

# QUALITY ACCOUNT 2019/20

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## Table of Contents

1. About this report.....	3
2. Who we are .....	4
3. Introduction .....	5
4. Core Quality Indicators .....	7
5. Staff being supported to speak out .....	9
6. Learning from Deaths.....	10
7. Progress on Quality Objectives in 2019/20.....	12
8. Quality Improvement Plan for 2020/21.....	23
Annex 1. Statements from our partners on the quality report and account .....	32
Buckinghamshire and Oxfordshire Clinical Commissioning Groups .....	32
Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) .....	34

## **1. About this report**

This is the annual Quality Account detailing the quality of care provided by Oxford Health NHS Foundation Trust (OHFT) under the areas of safety; effectiveness and patient and carer experience.

Producing a Quality Account is an important and mandated approach in order for us to report on quality indicators and demonstrate improvements in the services we deliver to local communities.

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 terms patients, families and carers to mean any person who has used or will use our services.

The Coronavirus pandemic has resulted in a shortened and delayed report – in line with national guidance.

## 2. 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 6,000 staff (head count), deliver services from more than 150 different sites and on average treat more than 187,000 people a year.

We provide the following services in each county;

Bath and North East Somerset, Swindon and Wiltshire	Mental health services for children and young people and eating disorder services.
Buckinghamshire	Mental health services for children, young people, adults and older people.
Oxfordshire	Physical health services, mental health and eating disorder services, learning disability and autism services. For all ages - 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
- Emergency multi-disciplinary units/
- Rapid access care unit
- Minor injury units/ First aid units
- Hospital at home service
- GP out of hours' service
- Nutrition & dietetic service
- Respiratory service
- Physical disability physiotherapy service
- Podiatry
- Adult speech and language service
- Community hospital wards

### Mental Health & 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)

### 3. Introduction

Welcome to Oxford Health NHS Foundation Trust's (OHFT) 2019/20 Quality Account.

Our vision is: Outstanding care, delivered by outstanding people. Caring for people is at the heart of everything that we do and we are committed to deliver year-on-year improvements. This commitment is seen in the investment and establishment of the Trust's Healthcare Improvement Centre which provides leadership, training and coaching to develop capability to apply a consistent approach to continuous quality improvement.

In March 2020, in line with the rest of the NHS our activities changed dramatically and we are still actively dealing with the Coronavirus COVID-19 pandemic. We are extremely proud of the way our staff mobilized to respond to the national crisis, showing dedication, compassion, resilience and innovation. This was only possible with close collaboration with our partners including GPs, care homes, acute hospitals, the ambulance service, local councils, volunteers, Universities and third sectors.

As a result of the impact of COVID-19 this is a shortened version of the Quality Account from previous years focusing on;

- ❖ Progress with our quality objectives set for 2019/20
- ❖ Performance against nationally defined core quality indicators
- ❖ Mandated sections set by the Government
- ❖ The quality objectives we have set for 2020/21
- ❖ Statements on the Account from our external partners

Highlights from 2019/20 include the:

- ❖ Care Quality Commission reaffirmed our rating that we provide '**Good**' quality services. They said there was a strong focus on patient care, a learning culture and that staff were kind, compassionate and respectful. They also found that our teams were well-led and had made improvements since the last inspection in 2018. The regulators found areas for improvement around the practice and recording of seclusion of patients and the way we oversee the administration of the Mental Health Act; remedial work was immediately undertaken. The full report can be found at <https://www.cqc.org.uk/provider/RNU>
- ❖ 23 services have achieved or maintained external accreditations or network memberships providing additional scrutiny of the quality of care provided and as a way to share good practice across organisations to make improvements.
- ❖ We are proud that 95% of patients/ carers said they would recommend our services in 2019/20 (n=19,492 data source IWGC). We recognise there is always more work to do so that every patient and their family feel more involved in decisions about their care.
- ❖ We reached a funding settlement for mental health services in Oxfordshire that begins to recognise the historic underinvestment in services. The three-year plan agreed with the CCG should make mental health funding fairer.
- ❖ We have made progress with bringing together specialist services through the regional 'New Care Model Provider Collaboratives'. OHFT has taken the lead in three New Care Models; Forensic mental health services, inpatient child and adolescent mental health services and eating disorder services - all with the aim to improve patient care and bring care closer to home.

The NHS Long Term Plan published in early 2019 has been a catalyst for a number of actions including;

- establishing mental health support teams for schools across all the areas we serve,

- developing a new specialist perinatal mental health service,
- launching new mental health crisis teams (in Buckinghamshire initially),
- piloting the 'Ageing Well' programme to respond swiftly to support older people in their own homes, and
- improving services for people with a learning disability and autism by helping to intensively support people in their homes and to avoid unnecessary admission to hospital.

Staff are central to delivering our vision, hence high quality and safe care has remained the central focus of our workforce development and support. In 2019/20 we recruited 1400 staff. We recognise the challenges faced by our teams due to increasing workloads and staff recruitment difficulties and are working to tackle this and mitigate adverse impacts on stress, health and wellbeing.

The initiatives taken in 2019/20 include;

- training staff volunteers to be cultural ambassadors to identify and challenge discrimination and culture bias,
- introducing Schwartz rounds to recognise and support staff to manage the traumatic nature of some of the situations they face,
- running staff retreats for those who would benefit from the opportunity to reflect and plan their recovery in a supportive environment, and
- implementing an Employee Assistance Programme (EAP) - available 24/7 as a proactive investment in staff wellbeing and support.

There are more details of our year at a glance, including the awards and achievements of our clinical teams in the Trust's Annual Report available at <https://www.oxfordhealth.nhs.uk/publication/annual-reports/>.

**Dr Nick Broughton**  
**Chief Executive**

**This account was approved by the Board of Directors on 26<sup>th</sup> November 2020.**

## 4. Core Quality Indicators

### Trust Performance Headlines 2019/20: Month 12 data Waiting Times & Access

NHS

Oxford Health  
NHS Foundation Trust



**97.3%** of patients were seen within 4 hours at the Trust's Minor Injuries Units (MIUs) March 2020 data

**83.0%** of patients experiencing First Episode of Psychosis commenced treatment within 2 weeks

**98.0%** of patients referred to the Improving Access to Psychological Therapies (IAPT) service were treated within 6 weeks of referral Jan 2020 data

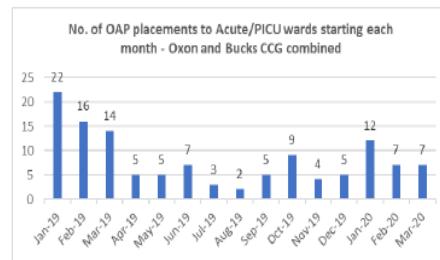
The national target is that at least 34% of the children and young people who may need access to mental health services should be accessing the Trust's CAMHS services. The Trust is achieving:

**48.6%** in Oxon, **37.7%** in Bucks and **22.5%** in BSW (excludes partner data)



**Out of Area Placements** This relates to Acute and PICU OAPS, i.e. does not include rehab/continuing care etc

**71 patients** have been placed out of area (OAPs) year to date across Oxon and Bucks totalling **1513 nights**. The Trust is significantly below its previous forecast of **2800 nights** for the financial year. In March **7** patients started placements out of area. The table below shows numbers of patients who have started placements by month; this is less than last winter:



The following indicators are also provided-

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

The latest information published is from October to December 2019 the Trust performed at 95.1% compared to the national position at 95.5%. More details can be found at [NHS England Statistics 2019](#).

