2016-2017

## Table of Contents

About this report .....	3
Layout of the report .....	3
Part 1: Statement on quality from the Chief Executive.....	4
Part 1.1 Who we are.....	6
Part 1.2 The Trust's year in numbers .....	6
Part 1.3 Some 2016/17 achievements .....	7
Part 2: Priorities for improvement and statements of assurance from the board .....	8
Part 2.1 Quality Priorities for 2017/18 .....	8
Part 2.2 Statements of assurance from the Board (2016/17).....	10
Part 2.3 Performance against national targets and regulatory requirements 2016/17 .....	16
Part 3: Performance and achievements in 2016/17.....	20
Part 3.1 Equality, diversity and inclusion .....	20
Part 3.2 National staff survey results for 2016.....	21
Part 3.3 Progress against the quality priorities and objectives.....	23
Quality priority 1: Enable our workforce to deliver services.....	25
Quality priority 2: Improve the experiences of patients, families and carers.....	30
Quality priority 3: Increase harm-free care .....	35
Quality priority 4: Improve quality through service remodelling & innovation.....	45
Appendix A. External Accreditations, Peer Reviews and Quality Network Membership.....	51
Appendix B. National Clinical Audit; actions to improve quality.....	53
Appendix C. Local Clinical Audit; actions to improve quality .....	54
Appendix D. Summary of the Trust's Patient Experience and Involvement Strategy .....	55
Annex 1. Statements from our partners on the quality report and account .....	56
Annex 2. Statement of directors' responsibilities in respect of the quality report.....	61
Annex 3. Auditor's statement of assurance .....	62

## About this report

Quality reports were introduced in 2009 to make healthcare organisations more accountable when it comes to quality of care. Each trust is required to show the improvements it has made to services last year (pages 19-50) and to share its targets for next year (pages 8-9). The latter were developed after consulting with stakeholders and staff. In these pages you will find some successes of which we are very proud and some areas which need further work. Where things have not gone to plan, we show what we believe went wrong and how we plan to tackle the problem next year, 2017/18. Every organisation is required to include some specific standard information and data which we provide to national bodies which is detailed in pages 10-19.

Throughout the document we have used the term “patients, families and carers” to mean any person who has used or will use our services.

## Layout of the report

Part 1 - Statement on quality from the Chief Executive which also explains who we are

Part 2 - Sets out our priorities and objectives for improvement next year (2017/18), the mandatory statements of assurance and our performance against national indicators

Part 3 - Describes how we have performed against our objectives this year in 2016/17.

Annex 1 - Statements from our external partners

Annex 2 - Statement of director’s responsibilities for the quality report

Annex 3 - External auditor’s statement of assurance

If you require any further information about the 2016-2017 Quality Report, please contact: Jane Kershaw on [Jane.Kershaw@oxfordhealth.nhs.uk](mailto:Jane.Kershaw@oxfordhealth.nhs.uk)



**Our vision is: outstanding care delivered by outstanding people.**

I am very pleased to introduce the Quality Report for Oxford Health NHS Foundation Trust (OHFT). This gives us the opportunity to reflect on our key achievements and successes over the past year, as well as to identify areas for further improvement, including our quality priorities for the year ahead.

The past year has been a challenging one working in the NHS, with a greater demand than ever being placed on our services, difficulties with recruiting and retaining staff due to regional and national shortages, and increased financial pressures. To meet these challenges and to continue to improve the quality of care we are finding new ways of working. Increasingly these new ways are in partnership with others across the system to transform how we provide care to all of the people we serve, in a way that is integrated, sustainable and delivers on the aims of the NHS Five Year Forward View. Throughout the report you will read about the many new and established partnerships that have been developed.

An integral part of our approach now and in the future is that care should be a joint endeavour with the people and patients we treat, so that their care is personalised and delivers the outcomes they want. We want our patients to have a strong voice and to work alongside professionals so that care is centered on their needs. To achieve this, a new patient experience and involvement strategy, co-developed with patients, was launched from April 2016 setting out this commitment and our aims. Our progress with delivering the strategy is included in this report.

We were pleased to be rated by the Care Quality Commission this year as providing 'Good' quality care, this would not have been possible without the hard work and dedication of our staff. Despite the challenges faced by our staff they are inspiring in the way they continue to focus on improving the quality of care and putting patients first. This report captures many of the achievements made by our staff in the last year. A review of progress against the quality objectives set for 2016/17 is included in pages 23 and 24.

The Trust has had a successful year with carrying out research and expanding our research capacity, along with our partners in the Oxford Academic Health Science Centre. Our successful application to be one of only two National Institute of Health Research Biomedical Research Centres in the UK dedicated to mental health, as well as the continuation of the Clinical Research Facility, will enable us to further contribute to reducing the health inequalities for people suffering mental illnesses. We host the Collaboration in Leadership and Health Research and Care (CLAHRC), which leads research in physical healthcare and work with partners across a wide geography (covered by the Academic Health Science Network) to rapidly adopt innovation, best practice and share learning.

Our quality priorities for next year remain focused on four key aspects of quality:

- Improving staff retention and engagement
- Striving for a positive patient experience (and acting when this is not the case)
- Increasing harm free care
- Promoting the health and wellbeing of patients and staff

These priorities link closely to the Trust's business plan priorities detailed below.

*Trust's business priorities 2017-2019:*

- 1 To make care a joint endeavour with patients, families and carers
- 2 To improve the quality of care by transforming services
- 3 To support teams to improve the safety and quality of care they provide
- 4 To support leaders to maintain a positive culture for teams
- 5 To ensure Oxford Health NHS FT is high performing and financially viable
- 6 To lead research and adopt evidence that improves the quality of care
- 7 To embed and enhance the electronic health record

We will continue to work with our staff to develop and support effective team working to achieve our goals. Our focus in the next year will be to further involve and work with the people we care for, improving how this is consistently carried out across services. We will continue to build on our strong track record of working in partnership with other organisations to provide services which we hope will help with the staffing challenges and meet the increasing demands.

No document can truly convey the breadth of work taking place across a large organisation; or reflect the dedicated work and quality improvement initiatives taking place every day.



**Stuart Bell CBE**  
**Chief Executive**

However, I hope that this report demonstrates our commitment to continuous quality improvement and how important the care of the people we treat is to all of us at Oxford Health NHS Foundation Trust.

I am pleased to confirm that the Board of Directors has reviewed the 2016/17 Quality Report and can confirm that it is an accurate and fair reflection of our performance. We hope that this report provides you with a clear picture of how we will continue to strive to deliver high quality sustainable services over the next year.

As always, I would like to thank all the staff at Oxford Health who work tirelessly every day to better the lives of patients and the communities we serve. It is their contribution which makes us who we are.

**Date: 24<sup>th</sup> May 2017**

## Part 1.1 Who we are

We are a community-focused organisation that provides physical and mental health services integrated with social care with the aim of improving the health and well-being for the local communities we provide services within. We provide services for children and young people, adults and older people across Oxfordshire and Buckinghamshire, and Child and Adolescent Mental Health services in Swindon, Wiltshire, Bath and North East Somerset.

## Part 1.2 The Trust's year in numbers






## Part 1.3 Some 2016/17 achievements



Named as a global digital exemplar for innovative use of technology to care for people who use mental health services (awarded in April 2017)




Noki Ndimande, Modern Matron for adult acute mental health services won the mental health nurse of the year from the British Journal of Nursing.



Mohamed Patel, the Equality and Diversity Lead won the inclusive leader award at the NHS Thames Valley and Wessex Leadership awards



Gold award for 'Let's talk FGM' an app to enable professionals to have discussions with survivors of female genital mutilation. (London design awards)




Ros Alstead, the Director of Nursing and Clinical Standard has been made an OBE in the 2017 New Year Honours list, in recognition of her services to nursing.




The Trust has been awarded additional funding over the next five years for a National Institute of Health Research (NIHR) Biomedical Research Centre (BRC)




2016 annual staff recognition awards




A guide for parents and professionals with information about self harm and its impact was highly commended by the British Medical Association, at the Patient Information Awards.




The Re-connect team in Buckinghamshire which works to improve outcomes for vulnerable babies and children, up to the age of 2, won the best service award at the UK Infant Mental Health Awards



Michael Marven, the Chief Pharmacist was awarded a fellowship with the College of Mental Health Pharmacy in recognition of his important contribution to the field.



Oxfordshire Mental Health Partnership-supported the recovery college to win the 'Working Together' award at the Oxfordshire Community and Volunteer Action Awards



The Early Intervention in Psychosis service have been shortlisted for 'Best Mental Health Team of the Year' by the British Medical Journal Awards

### Part 2.1 Quality Priorities for 2017/18

The quality priorities and objectives identified for 2017/18, detailed below, set out how our Trust will continue to strive to deliver high quality sustainable services over the next year. At the heart of our efforts is a continuous and ongoing drive to improve patient safety, clinical outcomes, and patient, family and carer experiences.

We will continue to focus on four overarching priority areas broadly the same areas as last year (2016/17). The quality objectives underneath the priority areas have been developed based on:

- Our progress and performance this year
- Feedback from staff, patients and families
- Our business priorities
- National drivers and challenges, e.g. retention and recruitment to particular staff roles
- Recommendations from the review of incidents, deaths, complaints and audits
- Speaking to key external stakeholders.

The quality objectives align with the national Commissioning for Quality and Innovation (CQUIN) schemes agreed with our commissioners for 2017/18 which include improving staff health and wellbeing, improving physical healthcare for people with a severe mental illness, preventing ill health through prevention work involving screening and support for alcohol and tobacco use, and transitions from children and young people's mental health services.

In 2017/18, we intend to focus on a smaller number of quality objectives than in the last year. For each of the priorities we will identify at least one measure which will be reported at least quarterly to the Trust's Quality Committee chaired by the Chairman.

#### Quality priority 1: Improve staff retention and engagement

Objective 1.1 Focus on retention of existing staff

Objective 1.2 Develop how we support staff to be able to manage stress

Objective 1.3 To review and enhance the channels of communication across the Trust

Objective 1.4 Increase the number of apprenticeships, to upskill staff, particularly in pay bands 1-4 to enable career progression

Objective 1.5 Introduce nurse career pathways through piloting new roles, for example associate nurses, assistant practitioners, advanced practitioners and consultant practitioners (for pay bands 4 and above)

Objective 1.6 Introduce and evaluate the new development leadership pathways for staff at pay bands 6 and above

Objective 1.7 To refine and enhance existing functionality of the electronic patient record to support care delivery

#### Quality priority 2: Improve the experiences of patients and their families and carers

Objective 2.1 Implement the second year of the Trust-wide patient experience and involvement strategy, with a focus on how patients and their families are involved in their care

Objective 2.2 Transfer the provision of the Oxfordshire community learning disability services and look at how to improve the service provided with patients and their families

Objective 2.3 Co-develop a new Trust-wide dementia strategy

Objective 2.4 Review, implement and evaluate a revised care plan for older people at the end of their life

Objective 2.5 Develop palliative care provided to children and their families.

Objective 2.6 Improve transitions between care pathways across ages for example children to adult services



### Quality priority 3: Increase harm free care

Objective 3.1 Work towards the international nursing standards to achieve accreditation (part of our nursing strategy)

Objective 3.2 Continue to develop how we robustly review and learn from deaths, including improving how we work with families to identify all learning

Objective 3.3 Reduce patient violence and aggression across the adult acute mental health wards through rolling out the safer ward programme

Objective 3.4 Continue to pilot and roll out a consistent new early warning sign tool<sup>1</sup> with training, and assess the effectiveness of its use across community hospitals and mental health wards. This work includes the identification and management of sepsis

Objective 3.5 Reduction in avoidable and acquired pressure damage

Objective 3.6 Finalise the suicide prevention strategy and start to implement the objectives

### Quality priority 4: Promote health and wellbeing of patients and staff

*(the staff wellbeing initiatives are covered in quality priority 1)*

Objective 4.1 Improve the physical health care for patients receiving treatment for their mental health condition

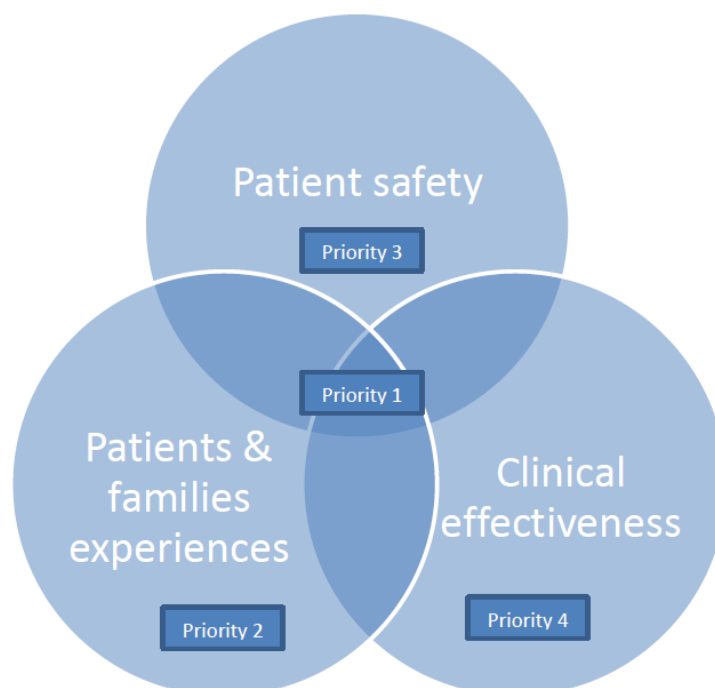
Objective 4.2 Develop diabetes care

Objective 4.3 Implement a psychological therapy service for people with long term physical health problems

Objective 4.4 Develop multi-disciplinary teams at a neighbourhood level so services are managed and can work better across organisational boundaries with care being delivered closer to peoples' homes. The multi-disciplinary teams will include health, social care and the third sector and involve close working with GP practices to improve integration between physical and mental health services.

The diagram below shows the relationship between the quality priorities and the core areas<sup>2</sup> which must be present to deliver a high quality healthcare service: patient safety, clinical effectiveness and the experience of patients.

Diagram 1.



<sup>1</sup> This tool is to standardise how we monitor, identify and treat patients who are physically deteriorating

<sup>2</sup> As identified by Lord Darzi's report 'High Quality Care for All' for the Department of Health in 2008

## Part 2.2 Statements of assurance from the Board (2016/17)

This section of the Quality Report follows a standard format which all NHS Trusts are required to report on.

### Review of services

During 2016/17, Oxford Health NHS Foundation Trust provided and/or sub-contracted 52 relevant health services covering mental health and physical health services provided in the community and within an inpatient setting.

The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of services by Oxford Health NHS Foundation Trust for 2016/17.

### Participation in clinical audit

#### National clinical audit

During 2016/17, 6 national clinical audits and 3 national confidential enquiries covered relevant health services that Oxford Health NHS Foundation Trust provides.

During that period OHFT participated in 100% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

## National Clinical Audit

The tables below show:

- The national clinical audits and national confidential enquiries that Oxford Health NHS Foundation Trust was eligible to participate in during 2016/17.
- The national clinical audits and national confidential enquiries that Oxford Health NHS Foundation Trust participated in during 2016/17.
- The national clinical audits and national confidential enquiries that Oxford Health NHS Foundation Trust participated in, and for which data collection was completed during 2016/17, 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.

Table 1.

Title	Eligible	Participated	Number and % Submitted
POMH-UK Topic 11c Prescribing antipsychotic medication for people with dementia	Yes	Yes	97 cases
POMH-UK Topic 7e Monitoring of patients prescribed Lithium	Yes	Yes	95 cases
POMH-UK 16 - Rapid tranquilisation	Yes	Yes	25 cases
POMH-UK Topic 1&3 Prescribing high-dose and combined antipsychotics	Yes	Yes	ongoing
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Pulmonary Rehabilitation	Yes	Yes	Not applicable <sup>3</sup>
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	Not applicable <sup>4</sup>

Out of the six national audits carried out in 2016/17, the reports from five of the clinical audits were reviewed by the provider in 2016/17 and Oxford Health NHS Foundation Trust intends to take action to improve the quality of healthcare provided, as listed in Appendix B.

## National Confidential Enquiries

Table 2.

Title	Eligible	Participated	% Submitted
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	Yes	85%
HQIP - Clinical Outcome Review Programme - Chronic Neurodisability	Yes	Yes	Not applicable
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Young People's Mental Health Study	Yes	Yes	89%

## Local Clinical Audit

The reports of 26 local clinical audits were reviewed by the provider in 2016/17 and Oxford Health NHS Foundation Trust intends to take the action to improve the quality of healthcare provided, as listed in Appendix C.

The table in Appendix C includes examples of local audits reported in 2016/17. Further actions planned and undertaken in response to the audit findings will be detailed in the trusts 2016/17 clinical audit annual report.

<sup>3</sup> Service level questionnaire completed

<sup>4</sup> Service level questionnaire completed

### Participation in clinical research

240 patients receiving health services provided or sub-contracted by Oxford Health NHS Foundation Trust in 2016/17 were recruited during that period to participate in research approved by a research ethics committee was 2240<sup>5</sup>.

The past six months has seen some major successes for the Trust and its partners in research and development with an award of £12.8 million over the next five years for a National Institute of Health Research (NIHR) Biomedical Research Centre (BRC), commencing in April 2017. This is only the second NIHR BRC to specialise in mental health and dementia. The funding will enable the Trust to increase infrastructure to support research into practice and to leverage additional funding into mental health and dementia.

In addition to the BRC, the Trust has been successful in securing continued funding for the NIHR Clinical Research Facility (CRF) hosted by Oxford University Hospitals NHS Foundation Trust. The funding will continue to support the Warneford Hospital CRF and allow the expansion at the John Radcliffe site, within the Acute Vascular Imaging Centre (AVIC) to enable more complex studies in experimental medicine to be carried out where more acute medical interventions are required.

The Oxford NIHR Collaboration in Leadership in Applied Health Research and Care (CLAHRC) continues to make good progress against its objectives and generate impact in the form of academic publications, patient benefit and cost savings within the NHS.

