Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 9 June 2022 at 10.00 am

Council Chamber - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link.

In line with current Government advice, those attending the meeting are asked to consider wearing a face-covering.

Membership

Chairman - Councillor Jane Hanna OBE
Deputy Chairman - City Councillor Jabu Nala-Hartley

Councillors:	Nigel Champken-Woods	Damian Haywood	Dr Nathan Ley
	Imade Edosomwan	Nick Leverton	Freddie van Mierlo
District Councillors:	Paul Barrow	David Turner	
	Vacancy (WODC)	Jason Slaymaker	
Co-optees:	Jean Bradlow	Dr Alan Cohen	Barbara Shaw

Notes: ***Date of next meeting:*** *22 September 2022*

For more information about this Committee please contact:

Chair	-	Councillor Jane Hanna OBE Email: jane.hanna@oxfordshire.gov.uk
Scrutiny Officer	-	*Helen Mitchell* *Email: helen.mitchell@oxfordshire.gov.uk*
Committee Officer	-	*Colm Ó Caomhánaigh, Tel 07393 001096* *Email: colm.ocaomhanaigh@oxfordshire.gov.uk*

Stephen Chandler
Interim Chief Executive

May 2022

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer no later than 9 am on the working day before the date of the meeting.**

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Election of Chair for the 2022/23 Council Year

2. Election of Deputy Chair for the 2022/23 Council Year

3. Apologies for Absence and Temporary Appointments

4. Declarations of Interest - see guidance note on the back page

5. Minutes (Pages 1 - 10)

To approve the minutes of the meeting held on 10 May 2022 (**JHO5**) and to receive information arising from them.

6. Speaking to or Petitioning the Committee

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection. In line with current Government advice, those attending the meeting in person are asked to consider wearing a face-covering.

Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate 'hybrid' meetings we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on Wednesday 1 June 2022. Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk.

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

7. Oxford University Hospital NHS FT Quality Account (Pages 11 - 32)

10.10 am (timings are estimates)

To review the Quality Account of the Trust, specifically, the quality objectives for this year and the next.

NB The report from the Director of Law & Governance covers both Quality Account items.

8. BOB ICB Strategy for Engaging the Communities and the Public (Pages 33 - 48)

10.30 am

To receive the Committee's letter shared with the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board's Director of Governance on 18 May 2022.

The BOB ICB Strategy for working with people and communities is included in the papers.

9. Oxford Health NHS FT Quality Account (Pages 49 - 100)

10.50 am

To review the Quality Account of the Trust, specifically, the quality objectives for this year and the next.

NB The report from the Director of Law & Governance covers both Quality Account items.

The Committee is RECOMMENDED to: -

a) Consider the Quality Accounts (QAs) of both NHS Foundation Trusts;

b) Agree to provide comments on the accounts, to specifically include progress against the Quality Objectives for 2021/22 and their identified objectives for 2022/23;

c) Agree to delegate to the Interim Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in the form of a letter and to authorise the Chair to sign the letter to Oxford University Hospital NHS FT and Oxford Health NHS Foundation Trust on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee for incorporation into the 2021/22 Quality Accounts.

10. Work Programme (Pages 101 - 112)

11.10 am

To discuss the Committee's work programme for the 2022/23 municipal year.

The Committee is RECOMMENDED to: -

a) Agree the Committee's work programme for the municipal year 2022/23;

b) Note that the work programme is a document that is subject to change and Members can add, subtract and defer items as necessary;

c) Agree to consider the work programme at each meeting of the Committee over the course of the municipal year alongside the Council's Forward Plan;

d) Agree to undertake further engagement with the County Council, NHS and Healthwatch colleagues to refine the programme and timings.

11. Emotional Wellbeing of Children (Pages 113 - 120)

11.40 am

To receive a focussed progress update and assurance further to the Committee's meeting on 10 March 2022.

The Committee is RECOMMENDED to acknowledge the engagement that has been undertaken with children and young people and parents and carers to shape the outputs of the Emotional Mental Health and Wellbeing Strategy and acknowledge the key milestones to publishing and implementing the strategy.

12. Overview of Integrated Care Programme (Pages 121 - 142)

12.30 pm

To provide the Committee with assurance of smooth transfers of care, capacity and demand management.

1.20pm LUNCH

13. Healthwatch Report (Pages 143 - 152)

1.50 pm

Healthwatch Oxfordshire will report on the views gathered on health care in Oxfordshire.

14. Co-opted Members of the Health Overview and Scrutiny Committee (Pages 153 - 156)

2.15 pm

To note the end of the tenure of Dr Alan Cohen and term extension of Barbara Shaw until April 2023.

The Committee is RECOMMENDED to: -

a) To agree to renew Mrs Barbara Shaw's term for a further 2 years (from the point in which her initial term expired) concluding in April 2023.
b) To note that Dr Alan Cohen will have served two maximum terms and will therefore leave the Committee in August 2022.
c) To place on record the Committee's thanks to Dr Cohen for his dedication and contributions to this Committee.
d) The Committee agrees to undertake a recruitment exercise to fill the vacancy with a view to ensuring that the co-opted member is present at HOSC on 22 September.
e) That the Committee considers the composition of its co-opted member cohort and assures itself that it reflects the needs of the Committee, its work programme and the diversity of the people of Oxfordshire.

15. Actions and Recommendations Tracker (Pages 157 - 164)

2.20 pm

To ensure progress against the Committee's agreed actions and recommendations and to seek the Committee's support for a formal request to be made that a local review of Care Home discharges be undertaken (draft letter attached).

16. Health and Care Act Briefing from the Centre for Governance and Scrutiny and its Translation for Health Overview and Scrutiny in Oxfordshire (To Follow)

2.30 pm

To note the briefing and understand the impact of the legislation on health scrutiny in Oxfordshire / across BOB.

NB This item is dependent on the briefing being published. It will be circulated as a late document if that is the case.

17. OJHOSC Annual Report (Pages 165 - 168)

2.45 pm

To agree plans to progress the publication of the HOSC annual report.

The Committee is RECOMMENDED to:

a) Note the requirement for the Committee to produce an annual report.

b) Agree that the draft report will be signed off by the Committee electronically.

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or email democracy@oxfordshire.gov.uk for a hard copy of the document.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 10 May 2022 commencing at 10.00 am and finishing at 3.00 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair
	Councillor Nigel Champken-Woods Councillor Imade Edosomwan Councillor Damian Haywood Councillor Dr Nathan Ley Councillor Freddie van Mierlo District Councillor Paul Barrow District Councillor Sandy Dallimore District Councillor David Turner Councillor Ian Corkin (In place of Councillor Nick Leverton)
Co-opted Members:	Dr Alan Cohen Barbara Shaw
Officers:	
Whole of meeting	Stephen Chandler, Interim Chief Executive; Ansaf Azhar, Corporate Director for Public Health; Helen Mitchell, Scrutiny Officer; Colm Ó Caomhánaigh, Committee Officer.

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting together with a schedule of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.

12/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Nick Leverton (substituted by Councillor Ian Corkin), City Councillor Jabu Nala-Hartley, District Councillor Jill Bull and Jean Bradlow.

13/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The following non-pecuniary interests were declared:

- Dr Alan Cohen as a Trustee of Oxfordshire Mind.
- Councillor Damian Haywood as an employee of Oxford University Hospitals NHS Trust.
- Councillor Jane Hanna as CEO of SUDEP Action.

14/22 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 10 March 2022 were approved and signed as an accurate record.

15/22 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chair agreed to the following requests to speak:

Item 7 - BOB-ICB Strategy
Joan Stewart

Item 10 – Healthwatch Report
Marie Walsh

16/22 ACCESS TO SERVICES - PRIMARY CARE

(Agenda No. 5)

The Committee considered a paper setting out the key aspects of delivery in the provision of primary care services in Oxfordshire, specifically general practice services. It included appointment data including the significant contribution that was made to the COVID vaccination programme, and recent patient feedback on accessing GP services.

The following people had been invited to participate in the discussion on this item:

from Oxfordshire Clinical Commissioning Group (OCCG) -
Jo Cogswell, Director of Transformation
Julie Dandridge, Deputy Director of Primary Care
Dr David Chapman, Clinical Chair Oxfordshire CCG and GP in Oxford City
Dr Sam Hart, North Network Clinical Director

from the Local Medical Committee -
Dr Helen Miles, GP at Woodlands Medical Centre
Nargis Khan, Practice Manager Representative.

Jo Cogswell introduced the report. The feedback included information from Healthwatch as well as an engagement exercise conducted as part of the commissioning contract.

The graph at 3.1 in the report was based on a national data set and unfortunately does not go back far pre-Covid. The number of appointments face-to-face and virtual

were shown. It should be kept in mind that these levels of work were maintained while the vaccination programme was being rolled out.

Dr David Chapman noted that there had always been a mix of interactions and flexibility in the system with a lot of professionals involved, not just GPs. Covid accelerated the triage-based system. GP services never closed during the pandemic – they continued to operate under contingency plans for a major epidemic despite the lack of PPE in the early weeks.

Statistics showed that appointments now were up 10% on 2019. Primary Care should be congratulated for continuing to deliver services thanks to the hard work of GPs, receptionists, practice nurses and practice managers. A GP gets about 90% of the necessary information from talking and only about 10% from examination. Patients were always seen face-to-face if it was necessary. Many patients liked the new ways. Opinion polls had indicated that satisfaction levels with Primary Care compared very well with other services.

Dr Helen Miles added appointments were really the tip of the iceberg of GP work. There were also tests, prescriptions, supervision, training etc. There was now extra work that was traditionally done elsewhere like tests that used to be done in hospitals. There were also hours of work spent with the administration of different funding pots. She also outlined staffing issues. Negative media was impacting on staff morale and turnover was higher than ever.

Nargis Khan emphasised that if it had not been for the technology now available, practices would have had to close at times. Fortunately staff self-isolating were able to work from home – patients may not have even been aware of the difficulties practices were facing.

Members thanked those working in Primary Care for their hard work in keeping services going through the pandemic. They also raised a number of issues:

- Only 59% of those over 75 got the second booster.
- Over what timeframe will the advanced telephone system be rolled out to GP practices?
- The number of practices offering e-Consult appeared to vary across the county. Many people found it too clunky and ended up phoning anyway.
- Difficulties accessing GP practices amounted to a significant proportion of casework for councillors. The experience once into the system was positive but accessing was a problem. There was a lack of metrics such as call waiting times.
- There were particular problems for those with mental health needs and other vulnerable populations – with some falling out of the system.
- There were issues around the length of consultations especially considering that the complexity of health issues was increasing.
- There was no workforce report, nothing to benchmark against other comparable areas and no information on plans to recruit. Was there a difficulty with GPs not wanting to be partners in practices – just salaried?
- The public perception was that Covid was over and there was an increased expectation of access to services getting back to normal. Perhaps clearer communications on the continuing threat of Covid was needed.

- The survey did not distinguish between the different types of demand – acute, routine or chronic.
- How will areas of high housing growth impact on the service? How can the planning system support this?

These were responded to as follows:

- Weariness had crept in with each round of vaccines. Those eligible can ask for it at any time. There was likely to be a new round every autumn – probably with the flu vaccine. There will be campaigns to encourage uptake.
- It was expected that the advanced telephone system will be rolled out this year. It will allow more cross-practice working with other added benefits. There will still be issues around capacity – people were needed to answer the phones and there was still a limited number of appointments available.
- All but one practice was using some form of online consultation (e-Consult was one package available). The systems were used to varying degrees – some turning it on and off according to capacity. OCCG was working with practices to explore reasons for difficulties and learn from the best practices. A strategy had been developed to assist practices in their decisions on what system to adopt which will help even out some of the differences. It would be beneficial for Primary Care Networks to adopt the same system to maximise cross-PCN working.
- It had been estimated that 6,000 more GPs were needed across the country – the figure was probably closer to 7,500 now. The workforce issues were in common with many sectors across Oxfordshire.
- There were also issues with estates nationally with many existing premises unsuitable to cater for current requirements.
- It was agreed that better metrics on access were required including the profile of calls.
- OCCG was concerned about the sustainability of GP practices but believed that integration through PCNs will serve them well.
- Work by Public Health was also important in helping communities especially in the areas of mental health for young people, obesity, housing and recreation. GPs will play an important role in all of that.

The Chair summarised the discussion:

The Committee appreciated the work of GPs and the Primary Care sector in general through the pandemic and under the current pressures and was committed to supporting future planning for resilience especially on the issues of workforce and estate.

The Chair stressed the importance of whole system working and scrutiny. The Committee was disappointed at the lack of information on workforce issues. There was agreement that it would be useful to have a workshop to explore issues in greater detail. The Committee will look at that in terms of its work programme.

There was an urgency about the estates issue in particular for Didcot and the development around Great Western Park. The recent developments at Wantage & Grove were welcome and brought hope to the area.

Actions for the OCCG:

- **Provide trend data to be able to compare with pre-Covid.**
- **Circulate the results of the March 2022 survey when available.**

17/22 MATERNITY SERVICES

(Agenda No. 6)

The Committee received a report from Sam Foster, Chief Nursing Officer, Oxford University Hospitals Foundation Trust (OUH) on the current position of maternity services.

Members raised a number of questions:

- If the Trust has been collecting outcomes data to analyse any impact of the suspension of services.
- If the CQC's 'Musts' have been implemented.
- If there was a plan to improve the two areas rated Red under the Incentive Scheme.
- If further information on the Continuity of Carer (CoC) issue could be provided.
- If any of the health inequality issues that have been identified were impacted by the issues around CoC; if the teams were working to the recommendations of the MBRRACE Report.
- If decisions to induce and other issues were discussed with the mother with an opportunity to ask questions before and after the birth and if shortages of health visitors were impacting significantly on the frequency of visits.
- If there was data to compare with national figures on stillbirths, complications and trauma.
- If there had been a response to the CQC report that had highlighted the lack of quiet rooms.
- If CQC visits were unannounced and if their report contained any surprises.
- If there was a prospect of the service moving from "requires improvement" grading to "good".
- If the communications and engagement around the temporary closures at Wantage and Chipping Norton were satisfactory. If there was a timeline for reopening and if population growth trends were being taken into account.
- Where the main shortages were in staffing.
- If there was a problem with midwives having to endure poor living conditions

Sam Foster responded as follows:

- The Trust was required to produce a quality impact assessment and review all of the alternatives – their pros and cons – which they were in the process of doing. They had established that six patients were affected but they had been able to maintain one-to-one maternity care through this period.
- The audits around the 'Musts' have given assurance that those improvements were in place.
- On the Incentive Scheme issues, electronic notes were ensuring 100% compliance on point 6. Point 8 related to training which encountered difficulties under Covid when front-line care had to be prioritised nationally. However, they were on track to ensure compliance.

- A national report (Ockenden final report) had recommended pausing the Continuity of Care model due to a recognition that it could compromise safe staffing under the current workforce restraints.
- The Lotus Team was focussed on health inequality and vulnerability issues and the Trust was continuing to invest in that team. That team had the expertise to deal with the recommendations of the MBRRACE Report.
- The decision to induce will always be a clinical decision. The service could do better on providing information and will work with patients, families and Healthwatch to see how they can improve.
- The service was working towards providing a dashboard and benchmarks.
- The fabric of buildings could be an obstacle to providing bereavement areas and capital funding was needed. However, Government capital spending was currently focussed on urgent care and elective recovery.
- Most CQC visits were unannounced. There were no surprises in their report.
- The CQC currently had no plans to visit to regrade. The inspection regime had changed a lot since they recommenced after Covid. They were currently focussed on reactive visits based on concerns.
- There was a communications team dealing with media queries ensuring consistent information and midwives were meeting with the ladies affected. It was hoped to be able re-evaluate the decision in the coming couple of weeks and the Committee will be updated on that. The service would be happy to work with the Committee on future planning.
- The main shortage was in midwifery and the biggest issue was in retaining newly qualified staff.
- The service has just carried out a survey on housing and new accommodation was currently being built.

Actions:
Sam Foster to provide more detail on the CQC Action Plan Update and on the Lotus Team as well as the Maternity Safe Staffing Paper.

18/22 UPDATE ON ACTIONS

(Agenda No. 8)

The Committee considered the update on the progress on actions arising from previous Committee meetings.

Helen Mitchell, Scrutiny Officer, asked the Committee to endorse the completed actions with the exception of the items relating to Admissions to Care Homes which Members wish to discuss under the Chair's Report. This was agreed.

Action: Consider the issue of the convergence of service offer across BOB under the Committee's work programme.

19/22 CHAIR'S REPORT

(Agenda No. 9)

The Committee considered the update from the Chair of the Committee on work progressed in between meetings and future issues.

Helen Mitchell, Scrutiny Officer, drew Committee Members' attention to paragraph 13 on the recent High Court judgement that the discharge of untested Covid-19 patients to care homes was unlawful. This Committee had already called for a local review of the discharges to care homes and may wish to consider asking for that to take place sooner rather than later given the High Court judgement.

Members of the Committee noted that there was an Oxfordshire resident involved in the High Court case. Families wanted answers but there was no indication when a national review would take place. They agreed with the suggestion that Oxfordshire partners should look at having a local review. Such a review might be able to identify differences of approach between care homes for example.

Ansaf Azhar, Director for Public Health, was concerned that a local review would not provide a sufficiently large sample size to produce solid conclusions. Unless there was a belief that there was something different happened in Oxfordshire, it would be better to wait for the national public enquiry which would give better conclusions.

Stephen Chandler, Interim Chief Executive, added that another problem was that there was no testing regime in place in the period in question which would make it difficult to identify causes. The Government was currently working on the terms of reference for the national review but it seemed unlikely that they would move to interviewing witnesses even within the next year. He agreed to take the suggestion of a local review to the NHS partners.

The Committee agreed to accept the Interim Chief Executive's offer to consult with system partners about what could be done locally and come back to the June meeting with their response.

Councillor Paul Barrow asked for an update on including system partners in scrutiny training. Helen Mitchell responded that a programme of training was in development with the Centre for Governance and Scrutiny and system partners will be included.

Dr Alan Cohen questioned whether the action on providing information on winter access funds had been completed as there was only a small amount of information provided. Helen Mitchell agreed to include it in the planned workshop.

The Committee also noted that the latest update from Oxford University Hospitals was that the John Radcliffe appeared to be under severe pressure.

Action:
The Chair will ask for more information as there appeared to be a lack of public awareness that the impact of the pandemic was still being felt.

20/22 BOB ICB STRATEGY FOR WORKING WITH PEOPLE AND COMMUNITIES

(Agenda No. 7)

The Committee considered a draft engagement strategy from the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board.

Before discussing the draft strategy, the Chair had agreed to a request to speak:

Joan Stewart, Keep Our NHS Public, stated that the engagement strategy had to be seen in the context of the wider strategy for BOB. The Board's strategy stated that it had to support those most in need. She believed that this entailed rationing services according to the limited funding from central government.

She noted that the head of Healthwatch England had resigned in protest at the reduction in resources available to it. She also believed that the Board members were being appointed for their financial expertise and none had been brought on to oversee the engagement strategy.

Joan Stewart described the strategy as tokenistic and believed that it would not achieve any meaningful public involvement where the real decisions were made - at Board level.

The Chair described the strategy as deeply disappointing as was the fact that the Committee had only heard about it recently. She asked for comments to be submitted to the scrutiny officer by Friday 13 May in order to prepare a draft response by 18 May.

The BOB-ICB had not provided a speaker for this item but Catherine Mountford, Director of Governance for the Integrated Care Board, had sent a statement to be read out.

"One of the NHSE requirements for Integrated Care Boards (ICBs) is to develop a strategy for working with people and communities in line with the published guidance available here. Following some early discussion with the five Healthwatches across Buckinghamshire, Oxfordshire and Berkshire West (BOB), lead governors and the VCSE alliance we have developed an initial draft for BOB ICB's strategy for engaging with people and communities. This was submitted to NHSE and published on our engagement site just before Easter. It has now been more widely circulated/communicated and we welcome comments on it. For context it is a very general and high level draft strategy about an approach for ways in which the new ICB can work with people and communities across the geography. This would guide our approach for individual projects and service reviews.

Any comments received by Wednesday 18 May will inform the next iteration of the strategy to be considered by the BOB Integrated Care System (ICS) Development Board and then submitted to NHSE. A final version will not be ratified until the first ICB Board meeting on 1 July. Comments received by 17 June can be used to inform the draft that will be submitted to the ICB Board."

Asked if she had been in contact with the Chairs of the other Health scrutiny committees in the BOB area, the Chair confirmed that she had been and they had been equally surprised. She believed that the document was a very early indication of the culture and priorities of the ICB. Success depended on strength at Place between local government and health partners along with effective scrutiny.

Members agreed that the document was most unsatisfactory. It did not amount to any kind of effective engagement with the public and appeared to be a box-ticking

exercise. The Committee would need to see a dramatic improvement in the next draft.

Action:
Invite the new chair of the ICB to come to the June meeting of the Committee.

21/22 HEALTHWATCH REPORT

(Agenda No. 10)

The Committee had received a report from Healthwatch Oxfordshire on its feedback from members of the public and its recent reports.

Before considering the report, the Chair had agreed to a request to speak:

Marie Walsh, representing Didcot Against Austerity, expressed concern that the pace of growth around Didcot was not being matched by the provision of health facilities. Her organisation's initial petition was to call for the provision of a Minor Injuries Unit but other issues came up as they engaged with people – particularly access to GPs and NHS dentists and waiting times for treatment of mental health issues.

A recent public meeting itemised specific needs such as a health centre and GP hub for Great Western Park and a pharmacy for Ladygrove. There were also problems identifying who to contact about each issue. The group would be very happy to meet individually with any Members of the Committee who could help.

Rosalind Pearce, Executive Director, Healthwatch introduced the report which she said was in a different format focussed on Healthwatch Oxfordshire reports relating to accessing GP services over the past 12 months. She offered some observations on the issues that had come up throughout this Committee meeting:

- The majority of people were very supportive of the care they get from the system once they are in it but the problem was with access in the first place.
- Many complained of long waits for an answer on the phone only to be told there were no appointments available.
- Dentistry was high on the list of access complaints.
- Healthwatch will have a report on access to pharmacies in six to eight weeks.
- Could the lack of uptake of the fourth vaccine be related to having fewer volunteers available?
- Not every surgery or every area was experiencing problems with access and it was necessary to identify those that had the biggest problems.
- In relation to reviewing transfers to care homes, the collection of 'data' needed to include the views of people.
- Healthwatch has had meetings on the BOB-ICB engagement plan. They have been quite clear that it will not work unless it has resources, a local focus and involvement by the public.

