



Oxford Health
NHS Foundation Trust



Annual Quality Report

2017/18



Caring, safe and excellent

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About this report

This is an annual report about the quality of services offered by Oxford Health NHS Foundation Trust. It is an important way for us to report on quality and show improvements in the services we deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments, and patients experiences of their care.

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. This section also explains who we are, how we define high quality patient care and the partnerships we have developed. (pages 4-9)

Part 2 - Sets out our priorities and objectives for improvement for 2018/19. (pages 10-12)

Part 3 - This section reports on our performance against national indicators and includes set information all Trusts have to report in their quality reports. (pages 13-27)

Part 4 - Describes how we have performed against our local objectives in 2017/18. (pages 28-62)

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 2017-2018 Quality Report, please contact: Jane Kershaw on 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, 2018/19.

The past year has been challenging for us like all healthcare services facing rising demand, difficulties with recruiting and retaining staff, changing needs and expectations, and tough economic circumstances. Meeting these challenges whilst maintaining high quality care has not been easy. We are proud of the care our staff provide and the innovations they continue to develop.

To meet the challenges, we are increasingly working 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.

We have received over 16,000 surveys with feedback from patients and their families which has helped us to shape what we do and also to measure how we are progressing. Overall 92% of patients said they would recommend the care they received and they rated the care as 4.7 out of 5.

We are pleased to be rated by the Care Quality Commission as providing 'Good' quality care: this would not have been possible without the hard work and dedication of our staff.

Despite the difficulties 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, improvements and innovations our staff have made in the last year. These include;

- ❖ Successful transition of Oxfordshire learning disability services in July 2017
- ❖ Introduction of virtual beds in community hospital wards, whereby a patient is supported at home by staff from the ward to promote rehabilitation.
- ❖ Point of care diagnostic blood testing in urgent care services so that staff can make quicker decisions about treatment.
- ❖ Improvements in physical healthcare for patients with a mental health condition
- ❖ Reducing harm from pressure damage
- ❖ Named a global digital exemplar.

Towards the end of 2017 we set up a Healthcare Improvement Centre with dedicated resource to build expertise and capacity so that all staff are continually improving the quality of care, as well as sharing and sustaining positive changes.

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

Out of the 23 local objectives we set ourselves for 2017/18 we have fully achieved 17, four were close to target and we were not able to meet our target for two. Building on these our quality priorities for 2018/19 are:

- ❖ Improve staff health and wellbeing
- ❖ Improve the experiences of patients and their families and carers
- ❖ To continuously and reliably improve patient safety
- ❖ Prevention and self-care for patients

These priorities link closely to the Trust's overall strategy which was recently reviewed to realign activities around three strategic themes. Over the next 3 to 5 years the strategic themes will focus on the:

- ❖ Five year forward view for mental health and learning disabilities
- ❖ Care closer to home
- ❖ New models of care

Internally, the Trust will undergo an organisational restructure in 2018. This is designed to align all-age services across geographies, improve working with partners within each system we operate, and to support achievement of the strategic themes for mental and physical health.

We will continue to work with our staff, involve and work with the people we care for, and build on our strong track record of working in partnership with other organisations to achieve our vision.



Stuart Bell CBE
Chief Executive

No document can truly convey the breadth of work taking place across a large organisation; or reflect the dedicated work taking place every day. 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 2017/18 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: 24th May 2018

Part 1.1 Who we are

We are a community-focused organisation that provides physical health, mental health and learning disability services with the aim of improving the health and well-being for the local communities we provide services within. We employ around 5,000 WTE staff and on average treat over 43,000 patients a month. We provide services for children and young people, adults and older people across Oxfordshire and Buckinghamshire, and child and adolescent mental health services and eating disorder services in Swindon, Wiltshire, Bath and North East Somerset. The provision of the Oxfordshire learning disabilities and autism service was transferred to the Trust from Southern Health NHS Foundation Trust in July 2017.

The main services we provide include;

Physical healthcare services

- Children's integrated therapies
- Cleft lip, palate & craniofacial speech and language therapy service
- Children's community nursing
- Looked after children service
- Salaried dental service
- Family assessment & safeguarding service
- Family nurse partnership
- Health visiting service
- School nursing service
- Luther street medical centre for homeless people
- Children and adult bladder and bowel service
- Care home support service
- Chronic fatigue service
- Community diabetes service
- Adult community therapy service
- District nursing service
- Tissue viability service
- Emergency multi-disciplinary assessment units
- Rapid access care unit
- First aid units
- Minor injury units
- Hospital at home service
- GP out of hours' service
- Falls prevention service
- Nutrition & dietetic service
- Heart failure community nursing
- Pulmonary rehabilitation service
- Respiratory service
- Physical disability physiotherapy service
- Podiatry
- Adult speech and language service
- Community hospital wards

Mental and Learning Disability healthcare services

- Children and Adolescent mental health community and inpatient service
- Children neuropsychiatry service
- Adult mental health community and inpatient service
- Older people mental health community and inpatient service
- Memory clinics
- Eating Disorder community and inpatient service
- Adult autism diagnostic service
- Complex needs service
- Early intervention service
- Forensic mental health community and inpatient service
- Learning disabilities community and step down care home
- Perinatal service
- Emergency psychiatric liaison service
- Improving access to psychological therapies (for mild or moderate conditions)
- Psychological therapy service (severe/complex conditions)

The Trust's values are caring, safe and excellent.

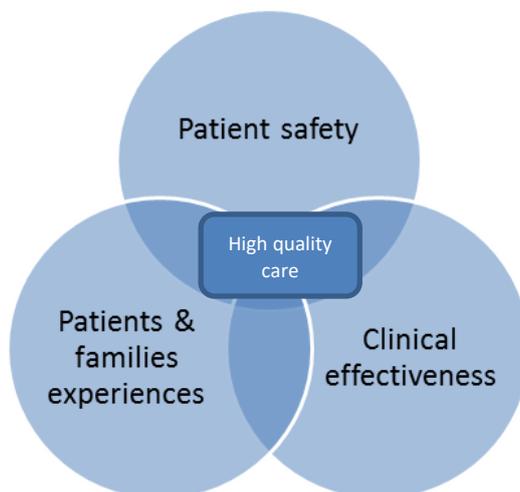


Part 1.2 Our view of quality

The Trust uses the national definition for high quality patient care, and this means we aim for our services to be;

- **Safe:** people are protected from avoidable harm and abuse. When mistakes occur we learn from these.
- **Effective:** people's care and treatment achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
- **Positive experience:**
 - **Caring:** staff involve and treat you with compassion, dignity and respect
 - **Responsive and person centred:** services respond to people's needs and choices and enable them to be equal partners in their care.

The diagram below shows how all three domains must be present to deliver high quality care.



The Trust reviews the quality of care on a regular basis through a governance structure which involves a focus on each of these domains (safety, effectiveness and patient experience) separately in detail and also as a whole through the Quality Committee. In addition, a monthly report on the quality of care and improvements being made is presented to Board, to see the full reports go to <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>

In December 2017 the Trust established a **Healthcare Improvement Centre** to enable the delivery, sharing and sustainment of improvements in care. This is an important element of building capacity and capability in quality improvement and developing links to learn and share with other organisations. In the first four months the centre has focused on: recruitment of improvement leads, testing an improvement framework, developing a strategy for the centre, and teaching on the leadership development programme and preceptorship programme. The first quality improvement projects are being developed with senior clinicians.

The Trust commissioned an **external well-led governance review** in August 2017 against NHS Improvements standards. The review concluded that the Trust is a well-led organisation that is self-aware, open and transparent. The review identified many areas of good practice and some areas for improvement, with the focus of the majority of the recommendations being to ensure that the Trust continues to perform strongly in the future. In response to the review a development plan was developed and progress has been reported to the Quality Committee and Trust Board.

We value being awarded **external accreditations** and having external peer reviews as an approach to drive and share quality improvements across the Trust against established national best practice. So far we have 19 different service types accredited, a full list is in Appendix A. The Trust also runs a **peer review programme** established from early 2015 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. Around 40-50 peer review visits are completed each year with members of the review team including clinicians from other teams/ services, patients, carers and governors. Peer reviews are a crucial way teams share best practice.

Part 1.3 Working in partnership

Each of our clinical teams relies on working in partnership with patients, their families and other organisations on a daily basis to deliver high quality care. The organisations we work with regularly include GPs, social care, other NHS Trusts (acute and ambulance providers), third sector organisations, schools, care homes, universities and the police. In addition to this we continue to develop formal partnership arrangements which is an important part of our strategy to help us to strive for our vision of outstanding integrated care.



Examples of the formal partnership arrangements include;

- ❖ Being part of the Buckinghamshire Integrated Care System to continue to develop how partners in the county are working together to deliver better, safer and more joined up health and social care for the local communities.
- ❖ Oxfordshire Mental Health Partnership: with 6 mental health organisations working together
- ❖ We are working with Seesaw, a bereavement support charity, and schools to develop a handbook for schools following sudden death of a young person.
- ❖ Developing the Thames Valley and Wessex Forensic Network, whereby we are operating as the lead provider with responsibility for commissioning whole pathways of care across a large geography, resulting in reduced out-of-area treatments, reduced lengths of stay, reduced expenditure on beds and increasing available investment in out-of-hospital care.
- ❖ The recently re-modelled Swindon, Wiltshire and BaNES¹ and Oxfordshire Children and Adolescent Mental Health Service provide an integrated service with third sector partners that builds community and individual resilience, educates other agencies around emotional wellbeing and mental health, prevention, early consultation, advice, treatment and self-management. This mirrors a successful model already implemented in Buckinghamshire for children.
- ❖ Developing a joint enterprise with Oxfordshire GP Federations, to be called the Oxfordshire Care Alliance. This is an opportunity to ensure that a patient is at the centre of how services are delivered, by moving away from historical organisational boundaries and focussing on personalised care, which is integrated at the point of delivery and tailored to each individual patient.

¹ Bath and North East Somerset

- ❖ Oxfordshire children’s community nursing team works in partnership with ROSY (Respite nursing for Oxfordshire’s Sick Youngsters)
- ❖ Age UK work with the Oxfordshire Physical Disabilities Physiotherapy Service to provide exercise classes in conjunction with the Falls Team called generation games, and they also provide a dementia advisory service at the memory clinics we host.
- ❖ A new Oxford School of Nursing and Midwifery was formally launched in June 2017 through a unique partnership between the Trust, Oxford Brookes University and Oxford University Hospitals NHS Foundation Trust, under the umbrella of the Oxford Academic Health Science Centre. The purpose of the School is to create a joint University and Trust environment, and by offering a model of education, research and clinical practice we hope to better attract and retain nurses and midwives.
- ❖ The Trust has strong links to the University of Oxford, which has been rated as the world’s best institution for medical and health teaching and research for the past 7 years.
- ❖ A new care model for Adult Eating Disorders with Avon and Wiltshire Partnership Trust, 2Gether, Berkshire Healthcare NHS FT, Weston Area NHS Trust, Southern Health NHS FT, Dorset Healthcare Trust and Priority/Partnerships in Care
- ❖ A coalition of 7 healthcare organisations including the third sector being led by the Tissue Viability Society was formed to ensure lower leg and foot conditions receive the urgent attention they need. Inspired by the ‘Stop the Pressure’ campaign, the Legs Matter campaign will urge patients and clinicians to ‘Stand up for legs’ so that lower leg and foot conditions receive the same level of awareness as pressure ulcers.
- ❖ The Trust is hosting three Academic Health Science Networks around;
 - Early intervention in psychosis
 - Anxiety and depression
 - Dementia

Examples of art work produced by patients and displayed across the Trust



Part 2. Priorities for improvement

Part 2.1 Quality Priorities for 2018/19

The quality priorities and objectives identified for 2018/19, detailed in table 1 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 effectiveness, and patient, family and carer experiences. We will report on progress against the objectives through the year to the Trust's Quality Committee.

We will continue to focus on four overarching priority areas, with new objectives organised under these;

- ❖ Quality priority 1: Improve staff health and wellbeing
- ❖ Quality priority 2: Improve the experiences of patients and their families and carers
- ❖ Quality priority 3: To continuously and reliably improve patient safety
- ❖ Quality priority 4: Prevention and self-care for patients

The quality objectives underneath the priority areas have been developed based on:

- Our performance in 2017/18
- Progress with the 2017/18 quality objectives and capacity to improve further
- Feedback from staff, patients and families
- Our business priorities and strategic themes
- Quality improvement projects being developed with the Healthcare Improvement Centre
- The seven priorities in the local sustainability and transformation partnership for Buckinghamshire, Oxfordshire and Berkshire West to integrate provision of care and to tackle challenges together
- National drivers and challenges
- Recommendations following the reviews of incidents, deaths, complaints and audits
- Discussion with the Council of Governors
- Speaking to key external stakeholders
- External inspections and reviews

As part of a comprehensive review of the Trust's strategy we are realigning improvements around three strategic themes; five year forward view for mental health (and learning disabilities), care closer to home and new models of care for forensic, eating disorder and adolescent inpatient services. The quality objectives for 2018/19 align to these themes as shown in the table below.

The objectives also take account of the national Commissioning for Quality and Innovation (CQUIN) schemes agreed with our commissioners for 2018/19 which include improving staff health and wellbeing, improving physical healthcare for people with a severe mental illness, preventing ill health through prevention work, and transitions from children's mental health services.



Royal College of Psychiatrists Awards 2017 – older adult CMHT in Oxfordshire



The NHS Chief Allied Health Professions Officer visiting Trust services in 2018

Table 1. 2018/19 quality priorities and objectives

Objective	Relevant to which types of service	How will success be measured	Link to national Quality Domain	Link to Trust's strategic theme	Comment
Priority 1. Improve staff health and wellbeing					
1.1 Deliver Workforce Strategy focused on retention and recruitment	Trust-wide all ages	<ul style="list-style-type: none"> ❖ Reduce turnover to less than 13.5% ❖ Reduce vacancies to less than 600 ❖ Increase flexible workforce to reduce use of agency by 25% ❖ Improvement in staff engagement ❖ Less staff feeling unwell due to work related stress in last 12 months ❖ Reduction in staff experiencing harassment, bullying or abuse 	Safety, Clinical effectiveness and patient experiences	<ul style="list-style-type: none"> ❖ Five year forward view for mental health (and learning disabilities) ❖ Care closer to home ❖ New care models 	Two objectives carried over from 2017/18 and combined into one objective
1.2 To refine and enhance existing functionality of the electronic patient record to support integrated working methods of staff	Trust-wide all ages	Narrative update	Safety	<ul style="list-style-type: none"> ❖ Five year forward view for mental health (and learning disabilities) ❖ Care closer to home ❖ New care models 	Builds on objective from 2017/18
1.3 Improve the uptake and quality of annual staff appraisals (target in workforce strategy)	Trust-wide all ages	<ul style="list-style-type: none"> ❖ Number of staff with a completed appraisal in the last 12 months ❖ Staff feedback on the quality of appraisals 	Safety, Clinical effectiveness and patient experiences	<ul style="list-style-type: none"> ❖ Five year forward view for mental health (and learning disabilities) ❖ Care closer to home ❖ New care models 	
Priority 2. Improve the experiences of patients and their families and carers					
2.1 Implement the objectives in the Trust-wide patient experience strategy and carers 'I care, you care' strategy	Trust-wide all ages	<ul style="list-style-type: none"> ❖ Improved feedback from patients and families (local and national surveys) ❖ Improved feedback from families about being involved in care ❖ Actions taken as a result of feedback ❖ Number of teams displaying actions taken ❖ Increased ways patients and families are involved in services 	Patient experiences	<ul style="list-style-type: none"> ❖ Five year forward view for mental health (and learning disabilities) ❖ Care closer to home ❖ New Care models 	Builds on objective from 2017/18
2.2 Improve transitions between care pathways across ages - children to adult services	Mental health services all ages	<ul style="list-style-type: none"> ❖ Improvement in audit results ❖ Number of SIs with issues identified around transition 	Safety and patient experiences	<ul style="list-style-type: none"> ❖ Five year forward view for mental health (and learning disabilities) 	Builds on objective from 2017/18

Objective	Relevant to which types of service	How will success be measured	Link to national Quality Domain	Link to Trust's strategic theme	Comment
Priority 3. To continuously and reliably improve patient safety					
3.1 Reduce patient violence and aggression across the adult acute mental health wards through rolling out the safer ward programme	Mental health services adults of working age	❖ Reduction in patient on staff physical violence incidents resulting in moderate, major or severe injury	Safety	❖ Five year forward view for mental health (and learning disabilities)	Objective carried over from 2017/18
3.2 Improve the consistency of care processes for the adult acute mental health wards	Mental health services adults of working age	❖ Reduce length of stay (whilst not changing re-admission rates) ❖ Levels of patient satisfaction	Safety, Clinical effectiveness and patient experiences	❖ Five year forward view for mental health (and learning disabilities)	
3.3 Continue to improve how we learn from incidents and deaths	Trust-wide all ages	Actions taken to address themes for learning and the assessed impact of these.	Safety and patient experiences	❖ Five year forward view for mental health (and learning disabilities) ❖ Care closer to home ❖ New care models	Builds on objective from 2017/18
Priority 4. Preventing ill-health and promoting self-care					
4.1 Review the complex needs pathway (for patients suffering with a personality disorder)	Mental health services all age	Reduction in severe incidents for people with a personality disorder	Safety, Clinical effectiveness and patient experiences	❖ Five year forward view for mental health (and learning disabilities)	
4.2 Develop and introduce a new step up and step down frailty pathway (including virtual ward system from community hospitals and high input teams to enable people to be supported to stay/return home to preserve their wellbeing and independence)	Physical health services older people	❖ Reduction in admissions ❖ Reduction in length of stay on the ward	Safety, Clinical effectiveness and patient experiences	❖ Care closer to home	
4.3 Continue to develop a joint enterprise with Oxfordshire GP Federations, called the Oxfordshire Care Alliance.	Physical health services all ages	❖ Reduce admissions ❖ Narrative update on new configured services	Safety, Clinical effectiveness and patient experiences	❖ Care closer to home	Builds on objective from 2017/18
4.4 Smoke free work	Trust-wide all ages	❖ Performance in national audit on preventing ill health ❖ Narrative update on being tobacco free	Clinical effectiveness	❖ Five year forward view for mental health (and learning disabilities) ❖ Care closer to home ❖ New care models	

Part 3.1: Statements of assurance from the board

This section of the Quality Report follows a standard format and set of words every NHS Trusts is required to report on.

Review of services

During 2017/18, Oxford Health NHS Foundation Trust (OHFT) provided and/or sub-contracted 38 relevant health services covering mental health, learning disabilities 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 2017/18 represents 100% of the total income generated from the provision of services by OHFT for 2017/18.



Modern matron celebrating being named the 2017 mental health nurse of the year



Oxford Health won Oxford Brookes University placement of the year winner 2017

Participation in clinical audit

National clinical audit

During 2017/18, five national clinical audits and three national confidential enquiries covered relevant health services that OHFT 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.

The tables below show:

- The national clinical audits and national confidential enquiries that OHFT was eligible to participate in during 2017/18.
- The national clinical audits and national confidential enquiries that OHFT participated in during 2017/18.
- The national clinical audits and national confidential enquiries that OHFT participated in, and for which data collection was completed during 2017/18, 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.

National Clinical Audit

Table 2.

Title	Eligible	Participated	Number of cases submitted
POMH-UK Topic 17 Use of depot/LA antipsychotic injections for relapse prevention.	Yes	Yes	80 cases
POMH-UK Topic 15 Prescribing valproate for bipolar disorder	Yes	Yes	53 cases
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	Not applicable ²
UK Parkinson's audit	Yes	Yes	52 cases
National Clinical Audit of Psychosis	Yes	Yes	100 cases

Out of the five national audits carried out in 2017/18, the reports from one of the clinical audits were reviewed by the provider in 2017/18 and OHFT intends to take action to improve the quality of healthcare provided, as listed in Appendix B. In regards to the other four national audits we are waiting for the results.

Local Clinical Audit

The reports of 14 local clinical audits were reviewed by the provider in 2017/18. Appendix C includes examples of local audits reported and actions taken in 2017/18, the full details can be found in the Trust's 2017/18 annual clinical audit report.

National Confidential Enquiries

Table 3.