The NIHR Diagnostic Evidence Co-operative (DEC) is generating information on the clinical and cost effectiveness of in-vitro diagnostics to help disease diagnosis. The Oxford DEC has focused on diagnostics in the primary care setting. The DEC is due to be replaced by MedTech and In-Vitro Diagnostic Co-operatives (MIC) funding, for which the Trust has submitted an application with expected funding due to commence in January 2018.

The Trust continues to remain within the top three Trusts for recruitment into mental health and dementia studies. Work continues to develop mechanisms to increase the number of community studies relating to physical health services.



### Goals agreed with commissioners; use of the CQUIN<sup>6</sup> payment framework

A proportion of Oxford Health NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between Oxford Health NHS Foundation Trust and any person or body that they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework (CQUIN). For 2016/17, the baseline value of the CQUIN was 2.5% of the contract value (£4,523,995). If the agreed milestones were not achieved during the year or the outturn contract value was lower than the baseline contract, then a proportion of the CQUIN monies would be withheld.

For 2016/17, the quarter 4 performance will be shared with commissioners at the end of April but confirmation on achievement is not expected from commissioners until the end of May 2017.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available on request via [jane.kershaw@oxfordhealth.nhs.uk](mailto:jane.kershaw@oxfordhealth.nhs.uk)

For 2015/16 the baseline value of the CQUIN was £4.4m.

<sup>5</sup> This number is based on 11 months as information for March 2017 participants was not available

<sup>6</sup> Commissioning for Quality and Innovation

## Data quality; relevance of data quality and action to improve data quality

It is well known that high quality information underpins the effective delivery of improvements to the quality of patient care. Improving data quality will therefore improve patient care and improve value for money. High quality information means better patient care and patient safety.

High quality information is:

- ✓ Accurate
- ✓ Up to date
- ✓ Complete
- ✓ Relevant for purpose
- ✓ Accessible
- ✓ Free from duplication

Oxford Health NHS Foundation Trust has taken/ will be taking the following actions to improve data quality, taking a programme management approach to oversee and co-ordinate all data quality improvement activities. The programme is being led by a newly appointed Interim Director of Performance.

- The Trust has been adopting a 'task force' approach to the updating of data submitted to 15 different national data sets. Working with Advanced Health Care who are the supplier of Carenotes (our electronic patient record), staff focused solely on the updating of the national data sets as a single priority from November 2016.
- A Trust-wide register has now been created and all data transfers to the national data sets have been identified and ownership established. Controls are now in place so that authorisation has to be provided from the owner before any transfer of data can take place outside the Trust.
- All data and information assets are being captured in a single register, although more work is needed.

- The Trust's Induction event is now being used to promote the importance of data quality and performance to new staff. Our first briefing to new staff was in November 2016. An internal campaign to raise awareness and improve data input and recording activities is being developed to start from 2017/18.
- Review and introduce more mandatory fields where possible to encourage better data completeness.
- No new business systems or services (including Cloud) are to be purchased or subscribed to without the knowledge and agreement of the informatics team.
- To achieve long term sustainable improvements in data quality, business processes have to be changed and improved. Staff will be supported to review and embed recording standards and operating procedures.

### NHS number and General Medical Practice code validity

Oxford Health NHS Foundation Trust submitted records during 2016/17 to the secondary users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data:

which included the patient's valid NHS number was:

**99.7%** for admitted patient care

**100%** for outpatient care

**94%** for accident and emergency

which included the patient's valid Medical Practice Code was:

**99.7%** for admitted patient care

**99%** for outpatient care

**98%** for accident and emergency

### Information Governance

The Information Governance (IG) Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It is fundamental to promote safe data sharing. It also allows members of the public to view participating organisations' IG Toolkit assessments. Oxford Health NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 75% and was graded green (satisfactory).

### Clinical coding error rate

Oxford Health NHS Foundation Trust was not subject to the payments by results clinical coding audit during 2016/17 by the Audit Commission.

### Care Quality Commission (CQC)

Oxford Health NHS Foundation Trust is required to register with the Care Quality Commission<sup>7</sup> and its current registration status is registered with no conditions. The Care Quality Commission has not taken enforcement action against Oxford Health NHS Foundation Trust during 2016/17.

Oxford Health NHS Foundation Trust has not participated in any special review or investigations during the reporting period, 2016/17.

Our current rating by the Care Quality Commission;



#### Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

The Trust received an announced comprehensive inspection of the majority of our services in September 2015, followed by an opportunity offered by the CQC of a re-inspection of three core services in June 2016 to demonstrate the improvements we had made in the areas rated as 'requires improvement'. This re-inspection resulted in the Trust being rated as 'good'<sup>8</sup>. This has given us external assurance that our ongoing work to improve the quality of care for all of our patients is on the right path and we will continue our efforts to make this even better in the future. Oxford Health NHS Foundation Trust has also recently had an announced inspection of our Oxfordshire GP out of hours' service in November 2016: this service was not included in any previous inspection.

The results for all services inspected by the CQC are shown below in table 3 and we continue to work on those areas requiring improvement with progress against actions reported monthly to our Executive Team.

<sup>7</sup> The CQC is the independent regulator for health and social care services in England.

<sup>8</sup> The CQC rate providers as inadequate, requires improvement, good or outstanding.



Table 3. summary of ratings

Core Service	Overall Rating	Domain Rating				
		Safe	Effective	Caring	Responsive	Well led
<i>Trust-wide</i>	<i>Good</i>	<i>Requires Improvement</i>	<i>Good</i>	<i>Good</i>	<i>Good</i>	<i>Good</i>
Children and Adolescent mental health wards	Good	Good	Good	Good	Good	Good
Children's Services (physical health services)	Outstanding	Good	Outstanding	Outstanding	Good	Good
Children and Adolescent community mental health teams	Good	Requires Improvement	Good	Outstanding	Good	Good
Luther Street Homeless GP Practice	Outstanding	Good	Good	Outstanding	Outstanding	Good
Adult Community Mental Health Teams	Good	Good	Good	Good	Good	Good
Adult Rehabilitation mental health ward	Good	Requires Improvement	Good	Good	Good	Good
Adult acute mental health wards and Psychiatric Intensive Care Unit	Good	Good	Good	Good	Good	Good
Forensic wards	Good	Good	Good	Good	Outstanding	Good
Crisis Service & health based places of safety	Good	Good	Good	Good	Requires Improvement	Good
Urgent care services e.g. Minor Injury Units	Good	Requires Improvement	Good	Good	Good	Good
GP Out of Hours Service	Awaiting outcome of inspection from November 2016					
Community Hospitals	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Older people acute mental health wards	Good	Requires Improvement	Good	Good	Good	Good
Older people Services (physical health services)	Good	Requires Improvement	Good	Good	Good	Good
End of life care	Good	Good	Requires Improvement	Good	Good	Good
Older people Community Mental Health Teams	Good	Good	Good	Good	Good	Good
Salaried Dental Services	These services have not been inspected yet					
Podiatry Services	These services have not been inspected yet					

## Part 2.3 Performance against national targets and regulatory requirements 2016/17

The Trust aims to meet all national targets and priorities. We have provided an overview of the national targets and minimum standards.

### The percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatrist inpatient care

OHFT considers that this data is as described for the following reasons:

- there is a documentary audit trail for the compilation of these figures
- internal and external auditors have reviewed the quality of the compilation process

OHFT has taken/is taking the following actions to improve this percentage, and so the quality of its services by: extending the provision of community mental health services to seven days a week from 07:00 to 20:00 every day,

and reviewing all breaches to identify any problems or learning to share.

When assessing this criteria, we apply two exclusions in addition to the national guidance for patients who are discharged from inpatient care: those patients who are discharged directly to the care of another mental health provider trust (whether inpatient or community services) and for discharged eating disorder inpatients who are not funded by Oxfordshire, Buckinghamshire or Wiltshire commissioners and therefore follow-up care is handed back to the GP. Where we have verified that discharge documentation includes clearly set out arrangements for the handover of responsibility for care to the other provider, we have assumed the requirements under the indicator have been met.

Table 4. Performance on % of patients discharged from the ward and followed up within seven days (Trust information refreshed at year end)

Reporting Period	Trust Value	National Average	National Target
April-June 2016	95%	96%	95%
July-Sept 2016	96%	97%	95%
Oct-Dec 2016	96%	97%	95%
Jan-March 2017	94%	National data is not available on NHS Digital currently	
Full year 2016/17	95%		

### The percentage of admissions to acute wards for which the crisis resolution home treatment team (or equivalent) acted as a gatekeeper

OHFT considers that this data is as described because there is a documentary audit trail for the compilation of these figures.

OHFT has taken the following actions to improve this percentage, and so the quality of its services by:

- Bringing together the community mental health teams, community crisis teams and assertive outreach teams to form the adult mental health teams (AMHTs), so there is a single point of access, and extending services to seven days a week, providing

extended hours from 7 am to 8 pm every day.

- In 2015/16, we embedded the model of having one dedicated consultant psychiatrist and modern matron identified for each adult acute ward.

When assessing these criteria, we apply four exclusions in addition to the national guidance:

- Admissions via the liaison psychiatry service in Oxfordshire will be deemed to have been considered for home treatment in line with agreed service specifications signed off by Strategic Health Authority under the Fidelity and Flexibilities Framework in 2006.
- Patients of specialist services (forensic, eating disorders and CAMHS) will be excluded.

Table 5. Performance on % of admissions that a crisis function acted as a gate keeper  
(Trust information refreshed at year end)

Reporting Period	Trust Value	National Average	National Target
April-June 2016	100%	98%	95%
July-Sept 2016	100% (99.5%)	98%	95%
Oct-Dec 2016	100%	99%	95%
Jan-March 2017	100%	National data is not available on NHS Digital currently	
Full year 2016/17	100% (99.9%)		

### The percentage of patients re-admitted to a ward provided by the Trust within 28 days of being discharged

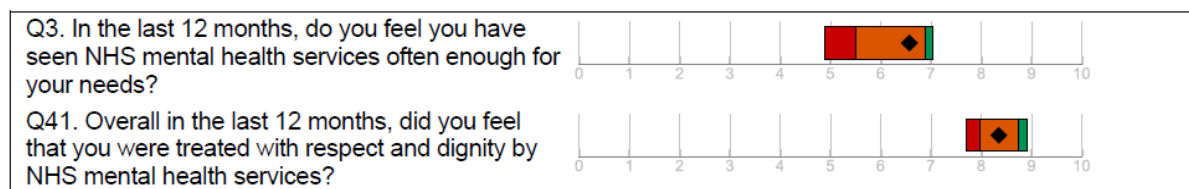
The following statement is reported at NHS Digital, and therefore the data is not available to be reported here: "please note that this indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review."

### Patient experience of community health mental health services (experience of contact with health or social care worker)

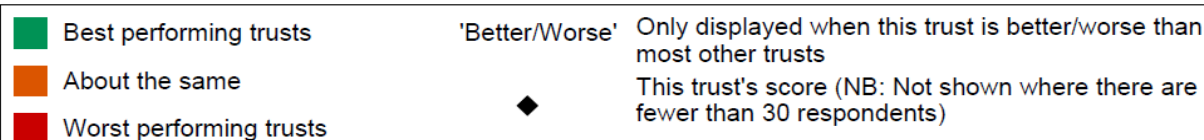
The indicator value is based on the average score of four survey questions from the Community Mental Health Survey, which measures patients' experience of contact with a health or social care worker. The following statement is reported at NHS Digital, and therefore the data is not available to be reported here: "please note that due to a change in the 2014 survey questions, further indicator values cannot be calculated in the same way as previous years. A new methodology for this indicator is currently in development. The latest values currently available for this indicator are 2013."

However the full results of the patient survey for 2016 are published at <http://www.cqc.org.uk/provider/RNU/survey/6> and a summary of the overall results are shown below (the black diamond represents the Trust's score). For details of the work which has happened in 2016/17, see page 29.

#### Overall views of care and services



#### Overall experience



### Rate of patient safety incidents<sup>9</sup> reported and the number resulting in severe harm or death

OHFT considers that this data is as described for the following reasons: there is a routine check of every incident reported. OHFT uploads suspected and actual patient safety incidents to the national reporting and learning system (NRLS) a number of times a week. When it is identified that an incident is not a patient safety incident the information is refreshed.

OHFT has taken the following actions to improve this indicator, and so the quality of its services:

- Work with individual clinical teams to improve the reporting of all incidents. The Trust has continued to see a high number of incidents reported the last two years, demonstrating an openness to report and learn from incidents.
- Shortening and making incident report forms specific for up to 20 different incident types
- Improving the overall usability of the reporting form
- Enabling incidents to be reported from an iPad
- Developing and improving the presentation and accessibility of incident information which is reported
- The Trust has continued to set a quality objective each year to reduce suspected suicides, see page 37 for actions taken in 2016/17.

Table 6.

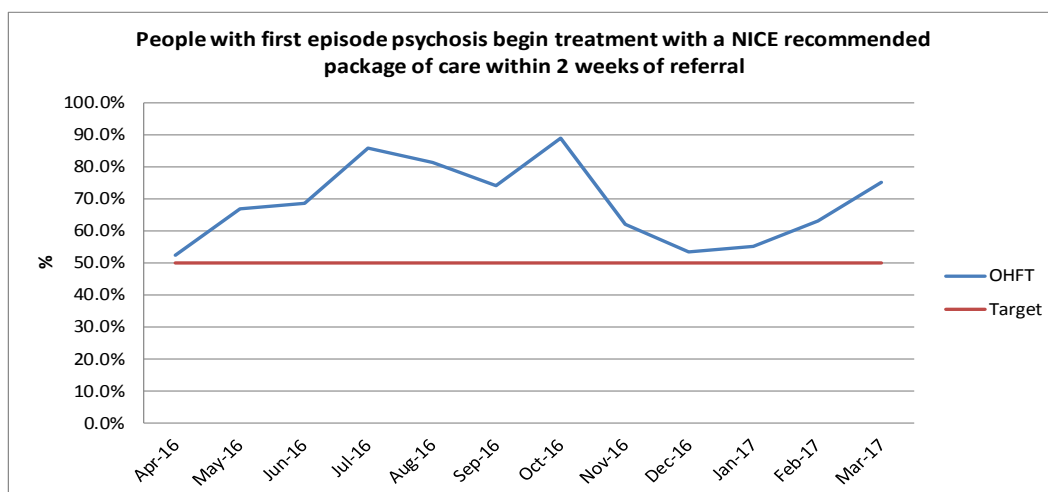
Reporting Period	Number of incidents reported	Number and % of incidents resulting in severe harm	Number and % of incidents resulting in death
April to Sept 2016 <sup>10</sup>	3697	22 (0.6%)	23 (0.6%)
Oct 2015 to March 2016	4034	14 (0.3%)	25 (0.6%)
April to Sept 2015	3447	15 (0.4%)	4 (0.1%) <sup>11</sup>

<sup>9</sup> Patient safety incidents are defined as an unintended or unexpected incident which could or did lead to harm.

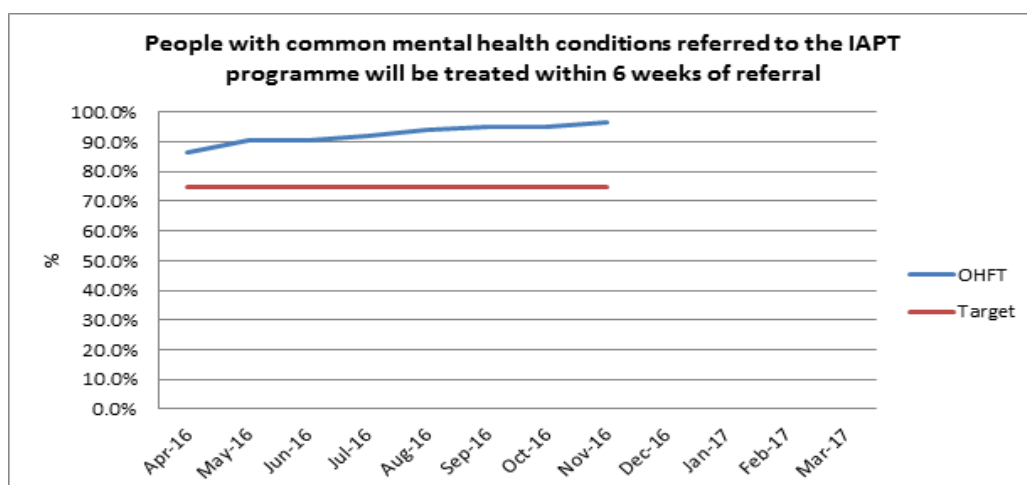
<sup>10</sup> NHS Improvement publishes the data every six months, the latest information published on 22<sup>nd</sup> March 2017 covers the period from April to Sept 2016.

<sup>11</sup> The trust has been carrying out work to increase the reporting of unexpected deaths on the incident reporting system to ensure we learn from these. See page 39 for more information.

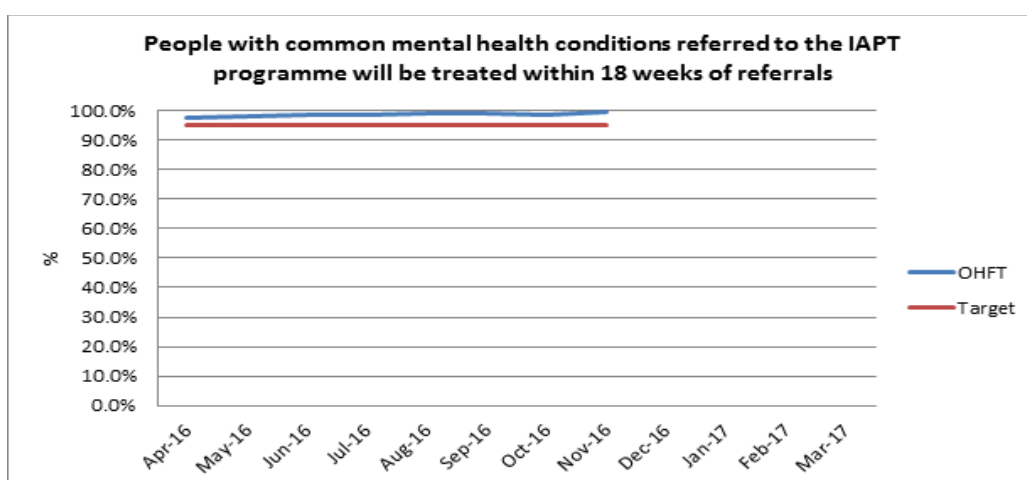
Alongside the above national indicators we are sharing our performance against three further indicators included in the new **Single Oversight Framework** introduced by NHS Improvement in 2016/17. The indicators relate to access to services for those requiring early intervention in psychosis and improving access to psychological therapies (IAPT)<sup>12</sup>. Over the last 12 months the Trust has been performing above the national targets for each of the indicators.