In response to questions from Members:

- The earwax removal service, free to those over 55, was advertised on the Healthwatch website and others but there was still more work to be done on getting the message out to ensure GPs refer people.
- They have had discussions with OCCG on the idea of having a consistent website for all GP practices. In the meantime, it would be important for practices to learn from the best sites.
- Relying on family members to interpret has always been problematic. Some people prefer to use family members but the offer of an interpreter must be made. The service was free to GPs and members of the public and, as a result of a Healthwatch report and follow-up action by OCCG, pharmacies now have access to this service, although not all seemed to be aware of that.
- For some people face-to-face meeting was vital and the message still needed to get out there that that was always an option. There was a concern about exclusion of those who were not digitally capable or hard of hearing or for whom English was not the first language.
- The film produced in Oxfordshire on women's experience of maternity services has been shown across England. It has brought the researcher into contact with Oxford University Hospitals NHS Foundation Trust maternity staff and managers, the Maternity Voices Partnership, and other groups.
- The funding challenge to Healthwatch Oxfordshire was that they had a 12-month funding cycle so could not engage in longer pieces of work. The priorities this coming year would be around Young People and Men – two groups who tend to be in the minority responding to other initiatives.

Ansaf Azhar, Director for Public Health responded to questions related to health monitoring Apps and whether they were coordinating with each other. He agreed that there was a big move towards digital offers. The idea of Healthcheck having a digital offer was being examined. He agreed that work needed to be done to avoid duplication and link related applications. It was important to offer digital and non-digital choices. It should be recognised that digital options offered economies of scale.

..... in the Chair

Date of signing .....

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Divisions Affected – All

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 JUNE 2022

QUALITY ACCOUNTS – OXFORD HEALTH NHS FT AND OXFORD UNIVERSITY HOSPITALS NHS FT

2021/22

Report by Director of Law and Governance

RECOMMENDATION

1. **The Committee is RECOMMENDED to: -**

   a) Consider the Quality Accounts (QAs) of both NHS Foundation Trusts;

   b) Agree to provide comments on the accounts, to specifically include progress against the Quality Objectives for 2021/22 and their identified objectives for 2022/23;

   c) Agree to delegate to the Interim Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in the form of a letter and to authorise the Chair to sign the letter to Oxford University Hospital NHS FT and Oxford Health NHS Foundation Trust on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee for incorporation into the 2021/22 Quality Accounts

Executive Summary

2. Health bodies are required to provide the Health Overview and Scrutiny Committees (HOSC) with a copy of their Quality Accounts for comment. The health body is required to incorporate any comment on its Quality Accounts received from stakeholders (inc. HOSC) into its final version that is submitted to its regulator.

Background

3. Health Overview and Scrutiny Committees are one of the stated statutory consultees that health bodies are required to invite to comment on their Quality Accounts.

4. A Quality Account is a report about the quality of services provided by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

5. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. Certain specified quality indicators have to be included in the report.

6. The HOSC does not have to comment on the Accounts but it has the opportunity to do so as they provide useful summary and insight into quality issues, performance and actions being taken in respect of the two Trusts providing the overwhelming majority of NHS services in Oxfordshire.

7. Reviewing Quality Accounts can also act as a prompt for the HOSC to comment on how a health body is presenting information, the impression the HOSC has of the organisation's approach towards quality improvement overall, how the HOSC has been engaging and challenging the health body on current concerns and issues and how the health body has responded both to the HOSC and regulatory challenge.

Corporate Priorities

8. Improving health and wellbeing of residents and reducing health inequalities are stated ambitions within the Council's Strategic Plan agreed in February 2022.

Financial Implications

9. There are no financial implications associated with this report.

Comments checked by: Lorna Baxter

Lorna Baxter, Director of Finance. Lorna.Baxter@oxfordshire.gov.uk

Legal Implications

10. The law states that a Scrutiny Committee can:
(a) • Require a council officer or councillors to attend to answer questions
(b) • Require information to be provided that is held by the council
(c) • Require responses to recommendations
Specific Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions

Comments checked by: Anita Bradley

Anita Bradley, Director of Law and Governance and Monitoring officer.
Anita.Bradley@oxfordshire.gov.uk

Staff Implications

11. None arising from this report.

Equality & Inclusion Implications

12. None arising from this report.

Sustainability Implications

13. None arising from this report.

Risk Management

14. If Members do not provide comments it could appear that there is a lack of interest from the Committee in holding the NHS to account for the achievement of and future planning in respect of ensuring high quality health services.

Consultations

15. None arising from this report.

Anita Bradley
Director of Law and Governance

Annex:	None
Background papers:	None
Other Documents:	Quality Accounts: a guide for Overview and Scrutiny Committees, Department of Health
Contact Officer:	Helen Mitchell, Interim Scrutiny Manager

May 2022

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Oxford University Hospitals
NHS Foundation Trust

Progress against Quality Priorities 2021-22 and Priorities for 2022-23

Dr Andrew Brent
Deputy Chief Medical Officer

on behalf of
Professor Meghana Pandit
Chief Medical Officer

9 June 2022

The Joint Health Overview and Scrutiny Committee. For Information June 2022

Our Strategic Framework 2020-2025

This is our strategic framework, developed by our staff and built on our vision and values

Oxford University Hospitals
NHS Foundation Trust

Quality Priorities 2021-22

Patient safety

- Triangulation of complaints, claims, incidents and inquests
- Safety huddles.
- Medication safety – Insulin and Anticoagulants.

Clinical effectiveness

- To minimise the occurrence of *C.difficile* and MRSA in OUH.
- Transition of children to adult services.
- Clinical Activity Recovery.

Patient experience

- Digital innovations .
- Staff health and wellbeing: Growing stronger.
- Quality Improvement (QI) Stand Up.

Did we achieve the 2021-22 Quality Priorities?

Triangulation of complaints, claims, incidents and inquests

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
To promote optimal efficiency and learning from potential issues by embedding a combined approach to patient and relative responses, investigations and systemic improvements.	Action 1. A weekly Incidents, Complaints, Claims, Safeguarding & Inquests Scrutiny Group will take place a minimum of three times every four weeks in FY 21/22, with involvement of the Trust's corporate patient safety, legal, safeguarding and complaints teams. Action 2: Data around the following issues will be shared with attendees at or in advance of each meeting to allow the relevant team to follow up (e.g. is there already, or ought there to be, an incident raised on the OUH system correlating with a Coronial inquest into a patient death?)	Action 1: ***Fully achieved.*** The data collated for FY 2021-22 show that the nominated actions associate with this QP have been completed. Action 2: ***Fully achieved.*** A deep dive into a random selection of completed (partially) upheld complaints from Quarter 4 FY 2020-21 was completed, to see whether recorded incidents for the relevant patients show any potential gaps that might have stopped the complaint being raised had they been addressed through the incidents. The audit did not identify a sufficient number of cases from which to draw any conclusion.

Oxford University Hospitals
NHS Foundation Trust

Safety Huddles

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
Effective safety huddles involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm.	A standardised method to run and record safety huddles has been developed and implemented across the Trust. Action 1: We will audit huddle documentation. Success will be determined by 75% or greater documentation of huddles on 75% or more of intervention wards. Action 2: We will audit emergency calls and cardiac arrest rates in intervention areas. Success will be defined as a lower event rate in the year following the implementation and wash-in period.	Action 1: ***Fully achieved.*** An SOP has been developed for the use of the Clinical Worklist and illness severity, patient information, action list, situational awareness and contingency plans, and synthesis by receiver (IPASS) for the documentation of Safety Huddles. Action 2: ***Partially achieved.*** Based on the data from clinical areas (period 2019-2021) and feedback from staff, RAID committee members team have established the format in 10 ward areas (Ward 6A (Vascular), Neurosciences Wards, Short Stay Medical Wards, Gastro and Cardiology ward areas). The instance of 2222 calls in these areas are being monitored and evaluation in progress for the use of the whiteboards in terms of documentation for the purposes of audit.

Oxford University Hospitals
NHS Foundation Trust

Insulin safety

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
One in six people in hospital have diabetes and this is increasing. 35% of people with diabetes in OUH are treated with insulin and will be treated in all areas of the Trust.	Action 1: We will contribute to the development and testing of automated processes for identification of NaDIA Harms. Action 2: We will develop a formal mortality and morbidity process for the investigation of these Harms. Action 3: Where the NaDIA Harm criteria have been met, irrespective of the actual impact to the patient, there will be an investigation of what happened in order to learn and improve care. Action 4: Initially all 'Harms' will be reviewed in a Diabetes Safety meeting. Action 5: A multidisciplinary diabetes safety group will be set up to review the NaDIA Harm reports, identify learning and actions to improve care. Action 6: People with diabetes will be represented on the Diabetes Safety Group.	Action 1: ***Fully achieved*** Oxford University Hospitals NHS FT is one of 3 sites developing an automated approach to identification of harms for the new National Diabetes Inpatient Safety Audit (NDISA) Actions 2, 3 and 4: ***Fully achieved*** A monthly insulin safety group has been convened since July 2021, at which incidents are reviewed prospectively. Action 5***: Fully achieved*** An insulin safety group has been convened which consists of members of the diabetes specialist team and medicines safety pharmacists. This reports to the recently convened Medicines Safety Group. Action 6: ***Partially achieved*** A person with diabetes has been identified and agreed to attend the insulin safety group. Work in progress to find a solution about how best to obtain their input while maintaining patient identifiable information confidentiality.

Oxford University Hospitals NHS Foundation Trust

Anticoagulation Safety

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
Errors related to use of anticoagulants are widespread despite local and national guidance and initiatives to improve patient safety. Anticoagulants are an ever increasingly complex area where suboptimal use can cause serious patient harm	Action 1: VTE prevention We aim to reduce the number of missed doses of dalteparin thromboprophylaxis by 10% compared to amalgamated data from the last 5 years. Action 2: Anticoagulation We aim to optimise the perioperative management of patients on oral anticoagulants. •We will introduce an updated MIL (Periop management of oral anticoagulants) •We will introduce a patient information sheet (PIL for patients on warfarin. •We will increase multidisciplinary educational resources and training •We aim to perform a baseline audit of Ulysses incidents related to perioperative anticoagulation prior to introduction of these measures to compare with a follow up audit. •We aim to improve the perioperative pathway for patients requiring new/repair of mechanical heart valves. Improve database recording of valve type Investigate improved inpatient support with dosing post operatively Optimise anticoagulation support on hospital discharge	Action 1: ***Partially achieved.*** Multidisciplinary education resources are now in place with monthly teaching session for Nurses and Midwives on their induction programme and Ad hoc teaching sessions for clinical areas on request. Action 2: ***Partially achieved*** MIL (Perioperative management of oral anticoagulants) Fully approved Jan 2022 PIL draft form for review with working party From August 2021 Anticoagulation Inpatient Safety Nurse returned to ward-based reviews of patients with high INR to provide more ‘at the elbow’ teaching and guidance. Baseline audit of Ulysses incidents related to anticoagulation over 4 months (Jan-April 2021) performed and re-audit now planned Jan-Apr 2023- 1 year post revised MIL and staff training increase. Ongoing - Monthly review of incidents by anticoagulation team with feedback into medicines safety group quarterly.

Oxford University Hospitals
NHS Foundation Trust

To minimise the occurrence of C.difficile and MRSA in OUH

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
People who are already weak or frail can sometimes become seriously ill as a result of contracting these serious infections in hospital.	Action 1: Record numbers and present these through the hospital infection prevention and control committee (HIPCC) and CGC. Action 2. All cases to have an incident report form submitted with root cause analysis completed by the clinical area. This will be reported in Clinical Governance papers and completion of the action log evidenced. Action 3. Review ventilator associated pneumonia (VAP) bundles and delivery of them. Review standard and delivery of mouth care to all patients in the Trust. Action 4: Launch of the seven Key Points to prevent Healthcare Associated Infections (HCAI). Action 5: Intensive Therapy Unit (ITU) capacity to return to normal in terms of bed spacing and staffing following the operational pressures of the COVID-19 pandemic. Action 6: IPC business plan to bring team establishment in line with Shelford Group incl. an anti-microbial stewardship (AMS) team. Action 7: Improvement in antimicrobial stewardship (AMS) Action 8: Review of insertion and ongoing care of intravascular devices.	Action 1: ***Fully achieved.*** Numbers continue to be reported monthly. Action 2: ***Partially achieved.*** Incident reports are now being submitted with root cause analyses being completed by the clinical area. Action 3: ***Fully achieved.*** Task and Finish group convened. VAP audit presented to HIPCC, bundle updated and shared. Action 4**: *Fully achieved*** 7 Key Points to Prevent HCAI during the COVID- 19 pandemic now launched. Trust internal auditors BDO findings report good knowledge across the MDT around 7 steps. Action 5: ***Partially achieved*** Surveillance in ICU settings continues a quarterly basis. Impact of COVID-19 has been limiting ability of ICUs to return to normal capacity. Action 6: ***Fully achieved*** Action 7: ***Partially achieved*** Action 8: ***Partially achieved*** Ongoing CLABSI surveillance in ICUs and haem and oncology

Transition of children to adult services

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
To ensure that all young people we treat receive a quality service in order to achieve optimum health and psychological wellbeing.	Action 1: Compliance with Transition From Children to Adult Services Policy. Include identification of lead service for patients that are under multiple services. Action 2: Develop a Trust wide multidisciplinary group to develop good practice on Transition From Children to Adult Services led by a Transition Co-ordinator. Action 3: Data Audit – EPR Ready Steady Go – Hello compliance. Action 4: Patient feedback from children and adults - inclusive of all backgrounds. Children will be asked about their experience of transitioning to adult services. The Trust's well established children's patient group, YiPpEe, will assist with this. Action 5: Staff feedback. Action 6: Partner feedback – include general practitioners (GPs) as some patients will be transitioned to GP services.	Action 1: ***Partially achieved.*** Early work has been undertaken with the services and the information team to identify robust and sustainable processes to capture data of lead service for patients that. Action 2: ***Fully Achieved*** Trust wide MDT Children Young Person (CYP) to Adult transition Group has been established. ToR have been developed. Action 3: ***Partially achieved***. The functionality is available on EPR to identify patients on the Ready Steady Go – Hello programme. Further work in progress to capture accurate data. Action 4: ***Partially achieved.*** Patient story presented to Board and summit planned for March – May 2022. Action 5: ***Fully achieved***. All staff feedback in our action log from the Transiton of children to adult services being captured Action 6: ***Fully achieved*** There have not been any emails or letters of correspondences, complaints or Ulysses reports received from system partners.

Digital Innovations

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
Due to the pressure on outpatients waiting lists and space a digital channel shift is required. This will build upon progress made in 2020/21, with the implementation of self service for vaccinations and video consultations.	Action 1:Reduce the number of patient outpatient letters sent, and shift to digital solutions. Action 2:Implement self-service solutions so that patients can re-schedule or cancel their appointments on-line. Action 3;Ensure the electronic patient record (EPR) is configured to enable accurate appointment types and clinics and increase the number of outpatient appointments to video or telephone. Action 4:Automate processes in scheduling to support services to reduce administration and clerical staff time and prioritise patients correctly. Action 5:Increase use of the Patient Portal by establishing an automated process where patients can register for the solution.	Action 1 ***Fully achieved*** Digital solution is Live. 100% of appointment letters directed to Letter Production were made available to patients digitally. Action 2: ***Partially achieved*** The delivery of cancel and reschedule is being worked on. Staff utilised self-service booking for over 45,000 vaccinations. Action 3: ***Fully achieved*** There were 160,000 non F2F appointments to end Mar21. YTD 2021-22 – 745,218 virtual consultations to end Dec 2021 Action 4: ***Partially achieved*** Endoscopy have seen an increase up to 75% of patients contacted booked for procedures by using the DrDr messaging booking platform. Action 5: ***Partially achieved*** Services are assisting patients to register for the Patient Portal. 2021-22 registrations are over 125% increase on 2020-21 registrations. The semi-automated registration process is under review to enable wider adoption in 2022-23.

Oxford University Hospitals
NHS Foundation Trust

Clinical Activity Recovery

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
Due to the effects of the COVID-19 pandemic, more patients are waiting longer for surgery. This priority will help minimise harm to these patients from delayed treatment.	During 2021-22 patients on inpatient surgical waiting list will be clinically reviewed and allocated a timeframe for treatment as set out in the national priority scoring system with treatment scheduled within these agreed time frames. An investigation will be carried out for any patient who comes to harm due to delayed treatment. Our electronic patient record will be used to record and collate this information. Action 1: 90% of patients in identified cohorts to have RCS codes. Action 2: 85% P2 patients have had their treatment within their 4 week time allocation. Action 3: We will investigate any incident when harm has occurred due to a patient waiting for longer than the time frame documented in the P category. Action 4: Clinical prioritisation to be fully integrated with our electronic patient record through improvements to electronic workflows and interface with commissioning systems to record procedures.	Action 1: ***Partially achieved*** Clinical prioritisation is well established at OUH, and data is being submitted in line with national expectations. 70% of patients are identified as having RCS codes as of 2.1.22. Action 2: ***Partially achieved*** The percentage of patients categorised at P2 and admitted within 4 weeks is 65-79% (Oct-Dec 2021). Lapsed P codes are scrutinised at weekly PTL and Assurance meetings including plans to address shortfall in capacity. Action 3: ***Partially Achieved*** To date 3 divisional level investigations are in progress for harm associated with lapsed P categories. These relate to spinal cases and the investigations have not yet concluded. There are no current SIRI's specifying lapsed P- categories. Action 4: ***Not yet achieved*** The optimal workflow agreed in March 2021 has been beset with technical issues and as of 19.1.22 is not yet live. The introduction of D-codes for diagnostic investigations added an extra layer of complexity to the technical process.

Oxford University Hospitals NHS Foundation Trust

Staff health and wellbeing: Growing Stronger Together

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
Focusing on the recovery of our people is essential to keep them safe and healthy at work, help reduce stress, anxiety and presenteeism and retain an engaged workforce.	This priority will build on the success of our Wellbeing Strategy and Quality Priority from 2020-21 as well as allow for new and innovative interventions to support the wellbeing of our people. Action 1: By end March 2022, 85% of our people to have participated in a wellbeing conversation with their line manager. Action 2: Recovery, Readjustment and Reintegration (R3P) Programme to be developed to enable post traumatic growth for teams; with 20 sessions offered by end December 2021. Action 3: Review and agree home working and flexible working policies by end March 2022. Action 4: Test out the fit of our new leadership behaviours framework as we transition into a 'new normal' as part of our leading with care pathway by September 2021. Action 5: All Divisions to have workforce plans in place to address sustainable staffing issues by October 2021. Action 6: Recognition, celebration and commemoration event(s) by end December 2021.	Action 1: ***Partially achieved*** Manager Wellbeing Check-in briefings were delivered between Sept – Nov 2021 with c560 managers attending. As of 3rd Dec, 1,327 check-ins have been recorded, approximately 9% of our people. These Wellbeing check-ins are being welcomed although are impacted by winter/service pressures. Action 2: ***Partially achieved*** From Apr - end Nov 2021 we have delivered 32 sessions. Action 3: ***Partially achieved*** The Trust launched its new Remote Working Policy on 13th Oct 2021. Action 4: ***Partially Achieved*** Head of Leadership is currently creating a suite of leadership programmes as part of our leading self – teams – organisation and system approach. Action 5: ***Partially Achieved*** Workforce plans were developed for all areas and submitted to the BOB ICS as part of the annual operational planning round in May 2021. Action 6: ***Fully achieved*** Images of teams published in a book: COVID-19 pandemic - #OneTeamOneOUH

Oxford University Hospitals NHS Foundation Trust

Quality Improvement (QI) Stand Up

Why we chose this Quality Priority	How we evaluated success	Evaluation March 2021
To share learning and promote widespread adoption of quality improvement across the Trust.	Four speakers will present their QI projects each month. They will discuss their initiative, QI journey and share learning from their successes and failures. The audience is invited to share insights, feedback, and discuss ways to scale and spread QI in other areas of the Trust. Action 1: Set up fortnightly and then weekly QI presentations and monitor attendance and number of projects presented. Action 2: Seek evaluation from attendees and presenters to measure the benefit of attending QI Stand Up April 2021 to July 2021 Action 3: Monitor the number of QI projects being registered on Ulysses to explore if the number of projects registered increases over the year. Action 4: Enable scale and spread of at least three QI projects out of every 30 undertaken, across at least two Directorates.	Action 1: ***Fully achieved*** QI Stand up has been established and running successfully at OUH. 4 projects have been presented each month since April. The speakers from a range of multi-professional backgrounds including medical, nursing, and allied health professionals presented their QI at the stand-up. The average attendance has been between 60-70 staff. Attendees came from all professional backgrounds. Following a gradual increase in QI project registration between July and November 2021, the number of project registrations fell in December and January, coinciding with the latest COVID-19 peak. Action 2, 3 & 4: ***Partially Achieved*** A small number of QI projects have been scaled and spread to new clinical areas. Formal evaluation has been delayed by the COVID-19 pandemic. Planned next steps are to undertake a formal evaluation of the program and further enable scale and spread of QI projects.

Quality Priorities 2022/23

- The Quality Conversation Event scheduled for January this year had to be cancelled due to the COVID-19 pandemic.

- Discussion with internal stakeholders considered
  - new proposals with a focus on patient and staff wellbeing and recovery
  - which of the 2021/22 Quality Priorities should be continued into 2022-23.

- The 2022/23 Quality Priorities have been agreed by the Trust Management Executive (TME), Integrated Assurance Committee (IAC), Governors and the Board.

Oxford University Hospitals
NHS Foundation Trust

Quality Priorities 2022-23

Patient safety

- Triangulation of learning from claims with incidents, inquests and complaints
- Reducing Pressure Ulcers
- Medication safety – Insulin and Opiates

Clinical effectiveness

- Results endorsement
- Introduce and embed use of a Morbidity Dashboard in surgical specialties
- Embed QI methodology more widely in the Trust

Patient experience

- Reduce incidents of violence, aggression
- Transition of children to adult services
- Staff health and wellbeing: Growing stronger.

OneTeamOneOUH

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OXFORDSHIRE COUNTY COUNCIL

Catherine Mountford
Director of Governance
BOB ICB

Cllr Jane Hanna OBE
Chair, Oxfordshire Joint Health
Scrutiny Committee

18 May 2022

Dear Catherine

Re: BOB ICBs Strategy for Working With People and Communities

It was unfortunate timing that you, and no one else from the ICB, were able to join the Committee on 10 May to share and take questions on the above strategy. We shared early feedback prior to Committee that we had concerns about the absence of engagement with HOSC in advance of the first publication of this emerging document and that issue, and additional ones, were raised at Committee and shortly after by its Members.

The Committee remain disappointed at not having had advance sight of it until very recently or a little more time to consider and feedback to you given our shared statutory responsibilities and the spirit of the work and interests of this committee in relation to communications and engagement. We recognise that the BOB ICB will need to hit NHS England's deadlines in respect of this strategy but we are not assured that meeting their core requirements and principles of good practice, at the pace they have requested, will create a well-crafted, relevant and impactful strategy for Oxfordshire, and indeed, for the BOB area. As currently presented, the ICBs draft strategy reads as though boxes have been ticked and we want our ICB to be much more ambitious and understanding of its communities – even at this early stage.