Title	Eligible	Participated	% Submitted
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	Yes	Not applicable
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	Not applicable

² Service level questionnaire completed

Participation in clinical research

2,186 patients receiving health services provided or sub-contracted by OHFT in 2017/18 were recruited during the period to participate in 143 research studies approved by a research ethics committee. This compares to 60 studies in 2016/17.

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.

Along with our partners in the Oxford Academic Health Science Centre, we are leading the way in research and development. Some examples include:

- ❖ The National Institute of Health Research (NIHR) Biomedical Research Centre (BRC) which, together with our Clinical Research Facility (CRF), enables us to further contribute to reducing the health inequalities for people suffering mental illnesses and dementia;
- ❖ A new National Institute of Health Research (NIHR) Community Healthcare MedTech and in vitro diagnostics Co-operative (MIC) with University of Oxford researchers to lead a medical diagnostics co-operative to develop, foster and evaluate new medical diagnostic technologies to improve outcomes for patients in the community;
- ❖ The National Institute of Health Research Collaboration in Leadership and Health Research and Care (CLAHRC), leading research in physical care;

Examples of where research has led to improved outcomes for patients include;

- ❖ Enhanced cognitive behavioral therapy for people with an eating disorder
- ❖ Ability to identify the effects of antidepressants on emotional processing to be able to speed up the development of new medicines
- ❖ Improving wellbeing and health for people with dementia including training for care home staff

- ❖ Caring for Me and You, trialing co-produced on-line CBT sessions for carers of a person with dementia
- ❖ Reducing self-harm

For more information, go to the Trust's website at <https://www.oxfordhealth.nhs.uk/research/making-a-difference/>



Experimental Medicine Nurse at Oxford cognitive health Clinical Research Facility (CRF)

Goals agreed with commissioners; use of the CQUIN³ payment framework

A proportion of OHFTs income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between OHFT 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 2017/18, the baseline value of the CQUIN was 2.5% of the contract value (£4.5 million). This was the same as 2016/17. 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 2017/18, 1.5% of the CQUIN will be awarded for achievement of delivering the CQUIN schemes, 0.5% will be awarded for achieving the 2016/17 control totals and 0.5% will be awarded for the achievement of STP⁴ engagement.

Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically on request via jane.kershaw@oxfordhealth.nhs.uk

³ Commissioning for Quality and Innovation

⁴ Sustainability and transformation partnerships. These were set up so health and social care organisations work together strategically to meet the needs of local populations

Care Quality Commission (CQC)

OHFT is required to register with the Care Quality Commission⁵ and its current registration status is registered with no conditions. The Care Quality Commission has not taken enforcement action against OHFT during 2017/18.

Our current rating by the Care Quality Commission is Good;



OHFT has participated in one focused inspection during the reporting period, 2017/18, following the sad death of two patients. The CQC visited one of our mental health wards unannounced in July 2017. The CQC gave positive feedback and identified the following areas for improvement: recruitment challenges meaning there was a high use of agency nurses and lack of consistency in the senior leadership of the ward. The CQC recognised the Trust was taking actions to improve the recruitment and retention of nursing staff and were advertising for a modern matron for the ward.

The Oxfordshire system had a routine local area special educational needs and disability (SEND) inspection in September 2017 carried out jointly by the CQC and Ofsted. The report has been published and a joint action plan submitted as a system to address the areas for improvement. The main area of improvement was around improving the timeliness and quality of education, health and social care plans and will involve close working between the Trust, education and social care partners. The results are available at <https://reports.ofsted.gov.uk/local-authorities/oxfordshire>

⁵ The CQC is the independent regulator for health and social care services in England.

Additionally, a Wiltshire SEND inspection took place in January 2018. The Trust had less of a role in this inspection as we only provide children's mental health services in the county. However a number of our staff worked closely with the local authority to support the inspection. Overall the inspection went well and a report will follow as the inspectors did not feel that a written statement of actions was required.

In November 2017 the Trust was involved in a local system thematic review in Oxfordshire to look at how health and social care providers and commissioners are working together to care for people aged 65 and older needing physical healthcare. The local authority was the lead organisation. You can read the full system-wide report [here](#).

The CQC began the Trusts routine annual CQC inspection in December 2017 which is not due to be completed until mid-April 2018, with reporting in June 2018.

The full results of all inspections and our current rating are available at; <http://www.cqc.org.uk/provider/RNU>

NHS number and General Medical Practice code validity

OHFT submitted records during 2017/18 to the secondary user's service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data (as of December 2017):

which included the patient's valid NHS number was:
100% for admitted patient care
100% for outpatient care
95% for accident and emergency

which included the patient's valid Medical Practice Code was:
100% for admitted patient care
98% 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' Information Governance Toolkit assessments. OHFT Information Governance Assessment Report overall score for 2017/18 was 76% and was graded satisfactory (green rating).

Clinical coding error rate

OHFT was not subject to the payments by results clinical coding audit during 2017/18 by the Audit Commission.

Data quality

High quality information underpins the effective delivery of improvements to the quality of patient care. Therefore, improving data quality will improve patient care and value for money.

High quality information is:

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

The Trust commissioned an audit to identify its strengths with data quality, such as its compliance with its national and local reporting commitments but also highlighting areas for improvement such as data completeness and timeliness. In 2017/18 the Trust's induction session has been used to promote the importance of data quality to new staff.

OHFT has taken action to develop a new data quality strategy supported by a data quality project established led by the Director of Finance as the Executive Lead and the Director of Strategy and Performance as the Senior Responsible Owner (SRO).

A Project Board has been set up and agreement has been reached regarding the first area of focus for the project which is operational intelligence. Existing processes that support data quality will remain in place alongside the project to ensure ongoing compliance with national, statutory and contractual reporting.

Learning from deaths

The Trust provides mostly community care for all ages covering both mental health services, learning disability services and physical health services across five main counties: Oxfordshire, Buckinghamshire, Swindon, Wiltshire and Bath and North East Somerset. We review information on the deaths of current patients, patients discharged from the Trust who die within 6 months of their last contact and both inpatients and those seen as outpatients.

In March 2017, the National Quality Board published guidance on 'Learning from Deaths' for all NHS Trusts to implement. The trust has fully implemented this guidance, and a new trust policy for learning from deaths was approved in September 2017 and published on the Trust's website.

In 2017/18 the Trust has presented regular reports on the number of deaths, learning and actions being taken to Trust board. To see the detailed reports, go to <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>, in the meetings for June 2017, September 2017, October 2017, January 2018 and February 2018. In addition, the reports have detailed how we have met the national guidance, summarised how we keep an oversight of learning from deaths on a weekly, monthly and quarterly basis, our work with partners to carry out multi-agency reviews, and the work of the Trust-wide mortality review group chaired by the Medical Director.

We had an audit in the last year of the trust's mortality review and learning from death process as part of the approved internal audit plan for 2017/18, the outcome was reasonable assurance that the controls upon which we rely on to manage the identified risk are suitably designed, consistently applied and operating effectively.

In the last 12 months the Trust has developed how clinicians review deaths introducing a three step process (identified in our policy). The purpose of the process is to maximize learning and covers; i) screening all known deaths, ii) reporting of those deaths where there are identified concerns in care or those that meet specific criteria in line with national guidance for example the death of a person with a learning disability, and iii) identifying those deaths which need a full root cause analysis investigation. The Trust has also been improving how it involves and engages with families in investigations. This has included; revising staff training, developing the report templates, having an expectation that families are always offered and given every opportunity to be involved in an investigation at a time they are ready, introducing prospective checks into the process to assess family involvement, and introducing a new information leaflet for families.

The Trust has been working voluntarily with the new national Healthcare Safety Investigation Branch (HSIB) around a theme on communication at points of transition during care, to ask for their expertise and learning from elsewhere in the country. The preliminary scoping exercise was completed in November 2017 and the HSIB considered there was a potential for national learning so a full investigation has started across the country with the results expected to be reported in 2018.

In addition to our own review of deaths, the local coroner will independently review all deaths where the cause of death is unknown, violent, unnatural, or sudden and unexplained. In 2017/18, 0.7% (37) of deaths were reviewed by a coroner where the person was in current care or had recently received care from the Trust. As a result of the reviews a coroner issued two Regulation 28 rulings to prevent any future deaths as they concluded further actions or assurance was required. The rulings related to a death in 2015 and a death in 2016. Both had been investigated by an external person commissioned by the Trust. The Trust has responded and taken further actions as requested.

The Trust has reported one death as a ‘never event’⁶ in 2017/18, in relation to the circumstances surrounding the tragic death of a disabled child at their home in November 2017 who was receiving support from the Children’s Integrated Therapies Service. An internal investigation has started and an external investigation is being commissioned to consider whether the death was associated with a known risk around the use of a particular type of bed. We have informed our commissioners and regulators about the death. The Trust took immediate actions following the death to ensure the safety of other children and continues to liaise with the child’s family.

From 2017/18 every NHS Trust has been asked to provide the following information in their annual quality report. The below information is for:

- ❖ All ages
- ❖ All services provided by the Trust (see page 6 for a list)
- ❖ Current patients and patients who died within 6 months of being discharged from the Trust
- ❖ Patients who died whilst they were an outpatient and as an inpatient

The majority of deaths are natural, relate to people aged over 75 who had received treatment from one of our physical health services, such as the district nursing service. In 2017/18 we have had 13 confirmed or open verdict suicides for patients known to the Trust reported by the coroner.

We identified and reported the following deaths which occurred in 2017/18;

Table 4.

Person was being seen by	Total number of deaths	Number of deaths for current patients	Number of patients who died within 6 months of being discharged from the trust	Inpatients only	
				Of total deaths, Number of inpatient deaths excluding those on leave	Of total deaths, Number of inpatient deaths where person was on leave from the ward
Learning Disability services	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT	Q1 -service not provided by OHFT
	Q2 -2	Q2 - 2	Q2 -0	Q2 -0	Q2 -0
	Q3 -7	Q3 - 7	Q3 - 0	Q3 - 0	Q3 - 0
	Q4 -3	Q4 - 3	Q4 - 0	Q4 - 0	Q4 - 0
	Total - 12	Total - 12	Total - 0	Total - 0	Total - 0
Mental Health services all ages	Q1 - 99	Q1 - 49	Q1 - 49	Q1 - 0	Q1 - 1
	Q2 - 95	Q2 - 42	Q2 - 53	Q2 - 0	Q2 - 0
	Q3 - 118	Q3 - 58	Q3 - 58	Q3 - 2	Q3 - 0
	Q4 - 150	Q4 - 79	Q4 - 71	Q4 - 0	Q4 - 0
	Total - 462	Total - 228	Total - 231	Total - 2*	Total - 1**
Physical Health services all ages	Q1 - 801	Q1 - 693	Q1 - 81	Q1 - 27	Q1 - 0
	Q2 - 800	Q2 - 683	Q2 - 86	Q2 - 31	Q2 - 0
	Q3 - 992	Q3 - 856	Q3 - 109	Q3 - 27	Q3 - 0
	Q4 - 948	Q4 - 827	Q4 - 89	Q4 - 32	Q4 - 0
	Total - 3541	Total - 3059	Total - 365	Total - 117	Total - 0
Both mental health and physical health services from the Trust all ages	Q1 - 313	Q1 - 295	Q1 - 18	Q1 - 0	Q1 - 0
	Q2 - 298	Q2 - 275	Q2 - 23	Q2 - 0	Q2 - 0
	Q3 - 381	Q3 - 347	Q3 - 34	Q3 - 0	Q3 - 0
	Q4 - 429	Q4 - 409	Q4 - 20	Q4 - 0	Q4 - 0
	Total - 1421	Total - 1326	Total - 95	Total - 0	Total - 0

Detail on mental health inpatient deaths:

* The two deaths on two different older people mental health wards relate to an 88-year-old who died unexpectedly in an acute hospital on the same day of transfer from the ward and the expected death of a 68-year-old who had been transferred the same day to a hospice.

** The one death of a patient on extended leave from an adult acute mental health ward aged 49 who died unexpectedly but of natural causes.

⁶ A never event is a serious, largely preventable patient safety incident or death that should not occur if the available preventative measures have been implemented.

All known deaths are screened by a senior clinician. There is set criteria on the deaths that are reported internally for further review, in line with national guidelines and described in the Trust's policy. All unexpected deaths of an inpatient are reviewed, all deaths of a person with a learning disability or a child are reviewed by the Trust. The Trust participates in a multi-agency review for all child deaths and any deaths of a person with a learning disability. By 31st March 2018, 262⁷ initial review investigations had been completed and scrutinised by a group of senior clinicians, of which 33 went on to have a full root cause analysis investigation carried out in relation to the deaths in 2017/18. The number of deaths in each quarter for which an initial review investigation was carried out was: 64 in the first quarter, 56 in the second quarter, 87 in the third quarter and 55 in the fourth quarter. Table 5 below details the number of investigations by service including both current and discharged patients. In addition, the Trust has also participated in multi-agency reviews for patients which we are unable to reliably count and include in the below figures in table 5.

Table 5.

Person was being seen by	Number of Initial review investigations	% of deaths which had an Initial review investigation
Learning Disability services	13***	100%
Mental Health services all ages	88	19%****
Physical Health services all ages	99	3%
Both mental health and physical health services from the Trust all ages	62	4%

Detail on learning disability and mental health deaths:

*** 1 death was reviewed where the person was discharged from the Trust more than 6 months prior to their death, however we reviewed the death to identify any learning.

**** all unexpected deaths, inpatient deaths and child deaths were reviewed.

Of the deaths reviewed in 2017/18 (262), we have identified and reported 14 serious incidents⁸ in relation to the death of a current or discharged patient. This represents 5.3% of reviewed deaths where we have identified learning in relation to the care provided, but this does not mean the death was due to problems in care provided to the patient. By quarter this is seven in the first quarter, six in the second quarter, one in the third quarter and zero in the fourth quarter.

In addition to individual reviews of deaths, the Trust has carried out a number of thematic reviews which have been presented to the Trust-wide mortality review group on:

- ❖ Confirmed, open and suspected suicides
- ❖ Results from a review of one in four deaths across community hospital wards
- ❖ All inpatient deaths
- ❖ Deaths of a person detained under the Mental Health Act
- ❖ Deaths of a person with a learning disability within Oxfordshire who died between 2011-2015
- ❖ How children and adult mental health services communicate and share information

⁷ A few of these deaths were discharged patients from the Trust which had not been seen in the last 6 months

⁸ A serious incident is when the consequences of an incident or death are so significant to a patient or their family or the potential for learning is so great that a heightened level of response is required.

From the deaths reviewed in 2017/18 we have identified the following overall themes and learning;

- ❖ Identifying and managing deteriorating patients
- ❖ Physical healthcare for patients with a mental illness
- ❖ Family and carer involvement and communication
- ❖ Communication at points of transition and changes in care between teams, services and organisations

A number of actions have been taken to address the overall themes for learning from deaths detailed below with our assessed impact of these;

- ❖ Revision and roll out of a new early warning signs monitoring tool including identification of sepsis combined with simulation training for staff to enable easier identification of a deteriorating patient (see page 53 for more details on the work this year). We have seen an improvement in the escalation of abnormal observations and in 2017/18 there has only been one incident since these measures were put in place.
- ❖ A range of actions have been taken to address improve the attention, skills, equipment and leadership around physical healthcare in mental health services. See page 58 for more details on the work this year. The work is overseen by the Trust's physical healthcare group and the actions going forward are captured in a new physical health strategy from 2018. We are not able to demonstrate the impact of our actions yet.
- ❖ The Trust developed and launched a strategy 'I care, you care' with a commitment and actions to improve families and carers experiences. In addition, a new Trust-wide carers support role was established and recruited to improve capacity and leadership. Training for staff on carer awareness has been refreshed with new carer stories and is due to be launched in June 2018. The Trust has maintained our external accreditation with the Carers Trust called the triangle of care (representing the equal importance of carers, the patient and professional) which involves reviewing and demonstrating how each service meets the national standards which were developed with carers. We recognize there is more we need to do, so have identified this as a quality objective for 2018/19.
- ❖ We have a transition development group implementing an improvement plan: the impact is being monitored through a regular audit. The improvement plan includes reviewing processes and information for staff, developing new information for patients and their families, and developing relationships with other organisations such as colleges, social care and third sector. As mentioned above we have also engaged with the national healthcare safety investigation branch to support us with learning and a thematic review has been completed. See page 50 for more details on the work this year. We recognize there is more we need to do so have identified this as a quality objective for 2018/19.

A further 14 serious incident investigations were finished in 2017/18 which related to deaths in the previous reporting period (2016/17). These were deaths where we have identified learning in relation to the care provided, but this does not mean the death was due to problems in care provided to the patient. The Trust started to introduce the changes to how we identify, report and review deaths from June 2017, which has resulted in more deaths being reviewed at a senior level.

See page 49 for details of the specific work completed for the local objectives in 2017/18 around end of life and palliative care.

Part 3.2 Performance against national targets

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

Table 6 shows OHFT performance. We consider that this data is as described for the following reasons:

- there is a documentary audit trail for the compilation of these figures
- 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 6. Performance on % of patients discharged from the ward and followed up within seven days

Reporting Period	Trust Value	National Average	National Target
April-June 2017	94%	99%	95%
July-Sept 2017	97%	99%	95%
Oct-Dec 2017	97%	99%	95%
Jan-March 2018	96%	National data is not available on NHS Digital currently	
Full year 2017/18	96%		

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

Table 7 shows OHFT performance. We consider 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.
- From 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 two exclusions in addition to the national guidance:

- Admissions via the liaison psychiatry services in Oxfordshire or Buckinghamshire will be deemed to have been considered for home treatment.
- Patients of specialist services (forensic, eating disorders and CAMHS) will be excluded.

Table 7. Performance on % of admissions that a crisis function acted as a gate keeper

Reporting Period	Trust Value	National Average	National Target
April-June 2017	99.6%	99%	95%
July-Sept 2017	100%	99%	95%
Oct-Dec 2017	100%	99%	95%
Jan-March 2018	99.5%	National data is not available on NHS Digital currently	
Full year 2017/18	99.8%		

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

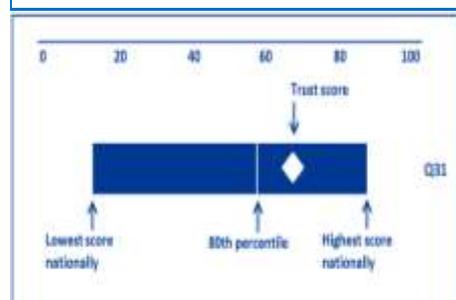
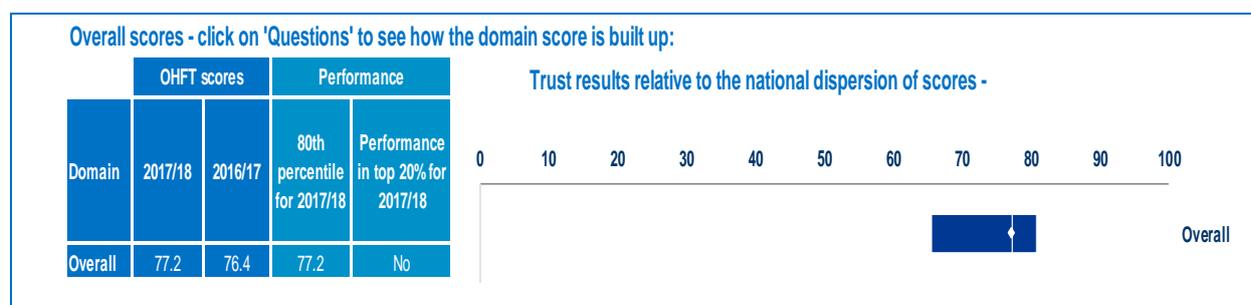
The following statement is reported at NHS Digital, and therefore the data is not available to be reported here: “please note that this indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review.”

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

The scores are presented out of 100. A higher score indicates better performance: if patients reported all aspects of their care as “very good” we would expect a score of at least 80, while a score of at least 60 indicates “good” patient experience. The domain scores are the average of the question scores within that domain, while the overall score is the average of the domain scores. (Defined by NHS England).

Table 8.

Domains	Oxford Health NHS FT		Comparison 2017/18
	2017/18	2016/17	Top performing 20% of Trusts
Access and waiting	85.6	85.0	86.5
Safe, high quality, coordinated care	74.0	74.8	73.2
Better information, more choice	71.7	69.4	72.6
Building closer relationships	77.4	76.5	79.3
Overall	77.2	76.4	77.2



For more details about the Trust’s work around patient experience and involvement and the actions being taken are on page 43.

