



# Annual Quality Account

*Caring, safe, excellent*



2018/2019

## Table of Contents

About this report .....	3
Layout of the report .....	3
Part 1. Statement on quality from the Chief Executive.....	4
Part 1.1 Who we are.....	6
Part 1.2 Our approach to improving quality.....	7
Part 1.3 Innovations in 2018/19.....	8
Part 2. Statements of Assurance/ Performance against National Indicators 18/19 .....	10
Part 2.1: Statements of assurance.....	10
Part 2.2 Performance against national targets .....	19
Part 3. Progress on Quality Objectives in 2018/19.....	24
Part 3.1 Summary of Progress .....	25
Quality priority 1: Improve staff health and wellbeing .....	26
Quality priority 2: Improve the experiences of patients, their families and carers .....	33
Quality priority 3: To continuously and reliably improve patient safety .....	41
Quality priority 4: Preventing ill-health and promoting self-care .....	46
Part 4. Quality Improvement Plan for 2019/20.....	50
Appendix A. National Clinical Audit; actions to improve quality.....	58
Appendix B. Local Clinical Audit; actions to improve quality .....	59
Annex 1. Statements from our partners on the quality report and account .....	60
Annex 2. Statement of directors' responsibilities in respect of the quality report.....	66
Annex 3. Auditor's statement of assurance .....	67

## About this report

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

We review the quality of care by assessing if patients are safe, whether the treatments provided are effective and the experiences of patients and their families are positive.

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, our approach to quality improvement and innovations we have made. (pages 4-9)

Part 2 –Statements of Assurance and Performance against National Indicators in 2018/19. (pages 10-23)

Part 3 - Progress against Quality Objectives in 2018/19. (pages 24-49)

Part 4 - Quality Improvement Plan for 2019/20 (pages 50-57)

Annex 1 - Statements from our external partners

Annex 2 - Statement of directors’ responsibilities for the quality report

Annex 3 - External auditor’s statement of assurance

If you require any further information about the 2018-2019 Quality Account, please email [Jane.Kershaw@oxfordhealth.nhs.uk](mailto:Jane.Kershaw@oxfordhealth.nhs.uk).

## Part 1. Statement on quality from the Chief Executive



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

**Caring for people is at the heart of everything that we do. As Chief Executive I am incredibly proud of what we, at Oxford Health, have achieved so far and with the Board, I am committed to deliver further year-on-year improvements. We hope that you enjoy reading about the many improvements and innovations our staff have made in the last year and our plans for the future.**

We continue to be one of the most efficient NHS Foundation Trusts in the country, and benchmarking and the continued 'Good' rating by the Care Quality Commission is a testament to the high value care that Oxford Health delivers. This is a significant achievement given the financial and workforce pressures that the Trust and the broader system has experienced throughout the year. Availability of staff continues to be an issue, we are experiencing a significant and sustained increase in the number of referrals, and we are also facing a need for the delivery of more complex care. We have started and will continue to transform our workforce to meet the changing health and social care needs of the local population. Furthermore, it is recognised that there has been underinvestment in mental health services for a number of years, we are working closely with our commissioners and the Health and Wellbeing Boards to improve the position going forward.

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 the people we treat first. Over the last five years we have seen a year on year improvement on staff reporting they would recommend Oxford Health as a place to work and as a place to receive care. However, we recognise we need to do more to ensure staff never feel bullied or harassed in their workplace with objectives identified for the next year.

We have successfully established a healthcare improvement centre which is enabling us to apply a consistent approach to continuous improvement by developing the capacity and capability of staff to innovate and make improvements to the way we deliver care to people. There are many examples in the Account of the quality improvements, innovations and our contribution to clinical research in 2018/19. With the support of the centre it is our ambition to reach an 'Outstanding' quality rating from the Care Quality Commission.

An integral part of our approach is that care should be a joint endeavor with the people and patients we treat. We want our patients to have a strong voice and to work alongside professionals so that care is centered on their needs. We are committed to ensuring that the people we treat have a positive experience of care and we continue to prioritise learning from feedback. Feedback shows us that 94% of people would recommend Oxford Health for treatment to their family and friends. This year we are refreshing our experience and involvement strategy with a focus on inclusion, personalised care and continuing to increase the amount of feedback received, further information is provided within the Account.

Oxford Health has a strong track record of working in partnership with other organisations and developing new models of care, there are many examples of this in the Account. We remain committed to develop new partnerships in 2019/20 so that we can find sustainable solutions to meet the needs of local people. We are an active partner in the strategic work of the Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Partnership and we are proud to be an active partner in the development of one of the first Integrated Care Systems in Buckinghamshire.

In line with the NHS long term plan, we want to maximise the use of technology in the delivery of care. Oxford Health is one of seven trusts selected as a Global Digital Exemplar and we remain focused in 2019/20 on developing the use of current and emerging technology to improve the care we provide.

We strive to provide caring, safe and excellent care which meets the high standards that people who receive services deserve. I am proud of everything we have achieved in the last year and this is testament to the hard work and dedication of our staff. As we look ahead to the coming year we are committed to achieving both efficiencies and quality improvements and are confident that we can continue to provide high quality care and sustainable services. The Trust's quality improvement plan for 2019/20 is included in the Account.

I am pleased to confirm that the Board of Directors has reviewed the 2018/19 Quality Account and confirm that it is a true and fair reflection of our performance.

A handwritten signature in black ink, appearing to read 'Stuart Bell', written in a cursive style.

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

**Date: 24<sup>th</sup> May 2019**

## Part 1.1 Who we are

Oxford Health NHS Foundation Trust (OHFT) provide physical health, mental health, social care and learning disability services for people of all ages across Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon & Wiltshire.



Our services are delivered at community bases, hospitals, clinics and in people's homes. We focus on delivering care as close to home as possible. We employ around 6,700 staff (head count), deliver services from more than 150 different sites and on average treat more than 44,000 patients a month.

We provide the following services in each county;

Buckinghamshire	Mental health services for children, young people, adults and older people.
Bath and North East Somerset, Swindon and Wiltshire	Mental health services for children and young people and eating disorder services.
Oxfordshire	Physical health, mental health, eating disorder, learning disability and autism services for children, young people, adults and older people.

The main services we provide are listed below.

### Physical healthcare services

- Children's integrated therapies
- Children's community nursing
- Looked after children service
- Community dental service
- Family support services
- Health visiting service
- School nursing service
- Luther street GP for homeless people
- Children & 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 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
- Respiratory & pulmonary rehabilitation service
- Physical disability physiotherapy service
- Podiatry
- Adult speech and language service
- Community hospital wards

### Mental Health and Learning Disability 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
- Complex needs service
- Early intervention service
- Forensic mental health community and inpatient service
- Learning disability and autism community service
- Perinatal service
- Emergency psychiatric liaison service
- Improving access to psychological therapies (for mild or moderate conditions)
- Psychological therapy service (for severe/ complex conditions)



In 2018/19 we have developed services for patients by; opening safe havens in Oxfordshire and Buckinghamshire with partner organisations which are late-night spaces for people experiencing a mental health crisis, re-configuring the community hospital wards to open a dedicated stroke rehabilitation unit and we were successful in being chosen as an NHS trailblazer site to pilot improvements to children's mental health services in Oxfordshire and Buckinghamshire.

## Part 1.2 Our approach to improving quality

The Chief Executive has ultimate responsibility for the quality of care across the Trust and the organisation is embedding quality improvement as a critical role of every manager and leader.

We take a multi-faceted approach to improving the quality of care with some of the enabling factors described below;

- ❖ Regularly involving patients and service users in the development of services,
- ❖ Taking part in national and system collaboratives i.e. virtual community hospital beds, reducing length of inpatient stay for patients with a learning disability, and Lord Carters work on efficiency including e-rostering,
- ❖ The establishment of a Healthcare Improvement Centre, which is essential to the Trust building capacity and capability to deliver quality improvements,
- ❖ A programme of team-to-team peer reviews,
- ❖ Achieving more than 20 different external accreditations and network memberships,
- ❖ Taking a lead nationally on clinical research with the support of the Oxford Academic Health Science Centre in mental health and dementia,
- ❖ Establishing formal partnership arrangements with other providers to improve the integration of services and coordination of care, i.e. the Buckinghamshire Integrated Care System, Thames Valley and Wessex Forensic Network, the Oxfordshire Mental Health Partnership, and a joint enterprise with Oxfordshire GP federations to deliver care to meet local needs. An exciting new partnership is being developed in 2019/20: the first Integrated Dental Care System across Thames Valley in collaboration with NHSE.



### Oxford Healthcare Improvement Centre



The Healthcare Improvement Centre is building capability and capacity for quality improvement to make and sustain change through a layered approach, including:

- ❖ Delivery of a three-day quality improvement programme for some of the Extended Executive Team,
- ❖ Continuation of a Scholars Programme for senior staff called Leading Quality Improvement to develop an in-depth understanding and to carry out improvement work,
- ❖ Provision of an introduction to quality improvement for newly qualified nurses and allied health professionals to increase participation in quality improvement projects,
- ❖ Provisions of an introduction to quality improvement on the Trust-wide Leadership Development Programme and an assessment of application in practice,

- ❖ Provision of coaching to progress quality improvement projects originating from clinical audits,
- ❖ 2019/20 will see the start of a new six-month programme for frontline staff to lead small quality improvement projects in their workplace.

### Possible quality risks

The Trust has identified our top risks to the delivery of high-quality care as;

- ❖ Staffing recruitment and retention
- ❖ Completion of annual appraisals (personal development plans), supervision and mandatory training
- ❖ Failure to care for patients in an appropriate inpatient placement due to bed pressures or absence of community or social care support (this can sometimes result in using an out of area placement)
- ❖ Historic underfunding of some services in some counties

The Trust's quality improvement plan for 2019/20 from page 50.

## **Part 1.3 Innovations in 2018/19**

Over the last 12 months there have been many examples of innovative practice by staff, a sample of these are listed below and also shared throughout the Account.

The Minor Injury Unit redesigned the fracture management pathway alongside our acute provider, Oxford University Hospitals NHS Foundation Trust, to deliver definitive care where appropriate at a patient's first contact reducing the need for referral to a secondary trauma clinic. The change has been success with around a 20% reduction in onward referrals.



As part of national dying matters week in May 2018 the Trust alongside partner organisations drove a bus around Oxfordshire to create a friendly space for people to ask questions about end of life care such as making a will, planning a funeral and coping with bereavement.

Four of our teams won at the Oxford Brookes 'Placement of the Year' awards in July 2018, with six other teams being highly commended. The Oxford Brookes Placement of the Year awards celebrate excellent placements and learning environments provided by local health and social care providers.



The Thames Valley and Wessex Forensic Network New Care Model was a finalist for a Health Service Journal award in November 2018. The Trust is the lead provider of the network of NHS trusts and a third sector provider. The new care model provides specialist NHS mental health services, prioritising treating long-term hospital patients closer to home near family and friends. The network has brought over 17 people closer to loved ones and ensured 35 people were placed closer to home on admission.



A film was made called 'Patient Voices...Our Story', by the Patient Participation Group at Luther Street homeless GP, Healthwatch Oxfordshire and a local filmmaker. The film highlighted how patients were being supported to be involved in shaping how services are run. The film was shortlisted and was highly commended at the national Healthwatch network award in October 2018.

An innovative app developed by staff called BlueIce which is a prescribed app designed to help young people to manage urges to self-harm, from May 2018 was included in the national NHS apps library. The library a single resource area for clinicians to access new technical solutions that can help patients.

A series of short films were made featuring young people to promote conversations about mental health issues, to describe what problems might look like, why they might develop and explain what treatments are available. The films were launched on world mental health day in October 2018.



In November 2018 senior leaders at the Trust graduated from the 2018 Leading Together Programme for learning disabilities. The development course is designed to bring together members of the public with healthcare professionals to reflect, learn and work at a strategic level.



‘Creating with care’ was an initiative developed in partnership with the District Councils to introduce regular creative interventions to the hospital environment. The initiative started at Witney community hospital and has now spread across the community hospital wards. The intention of the initiative is to enhance patient and carer experience and sense of wellbeing through activities such as photograph exhibitions, dance sessions, garden parties, teas dances, concerts, art classes, creating a book of poems and creating a mosaic for the garden.

The Improving Access to Psychological Therapy (IAPT) services in Oxfordshire and Buckinghamshire participated in the Thames Valley evaluation of new integrated treatment teams for patients experiencing long term physical health conditions (LTCs) and co-morbid depression/anxiety. The evaluation of cohort 1 showed both a reduction in healthcare services utilisation and a reduction in healthcare costs for patients who received Integrated IAPT treatment. Patients also experienced considerable therapeutic benefits with a reduction in depression and anxiety symptoms and above national average recovery rates.

The Early Intervention Service have been part of a pilot using a portable device so that clients can have blood tests at home. This means that clients do not have to attend their GP surgery for blood tests and there is less delay in getting any treatment required. We are also able to complete physical health checks with clients, many of whom are at high risk of physical health problems due to mental health problems, their lifestyle choices and medication.

The Trust as part of a project under the NIHR Oxford Health Biomedical Research Centre is piloting an integrated research and clinical assessment centre, known as the Brain Health Centre. This integrated centre will provide high-quality assessments for patients with memory problems, who will have improved access to research opportunities. The research will enable the development of better dementia diagnostic tools and treatments that can be rapidly implemented to provide better care for patients and improve their wellbeing.

See page 48 about the Emergency Multidisciplinary Unit (EMU) which piloted an innovative advanced nurse practitioner outreach service in West Oxfordshire with senior medical support to deliver advanced clinical care in a patient’s home to maintain their independence and prevent a hospital admission.

The health visiting service developed and introduced a new pathway in October 2018 for how we support and improve care for families with children with special educational needs and/or disability. The pathway has enhanced the support and care we provide before and after diagnosis or identification.

### Part 2.1: Statements of assurance

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 2018/19, Oxford Health NHS Foundation Trust (OHFT) provided and/or sub-contracted 41 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 2018/19 represents 100% of the total income generated from the provision of services by OHFT for 2018/19.

#### Participation in clinical audit

##### National clinical audit

During 2018/19, 10 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 2018/19.
- The national clinical audits and national confidential enquiries that OHFT participated in during 2018/19.
- The national clinical audits and national confidential enquiries that OHFT participated in, and for which data collection was completed during 2018/19, 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

Out of the 10 national audits carried out in 2018/19, the reports from two of the clinical audits were reviewed by the provider in 2018/19 and OHFT intends to take action to improve the quality of healthcare provided, as listed in Appendix A. In regard to the other eight national audits we are waiting for the results.

We are pleased to report that the stroke national audit programme (SSNAP) has demonstrated an improvement in the quality of stroke care provided during 2018/19.

Table 1.

Title	Eligible	Participated	Number of cases submitted
NCAAD (National Clinical Audit of Anxiety and Depression)	Yes	Yes	23
NCAAD (National Clinical Audit of Anxiety and Depression) Spotlight 1	Yes	Yes	60
POMH 16 Rapid Tranquilisation	Yes	Yes	38
POMH 18 Clozapine	Yes	Yes	80
POMH 6d Depot Antipsychotic	Yes	Yes	149
POMH 7f Lithium	Yes	Yes	160
NACEL (National Audit of End of Life Care)	Yes	Yes	19
NCAP (Early Intervention spotlight)	Yes	Yes	160
SSNAP (Stroke national audit programme)	Yes	Yes	Ongoing data
National audit of diabetes footcare	Yes	Yes	Ongoing data

### Local Clinical Audit

The reports of 11 local clinical audits were reviewed by the provider in 2018/19. Appendix B includes examples of local audits reported and actions taken in 2018/19, the full details can be found in the Trust's 2018/19 annual clinical audit report.

### National Confidential Enquiries

Table 2.

Title	Eligible	Participated	% Submitted
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	Yes	Ongoing data
National Confidential Enquiry into Patient Outcome and Death Long Term Ventilation	Yes	Yes	Ongoing data
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	Ongoing data

### Participation in clinical research

2,017 patients who are currently receiving or have in the past received health services provided or sub-contracted by OHFT in 2018/19 were recruited during the period to participate in 107 research studies approved by a research ethics committee. These figures include healthy volunteers involved in research. This compares to 143 studies in 2017/18.

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 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 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:

- ❖ Improving staff training in care homes to improve quality of life and reduce agitation for older people with dementia. Better staff training reduces reliance on medication, new research has demonstrated. A team jointly led by the University of Exeter, King's College London and Oxford Health NHS Foundation Trust examined the effectiveness of staff training and medication on 549 people in 69 care homes with significant levels of agitation in dementia. The WHELD programme involved training two carer "champions" from each home to deliver person-centred care, which involves individuals in the decisions that affect them. Previous research has found that the average care home resident engages in just two minutes of social interaction in a six-hour period. WHELD increased this to 10 minutes of activity, focussed around the interests of the resident. It also included GP training to reduce prescribing of antipsychotics.
- ❖ A study published in *The Lancet Psychiatry* provides first evidence that psychological therapy can be successfully delivered in virtual reality (VR) to treat a fear of heights. A VR programme was developed in which psychological therapy is delivered by a computer-generated virtual coach. Treatment is personalised, with users able to interact with the virtual coach using voice recognition technology
- ❖ Using cognitive tests to guide antidepressant treatment, so that patients can be started on effective treatment earlier.
- ❖ Undertaking different lines of investigation to establish if certain antibodies may be responsible for psychosis.