#### **The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team (or equivalent) acted as a gatekeeper**

The latest information published is from October to December 2019 the Trust performed at 99.6% compared to the national position at 97.1%. More details can be found at [NHS England Statistics 2019](#).

#### **Patient experience**

Below is the feedback received from patients/ carers via OHFTs main collection method, I Want Great Care (IWGC) surveys, for 2019/20. The annual patient and carer experience report is available here [OHFT Patient & Carer Experience Report 2020](#).

19,492

Review Count

95%

% likely to recommend

1.93%

% not likely to recommend

4.78

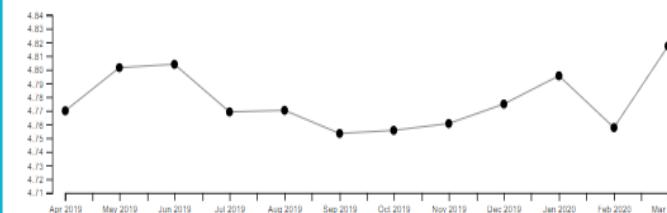
Average Score (out of 5)



Click here to see review details

Click here to see reviewer demographics

How did the average score change over time? (max score is 5)

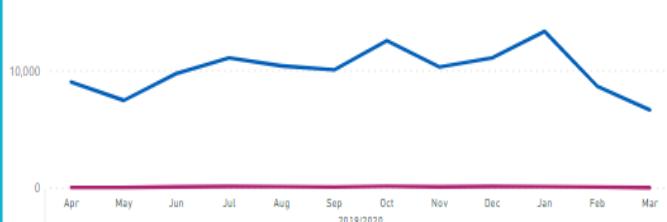


Question asked

Question asked	Average Score	Count of 5* Score	Count of 1* Score
Were you treated with respect and dignity?	4.87	31,468	316
Were you treated with kindness and compassion by the staff looking after you?	4.79	6,692	42
Were you involved as much as you wanted to be in your care and treatment?	4.79	26,592	316
Overall how was your experience of our service?	4.70	30,050	428
Did you receive timely information about your care and treatment?	4.75	25,850	416
<b>Total</b>	<b>4.78</b>	<b>120,652</b>	<b>1,518</b>

What are the counts of 5\* and 1\* scores?

(● Count of 5\* Score (best) ● Count of 1\* Score (worst))



How many reviews were completed?



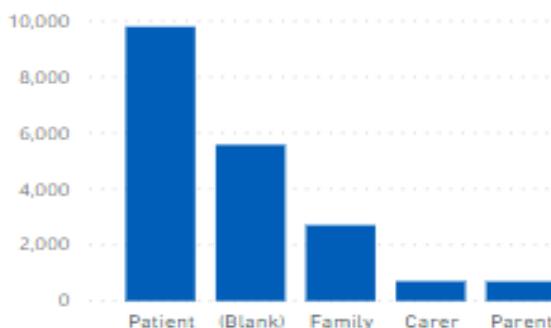
A word cloud based on common words mentioned across all the 19,492 surveys completed by patients and carers.

What was the experience of the care provided ?

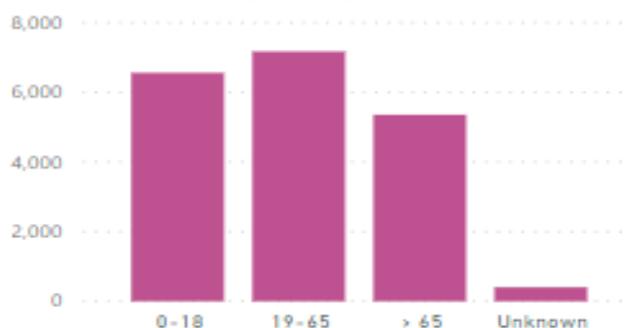


The demographics of the patients and carers that gave feedback was

Who completed the review?



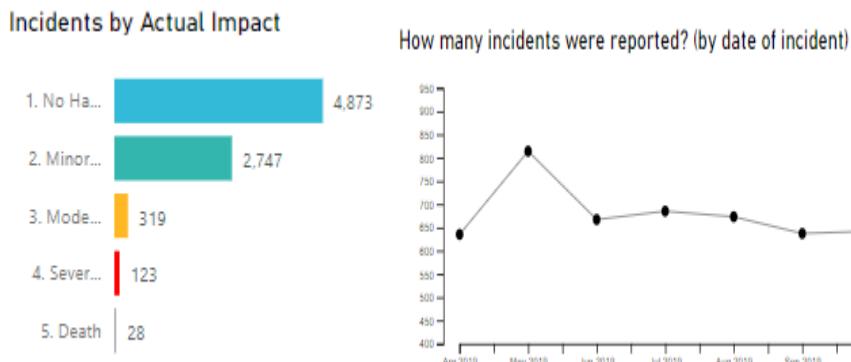
What was the age range of the reviewer?



## Rate of patient safety incidents<sup>1</sup> (PSI) reported and the number resulting in severe harm or death

The latest information published is from October 2019 to March 2020 the Trust reported 61.8% PSI with no harm, 32.1% PSI with low harm, 3.9% PSI with moderate harm, 1.9% PSI with severe harm and 0.3% (n=12) PSI relating to a death.

OHFT is nationally clustered with mental health Trusts therefore national comparisons are not possible. More details can be found at [NHS England Statistics 2020](#). In 2019/20 the Trust reported 8,090 PSIs to the national reporting and learning service (NRLS) broken down by grade and overtime below. 1.5% (n=123) were graded as severe and 0.35% (n=28) related to a death.



## 5. Staff being supported to speak 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 and to ensure those who do speak up do not suffer repercussions.

No serious patient safety concerns have been raised to date. The 2019 annual national staff survey (completed by 2,711 staff) showed that the majority of staff at the Trust would feel secure to raise a concern about unsafe clinical practice (76%) and would be confident the Trust would address their concern (64%), both above the national average. However, work will continue to improve our openness and curiosity to learn including ensuring our staff feel psychologically safe at work.

Staff have opportunities to raise concerns through:

- ❖ A staff member's line manager to discuss what happened and to agree how they would like to be supported
- ❖ The Freedom to Speak Up Guardian provides independent and confidential support to staff who wish to raise concerns and to promote a culture of openness. The guardian's annual report is available here [OHFT Freedom to Speak Up Guardian 2019](#)
- ❖ 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 guardian's annual report is available here [OHFT Guardian of Safe Working Hours 2020](#)
- ❖ The Human Resources Department, who also manage the whistleblowing process 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.
- ❖ Staff side representatives are available to offer advice and support.

<sup>1</sup> Patient safety incidents are defined as an unintended or unexpected incident which could or did lead to harm to a patient.

## **6. Learning from Deaths**

The Trust provides care for people of all ages covering both mental health services, learning disability services and physical health services across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset – in some areas this includes both community and inpatient care. We regularly review information on the deaths of both current patients and patients discharged from the Trust who die within six months of their last contact including inpatients and those seen as outpatients.

### Internal Oversight

The Trust has implemented a stepped process to the screening, review and then investigation of deaths. Each clinical directorate manages their own initial mortality review process to identify learning from unexpected and inpatient deaths. The Trust-wide Mortality Review Group oversees learning across the Trust.