We know that you will recognise that none of the Committee's Members are communications or engagement specialists, we are elected community leaders, so our feedback is shared with you in that vein.

The HOSC would like to be assured through this strategy and its eventual deployment that the ICB understands the whole of its geography; its people, democratic structures, strength of community engagement and ever-changing population health needs. Furthermore, this understanding should extend to how it will determine how best to tailor methods of engagement and participation across the varying levels of that geography to drive the delivery of improved and integrated health and care services.

We are keen to ensure that Oxfordshire County Council remains a key partner of the ICB given its statutory obligations and that it draws its authority from the democratic mandate that underpins it. As an organisation and as a HOSC we have a wealth of resources and tools to support a truly integrated system – we ask that the ICB draws on those and welcomes well meaning 'critical friend' challenge.

We were encouraged to see that the ICB will go beyond the obligations of the public sector engagement duty and create mechanisms which provide transparency, build trust and hold

decision makers to account. We ask the ICB to therefore ensure that information on its services and decisions to be made are accessible and understandable to the public and explore use of digital methods where possible. We note that there is a dedicated engagement site for BOB and that significant efforts have gone into that in recent months to refresh the content but we struggle to understand whether the public would indeed visit it with such a complex and unmemorable URL https://bobics.uk.engagementhq.com.

We would like to see in more detail a suite of metrics both qualitative and quantitative on how to assess the success or otherwise of this strategy, what steps the ICB will take to continuously improve it and who will form part of the evaluation.

Finally, the strategy as currently drafted states that it wishes to work closely, meaningfully and in a coproduced way with people and communities. However, you will recognise that this requires commitment, resources (both from within the ICB and communities themselves) and a culture to support it. I am encouraged to hear of the recent appointment to an Interim Communications and Engagement Director post but I would be interested to hear of your assessment on how ready the organisation is for working in this way and what resources the ICB are going to identify to deliver the final strategy successfully across a geography which spans c.1.8m people.

The Committee looks forward to hearing from you on the points raised above and receipt of further versions of the strategy including the agreed final one. While I write, Catherine, I am conscious that you and other colleagues are handling a great deal of change at the present time and I am of the view that there are opportunities to have some time with ICB colleagues to include James Kent, Javed Khan OBE and colleagues who will have close involvement in the Oxfordshire Place Based Partnership with a view to refreshing our relationship protocols. I will communicate separately on this to a longer timescale, but grateful for your suggestions on how best to facilitate and if there are any additional themes the ICB would find valuable to discuss.

Yours sincerely

Cllr Jane Hanna OBE
Chair, Oxfordshire Joint Health Overview and Scrutiny Committee

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

BOB ICB Strategy for working with people and communities

Draft - 12/04/22



Contents

Developing the engagement strategy

We understand that we can only succeed if we truly represent the communities we serve and that to do so we will need to seek the views of and engage with all those affected by the work of BOB ICB.

This working document is an initial draft proposal for BOB ICB's strategy for engaging with people and communities.

This proposed approach will be further developed and presented to the ICS Programme Development Board on 25 May, as well as to NHS England on 27 May and then finally sent to the ICB board for consideration once formally constituted - expected 1 July 2022.

We would greatly appreciate any comment, feedback or suggestions that partners, stakeholders and members of the public may have on this strategy to help us better shape it into the framework for partnership working to which we aspire.

Once ratified by the board, the strategy will remain a dynamic document which can be added to, modified and improved, as appropriate and necessary, to help the ICB to better achieve its goals, and to better reflect the needs and experiences of those we serve.

Please send us your thoughts and ideas via the engagement strategy page on our engagement microsite or by emailing us at engagement.bobics@nhs.net by Wednesday 18 May.

Timetable for development

Below is a timetable for how we hope to develop the strategy before presenting it to the ICB once legally constituted (expected July 01 2022).

March 2022	Development of first draft strategy
31/03	Submission to NHSE as part of ongoing reporting
15/04	Completion of 2nd working draft
April-May	Partner and stakeholder engagement on strategy
25/05	3rd working draft presented at ICS Programme Development Board
27/05	Advanced draft submitted to NHSE
01/07	Final draft ready for submission to ICB for consideration / approval

1. Context and introduction

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS) serves the healthcare needs of almost 1.8 million people. Our system comprises a variety of partner organisations and stakeholders, including NHS Trusts, Primary Care Networks, Local Authorities, District Councils, the Voluntary, Community and Social Enterprise (VCSE) sector and Healthwatch, all of which are crucial for health care delivery, strategy, and improvement.

Situated in the heart of Thames Valley, BOB ICS is broadly coterminous with the local authority boundaries of Buckinghamshire, Oxfordshire, and the three unitary authorities of Reading, West Berkshire, and Wokingham. Our three places, shown opposite, are based on current Clinical Commissioning Group (CCG) boundaries and acute hospital flows.

The three geographical 'places' within BOB ICS

On 1 July 2022, Integrated Care Boards (ICBs) were established as the new statutory NHS organisations which assume the commissioning role of CCGs, as well as some NHS England functions. These include:

- the commissioning of primary medical care services
- pharmacy, optometry and dental (POD) services
- certain other specialist services.

The ICB is also accountable for NHS spending and performance within the system.

Generally, the population within the BOB ICS area enjoys good health and a relatively strong socio-economic condition. Our highly research-active trusts - RBFT is one of the most research-active district general hospitals in the country - and our partners in the Academic Health Science Network (AHSN) continuously drive innovation to improve the lives of our citizens. Despite this, there are pockets of severe deprivation. The demand for our services often exceeds our capacity to provide them; people are living longer and sometimes with multiple long-term conditions. More people are using health services and have high expectations of what health services can provide. Given the finite amount of money available, BOB ICB must decide how it can best support those most in need.

COVID-19 has had a huge impact on the delivery of healthcare. The scale of the pandemic and the pressures under which the NHS has had to operate over the past two years have been unparalleled. The pressures continue as we continue work to recover elective care and non-COVID services, to manage the ongoing vaccination programme and to ensure we are prepared for future waves of COVID-19.

In light of this context, all ICSs aim to:

- **Improve outcomes** in population health
- **Tackle inequalities** in health outcomes, experience, and patient access
- Enhance **productivity and value for money**
- Help the NHS support broader **social and economic development**

Placeholder - BOB ICS's strategic vision and key objectives are in development. We aim to create an ICS built on effective engagement and partnerships to successfully serve our citizens.

We know that effective communication and engagement is key to achieving these goals. The COVID-19 pandemic resulted in increased collaboration across the system. The vaccination programme strengthened partnerships with primary care, the VCSE sector and local authorities, resulting in improved vaccination rates for vulnerable communities. Statutory partners, such as Healthwatch, gave an insight into the experiences of our citizens and made recommendations which enabled corrective action where needed. Developing the links between acute settings, including private providers, aided capacity management throughout the pandemic response. The strength of these partnerships was critical to the way that the NHS, and the communities we serve, were able to adapt to rapidly changing circumstances.

We are committed to progressing and sustaining these relationships by empowering community representatives and providing a range of public-facing engagement facilities and delivering virtual/in-person forums. In this way, we will continue to develop an effective system with engaged partners and involved stakeholders.

To help us achieve our goals we will seek opportunities to engage at the most effective geographical level, whether this be system - in other words, across the whole ICS population – or at place (local authority level), or indeed at local neighbourhood level. For example, while national public health messages may be best approached at system-level, we understand that one of the best ways to respond to health inequalities is by utilising local knowledge and engaging with seldom-heard communities at a very local level. Continually assessing the appropriateness of where and how we engage is therefore a key principle of engagement for BOB ICS.

Effective engagement requires us first to define and understand our audience. To do so we consider four broad categories:

- Patients – people who are using our services
- The public – everyone who may need our services at some point
- Staff – the people who work for and provide the ICB's NHS services to the population
- Stakeholders – organisations that are impacted by, have an interest in or share a responsibility with the ICB over the provision of its services as well as those who fund, regulate and hold the ICB to account

The memberships of these groups can and do overlap. Much of the ICB's population health agenda and long-term strategy is aimed at ensuring that as few members of the public as possible become patients. Effectively communicating with them through appropriate engagement mechanisms is a key contributor to this outcome. To develop or grow relationships with different groups, we need a much deeper understanding of their connections to us, their values, and their ambitions and priorities.

This strategy document sets out how we will work with people and communities. It has been produced in collaboration with our partners and stakeholders and will continue to develop as the ICS progresses. While this strategy outlines the approach to engagement across the system, it is owned by the ICB, as outlined in the Health and Care Bill.

2. Aims and principles of engagement

BOB ICS is committed to working with patients, the public and other stakeholders to maintain, develop and design services that deliver the outcomes that matter for patients. This includes developing services which are high quality, affordable and sustainable, whilst also promoting self-care and helping people stay healthy.

This document outlines how BOB ICS will engage meaningfully, so that we strengthen the quality of our relationships by learning from the feedback and showing how it affects our plans.

We will develop a way of working that ensures that public and stakeholder engagement is embedded into everything we do. It is only by listening to each other, sharing knowledge and experience and working together that we can best understand the needs of the communities we serve, and develop our services to meet those needs.

Furthermore, we will ensure that engagement takes place at the appropriate level, with the right people and in the most appropriate geography, whether that is at general practice level with patient participation groups (PPGs), or neighbourhood level, where PPGs and primary care networks (PCNs) work with wider community groups, at local authority level (place), or at an ICS-wide level.

The NHS England ICS implementation guidance on "working with people and communities" published in September 2021 included ten principles for engagement and we have used these as a basis for developing the principles that underpin our approach.

BOB ICS sees effective engagement as a two-way process that will be guided by the following principles:

- Listening
- Understanding
- Engaging
- Informing
- Enabling & co producing
- Embracing diversity, equality, and inclusion

We set out below how we understand these principles and how they will guide BOB ICS's engagement activity going forwards.

Listening
Active listening to learn from the knowledge and experience of others is core to any engagement. It is only by hearing a range of views and opinions that we can develop solutions which reflect the needs of the populations we serve.

Patients, people and communities must be at the heart of everything we do. Listening to the voices of all concerned is how we will establish clear linkages between our work and the benefits experienced by patients.

Understanding
We understand that circumstances change and relationships develop, which is why engagement should be sustained as part of ongoing business. We will continually build our understanding by reaching out to communities, inviting input and showing how that input has contributed to our work and decision making through a 'you said, we did' model of engagement.

BOB ICS covers a large geography and it is not always appropriate for engagement to take place system-wide. Our engagement with the public will therefore often be focused on place, and we will ensure that we maintain the importance of our more local place-based partnerships when engaging with partners and communities. In doing so we will seek to build on existing place-based understanding and relationships.

Engaging
We will ensure that our engagement activity is always meaningful and tailored to the people and organisations with whom we are engaging. This includes considering the right time, the right people and the right geography, i.e. neighbourhood, place or system level.

Effective engagement is an ongoing process through which we all learn, develop and adapt. BOB ICS will establish an "always on" engagement facility which encourages involvement. This can include both qualitative and immersive activities such as citizens' juries, focus groups, deliberative events, as well as online surveys which engage large numbers of local people. The approaches used will be driven by the nature of the work being undertaken.

We will always remain mindful of the need to be clear of what we are asking of those with whom we engage, be open on the parameters and scope of the engagement and always to ensure that we give feedback on how their input has affected our plans.

Informing
Meaningful engagement can only take place when people are adequately informed. We will ensure that our website and digital repository are always kept up-to-date with news, documentation and information on our work.

Keeping our public informed, however, requires more than simply making documentation available, but also ensuring that it is accessible. We will always use plain language and avoid narrowly understood terms and inaccessible acronyms wherever possible.

In addition to ‘on-demand’ information which is made available via our website, we will also put in place proactive mechanisms for keeping our populations and stakeholders informed via email newsletters and targeted social media activity,

And in addition to digital information sharing we will also ensure that, where appropriate, we will engage, inform and exchange in person.

Effective engagement also involves being careful not to obscure what is relevant and interesting by providing too much information. We will make sure that it is easy to access the appropriate type and format of information to enable engagement in the way that is right for all - be that detailed set of proposals, an executive summary, an easy read document or a video overview.

Enabling & co producing

Public sector engagement is not always seen as an enabler of positive change. When engagement happens simply to meet minimum standards of involvement, consultation and accountability, the quality of relationships can become austere and transactional.

Building effective relationships with the people and communities we serve will be critical to delivering on BOB ICS’s ambitions for co-production and partnership working. True partnership working means creating an environment where decisions are not taken by reference to organisational hierarchy but rather where the voices of stakeholders can be heard so that decision making takes place at the most appropriate level (neighbourhood, place or system) - not simply at the most senior level.

BOB ICS will build relationships by enabling meaningful engagement and allowing for genuine co-production wherever possible. Co-production is at the core of the type of partnership working underpinning the creation of integrated care systems. By coproduction we mean the building of relationships between the ICB, the partners of the ICS and the individual members of the public we serve, that allow us to share power and to plan the delivery of services together in a way that recognises that all parties have vital contributions to make.

We do this by building and reinforcing relationships and by empowering partnerships. We will leverage existing community connections at all levels and network with community leaders and influencers to ensure that seldom heard and excluded groups have their voices heard. We will go beyond the obligation of public sector engagement, and instead strive for lasting involvement through mechanisms which provide transparency, build trust and hold decision makers to account.

Embracing diversity, equality and inclusion
BOB ICS will champion diversity, equality, and inclusion. We will challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

We will support neighbourhood and place-level engagement, ensuring the system is connected to the needs of every community it serves.

Whilst this strategy seeks to outline the engagement activity of BOB ICS, we will also continuously seek ways to coordinate partners across the patch and leverage knowledge of local communities and neighbourhoods.

We will reflect on and learn from engagement practices developed to date and ensure that system level engagement compliments the ongoing work happening at place and neighbourhood level.

In addition to ensuring effective engagement takes place across different geographies we will also build relationships and partnerships with diverse demographic representation. Maintaining and developing local relationships to ensure that seldom-heard groups, faith groups, public, patient and community groups are able to play their role as partners and contribute to a wider understanding of their needs and experiences will be a priority for the board. This will mean tailoring our approach to engagement depending on the particular needs of the audience rather than trying to create a one size fits all approach.

3. Mechanisms for engagement between BOB ICB and our people and communities

We recognise that successfully involving our partners, stakeholders and the public will require a range of engagement mechanisms. This will involve, meeting, listening, sharing, acknowledging and respecting the views and experiences of different groups and enabling information-sharing across the system. Our experiences during COVID-19 demonstrated the importance of having established, quality relationships in the communities we serve. Through sustained involvement, in a variety of forms, we can build on existing relationships, establish new ones, and ensure engagement becomes a habit which underpins everything we do.

Below we outline some of the mechanisms by which BOB ICB will ensure engagement at different levels across the system:

Lay members / patient representatives on committee or partnership boards

As the governance structure of the ICS and ICB is developed, so too will the structure for involving people as lay members or patient representatives on committees or partnership boards.

Engagement Reference Group

BOB ICB will establish an Engagement Reference Group (ERG), bringing together representatives from across the ICS and supporting the ICB to develop its approaches to engagement. Membership of this group will be flexible, rather than dictated by BOB.
The ICB will demonstrate consideration of the ERG's advice through a "you said, we did" approach.

Engagement Forum

To ensure we engage as widely as possible, we will develop an engagement forum. Convening twice per year and open to the public, service users, providers and system partners, the forum will provide an arena for sharing experiences, open discussion and the opportunity to build networks across the system.

Specific projects / programmes of work

BOB ICS has many stakeholders who will need to be involved and communicated with in different ways. We will ensure communications and engagement activities are tailored around the nature of the work, adapting the engagement activity as appropriate. This would be done in partnership with our stakeholders.

Website and online engagement portal

The ICB has developed a dedicated microsite with regularly updated news and information on BOB ICS. The site provides background on the ICS as well as its people and partners and offers visitors the opportunity to sign up to newsletter updates.

It also serves as our primary online engagement tool. We are aware that meaningful engagement takes place between informed stakeholders. For this reason we regularly update the resources available in the document repository to include:

- Relevant board papers
- ICS updates
- Presentations from stakeholder workshops and town hall events

Over time the site will also offer more immersive opportunities to engage via online surveys designed to seek the views of a much wider stakeholder base.

The site can be visited here: https://bobics.uk.engagementhq.com

Proactive media and social media

We will design and deliver a proactive media and social media campaign to publicise how the public can be involved in the work of the ICS and enable our residents to be more engaged in managing their own health and wellbeing. This will be supported by the development of an active digital / online presence to foster new engagement opportunities with a diverse audience through Twitter, Facebook and other online platforms where appropriate.

Closing the loop - ‘You said, we did’

To ensure transparency and accountability, engagement feedback will be collated into a report, shared with relevant stakeholders and participants and published on the website. We will also develop a continuous feedback loop by publishing explanations for how the ICS has used feedback received. The timeframes for this may vary, depending on the engagement project occurring.

4. Roles, responsibilities and resources

Part of ensuring we engage meaningfully is continually working closely with our system partners and the populations we serve. We understand that how, when and who we engage with will vary and so we will tailor our approach to meet specific needs. For example, engagement regarding service changes should initially focus on those who are affected most, such as patients, carers and staff. This focused approach will ensure efficient use of capacity and resources, to the benefit of all stakeholders.

We recognise that experts by experience can provide invaluable input to change projects. We will use existing links to patient groups, carers and voluntary sector networks, and also develop new relationships as part of our system-working agenda. Our BOB VCSE Alliance boasts extensive place and system-level knowledge and connections, which will aid distribution of communication messages and engagement efforts. We will also work with a range of faith groups, community leaders and groups representing the range of ethnicity in our population to ensure we can successfully cater to our diverse citizens. We will work closely with our local authority partners to support engagement with seldom-heard and vulnerable groups in an inclusive, meaningful way.

BOB ICB also has a strong relationship with its 5 local Healthwatch organisations. Historically, Healthwatch has supported place-based projects, provided essential access to patient voices, and given detailed analysis and recommendations. As we move towards system-working, we have completed several engagement workshops during the development of this strategy. We recognise the value of Healthwatch's contributions for our engagement and involvement ambitions and ensuring we can meet the needs of our population. We will therefore continue to work closely with Healthwatch representatives at both place and system level. Place Executive Directors will be the main link to the local Healthwatches. We are developing partnership agreements to deepen engagement and support how both Healthwatch and the VCSE Alliance work with us.

Local Authority partnerships also present opportunities for targeted engagement efforts at place-level. The creation of joint commissioning teams has shown the importance of joined-up working and provides the foundations for building strong relationships with council colleagues and local communities. As we develop the ICB, we will nurture these connections and strive for sustained, place-level engagement.

The functional structure of BOB ICB is still in development and so the role of the ICB's non-executive directors and the communications function itself is yet to be determined. The need to improve cross-system communication was highlighted at our recent engagement workshops. Through using existing communication channels and discussions with our partners, we will streamline how information is shared throughout the system.

5. Monitoring and evaluating the strategy

We remain conscious of the need to go beyond simply putting engagement mechanisms in place and to ensure that effective and meaningful engagement takes place. It is only by doing so that we can move forward with the confidence that our decision-making benefits from the insights and experiences of stakeholders and with the support of our partners.

In terms of effective engagement, our first point of evaluation is to engage on this strategy itself - to know whether partners and stakeholders feel that their voices can be heard and appropriately taken into account through the engagement mechanisms we are developing.

This strategy is not intended as a static document, however, and so, from time-to-time, we shall seek the views of partners as to how and whether our approach to engagement needs to be refined. This could be a standing agenda point at the proposed reference group meetings for example.

- Continuous feedback and annual reporting, closing the feedback loop with ‘you said, we did’
- Annual evaluation of BOB ICS, to include public and stakeholder engagement - ensuring statistically significant and meaningful participation in evaluation survey
- Establish social media engagement metrics
- Develop a newsletter subscription list and ensure X number of newsletter updates per year

6. Appendices (Work in Progress)

To include:

•How the strategy was developed with people and communities
•Information about how people can get involved
•Links to other strategies (e.g. communications, carers, health inequalities)
•Details on approaches for Integrated Care Partnership/places/ provider collaboratives *
•Action plan for ICB **

Oxford Health
NHS Foundation Trust

Quality Account 2021-22

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1. What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

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

If you require any further information about the 2022/23 Quality Account, please contact Jane.Kershaw@oxfordhealth.nhs.uk.

2. About the Trust

Oxford Health NHS Foundation Trust delivers mental health and community-based physical health services to approximately two million people across an area that includes Oxfordshire, Buckinghamshire, Wiltshire, Swindon, Bath and North East Somerset. The Trust's mental health teams provide services to all ages in the community and inpatient settings across the geography. In Oxfordshire, the Trust is the main provider of community-based physical health services delivering these in people's homes and a range of community and inpatient settings including community hospitals. Most recently from December 2021 we started to provide palliative inpatient care for patients requiring end of life services in close partnership with the charity Sue Ryder Care. Also in Oxfordshire, the Trust provides services for adults with learning disabilities and autism, and support to their families. On average we care and treat more than 185,000 people a year.

We employ around 6,500 staff who operate from a number of Trust sites as well as in people's homes and in various community settings.

The care we provide is rated overall as 'Good' by the Care Quality Commission (CQC). There is further detail about the CQCs assessment of the Trust in the Account.

We believe working in partnership with our patients, families, other care providers and academic institutes is the best way to achieve high quality care. Over the years we have developed close partnerships with other care providers to improve care, some examples are;

- The Oxfordshire Mental Health Partnership involving Oxford Health and five third sector organisations
- Oxfordshire MIND and Principle Medical Limited to provide Talking Space Plus in Oxfordshire
- Richmond Fellowship (helping with employment), Relate (providing therapy) and Buckinghamshire Healthcare Trust (obesity management) with Healthy Minds in Buckinghamshire
- Close working with a number of charities/ third sector organisations such as Barnardo's and MIND, to provide a range of effective interventions as part of children and adolescent mental health services. As well as working with companies such as Healios and Kooth providing on-line assessments and psychological interventions.
- Active member of the Oxford Academic Health Partners involving the University of Oxford, this includes running the Clinical Research Facility that provides innovative research with the potential to develop new treatments and clinical applications.
- Working with Age UK, Parkinsons.Me and Parkinson's UK as part of the Physical Disability Physiotherapy Service.

We have developed and implemented three NHS-led Provider Collaboratives in 2021/22, as the lead provider, to manage whole pathways of care on regional footprints. As lead provider we take responsibility for the oversight of the delivery of services with the intention of improving access, developing community alternatives to admission and where admission is clinically appropriate, ensuring community support post-discharge.
The Collaboratives we are leading on are:

- Thames Valley and Wessex Adult Low and Medium Secure inpatient services (Forensic mental health services)
- Thames Valley Children and Adolescent Mental Health inpatient services
- HOPE Adult inpatient Eating Disorder services

Integrated Care System (ICS) have been introduced across England as part of the NHS Long Term Plan. The Trust is part of the Buckinghamshire, Oxfordshire and Berkshire West ICS, and the Bath and North East Somerset, Swindon and Wiltshire Partnership ICS. ICSs have been established to add strength to partnerships between NHS organisations, local authorities, voluntary and the social enterprise sector. The organisations in each ICS agree shared priorities for health and social care to meet the needs of local people to improve their quality of life and outcomes. The ICS are set to become new statutory bodies from July 2022.