For more information, go to the Trust's website at

<https://www.oxfordhealth.nhs.uk/research/making-a-difference/>



## Goals agreed with commissioners; use of the CQUIN<sup>1</sup> payment framework

A proportion of OHFTs income in 2018/19 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).

Further details of the agreed goals for 2018/19 and for the following 12-month period are available electronically at:

2018/19 <https://www.england.nhs.uk/wp-content/uploads/2018/04/cquin-guidance-2018-19.pdf>

2019/20 <https://www.england.nhs.uk/wp-content/uploads/2019/03/CQUIN-Guidance-1920-080319.pdf>

For 2018/19, the baseline value of the CQUIN was £4.9m. This income was conditional on achieving quality improvement and innovation goals. The associated payment for 2017/18 was £4.3m.

## Care Quality Commission (CQC)

OHFT is required to register with the Care Quality Commission<sup>2</sup> (CQC) and its current registration status is registered with no conditions. The CQC has not taken enforcement action against OHFT during 2018/19, although following the well-led inspection mentioned below the CQC issued six requirement notices.

<sup>1</sup> Commissioning for Quality and Innovation

<sup>2</sup> The CQC is the independent regulator for health and social care services in England.

Our current rating by the CQC is Good;



OHFT participated in a routine well-led inspection by the CQC covering the whole Trust during 2018/19. The inspection took place over March and April 2018, with results published in August 2018. The Trust maintained our previous rating on quality - Good and identified actions to address the areas for improvement. Six requirements notices were issued by the CQC from the inspection, which we are addressing through an 18-point action plan. So far 10 actions have been completed with the remainder in progress. All actions and progress is reported to the Executive Team. The full results of the CQC inspection are available at <http://www.cqc.org.uk/provider/RNU>

In November 2018 OHFT was involved in a follow-up CQC local system review in Oxfordshire to look at how health and social care providers and commissioners are working together to provide physical healthcare for people aged 65 and over. Oxfordshire was one of 20 local area systems selected to be part of the review. Details of the outcome of the original review in 2017 and follow-up review in 2018 can be found at <https://www.cqc.org.uk/local-systems-review>. The CQC recognised significant improvements, felt good foundations are in place and that the system is committed to making changes. The key areas identified for further improvement across the system are;

- ❖ Finalising the refreshed Older Person’s Strategy and implementing this at pace
- ❖ Better engagement with independent providers to help develop the social care market
- ❖ Implementing a joint workforce strategy across organisations
- ❖ Developing work on identifying and supporting carers
- ❖ Support for self-funders – brokerage service and information
- ❖ Continue with work to make cultural changes at senior and frontline levels to better support integrated working
- ❖ Review of commissioned care pathways

The CQC started a national thematic review in December 2018 on the use of restraint, seclusion and segregation for people with mental health problems, a learning disability or autism. As part of an initial phase OHFT has provided information to support the review. Further details about the review can be found at <https://www.cqc.org.uk/news/stories/cqc-review-use-restraint-prolonged-seclusion-segregation-people-mental-health-problems>

### NHS number and General Medical Practice code validity

OHFT submitted records during 2018/19 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 January 2019):

which included the patient’s valid NHS number was:  
**99.8%** for admitted patient care  
**100%** for outpatient care  
**97%** for accident and emergency

which included the patient’s valid Medical Practice Code was:  
**98.9%** for admitted patient care  
**97.3%** for outpatient care  
**95.1%** for accident and emergency

## Information Governance

The Information Governance Toolkit has been replaced in 2018/19 to the Data Security and Protection Toolkit, OHFT has completed an assessment and meets all the national standards.

As of 31<sup>st</sup> March 2019, 95% of staff had completed information governance training.

## Clinical coding error rate

OHFT was not subject to the payments by results clinical coding audit during 2018/19 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

OHFT will be taking the following actions to improve data quality:

- ❖ Using the Trust's staff induction to promote the importance of data quality to new staff.
- ❖ Prioritising data sets to carry out end to end reviews of the data quality
- ❖ Embedding data quality measures into performance reporting and demand forecasting
- ❖ Re-launching a data quality improvement forum
- ❖ Improve the routine oversight of data quality at a senior level through the well-led quality sub-committee

## Learning from deaths

### Introduction

The Trust provides mostly community care for people of all ages covering both mental health services, learning disability services and physical health services across Oxfordshire, Buckinghamshire, Swindon, Wiltshire and Bath and North East Somerset. We regularly review information on the deaths of current patients, patients discharged from the Trust who die within six months of their last contact including inpatients and those seen as outpatients. The information provided here is based on the deaths of patients who were currently open to one of our services.

### Internal Governance and Oversight

The Trust has implemented a stepped process to the screening, review and then investigation of deaths. Each clinical directorate manages their own mortality review process to identify learning from unexpected and inpatient deaths. If new complaints are received in relation to the care of a bereaved relative a mortality review is automatically triggered. The Trust-wide Mortality Review Group oversees learning across the Trust.

The Mortality Review Group has been overseeing the self-assessments and actions from the following national guidelines published in 2018/19; extended guidance for child deaths reviews (October 2018), learning from deaths guidance: engagement with bereaved families (July 2018) and NHS Resolution thematic review; learning from suicide incident related claims (Sept 2018).

The Trust continues to be involved in the following multi-agency forums including; Oxfordshire vulnerable adult mortality group, Buckinghamshire Integrated Care System learning from deaths group, our neighbouring acute provider’s mortality and morbidity group (for community hospital deaths) and the south regional mortality review group.

In 2018/19 the Trust has presented regular reports on the number of deaths, learning and actions to the Board of Directors. To see the detailed reports, go to <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>

#### External Oversight

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. As a result of the reviews a coroner has issued two Regulation 28 rulings in 2018/19 to prevent any future deaths as they concluded further actions or assurance were required. The rulings related to a death in 2015 and a death in 2017, both had been investigated and the Trust has responded and taken further actions as requested.

All deaths of a person with a learning disability are also reviewed externally through the Learning Disability Mortality Review process (LeDeR) and all deaths of a person aged under 18 are reviewed externally by a child death overview panel.

#### Number of Deaths

We have seen a static trend in the number of deaths (expected and unexpected) over the last four years in-line with the national data. The majority of deaths relate to people aged over 75 who had received treatment from one of our physical health services, such as the district nursing service. We saw an increase in deaths in January 2018 (one month) in line with the national picture (the winter period is nationally called the winter excess deaths period when a higher number of deaths is forecasted).

Suicide rates in Oxfordshire and Buckinghamshire are similar to national averages (rates have reduced from 2013-2015 to 2014-2016). In 2018/19 we believe 26 people known to the Trust have taken their own life by suicide, this includes deaths we suspect as being suicides and deaths the Coroner has confirmed are suicides.

Every NHS Trust has been asked to provide the following information in their annual Quality Account. The information shown below is for:

- ❖ All ages
- ❖ All services provided by the Trust
- ❖ Patients currently open to services at the time of their death
- ❖ Patients who died whilst they were an outpatient or an inpatient
- ❖ Expected and unexpected deaths

The source used for the data is from a weekly trace against the national DBS (demographics batch service) and then this is checked against deaths reported locally by teams.

Table 3. Number of 2018/19 deaths by service

2018/19	Trust-wide total	Learning disability services	Mental health services	Physical healthcare services	Patients open to both physical health and mental health services
Quarter 1	971	4	52	644	271
Quarter 2	985	6	56	654	269
Quarter 3	1054	4	61	671	318
Quarter 4	1083	7	79	703	294

Table 4. Number of 2018/19 deaths by age

2018/19	Trust-wide total	Children (aged 18 and under)	Adults (aged 19-64)	Older People (aged 65 and over)
Quarter 1	971	8	93	870
Quarter 2	985	3	98	884
Quarter 3	1054	6	103	945
Quarter 4	1083	8	101	974

Table 5. Number of 2018/19 deaths by setting inpatient or outpatient

2018/19	Trust-wide total	Inpatient	Outpatient
Quarter 1	971	27	944
Quarter 2	985	17	968
Quarter 3	1054	17	1037
Quarter 4	1083	21	1062

Table 6. Number of 2018/19 deaths reviewed by the Trust

2018/19	Trust-wide total	Case record review completed	Investigation carried out/ underway	Estimate of deaths where learning identified*
Quarter 1	971	50	16	3 (6% of deaths reviewed)
Quarter 2	985	51	15	5 (10% of deaths reviewed)
Quarter 3	1054	58	17	2 (3% of deaths reviewed)
Quarter 4	1083	57	21	0 (0% of deaths reviewed)
TOTAL	4093	216 (5% of all deaths)	69 (2% of all deaths)	10

\* These were deaths where we have identified learning in relation to the care provided, but this does not necessarily mean the death was due to problems in care provided to the patient.

Table 7. Deaths in the previous year (2017/18) reviewed in 2018/19

	Case record review completed in 2018/19	Investigation completed in 2018/19	Of those reviewed in 2018/19 - Estimate of deaths where learning identified*	Revised figure for all deaths in 2017/18 – Estimate of deaths where learning identified*
Deaths that occurred in 2017/18	5	8	7	17 (8% of deaths reviewed)

\* These were deaths where we have identified learning in relation to the care provided, but this does not necessarily mean the death was due to problems in care provided to the patient.

#### Themes from deaths reviewed in 2018/19

From the deaths reviewed in 2018/19 we have identified the following overall themes and learning;

- ❖ Physical healthcare for patients with a mental illness
- ❖ Family and carer involvement and communication
- ❖ Communication at points of transition and changes in care between services
- ❖ Awareness of sepsis for learning disability patients (also identified in national learning)

## Actions

A number of actions have been taken to address the overall themes for learning from deaths, a few are detailed below with our assessed impact of these.

The Trust joined the national quality improvement collaborative called 'closing the gap' to support work to reduce the increased risks for people with a serious mental illness not asking/ getting support with their physical health and then dying prematurely. There has been significant work completed with adult and older people mental health community teams and inpatient wards to support staff in carrying out the physical health monitoring required for our patients with a serious mental illness aligned with the Lester tool (monitoring diet, exercise, smoking, alcohol and drug use, BMI, Blood pressure and blood tests for lipids and glucose). This has included; training for all staff, enhanced training for physical health leads in each team, a network for physical health leads has been developed, a physical health handbook was developed, teams were provided with physical health monitoring equipment both in clinics and mobile kits, changes were made to make it easier to document physical health monitoring in a single place on a patient's health record and resources were developed and put on a new physical health page on the staff intranet.

In addition, a pilot has been carried out on point of care testing with five teams carrying out ECG and blood tests rather than referring a person to their GP or another provider for the tests, the teams involved have seen evidence of quicker results and access to treatment. We have also been part of a pilot of 'sport in mind' to encourage people to be active whereby specialist local groups are set up and people are encouraged to access community resources. Since the first physical health in mental health conference in January 2018 focused on screening we have seen a shift in attitude, staff awareness and levels of screening, however feedback from some staff is that there is a lack of confidence in when to and how to intervene when issues are identified. A second conference is being planned for June 2019 with a focus on 'don't just screen, intervene'. The Trust has also signed up to the Equally Well UK Charter which is a network of organisations taking coordinated action to improve and prioritise physical health for people with mental health problems.



The Trust launched a carers' strategy in 2017 and identified new funding to lead on better engaging and working with carers and families. The aim is to raise awareness and change attitudes on the importance of a carers role and to improve how carers are identified and support provided. The actions taken in 2018/19 include; the development of a library of carer stories to support staff training, the introduction of carer champions in teams, a carer awareness on-line training tool for staff has been co-developed with carers due to be launched shortly, and a new carer handbook has been co-produced with staff and patients for the community hospital wards to share useful information about the service and support available to carers.

We have a transition development group to support the planning for the transition of children to adult mental health services. This was a quality objective identified by the Trust in 2018/19 and an update on the actions and the impact of these can be seen on page 40. The Trust recognises there is scope for further work so has included this as an objective for 2019/20.

Due to a number of deaths linked to sepsis for people with a learning disability we are working on ensuring that we alert patients, care staff and families to the early signs of symptoms. As a service we have reviewed the sepsis information and made this more easily available on the Trust internet for staff, patients and other health professionals to support with making adjustments. We are also co-developing an easy read version of the information. Early indications show a reduction in deaths from sepsis, but continued monitoring will be required in 2019/20.

Additional relevant information can be found under the 2018/19 quality objective about how we continue to improve how we learn from incidents and deaths from page 44.

## Part 2.2 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

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 8. Performance on % of patients discharged from the ward and followed up within seven days

Reporting Period	Trust Value	National Average	National Target
April-June 2018	94.8%	95.8%	95%
July-Sept 2018	98.2%	95.7%	95%
Oct-Dec 2018	97.6%	95.5%	95%
Jan-March 2019	97%	95.8%	95%

### 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.

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

Reporting Period	Trust Value	National Average	National Target
April-June 2018	99.6%	98.1%	95%
July-Sept 2018	99.5%	98.4%	95%
Oct-Dec 2018	100%	97.8%	95%
Jan-March 2019	100%	98.1%	95%

**The percentage of patients not re-admitted in an emergency to a ward provided by the Trust within 28 days of being discharged (Oxfordshire mental health services only)**

Table 10.

	Apr18	May18	Jun18	Jul18	Aug18	Sep18	Oct18	Nov18	Dec18	Jan19	Feb19
Trust value	94%	98%	93%	91%	100%	91%	94%	97%	95%	92%	90%
Commissioning Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
Numerator	34	45	41	32	33	31	32	36	55	33	37
Denominator	36	46	44	35	33	34	34	37	58	36	41

**Patient experience of community health mental health services**

The 2018 national survey was sent to a random sample of 850 patients by an external contractor based on national criteria. The criteria includes; patients seen between 1<sup>st</sup> September to 30<sup>th</sup> November 2017, aged over 18, not a current inpatient at the time of fieldwork and had received more than one contact by a community mental health team (excluding people in contact with Improving Access to Psychological Therapy services). Our response rate was 27.2%, 225 patients.

The scores are presented in table 11, each section is scored out of a maximum of 10. 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 8, while a score of at least 6 indicates "good" patient experience. The section scores are averages based on questions in those sections, while the overall score is the average of all the questions. (defined by NHS England)

In comparison with the other 56 mental health NHS trusts our results are similar. Our results are also similar to last year's survey with fieldwork carried out in 2016.

Table 11.

Survey question sections	Oxford Health NHS FT 2018	Compared with other trusts 2018
Health and social care workers	7.3	About the same
Organising care	8.7	About the same
Planning care	6.7	About the same
Reviewing care	7.5	About the same
Changes in who people see	5.9	About the same
Crisis care	7.2	About the same
Medicines	7.4	About the same
NHS therapies	6.7	Worse
Support and wellbeing	4.7	About the same
Overall views of care and services	7.4	About the same
Overall	7.1	About the same

The full results published in November 2018 can be found at <https://www.cqc.org.uk/provider/RNU/survey/6>

For more details about the Trust's work around patient experience and involvement and the actions being taken are on page 33.

### Rate of patient safety incidents<sup>3</sup> (PSI) reported and the number resulting in severe harm or death

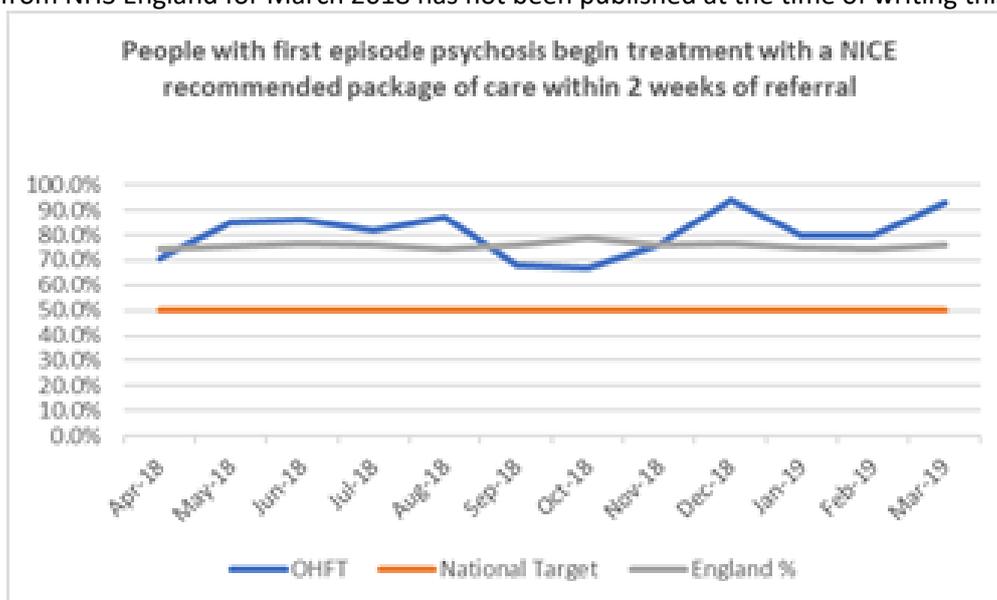
Below are the number and rate of patient safety incidents reported by the Trust over the last two years. As a comparator the NRLS (National Reporting and Learning System) figures are shown alongside however these cover only a six-month period (April-September 2018) and are split by provider (mental health and community physical health services). In general table 12 shows the Trust reports a similar of incidents which caused no harm. However, the Trust does report a higher proportion of incidents which caused severe harm, this partly relates to an internal decision to report all grade 4 pressure ulcers and skin changes at life's end (SCALE) as severe harm, even if there were no lapses in care. We understand other NHS trusts do not categorise these in the same way. New national guidance was published at the end of June 2018 to standardise pressure ulcers reporting and categorisation which should improve the accuracy of national comparison data once implemented from 1<sup>st</sup> April 2019.