Rate of patient safety incidents⁹ reported and the number resulting in severe harm or death

Tables 9 and 10 below show the Trust's performance for all our services based on the data provided by the National Reporting and Learning System (NRLS). This is only published up to September 2017. This is to be read with caution because the; i) rate is based on the average daily number of occupied bed days, but the number of incidents relates to inpatients and community patients and ii) number of beds an NHS Trust will provide varies, affecting the denominator (providers with fewer beds and more community based services will appear to have a higher rate of incidents).

We consider that this data is as described for the following reasons: there is a routine central check of every incident reported, the Trust submits suspected and actual patient safety incidents to the NRLS a number of times a week, and when it is identified that an incident is not a patient safety incident, the information is refreshed.

For more detail about the different kinds of incidents reported by the Trust and the actions being taken go to the latest patient safety report at; <https://www.oxfordhealth.nhs.uk/papers/28-february-2018/>.

Table 9. Demonstrates reporting culture

Reporting Period	Trust number of incidents reported by Trust	Compared to average number for mental health Trusts	Compared to average number for physical health Trusts
April to Sept 2017	3697	3207	1901
Oct 2016 to March 2017	3258	2964	1918

The majority (68%) of the severe patient safety incidents reported in table 10 relate to grade 3 and 4 pressure damage. The reason for this is because the Trust started in 2017/18 to report these incidents as major harm even when it does not relate to our care or there are no lapses in the care we have provided. Nationally the reporting of pressure damage is not consistent so comparisons cannot be made. We identified the reduction of pressure damage as a local objective for 2017/18, see page 55 for the progress we have made.

Page 18 details the number of deaths, reviews and learning by service over the last 12 months, going beyond those meeting the criteria to be reported onto the national reporting and learning system.

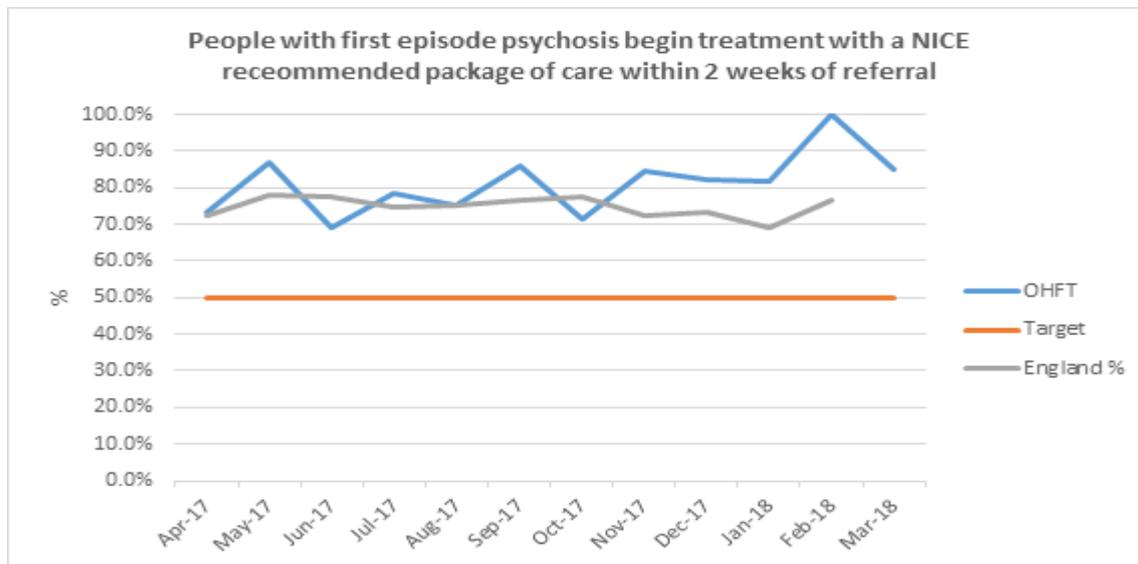
Table 10. Patient safety incidents and deaths reported by grading

Reporting Period	Trust number and % of incidents resulting in severe harm or death	Both comparisons are provided because the Trust provides mental and physical health services	
		Compared to average number for mental health Trusts	Compared to average number for physical health Trusts
April to Sept 2017	94 (75 severe and 19 deaths) = 2.54% Severe = 1.63% Deaths = 1.21%	34 = 1.18% Severe = 0.3% Death = 0.7%	18 = 0.73% Severe = 0.5% Death = 0.2%
Oct 2016 to March 2017	50 (34 severe and 16 deaths) = 1.53%	33 = 1.32%	13 = 0.70%

⁹ Patient safety incidents are defined as an unintended or unexpected incident which could or did lead to harm to a patient.

Early intervention in psychosis: people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral

We consider that this data is accurate and performance is above the national target and improving. Note the national data from NHS England for March 2018 has not been published at the time of writing this report.



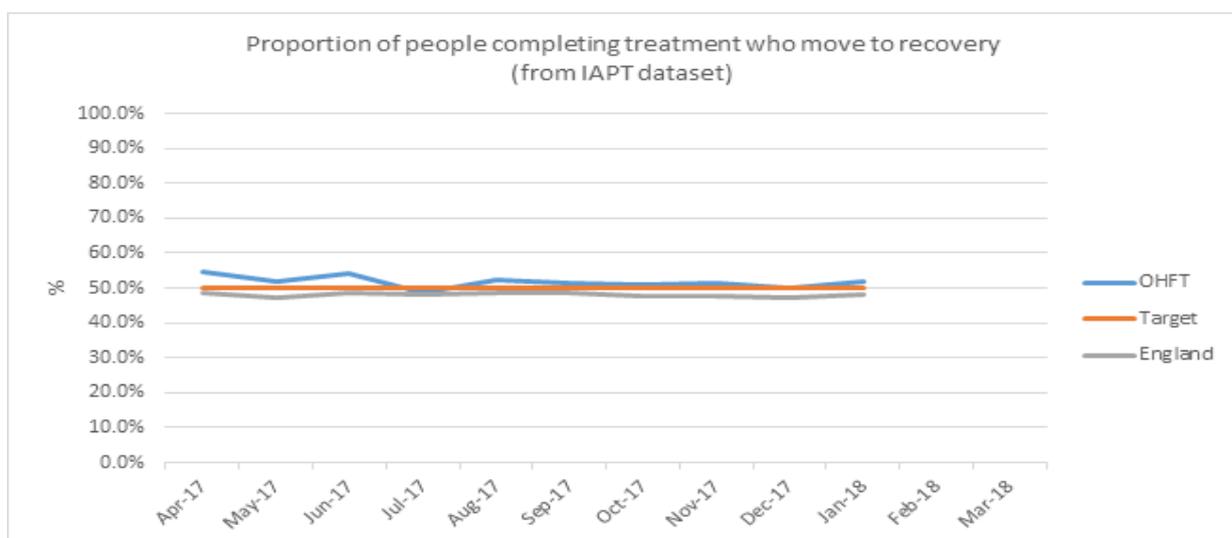
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

This data is not available at the time of writing the report, the national report is due to be published on 25th June 2018.

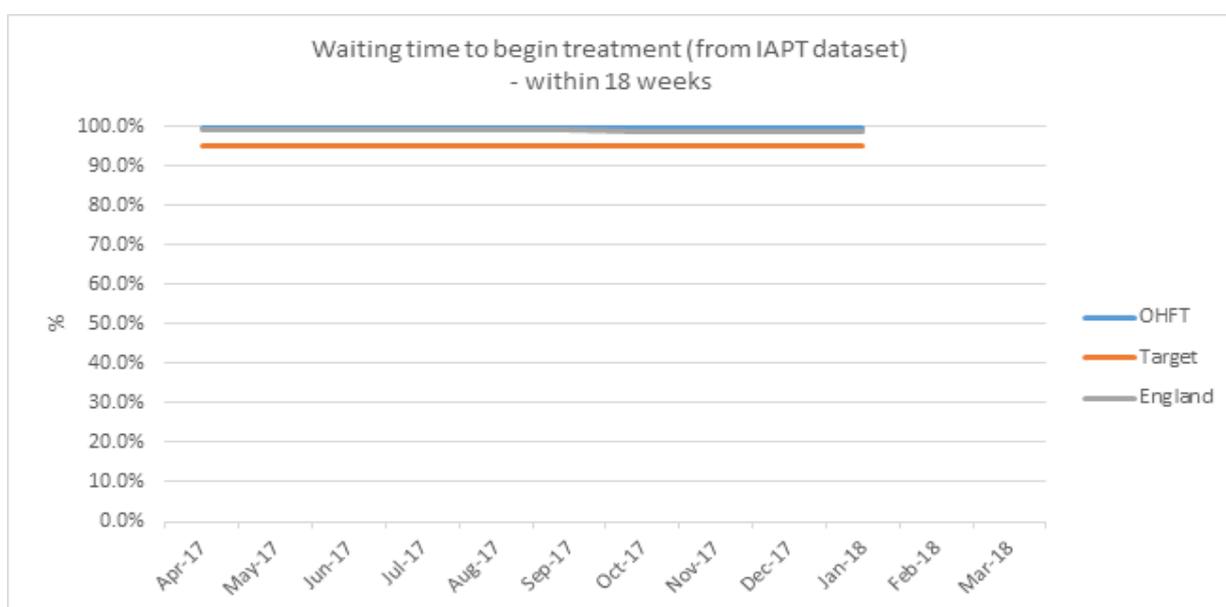
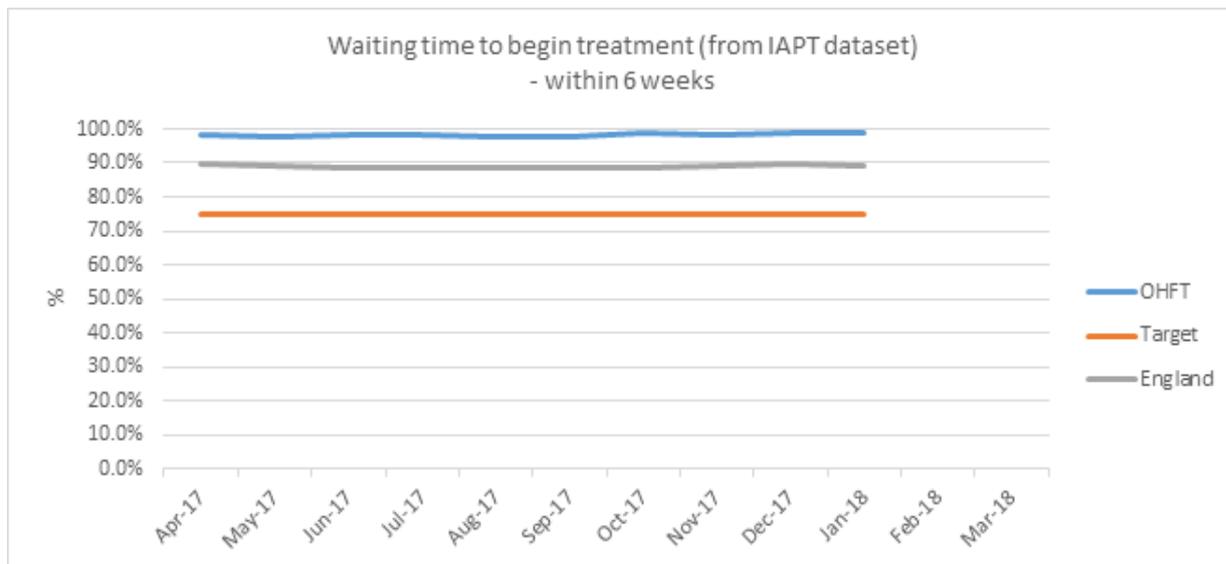
Improving access to psychological therapies¹⁰:

- ❖ % of people completing treatment who move to recovery
- ❖ Waiting time to begin treatment
 - Within 6 weeks of referral
 - Within 18 weeks of referral

We consider that this data is accurate and performance is above the national target.



¹⁰ The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of mild to moderate anxiety disorders and depression in England.



Admissions to adult facilities of patients under 16 years old

We consider that this data is accurate and after each admission of an under 16-year-old an initial review investigation is completed to identify any learning which is presented to the Trust-wide weekly clinical review meeting. The admissions have been due to a lack of specialist child and adolescent mental health beds provided across the country which is a national issue that NHS England are addressing.

Table 11.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trust	0	0	0	1	0	1	1	0	0	0	0	0
NHS England	No national data available											

Inappropriate out of area placement days for adult mental health services¹¹

The data provided is the total number of days any patients were in an inappropriate out of area placements. Before September 2017 the published data from NHS Digital were not broken down to show appropriate and inappropriate placements. Hence we are providing the figures from this point onwards.

We consider that this data is accurate and the actions being taken to reduce inappropriate out of area placements are:

- 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 patients to move out of acute wards into the community.

Table 12.

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trust	155	133	213	237	315	304	197
England Average	556	394	332	361	362	not published	not published

¹¹ This indicator was introduced nationally from November 2017.

Part 4. Performance and achievements in 2017/18

In our Quality Report for last year we identified 23 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;

- Priority 1: Improve staff retention and engagement
- Priority 2: Improve the experiences of patients and their families and carers
- Priority 3: Increase harm-free care
- Priority 4: Promote health and wellbeing of patients

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 2017/18 we have also shared below our work this year on;

- Equality, diversity and inclusion
- National 2017 staff survey
- Infection prevention and control
- Complaints



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.

Examples include:

- The recovery colleges in Oxfordshire and Buckinghamshire
- Becoming a Stonewall¹² employer diversity champion, in 2018 the Trust was scored 59/200 a huge improvement from 2017
- Setting up staff equality networks around race, disability and LGBT¹³
- Marking equality days and months for example events for LGBT and black history
- Having a series of annual staff conferences on inclusion: the last was focused on LGBT issues in December 2017
- Developing the range of interpreting and translation services available to staff and patients.
- Support and listening meetings with the fair treatment at work facilitators
- The Head of Inclusion monitors the Trust's BME recruitment data and reports to the Board
- Event for anti-bullying week in November 2017 and promotion of bullying prevention strategies and understanding of identity based bullying and stress based bullying
- Publishing an annual gender pay gap report with the actions being taken



The Trust is committed to developing our culture and celebrating diversity for our staff and the patients we care for. We deliver a session on inclusion at the staff induction, care certificate and leadership development programmes, require all staff to complete inclusion training (completed by 96% of staff as of March 2018), and have also delivered training to help staff to understand 'unconscious bias'. The Trust's work is led by the Chief Executive with support from the Head of Inclusion, an equality, diversity and inclusion steering group and the staff inclusion network groups.

A strategy for our equality, diversity and inclusion work is in place with four 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 staff equality 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 experience, involvement and carer (I care, you care) strategies to ensure that we are sensitive to the different needs of patients and carers.

Within these work streams the Trust has specific action plans to address the findings from the Equality Delivery System 2 (EDS2), the Workforce Race Equality Standard (WRES) and Accessible Information Standards.

In addition, the Oxford Centre for Spirituality and Wellbeing was launched at the end of 2017, the Trust's Head of Spiritual and Pastoral Care is the lead for the centre. The centre will support staff training, development and research into

¹² Stonewall is a lesbian, gay, bisexual and transgender (LGBT) rights charity in the United Kingdom

¹³ Lesbian, gay, bisexual and transgender people

psycho-spiritual care within health and social care contexts.

Part 4.2 National staff survey results for 2017

The Trust participated in the annual national staff survey in 2017. The survey was conducted on-line by an independent contractor and was open to all Trust employees to complete. 50% of staff responded to the survey, similar to the response rate last year (2016, 51%) and higher than the national average (45%).

Overall the results were very similar to the previous year, however where focused actions had been taken in particular services the results have started to improve.

The staff engagement score¹⁴ for 2017 was 3.81 out of 5 (5=staff reported feeling highly engaged), compared with 3.82 in 2016 and the national average at 3.79. Staff satisfaction and engagement is directly related to better patient care. Therefore, monitoring and improving the level of staff engagement is very important.

The average rating for 'recommend the organisation as a place to work or to receive treatment' was 3.74 out of 5. This is higher than last year (2016) and higher than the national average of 3.68.

We performed better than the national average on:

- Quality of appraisals: we are the best amongst our peers and the quality has steadily improved since 2015
- Staff confidence in reporting unsafe clinical practice
- Effective use of patient experience feedback, showing our commitment to improving patients experiences of care
- Recognition and value of staff by managers and the organisation

We performed worse than the national average on:

- % of staff appraised in the last 12 months (76%, compared to the national average of 92%. This has declined from

2016). New objective identified for 2018/19.

- Staff satisfaction with quality of work and care they are able to deliver (3.71 out of 5 compared to national average of 3.85)
- Staff suffering from work related stress in the last 12 months (52% compared to national average 33%). We started work on this as part of an objective for 2017/18 and this will be carried over as an objective for 2018/19.
- Staff working extra hours (74% compared to national average of 71%)

The Trust has focused on retention of staff in 2017/18 and this will continue in 2018/19. The retention strategy includes work streams to reduce workplace stress and bullying and harassment; and to improve leadership capability, career opportunities, inclusion and recognition/ reward.



Linking leader conference



2017 annual staff award winners

¹⁴ Calculated from nine questions in the staff survey based on advocacy, motivation and involvement



Perinatal mental health awards 2017

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators around workforce equality, with some of the indicators in the national staff survey. Table 13 below details findings from the staff survey separated for responses from white and black and minority ethnic (BME) staff.

Disappointingly, there remain a number of our staff that are still reporting experiences of feeling bullied, harassed or discriminated against in the workplace. This behaviour is not being tolerated and the Trust’s Chief Executive has spoken out about this and led a Trust campaign as part of anti-bullying week back in November 2017. Over the past year there have been a number of initiatives around this issue, including the launch of the new staff support hub, and while this issue remains static we hope that as these actions embed and new actions are undertaken we will see improvements in the year ahead.

We promote and support inclusion within the Trust. We hold regular staff equality network meetings and work in collaboration with network members on actions from the race equality and LGBT equality action plans.



We have achieved the status of ‘Disability Confident Employer’ and we currently have a Bronze Award in the Defence Employer Recognition Scheme.

The Freedom to Speak Up Guardian was appointed in April 2016, and reports to the Chief Executive, providing independent and confidential support to staff that wish to raise concerns and promoting an open culture. Most of the concerns raised with the guardian have been resolved locally and did not require an investigation. Some bullying and harassment concerns have been raised with the guardian and in these situations direct action has been taken. To read the last annual report from the Freedom to Speak Up Guardian go to; <https://www.oxfordhealth.nhs.uk/papers/25-october-2017/>

We have been making progress over the past year with staff locally 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 staff survey results please go to http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2017_RNU_full.pdf

Table 13. Workforce Race Equality Standard indicators (*data source 2017 national staff survey*)

National staff survey question	Race	Trust score 2016	Trust score 2017	National average 2017
% of staff experiencing harassment, bullying or abuse from patients in the last 12 months (KF25) <i>The lower the score the better.</i>	White	25%	28%	25%
	BME	33%	27% (better than 2016)	28%
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months (KF26) <i>The lower the score the better.</i>	White	21%	21%	20%
	BME	25%	27% (similar to 2016)	23%
% of staff believing that the Trust provides equal opportunities for career progression or promotion (KF21) <i>The higher the score the better.</i>	White	90%	89%	88%
	BME	77%	73% (worse than 2016)	76%
	White	6%	6%	6%

National staff survey question	Race	Trust score 2016	Trust score 2017	National average 2017
% of staff experiencing harassment, bullying or abuse from patients in the last 12 months (KF25) <i>The lower the score the better.</i>	White	25%	28%	25%
	BME	33%	27% (better than 2016)	28%
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months (KF26) <i>The lower the score the better.</i>	White	21%	21%	20%
	BME	25%	27% (similar to 2016)	23%
In the last 12 months have you personally experienced discrimination at work from manager/ team leader or other colleagues (Q17b) <i>The lower the score the better.</i>	BME	17%	13% (better than 2016)	11%

Part 4.3 Infection prevention and control

In 2017/18 the Trust has had ten Clostridium difficile cases, nine were Trust patients and one patient was tested within 72 hours of admission, and so relates to the clinical commissioning group. All cases have been reviewed by a system wide health economy meeting and deemed unavoidable. The Trust has had no MSSA or MRSA bacteraemia cases.