*The Trust's performance is the blue line.*



*The Trust's performance is the blue line.*



<sup>12</sup> The information from December 2016 is not being published until June 2017.

### Part 3: Performance and achievements in 2016/17

In our Quality Report for last year we identified 35 quality objectives (each a quality improvement project) which had been developed in discussion with our staff, governors, commissioners, and health watch organisations. Progress has been made against all of these objectives. The quality objectives were aligned under the following four overarching quality priorities;

- Enable our workforce
- Improve patients', families' and carers' experiences
- Increase harm-free care
- Improve quality through service pathway remodelling and innovation

The rest of this section provides a summary of the achievements and where further work is required against each of the quality objectives.

In addition to reporting on our progress against the quality objectives identified for 2016/17 we have also shared below our work this year on equality, diversity and inclusion, and performance in the national 2016 staff survey.

#### Part 3.1 Equality, diversity and inclusion

We recognise that due to discrimination and barriers to social inclusion, people may experience inequalities in accessing services or as members of staff. There are examples throughout the report of our work this year to improve equality, diversity and inclusion.

Specific examples include:

- The work of the Oxfordshire Mental Health Partnership
- Establishment of recovery colleges in Oxfordshire and Buckinghamshire
- Piloting of peer support workers
- Becoming a Stonewall<sup>13</sup> employer diversity champion
- Introducing fair treatment at work champions
- Setting up staff equality networks around race, disability and LGBT<sup>14</sup>.

The Trust is committed to developing our culture and celebrating diversity. In addition to mandatory equality, diversity and human rights training (completed by 95% of staff as of March 2017), the Trust's equality and diversity

lead has also developed and delivered training in 2016/17 on 'unconscious bias'.

The work of our equality and diversity lead has recently been recognised at the NHS Thames Valley and Wessex Leadership awards in which he won the inclusive leader award. A strategy for our equality, diversity and inclusion work is currently being refreshed and will focus on the four work streams detailed here. The work will be overseen by the equality and diversity steering group which reports to our board of directors.

##### Work streams;

- Equal Opportunities – this focusses on legislative, regulatory and accreditation frameworks.
- Workforce and staff – primarily working to ensure policies and training are in-place and sensitive to diversity and inclusion.
- Valuing Diversity – including our approach to developing networks and conversations that influence the culture of the organisation.
- Patients, service users and carers – working closely with clinical teams and with the delivery of the patient involvement and carer strategies to ensure that we are sensitive to the different needs of patients and carers.

<sup>13</sup> Stonewall is a lesbian, gay, bisexual and transgender (LGBT) rights charity in the United Kingdom

<sup>14</sup> Lesbian, gay, bisexual and transgender people



### Part 3.2 National staff survey results for 2016

Oxford Health NHS Foundation Trust participated in the national staff survey which ended in December 2016. The survey was conducted on-line by an independent contractor and was open to all Trust employees to complete. 2,707 staff responded to the survey (51%), higher than the response rate last year in 2015 (48%) and higher than the national average.

Out of the 88 questions asked in the survey, 21 of those have significantly improved on last year's scores. The overall staff engagement score<sup>15</sup> for 2016 was 3.82 out of 5 (5 = staff reported feeling highly engaged), compared with 3.81 in 2015 and 3.80 the national average.

We performed better than the national average on:

- Quality of appraisals, with a significant increase from 2015 results
- Experiencing physical violence from patients
- Ability to contribute towards improvements
- Attending work despite feeling unwell because of feeling pressure
- Experiencing harassment, bullying or abuse from patients

We performance worse than the national average on:

- Completion of appraisals (79% compared to national average of 92%)
- Satisfaction with the quality of work/care they are able to deliver (3.72 out of 5, compared to the national average of 3.89)
- Reporting most recent experience of harassment, bullying or abuse from other staff (54% compared to national average of 58%)
- Working extra hours (75% compared to national average of 71%)
- Reporting errors, near misses or incidents (91% compared to national average of 93%)



<sup>15</sup> Calculated from three questions in the staff survey; KF1, KF4 and KF7

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators of workforce equality, with some of the indicators in the national staff survey. Table 7 below details findings from the staff survey separated for responses from white and black and minority ethnic (BME) staff. The scores for equal opportunities for career progression (KF21) have improved for white and BME staff; however the Trust is still below the national average for BME staff. For the second question around staff experiencing harassment, bullying or abuse from other staff (KF26) the feedback shows an improvement for white staff from 2015 and 2016 however this is still below the national average and BME staff have a worse experience.

It is not acceptable that some of our staff have reported feeling bullied, harassed or discriminated against in the workplace. This behaviour is not being tolerated and we have launched a number of initiatives over the past year that we are building on to address these issues identified in the WRES and to support staff. These are detailed in the equality,

diversity and inclusion section above. In addition a number of other initiatives have been launched in 2016/17 to support staff, including the fair treatment at work facilitators, the staff mediation service and a new freedom to speak up guardian, all of which will embed further into the Trust over the coming year.

The freedom to speak up guardian was appointed in April 2016 to provide confidential support to staff that wish to raise concerns and to promote an open culture. The guardian has been contacted by 91 staff members so far; bullying and harassment concerns have been raised with the guardian and in these situations direct action has been taken.

Our teams have been making progress over the past few years with staff reporting more positive experiences and feeling more engaged. We need to continue this work and build on what we have achieved.


To see the full survey results please go to [http://www.nhsstaffsurveys.com/Caches/Files/NHS\\_staff\\_survey\\_2016\\_RNU\\_full.pdf](http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RNU_full.pdf)






Table 7. Workforce Race Equality Standard indicators










National staff survey question	Race	Trust score 2015	Trust score 2016	National average 2016
% of staff believing that the Trust provides equal opportunities for career progression or promotion (KF21) <i>The higher the score the better.</i>	White	89%	90%	89%
	BME	71%	73%	78%
	Overall	87%	87%	88%
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months (KF26) <i>The lower the score the better.</i>	White	23%	21%	20%
	BME	27%	27%	24%
	Overall	24%	22%	21%

### Part 3.3 Progress against the quality priorities and objectives

















Below is a summary list of the quality objectives set for 2016/17 and their progress, with more detail in the following pages.

	Priority 1 - Enable our workforce to deliver services which are caring, safe and excellent	Target achieved	Close to target	Not delivered	To be taken into 2017/18
1.1	Implement year 1 objectives from the nursing strategy				Specific objectives identified
1.2	Implement year 2 objectives from the workforce strategy				Specific objectives identified
1.3	Re-establish a programme of Trust-wide peer reviews				No
1.4	Embed and develop the electronic health record				Yes
1.5	Implement the staff development leadership pathways				Yes

	Priority 2 - Improve patients, families and carers experiences through involving people in their own care and how services develop	Target achieved	Close to target	Not delivered	To be taken into 2017/18
2.1	Implement year 1 objectives from the patient experience and involvement strategy				Yes
2.2	Maintain the Triangle of Care external accreditation				No
2.3	Young people and their families involved in designing and delivering safer care work				No
2.4	Launch the Buckinghamshire recovery college				No
2.5	Embed the effective use of 'knowing me' passport for older people mental health services				No <sup>16</sup>

	Priority 3 - Increase harm-free care	Target achieved	Close to target	Not delivered	To be taken into 2017/18
3.1	Reduce the need for restraint and other restrictive practice across the mental health wards				No
3.2	Prevention of suicide				Yes
3.3	Implement learning from incidents				No
3.4	Improve how we identify, report, review and learn from deaths				Yes
3.5	Improve physical healthcare across the mental health services				Yes
3.6	Reduce the number of grade 3 and 4 pressure ulcers where omissions in care identified				Yes
3.7	Improve physical health assessment and monitoring to detect and manage deteriorating patients in community hospitals				Yes
3.8	Review the diabetes care provided across the community hospitals				Yes
3.9	Reduce the number of older people harmed by a fall whilst an inpatient				No

<sup>16</sup> This objective has not been carried through to 2017/18 as the communication tool is now part of 'business as usual' monitored through a regular clinical audit.

	Priority 4 - Improve quality through service pathway remodelling and innovation	Target achieved	Close to target	Not delivered	To be taken into 2017/18
4.1	Learn from improvements on a larger scale				Related objectives identified
4.2	Roll out Cognitive Behavioural Therapy in the dentist service				No
4.3	Buckinghamshire Speech and Language Therapy Service – increase the support for self-management to improve patient outcomes				No (service now transferred to another provider)
4.4	Implement a new Oxfordshire Phoenix Team for children in special circumstances				No
4.5	Implement a new Oxfordshire service model through the Horizon team for young people and families experiencing distress as a result of sexual harm				No
4.6	Improve the quality of service for young people with a learning disability and mental health condition				No
4.7	Child and Adolescent Mental Health Services to implement the new eating disorder pathway				No
4.8	Adult Mental Health Teams to move to smaller sub teams using a flexible assertive community framework				No
4.9	Service model for step 4 psychological therapies to be reviewed and developed to improve access to specialist interventions				No
4.10	The Oxfordshire Mental Health Partnership will be introducing a single point of access for the six organisations				No
4.11	Align the management and delivery of the services in Oxfordshire providing mental health care out of hours				No
4.12	Patient flow and development of the bed management system to ensure timely admission and discharge				No
4.13	Improve the productivity whilst retaining the quality of the community nursing service				No
4.14	Implement a new outpatient ambulatory care clinic for South East Oxfordshire patients				No
4.15	Achieve and maintain external accreditation for each of the mental health services (inpatients and memory services)				No (assessment completed, waiting for outcome)
4.16	Improve inpatient identification and management of depression on older people mental health wards				No

## Quality priority 1: Enable our workforce to deliver services

We are nothing without the staff we employ; they are the largest and most important resource we have. We employ 5,949 staff from a range of disciplines. We want to continue to work on improving staff satisfaction and retention, which will also then improve the care and experience we provide to patients and their families.

### 1.1 Implement year 1 objectives from the nursing strategy

Nurses and healthcare assistants make up the largest workforce in the Trust, equating to about 49% of staff. There are six areas within the nursing strategy, shown below, and each of these has an action plan.

### 6 Actions for our Nursing Strategy



#### Improvements achieved:

- A garden party was held in July 2016 to celebrate 125 years of nursing education and to launch the strategy.
- Nearly all work plans have been started for the three year strategy. Six work plans have been completed.
- New national nurse revalidation process- a series of resources have been developed and information sessions are held monthly to support staff. A new policy is now in place, as is a monitoring system to ensure no one misses their revalidation date. So far, all nurses expected to revalidate have done so successfully.
- Self-assessment completed against the international nursing standards to work towards accreditation.
- A new Oxford School of Nursing and Midwifery has been launched through a partnership with Oxford Brookes University and Oxford University Hospitals NHS Foundation Trust.

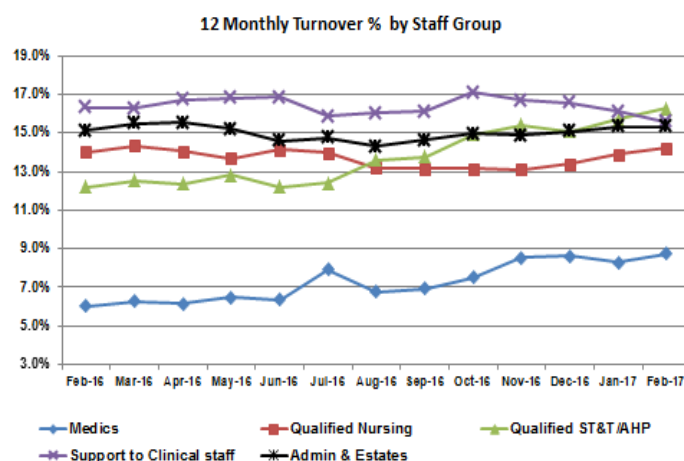
- 25 new nursing associates have been recruited and have started in their role from 1<sup>st</sup> April 2017. It is hoped this will lead to people becoming qualified nurses.
- The Trust has been appointed as an apprenticeship provider.
- Debriefing for staff after stressful or unfamiliar incidents is now routinely offered through an identified group of staff.
- Weekly senior clinical reviews of staffing levels and monthly reports on staffing to the board of directors are completed, and these reports are published and can be found at <http://www.oxfordhealth.nhs.uk/support-advice/safe-staffing-levels>

#### Next steps:

- A more coordinated approach to retention and recruitment.
- Continue to prepare and work towards international nursing standards.

#### Key Measure:

- Reducing turnover of staff, particularly for nurses.
- The graph shows turnover remains high and has not changed during the year. The top reasons staff say they are leaving is due to voluntary resignation, cost of living and end of fixed term contract.





## 1.2 Implement year 2 objectives from the workforce strategy

### Improvements achieved;

- Work continues by the staff health and wellbeing group, see diagram 2 for a summary of the group's work. The results in the 2016 national staff survey were positive with staff reporting the organisation was interested in and took action on health and wellbeing.
- As of March 2017 there are over 70 health and well-being champions across the trust, and we are continuing to recruit to expand the network. The aim of the champions is to support and lead on health and well-being initiatives in their area of work.
- The trust was awarded the Simplyhealth Healthy Workplace Award in June 2016 for our positive approach towards promoting and encouraging health and wellbeing in the workplace.
- Two staff surveys have been completed during the year to measure satisfaction; the national annual survey and a quarterly local survey focused on staff engagement.
- An annual ceremony to recognise staff achievements was held in December 2016. This is in addition to the monthly 'exceptional people' staff award.
- A recruitment action group was set up to oversee the recruitment activities.
- Implementation of an in-house recruitment database to ensure the monitoring of candidates through the recruitment process, to ensure the process is efficient and timely.
- Recruitment refresher courses and advert writing courses have been delivered in-house.
- The Trust set up an internal bank for staff to work temporarily or for additional hours.
- A large number of recruitment activities have been completed and recruitment is monitored by the executive team weekly. Activities include:
  - Stands at a range of external job fairs, career events, universities and community events
  - Videos developed to attract potential candidates

- Open recruitment weekends have been held to come and meet staff and to learn about the Trust.
- Developing social media accounts focused on recruitment (the recruitment team have 109 followers on Twitter and 179 followers on Facebook)
- Piloting three taster weeks for secondary school pupils: in the last 12 months 47 students have spent a week in the Trust.
- Young person's apprenticeships have continued with 3 cohorts in the last 12 months in which 19 new apprentices have been taken on. Most of those in previous cohorts who have passed have gone into substantive roles in the Trust.
- We have employed peer support workers<sup>17</sup> in one of our adult mental health teams; we hope to expand to other teams in 2017/18.
- A series of focus groups was held (with 140 staff participated in the groups) to develop the behaviours expected against the trust's values of caring, safe and excellent.
- An electronic personal development review (appraisal) system has been launched which embeds the trust's values/ behaviours and gives notifications to help with the planning of appraisals. Training for managers on carrying out an appraisal has also been delivered. Currently the appraisal completion rate across the Trust is low at 79%, although the 2016 staff survey results report that when staff do have an appraisal, the quality is good.

### Next steps:

- A specific recruitment and retention strategy is being developed.
- Diversifying the number of roles available.
- Identifying rotational posts between the Trust and Oxford University Hospitals NHS Foundation Trust.

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<sup>17</sup> Peer support workers are people who have experienced mental health problems either themselves or as a carer. They are employed to use their experience to support others on their recovery journey.



### Next steps (1.2):

- Look at how we can encourage and support people to complete their return to practice course
- Working with Oxford Brookes to promote the international nurse programme to support existing unqualified staff with a nursing qualification.