Table 12.

		No Harm		Low Harm		Moderate Harm		Severe Harm		Death	
		N	%	N	%	N	%	N	%	N	%
Data source: Ulysses incident reporting system	Oxford Health 2018/19	4740	63.2	2239	29.8	367	4.9	102	1.4	47	0.6
	Oxford Health 2017/18	4659	62.1	2338	31.2	346	4.6	122	1.6	33	0.4
Data Source: NRLS	NRLS Mental Health Average (April 18-September 18)	111,454	65.9	47,309	28.0	8,444	5.0	548	0.3	1,286	0.8
	NRLS Community Health Average (April 18 - September 18)	23,583	55.0	16,377	38.2	2,608	6.1	185	0.4	105	0.2

### 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.



<sup>3</sup> Patient safety incidents are defined as an unintended or unexpected incident which could or did lead to harm to a patient.

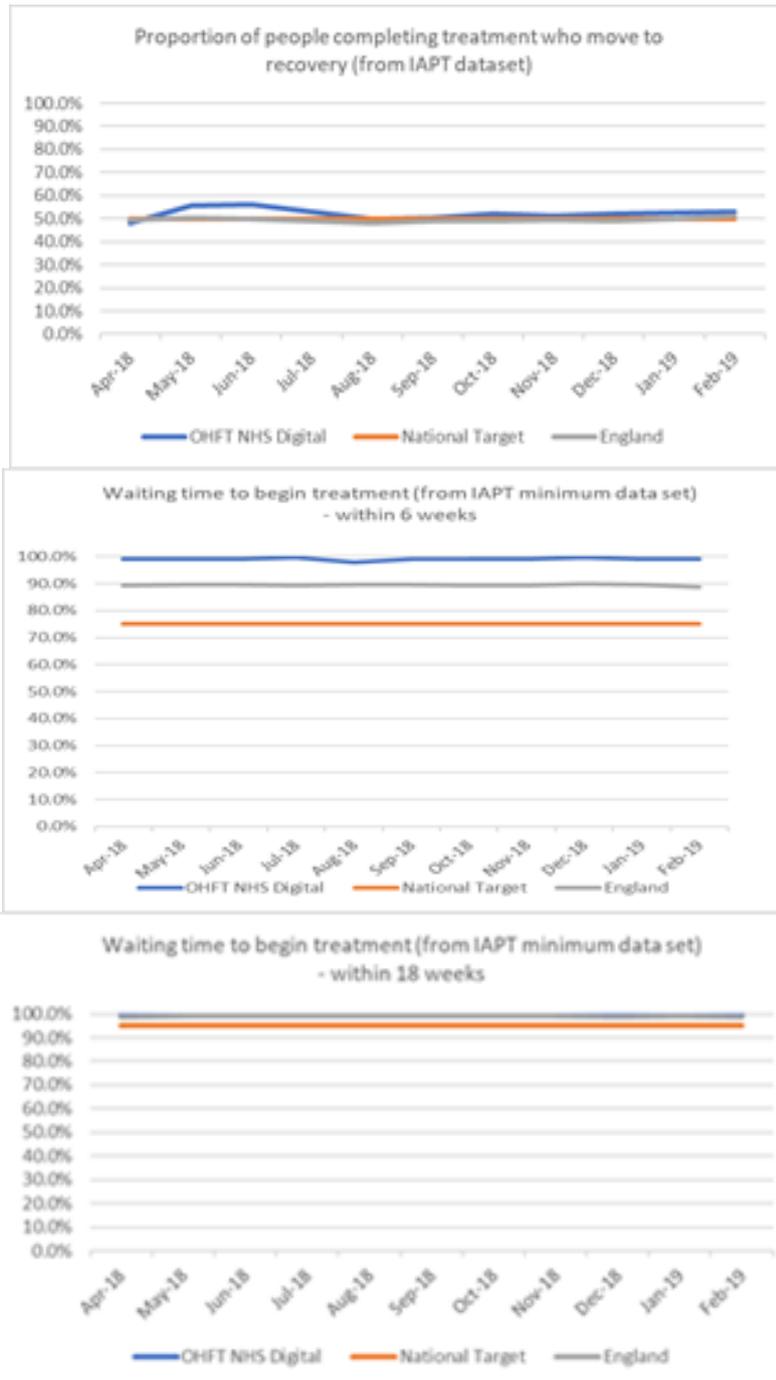
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

This data is not available at the time of writing the report, the national report is due to be published on 25<sup>th</sup> June 2019.

**Improving access to psychological therapies<sup>4</sup> :**

- ❖ % 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.



<sup>4</sup> 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

Occasionally a person aged under 16 is admitted to an adult ward this may be for a range of reasons such as care requirements, a lack of support in the community or a lack of available beds. For each admission a safeguarding review is completed and staff experienced in working with children support the persons inpatient stay. We also carry out a review after each admission to identify any learning which is presented to the Trust-wide weekly clinical review meeting.

Table 13.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Trust	0	0	1	1	0	1	0	0	0	0	0	0
NHS England	No national data available											

### Inappropriate out of area placement days for adult mental health services (total number of bed days)

Out of area placements mean admitting someone to a ward outside the services provided by the Trust. An out of area placement is categorised as inappropriate if the rationale for placing the person relates to bed pressures or absence of community or social care support. The figures for OHFT are our own internal figures because the monthly data published by NHS Digital is subject to change, due to discharge dates at times being entered at a later stage which will have an impact on the previous monthly reported figures.

The England Average figure is based on the average number of inappropriate out of area placements in days for the reporting month as published by NHS Digital.

We consider that this data is accurate and have identified this as a quality improvement objective for 2019/20, see page 57.

Table 14.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Trust	223	435	181	518	283	103	398	390	391	380	260	179
NHS England average	348	347	330	366	400	333	358	356	317	344	347	No data

### Part 3. Progress on Quality Objectives in 2018/19

In last year's Quality Account, we identified 12 quality objectives which had been developed in discussion with our staff, governors and commissioners. Progress has been made against all of these objectives. The quality objectives were aligned under the following overarching quality priorities;

- Priority 1: Improve staff health and wellbeing
- Priority 2: Improve the experiences of patients, their families and carers
- Priority 3: To continuously and reliably improve patient safety
- Priority 4: Preventing ill-health and promoting self-care

The rest of this section provides a summary of the actions taken, the impact of these actions and any further work being undertaken against each of the quality objectives.

In addition to reporting on our progress against the quality objectives identified for 2018/19 we have also shared below our work this year on;

- Equality, diversity and inclusion (under priority 2)
- Volunteering (under priority 2)
- Infection prevention and control (under priority 3)
- Different ways staff can speak out if they have concerns (under priority 3)

## Part 3.1 Summary of Progress

Below is a summary of our progress against the quality objectives set for 2018/19, with more detail on each objective in the following pages. We have fully achieved eight out of the 12 objectives and have made progress and been close to target for four objectives.

Table 15.

	Quality Priority 1 - Improve staff health and wellbeing	Target achieved	Close to target	Not delivered	To be taken into 2019/20 quality account
1.1	Deliver the workforce strategy actions for 2018/19	•			Yes, objectives around staff retention and recruitment will continue as maintaining safe staffing remains a significant risk for the Trust.
1.2	To refine and enhance functionality of the existing electronic patient record to support integrated working		•		No, as development work will continue as part of business as usual.
1.3	Improve the uptake and quality of annual staff appraisals		•		No

	Quality Priority 2 – Improve the experiences of patients, their families and carers	Target achieved	Close to target	Not delivered	To be taken into 2019/20 quality account
2.1	Implement the objectives in the Trust-wide patient experience strategy and carers strategy	•			Yes, in line with new actions identified in the revised strategy.
2.2	Improve transitions between care pathways across ages		•		Yes

	Quality Priority 3 – To continuously and reliably improve patient safety	Target achieved	Close to target	Not delivered	To be taken into 2019/20 quality account
3.1	Reduce patient violence and aggression across the adult acute mental health wards		•		Yes, as there has been minimal change in the number of incidents of violence towards staff.
3.2	Improve the consistency of care processes for the adult acute mental health wards		•		No, although the quality improvement project will continue.
3.3	Continue to improve how we learn from incidents and deaths	•			No

	Quality Priority 4 – Preventing ill-health and promoting self-care	Target achieved	Close to target	Not delivered	To be taken into 2019/20 quality account
4.1	Review the complex needs pathway (for patients suffering with a personality disorder)	•			No
4.2	Develop and introduce a new frailty pathway	•			No
4.3	Continue to develop a joint enterprise with Oxfordshire GP Federations	•			No
4.4	Smoke free work	•			No

## Quality priority 1: Improve staff health and wellbeing

(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 6,700 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;



The Trust's 2018 national annual staff survey results are referenced throughout the document, and the full results can be viewed at <http://www.nhsstaffsurveyresults.com/local-benchmarking-organisation-overview/>

For this priority we identified three local objectives, progress against each is detailed below;

1.1 Deliver the Workforce Strategy actions for 2018/19.

1.2 To refine and enhance functionality of the existing electronic patient record to support integrated working

1.3 Improve the uptake and quality of annual staff appraisal (also known as personal development plans)

### 1.1 - Deliver the Workforce Strategy actions for 2018/19

There are significant staff shortages across England, with increasing demand on staff and services. Given the national picture and in addressing 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.

### Actions taken this year:



-The Trust has become a provider of apprenticeships, enabling us to develop new roles and different entry routes into employment. We employ clinical and non-clinical apprentices. A key one has proven to be, Nurse Associate Trainees. We took on our first trainees in 2017 and 23 are due to qualify in June 2019. Further cohorts started training in June 2018 and October 2018.

- Other alternative employment routes have also been explored including a peer support worker programme developed with 14 people who have 'lived experience' of mental health problems. They graduated from a six-month training course in November 2018 and have been offered paid roles at the Trust – using their own personal experience in tandem with freshly acquired skills to help deliver care to others.
- A recruitment and retention premium introduced for difficult to recruit and retain roles in the Forensic service.
- The Trust is participating in the NHS Improvement 'Retention' Collaborative programme which involves sharing ideas with other NHS trusts and monitoring progress on our objectives. The programme has a particular focus on nurse retention.
- 'Keep in touch' days have been held with University students, followed by joint student nurse recruitment sessions with other local NHS providers from November 2019, which resulted in 38 job offers for students graduating from Oxford Brookes University in the summer of 2019 and 20 job offers for students graduating from the University of Bedfordshire. Allied Health Professionals are expanding and developing their band 5 rotation programmes for Occupational Therapists and Physiotherapists. They have been successful in recruiting to several newly-qualified band 5 posts.
- The decision was made to invest in TRAC, a recruitment and candidate management system which is widely used across the NHS (around 180 other NHS trusts). Implementation begins in April 2019 and the anticipated benefits include improving the candidate experience, a new dedicated recruitment website, automatically generated appointments and reminders, reduced recruitment lead time and better availability of management information in relation to recruitment.
- The Trust took a decision not to use staffing agencies for unregistered healthcare assistants from May 2018, which has been maintained through the year. The rationale for this is based on strong and consistent staff feedback that agency staff are generally less knowledgeable and less able to provide excellent care than our own staff. We have taken steps to strengthen our internal bank called staffing solutions, including better training, improved pay rates, more capacity for supervision, and a more streamlined recruitment process.



- The Trust had previously been recognised for our 'Step into Health' employment programme, which seeks to help veterans of the Armed Forces explore their transferable skills and identify possible training and career opportunities within the NHS. In 2018/19 the Trust moved from a Bronze award to Silver.

- We have strengthened the support for newly-qualified staff, launching a two-year preceptorship programme called the 'Flyer Programme' from October 2018. The programme offers a structured process of extra support to practitioners to develop their confidence and to refine their skills, values and behaviours. It also offers the chance to obtain Masters level modules. The first cohort had 72 staff and the second started in March 2019.
- A new nursing and allied health professional's leadership structure is in place with new roles created for a deputy director of nursing for mental health, allied health professional associate directors, nurse consultants and a physical healthcare lead in mental health services. The structure now provides better clinical leadership and clearer defined career pathways to retain and further develop staff.



- Working closely with our staff representatives, the Trust has launched a wide-ranging programme to address work related stress. The framework for this is the Health and Safety Executive's "Management Standards" which sets out the obligations on employers and strategies for creating sustainable improvements. The 6 management standards are Demand, Support, Control, Role, Relationships and Change. One of the initiatives has been to hold two staff retreats to help staff to come to terms with difficult situations and in some cases had the result of returning to work more quickly. The focus has been on staff with long term sickness, usually stress related (from work or not) who would benefit from the opportunity to reflect and plan their recovery in a supportive environment.
- The Trust has undertaken regular skill mix reviews to start the work to transform the workplace so that it is sustainable for the future.
- The Trust continues to increase and develop the role of Health and Wellbeing Champions who are based within teams and regularly meet to share resources, ideas and changes made locally. Wellbeing initiatives this year have included; bike breakfasts, Sleepio online toolkit, tips on physical activity, workplace wellbeing and how to manage stress, a pedometer challenge, mental health awareness pop up stalls, exercise classes, and mindfulness awareness workshops.
- Monthly exceptional people awards and the staff annual recognition awards have continued, a group picture of all the winners from the 2018 annual recognition awards is below.
- Work with system partners in Oxfordshire, Buckinghamshire and Berkshire on workforce and capacity management to share resources, actions and ideas.



*2018 staff recognition awards ceremony*

### The impact;

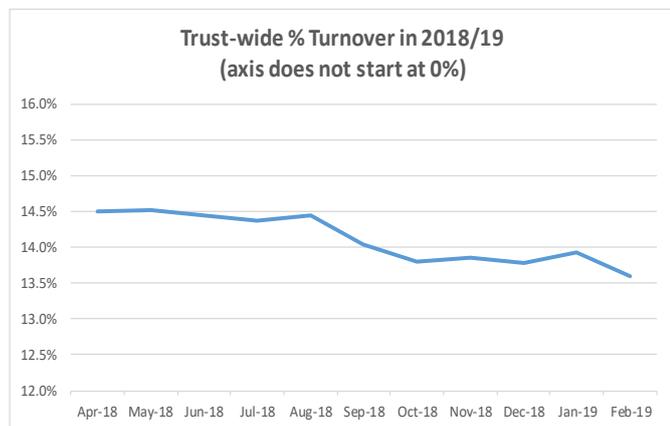
Aim to reduce **staff turnover** to less than 13.5%. The average turnover for 2018/19 is 14.1% compared with the position in March 2018 at 15%. There has been a slight reduction from September 2018, with the average for this period being 13.8%. Although there has been a sustained reduction we have not achieved the target of less than 13.5% and for some professions there has been no change. Graph below shows performance month by month.

Aim to reduce **vacant posts** to less than 600 WTE. 15.7% of posts were vacant in March 2018 this was reduced to 11.1% by February 2019. In December 2018 and January 2019 there were fewer than 600 vacancies, however by February 2019 the vacancies were up to 619.6 WTE. Although the target was not achieved there was a reduction in vacant posts. Graph below shows performance month by month.

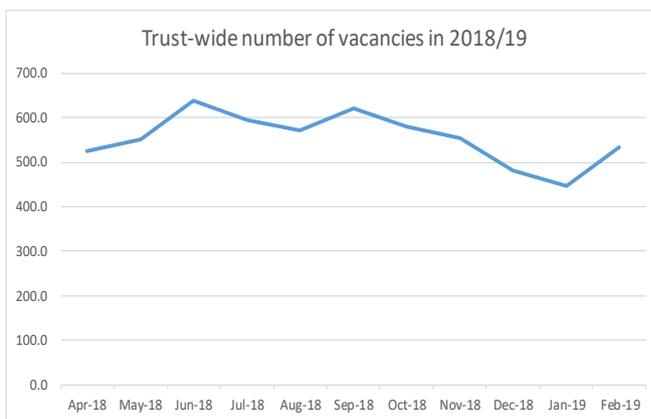
Aim to **Increase flexible staff and reduce use of agency** by 25%. There has been an increase in staff employed through the Trust's internal bank called staffing solutions from 1,550 in March 2018 to 1,921 in March 2019. The use of agency staff on average from April 2018 to February 2019 was 9.8% compared to the position in March 2018 of 12.2%, however this has varied month by month. The target to achieve 25% reduction in agency staff was

achieved in four of the 11 months (May, September, January and February). Graph below shows performance month by month.

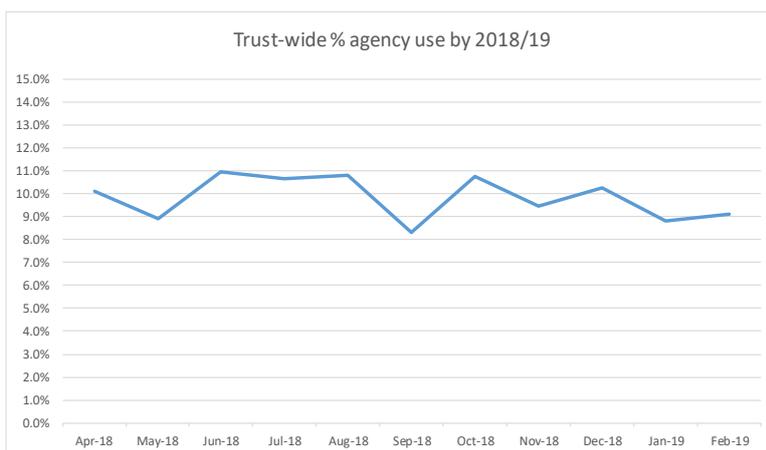
Aim to **improve staff experiences** as measured in the national annual staff survey. The staff engagement score for 2018 was the same as last year at 7.0, which is also the same as the national average. 41.7% of staff in 2018 said they had felt unwell due to work related stress in the last 12 months, this is a worse position from 2017 but similar to the national average. However, we have seen an improvement on staff would recommend the Trust as a place to work (62% in 2018 and above the national average of 59%) and if staff would be happy with the standard of our care for a member of their own family (71% in 2018 above the national average of 66%). Graphs below.