Another partnership we are developing is the Thames Valley community dental services provider collaborative. Community dental services provide dental care for people who are unable to access care from a general dental practitioner due to specific needs. The development of the collaborative is still at an early stage but we hope to see the benefits of working more closely with our two neighbouring NHS Trusts (Berkshire Healthcare and Central and North West London) to deliver the best services possible by sharing resources and combining our efforts around making quality improvements.

The Trust set up three national NHS Mass Vaccination Centres and a number of pop-up centres as well a 'health on the move' bus to administer the vaccines for communities in Berkshire, Buckinghamshire and Oxfordshire to help the fight against COVID-19. The vaccine team has just reached million jabs which is an enormous achievement in only 14 months.

Our Chief Executive celebrating with the vaccination team when more than a million vaccinations had been delivered.

3. Introduction from the Chief Executive

Our vision is: outstanding care, delivered by an outstanding team.

I am pleased to introduce Oxford Health NHS Foundation Trust's 2021/22 Quality Account.

All of our services across Oxford Health continue to face significant pressures. Many teams were experiencing challenges, with increasing demand, limited resources and vacancies, before the onset of the COVID-19 pandemic and this has only served to make these worse. We also expect that the pandemic will have a 'long tail' that will impact on both people's physical and mental health for some considerable time. The scale of the challenges we are facing serves to highlight the importance of service transformation and finding new ways to support and treat patients, particularly ways in which health problems can be prevented and both physical and mental health maintained.

I attach a great deal of importance to the culture of our Trust and ensuring that it is one that is compassionate, inclusive, empowers people and encourages continual learning. As part of this we have been embedding a quality improvement approach at every level. We are also increasing the engagement and support to staff to help them make the changes needed. If we can achieve and maintain this, I am confident that we will also be able to deliver great care to our patients and service users and effectively manage the demands for services using what resources we have available efficiently.

The culture of every organisation is driven by its values. We certainly have the right values of caring, safe and excellence and I would like to think that these influence and indeed drive the behaviour of us all. The ongoing challenges we are facing and the understandable stresses these are causing again only serve to highlight the importance of focusing on the health and wellbeing of our staff so that we can deliver outstanding care.

The Trust has made it a priority to reduce our reliance on agency staff and increase our activity around recruitment as well as developing homegrown talent through our successful nurse cadets programme and apprenticeships.

We have also been focusing on strengthening the patient/ family voice throughout the Trust with a genuine commitment to co-production, this is essential to the success of the Trust.

With so many challenges ahead the role of research is absolutely key to the development of new treatments and interventions. Across the organisation there are an ever increasing number of examples of how we have been able to turn academic research into clinical practice. Such innovations have not only resulted in better care and treatment for our patients but also have resulted in our staff being able to work more efficiently and having higher job satisfaction.

Good healthcare is typically dependent on good partnership working and collaboration. Very few, if any, of our patients just receive care from Oxford Health but instead are supported by professionals from a variety of different organisations. We are committed to putting patients at the centre of our thinking and working more closely with colleagues from different organisations. There are examples of how we are doing this throughout the Account. The ongoing development of Integrated Care Systems, such as the one covering Buckinghamshire, Oxfordshire and Berkshire West (BOB) is all about trying to put in place the conditions for organisations that support people to work more closely and therefore, more effectively. As we look to the future it is vital that we strengthen these relationships and develop a true ethos of collaboration.

I hope you enjoy reading about the progress we have made in the last year and our quality objectives going forward.

Add signature
Dr Nick Broughton
Chief Executive

This Account has been XXXXXX by the Board of Directors

4. Our Focus to Continually Improve the Quality of Care

We are driving forwards to make Quality Improvement 'the way we always do things here' to continuously improve the quality of care and outcomes for patients, carers and families.

The Trust has established the Oxford Healthcare Improvement Centre to provide; training and support to lead quality improvement projects, to enable collaboration and horizon scanning for future projects. To find out more go to https://www.oxfordhealth.nhs.uk/ohi/

The Trust has developed a Quality Improvement (QI) Strategy and below are some of the key achievements this year:

- Development and support of a significant number of quality improvement projects across the Trust in each directorate
- Engagement in national and regional QI collaborations
- QI hubs have been established in each clinical directorate to identify new local QI projects, as well as to support, monitor progress and share learning. The hubs report into the Trust's overall Quality Improvement and Learning Group.
- A training model has been implemented based on three levels to provide staff and patients/experts by experience with the skills and confidence to run a QI project and apply QI methodology. All staff now receive level 1 QI awareness training on induction. The training model is developing a network of staff to undertake and support QI projects.
- QI cafes are being used to offer support and to troubleshoot any QI issues
- Podcasts have been developed to share and spread skills, experience and learning.
- The LifeQI system has been introduced to record the Trust's QI projects , as well as support the sharing of learning.

A QI approach works when we don't know what the solutions are, several changes might be needed for success and the best results will be achieved from staff working in partnership with patients and carers.

Below are some of the current Quality Improvements projects that are in progress:

- Improving Sexual Safety in Marlborough House (National collaborative)
- Improving behaviours in the dining room at Cotswold House
- Mental Health Act Assessment Response Times
- Person-centered care - Didcot Hospital
- Evaluation of Peer Support Workers
- Positive & Safe Collaborative - Reducing Restrictive Interventions (National collaborative)
- Nature based intervention
- Risk Assessment/Formulation & Documentation
- Working with families and carers
- Trauma informed practice

We are also involved in the following regional and national collaborative QI work:

- Inpatient Ligature Harm Minimisation
- Suicide prevention across the Buckinghamshire, Oxfordshire and Berkshire Integrated Care System
- Inpatient observation practice

The quality objectives identified for 2022/23 will take a quality improvement approach to: understand the problem, identify and test possible changes ideas, measure the impact of changes and sustain successful changes.

5. Key Achievements and Awards

In addition to the many quality improvement projects you will read about in the report, below are a few of the achievements we are particularly proud of from 2021-22.

We have recruited over 90 international nurses and podiatrists, of which 45 have started work at the time of writing this report. This is a significant achievement, led by our programme to 'improve quality and reduce agency use' which will help with continuity and safety of care. Key planks of this work are recruitment and retention of high-quality clinical staff.

In December 2021 around 600 native trees were planted on the Littlemore site as part of the Tiny Forest initiative. A "tiny forest" is defined as a dense fast-growing native woodland which is based on a forest management method. The Trust is collaborating with MINI Electric and Earth Watch Europe in this endeavour in order to help boost biodiversity and create an accessible green space for our local communities to reconnect with nature. Over the next two years Earth Watch will use this area of woodland as a classroom to monitor and collect data on carbon collection, flood mitigation, thermal comfort, solar shading, biodiversity and the social and wellbeing benefits of having this new green space.

The work of Oxford Health's Charity and our 170 volunteers has been incredible in 2021/22. The impact they have had on staff well-being and patient care is detailed in the annual report that went to Board in November 2021 available here https://www.oxfordhealth.nhs.uk/papers/november-30-2021/. The team are leading on the Unloc project which is very exciting reaching out to thousands of young people to listen to what they need and want from services, and also developing new Youth Boards (more detail below). They have also increased access to creative arts to aid recovery and improve our environments through the creation of Oxford Health Arts Partnership which has won national awards for bringing art into the Community Hospital wards.

The team from Vaughan Thomas ward in Oxfordshire were winners in two Health Service Journal Awards categories; the Most Effective Contribution to Patient Safety and Health Technology Partnership of the year. The first award was shared with colleagues from Coventry and Warwickshire Partnership NHS Trust, the South London and Maudsley NHS Foundation Trust and the technology company Oxehealth. Both awards were in relation to the deployment of the Oxevision observation platform on Vaughan Thomas ward. This platform has been developed in collaboration with Oxehealth and enables staff to remotely observe the physical wellbeing of inpatients in their bedrooms, as appropriate to reduce interruptions particularly at night.

In addition, the Trust's integrated multi-disciplinary respiratory team won the Health Service Journal 'Best Pharmaceutical Partnership Award' for its work in conjunction with the Boehringer Ingelheim Pharmaceutical Company to improve the care of patients across Oxfordshire suffering from chronic respiratory disease.

At the Oxfordshire Health & Social Care Awards 2021, Luther Street Medical Centre was named GP Practice of the Year. Plus the 24/7 Mental Health Helpline for Buckinghamshire & Oxfordshire won the Mental Health category.

The Trust continues to operate in a system that is highly challenged from a demand and capacity perspective. Our services continue to work hard to support system flow and ensure patients are cared for as close to their own homes as possible. One of our directorates led a system day aimed to prevent conveyance to hospital and instead help patients to stay at home safely. 'Call before you Convey' involved paramedics contacting a Single Point of Access to consider if an alternative plan could be made to keep the patient at home. The day was a huge success and allowed us to see our own potential. We have been asked to share this good practice at several external events.

Our Community Diabetes service has been accredited for a further three years, the training they have developed and deliver to people with Type 2 Diabetes has achieved national standards in defining good practice in self-management education. The service along with partners also won the Health Service Journal Value Award in 2021 for their entry on using data to improve the care of people with diabetes across Oxfordshire.

We have added to the Trust's library on short films on mental health. In November a film was added about the anti-depressant medication Fluoxetine, also known as Prozac. This film goes alongside 10 other films about; depression, anxiety, psychosis, self-harm, personality disorders, neurodiversity, suicide prevention, good mental health, digital mental health and post-traumatic stress disorder. Each film is developed with the input of young people. The films are available to watch here https://www.youtube.com/playlist?list=PLKw7kjGJdcXAYVCP4lhoLzVOeBol1vqfU

We welcomed 11 new nursing cadets in September. This is the second year of the programme as part of the Trust developing and growing the workforce of the future. The scheme is based on the Trust employing local Year 11s on a senior healthcare worker apprenticeship whereby the cadets spent 18-20 months studying and working in front line roles to achieve a level 3 health and social care qualification. On completion of the course cadets have a number of career opportunities in the NHS. We very much hope the cadets will continue to work with us.

The new nurse cadets which started in September 2021.

6. Progress Against the NHS Long-Term Plan

The NHS Long-term Plan from 2019-2029 and associated Mental Health Implementation Plan has and will continue to drive a number of major initiatives to transform services. More detail can be found here; https://www.longtermplan.nhs.uk/

For physical health services this includes;

- Enhancing community care response teams to prevent unnecessary admissions (see quality objectives CE2) and to speed up discharge as well as to improve access via a single point for people needing urgent care in the community
- Enhancing care for people living in care homes, particularly out of hours support
- Delivering care in partnership through Primacy Care Networks to enable people to age well

The Long-Term Mental Health Implementation Plan has seen a number of changes and developments , such as:

- Introducing mental health support teams into education settings, we offer support to around 200 schools and this is due to expand further
- Specialist perinatal mental health services have been implemented
- Increasing capacity of the Improving Access to Psychological Therapies (IAPT) in both counties including support for people with a long-term condition
- Improving the physical health of adults with a severe mental illness in the community
- Developing individual placement and support services (more detail in the Experience and Involvement section below)
- Introducing crisis resolution and home treatment teams for children and adults
- Introducing mental health crisis helplines 24/7 for both children and adults
- Opening two safe havens in each county, Oxfordshire and Buckinghamshire, to provide an alternative to traditional crisis care
- Establishing a Family Liaison Service for those impacted by suicide

There is still lots of work to do to meet all aspects of the Long-Term Plan for Mental Health including;

- Elimination of inappropriate out of area placements (more detail is below)
- Fully restore memory diagnostic services which were impacted by COVID-19, to improve diagnostics and support afterwards. There is some detail in the Research and Development section about innovative work happening in relation to the Brain Health Centre.
- Continuing to improve physical healthcare access for adults with a severe mental illness (see quality objective S5)
- Increase the capacity and treatment options in mental health services for children and young people
- We need to work on our data quality particularly the recording of ethnicity identified as an enabler of the developments and to help to tackle some of the health inequalities experienced by patients.

7. Research and Development – the Future of Healthcare

Clinical Involvement in clinical research is one way that we demonstrate our commitment to actively improving the clinical assessments, treatments, care, and outcomes for our patients. Our aim is for all patients to have access to research opportunities which are relevant to them.

This year we ranked 2nd nationally for the number of National Institute for Health Research (NIHR) portfolio studies which people participated in. We ranked 5th for the number of participants that we have recruited to our NIHR portfolio studies. 47 new studies have opened in 2021/22 compared to 46 opened last year, ranging from small projects to highly complex clinical trials of new medicines.

The COVID-19 pandemic has impacted research locally and nationally in many ways, with many studies being put on hold at different points in time. However, it has also driven research and we are running the following COVID-19 specific studies;

- Novavax vaccine trial and follow up studies
- PRINCIPLE - a priority one urgent public health COVID-19 trial to evaluate treatments that can be delivered at home for COVID-19
- Virus Watch study- immunity subset

The *Count me in,* an 'opt-out' initiative for informing patients about research relevant to their care was launched in August 2021. It is a 12-month implementation study, which aims to promote inclusivity for research, by enabling greater equity of information provision about research opportunities to patients.

We would not be able to achieve what we have without the following collaborations;

- The Trust and the University of Oxford run a Biomedical Research Centre, one of two in the country. This is dedicated to translating innovative research into better treatments for mental health disorders and dementia.
    - An example of the work is gameChange VR program led by the university, health and industry experts including Oxford University spin-out: OxfordVR, creators of immersive technology for mental health. It tackles a problem that is common in people diagnosed with psychosis: intense fears about being outside in everyday situations. For many patients, these fears develop into a severe agoraphobia that means they avoid leaving the home, severely disrupting relationships with family and friends, their education, and careers. GameChange will lead to a transformation in the digital provision of evidence-based psychological therapy.
- The NIHR Oxford Cognitive Health Clinical Research Facility is hosted by Oxford University Hospitals NHS Foundation Trust in partnership with us. The Facility has been successful to achieving funding to continue for a further five years from September 2022.
    - An example of the work, with the Biomedical Research Centre, is Brain Health Centre clinics. This project aims to develop enhanced, standardised radiology reports, which compare an individual patient's results to normative data from a large number of healthy brains. The enhanced reports used for patients attending the clinics provide clinicians with more measures of brain health that facilitate accurate and earlier diagnosis of memory problems.
- The Trust hosts the NIHR Applied Research Collaboration Oxford and Thames Valley which carries out applied health research that will have a direct impact on patient health and wellbeing.
- NIHR community Healthcare MedTech and In vitro Diagnostics Co-operative to build expertise and capacity in the NHS to develop and evaluate new medical technologies and diagnostic tests.
- Oxford Institute of Nursing, Midwifery and Allied Health Research aim is to produce world-class translational research that will impact upon health and social care delivery and clinical practice.
- A partnership between the Trust, the University of Oxford, the University of Toronto and the Centre for Addiction and Mental Health. This partnership helps realise the benefits of the complementary capabilities of the organisations. More information can be found here https://www.oxfordhealth.nhs.uk/news/new-transatlantic-partnership-to-transform-research-and-clinical-landscapes-in-mental-health/

Our website at https://www.oxfordhealth.nhs.uk/research/about/ details much more on our research activities and how we are supporting more staff to get involved.

8. Quality Concerns

The Trust Board review and identify the top-quality concerns at each Quality Committee through a range of indictors, including a detailed Quality and Safety dashboard. Quality concerns and issues are reviewed weekly and monthly through different forums to d ensure delivery of safe services and appropriate actions and mitigations are in place. Quality concerns are identified through some of the information sources provided in this account alongside any other intelligence received from performance reports, our staff, and stakeholders.

Our main areas of focus based on concerns highlighted are:

Clinical Workforce Challenges. Both mental health and physical health services are being affected by shortages of substantive staff due to high levels of vacancies and sickness. This is having an impact on the quality of patient care and experience as well as increasing our costs owing to the increased use of temporary staff. Inpatient wards, community nursing services (District Nursing), child and adolescent mental health services and some of our adult community mental health teams are experiencing significant staff shortages alongside increased demand for care. We have a significant programme of work led by the Chief Nurse, which seeks to 'Improve Quality, Reducing Agency use'. This is a clinically led programme of work which has eight workstreams with a focus on how we retain and recruit staff. This has included actions to centralise unregistered staff recruitment campaigns, targeted marketing and rebranding, virtual job fairs, co-creating jobs with candidates, continued expansion of apprenticeships, re-introducing a standard survey when staff leave and introducing international recruitment. We have been very successful with international recruitment with around 90 nurses and podiatrists recruited of which 45 have commenced employment at the time of writing this report.

Timely Access to Services: Waiting lists and access to some services are rising and this has been significantly impacted by COVID-19. This potentially increases risk to patients and also means that we are not meeting national or local targets. Delayed access for an outpatient assessment and/ or treatment does not provide a good experience for patients, families and carers. Some services are struggling more with patients having to wait longer than expected- these include;

- Community nursing services (District Nursing)
- Podiatry services
- Children's therapy services
- Speech and language services for children and adults
- Child and adolescent mental health services
- Community adult eating disorder services.

There is a range of reasons for such access challenges including increased demand through Covid-19; staff vacancies, and current funding. We are working with partners such as GPs and our other NHS colleagues to address some of the issues. Waiting lists are routinely monitored closely by senior clinicians and managers with progress reported monthly to the Board of Directors. Action plans and programs of work are being taken forward with system partners to ensure innovation and improved patient experience.

Access rates in Oxfordshire and Buckinghamshire to our Child and Adolescent Mental Health Services (CAMHS) which are higher than the national average by 20-20% (lower by 5% than average in Bath and North East Somerset, Swindon and Wiltshire) resulting in high waiting times for certain treatments. The Trust is part of a national waiting time pilot identifying solutions and efficiencies to reduce waiting times. Some of the solutions implemented include giving support to parents to help manage young people while they are waiting. We continue to deliver services in partnership with a variety of organisations and Third Sector providers to enhance and offer a wider range of treatment options. We are also part of the BOB ICS improvement streams to develop solutions to long waits in the neuro developmental conditions pathway. Reducing waits for children is a priority of the ICS in Buckinghamshire, Oxfordshire and Berkshire West.

We are working with Oxford University Hospitals NHS Foundation Trust around podiatry services. Through improved collaboration our two organisations are working to focus on shared recruitment, workforce development, training and also developing the clinical pathway to ensure that patients are seen at the most appropriate place defined by clinical need, regardless of which organisation employs the staff or delivers that

part of the pathway. The added bonus to this work will be the development of a podiatry apprenticeship programme which as individual providers we would not have been able to deliver. Together we can!

High use of inpatient out of area placements. Unfortunately we have continued to use of out of area placements due to sustained demand and not having sufficient bed capacity within our own wards. There has been a particular pressure on admissions for female patients. . This often results in patients being further away from their home and family. Length of stays can often be longer and there are additional costs. An improvement plan is in place to reduce reliance on out of area placements through reducing overall, inpatient length of stay and increasing support in the community. Our aim, as before COVID-19, is to eliminate the use of out of area placements. See below reporting on national indicators for more detail.

Staff health and wellbeing. Ensuring Oxford Health is the best place to work is a strategic objective for the Trust. Much research highlights the crucial objective to ensure colleagues feel valued and empowered and psychologically safe at work. Both the impact of Covid-19 and the continued high demand for services has had significant impact on our staff. The Trust has made this a high priority to keep a continued focus on supporting and listening to what staff need. We have a wide-ranging health and wellbeing offer delivered through a strategy and steering group.

More on the work that has happened this year is captured in the reporting against quality objective L3 for 2021/22.

Young People at the Highfield Unit created a new mosaic to hang over the entrance to the building.

Creating with Care artwork funded by the League of Friends to bring sun to the garden at Didot Community Hospital all year round.

9. National and Key Quality Indicators – last 12 months

9.1 Our Performance against the NHS Oversight Framework

The NHS System Oversight Framework replaced the previous performance framework which informs the assessment of providers, more details can be found here https://www.england.nhs.uk/nhs-system-oversight-framework-2021-22/. The Trust monitors performance through a range of activity, quality and workforce measures in the monthly Integrated Performance Report presented to the Board of Directors.

Table 1 shows the Trust's performance against the indicators in the framework.

Overall our performance is positive with the majority of indicators consistently achieved over the past 12 months. The exception is the number of inappropriate out of area placements in both Oxfordshire and Buckinghamshire, further details are below.

Table 1. Trust performance against the indicators in the Single Oversight Framework

National objective: Compliance with the NHS Oversight Framework				
This year, the NHS Oversight Framework indicators that have targets are;	Target	National position	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	71.6% (Mar)	91.5% (Mar)	↓
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	71% (Dec)	75.6% (Mar)	↓
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	76.3% (Dec)	97% (Dec)	↓
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	46.9% (Mar)	50.5% (Dec)	↑
(N5) IAPT - Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT)	75%	89.7% (Jan)	99% (Jan)	↑
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.4% (Jan)	100% (Jan)	→
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	0 (Mar)	→
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	136 (Mar)	↑

Source: Integrated Performance Report

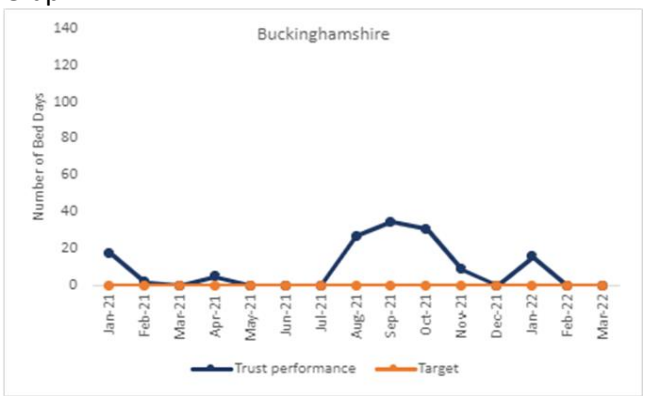
Eliminating inappropriate adult acute out of area placements

Out of area placements are when we admit 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.