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 2019/20 the Trust has presented regular patient safety 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 (2019/20 n=68, this accounts for 1.2% of our deaths). As a result of the reviews a coroner has issued three Regulation 28 rulings in 2019/20 to prevent any future deaths as they concluded further actions or assurance were required. Two of the three rulings related to deaths which occurred prior to 2019/20. The Trust has responded to all 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). 14 community deaths for known patients and 0 inpatient deaths have been reviewed in the last 12 months. Regular system learning events have also been set up. In addition to our own processes all deaths of a person aged under 18 are reviewed externally through a Child Death Overview Process.

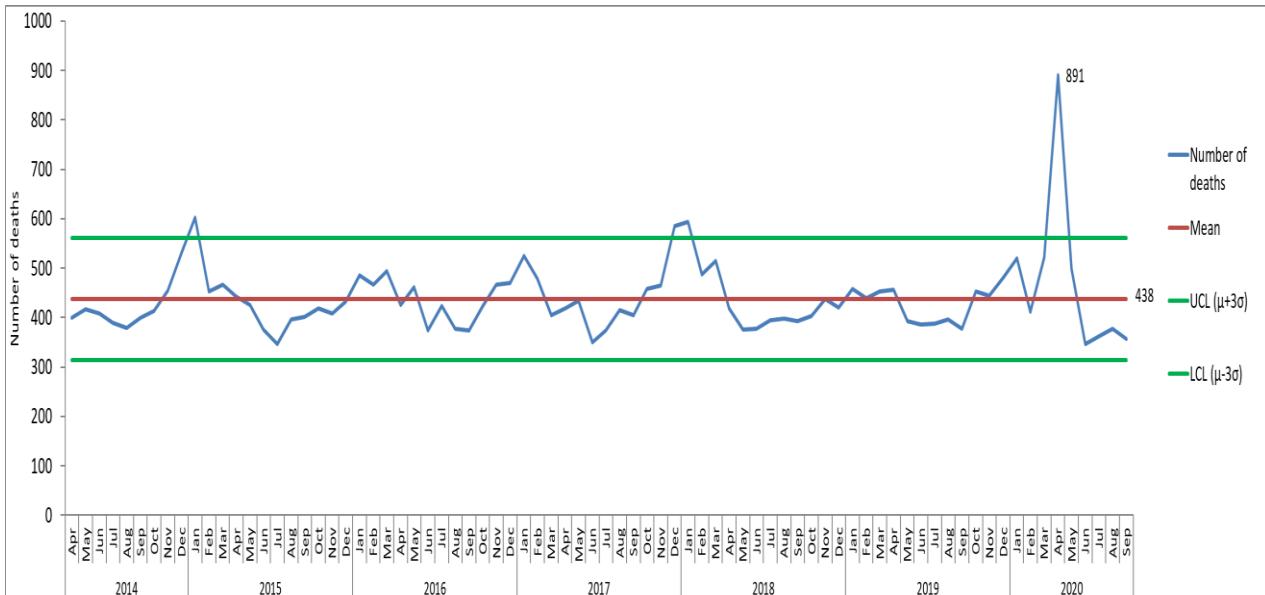
### Number of Deaths

The below graph shows the number of deaths by month since 2014 (based on the national register of deaths), it includes inpatient and outpatient deaths and also the death of discharged patients seen within the last six months as well as those open and in active treatment at the time of their death. The majority of deaths (88%) are patients in active treatment, with 80% being aged 75 or over and being cared for in their home.

We had 102 inpatient deaths across all our wards in the last 12 months, this has been a decreasing picture year on year since 2017. The majority of inpatient deaths are expected and occur in the community hospital wards - 14 of these inpatient deaths have been unexpected<sup>2</sup>.

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<sup>2</sup> Inpatient deaths include those when a mental health patient is on short term or longer-term leave in the community.



Our internal data shows we have seen an increase from 25 suspected suicides of known patients in 2018/19 to 38 in 2019/20. This is unfortunately in line with the picture nationally where there has been a year on year increase. As a Trust we use the learning from the National Confidential Inquiry each year and ensure we learn from each sad death to continue to improve our services. The recently published report from the real time surveillance systems in England for the period from January-August 2020 showed the average number of suicides per month varied but there was no evidence of a rise post-lockdown in relation to COVID-19.

### COVID-19

Although outside the specific reporting period for this Quality Account, it seems appropriate to report in April 2020 we saw a significant increase in deaths with 891 patient deaths compared to an average of 438 per month. These deaths were related to COVID-19. In April 2020 77% of these deaths were patients aged 75 and over with an underlying condition. The majority of these patients were receiving treatment from the care home support service or district nursing service at the time of their death. Both the peak in April and the subsequent lower levels of deaths from June-September 2020 is similar to the national pattern for England and Wales. We have reported 23 inpatient deaths related to COVID-19 between March-June 2020 with the majority occurring in our community hospital wards.

### Themes

From the deaths reviewed in 2019/20 the main themes for learning are:

- ❖ Communication and the involvement of families and carers
- ❖ Communication with other agencies around joint working and transitions
- ❖ Quality of clinical documentation

A number of actions have been taken and the themes are being used to inform our work in 2020/21.

## 7. Progress on Quality Objectives in 2019/20

Below is a summary of our progress against the quality objectives set for 2019/20. We have made progress against all the objectives and our proud of our teams in what they have achieved alongside managing the challenges faced by COVID-19. Overall, we have fully achieved 10 out of the 14 objectives. Out of the four objectives only partially achieved three have been carried over into the 2020/21 quality objectives and the fourth (Suicide Prevention) will have additional focus outside of the specific quality objectives.

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
1. Staff wellbeing and retention.	All services	<ul style="list-style-type: none"> <li>- Schwartz rounds<sup>3</sup> were introduced across a number of sites from September 2019. Designed for staff to come together to share stories, reflect on and explore the emotional challenges of working in healthcare. Feedback has been extremely positive.</li> <li>- Nine staff volunteers have been trained to participate in the Royal College of Nursing's Cultural Ambassadors Programme. Cultural ambassadors are trained to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and hearings involving BAME staff. The programme has been piloted in 2019/20.</li> <li>- A new employee assistance programme was procured and launched to offer staff support 24/7 in counselling, legal information and wellbeing resources.</li> <li>- Local workforce plans were developed by the HR Team with each Directorate. Now reviewing turnover information by professional group to target action.</li> </ul>	<p>Partially achieved.</p> <p>All of the identified actions were completed but the direct impact of these has not been seen yet.</p> <p>We have kept this as an objective for 2020/21.</p>

<sup>3</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)	Achievements and Impact	Level of Achievement
		<p>- A separate health and wellbeing section on the staff intranet was created with a huge range of resources and information to support staff including self-help apps and signposting to available services. Information is summarised monthly in the health and wellbeing newsletter. The Trust also has over 100 health and wellbeing champions to help with the promotion of support, resources and services. Specifically, to manage the additional support required during COVID-19, a Psychosocial Response Group has been set up to plan and implement actions.</p> <p><b>Impact</b></p> <p>The 2019 staff survey results (n=2,711) showed;</p> <ul style="list-style-type: none"> <li>- 75.4% staff said they felt supported by their line manager, similar to 2018 and the same as the national average.</li> <li>- 75.0% staff said their line manager takes a positive interest in their health and well-being, an improvement from 2018 and the same as the national average.</li> <li>- 41.6% staff said they had felt unwell as a result of work-related stress in the last 12 months. This was the same as in 2018 and we are slightly worse than the national average at 40%.</li> <li>- 11.6% staff said they had experienced harassment, bullying or abuse by managers, this has improved from 2018 but is slightly above the national average.</li> </ul> <p>Sickness:</p> <ul style="list-style-type: none"> <li>- Overall staff sickness rates between 2018/19 and 2019/20 did not change, although as expected we did see some increases in Feb and March 2020 due to the impact of COVID-19.</li> </ul>	
2. Staff recruitment.	All services	<ul style="list-style-type: none"> <li>- The Trust's apprenticeship programme was commended by Ofsted, it includes routes into working in healthcare for local people, as well as opportunities for staff to advance their practice and careers.</li> </ul>	Achieved and moved into business as usual.