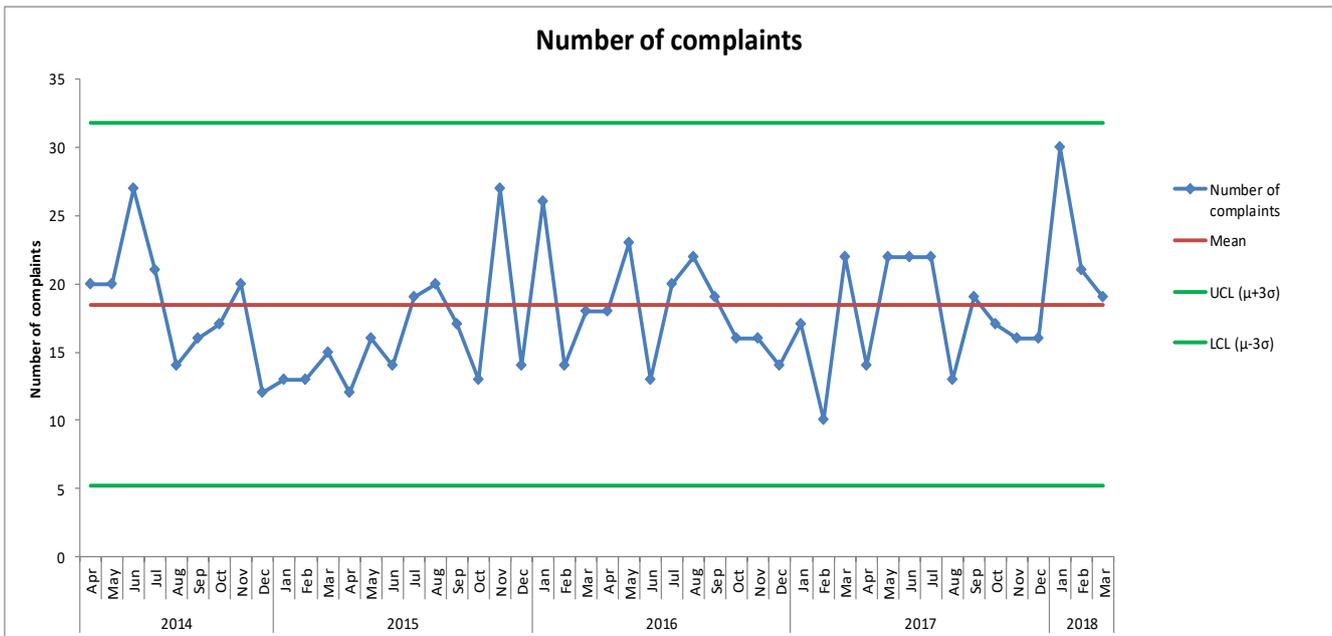
The Trust participated in a joint project with the Oxford Academic Health Science Network and other health care organisations, to raise awareness of Catheter Acquired Urinary Tract Infections (CaUTI) prevention and develop strategies to prevent incidence. The following outcomes have been achieved: improved the procedures and protocols relating to catheterisation and continence and made these more accessible to staff, ensure procedures are aligned across providers, streamlined the continence products on offer, reviewed the training programme and offered more sessions to community staff, developed e-learning and developed a case to purchase additional bladder scanners.

Part 4.4 Complaints

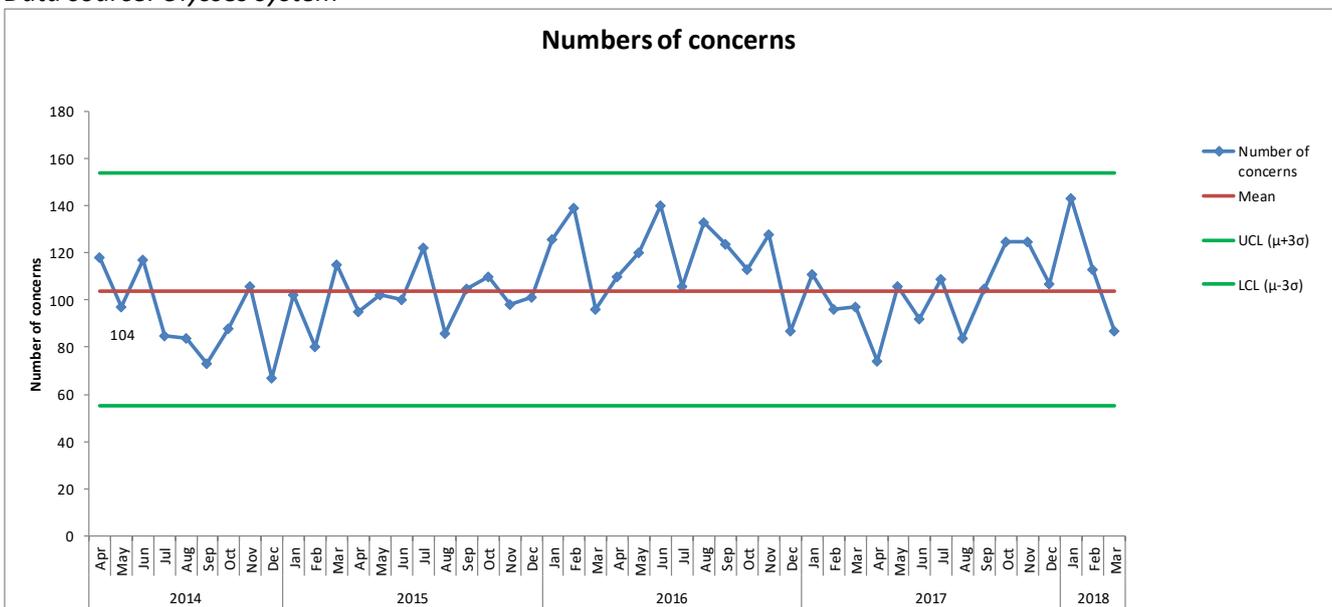
In 2017/18 the Trust has received 232 formal complaints; 1371 concerns resolved informally and we have responded to 67 concerns raised by MPs on behalf of their constituents. All complaints and concerns were acknowledged within three working days in line with the NHS Complaints Regulations (2009). We let the person decide if they wish their concerns to be managed formally through the complaints process or informally. In addition, the complaints and PALS¹⁵ team have responded to a further 1,182 information requests, enquiries and comments from patients and their families and received over 11,954 compliments in 2017/18. The graphs below show the number of formal complaints and concerns received by month over the last four years; for both, the numbers responded to are quite similar each month, and there are no trends.

We have used statistical process control graphs to display the information to be able to identify a positive or adverse trend over time. These type of charts have a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit, the lines are determined from historical data.

¹⁵ Patient advice and liaison service



Data source: Ulysses system



Data source: Ulysses system

All complaints are graded (green, yellow, orange or red) using the national patient safety risk matrix based on harm and likelihood to reoccur. From the 232 complaints received in 2017/18, 162 (70%) were graded green, 51 (22%) were graded yellow, 18 (7%) were graded orange and one was graded red.

Out of the 232 formal complaints received in 2017/18, 198 had an investigation completed and a response sent to the complainant by 31st March 2018. We have asked for a number of extensions from complainants to complete investigations, but only four complaints were responded to outside an agreed timescale. The average time for responding to a complaint is 32 days. 58% of the completed investigations identified at least one concern within the complaint which was upheld by the Trust, this is slightly below the national average.

After the investigation into each complaint, if there are any upheld elements or any improvements in practice identified then a complaints improvement plan is developed by the investigating officer in liaison with the relevant service manager/ward manager. The majority of the actions being taken are to address how staff communicate and share information with patients and their families to enable joint decision making and involvement in care. See page 43 for work happening in this area.

In 2017/18, nine cases have been under review by either the Parliamentary Health Service Ombudsman or Local Government Ombudsman for investigation. One was since been withdrawn by the complainant. Of the eight; three cases were closed with no recommendations, three required further actions to be completed by the Trust (all have been completed) and two cases remain under investigation by the ombudsman.

Part 4.5 Progress against the quality priorities and objectives 2017/18

Below is a summary of our progress against the quality objectives set for 2017/18, with more detail on each objective in the following pages. We have achieved 17 objectives, been close to reaching a further 4 and 2 objectives have not been delivered.

Table 14.

	Priority 1 – Improve staff retention and engagement	Target achieved	Close to target	Not delivered	To be taken into 2018/19
a	Focus on retention of existing staff			✘	Yes
b	Develop how we support staff to be able to manage stress		✘		Yes
c	To review and enhance the channels of communication across the Trust	✘			No
d	Increase the number of apprenticeships, to upskill staff, particularly in pay bands 1-4 to enable career progression	✘			No
e	Introduce nurse career pathways through piloting new roles	✘			No
f	Introduce and evaluate the new development leadership pathways for staff	✘			No
g	To refine and enhance existing functionality of the electronic patient record to support care delivery		✘		Yes

	Priority 2 – Improve the experiences of patients and their families and carers	Target achieved	Close to target	Not delivered	To be taken into 2017/18
a	Implement the second year of the Trust-wide patient experience and involvement strategy		✘		Yes
b	Transfer the provision of the Oxfordshire learning disability services	✘			No
c	Co-develop a new Trust-side dementia strategy	✘			No
d	Review, implement and evaluate a revised care plan for older people at the end of their life	✘			No
e	Develop palliative care provided to children and families	✘			
f	Improve transitions between care pathways across ages - children to adult services		✘		Yes

	Priority 3 - Increase harm-free care	Target achieved	Close to target	Not delivered	To be taken into 2017/18
a	Work towards the international nursing standards to achieve accreditation	✘			No
b	Continue to develop how we review and learn from deaths	✘			No
c	Reduce patient violence and aggression across the adult acute mental health wards through rolling out the safer ward programme			✘	Yes
d	Continue to pilot, roll out and evaluate a consistent new early warning sign tool to identify patients who are physically deteriorating across community hospitals and older people mental health wards	✘			No

	Priority 3 - Increase harm-free care	Target achieved	Close to target	Not delivered	To be taken into 2017/18
e	Reduction in avoidable and acquired pressure damage	✘			No
f	Finalise the suicide prevention strategy and start to implement the objectives	✘			No

	Priority 4 – Promote health and wellbeing of patients	Target achieved	Close to target	Not delivered	To be taken into 2017/18
a	Improve the physical health care for patients receiving treatment for their mental health condition	✘			No
b	Develop diabetes care	✘			No
c	Implement a psychological therapy service for people with long term physical health problems	✘			No
d	Develop multi-disciplinary teams at a neighborhood level working across organizational boundaries	✘			Yes

Quality priority 1: Improve staff retention and engagement

(quality domain: safe, effectiveness and patient experience)

We are nothing without the staff we employ: they are the largest and most important resource we have. We employ around 5,700 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.

The Trust has achieved the following awards to become an employer of choice:



For this priority we identified seven local objectives, progress against each is reported below.

a. Focus on retention of existing staff

There are significant staff shortages across England, with demand for services and demands on staff increasing. Given this national situation and to address our own local context, we are working with our system partners through workforce groups to develop shared strategies and areas of focus.

Recruitment and retention is identified as an extreme risk on the Trust wide risk register and Board Assurance Framework. The key risks identified are: i) pressures on staff having an adverse effect on morale with the possible impact of increased stress related sickness/ difficulties in retaining; ii) unable to achieve required recruitment of staff to substantive posts which may result in increased usage of agency staff and inability to fill emergency shifts; iii) not sufficiently promoting and supporting the well-being of staff which may lead to a reduction in staff morale, increase sickness and loss of reputation.

Although a number of actions have been taken around recruitment retention this has not yet had an impact on reducing turnover and/or the number of vacancies. Both measures are closely monitored by the Trust's Board every month. The national staff survey results show the level of staff engagement is above national and has not changed from 2016 to 2017.

Achievements

- ❖ From July 2017 a fortnightly recruitment and retention working group was set up chaired by the Director of HR, and includes the Chief Executive, Chief Operating Officer, Heads of Nursing and Service Directors to maintain a focus and monitor the completion of actions.
- ❖ A workforce strategy has been agreed which focuses on;
 - Reward and recognition
 - Reducing stress
 - Bullying and harassment
 - Equality, diversity and inclusion
 - Improve quality of career conversations
 - Flexible working and increasing the Trust's internal bank

The initiatives completed around **retention** include:

- ❖ The Trust has an annual awards ceremony to recognise staff achievements; the last was held in December 2017. This is in addition to the monthly 'exceptional people' staff award.
- ❖ Improving the pay for staff employed through the Trust's internal bank
- ❖ We have an existing one-year long preceptorship programme for newly qualified staff in all professions, to support and encourage staff towards development within the Trust.

- ❖ We are currently looking at a range of reward items to promote and implement to ensure we support both the attraction and retention of staff.
- ❖ The Trust is ending agency contracts for unregistered healthcare support workers from May 2018 and we will only use workers from our internal bank
- ❖ In response to the staff survey, the directorates carried out a programme of listening events to hear more from frontline staff about their challenges, and explore solutions to both local and Trust-wide problems.
- ❖ A series of Trust-wide conferences were held in March 2018 with a specific emphasis on recruitment and retention. This was well attended by over 170 managers/ leaders. We were able to provide some cases studies from other departments around the Trust showing the innovative ways they have recruited and retained staff.
- ❖ NHS Improvement asked the Trust to participate in a programme with several other NHS Trusts aimed at sharing best practice and examining new strategies to retain staff. This commenced in October 2017.
- ❖ A resilience project has started in 2018 to support qualified mental health nursing staff to enhance their development and resilience, acknowledging they are working in a challenging environment.
- ❖ We are reviewing the following suggestions from staff
 - Championing regional pay
 - Living wage
 - Overtime pay through bank contracts
 - Preceptorship increment increases

The initiatives completed around **recruitment** include:

- ❖ Regular contact with the student qualifying in our area, this includes senior staff going in to the university to teach and talk to student about their career choices. We also run career days for students, offering sessions on interviewing techniques and interviews for our vacant posts.
- ❖ In November 2017, we commenced a new programme for third year students with Bedfordshire University, they have a senior Nurse (8a and above) assigned as their mentor for the year, who meets with them on a bi-monthly basis to discuss their experiences and career choices.
- ❖ We now run joint interviews with Oxford University Hospitals NHS Foundation Trust and Oxford Brookes students who want to work and gain experience in both acute and mental health, as the first cohort of dual qualified nurses graduates in 2018.
- ❖ We run permanent adverts on NHS jobs, and have set up a careers centre to encourage local people to come in and find out about opportunities.
- ❖ We did a trial with a recruitment agency for them to assist us with finding substantive staff, but this was not successful.
- ❖ The Trust has implemented a new initiative offering a financial incentive for agency workers to move from the agency to our internal bank, which provides us with more assurance around quality and consistency.
- ❖ We have implemented a bonus for 'refer a friend'
- ❖ The recruitment process has been reviewed and there are continual efforts to streamline the process to make it easier for candidates and staff.
- ❖ We have recruited specific resource within the recruitment team for the hard to recruit to areas to troubleshoot and support the managers within those areas with campaigning and marketing.
- ❖ We will be using a recruitment resource with digital media skills to support our early adoption of media campaigns such as Facebook, Twitter etc.
- ❖ We have launched the 'Step into Health' programme to encourage people leaving military careers to join the NHS. We have been awarded the Bronze and have been nominated for the Silver award for the Forces Covenant.

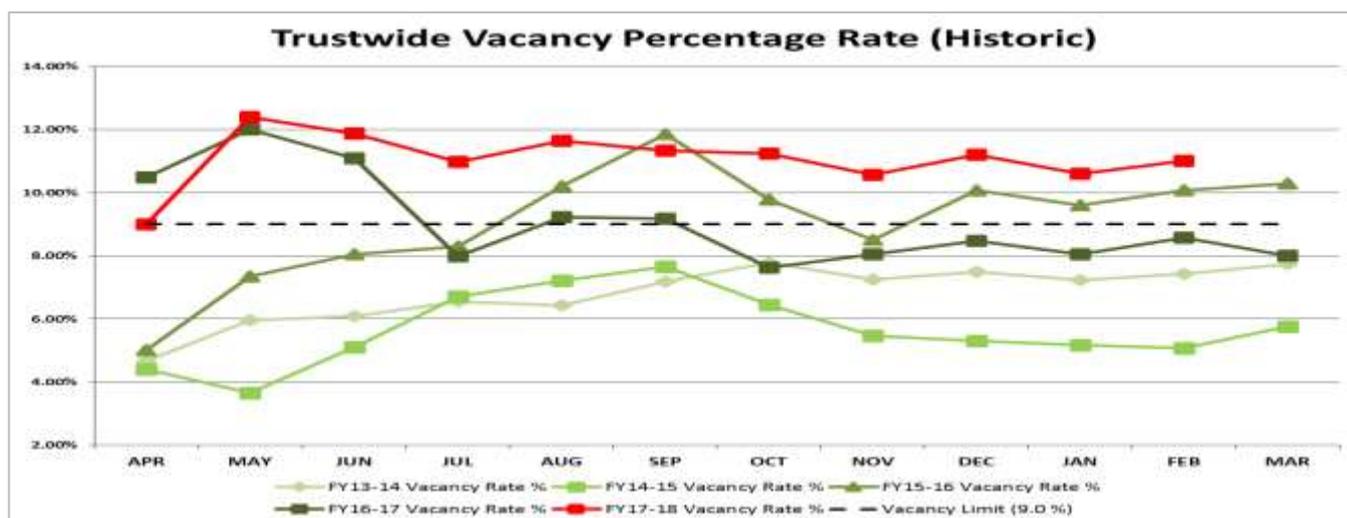


- ❖ We are operating our first generic nurses recruitment day, hoping to attract nurses from acute, children's area etc. into mental health.
- ❖ We have refreshed and purchased new marketing materials for recruitment campaigns
- ❖ Increased the number of staff on the internal bank, this is currently 143 (pure flexible staff) and 354 (staff with substantive contracts also working on the bank).



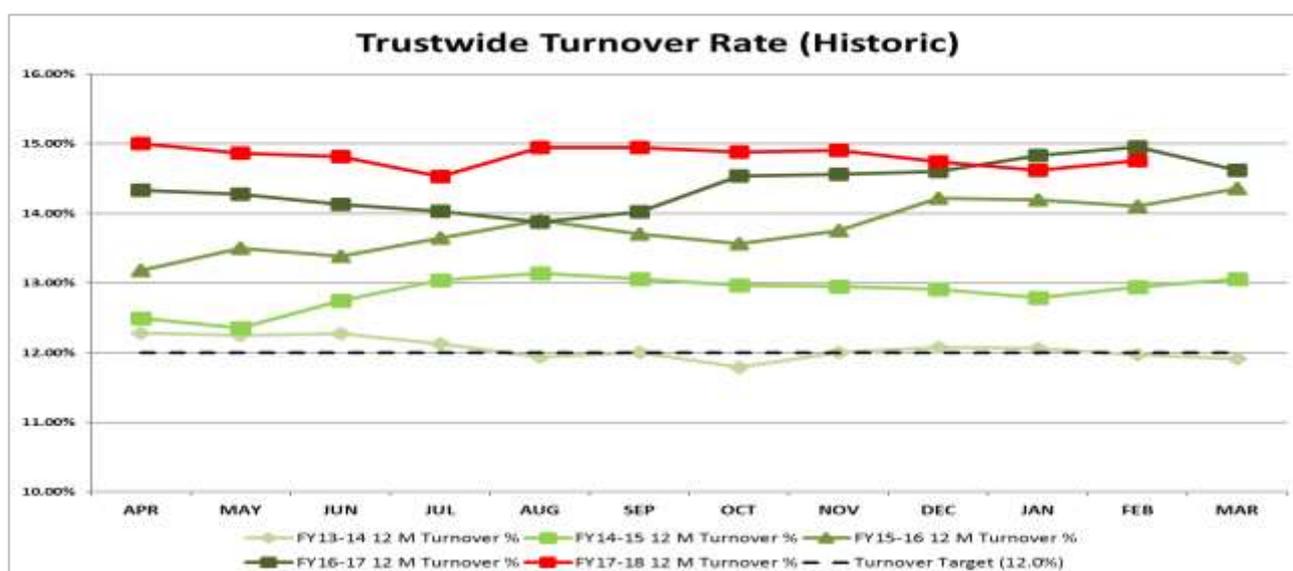
Measures

The Trust's target is less than 9% for **vacancies**, but for 2017/18, the average has been 11%. At the end of March 2018 the Trust had around 837 vacancies in the recruitment process, from advert to the member of staff waiting to start (in the context of around 5,700 employed staff). In the graph below, the red line represents the rate for 2017/18.