Data source: finance



Data source: finance

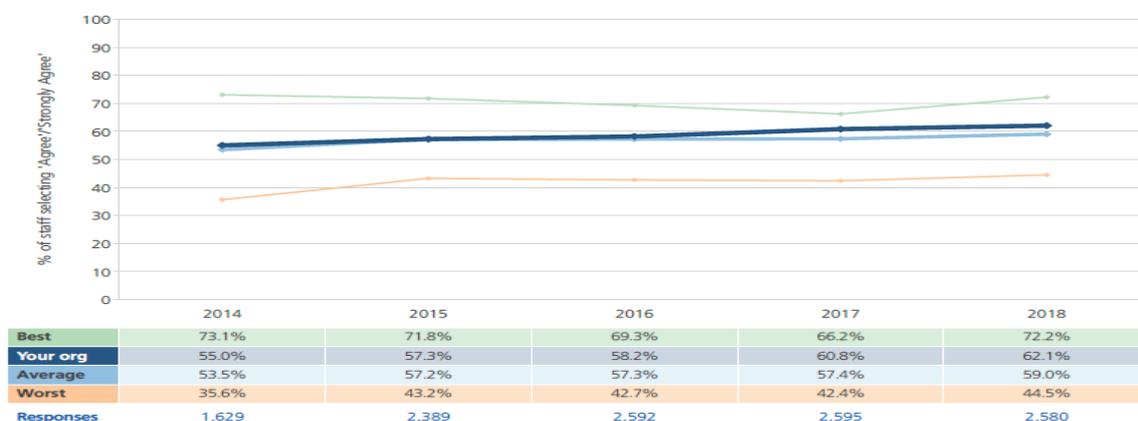


Data source: finance

Survey Coordination Centre

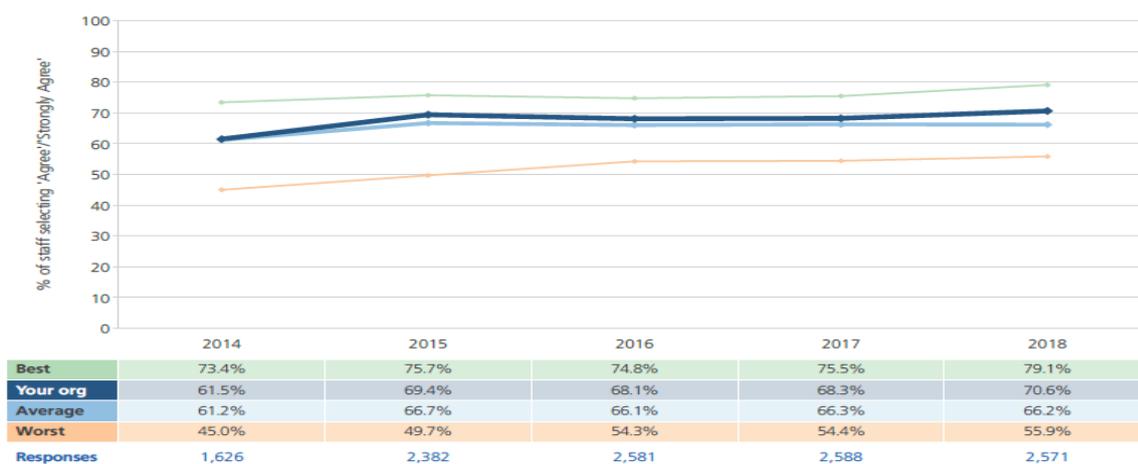
2018 NHS Staff Survey Results > Question results > Your organisation > Q21c > I would recommend my organisation as a place to work

NHS England



135

Data source: National staff survey results



136

Data source: National staff survey results

## 1.2 - To refine and enhance functionality of the existing electronic patient record to support integrated working

### Actions taken this year:

- Based on the developments we have made with technology; the Trust was one of seven mental health NHS Trusts named a global digital exemplar from July 2017 for innovative use of technology to care for mental health patients. We have continued to use national funding secured to offer remote consultations using video conferencing facilities, make electronic patient notes available via iPad from anywhere at any time, signposting to online wellbeing and mental health therapies, and developing apps such as True Colours to support patients' self-management and recovery.
- The Medical Interoperability Gateway (MIG) - This allows our mental health clinical staff to view GP information via the GP info. Tab. The MIG is currently deployed in Oxfordshire and Buckinghamshire, however connectivity in Wiltshire has not yet been established due to technical connectivity issues between systems. The MIG has been viewed more than 91,000 times over the past year providing our clinicians with key data from the GP surgeries about medications, test results, allergies, diagnosis.
- The Inpatient Interim Discharge Summary (IDS) has been set up to go electronically via Docman from CareNotes to GPs. This is currently only configured for Oxfordshire mental health wards. However, a new technical solution has been found which will be piloted in 2019 that will enable a clinician to select any form (information) they wish to send in CareNotes to go to the patient's GP, regardless of where that GP is located. This is a key part of the global digital exemplar work.
- The docman delivery console solution has been deployed to around 30 clinical teams since October 2018 which gives clinicians, the ability to easily send and track e-correspondence sent from CareNotes to GPs without having to use email or post. Currently more than 6,000 documents have been sent electronically in this way.
- A process has been formalised for clinicians to request and receive training to access Cerner Millennium to view blood results taken at our neighbouring acute NHS Trust, Oxford University Hospitals. The next development will be to enable our staff to request tests of specimens they take and to bring blood test results to be displayed in CareNotes.

- A referral management solution is being piloted with a community mental health team, which will allow them to triage referrals received in one place and then automate recording the appropriate referrals in CareNotes.
- The transfer of health visitor reviews and school immunisations is now automated stopping the manual process which was in place before.
- The Trust has also been exploring options of how to share our data with the wider record sharing solutions across Oxfordshire and Buckinghamshire, once a patient gives their consent. The proposed record sharing solutions are different in each county; HIE and HealthIntent in Oxfordshire and My Care Record in Buckinghamshire. We hope to run a pilot in Buckinghamshire in May 2019 and we wait for the supplier to have capacity to pilot in Oxfordshire. 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.

### The impact:



Electronic advancements continue to be made particularly for mental health services and urgent care physical health services. There is further work to support the community physical health services to move fully to electronic health records, ensuring the right tools/templates are available in the system to support them.

## 1.3 – Improve the uptake and quality of annual staff appraisals

### Actions taken this year:

- The Trust's policy was reviewed and the process for documenting an appraisal has been simplified, with the new process and forms re-launched in October 2018.
- Monthly team level reports on performance continued to be emailed to every line manager. In addition, a list of all staff with no completed or booked appraisal was sent to the Service Directors to be followed up. Every staff member with no appraisal booked was also emailed individually by the learning and development team.
- A promotion campaign was carried out with tips and support for staff.

### The impact;

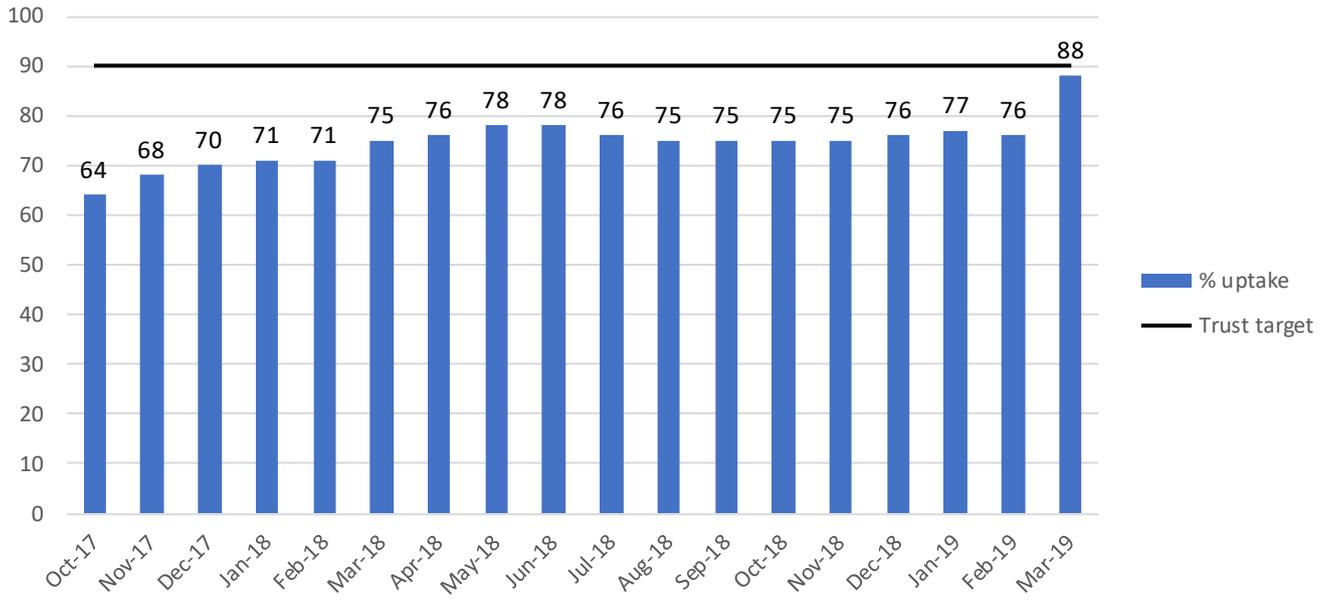
Trust-wide position is 88% of all staff<sup>5</sup> had an appraisal recorded at the end of March 2019 (586 staff had no current appraisal completed). Performance has continued to improve into April and May 2019. This is an improvement on March 2018 when 75% (3566 staff) had a current appraisal. A staff members annual appraisal is based on the day they started working at the Trust, therefore every month appraisals will be carried out. Performance has improved in 2018/19 compared to the previous year however it is still below our own expected target, shown below from October 2017 to March 2019.

The national annual staff survey carried out in October 2018 showed 77% of staff said they had received an appraisal in the last 12 months. In relation to staff's assessment of the quality of appraisals this has dropped from 2017 to 2018, scoring 5.7 in 2017 and 5.2 in 2018, with the national average at 5.5 in 2018.

Many of the actions to improve the uptake and quality of appraisals took time to complete and embed. Work will be continued in 2019/20 to further improve the completion and quality of appraisals.

<sup>5</sup> Including doctors, dentists and non-clinical staff.

### % Appraisals completed - all staff



Data source: learning and development system OTR

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

(quality domain: patient experience)

The Trust's three-year patient experience and involvement strategy is coming to an end in March 2019. We can demonstrate the positive impact the strategy has had detailed below. In 2018/19 we started to consult and develop a refreshed strategy with patients, staff and partners, the aim is for this to be presented for approval in May 2019. The new strategy will be focused on personalised care to improve the extent patients and their families feel involved in decisions about their care. The current strategy from 2016-2019 and a draft of the revised strategy is available at <https://www.oxfordhealth.nhs.uk/getting-involved-with-oxford-health/patient-involvement/our-strategy/>

The Trust has a separate carers' strategy called 'Icareyoucare' to ensure this important area receives sufficient attention. Year two of the strategy in 2018/19 has seen a focus on improving the range and quality of literature available for family, friends and carers, developing our online training tool for staff, and a focus on getting resources in place. A copy of the strategy is available at <https://www.oxfordhealth.nhs.uk/support-advice/support-for-carers/>

The Trust's annual complaints report will be presented to the Board of Directors in May 2019 and published with the board papers at; <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>

For this priority we identified two local objectives, progress against each is detailed below;

2.1 Implement the objectives in the Trust-wide patient experience strategy and carers strategy

2.2 Improve transitions between care pathways across ages



## Equality, diversity and Inclusion

We recognise that discrimination and barriers to inclusion can lead to disadvantage and inequalities in accessing services or opportunities in the workplace. We continue to use the NHS Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES) and Workplace Equality Index (WEI) to develop our equalities work and to inform our strategy work plan. These frameworks help us to identify our equality priorities and to consolidate the progress we have made to date. Our Head of Inclusion is part of the south regional equality, diversity and inclusion group which includes the NHS, county council and police and is a good forum to share good practice and take actions across a system. In 2018/19 we have focused our attention and efforts on disability equality for staff and patients.

The Trust is committed to developing a culture that respects equality and values diversity for our staff and the patients we care for. Training on equality is routinely provided at Trust induction for all new starters and then through e-learning as a refresher, plus training is delivered to unregistered staff through the care certificate course and to current/ potential leaders through the leadership development programme.

Some of the key highlights this year include:

- ❖ A series of conferences with team leaders to explore the issues and challenges of being disabled
- ❖ The appointment of chairs for the three staff equality network groups:
  - LGBT+ Equality Staff Network
  - Disability Equality Staff Network
  - Race Equality Staff Network
- ❖ Delivering staff training on the impact and role of unconscious bias
- ❖ New training on equality, diversity and inclusion delivered to apprentices
- ❖ New staff training developed and delivered on 'religion and culture'
- ❖ The Trust approved guidance for supporting staff to transition gender
- ❖ We launched rainbow lanyards in February 2019 to coincide with LGBT History month and within days the 1000 lanyards were gone!
- ❖ We celebrated Black History month in October 2018 which included sharing staff case studies including one from Joseph pictured below.
- ❖ We have spent 2018/19 working on the action plan from the 2018 Stonewall diversity rating.
- ❖ An inclusion award was presented at the annual staff recognition awards in 2018.



The focus in 2019/20 is on gender equality, our teams recently celebrated international women's day in March.



## Volunteering



Since June 2017, the Community Involvement Manager post has been in place for the Trust with a remit to develop and coordinate volunteering, the Oxford Health Charity and engagement with our local communities.

In 2018/19 we have:

- ❖ Introduced a streamlined and effective recruitment and application process
- ❖ Developed a set of role profiles for different volunteering opportunities
- ❖ Introduced guidance for volunteers and supervisors
- ❖ Better promoted volunteering opportunities across the Trust

Initial baseline data identified the Trust as having approximately 70 volunteers in November 2017, for the most part located in traditional ward support roles within the Community Hospitals. The number of active volunteers now stands at 135, with 105 new people recruited over that time and more than 2,500 people viewing the opportunities pages on the Trust website in 2018/19.

The roles have also increased in scope to reflect the breadth of services delivered across the Trust with volunteers involved in the peer support worker programme in Oxfordshire Mental Health Services, Creating with Care arts programmes across Community Hospitals, Urgent Care volunteers supporting services at locations in Abingdon, Oxford and Witney as well as more ad hoc roles supporting the development of HealthFest (the Trust's new annual community engagement event). We now promote all our open volunteer roles on the Trust website at [www.oxfordhealth.nhs.uk/get-involved](http://www.oxfordhealth.nhs.uk/get-involved)

Future developments will be focused around the outcome of the next annual volunteer engagement survey (the first of which took place during Volunteers' Week in 2018).



## 2.1– Implement the objectives in the Trust-wide patient experience strategy and carers strategy



### Actions taken this year:

- Permanent dedicated leadership roles have been established to develop our work to improve the experience of patients, carers and families. One of the posts included a Trust-wide carers lead with the person starting in 2018/19.
- All senior leaders' roles (Clinical Directors and Service Directors) include a clear expectation for improving the way our services effectively support and involve patients, carers and families, friends and carers, this was added to job descriptions in 2018/19.



- A series of workshops were held with leaders throughout the Trust around improving shared decision making in June 2018, and carers events in June 2018 (to coincide with national carers week) and February 2019.

- We have reviewed and developed the format and resources available on the Trust's website to provide better information on how to give feedback and how to get involved in different activities within the Trust for example staff interviews, service developments, developing information, teaching at one of the Trust's jointly run recovery colleges.

- We recorded a film with staff called 'we are the patient experience'. More than 60 staff were involved to recognise how everyone, from a gardener to a clinician, plays a role in a patient's experience of a service and therefore we need to improve it together.
- From June 2018 we introduced quarterly team awards to recognise those making improvements to how patients, carers and families experience our services. The awards are also a way to share good practice across the Trust.
- We have developed an extensive library of patient, carer and family stories to support training for staff. Stories are presented in public at almost every Board of Directors meeting.
- Team to team peer reviews have included patients and carers as part of the review team. Some governors have also been trained to take part in peer reviews to help improve the quality of care.
- Throughout the organisation there are staff who are patient and/ or carer champions for their team. This number has grown over the past year and we hope this continues.

- We use regular volunteers to facilitate monthly sessions on wards to listen and gather feedback from patients, carers and families. In addition, a new carer volunteer support role has been developed in 2018/19 and will be piloted at one of the Community Hospital wards in 2019. The role will offer support and information to carers who come into contact with the hospital. It will be as the carer's voice, by sharing feedback, needs and expectations to teams.
- Raising awareness, promoting and supporting staff to use the Trust's single survey mechanism for collecting feedback from patients, carers and families. All teams who use it have access to their own patient experience feedback at all times.