### Key Measure:

- Reducing vacancies (and turnover of staff as above in 1.1)
- Reducing sickness

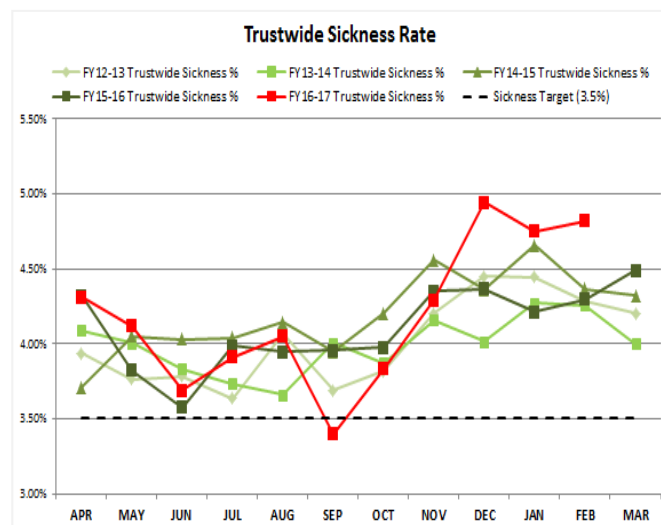
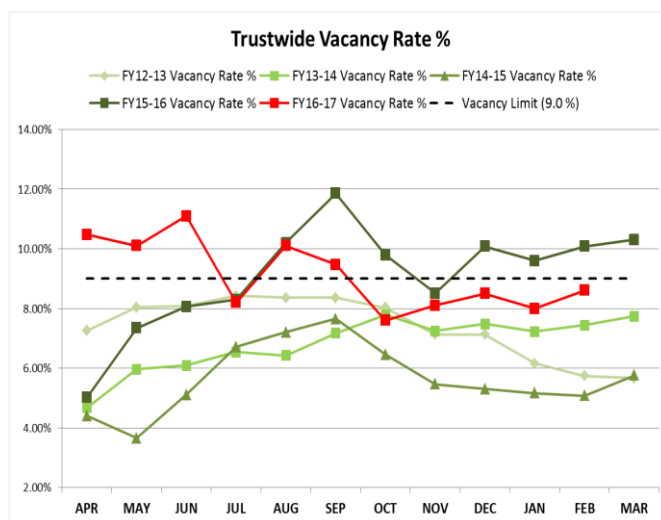


Diagram 2. Summary of work by the staff health and wellbeing group

# Why Staff Experience Matters...

## Health & Wellbeing in 2016...



### Physical:

- The number of staff cycling to work has increased from 10% to 17%
- 5,748 miles were cycled by staff to attend Business meetings
- Pedometer Challenge - Hospital @ Home



### Emotional:

- Mindfulness 3 x 8 week course
- Stress management workshops -
- Supportive leadership training - 50 managers attended
- PDR - wellbeing questions have been added to the new system
- Mediation services - trained facilitators & incorporated into key policies
- Fair treatment at work facilitators
- Guidelines to support staff with sudden death or suicide



### Organisational:

- Staff Awards - Over 200 staff attended, 97 nomination were made for 8 awards
- Over 50 Wellbeing Champions & growing! At all levels of the organisation.
- #makeithappen - an initiative to support local Health & Wellbeing initiatives

**79% of our staff received an Appraisal in 2016**

This places OHFT near the *bottom* compared with our peers.

We have really worked hard to make sure staff have a quality experience and benefit from the process such that we are near the *top* when benchmarked with our peers.

### Available tools:



## NHS STAFF SURVEY - ENGAGEMENT SCORE

The NHS Staff Survey provides a single indicator of the level of staff engagement focusing on 9 key questions; Advocacy, Motivation & Involvement.

Year on Year the trajectory has been positive, for 2016 the score is just above average for trusts of a similar type.

The area where we have made the most improvement in 2016 is in Staff Involvement.



**20% BME Bands 1-4 80% white**

**14% BME Bands 5-7 86% white**

**8% BME Bands 8a-9 92% white**

The majority of our staff are 'White British', constituting well over three quarters of the whole organisation. The total Black and Minority Ethnic (BME) staff is 15%. This is in comparison to the national figures which show that 12% of England's working population and 16% of the NHS workforce is BME

9 out of 10 of our white staff believe that we provide equal opportunity for career progression/promotion compared with 7 out of 10 BME staff



**Average In 2016 Is 14.4% That's over 70 leavers every month**



No. 1 reason for absence remains Anxiety & Stress for 2016

For every 10 members of our staff, 4 felt unwell due to work related stress in 2016, compared to 5 out of 10 in 2014

## 4% Average Sickness Absence for 2016



equates to:

- £7,612,330 wages
- OR
- 41,294 lost days

A reduction of 0.1% equates to:

- £190,308 savings
- OR
- 1032 working days

## PATIENT SATISFACTION DATA

Question	Score out of 5
How likely are you to recommend our service to your friends and family if they needed similar care or treatment?	4.74
Were you treated with dignity and respect?	4.86
Were you involved as much as you wanted to be in your care and treatment?	4.69
Did you receive timely information about your care and treatment?	4.64
Were you treated with kindness and compassion by the staff looking after you?	4.98

### 1.3 Re-establish a programme of Trust-wide peer reviews

A peer review<sup>18</sup> programme was established to review and improve the care we deliver in-line with the five Care Quality Commission (CQC) national quality domains of caring, safe, responsive, effective and well-led. The review enables teams to assess themselves against each standard, bringing together a range of data to allow a 360° view of each team. In 2016-17, we have used the linking leader conferences for team managers, operational managers, ward managers, and senior clinicians, as a forum to share and spread the examples of excellent care across the Trust.

Improvements achieved:

- 39 peer review visits to different teams across a range of inpatient and community services have been completed in 2016/17.
- Each team receives feedback to help identify areas for improvement. The senior team in the relevant clinical directorate also receives a written report and a summary of themes is discussed in the Trust-wide 'improving care: 5 questions' forum.

Themes identified:

Overall the peer reviews have found positive feedback from the majority of patients, carers and families spoken to, excellent partnership working and shown that team members feel well supported by their immediate managers. The areas for improvement and continued focus are:

- Difficulties with staffing capacity in some teams: staff reported they did not feel listened to about the challenges they are facing and were not aware of the actions being taken to address recruitment and retention.
- Improve the information and communication about the other teams and services provided by the Trust, to foster more joint working and sharing of skills.

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<sup>18</sup> A peer review brings together a range of information about a specific service, supported by a visit or visits to the team and clinical area where services are delivered, to make an assessment against a number of specific standards and questions. It is led by staff working in a similar type of service elsewhere.

- Teams consistently share learning from incidents and complaints, but sharing learning on a wider scale could be improved.

Next steps:

- Continue peer review programme into 2017/18. Look to increase the number of patients and family members on the peer review teams.

### 1.4 Embed and develop the electronic health record

The majority of services in the Trust use electronic health records. In 2015/16, the electronic system was changed and further work has been carried out with the supplier in 2016/17 to overcome problems and to ensure the system supports care delivery. The improvement work in 2016/17 has been focused on technical and clinical developments to make the system easier to use.

Improvements achieved:

- The Trust was named as a global digital exemplar for innovative use of technology to care for people who use mental health services.
- Role based training for staff introduced.
- Revised and new care plan and risk assessment templates implemented for mental health services.
- Continual review and updating of clinical forms e.g. for health visiting and podiatry services.
- Continual review of lists for drop down fields to make these more user friendly and relevant.
- Review of how and where the Trust records physical healthcare assessments and care plans, which has resulted in a streamlining of available forms from 75 to 5 standardised forms. All information about physical healthcare is now in a single area of the system. See objective 3.5 for more detail about the work on physical healthcare across mental health services.
- Data quality issues around inpatient admissions have been resolved. The Trust continues a focus on data quality with actions detailed in part 2.2.
- Access to the health records system securely via staff work ipads to promote flexible working

- A series of continuing actions to improve the local configuration on community Carenotes, based on clinical feedback.

#### Next steps (1.4):

- Testing and introduction of electronic discharge information being sent directly from the system to GPs for mental health inpatients.
- Continue to work with the external system supplier to resolve issues and clinical needs- led developments.
- Develop functionality for read only access to GP system patient records.

### 1.5 Implement the staff development leadership pathways

This piece of work is part of the Trust's organisation and leadership development strategy. Another key development has been the establishment of a trainee leadership board set up with 10 medical trainees who have been paired with a board level member for a 6 month programme exposing them to the senior leadership and decision making of the Trust.

These pathways will ensure that we can internally develop our staff and manage talent to provide

further development through the National Leadership Academy Programmes. The pathways are:

- Apprentices 'Development Pathway
- Bands 1-4 Administration Development Pathway (this has been piloted)
- Band 5 Team Leader Development Pathway (this has been piloted)
- Band 6 Management Skills Development Pathway
- Band 7 Advanced Management Skills Development Pathway
- Band 8 Strategic Leadership Skills Development Pathway

#### Improvements achieved;

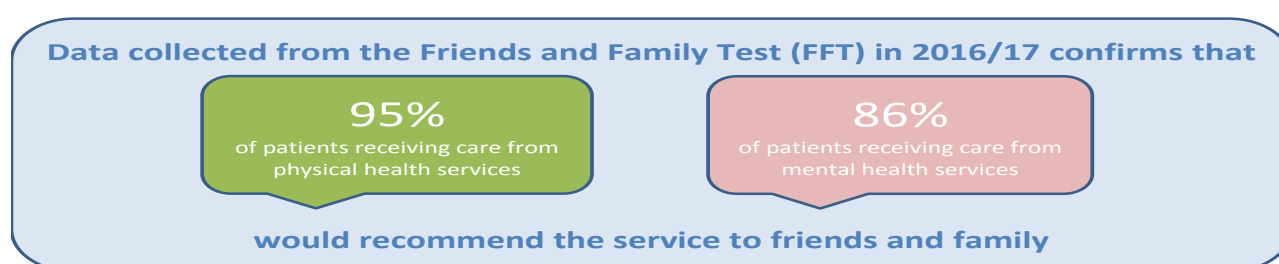
- The development leadership pathways have been designed based on a coaching model and 360° assessment approach. The pathways for bands 1-4 and band 5 have been piloted.

#### Next steps;

- Fully implement the new pathways in 2017/18.

## Quality priority 2: Improve the experiences of patients, families and carers

The year started with the launch of our new Trust-wide patient experience and involvement strategy for 2016-2019, which was co-developed with patients. The strategy sets out our aims and commitment: patients and their families are the Trust's key priority. We want patients to become the drivers of their care.



*Feedback received from April 2016-March 2017, as reported monthly to NHS England. Physical health services n=6448, mental health services n=1718*



## 2.1 Implement year 1 objectives from the patient experience and involvement strategy

Appendix D provides a summary of the patient experience and involvement strategy.

The feedback we have received directly as well as the feedback shared by the CQC and Healthwatch organisations from patients, families and carers is overwhelmingly positive, with patients reporting feeling cared for by staff and that as a result, they highly value the service provided. However, some people do not receive the positive experience we expect every person to have, and we therefore have more work to do. The themes highlighted from complaints mirror the key areas for improvement identified from the feedback we receive, and are focused on communication and sharing information with patients and their families/carers to enable joint decision making and full involvement in care. Diagram 3 shows examples of some of the feedback we receive.

We have many other examples of how we have involved patients and their families in developing services and how we have acted upon their feedback: this is published in a quarterly report presented to the board of directors. To see the latest report please go to <http://www.oxfordhealth.nhs.uk/about-us/governance/board-papers>

Improvements achieved:

- The 'Taking Action on Patient Feedback Group', consisting of patients and staff, had two workshops in May and July 16 to develop and prioritise a work plan which will deliver the strategy. The group meets formally on a quarterly basis and at each meeting reviews progress with the strategy work plan.
- 36 actions were identified for 2016/17: this has proved very ambitious with 15 actions started and 2 actions fully completed. The group has focused on: improving how we collect feedback, developing guidance for staff and patients on being involved in staff interviews, and reviewing and developing the content and look of information on the Trust's website.
- A new standardised feedback mechanism has been introduced across all services, giving staff direct access to feedback in a timely way.

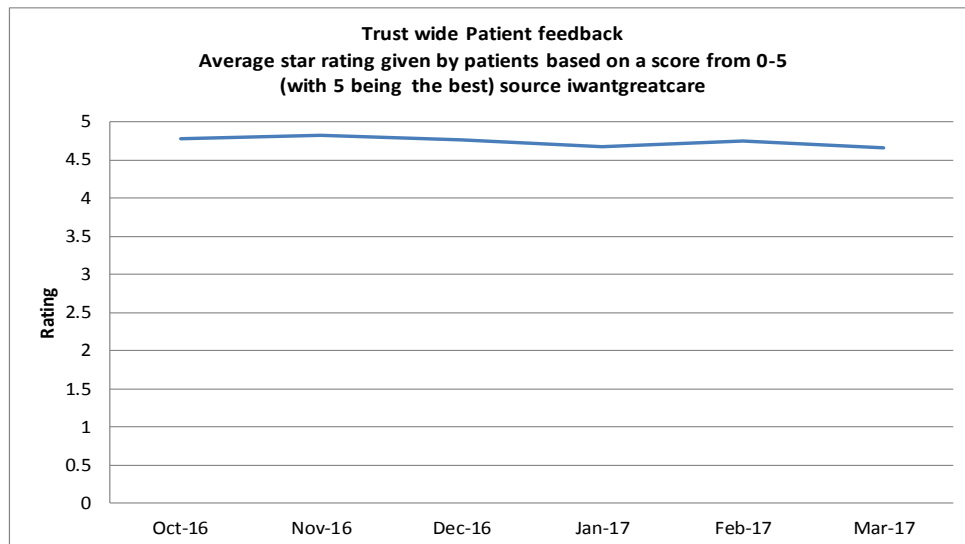
- A patient story is shared at the board of directors meeting monthly. Over the year the board has heard about the experiences of patients and their families receiving care from 10 different services.
- Examples of involvement include:
  - young people have worked on designing and creating artwork for a new waiting area in a clinic.
  - the family nurse partnership service has worked with young mothers and fathers to produce a series of films to promote the service to new clients.
  - a number of patients from across the trust have been involved in the recruitment of staff including service director and lead for patient and carer experience.
  - patients and their carers with lived experience of dementia have been involved in raising dementia awareness, and a patient jointly chaired a patient and staff workshop to start the develop of a new trust-wide dementia strategy.
  - Staff have taken part on the patient leader programme whereby patients and senior staff learn together and then are paired -up to work jointly to take forward a strategic change.
  - Employing peer support workers in adult mental health teams.

Next steps;

- Re-prioritise the actions for year 2 based on not achieving all the actions yet identified for year 1.
- To focus on improving how we communicate and share information with patients and their families/carers to enable joint decision making and full involvement in care.

### Key measure (2.1):

- Open text feedback from patients and their carers/ families (see diagram 3)
- 2016 national community mental health patient survey results (see part 2.3 for results)
- Friends and family survey results (as above) and star ratings (graph below)
- 2016 national staff survey results, asking staff how effectively they use patient feedback. The Trust has maintained good performance in this area from 2015 and is still in the top 20% of Trusts nationally (see below)



### KEY FINDING 32. Effective use of patient / service user feedback

(the higher the score the better)

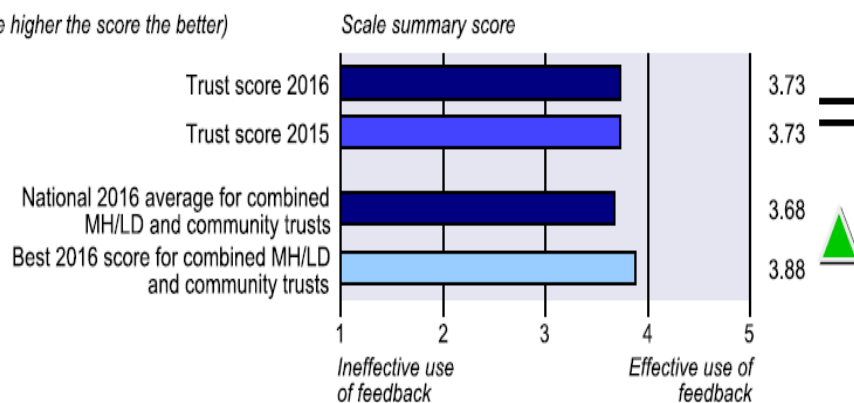
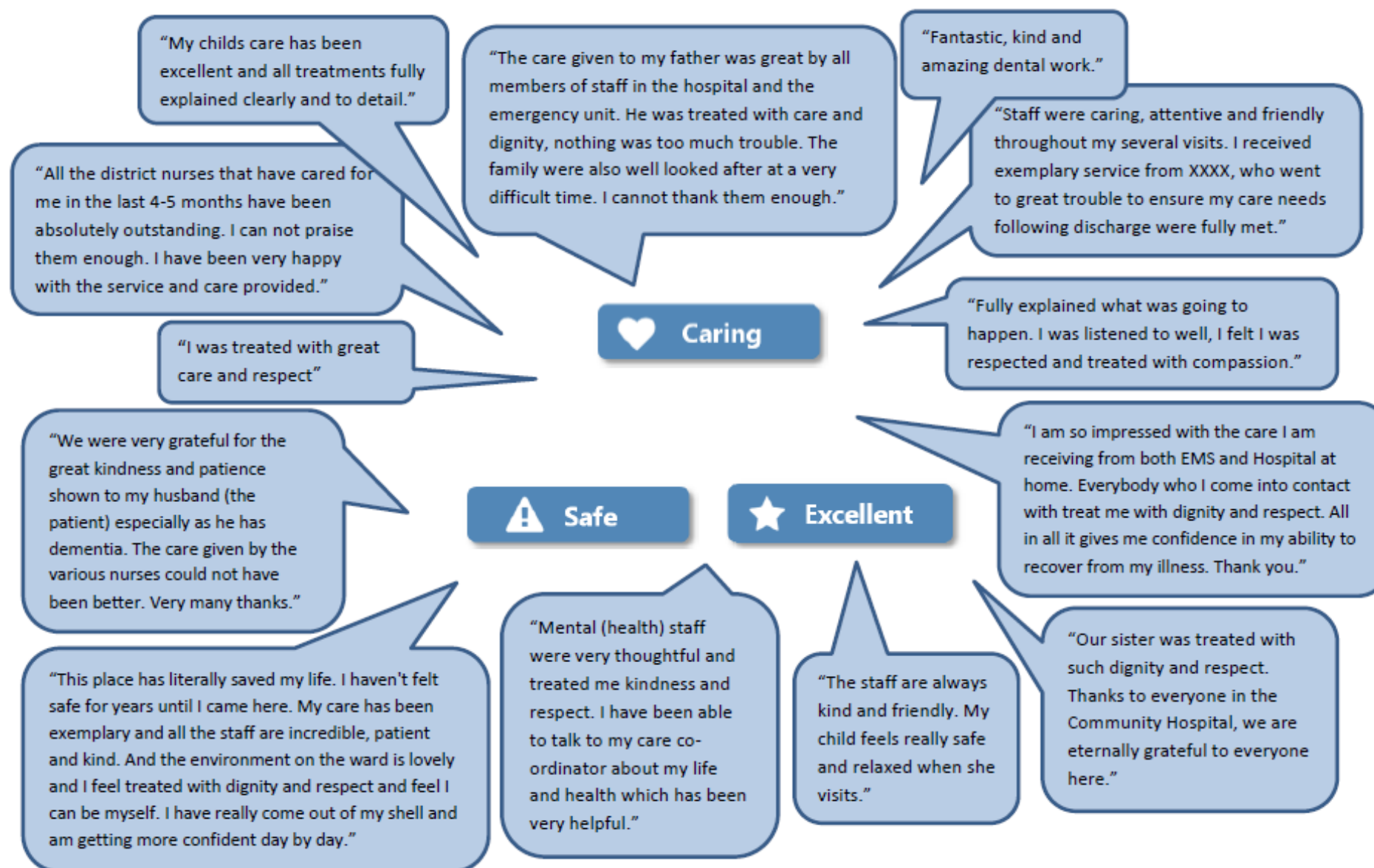




Diagram 3. selection of some of the positive open text comments we have received from patients and their carers/ families in the last 6 months (source iwantgreatcare)



## 2.2 Maintain the Triangle of Care external accreditation



Improvements achieved:

- The Trust's external accreditation was reviewed and renewed by the Carers Trust and other NHS Trusts at a regional meeting in November 2016. This demonstrates the services have achieved/ provided assurance of working towards the national standards.
- All the mental health inpatient and community teams have reviewed progress with their self-assessments against the national standards and identified where they need to improve next.
- Some of the physical healthcare teams have completed a baseline self-assessment.
- Trust-wide carer awareness training was piloted and rolled out for all staff across adult and older people's mental health services from November 2016. The training has been designed with and delivered by Rethink (a mental health charity). In addition carer awareness training specifically for staff working in children's mental health and physical health services was introduced in March 2017. Feedback around both training courses is positive.
- The Trust is participating in work with Oxfordshire carers, Oxford University Hospitals NHS Foundation Trust, Oxfordshire County Council, Oxfordshire voluntary organisations and our commissioner, to develop cross organisational principles and expectations around working with and involving carers and families in their loved ones' care. This shared list of principles and expectations will be finalised by summer 2017.
- Information given to carers has been reviewed which has led to the following actions: a standardised carers' information handbook has been developed with carers by the adult mental health services and will be introduced in 2017/18; the children's inpatient wards have reviewed and amended their carer packs.