Data source: finance

The Trust's target is less than 12% **turnover** but for 2017/18 the average has been 14%. In 2017/18 around 1,850 new staff started with the Trust. In the graph below the red line represents the rate for 2017/18.



Data source: finance

Next Steps

- ❖ Implement the actions in the workforce strategy. This will continue to be an objective in 2018/19.
- ❖ Continue to listen and work with frontline staff to take forward suggestions.

b. Develop how we support staff to be able to manage stress



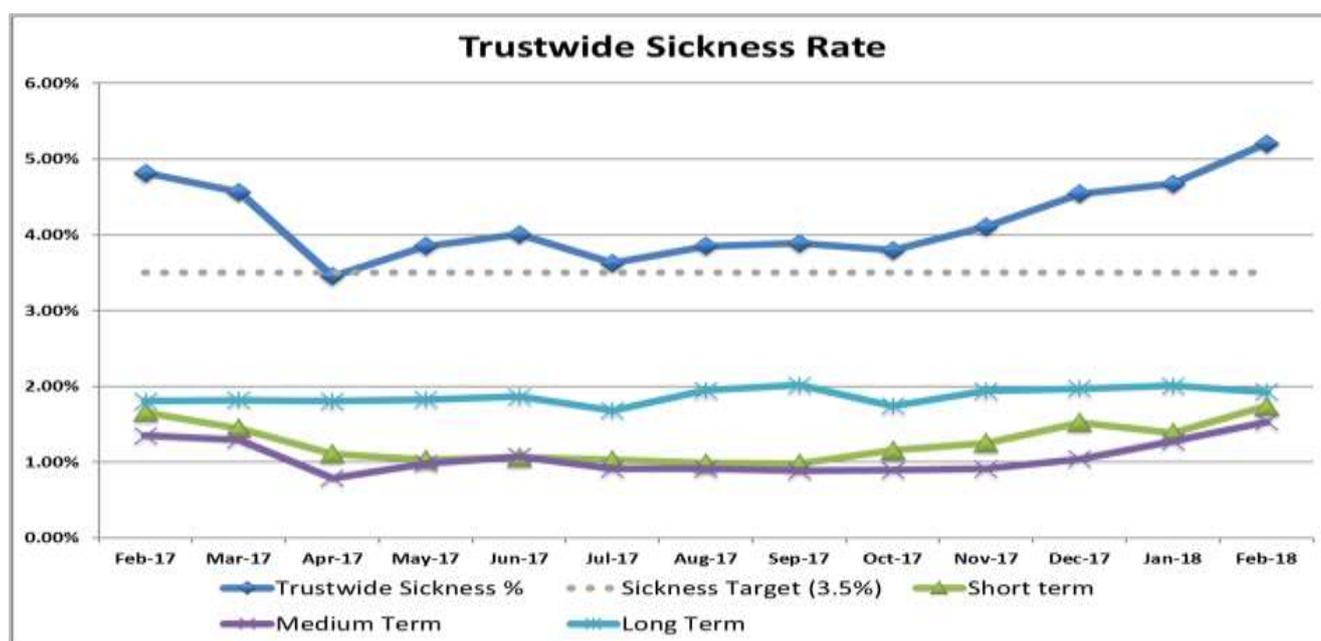
This objective is closely related to the above objective about retention of staff to improve substantive staffing levels.

Achievements

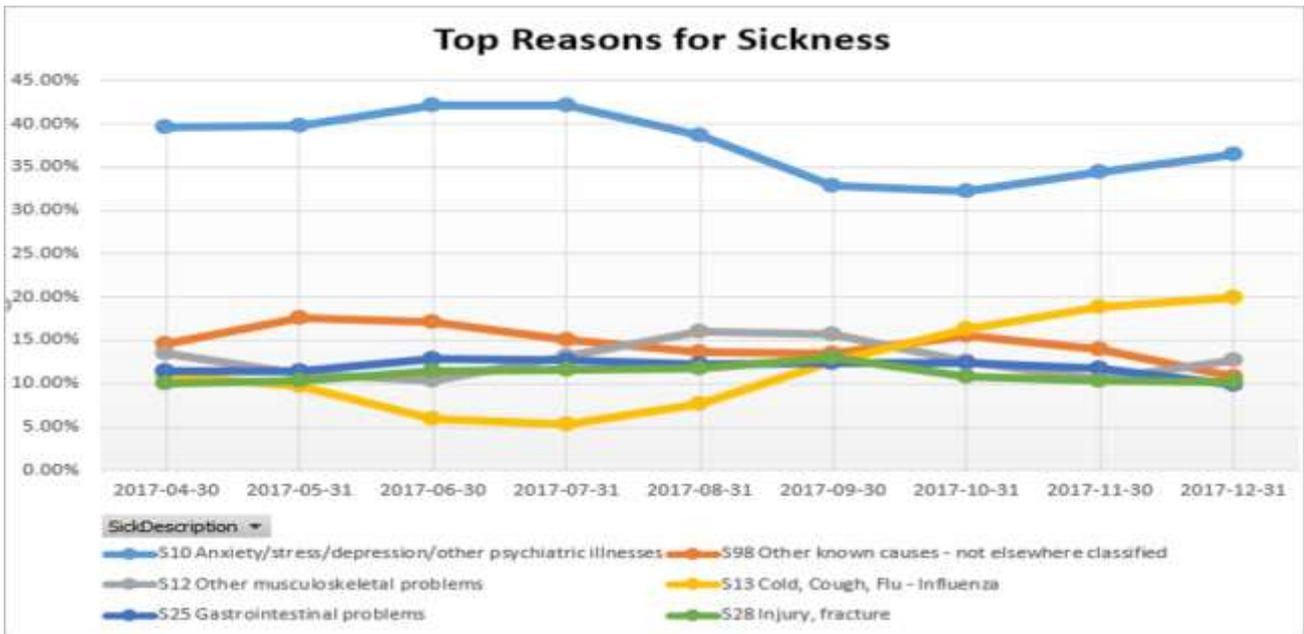
- ❖ A new steering group was established with the support of our staff unions from September 2017 to develop how staff are supported to manage and prevent stress. The group is using the national Health and Safety Executive standards on stress management to identify actions to focus on prevention of stress and building staff resilience.
- ❖ Dedicated capacity from early 2018 has been identified to work on improving staff stress, health and wellbeing.
- ❖ The Trust’s workplace stress prevention and response policy has been revised.
- ❖ A resilience project has started in 2018 to support qualified mental health nursing staff to enhance their development and resilience acknowledging they are working in a challenging environment.
- ❖ A series of exercise classes, physical challenges such as the pedometer challenge, well-being events on healthy eating and cycling to work, and mindfulness sessions (3 courses each 8 weeks long) have been run by the Trust.
- ❖ Continued to develop the well-being champion role introduced in the Trust to support a healthy culture, there are currently around 90 staff who have volunteered.
- ❖ A resource area has been developed on the staff intranet called the Staff Support Hub.
- ❖ The Trust is developing a business case for funding to introduce an external employee assistance programme.
- ❖ Each clinical directorate is working with their services to review caseloads sizes and levels of demand to ensure services are safe and staff are being supported.

Measures

The Trust’s target is a reduction in **sickness**: the overall sickness target is less than 3.5%, but for 2017/18 the average has been around 4.5%. The main reason reported for sickness is related to stress.



Data source: electronic staff record

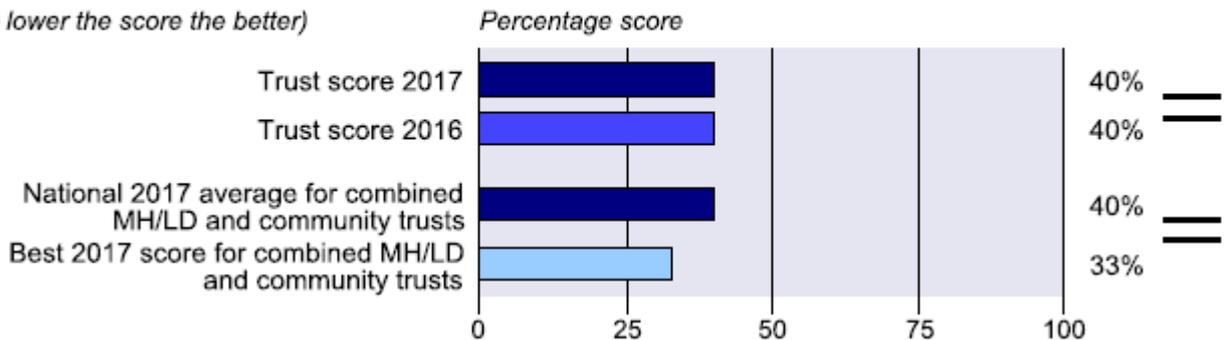


Data source: electronic staff record

The below **national staff survey results** show the % of staff feeling unwell due to work related stress is the same for 2016 and 2017 and above the national average.

KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



Data source: national staff survey 2017

Next Steps

- ❖ This will continue to be an objective in 2018/19 incorporated into the implementation of the Workforce Strategy.

c. To review and enhance the channels of communication across the Trust

Achievements

- ❖ The current methods for disseminating messages and sharing learning have been mapped, alongside analysing which teams/ professions read the weekly emails, attend the quarterly conferences and the staff survey results.
- ❖ In 2018/19 there will be a greater focus on matching the type of communication: for information, action or discussion and aiming communication at particularly staff groups.
- ❖ In 2017/18, pop-up messages on staff computers have been used themed around key messages, social media continues to be used by the Trust: for example, we have over 10,500 twitter followers. Face-to-face conferences continue to be held in each county every quarter, and there is a regular programme of board member visits to clinical teams.
- ❖ Microsoft Office 365 has been rolled out, including Skype being made available to all staff, to improve communication.

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

Achievements

- ❖ The Trust has been appointed as an apprenticeship training provider.
- ❖ 41 apprentices over three programmes started with the Trust in September 2017 and more are due to start in September 2018. Out of the 41 apprentices; 23 are healthcare support workers and 18 are in management or business and admin apprenticeships. This compares to 19 apprentices in 2016/17.



e. Introduce nurse career pathways through piloting new roles

Achievements

- ❖ We have 24 nursing associate trainees who started from April 2017: the programme started with 25, as one trainee has dropped out. It is hoped this will lead to people becoming qualified nurses. We are starting a second cohort of 50 trainees in May 2018 and a further 50 trainees in September 2018. These will be offered by a University in partnership with ourselves as apprenticeships.
- ❖ We have also recruited three nurse consultants who are undertaking doctoral programmes: a Dialectical behaviour therapy¹⁶ lead consultant nurse in Buckinghamshire, a Trust-wide consultant nurse in suicide prevention and a consultant nurse specialising in positive behaviour support for people with a learning disability.

f. Introduce and evaluate the new development leadership pathways for staff

Achievements

- ❖ The new development leadership programme is established: it incorporates taught days, coaching, undertaking a quality improvement project, 360° assessment and development plan. The programme will ensure that we can internally develop our staff and manage talent to provide further development through the National Leadership Academy Programmes.
- ❖ The first cohort commenced in January 2017 with 20 participants. A second cohort of 20 staff started in March 2018 and a third cohort is scheduled to commence in November 2018.
- ❖ Formal evaluation and iterations to the programme will take place once cohort one finishes.
- ❖ Another key development was the establishment of a trainee leadership board set up with 10 medical trainees who were paired with a board level member for a six month programme exposing them to the senior leadership and decision making of the Trust. A second cohort is currently being recruited.

g. To refine and enhance existing functionality of the electronic patient record to support care delivery



Achievements

- ❖ Based on the developments we have made with technology; the Trust was one of seven mental health NHS Trusts named a global digital exemplar for innovative use of technology to care for people who use mental health services. This means for the next 3.5 years we will receive some additional funding to make developments and will be part of sharing best practice nationally.

¹⁶ Dialectical behaviour therapy (DBT) is a specific type of cognitive-behavioural psychotherapy

- ❖ The majority of services in the Trust use electronic health records. In January 2018 the community hospital wards moved over to electronic health records, this required huge effort and work continues with clinical staff to improve the tools available and the system format.
- ❖ Developments have been made in how information is shared with GPs for example electronic versions of inpatient discharges from September 2017 were sent directly by Oxfordshire community mental health teams to GPs within the Trust's electronic health record (around 40-50 are sent a month). This is due to be rolled out for Buckinghamshire mental health teams and community hospitals in 2018/19.
- ❖ Trust staff (both in mental health and physical health services) can view basic patient information held by Oxfordshire and Buckinghamshire GPs from the Trust's electronic health record. 2000 views occurred in the first week by over 700 clinicians
- ❖ The Trust has reviewed options to share our data with the wider records sharing solutions across Oxfordshire and Buckinghamshire initially. This work will be part of wider work streams that are taking place in each county: HIE and HealthIntent in Oxfordshire and the 'My Care Record' initiative in Buckinghamshire. In terms of Swindon, Wiltshire and Bath & North East Somerset, the Trust has been participating in exploratory sessions with partners in these areas to determine requirements and planned activities.
- ❖ In 2017/18 staff working in mental health services have been able to see and edit electronic health records on their iPad, as part of improving mobile working. The plan is to roll this out for physical health services in 2018/19.
- ❖ Microsoft Office 365 has been rolled out to all staff, to improve mobile working with colleagues and patients as Skype and other functionality is developed in 2018/19.
- ❖ A number of apps have been developed for patients to help manage conditions. This includes BlueIce, a prescribed evidence-based app to help young people manage their emotions and to reduce urges to self-harm, co-developed with young people with experience of self-harm. Also, Sleepio an app to treat insomnia by using online cognitive behavioural therapy (CBT) which could reduce mental health problems such as anxiety, depression, and paranoia.
- ❖ An example of how technology is being used to deliver patient care: the Trust's emergency department psychiatry service in Oxfordshire offers support to people who arrive at A&E departments in Oxford and Banbury. Technology Assisted Psychiatry (TAP) enables speedier consultation and support for patients, thanks to video conferencing between the A&E and psychiatrists. The team won an award, see below.
- ❖ The Trust's website has been refreshed with prominent, patient-centred menus - 'your health', 'your services', 'your care', with clear signposting to find information



Psychiatric Team of the Year 2017: Outstanding Commitment to Sustainable Service Development: The emergency department psychiatry service in Oxfordshire for its Technology Assisted Psychiatry (TAP) project

Next Steps

- ❖ Continued work to improve functionality of the electronic health record systems for staff. This is an objective for 2018/19.

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

(quality domain: patient experience)



In 2016/17 the Trust launched a new three-year patient experience and involvement strategy co-produced with patients. The strategy sets out our aims and commitment to patients and their families. A copy of the strategy is available at; <https://www.oxfordhealth.nhs.uk/getting-involved-with-oxford-health/patient-involvement/our-strategy/>

The feedback we have received directly from patients and their families, as well as the feedback shared by the CQC and Healthwatch organisations is overwhelmingly positive, with patients reporting feeling cared for by staff : as a result, they highly value the service provided. We have made improvements in 2017/18, but 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 further 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.

a. Implement the second year of the Trust-wide patient experience and involvement strategy



Achievements

- ❖ From early 2017 the Trust procured and rolled out one consistent approach to collecting and reporting on patient/ carer feedback. As a result, the amount of feedback received has more than doubled in 2017/18.
- ❖ Library of patient carer stories to support training for staff, and in addition a story is presented to Board every month.
- ❖ The Trust-wide 'Taking Action from Patient Feedback Group' is a group made up of patients and staff members: this group is responsible for overseeing the implementation of the strategy. To make the group more accessible to a range of patients the minutes are now also produced in a video format and posted on the Trust's internet.
- ❖ The majority of clinical teams have a patient experience lead or champion.
- ❖ From the patient experience and involvement strategy 3 actions have been fully completed, 25 actions are partially completed and 9 actions have not yet been started. Year one of the strategy (2016/17) was focused on identifying and recruiting capacity and resources, therefore many actions were not started until year two, 2017/18. The progress made with the strategy in 2017/18 has been significant focused on: improving how we collect and review feedback, developing guidance for patients/ carers on being involved in staff interviews and peer review visits, developing a library of patient stories, and reviewing and developing the content and look of information on the Trust's website.
- ❖ The adult mental health wards took part in national research involving patients, carers and staff being interviewed about their experiences with an aim to improve how we use patient feedback. We were the only Trust with 100% recruitment showing good engagement and commitment to improvement.

- ❖ We have commenced the recruitment and training of peer support workers (people with real-life experience of using mental health services are being employed to help and support others), these new roles will benefit those patients receiving the support, the peer-support workers themselves, and for the mental health system as a whole. Workers will be ready to start placements from July 2018.
- ❖ The 'I care, you care' strategy was launched in 2017/18 with the aim to improve family, friends and carers experiences. A new leadership role has been established and recruited to lead on the implementation of the strategy who started in March 2018. The carer awareness training has been refreshed. The Trust has maintained our external accreditation with the Carers Trust working to national standards co-produced with carers.
- ❖ The Trust has been involved in an Oxfordshire system-wide initiative to develop a charter which defines our commitment to carers and sets out what support every carer can expect to receive. Carers, voluntary organisations, social care and NHS Trusts in Oxfordshire have been involved in producing the charter. The charter was finalised in 2017/18 and will be launched in early 2018.
- ❖ 2017 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.
- ❖ The Oxfordshire and Buckinghamshire recovery colleges hosted by the Trust but ran in conjunction with partners continue to run courses for patients, carers and professionals to learn together.



Charity foot ball tournament for staff and patients 2017

Measures

Patient feedback from the **annual national community mental health survey 2017**, sent to a random selection of 850 patients aged 18 and over, was positive and showed improvements in patient's experiences. Key positives with results above the national average include; patients said they had received a formal review of their care in the last year, felt involved in their care, were given enough time to discuss their needs and treatment, knew who and how to contact a member of staff if they have a concern about their care, felt they got the help they needed when making contact in a crisis and patients said staff listened carefully to them. The areas identified for further improvement were around; helping patients to find support for physical health needs, financial advice/ benefits and finding work. As well as supporting patients to take part in local community activities and getting support from people who have had similar experiences. The full report can be accessed at http://nhssurveys.org/Filestore/MH17_bmk_reports/MH17_RNU.pdf

National core question asked to all patients that complete a local survey, how likely are you to recommend our services to friends and family if they needed similar care or treatment? (also known as the friends and family test). In 2017/18 overall 97% of patients receiving physical health services would recommend the care, higher than the national average. In 2017/18 overall 91% of patients receiving mental health services would recommend the care, this improved from May 2017 and since this time has been higher than the national average.

We have received 15,718 responses to the Trust's **local survey** in 2017/18, which is more than double from last year. Below is a breakdown of feedback about physical health services and mental health services. Teams have real time access to this information so that it can always be used to make improvements.

Mental health and learning disability services all ages: the number of responses received in 2017/18 has gone from 170 per month to 460 per month (in the context of seeing about 11,000 patients a month). Patients on

YOU SAID

A parent suggested we telephone them a week before the group to confirm their attendance and help engage parents

HORIZON (supporting young people and families affected by sexual harm)

WE DID

We have introduced trying to make contact with all parents who are referred to the parent workshop a week before it starts

YOU SAID

Most staff were friendly and happy. The food could be improved, it's all the same and needs to be more tasty, needs more flavor.

Didcot Ward

WE DID

We have listened to our patients and have reviewed the menus. We have reduced the amount of milk puddings to more traditional puddings such as apple crumble and syrup sponges. We are also reviewing the meals as part of a wider project within the trust.

YOU SAID

Many Children and parents are concerned they cant ride a bike

Children's Physiotherapy

WE DID

We have set up and support 2 "Learning to ride" groups in Oxfordshire

YOU SAID

A lot of telephone numbers to contact to get things collected, but other than that a really amazing quick service.

Community Therapy Service North

WE DID

We have added the telephone number for equipment collections and repairs to the front page of our patient pack.

YOU SAID

'This was an excellent weekend – [the facilitators] are so good, exemplifying the attributes we all need to embrace. I am so grateful that this service exists, "

Complex Needs Service

WE DID

Thank you for the positive feedback we will continue to run the Psychoeducational weekends as long as Carers continue to find them useful

YOU SAID

The process of the parents' interview is quite difficult when you have to discuss the child's difficulties in front of them.