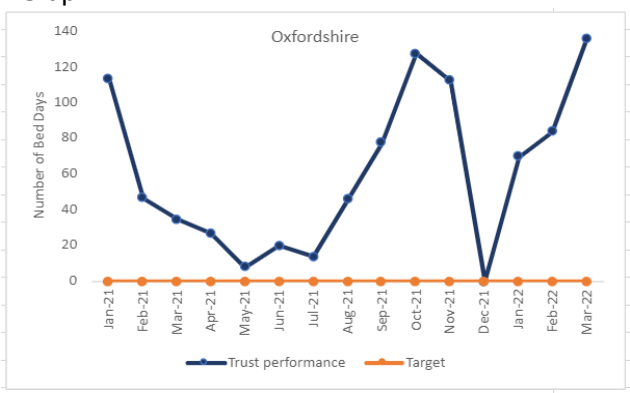
COVID-19 has had an impact on our aim to eliminate inappropriate out of area placements because by introducing essential infection, prevention and control measures this has meant the Trust has been operating throughout the year with less inpatient bed capacity. Our wards within the Oxfordshire directorate have been particularly affected owing to the environmental factors older buildings have presented. The interim closure of beds to manage inpatient isolations and social distancing has resulted in additional out of area placements which the Trust has managed by purchasing a block contract of beds with an independent sector provider. The block contract has enabled us to ensure better continuity of care and closer oversight of quality by the Trust.

The position by county is in the graphs below.

Graph 1.



Graph 2.



Source: Patient record system called CareNotes.

Other national indicators

In this section we will report on the following national quality indicators:

9.2 Follow up with patients within 72 hours of inpatient discharge
9.3 Care Quality Commission inspection rating
9.4 Patient and carer/ families experiences (including the national survey)
9.5 The Learning Disability and Autism Improvement Standards
9.6 Patient safety incidents and Serious Incidents
9.7 Staff experiences (including the national survey)
9.8 Clinical Audit
9.9 Data Quality and Information Governance

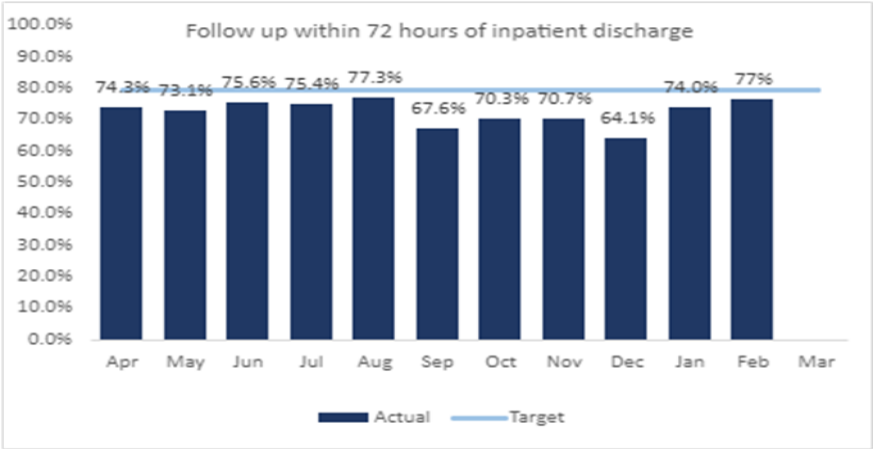
9.2 Follow up with patients within 72 hours of inpatient discharge (adults and older adults)

This indication has shown to be significant with regards to suicide prevention following discharge from inpatient services. The latest information is shared below, with performance being fairly consistent across both Buckinghamshire and Oxfordshire mental health services. Any discharges not followed up within 72 hours are reviewed each month to identify learning..

The most common reasons for non-compliance are:

- Patient was seen same day as discharge which cannot be included in the national reporting specification requirements
- Patient was on agreed leave from the ward as part of preparing for discharge. They were visited in the community during leave but then when the patient was discharged as the leave was successful they were not visited again within 72 hours
- Attempts by the team to contact the patient were not successful or the patient was not available to be visited within 72 hours
- In a few cases the team saw the patient outside of the 72 hours but within a short timeframe.

Graph 3.



Source: Patient record system called CareNotes.

9.3 Care Quality Commission Visits and Inspections

The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with high quality safe, effective, responsive and caring , treatment and support.. The CQC monitors and inspects these services and then publishes its findings and ratings to help people make choices about their care.

Oxford Health NHS Foundation Trust is required to register with the CQC, and our current registration status is registered with no conditions. The CQC has not taken enforcement actions against the Trust during 2021/22.

Oxford Health NHS Foundation Trust is subject to periodic reviews of the quality of care by the CQC. Following our CQC inspection from July-September 2019 the Trust is rated as **Good** overall. The full report can be found at https://www.cqc.org.uk/provider/RNU. We have not had an inspection during 2021/22. The CQC detailed the following one action the Trust MUST take to improve as well as 22 should actions. An action plan was submitted to the CQC against all 23 actions.

The one MUST action related to the ward for people with a learning disability or autism. The action was to:

- Ensure that staff follow good practice guidance when secluding patients and include a rationale in records for the clinical decision to seclude a patient. Patients must also be secluded for the shortest time possible. Patients in seclusion must be offered an appropriate level of privacy.

A full review of seclusion and clinical decision making has taken place. A further plan regarding environmental changes was submitted and all work has been completed accept for the relocation of the seclusion room. Work has started to build a new seclusion room but this has been delayed due to a number of factors, including site challenges, the COVID-19 pandemic and some supply issues. There are mitigating actions in place while the work is being completed. Progress is reviewed monthly at Executive Team level.

In 2021/22 - 12 of our mental health wards have received an unannounced visit by the CQC to review compliance with the legal requirements of the Mental Health Act for people who have been detained. The CQC carries out this specific type of visit for every mental health ward on a regular basis. During these visits the CQC reviewer will speak to patients and staff, review the environment, and review the quality of documentation in patients records.

The key improvement themes we are taking action around are:

- Ensuring all patients are aware of their rights and there are regular conversations to discuss this throughout a patients stay
- To improve our links with the independent Mental Health Advocacy to ensure patients always have timely access to this help, even throughout the Covid pandemic
- To embed individualised care plans and ensure care is personalised

Oxford Health NHS Foundation Trust has also participated in the following special system-wide review by the CQC during 2021/22:

- Provider collaboration review of mental health care of children and young people during the COVID-19 pandemic. Seven integrated care system areas were included. More details are available here https://www.cqc.org.uk/publications/themed-work/provider-collaboration-review-mental-health-care-children-young-people#hide1

9.4 Patient and Family Experiences and Involvement (including national survey results)

Strategy

The Trust is co-developing a new Experience and Involvement Strategy for the next 3 years, as the period related to the previous Strategy has now finished. It is paramount this important strategy is co-produced and to that end significant engagement work has taken place with patients, staff, the voluntary sector and patient advocate groups such as HealthWatch to describe where we want to be in 3 years' time and what we need to do to get there.

A key focus of the new strategy will be:

- improving how we work more in partnership when identifying and delivering people's care needs
- ensuring a strong voice in decision-making and production in quality improvements,

- and equality of access to services.

The Trust's Family, Friends and Carers Strategy 2021-2024, which is specifically aimed at carers and family members and was published last year is available here; https://www.oxfordhealth.nhs.uk/wp-content/uploads/2021/10/Family-Friends-and-Carers-Strategy-2021-24-FINAL-WEB.pdf

The Trust's Experience and Involvement Forum is made up of patients / carers known as Experts by Experience and staff and this group oversees our work to improve patients experiences and involvement. The forum meets every other month and is co-chaired by the Chief Nurse and two Experts by Experience.

Involvement and Engagement

Co-production

We know we still have a lot to do regarding development of embedded co-production at all levels within the organisation. Our new strategy will help us achieve that. However, 2020/21 has seen some innovation across all services. Below are some examples of the projects we have been working on with patients, carers and family members to improve the care and services we provide.

The Oxfordshire Primary, Community and Dental Health services Directorate have:

- Seen the amount of feedback double for their urgent care services as a result of trialling the use of SMS texts sent to all eligible patients who attend the out of hours service, Minor Injury Units or the First Aid Unit.
- The Directorate have also been gathering a library of patient stories which are shared with staff at meetings and in training.
- The children's services launched 'Chat Health' in February 2022 a new service for parents and young people in Oxfordshire to text health visitors and school health nurses for advice and support.
- A catering focus group was set up from January 2022 to work together on improving the quality of food and drink across the community hospital wards.
- After the success of the Family Nurse Partnership patient experience video, the service is creating a promotional video for promoting the service to potential patients, and has been recruiting young fathers to share their experiences which will be feedback to the team for service improvements.
- Patients have recently been involved in developing information leaflets for the wearable remote monitoring devices pilot for Urgent Community Response.
- Wallingford community hospital are planning a co-produced film with experts by experience so that patients/ families can share their voices and help design staff training around end of life conversations.

The Forensic services have:

- Co-produced improvement action plans around improving experiences and involvement in services with patients and their family/ friends. There are two monthly action groups overseeing the work. The Evenlode Voice Group are currently working on an easy read version of the improvement action plans.
- The patient involvement action group has been;:developing an experience questionnaire to ask all patients, producing an involvement bulletin to promote opportunities to patients, assisting with the introduction of the new peer support worker programme and introducing best practice guidance for ward community meetings.
- The family and friends action group has been reviewing current information leaflets with a plan to create a welcome pack that is sent to every carer/ family member across the service, reviewing how 'welcome meetings' for families work on some of the wards to share good practice, relaunching the friends and family monthly meet up, raising the profile of the family champions in each team, and clarifying the process/ paperwork about the expectation that families will be invited to be involved in the Care Programme Approach (CPA) process.

The Learning Disability services continue to support their Governor representative and recently shared a patient story at the Council of Governors meeting. A group of patients/ experts by experience continue to support the development of easy read materials across the Trust. The Leading Together group are working with South Central Ambulance service to improve how they communicate with people with a learning disability.

The Oxfordshire and Buckinghamshire Mental Health Directorates have:

- Representation from patients/ experts by experience on their Quality Improvement (QI) hubs to ensure a patients voice is in every QI project.
- The Oxfordshire and Buckinghamshire Our Voice patient groups are well established and embedding co-production across the Directorates. The team are leading on one of the workstreams in the improving working with families project and have started engaging a group of carer experts to identify what actions to take.
- We have also been working with the Oxfordshire Mental Health Partnership group to create a sub-group of patients/ experts by experience solely focused on involvement and co-production.
- A project has started with carers to refresh the family, friends and carers handbook about adult and older adult mental health services.
- A QI project has commenced with Oxfordshire adult and older adult community mental health teams around improving collaborative care planning. The team are supporting patients/ experts by experience to be involved in the inpatient digital monitoring project to reduce the impact of routine observations when appropriate, which has included developing a poster to go into all patient bedrooms.
- Recruitment has started of patients/ experts by experience to be involved in the workstreams leading the delivery of the suicide prevention strategy, as well as staff training films being developed with experts on risk assessment and management.

Oxfordshire Child and Adolescent Mental Health Services (CAMHS) and Oxford University Hospital NHS Foundation Trust are planning a joint project on gathering feedback from young people on the reasons for choosing to attend the emergency department rather than other courses of support. Young people will be involved in developing the questions and hopefully asking these to other young people. The CAMHS Neuro Developmental Conditions Pathway have been looking at ways to increase the amount and quality of feedback. From a thorough review of feedback the following actions were identified; to better understand what information parents would find helpful at point of referral, and they have reviewed the letter sent to parents following acceptance of referral and improved the format and resources included. There is also a range of work happening to reduce waiting lists across CAMHS teams and expand the support available to parents while they are waiting.

Cotswold House Eating Disorder services have completed a Quality Improvement Project around reducing distracting behaviours at dinner time which has since been published and the work disseminated nationally and are just starting a new project around waiting times.

<u>Youth Boards</u>

The Trust has been working with Unloc founded by young leaders and advocates to empower young people. The work consists of:

- A survey programme to gain a representative picture of mental health experiences of 12-25 year olds
- Setting up a youth board so that we can hear feedback and enable young people to lead on improvements
- Holding roadshows to engage a wider pool of young people about how to address the findings from the surveys and to identify priorities for improvement, taken forward by the youth board

The Oxfordshire survey received 1,450 responses with the top three things identified as having the biggest impact in their mental health being; negative thoughts and feelings, studying and exams and relationship problems. The Youth Board is made up of 19 members and has met four times, the board is thinking about whether to nominate 1 or 2 members to became a Trust Governor. The format and topic of the roadshows is in development for the Summer.

The Buckinghamshire survey received 1,172 responses and the results are currently being analysed. The deadline for applications to join the Youth Board is 25th April 2022.

The aim is to start a survey in Bath and North East Somerset, Swindon and Wiltshire in the next year.

Mental Health Peer Support Worker Programmes

Peer support is when people with lived experience of mental health, support others with their own mental health challenges. Peer support workers aim to foster a sense of hope, focusing on people's strengths and mutuality. The value of peer support is internationally recognised and is promoted by the World Health Organisation and also forms an important part of the transformation agenda for the future of mental healthcare services, providing an opportunity to increase capability and skill mix.

At the Trust we have trained a total of 86 peer support workers since 2019 and just recruited 12 people for a new forensic peer support cohort, with training due to start in the autumn 2022. In 2021/22 we have trained and supported 41 workers. The peer support workers are embedded in various adult and older adult inpatient and community mental health teams across the Trust.

Individual Placement and Support (IPS) Service

This is an evidenced based programme to support people with mental health difficulties to return to employment, as well as supporting and advising employers. Meaningful work and particularly paid employment for those who have been suffering with mental illness is crucial in their recovery and is a key plank within the Mental Health Long Term Plan. The service employs two peer support workers which have led the trailblazing team in offering peer support.

In 2021/22 the service received:

- 377 referrals,
- supported 347 people and
- helped 113 people to achieve their outcome to gain employment.

The service is so important and showed true innovation through the pandemic. This year the service will be creating new specialist posts to support retention (keeping people in work) and will be going for an external accreditation. The most recent fidelity review (which is nationally prescribed) awarded **exceptional status** for quality of services provided.

Below is an example of the feedback received about the service:

"The practical support is very useful and motivating, finding present work opportunities, and sending them on to me and motivating me in the independent search for work. It is also very helpful to know that there is a regular catch-up session, where concerns and difficulties can be discussed and worked through. The IPS worker was able to understand my work history and needs, as well as the needs and circumstances of my personal life. They were able to pick up and use this information to help me in my employment journey from the very start. The search for work has been very successful. My IPS worker was able to secure me a job interview very quickly in our journey, which I was lucky enough to get some work through. They have also been able to identify other work opportunities that may suit me. As well, they have been able to check over job applications and offer encouragement and feedback, as well as celebrate successes on my employment journey with me. It has been great to have that support"

Recovery Colleges

We have well established recovery colleges in Oxfordshire and Buckinghamshire as well as a Forensic spoke of the Oxfordshire college. The colleges take an educational approach to recovery, on the basis that the more we learn about ourselves, a diagnosis or tried and tested strategies the more we can look after ourselves and each other. Everything is designed and delivered at the colleges together using co-production, drawing on professional expertise and lived experience. The colleges are open to everyone, people experiencing mental health challenges, carers/ families, staff and volunteers to learn together. More details can be found at https://oxfordshirerecoverycollege.org.uk/ and https://www.oxfordhealth.nhs.uk/bucksrecoverycollege/.

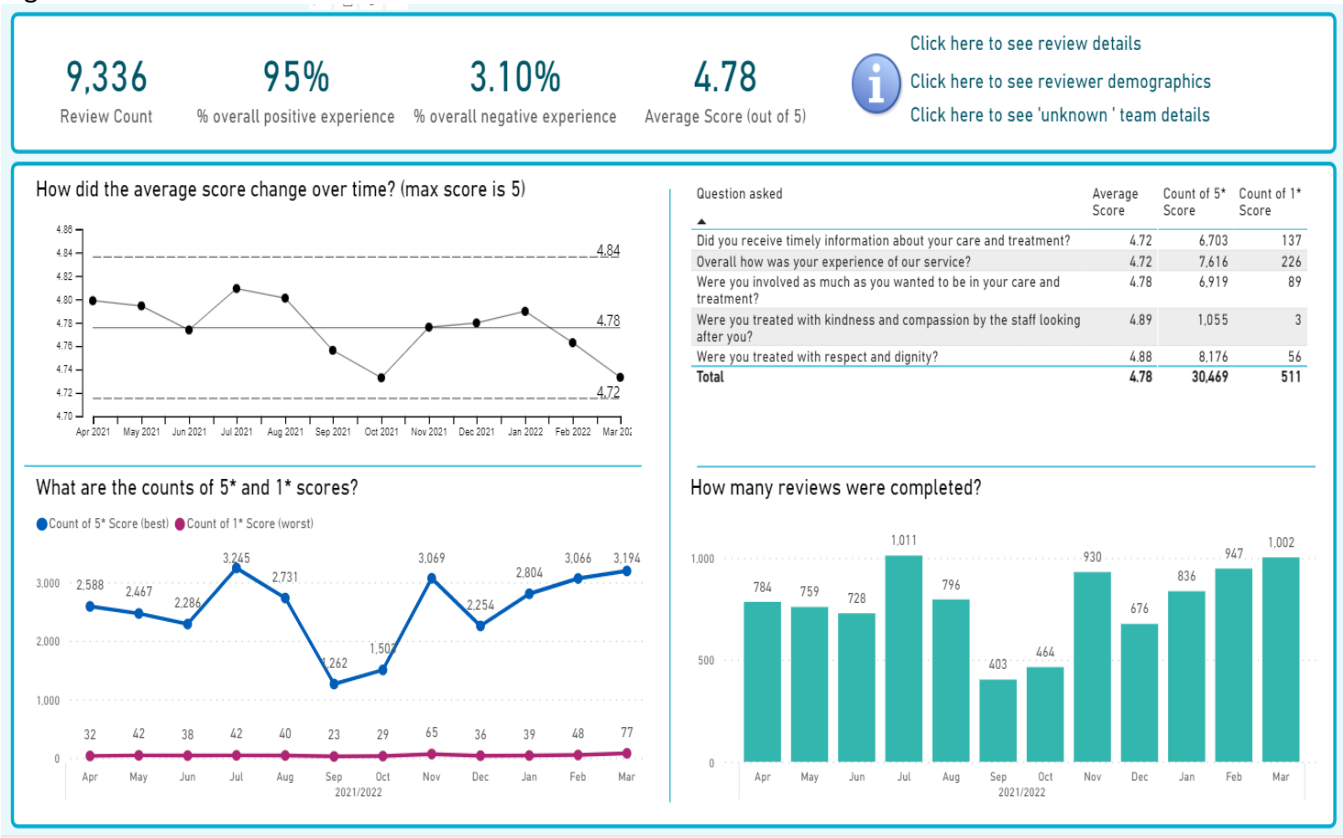
Feedback – what does it say?
Patients, service users and families experiences are a key marker of providing high quality care, alongside clinical effectiveness and safe services.

We use several ways to gather feedback from patients and their families - to hear about their experiences and to use this to make improvements. Some of the ways we gather feedback include:

- Patient and family forums, groups and councils
- Concerns raised through PALS and complaints
- Volunteers collecting feedback
- Patient and family stories
- QI projects and facilitated focus groups
- Telephone surveys
- Feedback from HealthWatch
- Social media posts
- National surveys
- Feedback from peer review visits
- Our local standardised paper and electronic survey provided by an external company, I Want Great Care (IWGC).

Local Surveys
The Trust received 9,336 local surveys via IWGC in 2021/22. The average score given by patients/ families was 4.78 out of a possible 5. Data at team level from IWGC surveys is available to all staff.
Below is a Trust-wide summary in figure 1.

Figure 1.



Source: Trust's on-line Business Intelligence Platform, primary source IWGC.

Demographics:

- Patients have given the most feedback.
- In relation to age range the feedback spans the age ranges, with 22% aged 0-18, 32% aged 19-65, 34% aged 65 and over, and 12% responders did not declare.
- 56% of responders identified as female, 38% male and 6% said they would prefer not to say.
- Only 7% of responders identified as being from a BAME background and 19% of people did not respond to this question. For context, based on modelling from the 2011 census, 16% of the Oxfordshire population are from ethnically diverse backgrounds and 14% of the Buckinghamshire population are from ethnically diverse backgrounds. We do need to ensure we engage those using our services from diverse backgrounds in giving us feedback in order for us to improve.

Below is a word cloud including all open text responses received in 2021/22 to the question, what was the experience of care provided?

Figure 2.

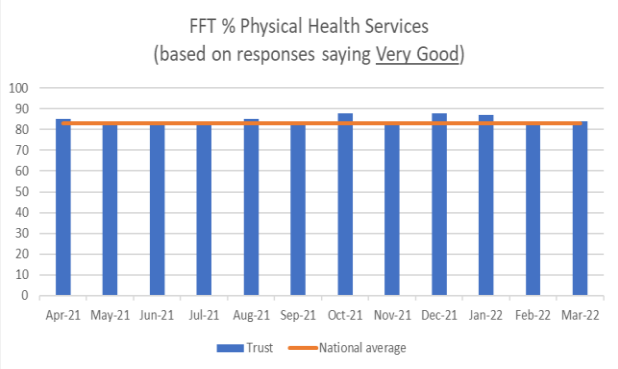
Source: Trust's on-line Business Intelligence Platform, primary source IWGC.

Friends and Family Test (FFT) Results

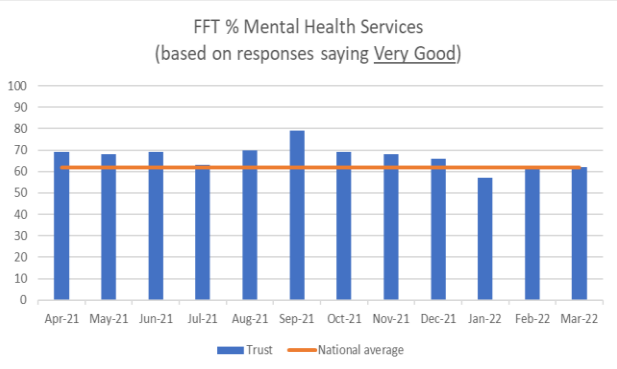
We submit the national Friends and Family Test (FFT) results monthly, shown below. The % of patients responding that overall the care was very good has not significantly changed month on month in 2021/22,

- Physical health services on average achieve 85% of patients who respond care is very good against a national average of 83%.
- Mental health services on average achieve 67% of patients who respond care is very good against a national average of 62%.

Graph 4.



Graph 5.



Source: National returns for the Friends and Family Test.