- A peer support worker programme was developed with 14 people with lived experience of mental health problems graduating from a six-month training course in November 2018. All graduates have been offered paid roles to use the knowledge developed through their own experiences in combination with skills learnt to work alongside staff to help with treatment of others in our care.

- A carer awareness online training tool for staff has been co-developed with carers and is undergoing its first review by clinicians in April 2019 with the next stage to be reviewed by family, friends and carers. The training tool allows staff to role play several situations with a fictional family and understand how their actions and behaviours can change outcomes.

- Family, Friends and Carers service handbooks are a way of sharing useful information about the service and a way of providing information to carers as individuals including details on carers' assessments and the local carers organisation and support. In 2018/19 a handbook was developed with patients, carers and staff for community hospital services which will be published shortly.
- The Trust has maintained our external accreditation with the Carers Trust, called Triangle of Care, which involves working to national standards co-produced with carers. A further self-assessment against the national standards was completed by services in 2018/19 to identify priorities for improvement which feeds into the carers strategy (icare,youcare) workplan each year.

- HealthFest 2018 at the Warneford Hospital in September was an all-day event set up to engage with the local community, as well as staff, their families and colleagues. Part of the Oxford Open Doors programme run by the Oxford Preservation Trust it gave people the chance to come 'behind the wall' to breakdown the stigma around mental health. Members of the patient experience team ran a stall alongside a young person from the Oxfordshire CAMHS Participation Group and a carer who both attended for part of the day to talk to visitors about involvement work with the Trust.



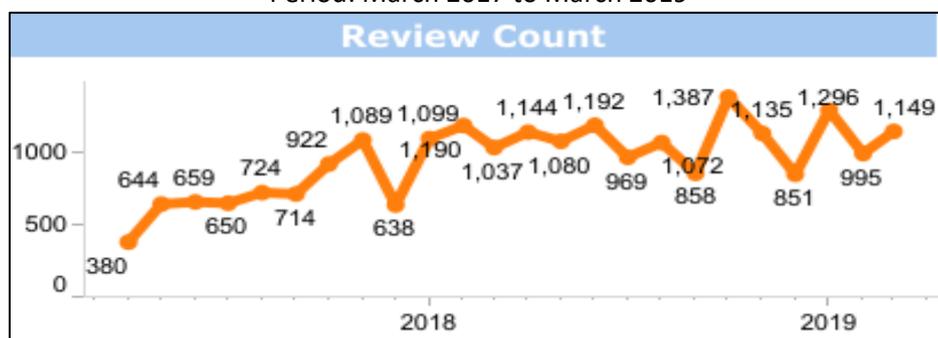
- The mental health Complex Needs Service ran a 'Psychoeducational Training weekend' for carers. Over two days 21 people attended enjoying 11 sessions on a range of topics including one session run by ex-service users. The feedback from the event was very positive.
- The Health Visiting Service has written a new pathway for children with Special Educational Needs or Disability which was launched at the 0-5 Conference on 16<sup>th</sup> October 2018 and is now live. The Health Visiting Service has sought feedback from parents on the new pathway via a survey and has interviewed parents about their experience.

- The first Autism Experience Group was held to better understand the experiences of people with autism using NHS services to help shape how we implement the Autism Strategy to improve their lives. Regular groups meetings will be held.
- The Trust is working with several provider organisations in Oxfordshire as well as people with lived experiences and their families, Oxfordshire Family Support Network, My Life My Choice and our commissioner to improve how we gather feedback about a person’s journey and use it together to improve the care for people with a learning disability.
- The Community Dental Service<sup>6</sup> ran a series of focus groups to discuss peoples experience of going to the dentist including any fears or worries and how these might be overcome. These workshops have informed the production of three films currently under development, improvements to easy read appointment letters and information about dental care.
- Three young people were supported to attend the children and adolescent eating disorder community team away day. The young people took an active part in discussions and their feedback has been included in team plans to:
  - o Explore the possibility of developing peer support worker roles for the team
  - o Reviewing the team’s information leaflet and the parent information pack
  - o Try new methods to gather feedback from young people post discharge from the service
- Boys in Mind project: is a multi-agency alliance of professionals and young people across Bath & North East Somerset and beyond, including representatives from the Local Authority, Public Health, OHFT, schools, voluntary agencies, parents and carers, fostering services, school nurses and many others. Young people involved in the project met to discuss and identify key messages and information they would like to see shared with young men. Members of the Boys in Mind strategy filmed their friends and family talking about a range of issues related to mental health and gender-stereotyping. Part of the concept of the film project was to enable young people to be heard and also to enable those who were filming to listen. Around 25 young people, were involved at different stages of the film project, with the material being used to make short films to promote talking about issues and seeking help.

### The impact:

Increased awareness and routine collection of patient and carer feedback across a broader range of services. The collection and use of patient, carer and family feedback continues to be high at 13,128 local survey responses received between April 2018 to March 2019. The national annual patient survey, concerns, complaints and compliments are additional sources of feedback we also receive and act on.

Number of local survey responses Trust-wide  
Period: March 2017 to March 2019



Data source: *iwantgreatcare*

<sup>6</sup> The services provides specialised dental care to a wide range of both children and adult patients, who are unable to receive care from a general dental practitioner, but do not necessarily need to be seen in a hospital.

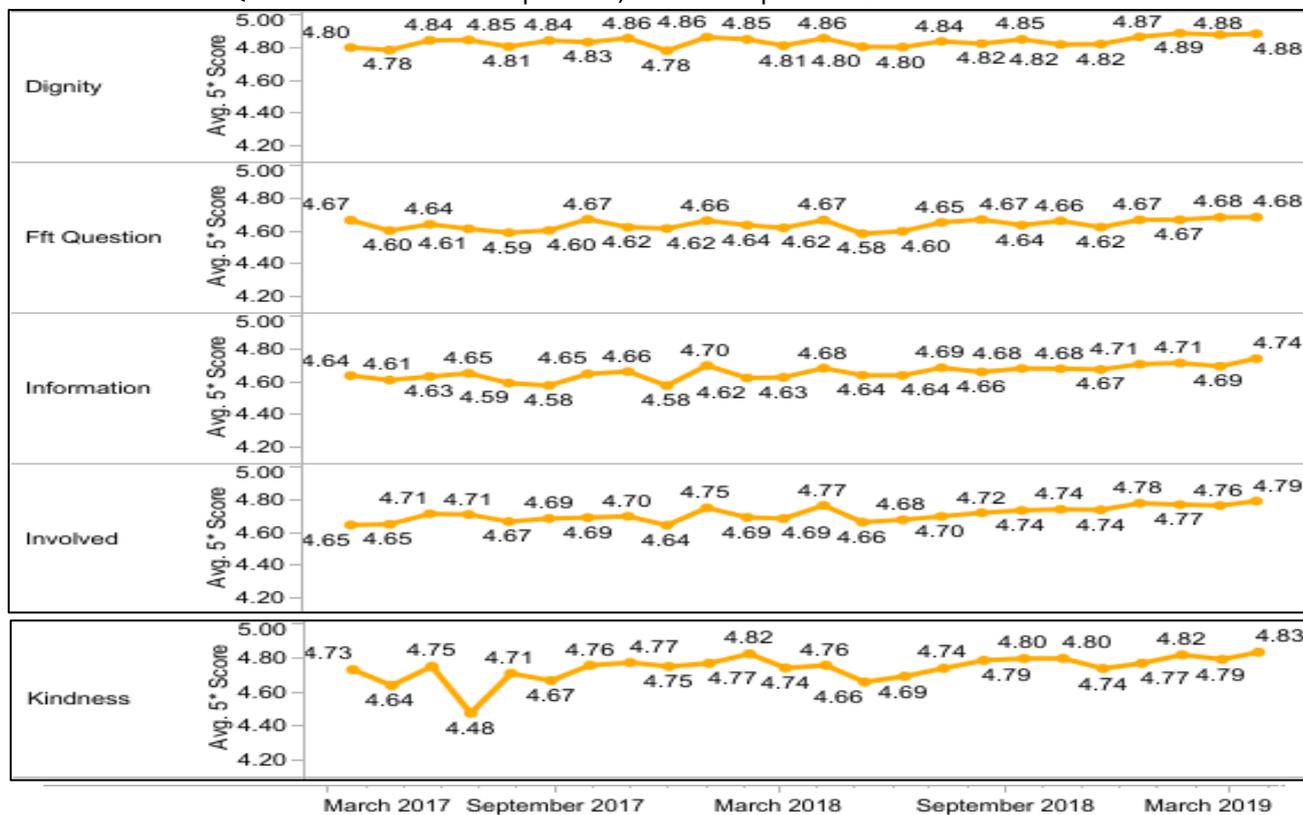
Teams have access to their own patient experience feedback at all times which has led to an improvement in the 2018 national annual staff survey results regarding the collection and use of patient feedback. 96% of staff said patient feedback was collected by their team, this compares to 92% in 2017 and the national average of 94%. Going forward we need to ensure the feedback is always used to inform decision making and to make improvements in care. A quarterly report is presented to the Board of Directors and published by the Trust which details some of the local actions taken by teams following feedback, the reports can be found with the Board papers at; <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>

The feedback we have received directly from patients and their families as well as the feedback shared by the CQC in 2018 and Healthwatch organisations is overall positive, with patients reporting feeling cared for by staff and that as a result they highly value the service provided. Overall 94% of patients and carers have told us they would recommend the service, with the quality of care being rated 4.74 out of 5. Compared to the national question, would you recommend the service, physical healthcare services (known as community services) are rated the same as the national average (96% of people would recommend the service in 2018/19), and mental health services are rated higher than the national average (93% of people would recommend the service in 2018/19). Below is the breakdown of scores by survey question by month for the last two years showing an improvement around information provided, people feeling involved in their care and kindness reported about our staff.

However, some people do not receive the positive experience we expect every person to have, and we therefore have more work to do. In 2018/19 the Trust’s Council of Governors raised concerns about the experiences of carers and families when contacting the mental health urgent care service which we have and are taking actions around. The key themes highlighted from complaints mirror the key areas for further improvement identified from the feedback we receive, and are focused on; waiting times, communication and better information sharing to enable full involvement in care, and the facilities available such as parking.

Rating by local survey question Trust-wide (rating from 0-5)  
 Period: March 2017 to March 2019

Fft Question = the national question, would the person recommend the service.



Data source: iwantgreatcare

## 2.2– Improve transitions between care pathways across ages

### Actions taken this year:

- The management of services was re-configured in the Trust from October 2018 which means child and adult mental health services are now managed and led by the same Clinical Director and Service Director.
- Existing processes remain in place such as a weekly transition panels between children and adult mental health service clinicians to discuss referrals of young people aged 17 ½ onwards and regular transition development groups in each county attended by senior managers and leaders from children and adult mental health services to address issues and improve the quality of transitions. The transition development groups have developed;
  - o a leaflet co-designed with and for young people and parents about the transition process,
  - o the resources available on the Trust's website for young people and parents,
  - o good practice guidelines and a transition protocol for staff,
  - o training for staff,
  - o an agreement the previous care coordinator in the children's mental health service can still be contacted up to three months post transition to facilitate a good transition process,
  - o identified service transition leads
  - o a joint workshop between children and adult mental health service clinicians was held in Buckinghamshire in November 2018
  - o some adult mental health team clinicians have received Dialectical behaviour therapy skills training which is a common therapy used in children's mental health services.
- The Trust asked the national Healthcare Safety Investigation Branch (HSIB) to explore the issue of how well young people are supported in the transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS) when they turn 18 years old, to gain their expertise and learning from elsewhere in the country. The Trust supported the investigation completed in July 2018. The full report and recommendations for NHS England, NHS Improvement and Commissioners can be found here, with a recent update on progress; <https://www.hsib.org.uk/investigations-cases/transition-from-child-and-adolescent-mental-health-services-to-adult-mental-health-services/>

### The impact:



The number of young people open to children mental health services transitioned to adult mental health services is small (2018/19 – 173 young people) with the majority of young people being discharged back to their GP. The transitions occurred up to the age of 23 when appropriate although most young people transitioned aged 17 (46%) or 18 (36%).

Both the quality of discharges back to GPs and transitions of young people to adult mental health services has been audited as part of a national CQUIN (commissioning for quality and innovation) in 2018/19. The results of the clinical audits each quarter in 2018/19 have been positive showing almost every young person had a named transition coordinator and a clear transition care plan. Although there have been improvements the area for focus in 2019/20 is to ensure there is always a joint planning meeting between the young person, and clinicians from both children and adult mental health services prior to transfer.

The Trust has decided further actions can be taken to improve the quality of transition so this objective will remain for 2019/20.

## Quality priority 3: To continuously and reliably improve patient safety

(quality domain: safe)

The Trust is committed to making care safer and to prevent errors in healthcare that can cause harm to patients. The errors that occur in healthcare are rarely the fault of individuals, but are usually the result of problems with the systems staff work in. Regardless, patients should be treated in a safe environment and be protected from avoidable harm.

For this priority we identified three local objectives, progress against each is detailed below;

3.1 Reduce patient violence and aggression across the adult acute mental health wards

3.2 Improve the consistency of care processes for the adult acute mental health wards

3.3 Continue to improve how we learn from incidents and deaths

In the Trust's 2018 inspection by the Care Quality Commission (CQC) we received a rating of Good for four of the five quality domains and an overall rating of Good. There were areas within the Safe domain that the Trust was rated as requires improvement for, although the CQC reported that the care provided was safe. Over the past year many of the actions identified have been completed. Going into 2019/20 we will continue to make improvements in relation to: staff recruitment and retention, improving how patient health records are shared across services and organisations, the monitoring and management of medicines so they are stored at appropriate temperatures, carrying out environmental works to the place of safety facilitates and improving mandatory training levels.

## Never Events

Never events are a sub-set of Serious Incidents<sup>7</sup> and are defined as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

The trust reported two never events in 2018/19, detailed below, both have had a comprehensive investigation and in both no one was seriously harmed.

- ❖ In August 2018 a member of the Community Dental Service by accident extracted the wrong tooth of a child under a general anaesthetic. The tooth was immediately re-implanted which minimised the impact to the patient.
- ❖ In August 2018 an adolescent was able to create a ligature whilst on a mental health ward in an ensuite bathroom using a collapsible shower curtain rail as a ligature point. The person was found quickly by staff and not seriously harmed and did not require medical treatment. The anti-ligature magnetic shower track did not collapse. Weight testing before and after the incident showed the rail should have collapsed and would not have been able to take the person's weight. We are in liaison with the manufacturer who is supporting the trust to investigate the circumstances and to identify alternative products. We immediately issued an external alert to inform other mental health trusts of a likely risk.

## Infection Prevention and Control

In 2018/19 we had:

- ❖ Eight cases of C. Diff however all were deemed unavoidable.
- ❖ Zero cases of MRSA bacteraemia. However, in one case a person was transferred from another hospital to one of our older people wards with the bacteraemia. This was investigated and considered unavoidable.
- ❖ Zero cases of MSSA bacteraemia.

The Trust was involved in a project to reduce risks for catheter associated urinary tract infections in the community alongside our acute hospital partner. The joint project focused on building staff knowledge through training,

---

<sup>7</sup> 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.

standardising the patient pathway and developing a patient catheter passport. We are currently involved in a national collaboration to develop decontamination guidelines for managing toys in healthcare.

## Staff Speaking out

To enable a more open and supportive culture that encourages staff to raise any concerns over the quality of care, patient safety or bullying and harassment we have developed a number of ways staff can speak up, all are promoted on the staff intranet. The ways include speaking to:

- ❖ Their line manager to discuss what happened and to agree how they would like to be supported
- ❖ The freedom to speak up guardian (pictured below), a dedicated role that offers staff independent and confidential support and a safe way to raise any concerns. The guardian role was introduced from April 2016 and reports directly to the Chief Executive. A part of the role is to promote a culture where staff feel safe to raise concerns without fear of repercussions.
- ❖ The guardian of safe working hours for junior doctors, which promotes a culture for trainee doctors to raise concerns and do not fear adverse repercussions. The Trust introduced the role from 2016 following a change in trainee doctor contract negotiations. The guardian reports to the board of directors on a quarterly basis. To see the last report in February 2019, go to <https://www.oxfordhealth.nhs.uk/papers/27-february-2019/>
- ❖ The human resources department, particularly if someone wishes to raise a concern through the whistleblowing process. The Whistleblowing process is overseen by the Executive Team.
- ❖ Fair treatment at work facilitators, this innovative role has been introduced across the Trust led by the Equality, Diversity and Inclusion Lead. This is a service made up of 14 staff to provide support to staff who have experiences or have concerns about bullying and harassment in the workplace. The facilitators have received specialist training by the Advisory, Conciliation and Arbitration Service.
- ❖ A staff side representative who can offer advice and support.

✓ Confidential Service  
✓ For Staff, run by Staff  
✓ Available to all Staff



An annual report summarising the number of concerns raised, the themes and actions taken with the freedom to speak out guardian is reported to the Board of Directors. The last report was in October 2018 and can be found here, <https://www.oxfordhealth.nhs.uk/papers/30-november-2018/>. No serious patient safety concerns have been raised to date. The 2018 annual national staff survey showed that the majority of staff at the Trust would feel secure to raise a concern about unsafe clinical practice (75%) and would be confident the Trust would address their concern (61%), both above the national average. However, work will continue to improve our openness and curiosity to learn.