ASD PATHWAY

WE DID

changed our appointment letter stating that should they wish to discuss issues separately, parents should request an additional responsible adult that is able to stay in reception with children .

b. Transfer the provision of the Oxfordshire learning disability services



Staff awards in 2017, the Improving Patient Experience Award nominated by patients and families was won by a speech and language therapist within our Learning Disability team

Achievements

- ❖ The transition of specialist health services for adults with a learning disability within Oxfordshire happened as planned on the 1st July 2017.
- ❖ The 'first hundred days' project plan has been completed with weekly updates to the Executive Team. Further actions identified in the initial period have been carried into the Learning Disability Strategy.
- ❖ The service has completed a self-assessment against the national 'Healthcare for All' and the draft NHS Improvement Provider Standards for Learning Disability to identify actions to go forward. In addition, a self-assessment has been carried out against the recommendations from 'Verita 2's review of Southern Health's transfer of services from the Ridgeway Partnership. All self-assessments have been reported to Trust Board.
- ❖ The Learning Disability Steering Group reconvened in June 2017, with refreshed terms of reference and agreement on how best to provide oversight of the work programme from a clinical and patient experience perspective. The agreed main areas to focus on were;
 - Transition of specialist services
 - An all-age strategy for people with a learning disability across the Trust's geography, which will include progress against the 'Healthcare for All' national standards
- ❖ The service has joined a number of national initiatives including working with;
 - The Patient Safety Academy on a programme to improve patient safety for people with learning disabilities. This will include training on human factors¹⁷ and service improvement projects around dysphasia and learning from admissions.
 - NHS Improvement collaborative on a 'criteria led discharge' collaborative.
 - NHS Improvement on a project led by the University of West London to consider a tool developed to deliver safe sustainable staffing. We will use this tool to inform our workforce planning within the learning disability service.
 - Oxford Academic Health Science Network to help deliver the 'Leading Together programme', a regional programme which aims to develop partners in leadership between those with lived experience (patients) and those with decision making power across the systems.
- ❖ The Learning Disabilities Mortality Review (LeDeR) Programme was established as a result of one of the key recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD) to contribute to improvements in the quality of health and social care for people with learning disabilities in England. A number of staff have completed LeDeR review training to carry out multi-agency reviews. The Trust has embedded LeDer into its processes for learning from deaths, see page 18 for more details.

c. Co-develop a new Trust-side dementia strategy

Achievements

- ❖ A regular patient and carer led meeting 'Leading Together Group' takes place to drive developments in dementia care. Patients and their families have been involved in peer reviews of the service. The feedback from patients and carers continues to inform the strategy- which is in draft version and will go through a final approval process in May 2018.

¹⁷ A human factors approach to patient safety differs from traditional safety training in that the focus is less with the technical knowledge and skills required to perform specific tasks, but rather with the cognitive and interpersonal skills needed to effectively manage a team-based, high-risk activity.

- ❖ A number of work streams address particular actions as part of the strategy and have started work ahead of the strategy being finalised, including:
 - Dementia Friendly Website - a survey was conducted with patients, families/ carers and staff to help create web pages which provide information about memory difficulties, dementia and our services. A series of consultation meetings about the pages have been happening, we aim for the site to go live in April 2018.
 - Staff Training – 162 Trust staff have attended tier 2 dementia training. The training involves co-delivery by someone who has dementia, carer in some sessions and the use of a simulation suit to provide experiential learning for participants. The Trust has been successful in securing funding to host tier 3 dementia training for 75 people across the Thames Valley and we have tendered for providers. The provider will be confirmed in April 2018. Staff are also able to contribute to and participate in the Academic Health Science Network webinars. The Trust has also supported training for GPs in Oxfordshire and Buckinghamshire.
 - Peer development - members of the Care Home Support Service regularly attend the external Care Home Best Practice Network, which was set up as a result of research co-led by the Trust, to share best practice initiative with colleagues across Thames Valley.
 - Physical care services for people with dementia – there are a number of projects in community hospitals and District Nursing services to promote dementia care. The District Nursing service is continuing to work to embed the dementia care strategy in the end of life care project. The Care Home Support Services has undertaken a project on hydration / health promotion with a poster presentation at Health Education England’s Partnership event in March 2018.
 - Diversity and Inclusion: work is underway to engage with hard to reach groups. A virtual working group has been set up across the two counties to support and coordinate some individual projects, for example i) in September 2017 two of the central memory clinic team delivered an awareness talk at Chinese Community Centre in Oxford with trilingual translation and approximately 50 people attended., ii) Some outreach work is being developed with a mosque in Banbury iii) the video “Finding Patience” is available on the Trust’s’ webpage.
 - Memory Services Accreditation: North Buckinghamshire, Central Oxfordshire, South Oxfordshire memory services have achieved external accreditation with the Royal College of Psychiatry which involved patient and family/ care involvement.
 - Wards: Two wards are developing projects to improve their outside environments and encourage the use of the garden. They will be consulting and involving patients and carers in the projects and are basing some of their ideas on the learning from work previously undertaken in community hospitals on best practice advice arising from this.
 - Research: i) Collaboration with the NIHR Oxford Biomedical Research Centre to develop a ‘Brain Health Centre’ which aims to benefit both academic projects and clinical delivery of memory assessments and access to post diagnostic support is in its initial stages. A steering group has been formed and consultation with Consultant Psychiatrists and academic colleagues took place in February 2018. Further meetings with patients, carers and other staff members are planned, ii) we have submitted an expression of interest to participate in an evaluation of a ‘Dementia Dogs’ programme led by the charity Dogs for Good, which provides assistance dogs and a community engagement initiative to improve dementia friendly communities through the involvement of dogs in local settings.



Award winning project to raise awareness of dementia within the BME communities. Joint piece of work by the Trust, Aylesbury Vale Clinical Commissioning Group and Buckinghamshire County Council.

d. Review, implement and evaluate a revised care plan for older people at the end of their 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.

Achievements

- ❖ A new personalised end of life care plan was developed and piloted and a baseline audit completed. Patients' and carers' views were taken into account in the development process. People in Partnership Group and the National Council for Palliative Care (NCPC) were also involved in the review process. Following the pilot there was a staff feedback event in November 2017 to understand their experience of using the pilot tool and having conversations with patients about their wishes at the end of life. The final care plan was rolled out in December 2017.
- ❖ Training has been delivered to clinical development nurses in community hospitals to support the roll out of the care plan.
- ❖ An end of life link nurse network has been established in the Trust.
- ❖ 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 University Hospitals End of Life Care Working Party.
- ❖ Monthly local audits, to examine compliance with the national priorities, have started. We have also registered to participate in the new national audit of care at the end of life (NACEL) launched in 2018.

Measures

The results of a local random audit in February 2018 showed good assurance that care is being delivered according to the national priorities for end of life care. The one standard identified for improvement was around spiritual/religious needs being considered within the care plan. Staff reported difficulty in approaching the question and one of the community matrons has put together a training presentation which covers communication and strategies to support staff.

e. Develop palliative care provided to children and families

Achievements

- ❖ The Clinical Lead Nurse for palliative care completed the audit for end of life care in January 2018– the benchmark for this audit is the NICE standard: End of life care for infants, children and young people with life-limiting conditions. This has been carried out in conjunction with the Clinical Network Group Thames Valley Children's Palliative Care Network. All member areas of this network will be carrying out audits, the results of which will be considered as a whole. This will provide evidence against the NICE standards and identify any variations in service delivery across the Thames Valley region.
- ❖ The NICE standard is comprehensive and considers a large range of different aspects of end of life care delivery including;
 - Quality of Advance Care Plans (ACPs)
 - Parental and child involvement in decision making process
 - Sibling support
 - Communication including consistency of information given to family and child
 - Care planning
 - Emotional and psychological support
 - Pain and symptom management
 - Practical support
 - Bereavement support for family
- ❖ The Children and Young People Advanced Care Plan (CYPACP) has been identified as the tool of choice within the hospital and the community. There has been an increase in involvement with professionals to support the family with the CYPACP discussions. These are led by a named professional and ensure family wishes are respected and valued.
- ❖ The Children's Community Nursing Team has planned and costed an enhanced Palliative Care Service for children and young people. Funding from the commissioner has been identified for this area of service development and implementation. The plan is that this team will be led by a band 7 Palliative Care Clinical Lead, 2 band 6 nurses and a band 4 Health Care Assistant. This team will be able to provide

an improved quality of care to children needing palliative care. The job descriptions are written and currently with the job evaluation panel. The plan is to advertise the new posts in April 2018.

- ❖ An improved referral process has been developed for neonates who are at end of life. This has involved increased speed of referrals from Oxford University Hospitals NHS Foundation Trust to the Children's Community Nursing Team and improved processes of liaison and documentation.

f. Improve transitions between care pathways across ages - children to adult services

Achievements

- ❖ The terms of reference for the transition development groups in Oxfordshire and Buckinghamshire have been widened to include clinical and managerial representatives from children and adult mental health services, adult social care and third party organisations. The group has developed an improvement plan based on the results of audits in 2016/17 and 2017/18. Quarterly audits are being continued to monitor the impact of the improvement plan.
- ❖ The transition development groups oversee the improvement plan but also reviews disputed cases escalated by clinicians, reviewing, analysing and learning to determine if appropriate decisions were made with regards to on-going needs of a young person.
- ❖ The Trust has been working voluntarily with the new national Healthcare Safety Investigation Branch (HSIB) around a theme on communication at points of transition during care, to ask for their expertise and learning from elsewhere in the country. The preliminary scoping exercise was completed in November 2017 and the HSIB considered there was a potential for national learning so a full investigation has started across the country with the results expected to be reported in 2018.
- ❖ In 2017/18 the Trust has completed a thematic review on how children and adult mental health services communicate and share information.
- ❖ Internally, the Trust has reviewed and started to make changes to the management structure of services, this is designed to align all-age services across geographies, improve cross system working, and to support achievement of the strategic themes for mental and physical health.
- ❖ The above work is supported by the appointment of a joint children and adult mental health services commissioner in Buckinghamshire.

Measures

In 2017/18 the Trust received 11 formal complaints where transition was mentioned in one of the concerns raised; these were spread throughout the year and from different teams. The complaint investigations have been completed for 9 of the 11 cases, and of these, 4 cases have elements that have been upheld and actions are being taken and learnt across services.

Of the serious incident investigations completed in 2017/18, seven have had a theme for learning around transition if this is between teams or with other organisations. These individual investigations were included in the thematic review mentioned above. The Healthcare Safety Investigation Branch has identified transitions as a key theme for national learning across the NHS.

18 young people transitioned in quarter 4: the audit results were very positive including all but one young person had a named transition coordinator, and all but one person (a different case) had a clear transition plan with goals developed with the young person and their parent or carer. Work continues on improving the quality of transitions.

Next Steps

- ❖ The transition from children to adult services is challenging, and we recognise that there is more work to be done to reduce the safety risks and improve patient and family experiences.



Quality priority 3: Increase harm-free care

(quality domain: safe)

The Trust is committed to making care safer and to reduce avoidable harm through continual improvement. Improvements are made by measuring the impact of changes, supporting staff to be open and honest when things go wrong, having a range of mechanisms and formats to share learning, and working jointly across organisations within the health and social care system.

a. Work towards the international nursing standards to achieve accreditation

Our Nursing Strategy developed in 2015 aims to celebrate and support the development of the broad spectrum of nursing practice happening every minute of every day in the Trust. The international nursing standards, as applicable, are included within the Trust's Nursing Strategy. This strategy sets the local context and the well-established NHS England National Nursing Strategy Compassion in Practice known as the 6 C's. The priorities of the strategy are;

- Valuing nurses (pride in nursing) and staff well-being.
- Ensuring high professional standards including self-assessing our position against the international nursing standards, revalidation & development of common competencies
- Recruitment and retention of nurses
- Development of career pathways for nurses from band 2 through to Consultant Nurses.

Achievements

- ❖ See page 36 for work on retention and recruitment, including new approach to student nurse recruitment from October 2017.
- ❖ In 2017/18 the Trust has rolled out the Safe Care module within electronic rostering to help teams to more easily manage staffing levels and skill mix according to patient acuity and complexity.
- ❖ We are participating in the NHS Improvement programme focusing on improving efficiency and productivity of electronic rostering by ensuring the right staff are in the right place at the right time to align with patient needs
- ❖ Nursing revalidation training and support is in place, as well as alerts to support nurses and line managers. A new revalidation policy was developed and approved in September 2017.
- ❖ An International Nurses Day event was held in 2017, which over 60 nurses attending.
- ❖ We have introduced new associate nurse roles (see page 41 for more details)
- ❖ The Trust achieved employer training provider status for apprenticeships (see page 41 for more details)
- ❖ Three new Nurse Consultants roles have been created and recruited to; a Dialectical behaviour therapy¹⁸ lead consultant nurse in Buckinghamshire, a Trust-wide consultant nurse in suicide prevention and a consultant nurse specialising in positive behaviour support for people with a learning disability.
- ❖ We have been increasing the number of nurse prescribers, particularly in the district nursing service.
- ❖ Development of competency frameworks, those in place are across; Health visiting, School health nursing, District Nursing, Children's Community Nursing and Physical health skills for mental health staff
- ❖ Clinical academic fellow roles have been created in partnership with both Universities in Oxford.
- ❖ Launch of the Oxford School of Nursing & Midwifery with Oxford Brookes University, Oxford University Hospitals and Oxford Academic Health Science Network. With the aim of having a more integrated system to reduce the boundaries between the services and education.
- ❖ Self-assessment completed against international nursing standards.
- ❖ Work has started on developing a new two-year foundation programme for newly qualified staff.

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

See summary on page 18 with the details of the work around learning from deaths.

In 2017/18 we have worked on improving how we engage, involve and learn from the experiences of beavered families by implementing the following actions;

¹⁸ Dialectical behaviour therapy (DBT) is a specific type of cognitive-behavioural psychotherapy

- Reviewing training for investigators, including a skills workshop on working with families
- Reviewing and introducing new investigation report templates which are more accessible and better demonstrate how families have been engaged
- Using photos on the front of reports and names in reports as the family wishes.
- Introducing new central checks through the investigation process to ensure families are offered different opportunities to be involved
- Developing a new information leaflet handed out to families to explain the investigation process and how they can expect to be involved
- Testing using a family liaison role

A recent audit in March 2018 demonstrated the above actions are starting to have an impact to improve how often and the extent families are involved in investigation to maximise learning.

See page 49 for more details about the work to improve care for patients on an end of life care pathway and for children receiving palliative care, and page 56 for details on the work we are doing to reduce suicides.

Next steps

- ❖ The Trust will continue to focus on learning from incidents and deaths in 2018/19.

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

Achievements

- ❖ 'knowing me' boards have been introduced across a number of the adult acute wards to improve relationships between staff and patients, so patients are less likely to be violent to staff.
- ❖ We are 1 of 19 NHS Trust's participating in the national 'observation and engagement collaborative' being led by NHS Improvement, looking at how observations are done, what patients understand and how staff feel about doing them. A key foundation of the work is to look at how to sustain quality initiatives.
- ❖ Work with staff to recognise early trigger points which can lead to violence.

Measures

In 2017/18 the six adult acute mental health wards reported 563 incidents of violence and aggression (*data source Ulysses system*), the level has remained constant since August 2015, shown in the chart below, although there have been fluctuations at ward level in particular months. Of the 563 incidents in 2017/18, 75% of these incidents were recorded as resulting in no injury or property damage, and 21% were reported as resulting in minor injury or property damage based on incident impact. Of the 563 incidents, 19 (3%) were reported as resulting in moderate injury or property damage over 12 months, and of these, 10 were in categories relating to violence with injury by patients towards staff. No incidents were reported as causing major harm.

From April 2017 there has been an increase in the number of incidents graded as resulting in moderate harm or damage, although the numbers are small ranging from 0-4 incidents a month across the six wards. No more than 2 incidents per month with moderate injury have been reported in the categories of violence towards staff with injury. In August 2017 a change was introduced to incorporate psychological impact into recording of incidents, which seems to have increased reporting levels. The collection of information around the type of harm e.g. physical injury, psychological harm or property damage, is incomplete for some incidents and therefore we can only speculate this change has impacted on the numbers being reported.

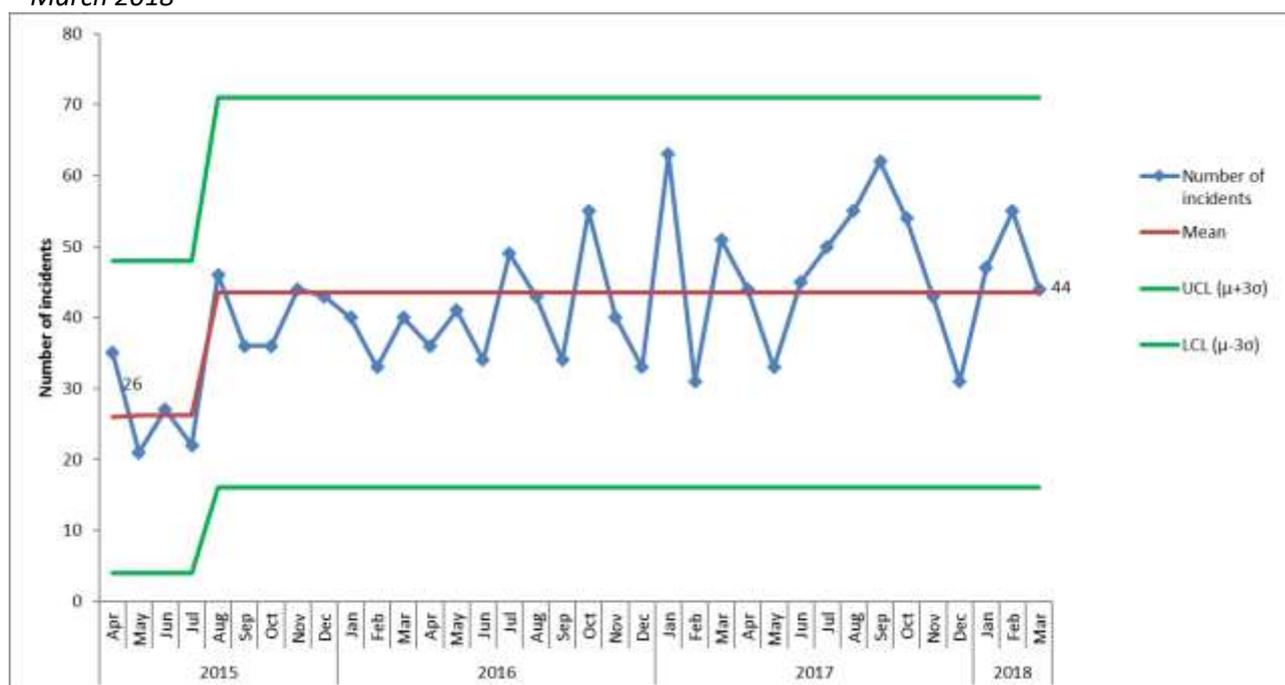
The impact reported and described above is applied to the incident as a whole, however staff can report in a single incident the number and extent of physical injuries to a single staff member or multiple staff. In 2017/18 there were 60 incidents across the six wards reported in categories relating to violence with injury towards staff¹⁹, 16 in quarter 1, 19 in quarter 2, 13 in quarter 3 and 12 in quarter 4. Within these incidents, physical

¹⁹ Within the following 4 subcategories of violence & aggression: VA016 Violence with Injury - Patient On Staff, VA027 Violence with Injury - Racial - Pt On Staff, VA034 Patient Bites Staff, VA032 Alleged Assault On Staff

injuries to staff were reported in 35 incidents, and in total 53 injuries to staff were reported²⁰. In the majority of incidents (74%) 1 staff member was injured within a single incident and staff reported on average 1-2 injuries per incident, with the majority (66%) being minor.

All incidents are reported to the reporter’s line manager and the manager of the clinical team to ensure appropriate support has been offered to the member of staff and team affected, to review the care for the patient involved and to identify any learning from the incident. As appropriate support will also be offered by a senior manager and if the member of staff is off sick for consecutive days the Trust’s Health and Safety Officer will contact the person and report this to the Health and Safety Executive. In 2017/18 two injuries to staff have been reported to the Health and Safety Executive. The themes and learning from incidents is reviewed weekly, monthly and quarterly by senior clinicians.

All violence and aggression incidents reported by adult acute wards regardless of level of injury from April 2015 – March 2018



Data source: Ulysses system

Next Steps

We are carrying the objective over to 2018/19, with a continued aim to reduce the number of incidents of physical violence with harm on staff.