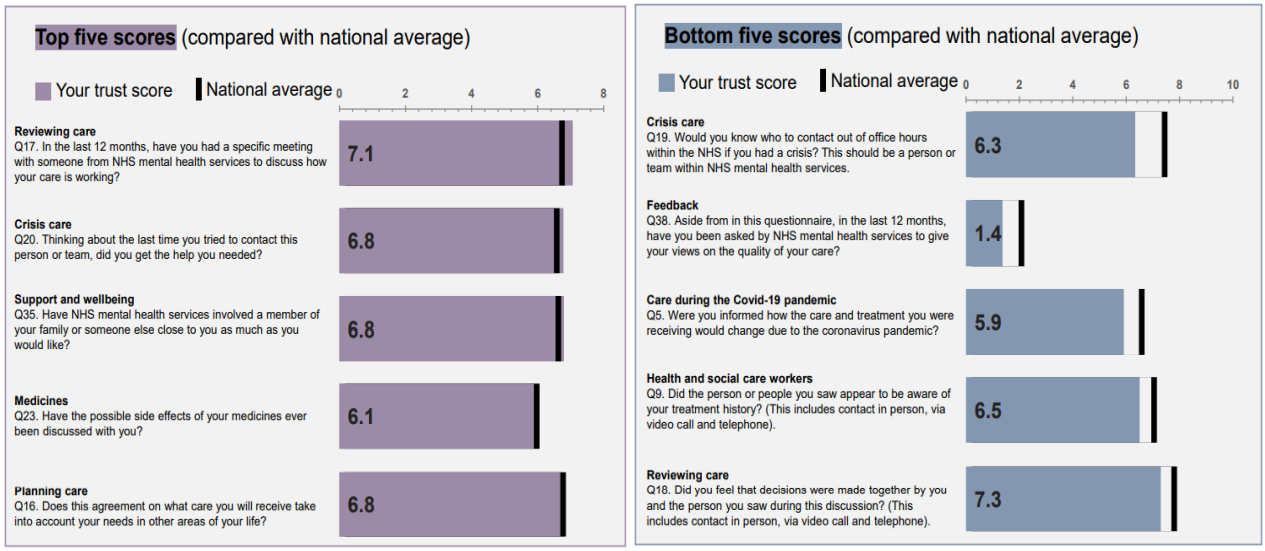
National Survey Adult and Older Adult Community Mental Health Patient Survey

The results of the national postal patient survey for 2021 were published in December 2021. Below is a summary of the Trust's results, the full report is available here https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2021/.

The Trust received 347 responses, giving a response rate of 28% against the national average of 26%. The majority of responses by question were about the same as other Trusts.

The top and bottom 5 questions compared to the national average are detailed below in figure 3.

Figure 3.



Source: CQC national report with the survey results

The open text comments received from patients identify areas for improvement around:

- Communication and involvement of patients and their families in care
- Waiting times and difficulties with accessing the care they need.

The impact of the actions from the last survey have been reviewed with two areas seeing small improvements (involvement in care and support with employment) and two areas seeing a decline (people being asked for their feedback and support with physical health needs).

Actions are underway regarding;

- Improving the involvement and engagement of families in care (quality objective for 2022/23)
- Improving the physical health of people with serious mental illnesses (quality objective for 2022/23)
- Developing how/ when we ask for feedback
- Expanding the Individual Placement and Support Service to support more people with findings and retaining employment
- Improving access and information on where to get help in a crisis.

We have also volunteered to be part of the below national surveys:

- **Inpatient adult mental health survey**. Survey closes in April 2022. 12 other Mental Health Trusts are also participating in the survey.
- **Community mental health survey** to pilot the use of text and on-line surveys for the annual mandated survey. Our response rate was higher for on-line responses over postal responses.

<u>HealthWatch Studies</u>

We work with our local HealthWatch organisations. An example of this is the Oxfordshire HealthWatch report published in 2022 on 'using interpreters to access health and social care support'. In response . we have taken steps to improve the accessibility of information on the Trust's website and to better promote ReachDeck software. This is software we use on our website so a person can translate any of the material into their chosen language or increase the size of text or have the information read aloud. The Trust's lead for Inclusion meets with our three main interpreting service providers on a quarterly basis to monitor usage, quality assurance and to identify any issues.

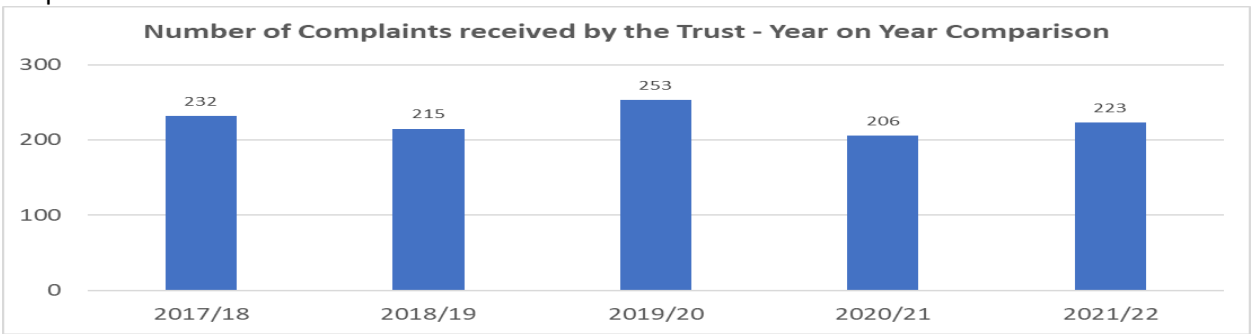
Complaints

We aim to ensure all service users and families get a good experience of using our services. At times we do fall short of an expected standard and need to work with patients and families to learn. We aim to resolve any concerns as soon as possible however sometimes these concerns escalate into a formal complaint.

The Trust has continued to respond to and learn from complaints and compliments during the year. Graph 6 shows the number of complaints received year by year. In 2021/22 we received 223 complaints, all (100%) were acknowledged within 3 working days and all (100%) were responded to within a timescale agreed and communicated with the complainant. The pandemic has seen us take extended times to complete a complaint investigation which we have communicated to service users / families. . The average number of days to respond to a complaint in 2021/22 was 50 days. The majority of complaints were received about our mental health services. The main reoccurring themes for improvement across the Trust are: how involved patients and families feel in decisions about their care, including related matters around confidentiality, information provided and communication from staff members. A Quality Improvement programme, led by a senior clinician is in progress to address and improve how we work better with families. We are also exploring customer service simulation training.

The Trust's annual complaints report will be presented to the Board of Directors in May 2022 and published with the board papers at: https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/.

Graph 6.



Source: Trust's Complaint Database.

A national review of the NHS Complaints Standards has been undertaken by the Parliamentary Health Service Ombudsman on how NHS services should approach complaints handling. The draft Standards were published in 2021 and will be refined and introduced across the NHS in 2022/23. The Trust has reviewed our position against the draft national standards and we have started to make improvements, including a focus on more timely contact by the investigating officer or senior clinicians when a complaint is first received to try and resolve issues more quickly, to improve access to raising a concern, and to improve how learning is disseminated from complaints so actions are not only taken in one team. We are working with experts by experience in this work.

9.5 The Learning Disability and Autism Improvement Standards

The improvement standards have been developed to help all NHS Trusts to measure the quality of care they provide to people with learning disabilities (LD) and/or autism. Most standards relate to non-learning disability services (i.e. acute/MH services) to ensure people with a learning disability and autistic people can access healthcare appropriately. They contain a number of measurable outcomes developed by people with learning disabilities and/ or autism and their families, which clearly state what is expected from the NHS in this area.

The four standards are:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Specialist learning disability services standard

The full details about the standards can be found at Improvement standards for people with a LD or Autism.

The Trust submits an annual self-assessment against the standards, which includes feedback from staff and patients at our Trust. Our focus for 2022/23 will link to the aims of our Learning Disabilities Service Strategy (2022-2027) to reduce health inequalities, increase life expectancy and quality of life. The actions (which will be across all our services) include;

- Working with GPs to ensure every person has an annual health check
- We will be introducing apps to develop person-centred care planning, with visual support, signposting and prompts that are developed with each person
- Rolling out autism awareness training more widely across the Trust (quality objective E4 below for more information)
- Continued work to reduce inequalities for people accessing services

9.6 Safety Incidents and Serious Incidents

All Incidents

It is crucial that we learn from every incident and near miss that happens to address concerns and continually learn.. The Trust reviews all incidents to take immediate any actions identified and consider safeguards for patients, alongside senior clinicians reviewing incidents on a weekly basis. Quarterly we identify learning and more thematic areas for improvement. Further detail about how we are learning from deaths is in the below section.

The Trust reports externally all unintended or unexpected incidents which could or did lead to harm via the NHS National Reporting and Learning Service. Graph 7 shows the number of incidents and incidents by level of harm for the last 12 months. In 2021/22 our staff reported 9,575 incidents and near misses, 95% resulting in no harm (58%) or minor harm (37%). This is generally in line with the national picture in which 56% of community health incidents and 61% of mental health incidents were graded as no harm. The majority of incidents relate to self-harm (33%), followed by patients resisting treatment, medication administration, pressure ulcers[1] and falls.

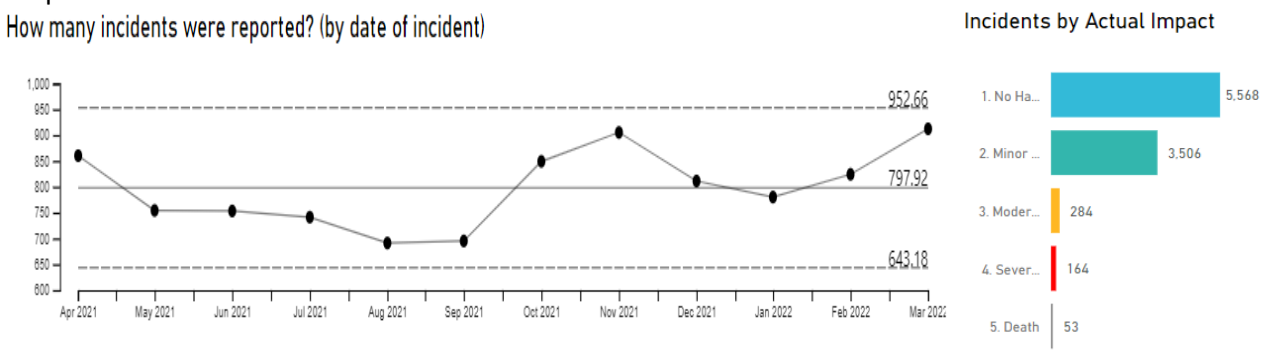
Pressure ulcers count for the area where we see most moderate harm. This relates to category 3 or 4 ulcers developed in service. Our work on reducing pressure ulcers is detailed below under the quality objective S4. In the last 12 months our teams have identified and treated 2,339 pressure ulcers (all categories). The majority of these were patients where the Pressure Ulcer had already been formed prior to entering the service (74%). The number of incidents is slightly raised when compared to 2020/21 (2,176 pressure ulcers) and we have also seen an increase in the number of patients with a pre-existing ulcer, 74% in 2021/22 compared to 67% in 2020/21.

The focus in physical health services has been on reducing pressure ulcers within the community nursing services. The community nursing services have been under particular pressure since the start of the pandemic due to both capacity issues with high vacancies and sickness as well as increasing demand, with many patients more acutely unwell and requiring more intensive support. As well as developing a specific an targeted recruitment campaign for these roles, there has been work on improving documentation and improving patient education. See progress against quality objective S4 below.

We know there is more work to do and to this end we will continue to focus on this objective during 2022/23.

[1] Pressure ulcers, sometimes known as 'bed sores' or 'pressure sores', are damage to the skin and underlying tissues caused by pressure or pressure and friction. They can range in severity from a red patch or blister to a complex open wound. Pressure ulcers are graded from 1 (superficial) to 4 (most severe).

Graph 7.



Source: Trusts Incident Reporting System.

National Patient Safety Alerts

The NHS National Reporting and Learning Service issues a number of national patient safety alerts from reviewing incidents submitted by all NHS Trusts. In 2021/22, 11 national patient safety alerts were issued, of which 8 were relevant to services provided by the Trust. The actions for the 8 alerts have been completed within the national deadlines set.

Never Events

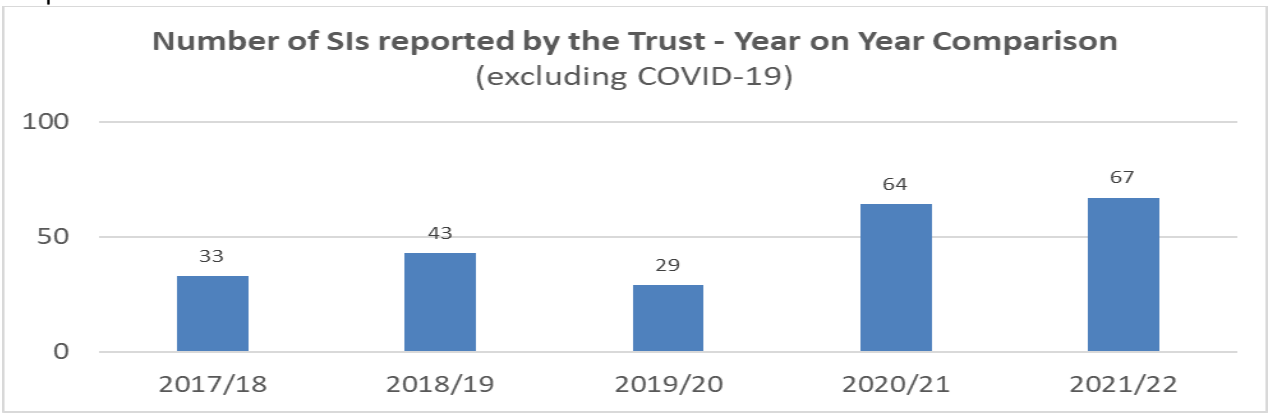
Never events are a sub-set of Serious Incidents and are defined as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. The Trust has reported 0 never events in 2021/22.

Serious Incidents

In line with national guidance Serious Incidents (SI's) are reported and an in-depth investigation completed to identify our learning and any actions.. Every investigation is shared with our commissioner for review.

Graph 8 below shows the annual number of Serious Incidents reported by the Trust in comparison with the previous financial years. A total of 88 incidents were originally reported as serious incidents (excluding COVID-19 ward outbreaks) by the Trust in 2021/22. At the time of writing this report, 21 of these incidents have been downgraded by our commissioner so the total number of serious incidents for 2021/22 is 67. The main causes for serious incidents and where we have seen an increase in 2020/21 and 2021/22 are in; self-inflicted harm such as suicide, unexpected deaths and pressure ulcers.

Graph 8.



Source: Trust's Serious Incident Database

34 (51%) of serious incidents reported in 2021/22 were related to a death, of which 23 were suspected suicides. This compares to 35 (55%) in 2020/21 and 21 suspected suicides.

We are conscious this part of the report is reporting on suspected or confirmed suicides and we acknowledge each and every death as a tragedy and has a profound and lasting effect on families and friends of those who have died by suicide.

As well as our own data we use the Thames Valley Real Time Surveillance System data coordinated by the Police, which includes all suicides by County. Some of the patients will not be known to our mental health services. The data for the calendar year 2021 shows the number of suspected suicides was similar in Oxfordshire in 2021 (n=66 suicides) compared to 2020 and 2019, although there were increases in June and July 2021 and a decrease in March 2021. In Buckinghamshire the number of suspected suicides reduced in 2021 (n=48 suicides) and was nearer to the level in 2019. The Trust is collaborating with organisations and providers across Buckinghamshire, Oxfordshire and Berkshire Integrated Care System to implement quality improvements to reduce suicides such as changes to the self-harm pathways by offering follow up to those who have self-harmed or attempted suicide but do not wish to fully engage with secondary mental health services.

The latest Public Health information available on suicide profiles, with data up to 2017-19, reports the suicide rate in Oxfordshire as 8.9 per 100,000, slightly reduced over the last 10 years. This compares to the South East region rate of 9.6 per 100,000 and England as a whole 10.1 per 100,000. Buckinghamshire did not submit data for 2017-19 but the 2016-18 data shows a rate of 8.0 per 100,000.

In response to thematic analysis, learning and requirements for improvement identified from serious incident investigations there has been significant patient safety activity across the Trust.

Across mental health services our focus in 2021/22 has been on two Quality Improvement projects to improve;

- Communication and involvement of family members during care
- Risk assessment and formulation including documentation

Our focus will continue in these areas in 2022/23 and both have been identified as new quality objectives. In line with this we are developing during 2022/23 a Suicide Prevention strategy which will have key themes based on national, regional and local data.

As part of the NHS Patient Safety Strategy (2019) and planned changes to the management of serious incidents, the Trust has been strengthening our processes to improve the timeliness of initial reviews and learning with increased early engagement of professionals and patients/ families using a restorative just and learning culture approach. Initial feedback from colleagues has been extremely positive. .

9.7 Staff experiences (including national survey results)

The results from the National NHS Staff Survey are used by the Trust to inform local improvements in staff experiences, support and wellbeing. This is important as a positive staff experience plays an important role not only in staff welfare and morale, but also in helping to maintain and improve patient safety and experiences.

The Trust participated in the 2021 NHS National Staff Survey, 3,299 staff took part (55% of eligible staff). A summary of the results is below in figure 4 and the full results can be found here: https://cms.nhsstaffsurveys.com/app/reports/2021/RNU-benchmark-2021.pdf .

The overall staff engagement score has remained at 7.2, however is now above the average which has fallen across other NHS Trusts.

Figure 4.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.7	6.4	7.1	6.2	5.6	6.5	7.1	7.2	6.0
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	3,221	3,265	3,183	3,213	2,999	3,250	3,233	3,269	3,265

Source: National NHS Staff Survey report

We scored higher than the average for 3 out of 7 elements:

- We are compassionate and inclusive (83% of staff think care of patients is the organisation's top priority, above the national average of 78%)
- We are recognised and rewarded
- We each have a voice that counts

We scored average on;

- We are safe and healthy
- We are a team
- We are always learning

We were below average in;

- We work flexibly

From previous surveys we took actions to improve staff wellbeing and reduce stress including the procurement of an Employee Assistance Programme[2], the introduction of a Restorative Just Learning approach (Quality Objective L1) and the introduction of Schwartz Rounds[3].
The areas of focus from the 2021 survey will be;

- **Capacity**: Staff feel that they have insufficient capacity to do their jobs well with the response rate to the question "There are enough staff at the Trust to do my job" falling by nine per cent since the last survey. 'Able to meet conflicting demands' and 'have realistic time pressures', also fall into the lowest scoring questions. The Improving Quality, Reducing Agency (and vacancies) programme is leading the actions to support teams to build their capacity.
- **Personal Development Reviews:** PDR and appraisal value and quality scored low in terms of how respondents perceive it helps them do their role (21 per cent) and helped them to agree clear objectives (33 per cent). This is broadly in line with the national average. We will be identifying and working on how to improve the quality of PDRs.
- **Flexible Working:** How we work flexibly was also highlighted as an area for development with the *we work flexibly* theme of the People Promise scoring below the national average. Staff have been invited to workshops to help identify the best ways to improve and embed flexible working.

Progress against the actions we take will be monitored through quarterly internal staff surveys.

[2] The Employee Assistance Programme is delivered by an external provider which provides a helpline staffed by counsellors to help staff to deal with personal problems that might adversely impact on their work, health and happiness.
[3] Schwartz Rounds are confidential forums for staff from all disciplines to come together to reflect on the emotional challenges of working in healthcare, to boost wellbeing and reduce stress and isolation.

9.8 Clinical Audit

Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust takes actions to improve the care provided.

In 2021-22 we participated in 12 national audits, listed below in table 2 relevant to the services we provide. Alongside these we carried out locally identified clinical audits..

We also continued to participate in three national confidentiality enquiries::

- Learning disabilities mortality review programme
- National child mortality database
- National confidential inquiry into suicide and homicide.

Further details about our learning from deaths is in the below section.

9.9 Data Quality and Information Governance

It is important that data used by NHS services is of a high quality so that it can be best used to inform decisions on the management of patients. In addition, data must be of a high quality to help inform organisational decision-making and planning.

The Trust overall data quality score against across all relevant national datasets (CSDS, ECDS, QOP, MHSDS, APC and IAPT) was 82% as of November 2021, the latest reported position. The main area for improvement is the recording of ethnicity. The Trust's Data Quality Delivery Group oversees and is leading actions to make improvements. We understand ensuring we capture the ethnicity of those wo use our services is crucial in order to plan and deliver services in an appropriate and relevant way to all of the population.

Information Governance requires the Trust to set a high standard for the handling of information. The aim is to demonstrate that we can be trusted to maintain the confidentiality and security of personal information, by helping individuals to practice good information governance.

Oxford Health NHS Foundation Trust Data Security and Protection Toolkit overall score for 2020/21 was 'standards met'. The 2021/22 assessment has been submitted but we do not have the results yet.

Oxford Health NHS Foundation Trust had a routine audit by the Information Commissioner in October 2021. The Information Commissioner is the independent regulator for enforcing and promoting compliance with data protection legislation[4]. The data protection audit report is available at ICO Audit Report 2021. The audit found reasonable assurance that processed and procedures are in place and are delivering data protection compliance. There were some areas for improvement identified which the Trust has taken action around.

[4] Legislation includes the UK General Data Protection Regulation and the Data Protection Act 2018.

Table 2. National Clinical Audits

Name of Audit	Audit Scope	Status	Actions being taken
National Audit of Inpatient Falls	Mental health wards and Community Hospitals	Continuous data collection	Waiting for annual report.
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Transition of young people with complex chronic conditions from child to adult health services	Mental health wards, Community Hospitals and community teams	Data submitted in February 2022	Waiting for results.
National Audit of Dementia	Memory Clinic Services	Data submitted in January 2022	Waiting for results.
Serious Hazards of Transfusion	Urgent and ambulatory care	Continuous data collection	Waiting for annual report.
National Audit of Diabetes Footcare Core National Diabetes Audit	Community Podiatry services Community Diabetes services	Continuous data collection Data submitted in May 2021.	Waiting for annual report Waiting for annual report
National Asthma and COPD Audit Programme	Respiratory service – pulmonary rehabilitation	Continuous data collection	Waiting for annual report.
National Audit of Care at the End of Life	Mental health wards and Community Hospitals	Data submitted in October 2021.	Embedding an individualised plan of care and consistent documentation of discussions regarding spiritual and practical needs. See details under quality objective CE1 for 2021-22.
National Clinical Audit of Psychosis	Spotlight on physical health & employment-Community mental health services Early Intervention in Psychosis Services	Data submitted in May 2021. Data submitted in November 2021.	Improvements needed to the recording and monitoring of physical health monitoring. See details under quality objective S5 for 2021-22. Waiting for results.
Prescribing Observatory for Mental Health (POMH-UK) - Prescribing for substance misuse: alcohol detoxification (14c)	Mental health wards	Data submitted in May 2021.	Actions around improving documented assessment of history and intake, as well as taking blood tests. Amendment to be made to the inpatient admission checklist and induction for junior doctors. Work to raise awareness with all relevant staff about guidelines on management of acute alcohol detox on our wards.
Prescribing Observatory for Mental Health (POMH-UK) - Prescribing for depression in adult mental health services (19b)	Mental health wards and community teams	Data submitted in November 2021.	Waiting for results.
Sentinel Stroke National Audit programme	Oxfordshire Stroke Rehabilitation Unit	Continuous data collection	Waiting for annual report.

10. Supporting Staff to Raise Any Concerns

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.

In 2021/22 there have been no concerns reported of abuse similar to those seen at Mid Staffordshire following the enquiry in 2015. The most common concerns raised have been about bullying, worker safety (due to increased demand, complexity of work and challenges of remote working), staff wellbeing for example stress and lack of communication. A common theme across the concerns is the level of demand and work pressures. The annual 'Freedom to Speak up Guardian' report provides more detail, it is available here https://www.oxfordhealth.nhs.uk/papers/november-30-2021/.