## 3.1– Reduce patient violence and aggression across the adult acute mental health wards

### Actions taken this year:

- The Trust has more recently started to work in a national collaborative led by NHS Improvement with learning being initially shared across three other trust wards. Elements of the national safewards model have been implemented to improve relationships between staff and patients such as ‘know each other’ and ‘soft words’.
- Positive Engagement and Caring Environment (PEACE) champions have been identified on each ward, who have received enhanced training to help manage violence and aggression and to reduce the use of restrictive practice. Regular network days are held for the champions for support and to share good practice. The champions also receive monthly data on incidents and use of restrictive practice on their ward to discuss with colleagues and to identify areas for improvement.

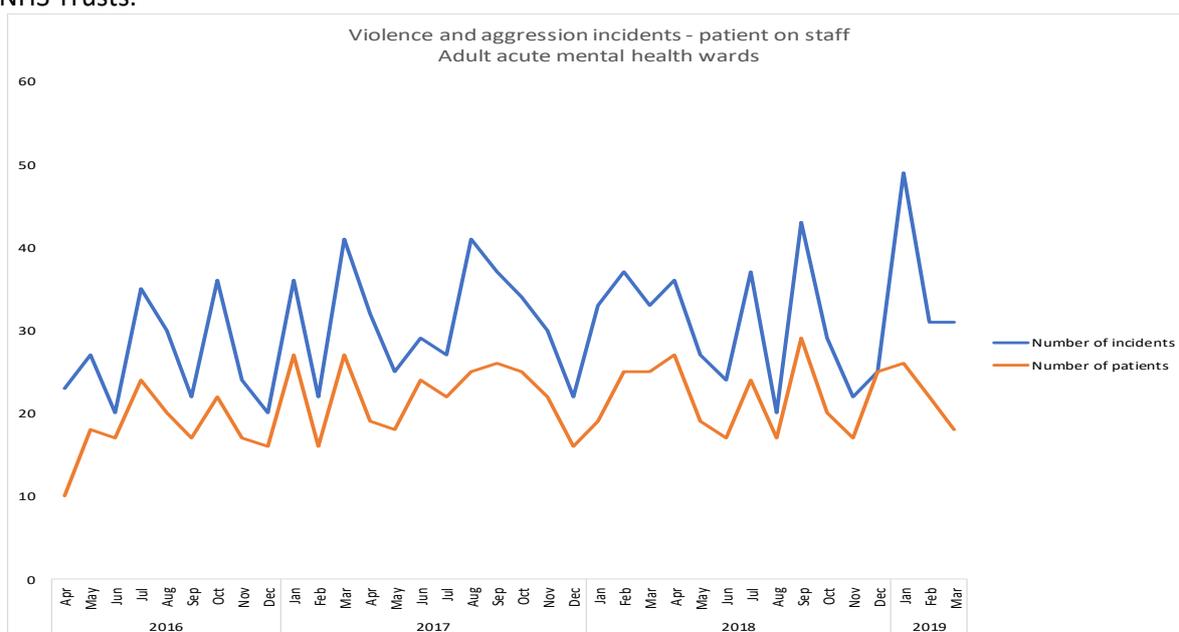
- Work has started on developing a zero-tolerance policy and display material around not accepting inappropriate behaviour towards staff. This work will conclude in 2019/20.

### The impact:

In 2018/19 there was on average of 31 incidents of violence and aggression each month by patients on staff reported across the six acute wards. The 31 incidents on average were by 21 different patients a month. Of these 82%, n=307 caused no harm, 16%, n=60 minor harm and 2%, n=7 moderate or major harm. Overall there has been no change, reduction or increase, in the number of incidents although the ward teams report they feel they have been managing more acutely unwell patients over the last 18 months. Graph below shows the number of incidents and number of patients involved for the last three years. However, at ward level, two wards have seen an increase, one ward has had a reduction and three wards have had no change.

The 2018 national annual staff survey shows an improvement from last year with less staff reporting they have experienced violence at work from patients, relatives or members of the public (2018, 12% and 2017, 14%), the Trust is also below the national average. However, the results are Trust-wide and not just for staff working on the adult acute mental health wards.

The Trust has decided further actions can be taken to reduce violence and aggression on staff, so this objective will remain for 2019/20. We believe the number of incidents is under-reported by staff, so further improvement work may see an increase in all levels of harm. However, we would hope to reduce the number of incidents with moderate or major harm. New national reporting should also help to provide a comparison with other mental health NHS Trusts.



Data source: Ulysses incident reporting system

## 3.2– Improve the consistency of care processes for the adult acute mental health wards

**Aim and Objective:** to achieve the vision of a high reliability ward by reducing time spent by nurses documenting nursing -related tasks to complete formal admissions by using iPads rather than paper forms by end of 2019.

### Actions taken this year:

- We documented the current process for admitting formal patients.
- The team introduced a recording template to track the amount of time spent documenting admissions on the paper form. This would serve as a baseline that can be used to track improvements gained by

introducing an electronic method through keyboard-equipped iPads. The initial recording template did not capture the information needed, admission forms were not being fully completed, and another recording template was introduced that would capture the baseline information required.

- Whilst the above data was being collected, training was being delivered to ward staff to increase confidence in the use of iPads.
- The ward discovered the paper admission form captured more information than the electronic form currently available on CareNotes (the electronic health record), therefore work has started to expand the electronic form on CareNotes to ensure a complete admission can be documented before moving to the use of iPads.

### The impact:

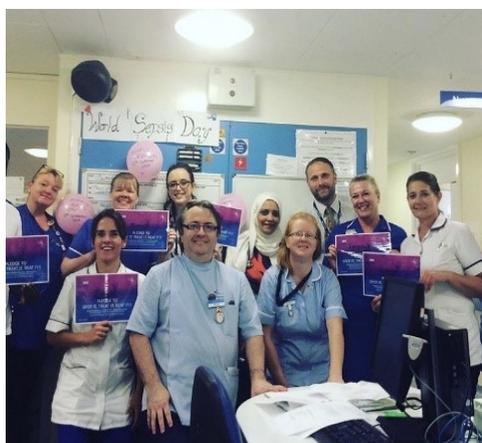
The improvement project is at an early stage and cannot progress until the admission form on CareNotes is updated and a complete admission can be captured electronically.

The admission tracker identified fields that were poorly captured in the paper form, such as AWOL risk and 'think family pathway' an approach to ensure any dependents and partners, carers or family members are identified, so work has started to improve how these are being documented prior to moving to an electronic form.

## 3.3– Continue to improve how we learn from incidents and deaths

### Actions taken this year:

- In 2018/19 a new care plan for end of life care was introduced and the end of life care policy and syringe driver guidelines were reviewed. The local hospice has delivered specialist training sessions to our end of life link nurses and broader training open to all staff has been provided on 'having difficult conversations'. A monthly clinical audit was introduced to review and improve the quality of care plans. We continue to be an active partner in the Oxfordshire end of life care working party.



- The out of hours service developed care pathways including planned reviews of moderate to high risk patients in line with NICE guidance. The service also developed targeted information for patients relating to early recognition and appropriate timely intervention. This is a picture of the team celebrating world sepsis day in September 2018.

- Directorate level and Trust-wide processes to review and learn from deaths have been further strengthened. The Trust is involved in the following multi-agency forums; Oxfordshire vulnerable adult mortality group, Buckinghamshire ICS learning from deaths and the south regional mortality review group. See page 14 for detailed information on the numbers of deaths, themes and actions taken.

- The process for identifying, disseminating and managing actions from national patient safety alerts has been improved. This has included reviewing if past closed actions have been sustained.
- The work in 2017/18 on reducing pressure ulcers developed in service (previously known as acquired) and recognising/ responding to deteriorating patients has been sustained and the number of Serious Incidents<sup>8</sup> has remained small.

<sup>8</sup> 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.

- We have made a number of design changes to the incident reporting system to improve ease of reporting for users and to develop our analysis of incidents which has enabled better conversations on how to address concerns and a better shared understanding of the reasons for incidents.
- The training for root cause analysis/ human factors for Serious Incident investigators has been reviewed and revised with four courses ran in 2018/19. There has also been focused work on supporting and training Serious Incident investigators to better engage with bereaved families.

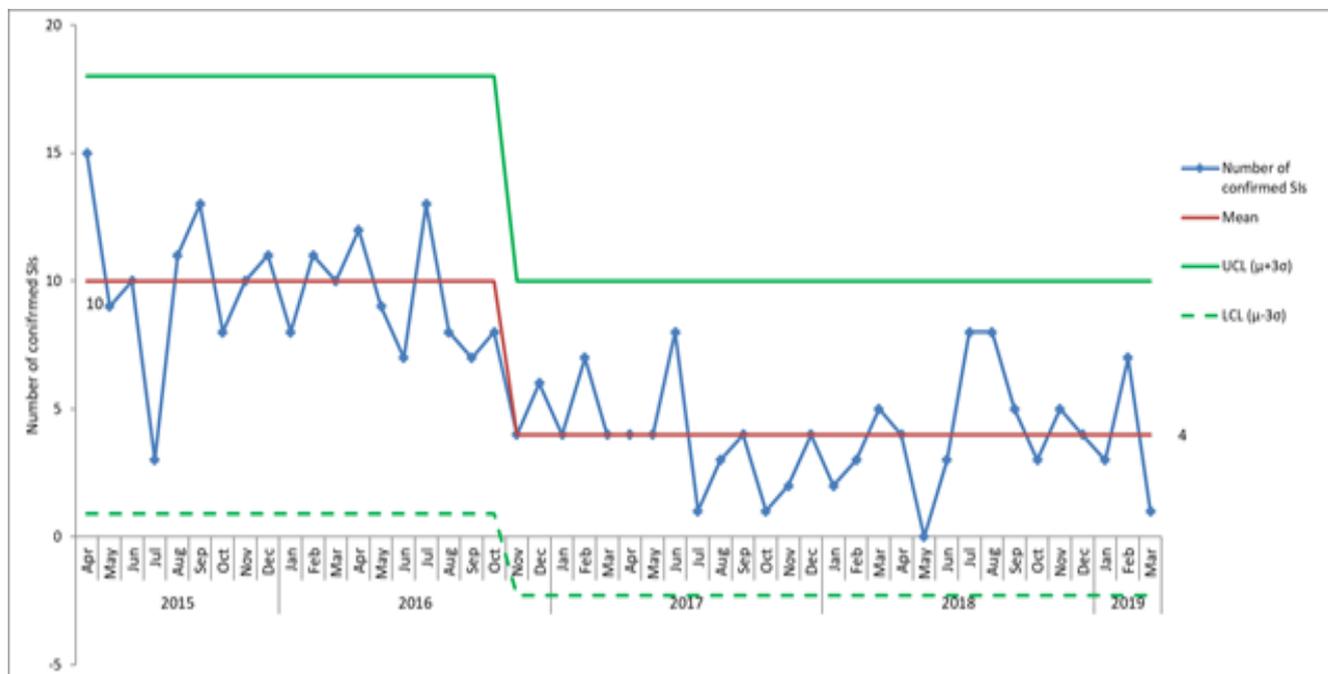
### The impact:

Incident reporting levels have continued to increase, with the majority causing no harm or minor harm, suggesting the openness of staff to report and learn from incidents.

An external audit of the quality governance arrangements in the Trust including the management of Serious Incidents and national patient safety alerts gave good assurance of the robustness of processes. All national alerts have been closed within the specified timescales.

An internal audit of Serious Incident investigations in November 2018 showed positive results, 75% of initial review reports demonstrated that the patient and or family had been contacted to seek their views of the incident or death and in the remaining instances either family members were not available, or the patient expressed a wish that they were not to be contacted concerning the incident. In reviewing the completed full investigation report, which follows from the initial review report, 100% of investigations demonstrated that either the patients or family members had contributed their concerns to the investigation.

The Trust has seen a sustained decline in the overall number of Serious Incidents particularly around pressure ulcers following focused quality improvement work, demonstrated in the below graph. A statistical process control graph has been used to display the information to be able to identify a positive or adverse trend over time. These types of charts have a central line for the average (red), an upper line for the upper control limit (green) and a lower line for the lower control limit (green), the lines are determined from historical data.



Data source: Ulysses incident reporting system

## Quality priority 4: Preventing ill-health and promoting self-care

(quality domain: effectiveness)

The Trust has had a successful year for carrying out clinical research (see page 11), 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 more than 20 different external accreditations and network memberships, demonstrating our commitment to raising the standard of care we provide and encouraging external reviews of services. However, we recognise 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.

We have linked with the strategic lead in our region (Buckinghamshire, Oxfordshire and Berkshire) on 'making every contact count'<sup>9</sup> to share good practice on raising awareness and supporting staff and patients to improve their physical and mental health. Making changes such as stopping smoking, increasing physical activity, losing weight to help people to reduce their risk of poor health. We have introduced on-line training on 'making every contact count' which has received positive feedback. The aim for 2019/20 is to roll out the 'making every contact count' training and the smoking cessation training as mandatory for all staff, with more enhanced training available for one or two staff on each ward.

For this priority we identified four local objectives, progress against each is detailed below;

- 4.1 Review the complex needs pathway (for patients suffering with a personality disorder)
- 4.2 Develop and introduce a new frailty pathway
- 4.3 Continue to develop a joint enterprise with Oxfordshire GP Federations
- 4.4 Smoke free work

### 4.1– Review the complex needs pathway (for patients suffering with a personality disorder)

#### Actions taken this year:

- Joint system work across Thames Valley providers and commissioners (Oxfordshire, Buckinghamshire and Berkshire) including primary care, clinical commissioning groups, county councils, third sector services with support from NHS England. A programme of work has been agreed which started by mapping what support is currently available and understanding where the gaps in current provision are from patients and carers. Workshops were held in July and November 2018. The key themes identified were; training, reducing risk, information resources and system support. From the workshops we developed guiding principles of the most therapeutic approach but agreed the development of a single pathway would not be the most effective.
- In December 2018 we submitted a national funding proposal for OHFT to provide training jointly with previous patients of the complex needs service to create a Thames Valley Network of beacon GP practices with enhanced knowledge and skills in personality disorder management. A pilot of the training was completed, and training has been rolled out in Buckinghamshire. Training will start to be delivered in Oxfordshire in 2019/20.
- We issued guidance to staff about the adverse impact of admissions for patients suffering with a personality disorder and that if a short admission is needed there has to be a clear purpose about what this will achieve. The complex needs service are now providing in-reach to some of the wards to support patients and staff. Alongside this we have been working with community mental health staff about holding greater risk and the benefit of developing safety plans with patients and their families. Structured clinical management supervision delivered by complex needs service staff has been introduced to adult mental health teams,

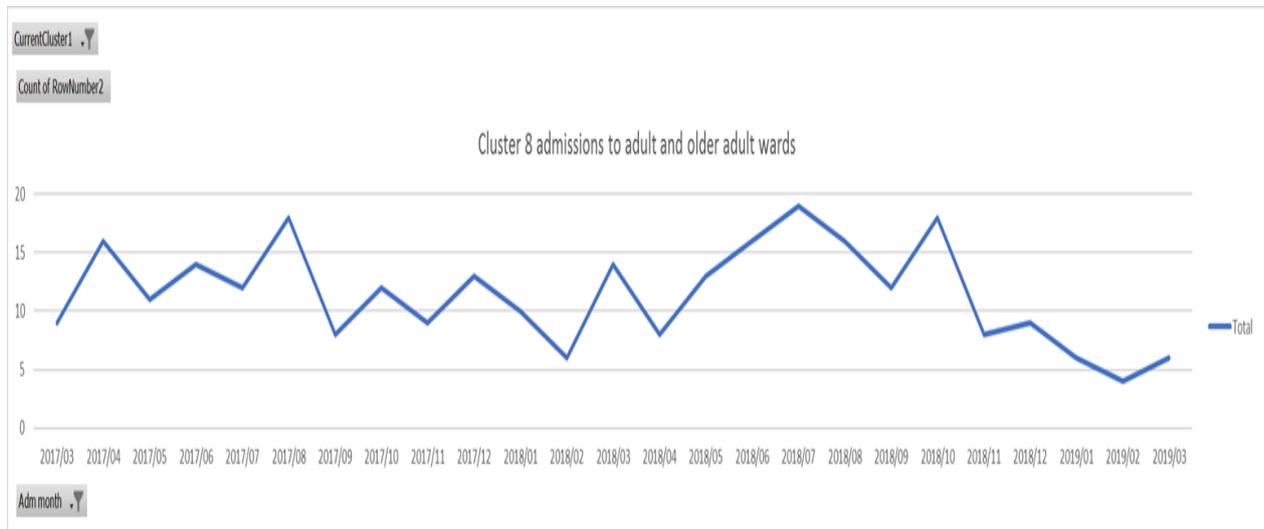
---

<sup>9</sup> Making every contact count is an approach to behaviour change that utilises the day to day interactions we have with other people to encourage changes in behaviour that have a positive effect on our health and wellbeing.

and regular multi-professional complex case panels are held as an opportunity for clinicians to ask for advice and support around the management of cases.

### The impact:

The Trust has started to see a reduction since October 2018 in the number of admissions of patients suffering with a personality disorder to our adult and older people mental health wards. The graph below shows the number of admissions from March 2017 to March 2019.