- d. Continue to pilot, roll out and evaluate a consistent new early warning sign tool to identify patients who are physically deteriorating across community hospitals and older people mental health wards

Achievements

- ❖ Improvements in Community Hospitals following the introduction of the ‘simulation’ training in conjunction with OXStar (over 100 staff have completed the training), the use of the national early warning scoring system (NEWS²¹) across all sites and the ‘care and comfort’ rounding bundle have been sustained with only one incident of failure to recognise the acutely ill and deteriorating patient since these measures were put in place.
- ❖ The older people mental health wards are also using the NEWS tool with performance audited quarterly.

²⁰ The number and extent of injuries could be under-reported as this is not a mandatory field to report in an incident.

²¹ The national early warning scoring system (NEWS) can be used to help identify patients whose condition is deteriorating and trigger a response.

- ❖ Funding has been secured for further delivery of clinical simulation training this will take place in April and May 2018. Work has also been undertaken with the Academic Health Science Network to develop a train the trainer model in human factors²² to maintain sustainability in this area.
- ❖ New national guidance in relation to NEWS was published in December 2017 and we have started work to undertake a gap analysis of current practice against the new guidance.
- ❖ In the Urgent Care service, the following actions were taken;
 - The development of a process to enable proactive review of patients with suspicion of sepsis though no overt features requiring immediate referral.
 - The development of bespoke 'targeted information leaflets' for patients and families regarding sepsis risks and early warning signs.
- ❖ The following areas of work have started and will be completed in 2018/19:
 - Scoping the inclusion of Sepsis awareness for all staff within the Trust's induction programme
 - Standardisation of the sepsis processes across the emergency multi-disciplinary units and rapid access to care unit
 - Undertaking to deliver sepsis recognition and awareness sessions across a variety of Trust sites to coincide with 'world sepsis day' in September 2018
 - Development of a bespoke package of training and processes to support the recognition of, and escalation of concerns in relation to sepsis for district nursing and care home support service teams.
 - Identification of local sepsis champions across the older adult mental health wards with links and resources to raise awareness of sepsis and necessity to escalate concern and take action to support patients in the event that this happens.

Measures

The monthly audits of the use of the NEWS tool in community hospitals have demonstrated an improvement which has been sustained in the escalation of abnormal observations. Results in the table below.

From December 2015 to March 2018 there has been one incident across the community hospital wards of failure to recognise the acutely ill and deteriorating patient since these measures were put in place.

Table 15.
NEWS Q3 2017/18

Audit standard	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
1. Has the chart got a patient label or full name and hospital number?	91%	93%	93%	95%	95%	98%
2. Is the correct date recorded for the last record? Year to be recorded at least once per chart	95%	95%	93%	100%	95%	94%
3. Was the temperature recorded in the last 24 hours?	100%	100%	100%	99%	98%	100%
4. Was the BP recorded in the last 24 hours?	100%	100%	99%	99%	97%	100%
5. Was the pulse recorded in the last 24 hours?	100%	99%	100%	99%	98%	100%
6. Were the respirations recorded in the last 24 hours?	100%	100%	100%	98%	98%	100%
7. Were the O2 SATs recorded in the last 24 hours?	100%	100%	100%	99%	98%	100%
8. Has the NEWS score been recorded with ALL sets of observations in the last 24 hours?	100%	99%	100%	99%	98%	98%
9. Has an AVPU score been recorded in the last 24 hours?	100%	98%	100%	99%	98%	100%
10. Were all 6 colour coded physical health parameters completed for the past 5 days?	96%	98%	98%	96%	99%	95%
11. Was a NEWS score recorded for the past 5 days?	95%	100%	95%	96%	99%	96%
12. Is there evidence that the identified activity has been taken for any score in the yellow zone in the past 7 days?	87%	93%	92%	100%	98%	94%
13. Is there evidence that the identified activity has been taken for any score in the orange zone in the past 7 days?	91%	94%	100%	100%	100%	81%
14. Is there evidence that the identified activity has been taken for any score in the red zone in the past 7 days?	88%	100%	100%	100%	100%	75%
OVERALL AUDIT RATING	GOOD	GOOD	GOOD	Ex	Ex	Good

Data source: Local audit results

²² A human factors approach to patient safety differs from traditional safety training in that the focus is less with the technical knowledge and skills required to perform specific tasks, but rather with the cognitive and interpersonal skills needed to effectively manage a team-based, high-risk activity.

e. Reduction in avoidable and acquired²³ pressure damage

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 which includes commissioners to drive and oversee the improvement work.

Achievements

- ❖ In 2017/18, the Trust achieved a notable reduction in the number of significant acquired pressure ulcers with lapses in care. The measures below evidence the impact of the improvements made.
- ❖ There has also been an improvement in reporting acquired lower grade pressure damage (category 1 and 2) with a focus on learning from these to prevent more serious pressure damage. In 2017/18, a total of 686 category 2 acquired pressure ulcers were reported compared to 496 in 2016/17; reporting for category 1 pressure damage improved from 27 in 2016/17 to 80 in 2017/18.
- ❖ Training on pressure ulcer prevention and management and equipment awareness is available to complete electronically or in a classroom. Alongside this a competency framework has been launched across community nursing teams for all staff to complete.
- ❖ Additional training was provided to the district nursing teams regarding the identification of SCALE (Skin Changes at End of Life), the criteria for defining SCALE now appears as a prompt when reporting pressure damage.
- ❖ The following improvement initiatives were implemented:

Quick Time Learning process (QTL)

The QTL process is managed by the clinical development leads (CDL) for each team. The Clinical Development Lead will meet with the team as soon as possible after the reporting of a 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.

Actions from the QTL approach included:

- Promotion of low grade harm reporting - including category 1 pressure damage.
- The handover process was updated to include a requirement to discuss all identified pressure damage promptly at team meetings and ensure team appropriate interventions have been provided.
- A handover poster and flow chart outlining the requirements was developed by teams.
- Initial Review (short pressure damage analysis form) has been activated for all acquired category 2 pressure damage to identify learning.
- Learning from incidents with lapses in care is shared by Clinical Development Leads at team meetings and via the county wide meetings.

React to Red

The React to Red initiative encourages the use of the initial SSKIN bundle assessment on first district nursing visit to allow early care planning; education with patients and their carers; and promoting better communications between nursing teams and care agencies. The initiative was piloted in April 2017, but it was delayed due to recruitment challenges and was relaunched in December 2017. In November 2017 the Trust also introduced the initiative jointly with the Oxford University Hospital NHS Foundation Trust in relation to the Home Assessment Reablement Team.

Motivational Interviewing Project

A pilot was started with a district nursing team in the north; psychology support was provided via Talking Space Plus to build up skills in managing patients with long-term conditions, anxiety or depression. Evidence from the pilot in long-term conditions demonstrated that patients who received psychological support had better outcomes in managing their long-term conditions.

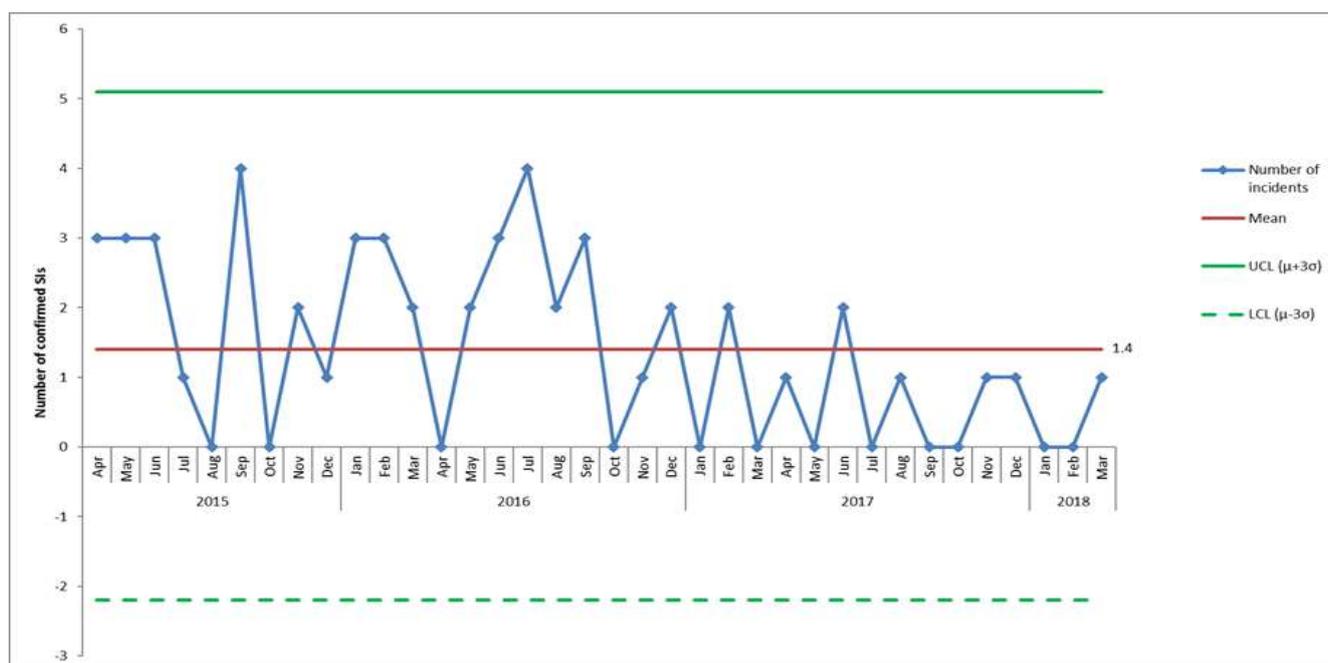
²³ Acquired means the pressure damage occurred whilst the patient was in our care. Alternatively, inherited damage means the patient came into our care with an existing pressure damage.

Motivational interviewing helps nursing staff improve patient concordance with care plans including pressure damage prevention care plans. Talking Space Plus provided teaching and supervision to the district nursing team for a period of 3-6 months as and then to evaluate the project outcomes with the team. The sessions primarily provided teaching on understanding anxiety and depression, motivational interviewing and how to refer to other services. Then over time the sessions became more focused on supervision for staff. Further sessions in 2018/19 are planned.

Measures

In 2017/18, the Trust achieved a notable reduction in the number of serious acquired pressure ulcers with lapses in care. There were 7 acquired category 3 or 4 pressure ulcers with lapses in care in 2017/18 compared 21 in 2016/17 and 28 in 2015/16. (Data source: Ulysses system)

The graph below shows the number of acquired category 3 or 4 pressure ulcers with lapses identified in care.



Data source: Ulysses system

f. Finalise the suicide prevention strategy and start to implement the objectives

Suicide is a major public health issue and can affect people from all walks of life. The highest suicide rates are in men in their 40s and 50s and the leading cause of death in people aged 15-24. The suicide rate in women has risen over the last 2-3 years, although the male rate is still three times higher, and suicide is now one of the leading causes of death in pregnant women and new mothers. A third of people who take their lives are under the care of mental health services or have been in the year prior to their death.

Office of National Statistics figures for 2016 indicate a 6% fall in the suicide rate in England in 2016 to 9.5 deaths per 100,000 population, the largest single year fall for many years.

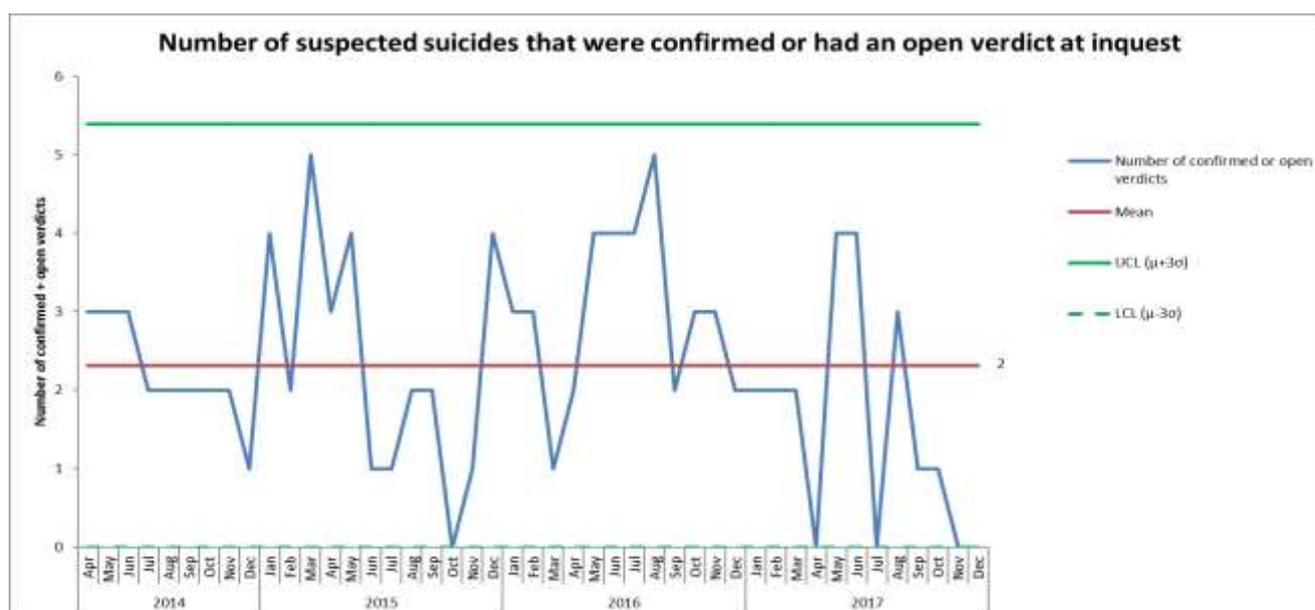
Between 2013 and 2015 there were 113 suicides registered in Buckinghamshire. The suicide rate in Buckinghamshire is 8.5 per 100,000 population. Between 2013 and 2015 there were 164 suicides registered in Oxfordshire. The suicide rate in Oxfordshire is 9.4 per 100,000 population. (These rates are taken from the Public Health England suicide prevention atlas). While it is positive that 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.

Achievements

- ❖ The Trust has developed and approved a self-harm and suicide prevention strategy which reflects the local system and national objectives. The Trust is also a partner in the public health led suicide prevention programme. The primary drivers of the Trust's strategy are:
 - leadership and partnership working
 - Continuous learning
 - Safe and effective care and treatment
 - Competent and confident workforce e.g. training and coaching
 - Collaboration with patients and their families e.g. shared safety planning
- ❖ The Trust started a mapping exercise in January 2018 against the strategy primary and secondary drivers and once complete this will identify where we are now to help develop an action plan on how to achieve the strategy.
- ❖ 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.
- ❖ Suicide awareness and prevention training continues to be provided to mental health, community staff, emergency practitioners, pre-registration mental health nurse students, GPs and partner organisations.
- ❖ Staff training on collaborative risk assessment and management of suicide has started in the adult mental health services. The staff who attend will go on to coach, support and supervise other staff in their team.
- ❖ 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 embedded.
- ❖ The Trust has carried out significant work on raising awareness and taking actions for patients at risk of 'contagion' particularly through social media. We are involved in a national group reviewing guidance for identifying and responding to suicide clusters.

Measures

In 2017/18 there have been 13²⁴ confirmed or open suicides for current or discharged patients known to the Trust as reported by the coroner. Over previous years the number of confirmed and open suicides are 2014/15 = 31, 2015/16 = 25 and 2016/17 = 35. We recognise the actual figure is likely to be higher where the coroner is unable to substantiate without doubt that the person took their own life. The graph below shows the number by month. (*Data source: Ulysses system*)



Data source: Ulysses system

²⁴ This figure will change as some coroner inquests have not been held for all suspected suicides in 2017/18.

Quality priority 4: Promote health and wellbeing of patients

(quality domain: effectiveness)

The Trust has had a successful year for carrying out research and expanding our research capacity (see page 15): 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 accreditations for 19 different service types, a full list is in Appendix A, demonstrating our commitment to raising the standard of care we provide and encouraging external reviews 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 this report of the partnerships developed.

a. Improve the physical health care for patients receiving treatment for their mental health condition

There is substantial research evidence that shows people with a serious mental illness die prematurely from physical health causes. The Trust-wide physical healthcare group leads on work to improve the physical healthcare for our patients.

Achievements

- ❖ A self-assessment against national best practice on physical healthcare in mental health has been completed and informed the actions being taken.
- ❖ A Physical Health Lead Nurse has been recruited to support the Buckinghamshire inpatient wards
- ❖ A new Trust-wide Physical Healthcare Strategy was developed and approved. This was launched at the Improving Physical Health for People with Severe Mental Illness Conference held in January 2018. For a copy of the strategy go to; <https://www.oxfordhealth.nhs.uk/papers/29-march-2018/>
- ❖ Developments in how information is shared with GPs for example electronic versions of inpatient discharges can now be sent directly by Oxfordshire teams to GPs within the Trust's electronic health record, and all staff can view basic GP information for their patients from the Trust's electronic health record.
- ❖ Training plan is in place for staff on physical healthcare (four days for registered staff and one day for unregistered staff). Both courses are supported by refresher sessions.
- ❖ The Trust has been using the approach of 'making every contact count'²⁵ for a number of years to support promotion of healthy living. Recently on-line training has also been rolled out to all staff which has received positive feedback.
- ❖ Physical health leads have been identified in each community mental health team and ward. Their role is to be a point of expertise for the team, to share information/ resources, raise awareness and support the physical health clinics. The leads across the teams meet every 6 weeks.
- ❖ New equipment has been purchased for the community teams to carry out annual physical health checks for all patients on the caseload.
- ❖ A new patient information handbook was developed and rolled out.
- ❖ A 'my physical health assessment and plan' has been introduced for community teams to use.
- ❖ Physical health clinics are in place for each community mental health team. The clinics provide advice on diet, exercise, smoking, health and fitness as well as monitoring physical health checks. The model for these clinics is being standardised.
- ❖ The recording of physical healthcare information on the Trust's electronic health record has been reviewed and amended; there is now 1 central form for the review of Physical Health which is found in the physical health tab in the patient's record.

Measures

- ❖ Due to the small numbers it is difficult to demonstrate a reduction in serious incidents where physical health is identified as an area of omission in care. Of the serious incident investigations completed in

²⁵ Making Every Contact Count (MECC) MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

2017/18, two have had learning around the management and monitoring of a person's physical health needs although this was not the cause of their death.

- ❖ In the 2017/18 national audit on screening, advice and signposting for inpatients around smoking and alcohol consumptions, the Trust demonstrated 100% of standards were met for patients on adult and older people mental health wards (sample size 55).
- ❖ The national POMH-UK²⁶ audit completed in 2017 showed that physical health monitoring was good in the Trust for inpatients prescribed regular high-dose antipsychotic medication.

b. Develop diabetes care



Staff from Oxford Health and Oxford University Hospital NHS Foundation Trust were recognised at the seventh annual Quality in Care (QiC) Diabetes Awards in October 2017 for the initiatives taken to improve the quality of life for patients with diabetes

Achievements

- ❖ In 2017/18, a Diabetes Taskforce Group was formed led by the Deputy Medical Director. The group oversees a number of initiative to improve diabetes care as follows:
 - Supporting a system-wide review of the diabetes pathway working alongside other health partners in Oxfordshire. The commissioners plan to implement one new contract to deliver diabetes care across primary, acute and community services in 2018/19.
 - A blood glucose monitoring trigger chart has been developed and implemented in community hospitals as part of the national early warning signs system to improve responsiveness to any abnormal blood glucose readings.
 - A re-audit of diabetes care was completed across community hospitals in January 2018; the results demonstrated an improvement compared to previous audits but further work is needed to meet all standards including access to a diabetes specialist nurse and specialist secondary care advice. The access to a diabetes nurse specialist is being addressed via adding more resource to the community diabetes team. The service level agreement with Oxford University Hospitals NHS Foundation Trust is being reviewed- this provides the required access to secondary care specialist input.
 - The Clinical Leads in Community Hospitals and District Nursing Service developed a diabetes competency framework, with assessment module and aligned training.
 - A diabetes care plan will also be introduced to the electronic health record system by the end of September 2018.
- ❖ The Oxfordshire Community Diabetes Service was awarded the Quality Institute for Self-Management Education and Training certification in January 2018. This is a national accreditation for structured education courses. The Community Diabetes Service was audited and it was found to be operating a quality system fully in compliance with all the requirements, the courses delivered are:
 - Diabetes2gether is a 3-hour course for those who are newly diagnosed with type 2 diabetes or those who have not previously attended a diabetes education course. 88 courses are provided per year across Oxfordshire using up to 9 different locations.
 - Diabetes4ward is a 3 hour follow on session but may also be suitable for those who have not previously attended a course, have had type 2 diabetes for longer and are on more complex diabetes medications including insulin. 46 courses are provided per year across Oxfordshire using up to 9 different locations and are available during the week and at the weekend.