In the 2021 staff survey results 82% of staff felt able to raise concerns about unsafe clinical practice, a small improvement from last year and above the national average (80%). However we will continue to promote and enable every member of staff to feel safe to speak up and learn when things go wrong.

We started two significant programmes of work in 2021/22 to develop the culture of the organisation including implementing the approach of a Restorative Just & Learning Culture (quality objective L1) and improving Race Equality in the Workforce (quality objective L2).

The Trust has developed five staff equality networks (listed below) and five support groups to empower and inspire staff while nurturing a culture of belonging and inclusion. These networks and groups are an important way to hear from under-represented people.

Staff have opportunities to raise concerns through:

- A staff member's line manager to discuss what happened and how they would like to be supported.
- The Freedom to Speak Up Guardians provide independent and confidential support to all staff who wish to raise concerns and to promote a culture of openness.
- The Trust has appointed a Guardian of Safe Working for trainee doctors, who has a duty to advocate for safe working hours for trainee doctors and to hold the Board to account for ensuring this. The Guardian presented an annual report to the Board in November 2021. The Guardian oversees and reports on 'exception reports' from trainee doctors when work does not reflect the work agreed, for example working too many hours, or when safety aspects are breached. Feedback shows the system of cover continues to work and any gaps are covered quickly. The Trust has a Trainee Doctors Forum which is another route trainees can raise concerns and issues to the Guardian.
- We have introduced the role of Professional Nurse Advocates from December 2021, with over 30 trained advocates and more to commence their training.. The training programme is very focused on restorative supervision and ensuring that nurses voices are heard and that they feel empowered to speak up especially regarding issues of patient safety. The roles are embedded across services with an aim that every team has a PNA.
- 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 Head of Inclusion. This is a service made up of more than 14 staff to provide one-to-one 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. Representatives meet regularly with the Executive Directors and work has been done to improve relationships.

11. Learning from Deaths

For some people, sadly, death whilst under the care of the NHS is an inevitable outcome. In the majority of instances people receive excellent care in the months or years leading up to their death. However, some patients experience poor quality care resulting from multiple contributory factors. The purpose of mortality reviews is to identify any problems in care, to learn and take actions.

The Trust learning from deaths process reviews all patients we have seen checked who subsequently died against a national database, including patients under our care at the time of their death and those who die within 12 months of being discharged and their last contact. In most cases these are expected deaths but where a specific trigger is noted (as identified in our policy) we then review these deaths further. The level of review required will depend on various criteria such as age, the setting they died in and the circumstances surrounding their death. We always review the care provided to all patients who had a learning disability, aged under 18 or died after we suspected they took their own life by suicide.

The information below includes all deaths for patients past and present known to any of our services. All of the graphs are based on data from the Trust's incident and mortality reporting system, the Trust's patient record system and the national information on disclosure of death registration information.

Oversight and Governance

The Chief Medical Officer is the lead Executive Director responsible for how the Trust learns from deaths and chairs the Trust's Mortality Review Group, which meets at least quarterly and includes representatives from our Trust Governors. Every meeting involves each clinical directorate reporting back on key learning and actions following reviews into patient deaths.

The Trust has a stepped approach to the review of patient deaths, this includes:

- An initial screening completed by at least two senior clinicians from the clinical team, which includes speaking to the bereaved family where possible
- Review of care and the patient's record, followed by a clinical group discussion outside the team
- The following types of deaths always receive further scrutiny - all unexpected deaths, suspected suicides, expected deaths where any care concerns are identified, all deaths involving a person with a learning disability, all mental health inpatient deaths, all COVID-19 inpatient deaths and all deaths of a patient detained under the Mental Health Act
- An in-depth investigation and/ or declaration as a serious incident may then be declared

In relation to the number of deaths reported onto Ulysses for further review this varies by type of service depending on the patients being cared for and treated.

External Scrutiny

Members of the Trust are also involved in the following external multi-agency review processes to look into the deaths of our patients and to maximise learning:

- Child Death and Overview Process (CDOP)
- Learning from lives and deaths of people with a learning disability and autistic people (LeDeR).
- Children's Serious Partnership Reviews
- Adult Safeguarding Adult Reviews
- Domestic Homicide Reviews
- Mental Health Homicide Reviews
- Coroner Inquests
- Oxfordshire system vulnerable adults mortality forum
- Oxfordshire system homeless mortality review process
- Regional Oxford Academic Health Science Network Mortality Review Group
- A joint Mortality and Morbidity forum with Oxford University Hospitals NHS Foundation Trust

We also submit information to the following national confidential enquiries to aid national learning:

- Learning disabilities and autistic people mortality review programme
- National child mortality database
- National confidential inquiry into suicide and homicide.

National Inquiries

In the last year we have reviewed the findings and recommendations from the below national inquiries, to identify how we can learn from these:

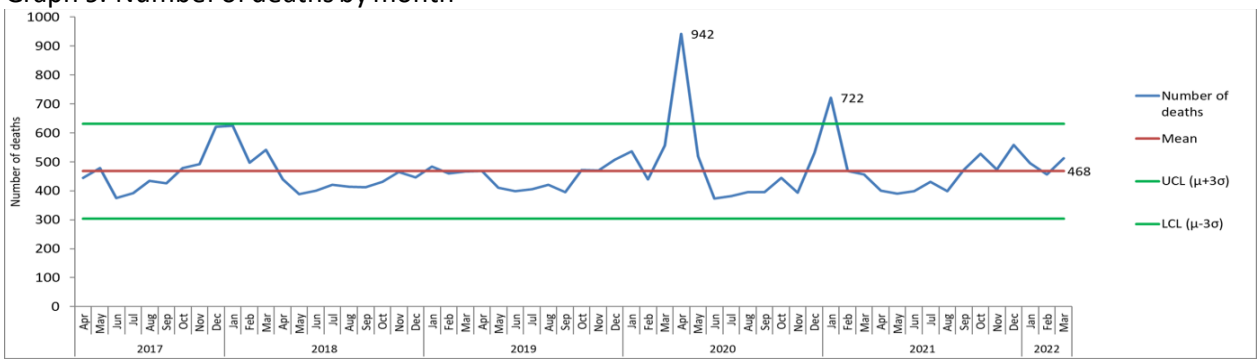
- Mr Pascoe's recommendation from 2nd stage public investigation in 2021 related to Southern Health NHS FT, deaths of patients from 2011-2015
- Ockenden review of maternity services at Shrewsbury and Telford NHS Trust 2022, related to serious harm and deaths of children and mothers

Summary for 2021/22

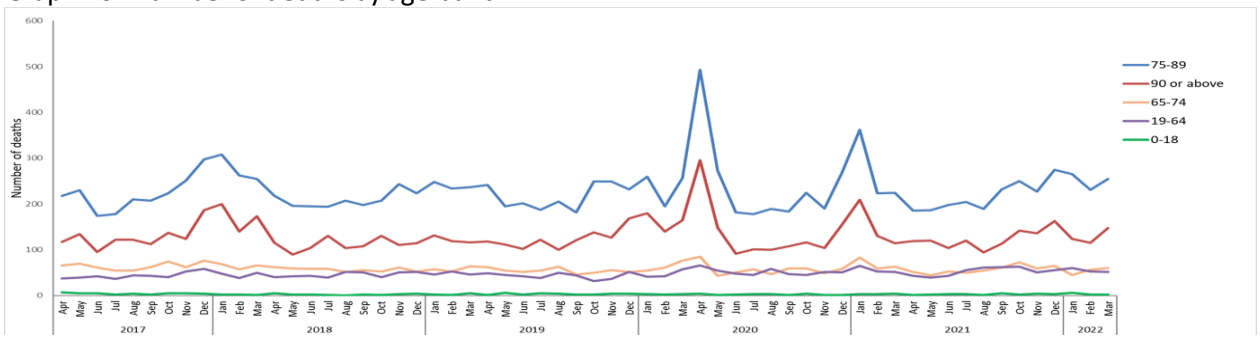
There has been little variance in the number of deaths over time, with most deaths for patients with an open referral (82%) aged 75 and over. Except for significant peaks in April 2020 (892 deaths) and January 2021 (686 deaths) for patients aged 75 and above with an open referral, related to deaths from COVID-19.

The graphs below show the number of deaths by month and number of deaths by age band. Our trend over time mirrors the national pattern, including the peaks in April and January. In the Trust the peak in April 2020 was followed by a lower-than-average number of deaths June to Sept 2020.

Graph 9. Number of deaths by month



Graph 10. Number of deaths by age band



In 2021/22 there were 34 deaths for patients aged under 18 compared to 27 in 2020/21. Most deaths were for patients open to services at the time of their death and most commonly last seen by the Health Visiting Service or Children's Community Nursing Services. All child deaths are reviewed through the multi-agency Child Death Overview Process (CDOP) led by the local Children's Safeguarding Board and in some cases will also have a children's serious partnership review/ serious incident investigation. System-wide recent themes for learning have been in relation to co-sleeping on sofas, window safety and safety around open water.

There were 93 inpatient deaths in 2021/22 including patients who recently died after discharge, this compares to 107 in 2020/21. Most inpatient deaths occur in the community hospital wards (90 deaths) for patients aged over 80 and the death has been expected. In five of the inpatient deaths the person had been positive with COVID-19 however this was not the primary cause of their death. We had three deaths of people on our mental health wards, two related to physical health reasons and one person died from suspected suicide whilst on leave from the ward. Overall the number of inpatient deaths has declined over the last 4 years.

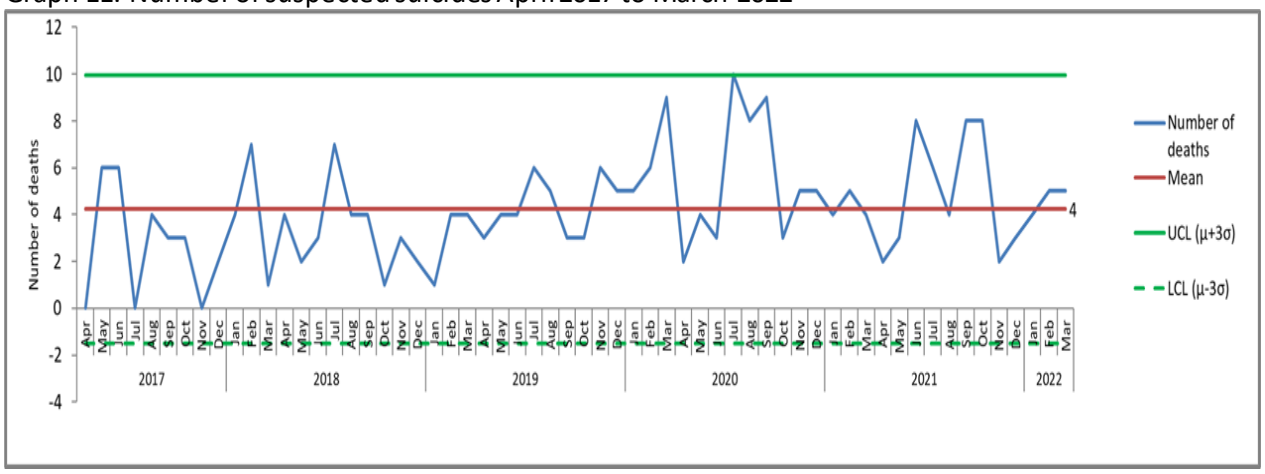
The effect when someone sadly takes their own life is unimaginable to families and loved ones. The graph below shows the number of suspected and confirmed suicides. In 2021/22 there have been 58 suspected or confirmed suicides, of which 33 patients had an open referral at the time of their death. The majority of suicides have been by men. The Trust has been focused on actions around:

- Embedding safety plans co-produced with patients and their families,
- Development of suicide prevention champions within teams and
- Additional staff training and seminars to improve skills

The Trust is an active partner in multi-agency work in each County to prevent and reduce suicides. Information was provided above which showed the rates of suicide in Oxfordshire and Buckinghamshire are below the average in the South East region and England.

The Trust established a Family Liaison Service to provide compassionate support, signposting, practical advice and advocacy to families and carers who have been bereaved by the suicide of a loved one. The service started around a year ago and so far has provided support for 34 family members or carers. Support has varied in terms of length of time, with some families wanting just one or two meetings and others remaining open for longer.

Graph 11. Number of suspected suicides April 2017 to March 2022



Key learning

We identified two main issues from our reviews of patient deaths for additional focus in 2021/22 and we are making progress against these, the areas are:

- Communication and involvement of family members during care,
- Risk assessment and formulation including documentation.

To ensure the actions we take address the issues and can be sustained we have taken a quality improvement approach. Work will need to continue into 2022/23.

The Trust has been issued with one Prevention of Future Death notice from the local Coroners in 2021/22 relating to an inpatient suicide in 2019. Notices are made by Coroners to address concerns arising from inquests. The Trust received two notices in 2020/21. The timing of a notice from the Coroner relates to the completion of the inquest rather than the year the person has died. The concerns being addressed from the notice issued in 2021/22 are:

- Using a monitor screen for close observations
- Searching bedrooms on the ward for prohibited items

Actions have been identified for each area of concern which have been shared with the Coroner, CQC and local commissioner.

12. Progress on Quality Objectives set for 2021/22

This section details the Trust's achievements against its quality objectives for 2021/22.

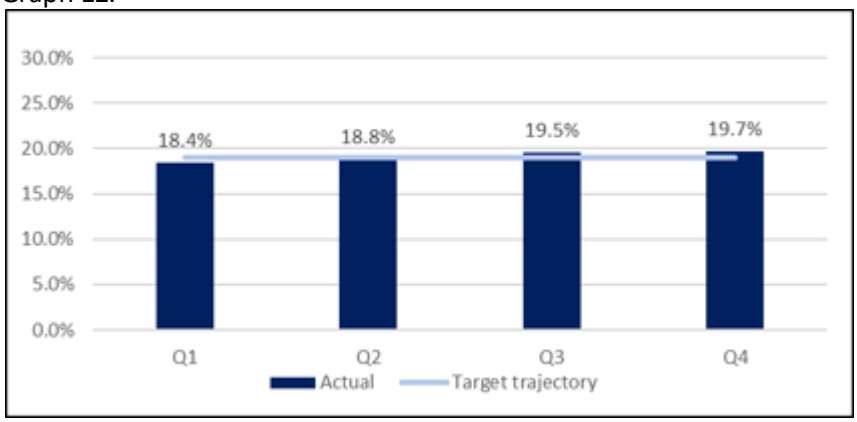
Below is a summary of how we have self-assessed our achievement against each objective. The full detail then follows for each objective.

Domain	Objective	Level of Achieved (self-assessed)
Leadership	L1. Develop and embed the use of a Restorative Just & Learning Culture approach	Achieved.
	L2. Achievement of the Race Equality Framework for Change – 5-year programme	Achieved.
	L3. Continue to support and improve staff wellbeing	Achieved.
Safety	S1. Minimise nosocomial infections (hospital acquired)	Achieved.
	S2. Reduce restrictive practice through introducing a Positive and Safe approach (part of national project)	Partially achieved.
	S3. Improve sexual safety in mental health inpatient settings (part of national project)	Not achieved.
	S4. Improve tissue viability and reduce avoidable harm in pressure ulcers	Not achieved.
	S5. Continue work to improve physical healthcare for patients with a severe mental health illness	Partially achieved.
Experience	E1. Ensure we have strong patient/ family voices as part of developing and improving services	Achieved.
	E2. Continue our focus on improving personalised care planning	Partially achieved.
	E3. Develop easy read versions of publicly available quality papers	Achieved.
	E4. Develop and launch a new e-learning course for staff on an introduction to autism	Partially achieved.
Clinical Effectiveness	CE1. Improve personalised care planning for patients at end of life	Partially achieved.
	CE2. Support the delivery of initiatives within the Ageing Well work	Achieved.
	CE3. Develop the consistency and application of clinical supervision	Not achieved.
	CE4. Improve clinical documentation and practice in relation to the Mental Capacity Act	Achieved.

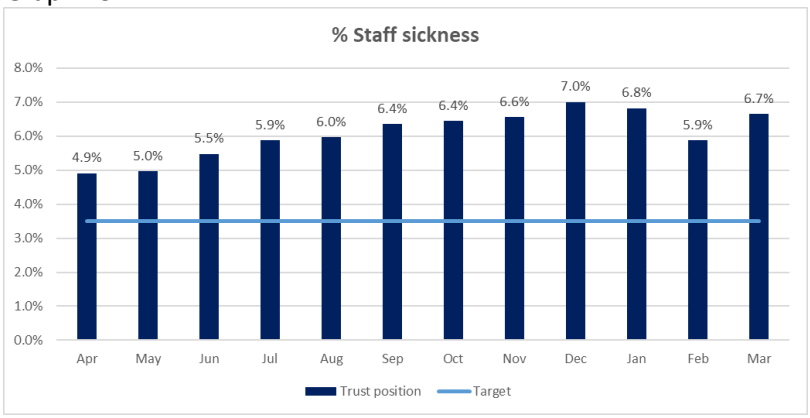
Domain: Leadership

L1. Develop and embed the use of a Restorative Just & Learning Culture approach	
Self-assessment	Achieved Year 1 goal around staff training. Year 2 goal identified in the 2022/23 quality objectives.
Evidence of Progress	26 Trust staff have attended formal 6-day training on Transforming Organisational Culture: Principles and Practice of Restorative Just & Learning Culture, provided by Mersey Care NHS Foundation Trust and the University of Northumbria. Embedding this new approach and cultural change will take a number of years to complete, however work has started. A Restorative Just & Learning Culture Steering group as well as a Civility & Respect sub-group have been set up to lead and oversee the changes. A BOB Integrated Care System 'community of practice' has also been set up for everyone who has been trained – a number of sessions have been held to share learning across organisations on embedding the approach. Changes are being make to the management of HR casework, Trust-wide work around acceptable behaviours has started and also work has started to minimise harm to staff involved in patient safety incident investigations.
Measure of Impact	26 staff trained against a local target set of 25 in Year 1. There has been a reduction in the number of staff suspended, the numbers are small but a reduction is evident. 2021 staff survey results; staff rated the compassion of the culture as 7.4 against a national average of 7.2.

L2. Achievement of the Race Equality Framework for Change – 5-year programme	
Self-assessment	Achieved Year 1 goal to establish a programme of work and take some initial actions to increase representation from staff from Black, Asian and minority ethnic (BAME) backgrounds.
Evidence of Progress	At year end **19.7%** of staff in substantive roles (clinical, non-clinical and medical/ dental staff) are from BAME backgrounds. Overall the national target for NHS Trusts is 19%. This compares to a national average position of 22.4% of staff working in NHS Trusts were from a BAME background on 31st March 2021 (data source Workforce Race Equality Standard 2021). We know we want to do more and achieve at least this target in every directorate and in every pay band. The target is not being met in all of the clinical directorates and there is also an underrepresentation across the Trust at higher pay bands. Based on modelling from the 2011 census, the Joint Strategic Needs Assessments show 16% of the Oxfordshire population are from ethnically diverse backgrounds and 14% of the Buckinghamshire population are from ethnically diverse backgrounds. There is an Integrated Care System level action plan to improve the race disparity ratio and meet the six national Equality, Diversity and Inclusion actions. The Trust has developed a Race Equality 'Framework for Change' Strategy being led by the Chief Nurse with the support of the Equality, Diversity and Inclusion Steering Group and Race Equality network. Some of the workstreams are being led by self-nominated volunteers from the Race Equality Network who are using this work experience as part of their professional development.
Measure of Impact	Below is the % representation of BAME staff across all pay bands including board level.

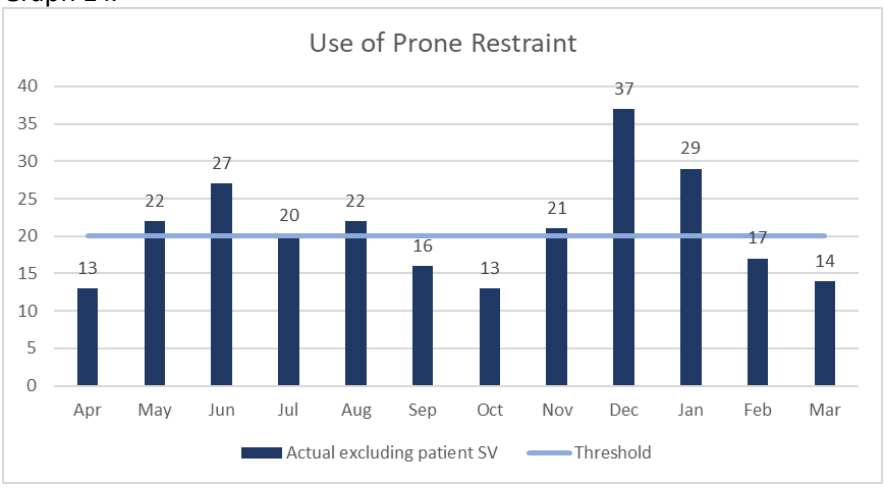
L2. Achievement of the Race Equality Framework for Change – 5-year programme	
	Graph 12.  Source: Trust's staff records database. The NHS Workforce Race Equality Standard Report 2021 highlights some areas where the Trust has improved from last year, including: • An overall increase in the proportion of BAME staff • An increase in the % of BAME staff believing the Trust provides equal career opportunities for career progression or promotion • An increase in the proportion of BAME applicants more likely to be appointed from shortlisting compared to White applicants, and considerably ahead of the national benchmark

L3. Continue to support and improve staff wellbeing	
Self-assessment	Achieved objectives set in year. Remains an important area with a new objective for 2022/23.
Evidence of Progress	There has been a strong focus on supporting staff wellbeing, with a clear emphasis on a preventative and proactive approach to the implementation of a wellness culture. Some of the key actions/ initiatives include: • Establishment and support of Health and Wellbeing Champions – to promote health and wellbeing, local activities and share news within your team • Introducing personal wellbeing plans, encouraging regular conversations between line managers and employees • Launch of REACT training to help managers be aware and to start wellbeing conversations. • TRiM courses (supporting staff through trauma risk management) • Monthly Health and Wellbeing newsletter and dedicated pages on the staff intranet, to summarise the support and help available. • Setting up and supporting five staff equality networks and five support groups to empower and inspire staff while nurturing a culture of belonging and inclusion. These networks and groups are an important way to hear from under-represented people. The latest network group is for people going through and experiencing the symptoms related to Menopause. • Leading the delivery of a Mental Health & Wellbeing hub 'You Matter' offering psychological support to staff • Staff training and introduction of restorative just and learning culture, including civility and respect • Use of Schwartz rounds for reflection • Exit interview process relaunched • Innovation 'Recovery and renewal' days offered to staff

L3. Continue to support and improve staff wellbeing	
	• We set up a stress reduction steering group in partnership with staff side. Focus groups and surveys have been completed to identify and guide the actions. • The Employee Assistance Programme is available to staff 24/7 and having a positive impact offering counselling and advice. • Ongoing staff focus groups through the year to identify what other support would be helpful • We have continued with our staff Exceptional People Awards each month, and have also introduced from May 2021 a new award called The Daisy Award, to recognise the contribution of nurses who go above and beyond to help patients. Five nurses have received awards to date..
Measure of Impact	2021 staff survey results; the overall staff engagement score has remained at 7.2 and now above the average as this has fallen across other NHS Trusts. Sickness rate; The sickness absence rate by month for 2021/22 is shown below – 6.7% in March 2022. Excluding Covid absences the rate reduces to 4.35% (same as last month) and 0.85% above the local target of 3.5%. The national average across the NHS is 9.1%. The Trust has sickness policies and processes, as well as its Occupational Health Department, to support staff with health conditions. The GoodShape service (formerly known as First Care) provides first line advice through its team of qualified nurses working to the same standards as NHS 111 and this service offers guidance to employees about managing their health condition. Anxiety, stress, depression & other psychiatric conditions continue to be a significant cause of absence as well as COVID-19. Graph 13.  Source: Trust's staff records database. There continues to be good use of the Employee Assistance Programme with consistent evidence of reduced presenteeism (3.5 to 2.8) and work distress (2.6 to 2.2) coupled with increased work engagement and life satisfaction following therapy. In the calendar year of 2021 the service received 890 calls, both advice and counselling. Anxiety is the highest reason for contacts.