Data source: CareNotes, electronic health record

## 4.2– Develop and introduce a new frailty pathway

### Actions and Impact this year:

We are working in partnership to improve patient’s outcomes and have developed a frailty pathway with primary care, South Central Ambulance Service (SCAS) and OHFT colleagues. Patients with complex physical health needs, frailty or instability requiring a significant level of coordinated care are discussed by a multi-professional team to develop shared care and to help patients stay at home or get back home quickly. Some of the specific initiatives are detailed below:

- The adult community physical health services including district nursing, community therapies, specialist tier 2 services and respiratory service set up a same day response process that was agreed with SCAS to encourage ambulance crew and paramedics to contact the service via the Single Point of Access (SPA) for suitable patients to consider alternative options of hospital admission. However, this new type of response received low referrals but will continue into 2019/20 with further promotion through the ambulance service.
- The district nursing service received extra training on comprehensive geriatric assessment skills. More than 40 staff received training.
- We also started a pilot to provide an integrated respiratory service in February 2019 in partnership with Oxford Universities Hospital NHS Foundation Trust and GPs in the City and North of Oxfordshire. The pilot is being led by Oxfordshire clinical commissioning group.
- We started a ‘getting me home’ initiative at Witney community hospital wards to help get patients home sooner so that they can complete rehab in the comfort of their own surroundings. From 1<sup>st</sup> December 2018 to 31<sup>st</sup> March 2019, a total of 22 patients were discharged and considered suitable for the initiative. The plan is to expand this model to other community hospital wards in 2019/20.

- In 2018/19 the Emergency Multidisciplinary Units (EMU) piloted an innovative advanced nurse practitioner outreach service in West Oxfordshire with senior medical support to deliver advanced clinical care in a patient's home to maintain their independence and prevent a hospital admission. From 1<sup>st</sup> December 2018 to 31<sup>st</sup> March 2019 the service prevented 59 admissions treating people in their home with conditions such as pneumonia, urinary track infection, bacteraemia, heart failure, acute kidney injury and cellulitis.

### 4.3 – Continue to develop a joint enterprise with Oxfordshire GP Federations, called the Oxfordshire Care Alliance

#### Actions taken and the impact this year:

- There has been continued development over the last year with four GP Federations in Oxfordshire, we were near final sign off to develop a legal entity called Oxfordshire Care Alliance to facilitate integration between community and primary care services for neighbourhood populations. A plan was agreed for Oxfordshire to be organised into 18 neighborhoods so that local needs can be identified and met. The district nursing service started to reorganise themselves around this.
- However, the NHS long term plan launched in January 2019 with the requirement for new primary care networks to be identified by mid-May 2019 changes the work slightly. The reason for the change is because some of the populations in the identified 18 neighborhoods do not meet the national requirement of being no larger than 50,000 people but ideally more than 30,000. Each new primary care network will need to appoint a clinical director, have a pharmacist and decide who/ how the network will be hosted.
- The future is still in multi-disciplinary neighborhood teams organised around local GP practices and the preparation work in Oxfordshire has been completed. However, the structural form is now being nationally prescribed.



*Celebrating international women's day in March 2019.*

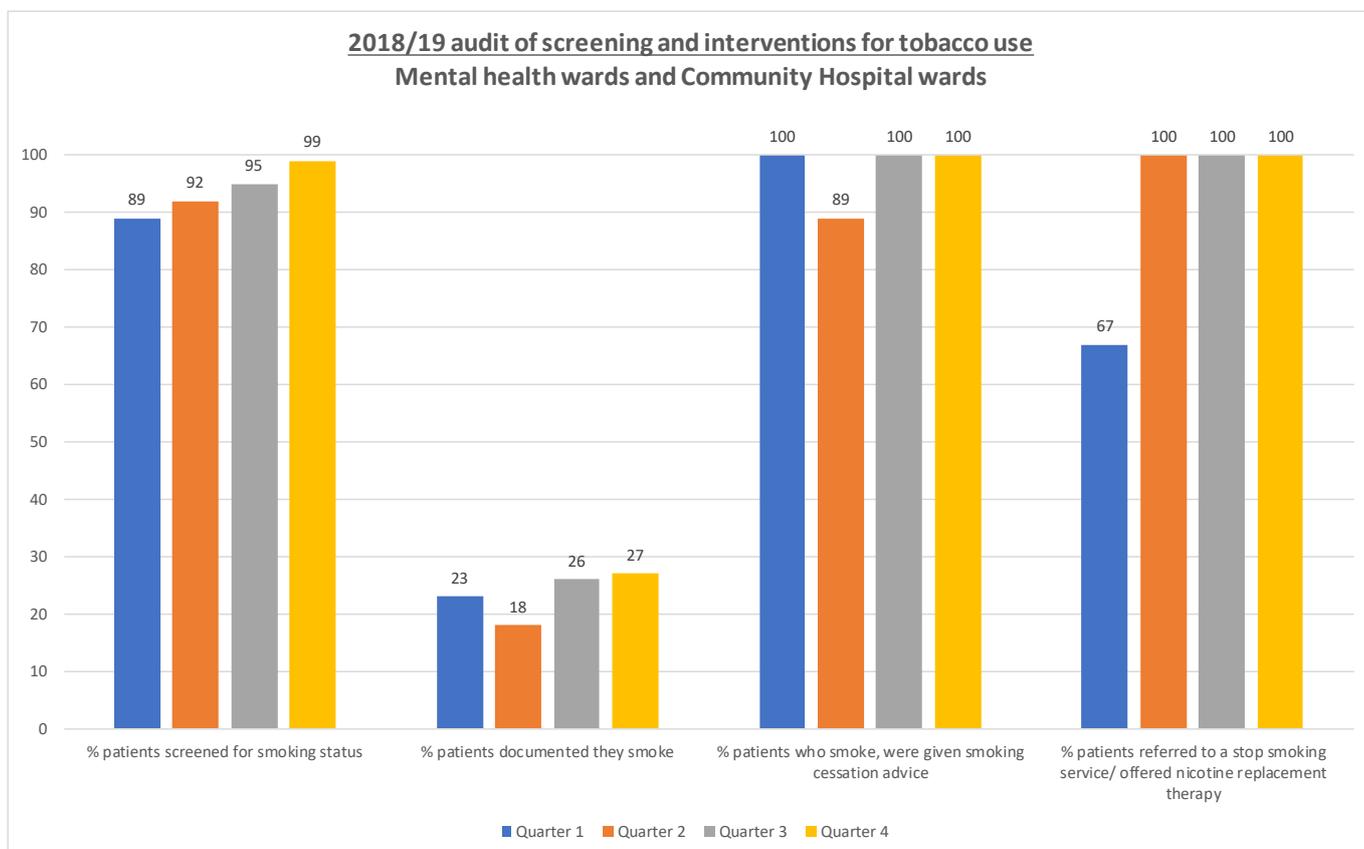
### 4.4– Smoke free work

#### Actions taken and the impact this year:



- We have been smoke-free since 2016 across all our sites, therefore inpatients have been utilising nicotine replacement therapy and support.
- The previous policy was rewritten and renamed as the nicotine management policy, launched following preparation for implementation in February 2019. There is a change of focus in the policy to reinforce the message of health promotion.

- There is compelling evidence that e-cigarettes are around 95% safer compared to smoking tobacco (Public Health England, 2015). Therefore, the Trust reviewed the different types of e-cigarettes available and agreed to pilot the use of e-burn single use cigarettes on one forensic ward for three months. Patients were involved in all aspects of rolling out the pilot. 14 out of 22 patients on the ward trialled the product. The pilot was successful; with positive feedback from patients and for the majority of patients a reduction in carbon monoxide levels. Although the pilot did not show a reduction or change in smoking habits patients did report that it has helped with their cravings for cigarettes. E-burn cigarettes have since been rolled out across all forensic wards between December 2018 and January 2019 across Oxfordshire, Buckinghamshire and Milton Keynes. In 2019/20 we hope to expand the work to carry out a pilot on two adult acute mental health wards.
- We have been working with the smoking cessation advisors on the adult and older people mental health wards and community hospital wards to ensure every inpatient is screened and supported to stop smoking during their stay. The results are positive with an improvement in awareness/ screening, providing advice and offering interventions, shown in the quarterly clinical audit results in the graph below.



*Data source: clinical audit*

## Part 4. Quality Improvement Plan for 2019/20

Below is the Trust's quality improvement plan for 2019/20, with 14 key objectives identified against the quality domains of; patient and family experiences, patient safety and clinical effectiveness. The plan does not detail all the quality improvements to be carried out across the Trust in the next year but identifies those key areas being addressed.

The objectives have been selected following a review of our risks, performance in 2018/19, self-assessments from recently published national reviews/ guidance, feedback from staff and patients, looking at local and national priorities including the NHS long term plan, the work of the healthcare improvement centre, and findings from the Care Quality Commission's well-led inspection. Some of the objectives from last year (2018/19) are continued into 2019/20 to build on the work already completed.

The objectives have been shared for comment with the Trust Council of Governors, local Clinical Commissioning Groups, Healthwatch Organisations and Health Overview and Scrutiny Committee.

All the objectives are aimed to be completed by 31<sup>st</sup> March 2020 and progress will be monitored on a quarterly basis by the Trust's Quality Committee and the Board of Directors will be informed of performance against targets. The Trust will report formally on our progress against each objective in our Quality Account next year.

Table 16.

### Quality Domain: All - Experiences, Patient Safety and Clinical Effectiveness

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
<p><b>1. Staff wellbeing and retention.</b></p> <p>1a) Schwartz rounds<sup>10</sup> will be trialled</p> <p>1b) Deploying the Royal College of Nursing 'cultural ambassadors' programme which identifies people in the Trust from a BME background who will help to proactively consider how race may impact managers decisions/attitudes</p> <p>1c) Implement an employee assistance programme</p> <p>1d) Develop local workforce plans for each service including resourcing, engagement and retention.</p> <p>1e) Address bullying and harassment through a programme of work including leadership development, cultural awareness, access and learning from the work of the freedom to speak up champion, intolerance of bullying behaviour, better quality appraisals to identify and address issues, close working with staff</p>	All services	<p>1a) Recognising the traumatic nature of some of the situations faced by staff, and the more limited time available due to caseload for structured reflective practice and learning. Aim to reduce work related stress.</p> <p>1b) Understand and address the relatively high proportion of people from a BME background who enter the disciplinary process, address "unconscious bias", and continue to improve our Workforce Race Equality performance.</p> <p>1c) This will support employees with personal problems and/or work-related problems that may impact their job performance, health, mental and emotional well-being. Aim to reduce long term sickness.</p> <p>1d) Improve succession planning and conversations about careers/ retire and return scheme etc. Aim to reduce turnover and therefore further reduce vacancies.</p> <p>1e) Improve staff experience, reduce work related stress, improve relationships, improve</p>	<p>1a) Number of teams using Schwartz rounds regularly, number of trained Schwartz round facilitators as of March 2020 and improvement in staff survey results for those teams using the approach. (baseline 2018 Schwartz rounds are not in use and we have no facilitators trained. Annual staff survey results across the Trust on staff reporting being unwell in last 12 months due to work related stress - 41.7%)</p> <p>1b) Identify and train at least 10 cultural ambassadors by March 2020 and achieve a reduction in % of BME staff who enter the disciplinary process from Oct 2019 to March 2020. (baseline 2018 0 cultural ambassadors)</p> <p>1c) Employee assistance programme in place by July 2019 and reduction in long term sickness (baseline YTD 18/19 2.15%)</p> <p>1d) Reduce vacancies to achieve less than 600 WTE by March 2020 (baseline 619 WTE end of Feb 2019) and better understand turnover information by profession.</p>

<sup>10</sup> Schwartz Rounds are an evidence-based forum for staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients/ service users. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
representatives and support of staff equity networks.		retention of staff, address unconscious bias, reduce grievances and other forms of complaint about behaviour.	1e) Improvement in staff survey questions related to bullying and harassment from results in 2018, and grievances alleging bullying or harassment are fewer in 2019/20 than in previous years.
<p><b>2. Staff recruitment.</b></p> <p>2a) Train and support a further cohort of nurse associate trainees and nurse cadet schemes</p> <p>2b) Implement TRAC<sup>11</sup> and carry out the recruitment initiatives to transform the workforce</p> <p>2c) Grow the internal staff bank and utilise the staff more successfully, including nurses, allied health professionals, healthcare assistance and admin posts.</p>	All services	<p>2a) Shortage of Band 5 nurses, so the aim is to improve the access and entry routes to careers in nursing.</p> <p>2b) To reduce vacancies, reduce recruitment lead time, promote our Trust more professionally to potential recruits, improve management information, align with other NHS Trusts</p> <p>2c) Standards are higher for our internal staff bank than those drawn from agencies – this means improved patient care and reduced pressure on our substantive staff</p>	<p>2a) 50 nurse associates recruited and complete training by March 2020, and of those the number who have converted to become employees.</p> <p>2b) Reduce vacancies to achieve less than 600 WTE by March 2020 (baseline 619 WTE end of Feb 2019), increase flexible workers (baseline 8.3% as of Feb 2019) and an increase in apprenticeships completed in year (129 in 2018/19).</p> <p>2c) The number of shifts filled by bank workers to be greater than the number filled by agency workers</p>
<p><b>3. Triangulation of information to improve care.</b></p> <p>3a) Develop and implement an advanced business intelligence platform to automate and visualise the triangulation of information for managers and leaders to identify and monitor quality improvements.</p>	All services	3a) Currently information to support quality improvement is held in multiple systems, relying on manually pulling this together. An automated solution would; improve accuracy, analysis would be more sophisticated, triangulated information will be available all the time, and a wider audience will be able to access the platform.	3a) New intelligence platform developed and rolled out with training on how to interpret trends and variations in quality over time.

<sup>11</sup> TRAC is on-line software that supports the recruitment process.

## Quality Domain: Patient, carer and family experiences

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
<p><b>4. Patient, carer and family experiences.</b></p> <p>4a) Implement the revised patient experience and involvement strategy workplan for 2019/20 focused on personalising care and shared decision making in care.</p> <p>4b) Implement the carer and family strategy (icareyoucare) workplan for 2019/20 focused on improving the recognition of carers.</p> <p>4c) Trial new patient experience measures for children complex care services (children's community nursing and children's integrated therapies)</p> <p>4d) Patients on the caseload will have a personalised assessment of need informing an up to date care plan</p>	<p>All services</p> <p>All services</p> <p>Children's Community services</p> <p>Learning disability services</p>	<p>4a) and 4b) patient care is the top priority for the Trust and improving patients and their carers/ families' experiences is essential to achieve high quality care. Evidence shows patients who are involved in their care have better outcomes.</p> <p>4c) Improving the level of feedback and raising the voice from children and families.</p> <p>4d) Personalised care planning will improve the care people receive and their experiences and outcomes.</p>	<p>4a) Improvement in patients, carers and families telling us they were given the opportunity to be involved in their care and increase the number of responses received. (baseline 2018/19: out of 13,128 responses people rated services 4.74 out of a 5-star rating for involvement in their care. On average we received 1094 responses a month)</p> <p>4b) Demonstrate improvement in better recognising the needs of carers. The actions being taken are to roll out new carer awareness training trust-wide, host events to value the importance of a carer's role, pilot carer support volunteers, and increase the number of carer champions identified in each service.</p> <p>4c) Summary of tools trialled and impact on the amount and quality of feedback collected which could be used for quality improvement.</p> <p>4d) 95% of patients will have evidence of a personalised assessment and care plan.</p>
<p><b>5. Dementia care.</b></p> <p>5a) Implement the dementia strategy workplan for 2019/20, focused on the five areas of living well with dementia (known as the five wells).</p>	All services	5a) To ensure that people living with dementia, who are in receipt of OHFT services, will have the best dementia care, making best use of all available resources.	5a) We will work with people to live well with dementia. The actions will be taken from the strategy workplan for 2019/20.
<p><b>6. End of life and palliative care.</b></p> <p>6a) To develop the quality of end of life care provided by focusing on embedding the</p>	Older People Community services	6a) To support people to live as well as possible until they die and to ensure they die with dignity. National and local audits on end of life care have identified areas for improvement.	6a) Demonstrate the national standards in the five priorities for care set out in 'One Chance To Get It Right', NICE Quality Standard 144 (which addresses last days of life) and NICE Quality Standard 13 (which

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
specialist care plan template, delivering enhanced training to staff so that they can offer psychological support to patients and supporting whole system work in Oxfordshire.			addresses last year of life) are being implemented. Outcome of internal end of life care plan audits and 2019 National Audit of Care at the End of Life, and number of staff who have received enhanced training.
<p><b>7. Transitions.</b></p> <p>7a) Improve the quality of care for a young person when they transition from child to adult mental health services</p> <p>(this objective is linked to the prevention of suicides as transitioning can be a particularly vulnerable time)</p>	Mental health services children and adults	7a) A few young people have to transition between services to complete treatment post turning 18 years old and of these many don't have a positive experience of transition and as a result may disengage from services and put their health and wellbeing at risk. This objective is being carried over from 2018/19.	7a) Young people have a good experience of transitioning. The main focus will be on ensuring every person that transitions has a joint planning meeting with clinicians from both children and adult mental health services prior to transfer.