Next Steps:

- All physical healthcare services to complete a baseline self-assessment.
- Trust-wide carers strategy to be refreshed and launched in June 2017

## 2.3 Young people and their families involved in designing and delivering safer care work

Improvements achieved:

As part of 'safer care' work, one of the children and adolescent mental health wards has been reviewing and improving how it involves parents and young people more fully in safety care plans before young people go on home leave for the weekend. This has involved the nurses planning time with both parents and their child to review these plans each week, so it is done in a more structured and collaborative way.

## 2.4 Launch the Buckinghamshire recovery college

The Trust, Mental Health Foundation, Buckinghamshire MIND, University of Bedfordshire and Buckinghamshire Adult Learning have worked together to open and run the Buckinghamshire recovery college. The college takes an educational approach to mental health recovery and is run by people with experience of or who currently live with a mental health illness. All courses delivered at the college are for patients, staff and visitors, and all courses are co-designed and co-delivered by a patient and a staff member. The Oxfordshire recovery college (opened in September 2015) also continues to grow.

Improvements achieved:

- The Buckinghamshire recovery college was successfully launched in January 2017
- Taster courses were run before the launch of the college and full courses started in March 2017.
- To date over 50 sessions have been run with over 250 students now enrolled.



*The launch event for the Buckinghamshire Recovery College*

## 2.5 Embed the effective use of 'Knowing Me' passport for older people mental health services

The 'Knowing Me' passport<sup>19</sup> was developed in partnership between Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust. The passport is completed for all patients with dementia, with the input of their family where possible, and is kept in the patient's bedroom on the ward. The passport remains with the patient on discharge.

Improvements achieved:

- Families continue to provide positive feedback about this tool which is also helpful in facilitating admissions to nursing homes.
- The Trust monitors the completion of the 'Knowing Me' passport through a bi-monthly clinical audit. The results for the last 12 months show a need to continue to focus on ensuring patients with dementia are given the opportunity to start or add to their passport.

Next steps:

- Implement actions identified from audit results to improve consistency of use.

### Quality priority 3: Increase harm-free care

This is the third year Oxford Health NHS Foundation Trust has had a quality priority and objectives about reducing harm to improve the safety of our services. The Trust is committed to making care safer and to reduce harm through continual improvement. This improvement is led by monitoring what has worked well and what has not, having mechanisms in place to share learning, supporting staff to be open and honest when things go wrong, and working jointly across organisations within the health and social care system (for example, as part of the Patient Safety Collaborative). The Trust's work on patient safety improvement is focused on the following, with further details later in each section;

- Reducing restrictive practice
- Improving suicide awareness with a focus on prevention
- Learning from past incidents and unexpected deaths
- Improving physical health care in mental health
- Reducing acquired pressure ulcers
- Improving how we detect and respond when a person is physically deteriorating
- Reviewing of diabetes care
- Reducing the number of falls

#### Duty of candour

The Duty of candour is about being open, honest and transparent at all times when providing care and treatment. It is our legal duty to inform a patient and/or their family if we have made a mistake in their treatment that has led to harm, and to provide an apology. We are implementing the duty of candour across the Trust, supported by a policy and quick reference guide and video to help staff to identify what they are expected to do. A session for all new starters is delivered during the Trust staff induction, about the Trust's expectation of being open when things go wrong. Training has been delivered in 2016/17 on 'making families count' to improve how we involve and support families after a death. Having 'difficult conversations' and the root cause analysis training for staff who investigate serious incidents has been reviewed and amended, with addition content on working with patients and/or their families. We have also incorporated questions about the duty of candour into the peer review tools used for team visits (see objective 1.3 on page 29).

The initial roll out of the regulatory requirements has focused on serious incidents to ensure there are robust systems in place. These systems are now in place and performing well, enabling the Trust to now look at the quality of these communications with patients and/or their families. Compliance is monitored for each serious incident weekly and also reviewed at an Executive Director panel for each incident. In 2017/18, we are rolling this out to improve recording and monitoring for those incidents resulting in moderate harm.

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<sup>19</sup> This is a 'patient passport' entitled *Knowing Me* which will travel with vulnerable patients throughout their care and across different health organisations. The 'passport' is filled in by the patient's carers and will contain important information about the patient, which will make their care more personalised and comfortable.

### 3.1 Reduce the need for restraint and other restrictive practice across the mental health wards

Improvements achieved:

- The number and duration of time in physical restraint has reduced in 2016/17. The mean monthly average number of restraints has dropped from 162 in 2015/16 to 137 in 2016/17. This mostly relates to improvements across our adult mental health and forensic wards<sup>20</sup>. The most common reasons for using restraint are violence and aggression towards staff or self-harm.
- The number and duration of time in prone restraints (where the patient is placed face down) has decreased: the mean monthly average was 30 before June 16, and 20 from June 2016 onwards.
- The use of seclusion has declined from October 2015 and stayed the same in 2016/17. The majority of seclusions are carried out in the Trust's intensive psychiatric care unit.
- In 2016/17, we started collecting central information on use of rapid tranquilisation and long term segregation (mainly used on forensic wards) to enable regular monitoring.
- The reduction in restrictive practices seems to be a result of the actions from the PEACE (positive engagement and calm environments) project, which included a revision and roll out of new staff training, identifying a PEACE champion on each ward, and a reporting mechanism where all restrictive practice is reviewed by senior clinicians (including executive directors) on a weekly basis. Any concerns about care are highlighted weekly and followed up by the Head of Nursing to review if practice was and is appropriate.

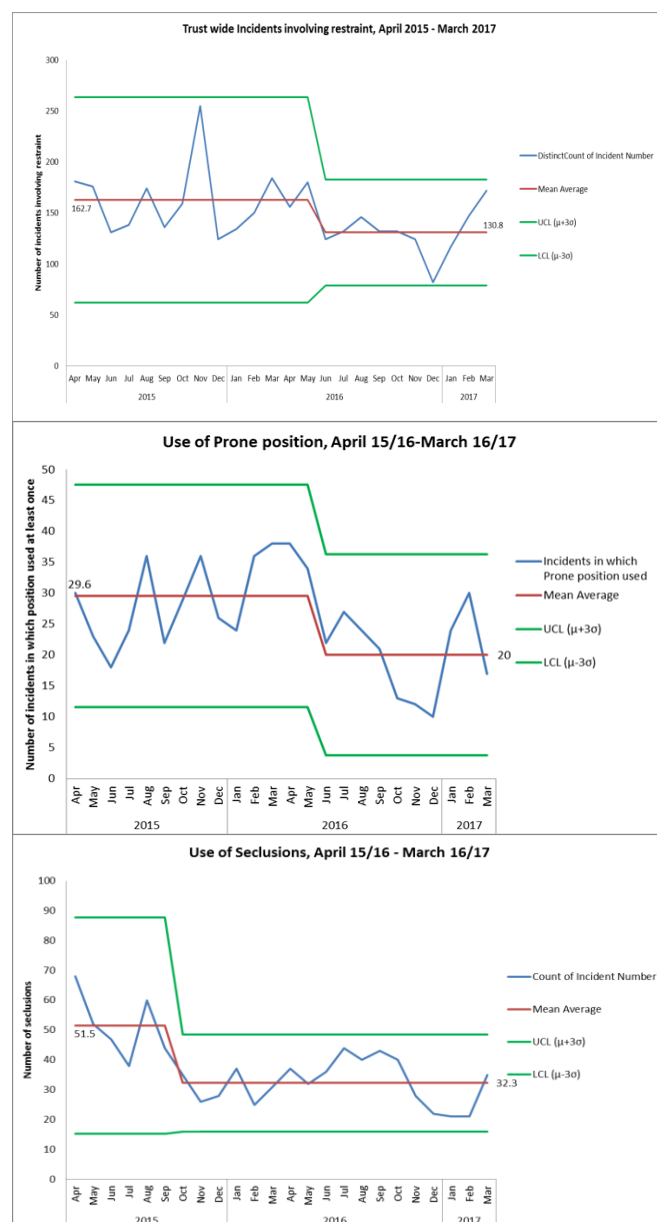
Next steps:

- Continue to review and update the PEACE training from listening to feedback from patients and staff.

<sup>20</sup> Forensic services provide treatment for mentally disordered offenders and for patients who are considered to pose a serious risk to others

Key Measure:

- Number of restraints over time. The graph below shows the number for the last two years. The average over this time has reduced. The small increase in February and March 2017 relates to one patient who was very unwell at this time, and restraints were used to ensure that this patient was safe.
- Number of prone restraints over time. The graph below shows the number for the last two years. The average over this time has reduced.
- Number of times seclusion used over time. The graph shows the number for the last two years. Following a reduction from October 2015, the numbers have remained the same.



### 3.2 Prevention of suicide

The Trust investigates all known suspected and confirmed suicides to ensure we improve practice; we also carry out an annual review which takes account of the national report published by the National Confidential Inquiry into Suicides and Homicides (NCISH). The reviews ensure we understand national and local factors as well as practice improvements necessary to further reduce suicides. The NCISH publish data to support quality improvement: the most recent data shows the national suicide rate is on average 10.1 people per 100,000 population. In Buckinghamshire this is lower at 8.5 people per 100,000 and in Oxfordshire this is lower at 9.4 people per 100,000. While it is positive the counties the Trust provides services to have a lower than national average population suicide rate, we recognise there is always work needed to further reduce suicides for the people in our care, including those in the community.

#### Improvements achieved:

- The Trust provides leadership to the Thames Valley Suicide Prevention and Intervention Network (SPIN) and hosted a successful system wide conference in September 2016.
- As part SPIN, the Trust is working with Oxfordshire Cruse Bereavement Care to pilot a face to face signposting service for people bereaved by suicide (in addition to an initial letter and leaflet sent to help signpost people to support available). This will benefit families in Oxfordshire who are bereaved by suicide, which will include families of our patients. It is also a preventative intervention as we know that those bereaved by suicide are at high risk of mental health problems and suicide themselves.
- Improving family liaison after suspected suicides of patients - we are currently piloting this approach.
- Two events were held for senior clinicians and our commissioners in January 2017 (over 30 people attended) to review the national themes from the national confidential inquiry of suicides, as well as our local findings and to start discussions which will inform the Trust's new suicide prevention strategy.
- Suicide awareness and prevention training was provided for mental health, community staff, emergency practitioners,

pre-registration mental health nurse students, GPs and partner organisations.

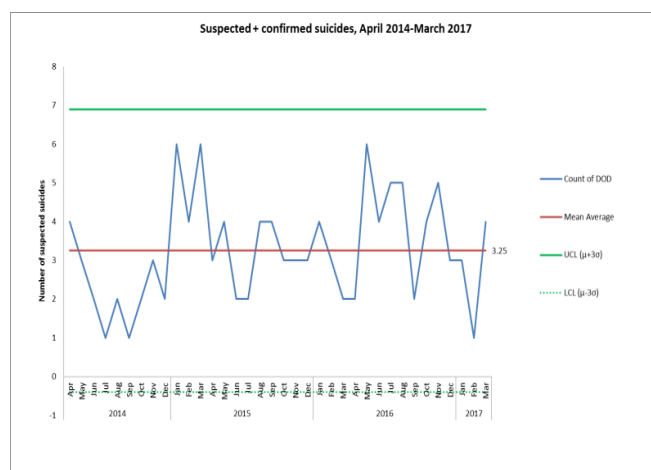
- The mental health teams have introduced an approach to carry out a local multi-disciplinary team review after each suicide within 10 days. This is independent of the serious incident investigation also completed for each incident.
- The staff psychological debriefing service is well established and the practice of offering psychological debriefs to teams (and partner organisations) after serious incidents including suicides is becoming embedded.

#### Next steps:

- Finalise the Trust-wide suicide prevention strategy.
- Develop new training which includes collaborative risk assessment and management of suicide for staff working in the adult mental health services. The staff who attend will go on to coach, support and supervise other staff in their team.

#### Key measures:

- Number of suicides for inpatients and community patients both those in current care and those recently discharged from Trust services. Over the last 3 years we have had 116 suspected or confirmed suicides. There has been no significant change over the period.





### 3.3 Implement learning from incidents

This objective is linked to the other quality objectives 3.1, 3.2 and 3.4. 'Never' events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The Trust has had no 'never' events in 2016/17.

In 2016/17 the overall themes identified from completed serious incident investigations are:

- Inadequate or missing documentation around care planning and risk.
- Family engagement and communication for example listening more to families experiences.
- Communication and joined up care at points of transition.
- Staff are working under extreme pressure of time and workload.

Improvements achieved:

- We have a positive culture in identifying, reporting and wanting to learn from incidents. This is informed by a continuing high number of incidents reported and the last annual 'learning from mistakes' league table produced by Monitor (now called NHS Improvement), based on the staff survey, as well as information submitted to the national reporting and learning system (NRLS), which rated the Trust as good.
- We continue to introduce local changes to address barriers to reporting and learning from incidents. Recent changes to the incident reporting system have included; shortening and making incident report forms easier to use, enabling incidents to be reported on work iPads, enabling initial review reports to be automatically generated from the incident form and other information collected about incidents, and improving the analysis, presentation and accessibility of information to monitor trends.
- We are part of work being led by the Oxford Academic Health Science Network with three NHS Trusts to improve the quality of our serious incident investigations. We have also have worked with an external consultant to improve how we engage and work with families when investigating deaths.
- We monitor the progress and completion of all actions identified following serious

incident investigations. There are currently some outstanding actions although these are reducing each month and continue to be actively followed up.

- Our internal serious incident panels held to review every investigation, scrutinise the actions identified, help to share learning and ensure we make every effort to involve and work with the patient and or their family.
- See also work on duty of candour under objective 3.4.

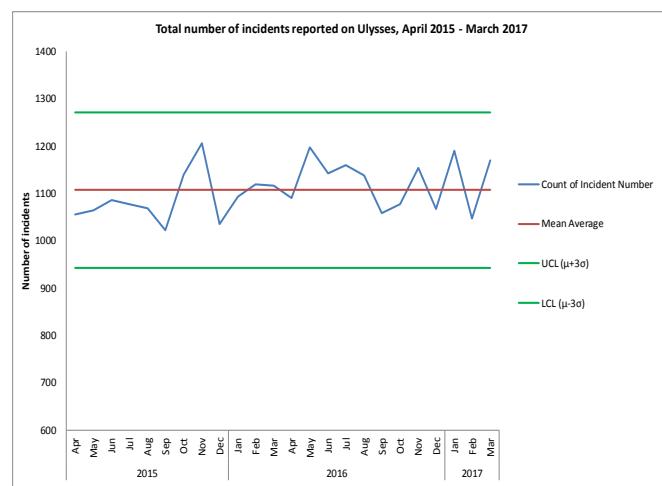
Next steps:

- Continue focus on data quality.
- Implement revised root cause analysis training for staff who investigate serious incidents.
- Review and improve how we disseminate learning across the organisation and with other organisations.
- Implement revised serious incident reporting templates.
- Finish the development and introduce new information leaflets for patients and their families about the serious incident investigation process.



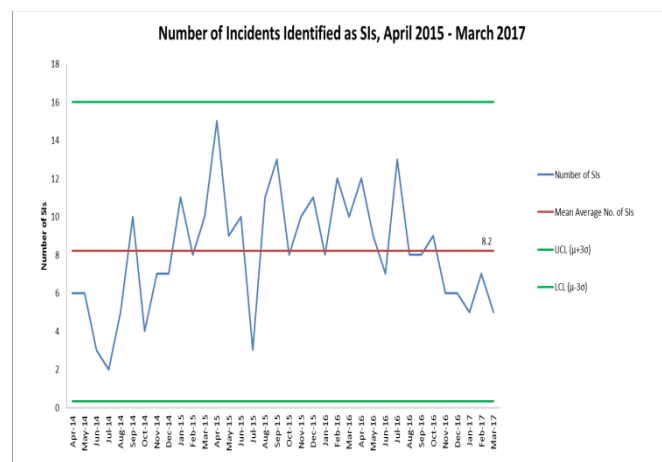
### Key measures (3.3):

- 2016 national staff survey results: 91% of staff said they had reported an error, near miss or incidents witnessed in the last month.
- Number of incidents identified as a serious incident where there were omissions in the care. The number has remained about the same for the last three years.
- Total number of incidents reported<sup>21</sup>, remains about the same for the last two years (see graph and table). Compared to other organisations, we report a high number of incidents (as seen in patient safety incidents reported to the NRLS). The majority of incidents have no injury (62% average over 2 years) or minor injury (29.5% average over 2 years), demonstrating an open and learning culture. Most incidents (45% in 2016/17) relate to violence and aggression by patients, pressure ulcer damage<sup>22</sup> (see objective 3.6), or self-harm.