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<ul style="list-style-type: none"> <li>- The first group of 22 staff on the nursing associate apprenticeship qualified in 2019. The two-year course combines paid work with academic study. A further 122 nursing associate trainees are currently in training with 23 of the trainees due to qualify in June 2020. Approx. 50% are likely to go onto the Registered Nurse apprenticeship to become fully registered nurses.</li> <li>- The Trust is the host for the Thames Valley nurse cadet programme which opened in February 2020 for 16-19-year olds. This is an innovative and creative way of 'growing' interest in healthcare careers and allows us to engage with young people offering an entry route to apprenticeships.</li> <li>- We have continued to deliver the Preceptorship 'flyer' programme to support newly qualified staff. The programme was awarded the 'Quality Mark' by Capital Nurse in 2019/20.</li> <li>- The first cohort of Peer Support Workers (n=16) in Oxfordshire are now recruited into posts and another cohort of around 20 people are going through training.</li> <li>- We launched large scale recruitment campaigns during Covid-19 which has been extremely successful. Over 700 local people contacted the Trust resulting in over 200 offers of employment.</li> <li>- Improved candidate experience during recruitment through implementing a new recruitment system called TRAC.</li> <li>- The Trusts internal staff bank has continued to grow including nurses, allied health professionals, healthcare assistance and admin. At the end of March 2020 over 1100 pure bank workers were registered and a further 1685 substantive staff.</li> </ul>	

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- The number of vacancies has decreased, in March 2019 it was 17.04% and in March 2020 12.18%.</li> <li>- Turnover and vacancies slowly declined during 2019/20 although the % change is small. In April 2020 vacancies were at 8.6% against a target of 9%.</li> <li>- In 8 of the 12 months in 2019/20 the % use of sessional staff from the Trusts internal bank was the same or higher than the use of agency staff.</li> </ul>	
3. Triangulation of information to improve care.	All services	<p>A new business intelligence platform has been developed and rolled out with training for staff on how to use and interpret trends and variations in quality over time.</p> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Improved access to timely information and better triangulation of different data sources.</li> </ul>	Achieved and moved into business as usual.
4. Improving Patient, carer and family experiences	All services	<ul style="list-style-type: none"> <li>- A refreshed patient experience and involvement strategy was approved in May 2019 and launched. Some achievements include; <ul style="list-style-type: none"> <li>• the development of a new app called "My journey" which will be used by anyone accessing mental health services to provide information and support</li> <li>• a post diagnosis pack was developed with parents accessing the children's neurodevelopment pathway</li> <li>• Two films have been produced to help reduce anxiety about going to the dentist for people with a learning disability</li> <li>• a range of patient stories have been captured and used for example within the service redesign for children's integrated therapies</li> <li>• Co-production has also been strong with patients joining staff interviews, assisting in designing garden spaces, being part of peer reviews and developing resources.</li> </ul> </li> </ul>	<p>Achieved.</p> <p>We have identified two further objectives for 2020/21.</p>

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<ul style="list-style-type: none"> <li>- Under the friends, family and carers strategy we have achieved <ul style="list-style-type: none"> <li>• e-learning on carer awareness co-developed with carers and launched in June 2019</li> <li>• a carers champion community of practice was developed</li> <li>• Six volunteer carer support roles have been appointed and</li> <li>• a series of co-produced carer resources have been developed including a new handbook for community hospitals and resources available for bereaved carers.</li> </ul> </li> </ul> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- In 2019/20 the Trust received 19,492 surveys through our internal mechanism IWGC, with 95% of patients/ carers saying they would recommend the service received. Patients rated their overall care on average 4.78 out of 5 (IWGC)</li> <li>- In 2019/20 patients/ carers on average rated their involvement in care as 4.79 out of 5 this compares to 4.74 in 2018/19 (IWCG).</li> <li>- Across the mental health wards 83% patients reported being involved in care planning and 85% had a documented up to date care plan (Feb 2020 essential standards clinical audit)</li> <li>- Across the community hospital wards 83% of patients had a care plan reflective of their needs (July 2020 essential standards clinical audit).</li> <li>- Across the community mental health teams 84% of care plans had been created with the patient. (March 2020 CPA clinical audit)</li> <li>- 77.4% of staff said the organisation acts on concerns raised by patients, an improvement from 2018 and above the national average (2019 national staff survey)</li> </ul>	
5. Improving the lives of people with Dementia	All services	<ul style="list-style-type: none"> <li>- The Trust's new dementia strategy was co-developed with people who live with dementia and approved in August 2019. The strategy has five workstreams around living well with dementia, each with a named clinical</li> </ul>	Achieved and moved into business as usual.

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<p>lead. Workshop with patients/ carers held in November 2019 to identify workplan.</p> <ul style="list-style-type: none"> <li>- A dementia trial to improve wellbeing and health for people with dementia undertaken by researchers at OHFT was shortlisted for a national award. It was the largest programme ever conducted on people in dementia care homes.</li> <li>- We have been successful in being identified as one of the national pilots for the 'Ageing well' programme to respond swiftly to support older people in their own homes.</li> </ul>	
6. Improving End of life and palliative care	Physical healthcare services	<ul style="list-style-type: none"> <li>- The Trust developed an End of Life Strategy relating to children and adults</li> <li>- Nine Staff engagement workshops were undertaken in 2019 to develop skills and improve the use of the End of Life care plan</li> <li>- We are participating in a system review of End of Life service provision in Oxfordshire to identify opportunities for pathway improvements</li> <li>- A monthly audit was established and the results inform the work of the End of Life Steering Group, currently there is a focus on asking/ understanding patients spiritual needs</li> <li>- As part of the COVID-19 response additional bereavement support for families has been set up with partners in Oxfordshire and Buckinghamshire.</li> <li>- The has been development of resources with an intranet End of Life page.</li> <li>- OHFT presented positive work relating to the National Audit of Care at the End of Life at the Community Hospitals Association.</li> <li>- Collaborative working across the system has greatly improved. This has been a positive effect of COVID-19. Community services took a leadership role during this period in developing and sharing resources and expertise across the system and in developing effective interfaces with primary care and social care and in-reach to support care homes.</li> </ul>	<p>Achieved.</p> <p>We have decided to continue with the work and set an objective for 2020/21.</p>