## Quality Domain: Patient Safety

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
<p><b>8. Suicide Prevention.</b></p> <p>8a) Implement the self-harm and suicide prevention strategy workplan for 2019/20. Actions will be focused on reducing social isolation, rolling out safety planning, 48 hour follow up after inpatient discharge, training, carer support, support for people bereaved by suicide and work around contagion.</p>	Mental health services all ages	8a) To reduce the number of suicides and improve care for users at risk of suicide, this is in line with the mental health five year forward view.	<p>8a) Reduce the rates of suicide (suspected or confirmed by a Coroner) of people under our care contributing to the national objective of a 10% reduction from April 2018 to March 2021*.</p> <p>(Baseline in 2018/19 where were 26 suspected or confirmed cases of suicide for known patients)</p>
<p><b>9. Restrictive practice.</b></p> <p>9a) Review content and frequency of current restrictive intervention staff training and achieve new national training accreditation.</p> <p>(this objective is linked to reducing violence and aggression by patients on staff)</p>	Mental health services all ages	9a) In 2018 there has been a national focus on reducing restrictive interventions around three workstreams; collection and use of data, identifying quality improvements and staff training. In 2019 training provided to staff will need to be accredited by the Restraint Reduction Network.	9a) Trust to apply and achieve certification that our restrictive practice training meets national standards by March 2020.
<p><b>10. Violence and aggression on wards.</b></p> <p>10a) Actions to be identified for each acute ward to reduce violence and aggression from patients. This will include learning from the national collaborative focused on improving the relationships between staff and patients.</p>	Mental health acute inpatient wards	10a) Staff continue to suffer from violence and aggression incidents from inpatients. This has an effect on staff retention and sickness and can lead to more restrictive practice. This objective is being carried over from 2018/19.	<p>10a) Reduce violence and aggression incidents from patients on staff, both those that cause harm and don't. Reduce RIDDOR<sup>12</sup> incidents at work related to violence and aggression for the acute wards. New national reporting requirements from April 2019 will enable the Trust to benchmark levels.</p> <p>(baseline for 2018/19 – average of 31.2* violence and aggression incidents by patients on staff reported per month across 6 wards, of which 82%, n=307 caused</p>

<sup>12</sup> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
			no harm, 16%, n=60 minor harm and 2%, n=7 moderate or major harm)  * the Trust believes incidents are under-reported by staff, so the improvement work may see an increase in all levels of harm however we would hope to reduce the number of incidents with moderate or major harm.
<b>11. Patient falls.</b>  11a) Reduce the number of falls across all wards using the selection of evidence-based interventions i.e. learning from the fallsafe project which used a care bundle approach led by clinical staff	Community Hospitals	11a) The care bundle approach to preventing falls was nationally found to be effective at delivering improvements in processes of care that are important not only for falls prevention but for patient's recovery and wellbeing.	11a) Reduce the amount of harm from inpatients falls.  (baseline 456 fall incidents involving 286 different patients in 2018/19 across the 9 wards. Out of 456 incidents, 70.4% resulted in no harm, 27.2% minor harm, 2% moderate harm and 0.4%, 2 patients with major harm)

## Quality Domain: Clinical Effectiveness

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
<b>12. Medication for people with a learning disability.</b>  12a) A full self-assessment against the national standards and identification of actions for improvement. National standards are 'Stopping The Over Medication of People with a learning disability and/ or autism' (STOMP) and 'Safe Treatment and Administration of Medicine in Paediatrics' (STAMP)	Learning disability services	12a) It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP and STAMPT is about helping people to stay well and have a good quality of life. The aims are to encourage regular check-ups about their medications, ensure professionals involve patients in decisions about medication and inform patients about alternative options to reduce the use of medications.	12a) Completion of self-assessments and action plan. Actions will include closer joint working with specialist teams, pharmacy and primary care to reduce the use of medication. Outcome to show reduction in use of medication.  

Objective and Actions	Relevant service(s)	Rationale	Outcome and Measurement (all actions to be achieved by 31 <sup>st</sup> March 2020)
<p><b>13. Mental Capacity.</b></p> <p>13a) Improve the practice and recording of mental capacity. Actions: SOP to be developed for staff so that capacity assessments and best interest processes are recorded clearly and consistently. Training to be reviewed and revised. Leads in each directorate to be identified.</p>	All services	13a) Feedback from the Care Quality Commission and our own understanding of the challenges in this area. We want to ensure patients are supported to make their own decisions wherever possible.	13a) Improvement from clinical audit results and reduction in concerns raised from the Care Quality Commission mental health act visits to the mental health wards.
<p><b>14. Inappropriate Out of Area Placements.</b><sup>13</sup></p> <p>14a) Reduce the number and length of time adults and older people have to spend in out of area placements by; expanding intensive community provision for people experiencing a crisis, focusing clinical work with patients with a severe mental illness who live in supported accommodation (referred to as living on the recovery campus) to prevent admissions, and to reduce the number of patients struck in hospital waiting to be discharged.</p>	Mental health adults	14a) National evidence shows the experience and outcomes for a patient who has been admitted out of area is worse. The national five year forward view target is to eliminate out of area placements by March 2021.	<p>14a i) Reduce the number of inappropriate adult and older people admissions – achieve from Oct 2019 to March 2020 of 13 or less admissions a month. (baseline 2018/19, median 18 admissions per month and 332 days in placements a month)</p> <p>14a ii) Funding for crisis resolution and home treatment teams in Oxfordshire and Buckinghamshire secured to provide additional intensive home care.</p>

<sup>13</sup> Out of area placements mean admitting someone to a ward outside the services provided by the Trust. An out of area placement is categorised as inappropriate if the rationale for placing the person relates to bed pressures or absence of community or social care support.

## Appendix A. National Clinical Audit; actions to improve quality

The reports of two national clinical audits were reviewed by the provider in 2018/19 and OHFT intends to take the following key actions to improve the quality of care provided.

### National Audit of End of Life Care

In 2018/19 a new care plan for end of life care was introduced and the end of life care policy and syringe driver guidelines were reviewed. The local hospice has delivered specialist training sessions to our end of life link nurses and boarder training open to all staff has been provided on 'having difficult conversations'. A monthly clinical audit was introduced to review and improve the quality of care plans. We continue to be an active partner in the Oxfordshire end of led care working party.

We are a partner running a bus tour in Oxfordshire in May 2019 to encourage and remind people to talk about death, dying and bereavement. May is national dying matters week.

We have identified an objective around improving end of life and palliative care in 2019/20 see page 51 for details.

### POMH Clozapine 18

Audit results have only just been received and action planning is unfinished.

## Appendix B. Local Clinical Audit; actions to improve quality

The reports of 11 local clinical audits were reviewed by Oxford Health NHS Foundation Trust in 2018/19 and listed below are some examples of the actions taken.

### Essential Standards bi-monthly audit and Resuscitation annual audit

In 2018/19 additional spare equipment was ordered for one ward and steps taken in one ward to prompt regular checks of equipment are completed and documented.

### Care Programme Approach (CPA) quarterly audits

Good practice was shared from one team with others particularly around crisis planning. A working group is developing a checklist for staff to support effective crisis planning.

Personalised care planning training has been delivered to ensure care plans are holistic and include the needs to carers/ families.

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

### 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. This has met three times during 2018-9, chaired and attended by at least four Governors. Issues relating to safety and clinical effectiveness are discussed here. In addition, the Patient Experience sub-Group (run in the same manner) has been up-dated on all aspects of patient feedback. Key issues from these are taken to the Council of Governors for discussion with the Board. 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 clear and concise. The contents were scrutinised carefully and several queries were raised. These were all answered fairly and amendments made where requested. Concerns raised by the Governors during the year had been documented clearly. The Group were pleased to note both the arrival of a cohort of Nurse Associates as part of a drive for staff recruitment, and also the achievement of digital connectivity between mental health records and GPs in Buckinghamshire. They appraised the work on the objectives set last year and will be keen to see progress on this year's objectives in due course.

The Quality and Safety sub-Group has appreciated the honesty and openness of the information provided. It is evident that the demands which are being placed on service delivery are not diminishing. The resources with which to meet these demands are stretched to the limit. 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  
May 21<sup>st</sup> 2019



**Oxfordshire  
Clinical Commissioning Group**

Jubilee House  
5510 John Smith Drive  
Oxford Business Park South  
Cowley  
Oxford  
OX4 2LH

Telephone: 01865 336795  
Email: [oxon.gpc@nhs.net](mailto:oxon.gpc@nhs.net)



**Buckinghamshire  
Clinical Commissioning Group**

Second Floor  
The Gateway  
Gatehouse Rd  
Aylesbury  
HP19 8FF

Tel: 01296 587220  
Email: [bucksccgs@nhs.net](mailto:bucksccgs@nhs.net)

17 May 2019

Dear Colleague,

### **Statement from Clinical Commissioning Groups (CCGs)**

NHS Buckinghamshire CCG and NHS Oxfordshire CCG response to Oxford Health NHS Foundation  
Trust Quality Account 2018/2019

Buckinghamshire Clinical Commissioning Group and Oxfordshire Clinical Commissioning Group have reviewed the Oxford Health Foundation Trust Quality Account against the quality priorities for 2018/2019. 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.

OHFT participated in a routine well-led inspection by the CQC covering the whole Trust during 2018/19. The inspection took place over March and April 2018, with results published in August 2018. The Trust maintained their previous quality rating of Good and identified actions to address the areas for improvement. Seven requirements notices were issued by the CQC from the inspection, which the Trust is addressing through an action plan with an 18-point action plan. So far 10 actions have been completed with the remainder in progress. The CCGs attended a multi-agency stakeholder event following the Publication of the CQCs report and have been sighted on the CQC action plans.

Furthermore we have provided detailed narrative feedback 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 both from the 18/19 review period and for improvement activities for 19/20.

We additionally recognise the improvements made around Stroke Services as identified in the National Stroke

Audit, SSNAP which is an area that would benefit from inclusion to be representative of variety of services provided.

### **Quality priority 1: Improve staff health and wellbeing**

The quality account describes a number of initiatives to improve staff health and wellbeing during 2018/19, it is recognised that 2 of the 3 priorities were achieved for the period, the continued focus on the workforce strategy remains a priority for the organisation, the initiatives implemented to develop career pathways in the Nursing workforce should be commended, in addition to the work completed around the development of apprenticeships. It should also be recognised the innovative work completed related to the use of ex users of services as paid peer development workers.

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

The quality account describes a number of initiatives to improve patients and carers experiences during 2018/19, the account depicts 1 of the 2 priority areas were achieved and where the activities are close to target such as for transitions these are carried over into the 19/20 priorities.

### **Quality priority 3: To continuously and reliably improve patient safety**

The quality account describes a number of initiatives to improve patient safety during 2018/19, for this priority area 1 of the 3 priorities were achieved, for the areas that are not carried over into 19/20 due to either achieving the objectives or being close to target these will be areas of focus working with OHFT as part of routine activities through our contract and quality monitoring arrangements.

### **Quality priority 4: Preventing ill-health and promoting self-care**

The quality account describes a number of initiatives for improves in preventing ill health and the promotion of self-care during 2018/19, for these areas of priority the trust has achieved all four priorities in this area as reported within the quality account.

### **Priority areas for 19/20:**

The CCGs would like to see included under the established quality priorities for 19/20 the following elements;

We would like to see further focus on the complex needs pathway for patients with a personality disorder to ensure that the revisions to the pathway are fully embedded within the organisation.

A trust wide improvement approach to how patients who have a diagnosis of autism are supported when accessing mental health services, to include partnership working with agencies in the wider Buckinghamshire ICS.

As CCGs we are pleased to see that the transitions work is being carried over, it was acknowledged in the report that there is still work ongoing here. CAMHS have an active engagement group (article 12) based in Buckinghamshire who we would like to see involved in this and for learning to be shared cross counties.

In addition we would also like the trust to focus on discharge as a transition for community mental health patients, patients are sometimes quite critical of their experiences when discharged from hospital. Feedback suggests they were not adequately prepared for discharge and when discharged feeling as though the support has dropped away. We are pleased to see that the 48 hour follow up will be implemented.

For investigations to support Learning from Deaths, the CCGs would like to see wider involvement in the investigation of Serious Incidents, there needs to be consideration of how external agencies for example (substance misuse and primary care as an example) are included in the process of investigation and wider

learning.

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 Buckinghamshire and Oxfordshire (CCGs) for the services commissioned.

We are grateful to the Trust for working in such an open and transparent way with Commissioners and wider stakeholders. We would also like to recognise the active partnership with the development of the Buckinghamshire Integrated Care System (ICS) and the work commencing for the development of the Oxfordshire (ICS), the Trust continues to demonstrate this commitment to collaborative working with other partner agencies and we will continue to work together to support the Trust on its improvement journey.

Yours sincerely,



Louise Patten  
Chief Executive  
Oxfordshire and Buckinghamshire Clinical Commissioning Groups



Date: 14<sup>th</sup> May 2019

**Oxfordshire Joint Health Overview  
and Scrutiny Committee**  
County Hall  
New Road  
Oxford  
OX1 1ND

**Jane Kershaw**  
Head of Quality Governance  
Oxford Health NHS Foundation Trust  
[Jane.Kershaw@oxfordhealth.nhs.uk](mailto:Jane.Kershaw@oxfordhealth.nhs.uk)

Contact: Sam Shepherd, Senior Policy  
Officer  
Direct Line: 07584 909530  
Email:  
[samantha.shepherd@oxfordshire.gov.uk](mailto:samantha.shepherd@oxfordshire.gov.uk)

Dear Jane,

**Re: Oxford Health Quality Account 2018/19**

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 areas during 2018/19. In particular, we are pleased that a CQC inspection rated the Trust as 'good' and a subsequent local systems review identified that a number of improvements had been made. The CQC inspection ranked the 'safe domain' category as requiring improvement and as a result the committee is encouraged to see that work has continued from previous years to address staff recruitment and retention.

The increased work by the Trust to support patients and carers is strongly evident in the report including the development of a refreshed patient experience strategy with patients and staff and the introduction of carer champions. The committee also notes the examples of partnership working including the opening of safe havens in the county with partner organisations for those experiencing a mental health crisis.

The committee is pleased that the Trust's access to IAPT has been consistently within six weeks resulting in performance being above the Trust's own target and above the national average. That being said, the committee notes that the report does not distinguish between services delivered by the Trust itself and those delivered by partner organisations such as Oxfordshire Mind and this would be a helpful distinction for clarity in future reports.

The committee would like to recognise the work to develop the 'Oxford Healthcare Improvement Centre' to ensure that quality improvement has a specific focus, particularly in learning from clinical audits. Whilst we are pleased to note that OHFT participated in 100% of national clinical audits that it was eligible to participate in, the committee would encourage the Trust to give consideration to participating in other audits in the future. In particular the National Diabetes Audit, National Respiratory Audit and the MINAP audit of people experiencing myocardial infarction. The committee would also wish that the Trust

gives consideration to increasing the number of local audits from 11 in 2018/19 as a mechanism for care improvement.

In addition to the points raised above, during the 2018/19 year in particular, but for the last three years, the issue of suspension of services at Wantage Community Hospital came to HOSC's attention. As has been identified through HOSC meetings, a 'temporary' closure of a community hospital which lasts more than six months, is no longer temporary and even on the grounds of safety, there is a public and legislative duty to act on a more formal basis. The committee feels as though the handling of Wantage Community Hospital sets a poor example of how claims a closure is 'temporary' are brought forward. As such, the committee is slightly less inclined to have faith in the explanation and proposed management of temporary closures in the future and will seek to scrutinise them in depth. We welcome the holistic approach now planned for examining and planning for health needs access Oxfordshire which is being rolled out in the OX12 locality. However, we urge the Trust to take a far more proactive approach with the management of such situations in future to avoid the need for a complete suspension of services in Oxfordshire's community hospitals. We encourage you to work with HOSC as early as possible to ensure all duties are fully discharged effectively in the future.

In terms of future priorities, HOSC is very supportive of the quality priorities identified for 2019/20; particularly the work to support staff recruitment, wellbeing and retention, which is a critical issue across the country, but particularly for Oxfordshire. We also very much support the focus being brought to patient, family and carer experiences.

The committee would welcome further discussion at a future HOSC meeting about the progress being made against the Trust's 2019-20 priorities.

Yours Sincerely



Cllr Arash Fatemian  
Chairman Oxfordshire Joint Health Overview & Scrutiny Committee

## 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.

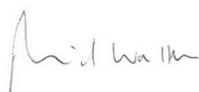
NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support data quality for the preparation of the quality 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 2018/19 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 1<sup>st</sup> April 2018 to 24<sup>th</sup> May 2019
  - papers relating to quality reported to the board over the period April 2018 to 24<sup>th</sup> May 2019
  - feedback from the commissioners dated 17<sup>th</sup> May 2019
  - feedback from the governors dated 21<sup>st</sup> May 2019
  - feedback from Overview and Scrutiny Committed dated 14<sup>th</sup> May 2019
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25<sup>th</sup> April 2019
  - the 2018 national patient survey
  - the 2018 national staff survey
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 24<sup>th</sup> May 2019
  - CQC inspection report dated 30/08/2018
- 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.



**David Walker**  
Chairman  
Date: 24<sup>th</sup> May 2019



**Stuart Bell CBE**  
Chief Executive  
Date: 24<sup>th</sup> May 2019

### 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 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

#### Scope and subject matter

The indicators for the year ended 31 March 2019 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 2018/19' 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 2018/19' 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 2018/19'; 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 2018/19' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2018/19".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' 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 2018 to 28 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 28 May 2019;
- feedback from commissioners dated 17 May 2019;
- feedback from governors dated 21 May 2019;
- feedback from the Overview and Scrutiny Committee dated 14 May 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 25 April 2019;
- the 2018 national patient survey;

- the 2018 national staff survey;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 24 May 2019;
- the Care Quality Commission's inspection report dated 30 August 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these 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 2019, 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 2018/19' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.
- A limited assurance engagement is narrower 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 2018/19' 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 and is subject to separate terms and conditions. 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 auditors 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 2019:

- 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 2018/19' 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 2018/19'; and
- the indicators in the 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 2018/19' and supporting guidance.

*Grant Thornton UK LLP*

Grant Thornton UK LLP

Chartered Accountants

London

28 May 2019