Ulysses is the Trust's incident reporting system

Quarter	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Total number of incidents reported on Ulysses	3205	3168	3381	3329	3430	3356	3298	3408



SIs = serious incidents

<sup>21</sup> This includes incidents that are still under review by the reporter's line manager.

<sup>22</sup> Up until July 2016, pressure damage was reported as an incident under the cause group health.

### 3.4 Improve how we identify, report, review and learn from deaths

#### Governance and oversight:

Oxford Health NHS Foundation Trust uses an incident reporting system for staff to capture all incidents and unexpected deaths or deaths where concerns have been identified in the care. In addition the Trust extracts information on all deaths from a national system to cross-reference this to the deaths reported on the incident system. We look at the deaths of inpatients and outpatients who were in our care and anybody discharged from the Trust who was seen within 6 months of their death (or 7 days for patients seen by our Minor Injury Units or GP out of hours service). Each clinical team reviews their deaths, and in addition, on a weekly basis a senior executive director-led meeting will review unexpected deaths reported, alongside information from the coroner. The purpose of the reviews is to identify any contributory factors, or to identify themes to share for learning so that the care provided is better.

The board of directors receive a quarterly report on the number of deaths, themes arising and actions being taken as a result.

All unexpected child deaths are reviewed through the child death overview process (CDOP) led by the safeguarding boards. The Trust participates in within each county (as part of a multi-agency review). The Trust is also part of a multi-agency group led by Oxfordshire clinical commissioning group to review the deaths of vulnerable people e.g. those with a learning disability. More work across the health and social care system is needed so that we take a system wide approach to reviewing and learning from deaths.

The Trust has received two regulation 28 reports 'to prevent future deaths' from coroners in 2016/17, asking for more evidence and assurance from the Trust that the actions identified will ensure there is learning and prevent a death happening in a similar way. The Trust has responded to both coroners.

#### Improvements achieved:

- The process for identifying, recording and reviewing deaths has been revised and the new process is currently being implemented. This includes a decision making tool to categorise deaths into

expected and unexpected and natural and unnatural, which will help the Trust to focus learning.

- A Trust-wide mortality review group was established. This meets quarterly, and is chaired by the Medical Director and attended by clinicians and members from our Council of Governors. This group reports into the safety quality sub-committee.
- Thematic reviews discussed by the Trust-wide mortality review group this year include: learning from suicides and deaths across the adult mental health services.
- Cross-referencing between the patient electronic systems and the incident system is now happening regularly enabling better understanding, analysis and helping identify areas for further review.
- Two board of director' seminars have been held to focus on the Trusts learning from deaths.
- See the above section which details the work achieved on prevention of suicides.

Palliative care and care provided at the end of a person's life:

The Trust delivers specialist palliative care and care at the end of a person's life for children, adults and older people. The Trust has a steering group to ensure a continued focus on improving care for these patients. Work this year has included:

- A review of existing policies and the development of new guidelines following new national standards and internal feedback.
- Staff training video on use of syringe drivers<sup>23</sup> produced in collaboration with the Oxfordshire Palliative Care Education Group.
- End of life link nurses network in the trust has been established.
- Workshops for staff have been held using an interactive forum theatre approach to support staff with having difficult conversations.
- Resources and information on end of life and palliative care have been amalgamated

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<sup>23</sup> A syringe driver helps reduce symptoms and control pain by delivering a steady flow of injected medication continuously under the skin.

into a single section on the Trust internal website for staff.

- A local survey of bereaved families has been conducted.
- Review of the current end of life care plan, individualised to each person, and used by a series of organisations in Oxfordshire, has started to ensure it reflects the new NICE guidance; this is due to be completed in 2017/18.
- Joint work across the system continues, particularly with the Oxfordshire clinical commissioning end of life clinical reference group, Oxfordshire Palliative Care Education Group and the Oxford Universities Hospital end of life care working party.

#### Next steps (3.4):

- Embed the new process to identify, record and review deaths.
- New clinical directorate sub-mortality review groups will be tested.
- Establish a programme of thematic reviews to report to the Trust-wide mortality review group
- Further work to embed understanding and monitoring around duty of candour requirements
- Review and improve how we disseminate learning across the organisation and with other organisations
- We are evaluating the introduction of a new family liaison role which might be one person or a group of staff with specialist skills that can be called on. We have just started to test the approach.
- Support the development of system wide reviews of deaths.

#### Trends (3.4):

Below is some high level information about the number of deaths across all our services (both inpatients and outpatients) which have been reported and reviewed by the Trust. It is important when looking at these figures to be aware that the following factors need to be considered and will impact the numbers if compared between organisations:

- The different services a provider delivers e.g. mental health, homeless GP practice, children's complex care providing palliative care, GP out of hours service

- The age profile of patients receiving treatment
- The geographical spread and where services are provided in the country
- The different ways each organisation reports information and the varying data quality

The Trust would like more work to be led across the health and social care system so that a system wide approach, including GPs, can be taken to reviewing and learning from deaths.

Over the last 3 years the Trust has reported 14,936 deaths, including expected and unexpected, natural and unnatural. Against 408,433 people seen, this equates to 3.7% of people seen. We include the deaths of people who were being seen at the time of their death (and those referred and not seen yet), and also those discharged from the Trust. Inpatients and outpatients are included. The overall number and rate of deaths has not changed over the 3 year period (apart from in January 2015), in line with the national trend. In January 2015 there was an increase in deaths for us as a Trust and nationally due to a peak in flu activity predominantly affecting older people. Nationally there is a recognised period from December to March each year called the 'excess winter deaths' period. The majority of deaths (77%) reported by the trust are of people aged 75 and over who were being seen by one of our physical health services for example by a district nurse or the reablement service. 3% of deaths were inpatients with the majority aged 75 or older (87%) and 91% occurring on a community hospital ward. Less than 1% (0.7%) of current deaths are identified as a suspected or confirmed suicide, all have been reviewed by the Trust.

The Trust has investigated 113 of the deaths (0.89%) through the serious incident process; 11 were found not to have any care concerns. Therefore in 102 cases over the 3 years, there were found to be omissions in care and/or areas for significant learning. 13 formal complaints were investigated, either raised by the patient or family before their death or by the family after their death over the 3 year period, with 3 complaints received in 2016/17.

Emerging Themes (3.4);

- Improving physical healthcare for patients with a mental health illness (for more details about what is happening see objective 3.5)
- Developing how we listen and involve carers and families during patient's care (this is part of the Trust's patient experience and involvement strategy although more focus is required)

### 3.5 Improve physical healthcare across the mental health services

Improvements achieved:

- Training plan for staff on physical healthcare implemented (four days for registered staff and one day for unregistered staff). Both courses are supported by refresher sessions.
- Physical healthcare leads have been identified for each ward and community team. Their role is to be a point of expertise for the team, to share information/ resources, raise awareness and support the physical health clinics.
- Physical health assessment policy reviewed and amended.
- 'My physical health' clinics have been introduced for every ward and community team. More work is needed on standardising practice and to better equip the community team clinic rooms e.g. with blood pressure machines.
- Physical healthcare assessment and intervention pathways have been identified for inpatients and community patients.
- The recording of physical healthcare information on the electronic health record has been reviewed and amended; there are now only 5 forms available, all found in one area in the record.
- Patient information leaflets for physical health have been developed.
- Initial work by the Oxfordshire and Buckinghamshire services to improve access to psychological therapies (IAPT) for patients with a long term physical health condition. We are working with a number of NHS trusts and Universities on this initiative. So far 40 new staff have been recruited.

- Improve transitions in care across pathways (new objective identified for 2017/18)

In 2017/18 we have incorporated these themes and the learning from our mortality reviews and investigations completed for individual deaths into our quality objectives for 2017/18.

Next steps:

- Improve sharing of discharge information with GPs. The Trust is testing methods to do this electronically
- Set up access to view limited information patients also being treated by the Trust, but held by GPs.
- Continue work on improving how we monitor identified cardio-metabolic risk factors.
- Standardise the model for the 'my physical health' clinics and the equipment in the community team clinic rooms.
- Embed the physical healthcare pathways.
- Continue the work led by the IAPT services as early implementer sites for better integrated pathways.

Key measure:

- National clinical audits around communication with GPs and monitoring of cardio-metabolic side effects<sup>24</sup>. The national 2016 audit on communication with GPs is complete: the Trust achieved 89%, against a target of 90%. Improvements were identified in documenting secondary physical health diagnosis and ongoing monitoring/ treatment needs for cardio-metabolic risk factors identified.

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<sup>24</sup> 2016 national clinical audit results unknown at time of writing report.

### 3.6 Reduce the number of grade 3 and 4 pressure ulcers where omissions in care are identified

Pressure ulcers occur when an area of skin is placed under pressure and the skin and tissue breaks down. Suffering a pressure ulcer can cause great pain, discomfort and upset for patients. The Trust set up a pressure ulcer prevention steering group in 2016/17 which includes commissioners to drive and oversee the improvement work.

During 2016/17 the community nursing service has had significant challenges around retention and recruitment causing issues with capacity and staff continuity.

Emerging themes from reviews:

- Caseload reviews to accommodate increase in visit frequency and duration for complex patients
- Managing communication challenges with patients/carers about use of pressure redistributing equipment
- Improve handovers and include unplanned visits for prioritisation
- Training on the use of pressure redistributing equipment
- Accurate and complete documentation of skin inspections, risk assessments, care plans.

Improvements achieved;

- There are six district nursing teams testing the quick time learning (QTL) process. The QTL process is managed by the clinical development lead (CDL) for the named team. The CDL will meet with the team as soon as possible after the reporting of a category 2 or above pressure damage. If the pressure damage occurs within the service (it is acquired) then the team analyse the case and see if the damage could have been prevented or if all actions were taken to reduce risk. The process is completed electronically on the Trust's incident reporting system and the team hold a local action plan for themselves. Any county-wide learning is shared widely as appropriate.
- A 'react to red (skin)' and use of a SSKIN bundle project was tested by the reablement service in 2016/17. The project used two approaches; to give staff the ability to complete basic skin risk assessments and to use a daily SSKIN bundle tool to monitor patient risk of skin

breakdown, and contacting the district nurse service at an earlier stage of skin deterioration. The initial results of the project were positive and we are planning to test the approach further across the district nursing service.

- Pilot sites across the Trust and Oxford University Hospitals NHS Foundation Trust are working on improving the information patients are given about pressure damage.
- Training on pressure ulcer prevention and management and equipment awareness is available to complete electronically or in a classroom.
- A competency framework has been launched across community nursing teams for all staff to complete.
- Partnership working with local authority and the voluntary sector to help raise awareness of pressure ulcers.
- Amendments to data capture from July 2016 has enabled the Trust to better analyse and identify learning, including separating those pressure ulcers acquired while patients are under our care and those patients that are referred to our services for treatment and already have a pressure ulcer.
- All category 3 and 4 pressure ulcers have an initial review report completed and reviewed by the senior clinical team.
- From October 2016 a general risk assessment template has been introduced which provides a tool for staff to use for a range of situations, from patients who express challenging behaviours, non-concordance, environmental risk, to a change in process.
- Documentation has been introduced for district nursing and carers' handovers, to structure communication and to clarify actions and responsibilities.
- The care plan templates are being reviewed, amended and piloted.

Next steps:

- Continue to test and evaluate the prevention interventions described above.
- Review and amend the capacity tool used within the district nursing service.
- Focus on reduction of category 2 pressure ulcers.



- Work to improve access to psychological therapies for patients with long term physical health problems

#### Key measure (3.6):

- Number of pressure ulcers acquired. From 1<sup>st</sup> July 2016 to 31<sup>st</sup> March 2017 there were 733 pressure ulcers reported as acquired, the majority developing when people were being treated by the district nursing service in the community (92%). In addition, 760 pressure ulcers were reported as inherited (in other words the patient had developed the pressure ulcer before receiving any care from the Trust).
- Number of acquired pressure ulcers by category of harm from 1 to 4. The majority of acquired pressure ulcers are category 2, 68% (15% category 3 and 14% category 4).
- Number of pressure ulcers identified as a serious incident, where an omission in care was identified. In 2016/17, there were 21 pressure ulcers in categories 3 and 4, which were investigated as serious incidents. This is a decrease from 2015/16 when there were 28, which has been partly as a result of the innovative practice changes listed above.

### 3.7 Improve physical health assessment and monitoring to detect and manage deteriorating patients in community hospitals

#### Improvements achieved:

- A revised national early warning score (NEWS) tool was piloted and has been introduced across the community hospital wards. This includes identifying the signs of sepsis.
- Simulation training in collaboration with OxSTaR the University of Oxford's medical simulation teaching and research unit. Training relating to the early recognition, escalation and treatment of deteriorating patients has been delivered.

#### Next steps:

- Continue to monitor performance and take actions as required.

#### Key measure:

- % of patients that had NEWS completed on admission. The clinical audit results show a gradual increase in performance: quarter 1 87%, quarter 2 88%, quarter 3 93% and quarter 4 95%.

- % of patients that had NEWS score reviewed. The clinical audit results show good performance with the NEWS tool completed in the past 5 days for over 90% of patients: quarter 1 93%, quarter 2 97%, quarter 3 99% and quarter 4 97%.

### 3.8 Review the diabetes care provided across the community hospitals

#### Improvements achieved:

- Funding and recruitment completed for a new diabetes specialist nurse. The person has not yet started working for the Trust.
- Online training for staff on diabetes care introduced.
- Education video on use of insulin pens created and disseminated.

#### Next steps:

- Await the outcome of the system wide review of the Oxfordshire diabetes care pathway.
- Focus on staff training and education.

### 3.9 Reduce the number of older people harmed by a fall whilst an inpatient

#### Improvements achieved:

- The Academic Health Science Network supported a project to assess the usage of the fall safe bundles (which include appropriate risk assessments on admission, after 28 days and after a fall) on the mental health wards.
- The roll out of a comprehensive care and comfort rounding bundle (including fall safe bundle elements) was introduced in community hospitals. An audit of compliance with the risk assessment elements of the bundles was reported quarterly: local action plans were agreed where the target was not met including discussion at clinical team meetings to raise awareness and improve compliance.
- The falls prevention service was reconfigured: there is now a falls specialist nurse based in each of the integrated localities to support community falls prevention. People who fall due to complex or multiple conditions will be seen by the falls prevention specialist.
- In partnership with Age UK 'Generation Games' are working with the Trust falls service to develop and deliver a range of



exercise groups focusing on strength and balance to reduce risk of falls.

Next steps (3.9):

- Continue to focus on using fall safe bundles.

Key measure (3.9):

- Number of falls with harm. In 2016/17 there were 33% of falls with harm, 1% less than in 2015/16. However the number of overall falls has decreased as well in 2016/17.

- Staff training in the management of falls. As of March 2017, 95% of staff have completed training (330/349).

- The number of falls identified as a serious incident where an omission in care was identified. In 2015/16 there were 12 serious incidents identified and in 2016/17 this reduced to 10 serious incidents (7 across the community hospital wards and 3 across the mental health wards).

#### Quality priority 4: Improve quality through service remodelling & innovation

The Trust has had a successful year for carrying out research and expanding our research capacity (see page 12): it is essential we innovate and use research in practice to get the best possible outcomes for patients. We actively implement NICE guidance and other evidence-based practice to ensure we are delivering the right care that will have positive benefits for patients. The Trust has achieved and maintained 21 external accreditations across our different services (see Appendix A) demonstrating our commitment to raising the standard of care we provide and encouraging external review of services. However, we are only able to improve the quality of care and transform services through working as a system with our partners. There are many examples throughout the quality report of the partnerships developed.

##### 4.1 Learn from improvements on a larger scale

Improvements achieved:

- The Trust is establishing a centre for safety and quality improvement. The Trust will be partnering with a range of external organisations, for example, the Institute for Health Improvement.
- Measurement will be at the heart of the work led by the centre to ensure a focus on outcomes.
- The current resources used for patient safety and quality improvement within the Trust are being aligned and additional resource for medical staff and researchers will be included to form the leadership of the centre. Recruitment is the next stage being completed.

Next steps:

- Launch the new centre and embed a single model for quality improvement.

##### 4.2 Roll out Cognitive Behavioural Therapy (CBT) in the dentist service

Improvements achieved:

- 10 dental nurses have completed training in CBT techniques.
- During a 12 month pilot, 59 patients have been referred to the CBT dental service; 11

patients have completed treatment and were successfully treated without the use of sedation or a general anaesthesia.

- Results from this pilot showed that CBT was successful in reducing dental anxiety for the patients who engaged and completed treatment. However, the number of patients who completed treatment was small and the pilot identified a number of challenges, mainly patient selection and engagement, which needs further work. Lessons learnt from this pilot will be used in future delivery of the CBT service.
- The service is now established with the number of referrals increasing and currently there is a waiting list for treatment. The trained CBT dental nurses are continuing to gain experience and this is being demonstrated with CBT delivery and positive patient outcomes.

Next steps:

- Continue to embed new service.



#### **4.3 Buckinghamshire Speech and Language Therapy Service – increase the support for self-management to improve patient outcomes**

The Buckinghamshire speech and language therapy service is now provided by Buckinghamshire Healthcare NHS Trust.

Improvements achieved:

- Goal-based outcomes to measure children's progress was implemented in 2015 but evaluation highlighted difficulties with measuring actual change and improvement. Therefore therapy outcome measures (TOMS) were tested in 2016/17.
- 125 children had completed the TOMS at least twice to enable early monitoring over time.
- The team are still looking at how to present the descriptive outcomes in a meaningful way. However some case studies have been developed to demonstrate the types of outcomes and improvements children have made.