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Improvement in the use of a personalised end of life care plan indicated in the results of our internal audits of standards (92% of records showed patient/ family involvement and 84% had the patients preferred place of care at end of life – Feb 2020 audit results)</li> <li>- The National Audit of Care at the End of Life (NACEL) Feb 2020 showed the Trust was above the national average for identifying when patients were at the end of life and working with families. There was also an improvement in use of an individualised care plan (7.4 compared to national average 7.2). However, the results highlight we have more to do.</li> </ul>	
7. Improving the safe transition of young people from child and adult mental health services	Mental health services	<ul style="list-style-type: none"> <li>- Across OHFT there are now jointly written and agreed transition protocols between CAMHS and AMHT.</li> <li>- Monthly transition meetings are held attended by both child and adult mental health professionals to discuss the care for patients.</li> </ul>	Achieved and moved into business as usual.
8. Suicide prevention	Mental health services	<p>Progress has been made against the Self-harm and Suicide Prevention Strategy workplan for 2019/20. This includes:</p> <ul style="list-style-type: none"> <li>- Follow up within 48 hours for all mental health patients when discharged from hospital (the national target is 72 hours)</li> <li>- Introduction of safety planning supported by training, going forward the plan is to include this into the mandatory Clinical Risk Assessment and Management training</li> <li>- Focus groups being held regularly with carers to understand better the support they need as part of safety planning</li> <li>- A support group was set up to help psychiatrists affected by suicide</li> <li>- A Family Liaison Officer Service (FLO's) for families specifically bereaved by suicide has been set up. A daily alert has been set up for senior clinicians/ managers to be informed of every suspected suicide</li> <li>- Funding was secured from commissioners to set up new crisis resolution and home treatment teams in Oxfordshire and Buckinghamshire</li> </ul>	<p>Partially Achieved - actions identified have been achieved however the overall number of suicides has not reduced.</p> <p>OHFT is committed to continuing to try to reduce the number of suicides and to contribute to the national objective of a 10% reduction between April 2018 to March 2021. The work has moved back into business as usual.</p>

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<ul style="list-style-type: none"> <li>- At the beginning of the COVID-19 outbreak 24/7 mental health helplines for all ages were set up by OHFT</li> <li>- The Oxford Centre for Suicide which OHFT is part of has led the self-harm monitoring system reported to the Department of Health and Social Security and the National Suicide Prevention Strategy for England Advisory Group to assist with the government's suicide prevention policy in relation to COVID-19</li> <li>- OHFT has contributed to the multi-agency suicide prevention strategies and led on a bid to develop a standardised psychosocial assessment for those at risk of suicide and/ or repeated self-harm.</li> </ul> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- This is difficult to measure confirmed suicides owing to the time lag to receive a verdict from Coroners and how/ whether open or narrative verdicts are included</li> <li>- Unfortunately, nationally there has been a year on year increase in suicides and this is the same for OHFT</li> <li>- OHFTs internal data shows suspected/ confirmed suicides for patients who were open at the time of their date as 25 in 2018/19 and 38 in 2019/20.</li> <li>- The recently published report from the real time surveillance systems in England for the period from Jan-August 2020 showed the average number of suicides per month varied but there was no evidence of a rise post-lockdown in relation to COVID-19. Locally adult patients known to OHFT either open or discharged at time of death does seem to have increased recently which is being further explored so focused actions can be taken.</li> </ul>	
9. Reducing the use of restrictive practice	Mental health services	<ul style="list-style-type: none"> <li>- The Trust joined the NHS Improvement QI collaborative on reducing the use of restrictive practice - 3 wards were involved and some improvements have been seen in the reduction of restrictions by; increasing activities, improving engagement in meal preparation and helping patients to get to know staff.</li> </ul>	<p>Achieved actions identified.</p> <p>We have decided to continue with the work and set an objective for 2020/21.</p>

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<ul style="list-style-type: none"> <li>- The Trust's training certification application has been successful and the PEACE training department. We will become a commissioner and provider of externally accredited de-escalation and restrictive practice training.</li> <li>- Core data on restrictive practices at team level was developed with teams and is provided monthly. This supports teams and PEACE champions to review their local practice and guide quality improvement work.</li> <li>- A Trust-wide 'Positive &amp; Safe' subcommittee chaired by the Chief Nurse and local review groups have been established to reduce the use of restrictive practises through a quality improvement approach and benchmarking good practice from across the Country.</li> </ul>	
10. Reducing the harm from violence and aggression on mental health wards	Mental health adult acute wards	<ul style="list-style-type: none"> <li>- A series of small quality improvements have been started to impact on reducing harm from violent and aggressive incidents, these include <ul style="list-style-type: none"> <li>• new roles to provide more activities for patients,</li> <li>• more structure to debriefs with patients following an incident of violence,</li> <li>• using team safety huddles and running learning events at ward level</li> </ul> </li> </ul> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- In 2019/20 there were 76 physically violent incidents reported by patients on staff which caused some degree of harm (all were minor or moderate harm), of which 6 resulted in a RIDDOR<sup>4</sup>. Compared to 2018/19 this is an increase when there were 62 incidents. The increase could be due to an improvement in reporting and the campaign launched in 2019/20 on having a zero-tolerance approach to abuse to staff.</li> </ul>	Partially achieved.  Actions have been completed but the direct impact of these has not been seen yet.  This work will continue further within the reducing restrictive practise objective for 2020/21.
11. Reduce falls that cause harm on community hospital wards	Community Hospital wards	<ul style="list-style-type: none"> <li>- All community hospital wards commenced a joint quality improvement project using a series of tests of change alongside learning events. These included for example improving the quality of risk assessments and</li> </ul>	Achieved and moved into business as usual.

<sup>4</sup> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<p>introducing stickers for drug charts to assist in identifying culprit drugs in relation to falls and their indication for use.</p> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- In comparison to previous years the number of patients that have fallen resulting in harm and the level of harm caused has decreased slightly, with the average number of falls a month and total number of falls in year less in 2019/20 than in 2018/19.</li> </ul>	
12. Reducing the use of medication for people with a learning disability	Learning disability services	<ul style="list-style-type: none"> <li>- Self assessment completed which demonstrated our prescribing was in line with all expected standards. The national standards are 'Stopping the over medication of people with a learning disability and/ or autism' (STOMP) and also the 'Safe treatment and administration of medicine in paediatrics' (STAMP).</li> <li>- Other actions included closer joint working with specialist teams, pharmacy and primary care to reduce the use of medication. Information on prescribing is now routinely highlighted and embedded within our letters to GPs.</li> <li>- We have seen medication levels reducing for this client group.</li> <li>- We participated in the national audit on prescribing for people with a mental health and learning disability and waiting for the results.</li> </ul>	Achieved and moved into business as usual.
13. Improve the practice and recording of mental capacity	All services	<ul style="list-style-type: none"> <li>- A Mental Capacity Act (MCA) working group was established to lead on the quality improvement work. Initially a Trust-wide staff survey was completed between Aug-Sept 2019 to understand barriers in practise/ documentation for staff and how we can best provide support and guidance in using the MCA. This is a baseline and will be repeated after the actions have been completed.</li> <li>- The MCA training has been reviewed.</li> <li>- Amendments have been made to the patient record system to improve the consistency of recording and the launch of a new assessment form.</li> <li>- Significant national changes are being made to Deprivation of Liberty Standards which were planned for late 2020 due are likely to be delayed due</li> </ul>	<p>Partially achieved.</p> <p>We will be continuing with work and have set an objective for 2020/21.</p>

Objective and Actions	Relevant service(s)	Achievements and Impact	Level of Achievement
		<p>to COVID-19. The Trust has been preparing to implement the changes however we are waiting for the final regulations to be published.</p> <ul style="list-style-type: none"> <li>- The new clinical audit has been delayed in being rolled out but a pilot of the tool is being completed in 2020.</li> </ul> <p><b>Impact</b></p> <p>MCA training levels (new starters and 3 yearly refresher) at March 2019 were 76% and this has declined in March 2020 to 65%, mostly due to new starters not having completed the training which is likely to have been affected by COVID-19. This will be picked up as part of the 2020/21 work.</p>	
14. Reduce inappropriate out of area placements	Mental health services	<ul style="list-style-type: none"> <li>- Improved patient experience through the reduction in the number (from 14 in March 2019 to 7 in March 2020 across Oxfordshire and Buckinghamshire) and the length of stay of inappropriate out of area placements.</li> <li>- Funding was secured from commissioners to set up new crisis resolution and home treatment teams in Oxfordshire and Buckinghamshire, as well as Safe Havens.</li> </ul> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Reduction in out of area placements by 50% from March 2019 to March 2020.</li> </ul>	Achieved and moved into business as usual, aspiration is to achieve 0.