²⁶ POMH-UK stands for the national Prescribing Observatory for Mental Health UK

c. Implement a psychological therapy service for people with long term physical health problems

TalkingSpace Plus in Oxfordshire and Healthy Minds in Buckinghamshire were 'early implementer' sites for the integration of IAPT²⁷ services with physical health treatments in primary care settings. As part of the Five Year Forward View for Mental Health, two years' funding for 2016-18 has been provided through NHS England (NHSE) to develop and expand co-located, integrated services within physical healthcare settings.

It is known that people with long term physical health conditions or unexplained medical symptoms are up to three times more likely to experience comorbid anxiety and/or depression. Patients with these conditions are high users of health services, and are often in the older age group.

Achievements

- ❖ The new Oxfordshire and Buckinghamshire IAPT teams for long term physical health conditions were established in 2017/18, focussing on adults with mild to moderate anxiety and/or depression and living with one (or more) main co-morbid condition(s):
 1. Diabetes
 2. Cardiac Disease
 3. Chronic Obstructive Pulmonary Disease (COPD)
 4. Medically unexplained conditions
- ❖ The psychological therapists with additional training provide evidence based treatments to patients and provide support and training to colleagues working in physical health setting. Patients can self-refer to the service or be referred by their GP, nurse or other health care worker.
- ❖ In Buckinghamshire the following has been achieved;
 - Cardiac - continued relationship building with cardiac rehab and heart failure teams in Buckinghamshire Healthcare NHS Trust. Re-development of screening programme for both teams, and development of cardiac leaflet for patients with screening measures. Staff trained in use of cardiac-specific materials/manual. Liaison with cardiac teams to increase referrals. Preparing wellbeing modules and training/consultation which will be offered to cardiac staff.
 - Diabetes - work streams related to 'hard to engage' patients and those with type 1 diabetes 'lost to care'. Pilot study in progress for 'lost to care' involving completion of semi-structured interviews with patients. Expansion of diabetes prevention and structured education programmes. Joint working with community teams to increase referrals. Wellbeing modules and training/consultation offered to diabetes staff.
 - The team is embedded in two community hubs, where clinics are established at Buckinghamshire Healthcare NHS Trust and consultation/ training offered to staff.
 - Alongside the community hubs, Buckinghamshire Integrated Teams (BITs) linked to GP clusters are being developed. 'BITs' is the developing model for integrated teams in Buckinghamshire, comprising practitioners in both physical and mental health working together in the community. The service is represented in two BITs steering groups, contributing to the planning of service delivery. The intention remains to have a Healthy Minds practitioner in each of the 13 BITs in Buckinghamshire. Discussions have taken place at a senior level and supervision has been offered to those clinicians working in a related initiative focusing on improving care for high users of both physical and mental health services.
 - Successful recruitment of lead clinician for Weigh Forward Bucks (multidisciplinary tier 3 weight management programme) and Band 7 clinician for respiratory. Further recruitment of Band 7s for musculoskeletal disorders and cardiac underway.
- ❖ In Oxfordshire the following has been achieved;
 - Delivered mental health champion training events to GPs and Practice Nurses across Oxfordshire.
 - Developed links with Practice Nurses (who have frequent contact with patients presenting with long term conditions)

²⁷ The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of mild to moderate anxiety disorders and depression in England.

- Participation in the Diabetes Multidisciplinary Team (MDT) project and Cardiology GP training programme.
- Links established with community based integrated locality teams working with patients with comorbid physical health problems (often older people)
- Developed links with the emergency department provided by Oxford University Hospitals NHS Foundation Trust, receiving referrals for frequent attenders with long term conditions
- Delivered training/supervision for district nurses to help identify anxiety and depression for their patients with a long term condition
- Attended cardiac and pulmonary rehabilitation sessions to increase service awareness and referrals into service
- Delivered clinical supervision and support to diabetes specialist nurses and cardiac specialist nurses.

Measures

A total of 2,821 patients have entered treatment in 2017/18 and 1,250 patients have completed treatment. (Data source: IAPT dataset)

Patient feedback examples

29-year-old woman patient living with Diabetes (and peri-natal priority) supported in service with step 3 cognitive behavioural therapy treatment for health anxiety and low mood – “was very pleased with my sessions”

Joy aged 67 years with a heart problem and COPD said “this has helped me have confidence to go out again, I didn’t realise how much my anxiety had stopped me doing things. I was getting so out of condition which was making my breathlessness worse. I had a graded programme that helped me to face the things that make me anxious. I am so pleased I did it (CBT) as I am going out again and my breathing is not as bad as I am not panicking about it anymore like I was.”

Michael aged 35 years said “I was rather sceptical and embarrassed about seeing someone because I thought it meant I was weak. CBT has been a great help to me overcoming my depression and managing my Diabetes so much better. I can’t recommend it enough”.

d. Develop multi-disciplinary teams at a neighbourhood level working across organizational boundaries

Achievements

- ❖ The GP Federations in Oxfordshire and the Trust explored in 2017/18 how we can work even closer together to:
 - maximise the impact of primary care and community health services towards improving the health of the population of Oxfordshire
 - contribute to developing sustainable health services, and,
 - proactively address workforce challenges
- ❖ A series of clinical workshops were held in September and October 2017 with GP representatives and clinicians from the Trust. The workshops looked at how Primary Care and Community Pathways would develop over the next three financial years. There was a focus on recruiting, developing and retaining staff.
- ❖ A plan was agreed for Oxfordshire to be organised into 18-19 ‘neighbourhoods’ to support GP Practices to work together and move forward issues raised in the recently published Primary Care Framework. In order to work effectively with the new neighbourhoods, the community services will be reorganised. A framework of expectations is being developed between the organisations setting out what needs to be achieved across all of the neighbourhoods.
- ❖ The operational and clinical governance frameworks were developed but will require consultation and testing. The contracting, legal and regulatory requirements are also being worked through. A Joint Board of the four GP Federations and the Trust meets monthly to address key issues and drive forward the joint work.

- ❖ A number of staff engagement workshops were held across the county, which over 260 staff attended. At the workshops, the rationale for developing the Joint Enterprise was communicated alongside what this would mean for staff in community services. Staff feedback was collated to inform the project plan.
- ❖ A business case has been developed and will be presented to the GP Federations and the Trust Boards in April 2018. The new partnership is likely to be called the Oxfordshire Care Alliance.

Next Steps

- ❖ The work in 2017/18 was preparatory for the change in joint working from April 2018, therefore this will continue to be an objective for 2018/19.

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

Accreditation	Body	Service
Accreditation for inpatient mental health services (AIMS)	The Royal College of Psychiatrists	Adult mental health wards (all 7 wards)
Accreditation for inpatient mental health services (AIMS) Older People	The Royal College of Psychiatrists	Older People mental health wards (all 3 wards)
Accreditation for inpatient mental health services (AIMS-PICU)	The Royal College of Psychiatrists	Psychiatric Intensive Care Unit (1 of 1)
Accreditation for inpatient mental health services (AIMS-Rehab)	The Royal College of Psychiatrists	Rehab ward (1 of 1)
Community of Communities	The Royal College of Psychiatrists	Oxfordshire and Buckinghamshire Complex Needs Service
Electroconvulsive therapy (ECT)	The Royal College of Psychiatrists	Both ECT suites
Low Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	All 4 wards in Oxfordshire and Buckinghamshire
Medium Secure Quality Network for Forensic Mental Health Services	The Royal College of Psychiatrists	All 4 wards in Oxfordshire and Milton Keynes
Memory Services National Accreditation programme (MSNAP)	The Royal College of Psychiatrists	All memory service clinics across older people services in Oxfordshire and Buckinghamshire
Psychiatric liaison accreditation network (PLAN)	The Royal College of Psychiatrists	Oxfordshire Emergency Department Psychiatric Service (1 of 2 services)
Quality in Dental Service Award	British Dental Association	Salaried dentist service
Quality Network for Community CAMHS	The Royal College of Psychiatrists	Buckinghamshire outreach service for children and adolescents
Quality Network for Eating Disorders (QED)	Royal College of Psychiatrists Centre for Quality Improvement	Both wards.
Quality Network for Inpatient CAMHS	The Royal College of Psychiatrists	Both CAMHS wards
Safe Effective Quality Occupational Health Service (SEQOHS)	SEQOHS	Occupational health team at Oxford Health NHS Foundation Trust
Stonewall's Diversity Champions accreditation scheme	Stonewall	Trust-wide
Triangle of Care member (carers)	Carers Trust	Trust-wide
UKMi (UK Medicines Information)	UK Medicines Information	Trust-wide Medicines Information Department
Baby friendly initiative – to improve standards of care for breastfeeding	UNICEF and WHO	Health visitors service

The reports of one national clinical audits were reviewed by the provider in 2017/18 and OHFT intends to take the following key actions to improve the quality of care provided.

POMH 17 Use of depot/LA antipsychotic injections

Areas of Improvement:

- In 76% (28/37) of cases a medication review was documented and a therapeutic response had been considered.
- In 60% (45/65) of cases the care plan contained a plan for response if there was a default from treatment, i.e. if the patient fails to attend an appointment for administration of their depot injection or declines their depot injection.
- In 56% (45/80) a clinical plan included a response to defaulting treatment.

Action Taken:

- The Trust has made progress towards piloting electronic prescribing in mental health with the start of roll out planned for 2018/19.
- The Trust has developed draft templates to be included in Carenotes as a means to prompt and record relevant information.
- The Trust's net formulary site is being continually updated, and includes all relevant information on the prescribing and monitoring of antipsychotic LAs, including NICE guidance, local prescribing guidelines and physical health monitoring.

The reports of 48 local clinical audits were reviewed by OHFT in 2017/18 and listed below are some examples of the actions taken.

Care Programme Approach (CPA) quarterly audit

Revision of the audit tool to focus on the quality of risk assessments and care plan to enable us to provide further assurance in key areas such as personalised care plans, involvement of service user and family/carers where appropriate.

Essential Standards

A review of the audit tool is currently underway, after liaising with matrons to discuss how we can update the tool to provide better assurance and to ensure current standards are up to date and relevant.

CQUIN audit of Communication with GPs

Developments have been made in how information is shared with GPs for example electronic versions of inpatient discharges from September 2017 were sent directly by Oxfordshire community mental health teams to GPs within the Trust's electronic health record (around 40-50 are sent a month). This is due to be rolled out for Buckinghamshire mental health teams and community hospitals in 2018/19.

Trust staff can view basic patient information held by Oxfordshire and Buckinghamshire GPs from the Trust's electronic health record. 2000 views occurred in the first week by over 700 clinicians

CQUIN audit Smoking and Alcohol monitoring and advice

The recording of physical healthcare information on the Trust's electronic health record has been reviewed and amended; there is now 1 central form for the review of Physical Health which is found in the physical health tab in the patient's record. The new form captures where interventions are offered and/ or declined, this has greatly improved our assurance as this information is now easily accessible.

Oxford Health NHS Foundation Trust Council of Governors

The Chair of the Governor's Quality and Safety sub-Group has written the following statement following the receipt of comments from the Group.

The Council of Governors consists of active and interested patients, service users and members of the public, as well as representatives from associated agencies, such as the County Council, Universities and Age UK.

The Trust has six Governor sub-Groups of the Council including the Quality and Safety sub-Group which has met four times during 2017-18 in a variety of locations across the Trust. Issues relating to safety and clinical effectiveness are discussed here. In addition, the Patient Experience sub-Group has been updated on all aspects of patient feedback. The Governors have been keen to be fully informed about the relevant issues and have read the Quality Account with interest.

In the opinion of the Quality and Safety sub-Group, the account is comprehensive, concise and clear. However, they would have appreciated more information relating to outcomes rather than a focus on the structures and processes in place. Concern was expressed at the predominance of information relating to the mental health aspects of the Trust's work; important work is also undertaken in the Community but does not appear to feature proportionately. The report highlights not only the areas of success, but also clearly identifies some areas where additional measures are required. The Governors have noted these with concern – specifically the on-going challenge of recruitment and retention of staff, which is not unique to this Trust. We are intending to follow progress made on all these issues closely in the months ahead. Some re-structuring of the Sub-Groups is taking place to allow this to happen with greater focus.

The Quality and Safety sub-Group has appreciated the honesty and openness of the information provided. The demands which are being placed on service delivery are enormous. The resources with which to meet these demands are less than adequate. This situation is not unique to our Foundation Trust which is clearly working very hard to achieve on all fronts. The sub-Group therefore endorses the quality account and quality report and will continue to support and work closely with the Trust in order to maintain and improve services across all the five counties which it serves.

Madeleine Radburn
Chair of the Governors' Quality and Safety sub-Group
11th May 2018

NHS Aylesbury CCG, NHS Chiltern CCG, (in new organisational form as of the 1st April 2018 Buckinghamshire CCG) and NHS Oxfordshire CCGs' response to Oxford Health NHS Foundation Trust Quality Account 2017/2018

Chiltern, Aylesbury Vale Clinical Commissioning Group and Oxfordshire Clinical Commissioning Group have reviewed the Oxford Health Foundation Trust Quality Account against the quality priorities for 2017/2018. 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) focussed inspection occurred during the reporting period, 2017/18, this was following the sad death of two patients. The CQC made an unannounced visit to one of the Trust's mental health wards in July 2017. The CQC gave positive feedback and identified the recruitment as an area for improvement. Recruitment challenges meant that there was a high use of agency nurses and lack of consistency in the senior leadership of the ward. The CQC recognised the Trust was taking actions to improve the recruitment and retention of nursing staff and were advertising for a modern matron for the ward.

Furthermore we recognise the Trust worked collaboratively and transparently with the CCGs during the improvement activities following these two sad deaths and was open and transparent during oversight arrangements led by the CCGs.

Detailed commentary feedback was included within the relevant Quality Account sections 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 in which the CCGs would like to see improvements.

Quality priority 1: Improve staff retention and engagement

The CCGs recognise that the Trust has achieved target on four out of the seven improvement measures for this priority area and has achieved close to target on two areas. The CCGs have suggested an improvement area for focus; retention of existing staff. It is our hope that initiatives being considered or applied by the Trust will be successful in improving retention which remains a challenge for the Trust.

The 2017 staff survey identified an increase in the number of staff recommending OHFT as a place to work or receive treatment. This is encouraging as high staff satisfaction and engagement is directly linked to better patient care. However, staff appraisal was below the national average. Appraisal also supports staff retention as well as satisfaction therefore the CCGs would request focussed attention to improve the appraisal rate during 2018/19.

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

The CCGs recognise that the Trust has achieved four out of the six improvement measures for this priority area and has achieved close to target on the remaining two areas. The CCGs have suggested improvement areas for focus; continue with the implementation of focus on the Trust's patient experience and involvement strategy and improve transitions between care pathways across children's to adult services.

The CCGs recognise the investment in new Patient Experience roles has resulted in roll out of the "I care, you care" strategy with evidence the Trust is implementing survey findings. The new Trust-wide carer's role will improve staff carer awareness; an area the Trust has identified that can be improved.

Quality priority 3: Increase harm free care

The CCGs recognise that the Trust has achieved five out of the six improvement measures for this priority and has not achieved the one remaining area which we note has been carried over to the 2018/19 improvement priorities.

The CCGs note the improvements in the review of deaths process including improved engagement with families. Other notable initiatives include the pilot and roll out of a new early warning monitoring tool to identify a physically deteriorating patient and the actions taken which have contributed to the significant reduction in the number of acquired pressure ulcers.

The CCGs have suggested an improvement area detailed below where the CCG will support the Trust to progress these:

- The reduction in patient violence and aggression across the acute mental health wards through the implementation of the safer ward programme.

The launch of the Oxford School of Nursing & Midwifery with Oxford Brookes University, Oxford University Hospitals and the Oxford Academic Health Science Network is an excellent partnership approach aiming to provide a more integrated system to reduce the boundaries between services and education.

Quality priority 4: Promote health and wellbeing of patients

The CCGs recognise that the Trust has achieved all four of the improvement measures for this priority area and has achieved close to target on the remaining four areas for improvement.

Oxfordshire CCG welcomes the preparatory work completed in 2017/18 to develop multi-disciplinary teams at neighbourhood level to support working across organisational boundaries and would hope to see this approach continued in 2018/19.

The CCGs would like to see the continued and sustained improvement around physical health care for patients receiving treatments for their mental health condition.

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 Groups welcome the openness and transparency of this approach and continue to be committed to supporting the Trust in achieving improvement in the areas identified within the Quality Account.

This review of the Quality Account includes comments from Chiltern, Aylesbury Vale and Oxfordshire (CCGs) on the Mental Health Services commissioned by all CCGs. The comments relating to Community Health services are made on behalf of Oxfordshire CCG only.

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

Yours sincerely,



Lou Patten
Chief Executive,
Oxfordshire and Buckinghamshire Clinical Commissioning Groups
11th May 2018

Thank you for sharing the Oxford Health NHS Foundation Trust's (OHFT) draft Quality Account with the Joint Health Overview and Scrutiny Committee (HOSC) 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 Committee is pleased to note improvements made in a number of services. We are particularly pleased to see the focus the Trust has on staff wellbeing, equality and apprenticeship opportunities. The staff employed by Oxford Health are vital to providing services to our county's residents so we welcome the Trust's efforts to retain staff and improve their experience at work.

The Committee welcomed the recent attendance of Oxford Health's Chief Executive at its meeting on the 19th of April 2018 where it scrutinised the CQC Local System Review. It was clear how Oxford Health are committed to working in partnership with others; an approach welcomed by the Committee. Despite this joint approach, and whilst recognising the complexities of the system-wide challenges in reducing delayed transfers of care, I would like to urge the Trust to consider giving this a priority in its quality improvements.

Whilst not directly related to your Quality Report, in 2017 the Committee heard a number of reports of disappointing patient experiences during the transfer of Muscular Skeletal Services to a new provider. As such HOSC is establishing a Task and Finish Group to examine the issues and facilitate learning from this experience. We would encourage Oxford Health to ensure such learning informs the process when shaping its future priorities.

The Committee would welcome further discussion at a future HOSC meeting about the progress being made against the Trust's 2018-19 priorities.

Yours Sincerely



Cllr Arash Fatemian
Chairman Oxfordshire Joint Health Overview & Scrutiny Committee

15th May 2018

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 2017/18 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 1st April 2017 to 24th May 2018
 - papers relating to quality reported to the board over the period April 2017 to 24th May 2018
 - feedback from the commissioners dated 11th May 2018
 - feedback from the governors dated 11th May 2018
 - feedback from Overview and Scrutiny Committed dated 15th May 2018
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 24 May 2018
 - the 2017 national patient survey
 - the 2017 national staff survey
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated XX
 - 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: 24th May 2018



Stuart Bell CBE
Chief Executive
Date: 24th May 2018

Independent Practitioner's Limited Assurance 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 limited assurance engagement in respect of Oxford Health NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with NICE-approved care within 2 weeks of referral; and
- Inappropriate out-of-area placements for adult mental health services.

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

Respective responsibilities of the directors and Practitioner

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 2017/18' and supporting guidance issued by NHS Improvement.

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 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; 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 2017/18' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, 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:

- Board minutes for the period 1 April 2017 to 24 May 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 to 24 May 2018;
- feedback from commissioners dated 11 May 2018;
- feedback from governors dated 11 May 2018;
- feedback from the Overview and Scrutiny Committee dated 15 May 2018;

- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated 24 May 2018;
- the 2017 national patient survey;
- the 2017 national staff survey;
- the Care Quality Commission inspection report dated 24 August 2016; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 24 May 2018.

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.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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.

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 2018, 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.

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
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance 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 that 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 2017/18' and supporting guidance.

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

Our audit work on the financial statements of Oxford Health NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as Oxford Health NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Oxford Health NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Oxford Health NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Oxford Health NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Oxford Health NHS Foundation Trust and Oxford Health NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- 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 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

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24 May 2018