#### **4.4 Implement a new Oxfordshire Phoenix Team for children in special circumstances**

Improvements achieved:

- New service launched in 2016 brings together the health provision for looked after children, children known to the youth justice system, children who are at risk of or have been subject to sexual exploitation (Kingfisher team) and children in Oxfordshire's new residential and edge of care provision.
- The Phoenix team works closely with partner agencies, including Oxfordshire county council, Thames Valley Police, schools and children's homes. The team also provides advice, support and training to other clinical teams.
- Recent feedback shows 27 out of 27 young people would recommend the service as they felt involved.

Next steps:

- Continue to embed new service.

#### **4.5 Implement a new Oxfordshire service model through the Horizon team for young people and families experiencing distress as a result of sexual harm**

Improvements achieved:

- New service implemented and received 128 referrals over 2016.
- Developed links with key partnered agencies e.g. Barnardos. In particular the service has worked closely with SAFE! a charity supporting young people affected by crime.
- Feedback from young people, parents, and professionals has been overwhelmingly positive.
- Responses from patients, family/carers and professionals rated the service overall as either excellent (78%) or very good (22%): ease of communication and usefulness of information provided were rated as excellent (71%) or very good (29%).
- Patient feedback on overall contact with Horizon indicates they felt they had been heard and listened to. Even when difficult conversations were needed, on reflection, they indicated that they had found it was what they needed to hear. They had learnt some new strategies to help cope with difficult emotions and had a sense of control back in their life. Both patients and families commented they had found the service to be flexible to their needs and practicalities in terms of time and place of sessions.
- Developed new information booklets for young people and parents.

Next steps:

- Continue to embed new service.
- In response to feedback, strengthen the parent/ carer workshops, developing further resources; put together a clear pathway for transitions and to support young adults, and to deliver a programme for young people who have recently disclosed sexual abuse.
- Pilot and introduce the new information booklets for young people and parents.

#### 4.6 Improve the quality of service for young people with a learning disability and mental health condition

Improvements achieved:

- Over 30 community staff attended a five day external training programme on positive behaviour support (PBS)<sup>25</sup> in June 2016, based around understanding a person's behaviour and interactions with their environment and teaching the patient new ways to communicate their needs. The staff were from Swindon, Wiltshire, Bath and North East Somerset, Oxfordshire and Buckinghamshire.
- The team have used some of these approaches previously but have not completed formal training.
- The training was followed up with a learning disability 'best practice day' for staff across the counties.

#### 4.7 Child and Adolescent Mental Health Services to implement the new eating disorder pathway

Improvements achieved:

Swindon, Wiltshire, Bath and North East Somerset

- Formally launched their new eating disorder service in March 2017 to external stakeholders. After a vote by the young people, the new service has been named TEDS.
- The logo for the service has been designed by young people, who have been actively involved in the development of the service at every stage.
- TEDS is registered with the external quality network which will allow us to compare ourselves against other services, and we will be undertaking a self-review and also a programme of peer review.
- Eating disorder staff have been attending specialist training throughout 2016/17.

Oxfordshire and Buckinghamshire

- Service officially launched in October 2016 to stakeholders.
- Buckinghamshire single point of access is working well in screening referrals and directing into pathway.

- Oxfordshire single point of access is in development for summer 2017.
- Information leaflets for schools and GPs have been developed and disseminated.
- A clinical reference group has been developed including local GP and Clinical Leads.

Next steps:

- The tender for Oxfordshire adolescent mental health services was successful and the new contract will commence from May 2017.

#### 4.8 Adult Mental Health Teams to move to smaller sub teams using a flexible assertive community framework

Improvements achieved:

- Each of the adult mental health teams has divided into new sub teams using the flexible assertive community framework (FACT). Each sub team works with up to 250 patients, 80% of whom primarily work with one care coordinator and the other (maximum of) 20% are managed through team working as they require more intensive support.
- Patients requiring intensive support are discussed at daily team meetings.
- Each sub team has a lead consultant psychiatrist and is linked to around 10 GP practices.

Next steps:

- Continue to review and develop service model for adult mental health care.

#### 4.9 Service model for step 4<sup>26</sup> psychological therapies to be reviewed and developed to improve access to specialist interventions

Improvements achieved:

- Service model for psychological therapies was reviewed. As a result of this, a consultation with staff and patients was held to consider the integration of step 4 adult psychology service within the adult mental health teams.
- The consultation is completed and the outcome was to integrate the step 4 psychology services within the adult mental health teams. The aims of the

<sup>25</sup> The training excluded the use of restrictive practice as this is not appropriate for a community based team.

<sup>26</sup> Step 4 treatments are for severe mental health difficulties

integration will be to reduce waiting times for psychological therapies, improve care across points of transition, and to provide evidence based therapies in both inpatient and community settings.

- The adult mental health teams will become a single point of access for all treatments including psychological therapies. A new integrated clinical model has been agreed.
- In 2016/17 a huge amount of work has been carried out to reduce waiting times for step 4 psychological services, such as by recruiting new staff. As of the end of March 2017, there were 12 patients in Oxfordshire and 11 patients in Buckinghamshire (predominantly older people) waiting for more than 18 weeks from referral to assessment/treatment. Patients are constantly triaged and prioritised on urgency: we inform patients of the likely waiting time and keep in touch with people to re-assess urgency of need.

Next steps (4.9):

- Psychological therapy staff will move into the new skill mix structure.
- A plan for the delivery of the new integrated clinical model will be developed.

#### **4.10 The Oxfordshire Mental Health Partnership will be introducing a single point of access for the six organisations**



Improvements achieved:

- The Oxfordshire mental health partnership offers a range of mental health care, housing, employment and wellbeing support, by bringing together six local mental health organisations from the NHS and the charity sector: Connection Floating Support, Elmore Community Services, Oxford Health NHS Foundation Trust, Oxfordshire Mind, Response and Restore.
- The partnership formed in 2015/16, with the belief that by working together, we can more effectively improve the lives of our patients and their families. A key part of the partnership was establishing a recovery college which has continued to flourish.
- In addition, project 10 was set up within the partnership between the Trust and

Response. It consists of two new houses enabling 5 patients in each to live more independently. So far, Project 10 has enabled 11 people to step down from 24 hour support to a more inclusive, less institutional environment and 9 people to move out of acute wards into the community.

- Currently trialling joint assessments between the adult mental health teams and partner organisations, which is going well.
- Created a passport assessment so partner organisations do not need to re-refer.
- Linked up referral paperwork so there is only one form for the third sector partners
- The Partnership has won a series of awards: the 'working together' award in 2016 from Oxfordshire community and volunteer action and the commissioners won an award at the national 2016 healthcare transformation awards.

Next steps:

- Continue to work towards implementing a single point of access, through developing a joint triage hub.

#### **4.11 Align the management and delivery of the services in Oxfordshire providing mental health care out of hours**

Improvements achieved:

- The management of the mental health services provided in Oxfordshire out of hours has been brought together to improve coordination, management of capacity across teams and sharing information across teams.
- The service includes key partnerships with the south central ambulance service, Thames Valley Police and Oxford University Hospitals NHS Foundation Trust to provide a street triage team, an ambulance triage service, and a psychiatric liaison team. The street triage team provides mental health support to the police, by doing joint visits to ensure people in crisis receive the most appropriate support and signposting. The ambulance triage service provides mental health support and telephone assessment for members of the public and ambulance staff. The psychiatric liaison team based at the acute hospital sites ensures that

individuals' mental health needs are considered, identified and managed alongside their physical healthcare needs.

Next steps (4.11):

- Improve integrated working with key partners in the ambulance service, police, GPs and acute care providers.

#### 4.12 Patient flow and development of the bed management system to ensure timely admission and discharge

Improvements achieved:

- Daily rapid reviews and daily telephone conferences introduced between wards and community teams to improve communication.
- Workshop held with senior clinicians and managers focused on better managing patient flow.
- In addition project 10 was set up within the Oxfordshire mental health partnership between the Trust and Response. It consists of two new houses enabling 5 patients in each to live more independently. Project 10 has enabled 11 people to step down from 24 hour support and 9 people to move out of acute wards into the community.
- In January 2017, the Trust ran a week-long 'get me home' initiative across the adult and older people services, which focused attention on patient flow and understanding difficulties in the system. In one week, 23 adult acute mental health inpatients 37 community hospital inpatients were discharged. Of these, 22 had previously been delayed waiting for discharge, and 4 older people were discharged from mental health wards. The learning from the week is being used to put improvements in place.

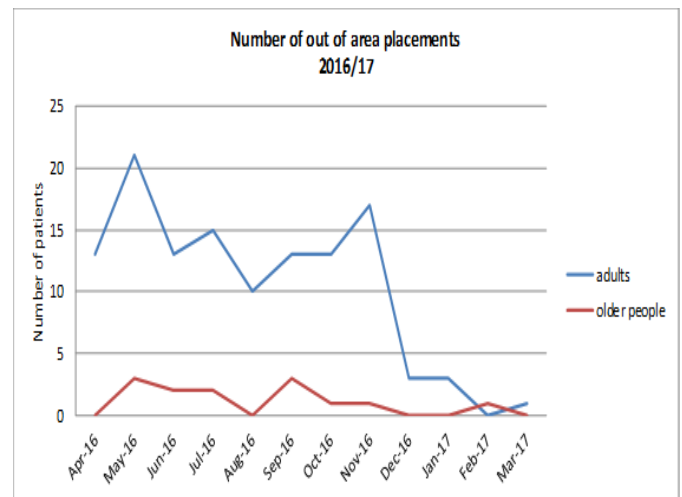
Next steps:

- Implement learning from 'get me home' week.

Key measure:

- Number of out of area placements. The number of patients, bed days and distance is monitored and reported monthly to senior managers (see graph).
- Number of delayed transfers of care. The number of delays from mental health

wards remains low (2% of bed days for 2016/17).



#### 4.13 Improve the productivity whilst retaining the quality of the community nursing service

The Trust has been working with Newton Europe (an external company) and Oxfordshire commissioners on improving the capacity and quality of the district nursing and specialist community nursing services. The demand for the service has been increasing and is expected to continue. The overall aim of the project is to maximise efficiencies and measure the opportunities to release clinical time to care through standardising methods and processes, piloting, reviewing, and implementing the improvements identified. The work has focused on six areas with achievements detailed below.

Improvements achieved;

- *Standardising handovers between the team:* a standard operating procedure (SOP) was tested and amended. A standardised approach has been rolled out across the service which is currently being embedded.
- *Caseload reviews;* the caseload of each team has been reviewed and those patients which do not need the service any longer have been discharged. This work identified a large number of patients who could possibly be discharged and treated by another service, such as a GP practice nurse. However skills and training would need to be provided to partners to enable this change.
- *Reducing travel time:* pilots were completed to optimise nursing time e.g. starting work from home. However this



could not be rolled out further and was put on hold until other improvements and system work are completed (e.g. around IT).

- *District nursing duty desk* to manage unplanned visits: this model has been successfully implemented across all six localities. Standardised processes and procedures, roles and responsibilities and a recording tool have been put in place to improve efficiency across the duty desks and to facilitate shared learning.
- *Standardising the clinical pathway*: the mixed aetiology ulcer pathway to improve healing times and reduce visits and the cost of dressing was identified. A pilot was planned alongside the implementation of staff training and a baseline clinical audit. From the outcome of the audit and a request from staff to identify patients for the new pathway we discovered a need to improve staff competence in leg ulcer mixed aetiology assessment and establishing aetiology before the new 24 week pathway pilot could commence. This is planned to start from April 2017.
- *Co-locating district nursing teams* into larger teams: background work has been carried out and some testing of different models where this has been supported by GPs and other partners.

Next steps (4.13):

- A quarterly audit has been implemented to monitor the continued progress with the above six priority areas.

#### **4.14 Implement a new outpatient ambulatory care clinic for South East Oxfordshire patients**

Improvements achieved:

- The rapid access care unit opened in January 2017 in partnership with the Royal Berkshire NHS Foundation Trust. The service is available 7 days a week, 365 days per year and the initial opening hours are from 08:00 to 20:00.
- In the first three months the service has supported: 43 new patients and 130 follow up appointments. 8 inpatients have been treated with an average length of stay of 9 days.

- The service has received a number of commendations from local GPs and patients regarding the care that has been provided.

#### **4.15 Achieve and maintain external accreditation for each of the mental health services (inpatients and memory services)**

Improvements achieved:

- The three older people mental health wards have applied and been inspected to achieve the external AIMS<sup>27</sup> accreditation. The service is currently addressing an issue with dedicated psychological interventions on each ward and recruitment is underway.
- The five older people community mental health teams (each with a memory service) have achieved the MSNAP<sup>28</sup> external accreditation. Work is underway to prepare for the re-accreditation in 2017/18.

#### **4.16 Improve inpatient identification and management of depression on older people mental health wards**

Improvements achieved:

- An agreed depression rating scale was introduced on a test ward (the Montgomery-Asberg Depression Scale (MADRS)). The ratings are based on a clinical interview moving from broadly based questions about symptoms to more detailed ones, allowing for a more precise rating of depression severity.
- Following roll out a baseline audit was completed: the results demonstrate that 72% of patients with a diagnosis of depression were assessed on admission using the MADRS rating scale. Of this group of patients, 85% also had a MADRS completed prior to discharge.

Next steps:

- Take learning from test ward to roll out to other wards.

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<sup>27</sup> AIMS stands for accreditation for inpatient mental health services

<sup>28</sup> MSNAP stands for memory services national accreditation programme



## **Appendix A. External Accreditations, Peer Reviews and Quality Network Membership**

Accreditation	Body	Service	Comments
Memory Services National Accreditation programme (MSNAP)	The Royal College of Psychiatrists	Memory service clinics across older people services in Oxfordshire and Buckinghamshire	Accreditation awarded Oct 2015 until Oct 2017.
Electroconvulsive therapy (ECT)	The Royal College of Psychiatrists	Whiteleaf Centre, Aylesbury	Accredited to April 2017
Electroconvulsive therapy (ECT)	The Royal College of Psychiatrists	Warneford Hospital, Oxford	Accredited to Dec 2019
Quality Network for Inpatient CAMHS	The Royal College of Psychiatrists	Marlborough House, Swindon (1 ward)	Currently a member and receiving annual external reviews.
Quality Network for Inpatient CAMHS	The Royal College of Psychiatrists	Highfield, Oxford (1 ward)	Currently a member and receiving annual external reviews.
Community of Communities	The Royal College of Psychiatrists	Oxfordshire Complex Needs Service	Accredited 12 <sup>th</sup> year
Community of Communities	The Royal College of Psychiatrists	Buckinghamshire Complex Needs Service	Accredited 11 <sup>th</sup> year
Medium Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	Marlborough House, Milton Keynes (2 wards)	Annual peer review
Medium Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	The Oxford Clinic, Oxford (2 wards)	Annual peer review
Low Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	Woodlands, Aylesbury (1 ward)	Annual peer review
Low Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	Thames House and Wenric (3 wards)	Annual peer review
UKMi (UK Medicines Information)	UK Medicines Information	Trusts Medicines Information Department (trust-wide)	Awarded following audit in 2009
Quality Network for Eating Disorders (QED)	Royal College of Psychiatrists Centre for Quality Improvement	Cotswold House, Marlborough (1 ward)	Accreditation achieved, next review March 2019
Quality Network for Eating Disorders (QED)	Royal College of Psychiatrists Centre for Quality Improvement	Cotswold House, Oxford (1 ward)	Accreditation achieved, next review March 2018
Triangle of Care member (carers)	Carers Trust	All services across the Trust	The Trust became a member in June 2014 and achieved 2 gold stars in Dec 2015. Accreditation reviewed and maintained in Dec 2016
Quality in Dental Service Award	British Dental Association	Salaried dentist service	Dec 2014 achieved accreditation
Safe Effective Quality Occupational Health Service (SEQOHS)	SEQOHS	Occupational health team at Oxford Health NHS Foundation Trust	Accreditation achieved in March 2015

Accreditation	Body	Service	Comments
Accreditation for inpatient mental health services (AIMS)	The Royal College of Psychiatrists	Adult mental health wards (7 wards)	All the adult acute and rehab wards achieved accreditation in July 2015
Accreditation for inpatient mental health services (AIMS-PICU)	The Royal College of Psychiatrists	Psychiatric Intensive Care Unit	Ashurst achieved accreditation in December 2015
UNICEF baby friendly initiative – to improve standards of care for breastfeeding	UNICEF and WHO	Health visitors service	Achieved stage 1 in May 2015 and stage 2 in Feb 2016. Preparing for stage 3 assessment to complete in 2017
Psychiatric liaison accreditation network (PLAN)	The Royal College of Psychiatrists	Emergency Department Psychiatric Service Oxfordshire	Accredited June 2016
Accreditation for inpatient mental health services (AIMS) Older People	The Royal College of Psychiatrists	Older People mental health wards (3 wards)	Working towards accreditation.  External review visit completed in August 2016 and service waiting for outcome.  See page 50.

## **Appendix B. National Clinical Audit; actions to improve quality**

The reports of five national clinical audits were reviewed by the provider in 2016/17 and Oxford Health NHS Foundation Trust intends to take the following key actions to improve the quality of care provided.

### **National chronic obstructive pulmonary disease (COPD) Pulmonary Rehabilitation**

- No action required as this audit was a mapping exercise of services being provided across England and Wales and did not measure pre-defined audit standards.

### **POMH-UK Topic 13b Re-audit of prescribing for ADHD in children, adolescents and adults**

- Implementation of a heart rate centile chart, growth chart and BP chart across services.