## 8. Quality Improvement Plan for 2020/21

Significant effort and capacity has been focused on the Trust's response and recovery to COVID-19 from March 2020. Our plan is to harness and build on the opportunities, partnerships and new ways of working developed during the response phases.

Finally, this Quality Account identifies the Trust's commitment to a further quality improvement plan for 2020/21. The 17 key objectives were identified against the quality domains of; patient and family experiences, patient safety and clinical effectiveness. Some of the objectives require significant changes in practice and as these objectives were only finalised in September 2020 owing to the impact of COVID-19, the majority will be rolled over and continued into 2021/22. This will enable any improvements to be embedded.

The objectives have been selected following a review of our risks with the directorates, progress against last year's quality objectives, the last CQC inspection, learning from COVID-19 and feedback from our commissioners and the Health Overview and Scrutiny Committee. All the objectives are primarily aimed to be completed by 31<sup>st</sup> March 2021 and progress will be monitored by the Trust's Quality Committee however as stated above the majority may need to be progressed into 2021/22. The Trust will publish our progress against each objective in our Quality Account next year.

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 for OHFT to achieve outstanding care.

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
Leadership	1. Develop and embed the use of a Restorative Just Culture approach (one aspect of a psychologically safe organisation)	All services	Tim Boylin, Director of HR (supported by Marie Crofts, Chief Nurse)	OHI supporting a Trust-wide QI project. Driver diagram in development to identify workstreams.	Reduce median length of time staff are suspended (baseline end March 2020 24 days) Target 21 median days.  Reduce number of staff suspended (baseline end March 2020 9 staff) Target 5 or less staff at any one time.  Monitor number of hearings that have included a cultural ambassador.  Staff survey – staff report feeling able to speak out. Baseline 2019 annual staff

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
					<p>survey 75.6% staff feel secure to raise a concern about unsafe clinical practice (n=2,711 staff). Target 81% (best organisation in 2019).</p> <p>Increase number of number of no harm or minor harm patient safety incidents reported, demonstrating a learning culture. Baseline 2019/20 7,620. Target to increase by 5%.</p>
	2. Development of a Race Equality Framework for Change	All services	Tehmeena Ajmal, Director of Primary and Community Care services  Marie Crofts, Chief Nurse	<ul style="list-style-type: none"> <li>- Develop an agreed framework with input from BAME reference group.</li> <li>- Test framework (roll out and evaluation to follow year 2)</li> <li>- Introduce reverse mentoring</li> <li>- Recruit an additional Freedom to Speak up guardian specifically aimed at addressing concerns raised by BAME staff</li> <li>- Develop and launch anti-racist training</li> <li>- Deliver a challenge session with Board</li> <li>- Introduce mechanism for a BAME member of staff to be on every senior staff interview panel.</li> </ul>	<p>Achievement of the Race Equality Framework for Change actions detailed in that plan for year one</p> <p>Reduction in BAME staff involved in disciplinaries and making individual grievances cases (reported by HR team to WRM – baseline end March 2020 about 50%, target to reduce to 25% or less).</p> <p>Increase % of senior appointments i.e. Directors, Consultants and Board members – where there was a BAME member of staff on the interview panel. Target 75% of interviews.</p>
	3. Continue to support and improve staff wellbeing	All services	Tim Boylin, Director of HR	<ul style="list-style-type: none"> <li>- Every service/ directorate to establish regular listening events with staff.</li> </ul>	Reduction in staff sickness related to stress. 2019/20 accounted for 26% of

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
			(with Roz O'Neill)  Bill Tiplady, Associate Director of Psychological Services  Guy Harrison, Head of Spiritual & Pastoral Care & Consultant in Staff Support	<ul style="list-style-type: none"> <li>- Further development of coaching and the establishment of a mentoring scheme within the Trust</li> <li>- To improve and further develop the annual appraisal process</li> <li>- Roll out the new First Care absence management system</li> <li>- Increase the number of staff renewal days and start evaluation process</li> <li>- Organisational development plan to be approved and start to implement.</li> </ul> <p>[See below separate objective around supervision]</p>	<p>sickness. Target to reduce, detail to be confirmed.</p> <p>Staff report feeling supported by their line manager. 2019 national staff survey results 75.4% (n=2,711). Target 80% (best organisation in 2019).</p> <p>Number of staff and their families who have used the Employee Assistance Programme.</p>
Safety	4. Minimising nosocomial infections (Hospital Acquired)	All inpatient services	Helen Bosley, Nurse Consultant for IPC	<ul style="list-style-type: none"> <li>- Embed process to identify and report hospital acquired infections and outbreaks.</li> <li>- Implement PPE safety champions</li> <li>- Develop/ roll out new patient screening form on CareNotes</li> <li>- Introduce routine staff screening</li> <li>- Monitor IPC arrangements and adjust as required</li> <li>- Review how IPC messages get to ward level and revise communication process as needed</li> </ul>	<p>Numbers of hospital acquired infections based on definite category set up NHS England (new infection 15 days or more after admission). Target 0.</p> <p>IPC training levels. Baseline April 2020 78%. Target 90%.</p> <p>Improvement of IPC and PPE audit results.</p>

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
				<ul style="list-style-type: none"> <li>- Roll out PPE competencies for inpatient staff</li> </ul>	
	5. Reduce restrictive practise through introducing a Positive and Safe approach (national NHSI quality improvement collaborative and action from 2019 CQC inspection)	Mental health inpatient services	Britta Klink, Deputy Director of Nursing for mental health services	<p>OHI supporting a Trust-wide QI project. Driver diagram completed.</p> <p>Aims:</p> <ul style="list-style-type: none"> <li>- The introduction of skills training for alternative IM sites to reduce prone restraint – using an IQ approach as evidence for this intervention already has been established elsewhere.</li> <li>- The reduction in the use of seclusion for managing challenging or unsafe behaviour across mental health wards, using the QI approach.</li> </ul> <p>In addition, the work will:</p> <ul style="list-style-type: none"> <li>- Establish a routine mechanism for gathering patient's experiences</li> <li>- Co-produce information for patients/ carers which is made available on every ward</li> </ul>	<p>Reduction in use of prone restraint by 50% (aspiration in 2 years to reduce to 0) Baseline 2019/20 243 prone restraints. Target year 1 – 122 or less prone restraints.</p> <p>Reduction in number of seclusion episodes (year 1). Year 1 to reduce the duration of seclusions. Baseline 2019/20 538 incidents involving seclusion (234 different patients secluded). Target not set yet.</p>
	6. Improve sexual safety in mental health inpatient settings (national NHSI quality improvement collaborative)	Mental health inpatient services	Britta Klink, Deputy Director of Nursing for mental health services	<p>OHI supporting a Trust-wide QI project. Driver diagram being developed. To include development of a strategy.</p>	<p>To be confirmed.</p> <p>Evidence of debriefs and review of care plans after any sexual safety incident (source audit)</p>