### **POMH-UK Topic 11c Re-audit of prescribing antipsychotic medication for people with dementia**

- Improve the review of antipsychotic prescribing by adding antipsychotic to the patient's risk assessment.
- Patients on an antipsychotic for behavioural and psychological symptoms are now managed on CPA, and a review of the antipsychotic will be added to their care plan.
- Trust guidance updated recommending a review after 6 months

### **POMH Topic 15a Prescribing Valproate for Bipolar Disorder and POMH Re-audit of prescribing for substance misuse: alcohol detoxification**

- On going development of net formulary.
- A review of the psychotropic guideline is underway to ensure the monitoring requirements by either primary care or secondary care is made explicit.
- A review is underway of the clinical standards for clinicians on how to record information regarding medicines on care notes in the absence of electronic prescribing.

### **National Sentinel Stroke Audit (SSNAP)**

- Over the last year we have committed time and effort to improve the quality of our SSNAP compliance which has been achieved by sharing the responsibility across professions, investing in training and education and ensuring protocols are in place. Focus going forward will be on setting up a stroke governance group and further reviewing the training and education needs of our nursing staff and holding stroke celebration events.

## **Appendix C. Local Clinical Audit: actions to improve quality**

The reports of twenty six local clinical audits were reviewed by Oxford Health NHS Foundation Trust in 2016/17 and listed below are some examples of the actions taken.

### **Antimicrobial Prescribing Audit**

- A new medication chart is being piloted which includes a specific page for antibiotic prescribing. If successful the new medication chart will be rolled out across the Trust.

### **Inpatient Discharge Summaries**

- Work is underway to develop electronic discharge summaries which will be sent automatically to GPs.

### **Early Intervention in Psychosis audit**

- Allocation slots now available for care coordination within two weeks of referral to the Early Intervention Service (EIS). Performance against target is being monitored within the directorate.
- To improve access to Cognitive Behavioral Therapy for Psychosis (CBTp), the EIS currently have six clinicians undergoing the two year CBTp training program.
- Family interventions delivered will now be recorded as an event on Carenotes which will allow accurate reporting from Carenotes.
- A pilot project is underway within EIS for a support worker to take on the individual placement and support (IPS) worker role.
- Staff have been trained in IPS and given guidance on where to record this information on Carenotes.
- Physical health clinics have been established within the team. Mobile health appointments are now available and staff have been supplied with necessary monitoring equipment. Ongoing monitoring of psychotropic medication issues provided to primary care will be monitored through a quarterly clinical audit.
- Patient information leaflets for physical health have been developed.

### **CQUIN audit - Cardio metabolic assessment and treatment for patients with psychoses**

- Educational information for patients and carers about the rationale for better physical health care and the importance of physical health checks.
- 'my physical health' clinics have been set up for patients who are reluctant to go to their GP
- Ensure physical health issues including monitoring are discussed and reviewed at least annually or at every CPA review.
- Care co-ordinators to ensure that for each CPA review they request a history sheet from the patients GP to inform the multi-disciplinary team about the outcome of physical health checks and to provide assurance that the checks have been undertaken.
- Provide appropriate training for physical health assessment, monitoring and management.

### **CQUIN audit of Communication with GPs**

- To improve the recording of psychotropic medication monitoring requirements for GPs, a template letter was implemented across the adult and older people community mental health teams. This template standardised the information to GPs. Improvement is continuing to be monitored through a quarterly clinical audit.

### **Care Programme Approach (CPA) quarterly audit**

- A simplified care plan format for the new electronic patient record system, Carenotes, was implemented. This will support staff to better evidence the views of patients, and patient involvement in the care planning process.
- More regular checks of care plans for wards and community teams have been introduced alongside sharing good practice examples to support staff development.

## Summary - Patient and Carers Involvement and Experience Strategy 2016-2019

*The three year strategy covers both patient experience and involvement as the two are closely linked. The Trust believes that if people of all ages are involved in their care and treatment, and in improving and developing the services they receive, they will have a better experience and often a better personal outcome. By working in partnership and asking, listening and using feedback from people who use our services, their carers and families we can make improvements and changes which make a difference.*

*The strategy has the below three aims;*



### Person-centred Care

- To ensure all people who use our services and their carers are involved and are valued as equal partners in the involvement activity.
- Improve engagement of patients and carers in care planning in all teams so that; All patients, and where appropriate carers, are offered the opportunity to develop their care plan and risk assessment as part of working in partnership. All care plans are personalised and meet the individual's need and identify clear goals
- Increase the number of patient and carers which co-design, co-deliver and participate in the same training as staff (learn from the recovery college model)
- All projects for service redesign/ developments will include people who use our services from the planning stage
- Information will be provided in a format which is easily understandable, so enabling accessibility for all



### Acting on Feedback

- To increase the amount of feedback from patients and making changes for improvements based on the feedback
- Routinely asking for feedback
- Sharing and discussing feedback with all team members
- Acting on both positive and negative feedback
- Routinely sharing with patients the changes that have been made as a result of feedback



### Patient Involvement in services

- To increase the use of 'social media' and modern technology as a means of engaging and involving people better so that people can share their experiences
- To ensure those people who want to get involved are able to access information easily and in a format which they can understand
- Increase the amount of involvement activities offered and being taken up and peoples experiences of being involved
- To increase the number of people in involvement activities from the 'harder to reach groups
- Interview panels will include people who use or have used our services and carers, as equal partners
- Peer review visits will include people who have used our services as a normal part of the process

## Annex 1. Statements from our partners on the quality report and account

### Oxfordshire Clinical Commissioning Group (OCCG)

OCCG has reviewed the Oxford Health Quality Account and believes that the information it provides is accurate. Oxford Health is a large NHS organisation that covers many services across a large geographical area. OCCG recognises that a written statement of quality will never be able to provide the public full and comprehensive assurance on its own. The Oxford Health Quality Account is presented in a clear format that allows the reader to navigate the document and generally avoids the use of jargon.

OCCG welcomed Oxford Health's selection of workforce development, patient/carer involvement, harm-free care and innovation as the quality priorities for 2016/17. The Account contains a good description of achievement against these priorities. The Trust has worked hard to improve the experience of staff, and their success in this is reflected in the staff survey. Attracting and retaining high quality, motivated staff is crucial to delivering high quality compassionate care. There remain some areas for development to ensure all staff have a positive experience of their employment. We look forward to continued improvement in this area.

The Trust has introduced some excellent innovations in 2016/17, including peer support workers in one of the adult mental health teams and the use of the 'knowing me' dementia passports. The Account sets out how the Trust receives and acts on patient feedback.

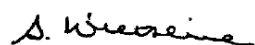
The CCG notes the *continued development* of these priorities into 2017/18. The CCG welcomes the focus on patient safety, particularly given the recent CQC rating. The work the Trust has done on reviewing mortality is to be commended. This is clearly aligned with National Learning from Deaths requirements.

It would be good to see an Account which reflected the range of services provided by the Trust. Community services, specialist nursing and other services that are provided to the community are underrepresented in the Account. A greater focus on this aspect of service next year would be welcome, particularly in light of the strategic direction towards more care in the community.

The Account details good contributions to research, audits and national inquiries. The quality of community nursing has consistently been identified as an area which presents a quality challenge. Pressure ulcers are a significant patient safety and are very good indicator of quality. While the account includes a lot of data about the number of pressure ulcers and their origin it would be interesting to have a description of some of the innovative practice developments that have helped to reduce the number of grade 3 and 4 pressure ulcers in 2016/17.

The health economy faces significant challenges. Better integration of services is crucial to delivering safe and efficient services for the future.

Overall, OCCG believes that this Quality Account gives readers confidence that the Trust is being open and honest about the quality of services across the organisation and is committed to driving continuous improvement in the quality of its services.



Sula Wiltshire  
Director of Quality & Innovation and OCCG Lead Nurse  
12<sup>th</sup> May 2016



Chiltern and Aylesbury Vale Clinical Commissioning Groups (CCGs) have reviewed the Oxford Health Foundation Trust Quality Account against the quality priorities for 2016/2017. There is evidence that the Trust has relied on both internal and external assurance mechanisms, including Care Quality Commission reports to provide a comprehensive Quality Account review.

The Quality Account demonstrates the Trust has made good progress in the quality priorities identified for the year under review. A Care Quality Commission (CQC) inspection was carried out on 14th to the 16th June 2016. The subsequent re-inspection noted that the required improvements had been made and the overall rating for the Trust revised to 'Good'.

Furthermore, the CQC highlighted when they undertook their previous comprehensive inspection in September - October 2015, they rated nine of the 14 core services provided by the trust as 'Good' and one (community health services for children, young people and families) as 'Outstanding'. The CQC re-inspection assessed three of the core services they had rated as 'Requires Improvement'; they have now revised the ratings of these three core services to 'Good'.

Detailed comments were included within the relevant Quality Account priority sections detailed below as part of the feedback process for the Quality Account review by the CCGs. This included narrative related to improvements made and next steps. The CCGs have also provided high level commentary below to recognise achievements and areas the CCGs would like to see improvements.

### **Quality priority 1: Enable our workforce to deliver services**

The CCGs recognise that the Trust has achieved target on 1 out of the 5 improvement measures for this priority area and has achieved close to target on the remaining 4 areas. The CCGs have suggested an improvement area for focus; this is on improving the completion of appraisal rates across all staffing groups. It is our hope that by improving appraisal rates with staff and other initiatives being considered or applied by the Trust the Trust will be successful in improving retention and recruitment which remains a challenge for the Trust.

### **Quality priority 2: Improve patients, families and carers experiences**

The CCGs recognise that the Trust has achieved 3 out of the 5 improvement measures for this priority area and has achieved close to target on the remaining 2 areas. The CCGs have suggested an improvement area for focus; this is on improving the Friends and Family Test (FFT) recommendation score for Mental Health Services.

### **Quality priority 3: Increase harm free care**

The CCGs recognise that the Trust has achieved 7 out of the 8 improvement measures for this priority area and has not achieved on the one remaining area for improvement, whilst noting this has been carried over for the 2017/18 improvement priorities. A more detailed narrative has been provided as part of the feedback contained within the Quality Account draft shared with the CCGs.

The CCGs have suggested a number of improvement areas detailed below where the CCG will support the Trust to progress these:

- The reduction of the use of prone restraints.
- Progress in the application of the Duty of Candour for moderate graded incidents.
- Progress in the responsiveness to clinical concerns raised within primary care.

### **Quality priority 4: Improve quality through service remodelling & innovation**

The CCGs recognise that the Trust has achieved 12 out of the 16 improvement measures for this priority area and has achieved close to target on the remaining 4 areas for improvement. The Quality Account demonstrates the outward focus of the Trust in terms of service improvement and innovation.

The CCGs would like to see some focused improvement activity in 2017 on improving pathways for transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services.

The Quality Account provides a balanced overview of the Trust's performance over the last 12 months and clearly identifies the achievements within the period reported, but also areas within their service delivery where improvements could be made. The Clinical Commissioning Group welcomes the openness and transparency of this approach and are committed to supporting the Trust in achieving improvement in the areas identified within the Quality Account.

For the purpose of the review of this Quality Account we have focussed on the Mental Health services as it is those which are commissioned by the Buckinghamshire CCGs. 3

We are grateful to the Trust for working in such an open and transparent way with Commissioners and wider stakeholders. The Trust has demonstrated a commitment to working collaboratively with commissioners and we will continue to work together to support the Trust on its improvement journey.



Lou Patten  
Accountable Officer  
15<sup>th</sup> May 2017

#### Council of Governors

Trust received a number of comments from our Council of Governors and the chair of the Governor's Quality and Safety Sub-committee has written the following statement on behalf of the committee.

As well as the council of governor meetings, the quality and safety sub-committee has met four times in 2016/17 in a variety of locations across the Trust. The purpose of the committee is to review the quality and safety of services provided by the Trust and to assist the council of governors to hold the board of directors to account. Its membership includes governors, a non-executive director, the director of nursing and clinical standards and the head of quality and risk. It has been difficult at times to schedule meetings in a wide variety of locations but the committee is committed to ensuring the whole range of services and geographical locations of the trust is reflected in its meetings. There was a successful Governors workshop to discuss the Quality Account and it is planned for this approach to continue.

All committee member views have been sought on the proposed quality account and in our opinion this quality account is a comprehensive and in-depth review which reflects the different services and the quality of care provided across the five counties the Trust operates within. The governors would like to celebrate the achievements made by staff to improve quality and encourage staff to keep working on the areas we did not fully achieve last year.

The quality account appropriately highlights the demands being placed on service delivery from financial challenges to the ever growing demands with the increases and change of needs in the local population. The report highlights the improvements which have been made to the quality and safety of care despite these challenges, with the development of partnerships with other organisations being an important element. The governors believe that good quality care is also cost effective care but we must ensure the cost improvement programme does not prevent us from maintaining the quality improvements we have already achieved.

The governors are pleased that there remain overarching priorities for 2017/18 and that the number of objectives continue to be reduced to allow a clearer focus. We also support that enabling the workforce continues to be the number one priority.

The sub-committee has found the Trust to be diligent in its presentation of information and willing to be open where improvement is required or objectives have not been achieved. We are pleased, therefore, to endorse the quality account and quality report and to continue to work with the Trust to improve services for local people across its range of services.

Louise Willden  
Chair of the governor's quality and safety sub-committee  
17th May 2016

#### Oxfordshire Health Watch

Thank you for inviting us to comment on the Trust's Quality Account for 2016/17. I read with interest the noteworthy progress made on last year's commitments.

We are particularly interested in the progress made by the Trust under Quality Priority 2 Improve patients, families and carers experiences that focusses on the whole Trust community and particularly welcome the Trust's ongoing commitment to fully involve patients and carers in the Trust-wide patient and involvement strategy 2016-19. I am sure that one area of frequent comment heard by Healthwatch - waiting times and access to services - will be raised by patients and carers during this process.

Looking forward to 2017/18 we are particularly interested to hear about how the trust achieves its Objective 2.6 - Improve transitions between care pathways across ages, particularly children to adult services an area that we hear much about. We will also watch with interest, under Quality Priority 4: Promoting health and wellbeing of patients and staff, the Trust's aspiration to develop effective multi-disciplinary teams at a neighbourhood level – including health, social care and the third sector –and how these teams show benefit to the patient and carer.

Thank you very much for allowing us to comment on your report; we look forward to working with you as a key stakeholder in the next year.

Yours sincerely,



Rosalind Pearce  
Executive Director  
11<sup>th</sup> May 2017

#### Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC)

Thank you for sharing the Oxford Health NHS Foundation Trust's (OHFT) draft Quality Account with the Committee for comment. This document is a valuable tool in helping the public to understand the Trust's performance and priorities for improving the quality of local community-based services.

The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) notes with approval the joint work undertaken by the Trust with other healthcare providers in Oxfordshire, for example it's shared focus with Oxford University Hospitals Trust on end of life care and delayed transfers of care.

However, despite this joint approach the Committee continues to hear of disappointing patient experiences when dealing with a multitude of healthcare professionals after an acute hospital stay. As such we would encourage a continued focus on partnership working and recommend that the Trust seeks input from partners across the health and social care system when shaping its priorities for 2017-

18. We believe this would give greater attention to quality issues that span the health and care pathway and improve overall patient outcomes.

To this end, HOSC would like to see quality measures that are aligned and consistent with other Provider Trusts and aim to improve the quality of 'end to end' patient experiences and patient outcomes.

In support of this, the Committee is keen to encourage the continued use of an outcomes-based approach to service provision. We would like to see the Trust build on the success of the mental health partnership and service model, utilising the skills and expertise of third sector organisations to improve the quality and range of community-based services.

The Committee would welcome further discussion at a future HOSC meeting about the progress being made against the Trust's 2017-18 priorities.

Yours Sincerely

A handwritten signature in grey ink, appearing to read 'Yvonne Constance', is positioned below the 'Yours Sincerely' text.

Cllr Yvonne Constance OBE  
Chairman Oxfordshire Joint Health Overview & Scrutiny Committee  
8<sup>th</sup> May 2017

## Annex 2. Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts/ Reports for each financial year.


NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2016/17 and supporting guidance
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to March 2017
  - papers relating to quality reported to the board over the period April 2016 to March 2017
  - feedback from the commissioners dated May 2017
  - feedback from the governors dated May 2017
  - feedback from local Healthwatch organisation dated May 2017
  - feedback from Overview and Scrutiny Committed dated May 2017
  - the Trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 10/05/17
  - the 2016 national patient survey
  - the 2016 national staff survey
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 24<sup>th</sup> May 2017
  - CQC inspection report dated 24/08/2016
- the quality report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board.



**Martin Howell**  
Chairman  
Date: 24<sup>th</sup> May 2017



**Stuart Bell CBE**  
Chief Executive  
Date: 24<sup>th</sup> May 2017

### **2016/17 limited assurance report on the content of the quality reports and mandated performance indicators**

#### **Independent auditor's report to the council of governors of Oxford Health NHS Foundation Trust on the quality report**

We have been engaged by the council of governors of Oxford Health NHS Foundation Trust to perform an independent assurance engagement in respect of Oxford Health NHS Foundation Trust's quality report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Oxford Health NHS Foundation Trust as a body, to assist the council of governors in reporting Oxford Health NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Oxford Health NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

#### **Scope and subject matter**

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 1) 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital
- 2) Admissions to inpatient services had access to crisis resolution home treatment teams

We refer to these national priority indicators collectively as the 'indicators'.

#### **Respective responsibilities of the directors and auditors**

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by Monitor.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the Detailed Guidance for External Assurance for Quality Reports for Foundation Trusts 2016/17; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the items listed in section 2.1 of the Detailed Guidance for External Assurance for Quality Reports for Foundation Trusts 2016/17.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.



## Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the ‘NHS foundation trust annual reporting manual’ to the categories reported in the quality report; and
- reading the documents.

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

## Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the ‘NHS foundation trust annual reporting manual’.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Oxford Health NHS Foundation Trust.

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the quality report is not prepared in all material respects in line with the criteria set out in the ‘NHS foundation trust annual reporting manual’;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the Detailed Guidance for External Assurance for Quality Reports for Foundation Trusts 2016/17; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the ‘NHS foundation trust annual reporting manual’.

Deloitte LLP  
Chartered Accountants  
Reading  
24<sup>th</sup> May 2017