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
					Increase in reporting of sexual safety incidents, as there seems to be current under-reporting. Baseline 2019/20 - 162 incidents.
	7. Improve tissue viability and reduce avoidable harm in pressure damage (national NHSI quality improvement collaborative)	Physical healthcare services	John Campbell, Head of Nursing Community Services Directorate	<ul style="list-style-type: none"> <li>- Implement actions from pressure ulcer improvement plan, including learning from COVID-19 so far.</li> <li>- Complete NHSI Collaborative project and develop recommendations for implementation and embedding of best practice</li> </ul>	Reduction in pressure ulcer categories 3 and 4 where they were avoidable. Baseline - 2019/20 196 category 3 and 4 acquired ulcers of which 10 were assessed as avoidable.
	8. Continue work to improve physical healthcare for patients with a severe mental health illness	Mental health community services	Kate Riddle, Deputy Director of Nursing  Bill Tiplady, Associate Director of Psychological Services	<p>Aim to improve access to and the quality of physical health checks and follow up interventions for patients.</p> <p>Work to include;</p> <ul style="list-style-type: none"> <li>- Embedding use of the LESTER tool</li> <li>- Development of motivational interviewing for physical health in mental health settings</li> <li>- Improve staff knowledge and skills including embedding cross supervision for clinicians between Mental Health and Physical Healthcare services.</li> <li>- Standardising the model for physical health clinics across community mental health teams.</li> </ul>	<p>Improved completion of LESTER tool for all patients with a severe and enduring mental illness (SMI). The tool will ensure essential elements of a physical health check are completed.</p> <p>Improved action following identification of any concerns as per previous CQUIN</p>

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
Experience	9. Ensure we have strong patient/ family voices as part of developing and improving services	All services	Jane Kershaw, Head of Quality Governance	<p>Implement workplan year 2 from the Trust's Experience and Involvement Strategy.</p> <p>This will include;</p> <ul style="list-style-type: none"> <li>- Introducing the new role of patient safety partners.</li> <li>- Finalising the co-produced Carers and Families Strategy.</li> <li>- Introducing the new national feedback question across patient surveys.</li> <li>- Developing and embedding new patient volunteers.</li> <li>- Ensuring all service change projects which affect patient care having patients/ carers involved in the developments in a meaningful way</li> </ul>	<p>IWGC measures patient feedback on being involved in care. 2019/20 baseline rated 4.79 out of 5. Target to achieve average of 4.90 or more at every service level.</p> <p>Increase amount of feedback received from patients/ families. Baseline 2019/20 19,492. Target 24,000 over the year.</p> <p>Number of patient safety partners employed to be part of the governance structure. Baseline 0. Target 2 new partners.</p> <p>Number of service change projects and significant quality improvement projects that patients and families involved as partners in co-production.</p>
	10. Improving personalised care planning (action from 2019 CQC inspection based on forensic wards and CAMHS community teams and ward)	All services	Clinical Directors in each Directorate	<p>Focus will be on all inpatient services and CAMHS community teams.</p> <p>OHI supporting a Trust-wide QI project. Driver diagram being developed to identify workstreams likely to include;</p> <ul style="list-style-type: none"> <li>- Understanding from staff the challenges to address</li> </ul>	<p>IWGC measures patient feedback on being involved in care. 2019/20 baseline rated 4.79 out of 5. Target to achieve average of 4.90 or more at every service level.</p> <p>MH wards Essential standards bi-monthly audit - questions; patient reports being involved in care planning (baseline Feb 2020 83%) and</p>

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
				<ul style="list-style-type: none"> <li>- Developing a needs led care planning framework</li> <li>- Promoting the importance of person-centred care planning</li> <li>- Scoping/ delivering training around personalised care.</li> </ul>	<p>documented care plan is up to date and relevant to current needs (baseline Feb 2020 85%). Target 95%.</p> <p>Community Hospital wards essential standards bi-monthly audit – questions; is the care plan reflective of the patient's needs (baseline July 2020 83%). Target 95%.</p> <p>MH community teams CPA quarterly audit –is there evidence that the patient has been involved in creating the care plan? (baseline Q4 19/20 84%). Target 95%.</p>
	11. Developing easy read versions of publicly available quality papers	All services	Jane Kershaw, Head of Quality Governance	Key quality reports to be converted into easy read and a video format and made available to the public.	Number of 'easy read' quality papers submitted to Trust Board over 12-month period. Baseline 0. Target 2.
	12. Develop and launch a new e-learning course for all staff on an introduction to autism	All services	Helen Green, Director of Education and Development	Develop and launch new e-learning course co-produced with Autism Oxford.	% staff completed the eLearning autism training across the Trust. Baseline 0%. Target first year 50% staff to complete.
Clinical Effectiveness	13. Improve end of life and palliative care planning/ communication with patients and families	Physical healthcare services- Community Nursing and Community Hospitals	John Campbell, Head of Nursing Community Services Directorate	<ul style="list-style-type: none"> <li>- Run workshops for training in personalised care at the end of life and evaluate the sessions</li> <li>- Continue to monitor impact in practice through monthly audits.</li> <li>- Improve consent process for participating in the national audit and data management so we have a</li> </ul>	<p>Monthly EOL audit results; focus on patient/ family involvement (baseline Feb 2020 92%), persons preferred place of care at end of life documented (baseline Feb 2020 84%) and that a personalised care plan being in place. Target 90% across 3 audit standards.</p>

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
				<p>larger sample</p> <ul style="list-style-type: none"> <li>- CareNotes to be modified so clinicians can record in the 'events' tab an appointment for EOL care planning with options to raise an alert for advance care planning.</li> <li>- Scope how to use of TOBI<sup>5</sup> to report on information in relation to EOL care.</li> <li>- In partnership with Oxfordshire CCG and Sue Ryder we will develop some stand-alone inpatient beds for patients with more complex palliative care needs.</li> </ul>	
	14. Support the delivery of a 'home first' approach including discharge to assess	Physical healthcare services	Sara Bolton, Associate Director of Allied Health Professionals	Implement the NHS Ageing Well initiative with partners in Oxfordshire (OHFT is 1 of 7 accelerator sites). This will include; recruiting new roles for a more rapid community response, testing the 2-hour community/ home response (discharge to assess) approach, and offering more support into care homes.	<p>This is a new initiative so baselines are not available.</p> <p>Number of community and home response visits within 2 hours or less/ providing an alternative to admission.</p> <p>Reduce LOS in community hospital rehab beds (as patients are supported to go home quicker).</p>
	15. Improve clinical care pathways through continuing to implement the three regional	Mental health services –	Katrina Anderson, Service Director for	Move from commissioning in shadow form to full delegated responsibilities from NHS England/ Improvement.	<p>Patients are treated closer to home.</p> <p>Timely access to inpatient provision when needed.</p>

<sup>5</sup> Trust Online Business Intelligence Platform (TOBI) which is a way to make information more accessible and to bring it together for staff to use.

Domain	Quality Objective	Relevant service(s)	Lead	Milestones	Measurement
	mental health New Care Models (also known as Provider Collaboratives), part of the Five Year Forward View	specialist services	Oxon and BSW mental health Directorate  Jude Deacon, Service Director for Forensic services		
	16. Develop the consistency and application of staff supervision (action from 2019 CQC inspection)	All services	Helen Green, Director of Education and Development	OHI supporting a Trust-wide QI project. Driver diagram being developed to identify workstreams	% completion of clinical supervision. Baseline for clinical directorates March 2020 65%. Target 85%.
	17. Improve clinical documentation and practice in relation to the Mental Capacity Act (action from 2019 CQC inspection)	All services	Mary Buckman, Associate Director of Social Care	Continue work from 2019/20 as described above. This will include the implementation of Liberty Protection Safeguards.	% staff completed training in MCA (new starters and refresher). Baseline March 2020 65%. Target 85%.  Audit results demonstrate an improvement in documentation.

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

### Buckinghamshire and Oxfordshire Clinical Commissioning Groups



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11<sup>th</sup> December 2020

Dear Jane Kershaw,

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

NHS Buckinghamshire CCG and NHS Oxfordshire CCG response to  
Oxford Health NHS Foundation Trust Quality Account 2019/2020

Buckinghamshire Clinical Commissioning Group and Oxfordshire Clinical Commissioning Group have reviewed the Oxford Health Foundation Trust Quality Account against the quality priorities for 2019/2020.

The Quality Account provides a balanced overview of the Trust's performance for the year 2019/20. The Account clearly identifies the Trust's achievements within the period reported, and also areas where improvements could be made. The Clinical Commissioning Groups welcome the openness and transparency of this approach and continues to be committed to supporting the Trust in achieving improvement in the areas identified within the Quality Account.

When the Covid outbreak started the Trust identified early on the enormous impact of the pandemic on staff, many of whom were rapidly redeployed, and supported them with their emotional well-being. This support must continue throughout the second wave and beyond.

The CCGs acknowledge the enormous impact that Covid had on services as the Trust endeavoured to provide services to those most in need of care and support, and also support the wider system through a program of planned mutual aid, in particular Care Home support. Both CCGs acknowledge and accept a reduced Quality Account for 2019/20 to reflect the suspension of certain services and the temporary halt in reporting quality metrics.

The findings from the well-led inspection by the CQC during 2018/19 continued to be addressed in 2019/20. This includes improving the clinical documentation and practice in relation to Mental Capacity Act assessments, the use of restrictive practices, employing quality improvement approaches and benchmarking against best practice across the country. There is, however, further work to be done in this area and the CCGs endorse this as a continued priority.

The Trust continued to seek feedback on patient experience throughout 2019/20. Feedback from I Want Great Care (IWGC) continues to be acted upon. The appointment of six carer support roles to act as carers' champions further supports the Trust commitment to improving the patient and carer experience.

Many new initiatives were successfully introduced in 2019/20. One example is Mental Health Support roles in schools. This has supported young people and has improved access to CAMHS in a period of increasing demand. The Trust has improved performance against the CAMHS access target and is now above the national average. The CCGs remain concerned about the impact on young people of long waits for the CAMHS service.

The successful bid to become an Ageing Well pilot project has supported not only the work of the Trust but also the partnership approaches such as implementing the Enhanced Health in Care homes model.

The Trust has worked hard to reduce the number of bed days in out of area placements for both its mental health and learning disability patients.

The CCGs recognise that completing ten out of the 14 quality priorities for 2019/20 is an achievement. The Trust's success in recruiting 1400 staff last year is noted. There is still further work to be done on staff well-being and retention and the CCGs agree this should remain a priority for 2020/21.

The CCGs endorse the 17 Quality Objectives (QO) for 2020/21 but acknowledges that achieving all 17 priorities will be challenging in the period of Covid.

Continuing to support and improve staff well-being (QO 1) is important to reduce the high number of absences due to work related stress. Improved appraisal rates for staff and supervision attendance will support this.

The CCG endorses QO 7 i.e. improving tissue viability and reduce avoidable harm in pressure damage (national NHSI quality improvement collaborative). Community nursing has been challenged through vacancies, sickness, Covid and ever increasing workload, therefore, leadership and support for staff is vital.

In order to achieve QO 8, to continue to work to improve physical healthcare for patients with severe mental health illness, the CCGs would like OHFT to improve the sharing of data with primary care and communication with GPs on accessing psychological services. The CCGs would like to see further development by the Trust to improve understanding and adapt services to the meet needs of those with autism. The CCGs would like to see some more detailed training in addition to the e-learning training to capture use and family carer experience to support reasonable adjustments and support the development of services.

A consistent theme identified from learning from deaths, complaints and serious incident investigations is communication and involvement of families and carers and the quality of documentation. The CCGs would like to see some focused work to address and improve in these areas.

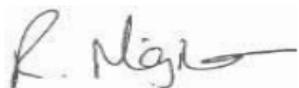
Looking to 2021 the NHS architectural changes will present new challenges and opportunities for how OHFT services work with the evolving Place-based quality frameworks. The new Patient Safety Strategy supports more integrated approaches to exploring, measuring and improving quality across care pathways.

We would like to thank the Trust for working in an open and transparent way with commissioners and wider stakeholders. The Trust continues to demonstrate a commitment to collaborative working with partner agencies as we work towards integrated system working.

Yours sincerely,



**Diane Hedges**  
Chief Operating Officer and Deputy Chief Executive  
Oxfordshire Clinical Commissioning Group



**Robert Majilton**  
Deputy Chief Officer  
Buckinghamshire Clinical Commissioning Group

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

*Due to the impact of COVID-19 the Quality Account regulations were paused in March 2020 and the content and timescales have since been revised. The Chief Nurse and Head of Quality Governance attended the Oxfordshire HOSC meeting in June 2020 to present a summary of progress against the quality objectives the Trust identified in 2019/20 and to share the provisional objectives for 2020/21.*



Date: 9<sup>th</sup> July 2020

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

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Head of Quality Governance  
Oxford Health NHS Foundation Trust  
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Contact: Martin Dyson, Policy Officer  
Direct Line: 07393 001252  
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Dear Jane,

**Re: Oxford Health Quality Account 2019/20**

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 2019/20. In future updates it would be helpful to understand if the Trust considers the progress made against the priorities sufficient enough to class them as completed or not. It's clear that considerable progress has been made against a number of the areas, however it would be useful to understand whether the Trust believes more work is needed in certain areas.

The committee encourages and supports the ambition to build on the work of the 'good' CQC rating and to aim achieve 'outstanding'. However we do note that there hasn't yet been the opportunity to develop and consult on the priorities in the usual way with stakeholders. Whilst understandable, given the COVID-19 pandemic, HOSC would strongly encourage an in-year review of the priorities to ensure they remain key issues to tackle from a stakeholder perspective. Understanding concerns as well as positive reflections from a range of stakeholders will be key in delivering the priorities for this year and will also no doubt aid the Trust in developing a strong evidence base to progress to a CQC rating of 'outstanding'.

In terms of future priorities, HOSC is very supportive of the quality priorities identified for 2020/21. It is encouraging to see staff health and wellbeing as a priority for the year as well. It's especially pertinent given the current COVID-19 pandemic and considerable demands that has put on health workers.

The committee would welcome further discussion at a future HOSC meeting about the progress being made against the Trust's 2020/21 priorities.

Yours Sincerely  
The Investors in People logo, which consists of a stylized circular emblem with the words "INVESTORS IN PEOPLE" underneath.

A handwritten signature of Cllr Arash Faterman.  
Cllr Arash Faterman  
Chairman Oxfordshire Joint Health Overview & Scrutiny Committee