Domain: Safety

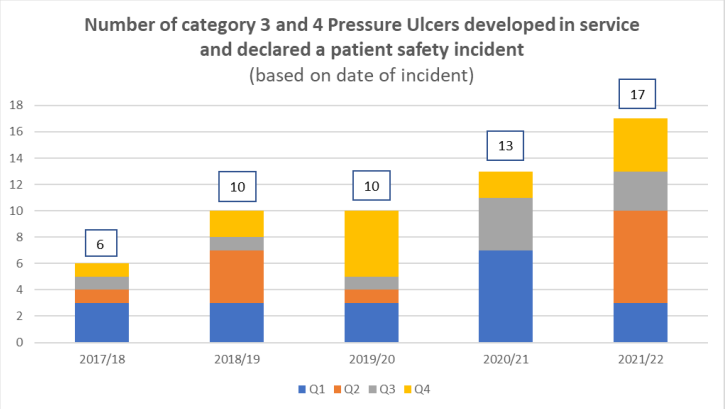
S1. Minimise nosocomial infections (hospital acquired)	
Self-assessment	Achieved
Evidence of Progress	In 2021/22 the Trust had 0 cases.
Measure of Impact	0 cases against a reduction local target of less than 3 baselined from 2020/21.

S2. Reduce restrictive practice through introducing a Positive and Safe approach	
Self-assessment	Partially achieved. Continued work identified as part of quality objective for 2022/23 to reduce restrictive interventions.
Evidence of Progress	The use of prone restraint carries increased risks for patients and should be avoided and only used for the shortest possible time. A large-scale quality improvement (QI) programme was launched in May 2021 to reduce the use of restrictive interventions. This is part of the national mental health patient safety programme. Following detailed analysis and liaison with QI sponsors 6 wards were identified to be part of the programme to reduce restrictive practices. Bespoke QI training has been delivered to each of the inpatient teams. Progress with the QI project actions, and impact is monitored through the Positive and Safe Committee. In addition to the QI work on each ward there is Trust-wide work happening around using alternative injection sites for rapid tranquilisation including roll out of training for staff as well as the introduction of safety pods to reduce the need for prone restraint. The training we provide to staff around the use of restrictive interventions achieved external accreditation in June 2021. On a weekly basis all prone restraints are reviewed at the Weekly Review Meeting, including looking at duration of prone restraints. All prone restraints lasting longer than 5 minutes are reviewed by a Head of Nursing (In 2021/22 there were 20 cases last lasted longer than 5 minutes).
Measure of Impact	We have seen a reduction in use of prone restraint. But not the 20% reduction we were aiming for. In 2021/22 we used prone restraint 251 times against a local target of 240. This information excludes the use for one very unwell patient with extreme acute needs who has been waiting for a more suitable placement. Graph 14.  Source: Trust's incident reporting system.

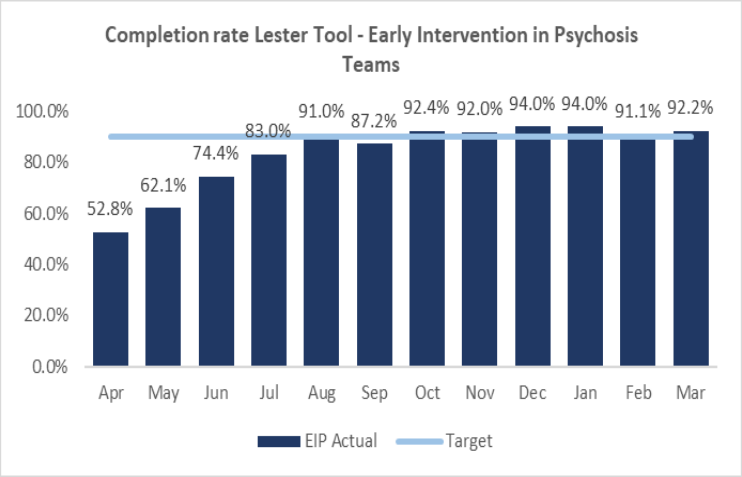
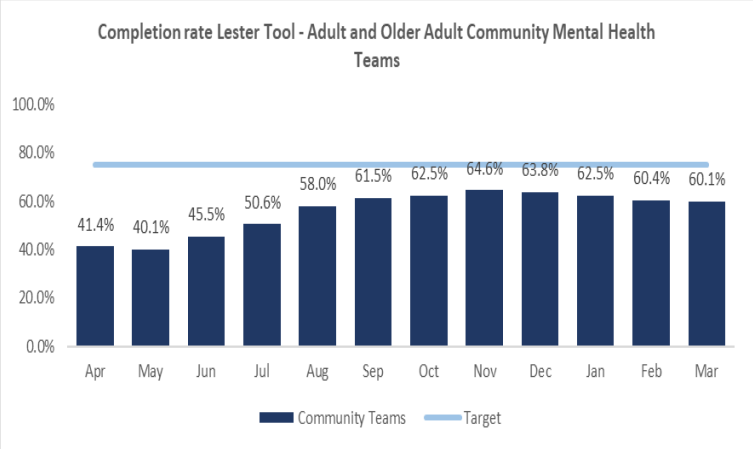
S3. Improve sexual safety in mental health inpatient settings	
Self-assessment	Not achieved. This is a continued area for focus and included within the 2022/23 objectives.
Evidence of Progress	The national mental health Quality Improvement (QI) workstream has been delayed because of a national decision to focus on the workstreams of restrictive interventions and prevention of suicides initially.

S3. Improve sexual safety in mental health inpatient settings	
	Locally we have started preparatory work around; increasing awareness and improving reporting to gather baseline information to identify what improvements to make. Proposed workstreams will be; data capture and improve learning from themes, person-centred care and staff training.
Measure of Impact	From initial actions we have seen a small increase of incident reports from an average of 20 incidents a month in 2020/21 to 25 a month in 2021/22. This is as a result of raising the profile and improving some of the ways staff can report incidents. In line with national findings we suspect that sexual safety incidents are still under-reported and expect numbers may rise with a more accurate reporting going forward. We are not at a stage yet to measure staff and patient safety and if this has improved.

S4. Improve tissue viability and reduce avoidable harm in pressure ulcers	
Self-assessment	Not achieved. This is a continued area for focus and included within the 2022/23 objectives.
Evidence of Progress	In 2021/22 there were **17** category 3 and 4 pressure ulcers developed in service (based on date of incident) where we identified learning. This is 4 more cases than in 2020/21 (when there were 13 cases), therefore there was no reduction which was our local target. In the last 12 months our teams have identified and treated 2,339 pressure ulcers (all categories), the majority of which patients had prior to referral into our services (74%). The number of incidents is slightly higher than in 2020/21 (2,176 pressure ulcers) and we have also seen an increase in the number of patients with a pre-existing ulcer, 74% in 2021/22 compared to 67% in 2020/21. In relation to activity the District Nursing Service carried out broadly the same number of appointments in the years 2020/21 and 2021/22 (271,800 appointments in 2021/22), and the average number of appointments per care episode (14) was also similar. However, the District Nursing Service has been under significant pressure from August 2021 due to increased demand combined with patients having greater and more complex care needs, and the service having staffing challenges (managing a 11% vacancy rate through the year). The service has been operating at an 'Amber' escalation level for most of 2021 and moved into 'Red' level status from December 2021, equivalent to OPEL 4. This has meant that care delivery has been prioritised and significant numbers of visits have been delayed or rescheduled. Plans are in place for each team with mitigations and actions to reduce the potential for harm to patients, and workload pressure is managed through a daily countywide capacity planning call. Quarterly pressure ulcer thematic reviews are carried out and the learning identifies the following areas for improvement; staffing levels, poor functioning of IT, chronic excessive workload which has led directly to a lack of effective care planning and continuity of care in some cases. There are long-term actions being implemented with oversight by the Pressure Ulcer Steering Group attended by frontline staff and our commissioners. The actions include introducing a newly procured electronic patient record system for community nursing in 2022. It's been a very challenging year for the District Nursing Service, which has meant many of the improvements they have wanted to make have not been possible. The following actions have been taken to keep the service safe: • redeployment of staff from other teams • increased use of consistent agency staff in the short term to stabilise the service

S4. Improve tissue viability and reduce avoidable harm in pressure ulcers	
	• more information given to patients about self-care and deterioration signs to support earlier trigger to the District Nursing Services • a bespoke recruitment campaign which included extensive advertising in public spaces and recruiting experienced international nurses. • upskilling clinical support workers on wound care and nurses have received phlebotomy training, to help manage the demand and capacity in the service.
Measure of Impact	The below graph shows the number of category 3 and 4 pressure ulcers developed in service and declare a patient safety incident, as there was learning identified. The information is by quarter and year. In 2021/22 most incidents happened in Q2 between July-September 2021. 15 out of the 17 cases related to patients under the care of the District Nursing Service, spread across the locality teams in Oxfordshire. Graph 15.  Source: Trust's incident reporting system.

S5. Continue work to improve physical healthcare for patients with a severe mental health illness	
Self-assessment	Partially achieved. This is a continued area for focus and included within the 2022/23 objectives.
Evidence of Progress	The indicator is based on the completion and at least 12-monthly review of the comprehensive Lester physical health assessment tool for patients with a serious mental illness. The tool covers eight elements including smoking status, lifestyle, BMI, blood pressure, glucose and cholesterol, and the associated interventions. Actions in 2021/22 have been overseen by a task and finish group led by a senior clinician. Key actions have included; • Recruiting physical health leads, embedded in clinical teams • Improving the consistency across the physical health clinics • Ensuring teams have the appropriate monitoring equipment available • A new physical assessment form was introduced on the patient record system The Early Intervention in Psychosis teams have **achieved** and sustained performance above the local target. The Adult and Older Adult community mental health teams have improved their performance but not achieved the local target.
Measure of Impact	At the end of March 2022 the results were as follows; 92% Early Intervention in Psychosis teams against a local target of 90%. This was achieved and performance maintained. 60% Adult and Older Adult community mental health teams against a local target of 75%. This was not achieved.

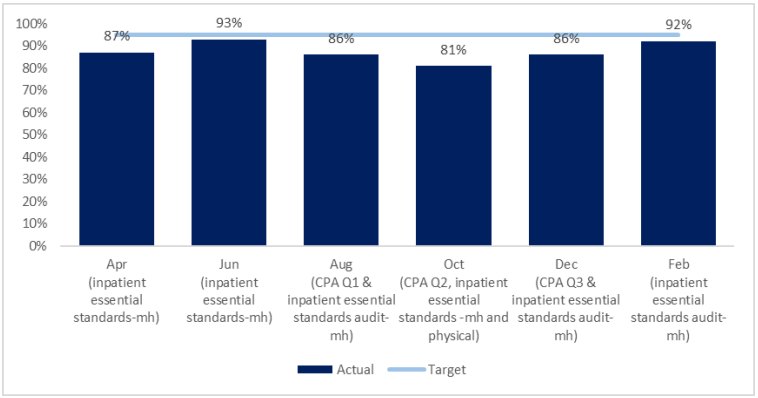
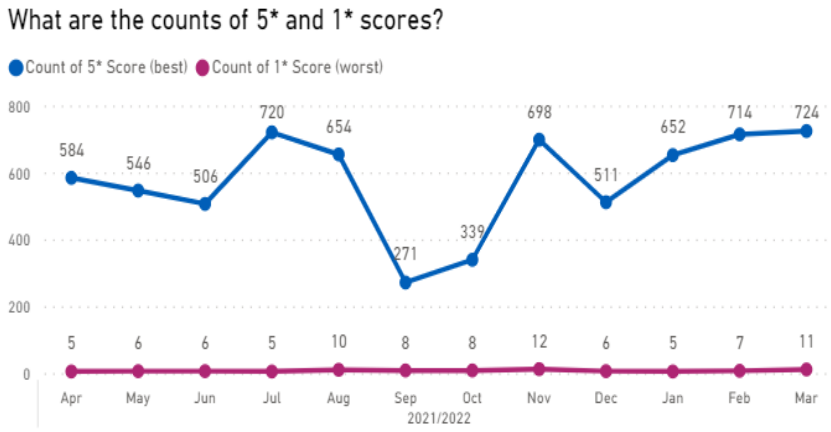
S5. Continue work to improve physical healthcare for patients with a severe mental health illness	
	Graph 16.  Graph 17.  Source: Patient record system called CareNotes.

Domain: Patient and Family Experiences

E1. Ensure we have strong patient/ family voices as part of developing and improving services	
Self-assessment	Achieved. However, we will continue to embed co-production and engagement in everything we do, so this is always our approach.
Evidence of Progress	Having the patient voice as part of everything we do is improving. Work has been completed with the service change team to ensure project managers are held accountable to involve patients and/ or families in all applicable projects. In 2021/22 – 17 out of 22 new projects started engaged and involved patients. This is an improvement however we need to be achieving 100% going forward. An example of the engagement is a project which started in September 2021 in Buckinghamshire working with HealthWatch Bucks to help engage with vulnerable groups that are less represented. To find out their needs, views on mental health and barriers to service access, so we can develop future models of care to make community mental health services accessible. The patient voice is also a key part of our Quality Improvement (QI) approach and programmes. Each QI project is involving and engaging with patients/ experts by experience in different ways. The other ways we are ensuring there is strong engagement is:

E1. Ensure we have strong patient/ family voices as part of developing and improving services	
	• Local patient, parent and carer forums at team and ward level. As well as a Trust-wide Experience & Involvement Forum, co-chaired by experts with experience. • Patients/ experts by experience being members of Trust QI Hubs and being trained alongside staff in QI approach. • Patients/ experts by experience are part of our peer review visits to teams. 10 people have completed training in 2021/22 and started to join visits to speak to patients about their experiences, to identify improvements. • Routinely patient stories are presented at every Board of Directors meeting, as well as other groups and staff training. • Expansion of peer support workers and we have achieved external provider status to deliver peer support worker training. • Development of Youth Boards. • Development and recruitment of new paid roles for people with lived experiences of mental illness. • Involving patients/ experts by experience on staff recruitment panels. • Identifying champions in every team to lead on engagement and involvement. Supported by the central Experience and Involvement Team to provide leadership, support and training. See above section in Account on Patient and Family Experiences and Involvement which details a number of ways we have involved and worked alongside patients, families and carers to improve services and the care we provide.
Measure of Impact	See description above.

E2. Continue our focus on improving personalised care planning	
Self-assessment	Partially achieved. This is a continued area for focus and included within the 2022/23 objectives.
Evidence of Progress	The feedback we receive and the clinical audit information, detailed below, tells us patients are not always and consistently being involved in care planning. We have several examples of successful quality improvements focused on improving personalised care planning, shared in the body of the Account under the section on Patient and Family Experiences and Involvement. Some additional examples are provided below: A QI project was completed to improve person-centred are in the community hospital wards. The key change introduced was patient boards with 'what matters to me' with the expectation that they are populated within 48 hours of admission. The boards were introduced after speaking to inpatients and staff and carrying out a process map of the admission steps. Alongside the board guidance and person-centred care training were provided. Local leadership was also important. Inpatients have reported an improvement in feeling involved in their care. Luther Street Medical Centre, providing healthcare to people experiencing homelessness in Oxford City, launched a social prescribing service from September to help patients identify what matters to them and assist in achieving these goals.
Measure of Impact	Based on clinical audit results we have not achieved a sustained improvement or our local target of 95%.

E2. Continue our focus on improving personalised care planning	
	Graph 18.  Source: Clinical audit results Based on local patient and carer survey results; Out of 8,044 responses in 2021/22 patients/ carers rated their involvement in their care and treatment as 4.78 out of 5. This was a small improvement from 2020/21, when the average was 4.74. The below graph shows the number of scores of 5 (best) and 1 (worst) by month against the survey question-were you involved as much as you wanted to be in your care and treatment? Graph 19.  Source: IWGC.

E3. Develop easy read versions of publicly available quality papers	
Self-assessment	Achieved.
Evidence of Progress	The Trust has developed the information available in easy read, this includes easy read papers going to the following meetings in 2021/22; • Board of Directors • Council of Governors • Annual General Meeting Sept 2021 A person with a learning disability was elected as a Governor for the Trust who is supporting and helping the Trust to make information more accessible for all.
Measure of Impact	See description above.

E4. Develop and launch a new e-learning course for staff on an introduction to autism	
Self-assessment	Partially achieved. This is a continued area for focus and included within the 2022/23 objectives.
Evidence of Progress	New internal training was developed to support staff with communicating effectively with people with Autism and making the adjustments needed to support with access to health care. The training is available to staff to complete via the Trust's learning and development portal. The roll out of the training to make it mandatory for all staff was put on hold as pilots for the new national (Oliver McGowan) training started. Therefore, we have not achieved our local target of 30% of staff trained from outside the Learning Disability and Autism services. The Trust was involved in the pilot of the new national training, which 125 staff attended. The national training will be organised into tiers; Tier 1 awareness training for all staff, Tier 2 for champions identified in teams and, Tier 3 training for staff working within Autism services (this is in place now). Tier 1 awareness training should be made available in 2022/23. As the internal training has been put on hold. Below are some of the other activities we are doing to improve how we work with and support people with autism: • The Reasonable Adjustment Service at the Trust is supporting mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptions. The service is being expanded with additional funding and recruitment is underway. • 6 autism webinars were delivered for staff and recorded for people to watch later (around 45 staff attended the live sessions). • Bespoke training sessions are being delivered to mental health wards and community teams, as well as regular support sessions for inpatient staff to discuss specific patients. • Working with our autistic patients/ experts by experience we are developing an autism reasonable adjustment passport to support access to mental health services. This is being piloted. • Resources have been developed to support clinical teams with making communication more autistic inclusive. • We are also providing consultation and support from an adjustment perspective to individuals who do not meet the criteria for Learning Disability services but our mental health services are inaccessible. • There has also been work from an employee perspective, for example setting up an employee dyslexia support group and autism support group.
Measure of Impact	See description above.

Domain: Clinical Effectiveness

CE1. Improve personalised care planning for patients at end of life	
Self-assessment	Partially achieved. Continued work will be included in the 2022/23 objectives under improve holistic personalised care plans developed with patients.
Evidence of Progress	The End of Life and Palliative Care Steering group oversees the improvements we are making, they also review all incidents/ mortality reviews and complaints related to end of life care. The key areas for learning are; pressure ulcers related to skin changes at life's end and medication incidents both prescription and administration. All learning is fed into the end of life link nurse meetings. National Audit of Care at the End of Life is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute, community hospitals and mental

CE1. Improve personalised care planning for patients at end of life	
	health inpatient wards. The aim is to improve the quality of care of people at the end of life and monitors progress against the *five priorities for care* set out in *One Chance To Get It Right, 2014* and *NICE Guideline (NG31) and Quality Standards (QS13 and QS144).* The last National Audit of Care at the End of Life in 2020 showed the Trust was performing 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 (Trust 7.4/10 compared to the national average 7.2). Our work was considered best practice and was presented at the Community Hospitals Association. Although we have more work to do so that every person has a personalised care plan which they and/ or their family have been involved in developing. The Trust participated in the 2021 audit however the sample size was small as the number of deaths on the wards was low which meant the analysis is limited. The Trust carries out a local audit on quality of end of life care completed by the District Nursing Services and Community Hospital wards, the most recent results show the use of the personalised care plan is not fully embedded (about 80% completeness) and instead many clinicians are using the note section to capture patients/ families wishes and needs. Identifying a patients spiritual/religious preferences also remains an area to work on. Resources based around the HOPE spiritual needs assessment tool have been shared across teams. The community hospital wards are going to be working with the 'Creating with Care' team, using theatre techniques to work with patients and their families to identify wishes and needs at end of life. Unfortunately the local target of 100% of patients at end of life having a personalised care plan has not been achieved. Oxfordshire system-wide work, as part of the national ReSPECT[5] document - treatment escalation plans are being implemented to bring together information in relation to a patient's Do Not Resuscitate (DNR) status and advance care planning based on the patient's wishes, incorporated into a Treatment Escalation Plan. The Oxfordshire health and social care system is working on making the ReSPECT document digital although this will not be available until late 2022. In the interim, separate Do Not Resuscitate and advance care planning documents are in use, and a Do not Resuscitate teaching package has been developed by Oxford University Hospitals NHS Foundation Trust on behalf of the system and will be rolled out to staff across the Trust. Good progress is also being made with the EARLY project which is aimed at increasing the proportion of people on GP palliative care registers with a personalised end of life care plans. In December 2021 the Trust opened two beds to provide palliative inpatient care for patients requiring end of life services in close partnership with the charity Sue Ryder Care. Over 10 patients have been cared for in the beds so far. An evaluation has shown the service has been extremely well received by patients and their families.
Measure of Impact	See description above.

CE2. Support the delivery of initiatives within the Ageing Well work	
Self-assessment	Achieved New 2-hour and 2-day response service introduced. This is being enhanced further by more recent close working with Age UK.
Evidence of Progress	Urgent community response is the collective name for services that improve the quality and capacity of care for people through the delivery of urgent, crisis response care within two-hours and or reablement care responses within two-days.

[5] Recommended Summary Plan for Emergency Treatment and Care

CE2. Support the delivery of initiatives within the Ageing Well work	
	The Trust is an accelerator site to implement a new urgent community response service, along with the other providers in the BOB Integrated Care System. The work is 3 years of transformation and 2021/22 is year 2. Year 3 with be a transition phase to set out the service model and funding needed long term. 2-hour response performance *(crisis response due to urgent need and person at risk of admission to hospital. Involves assessment and short-term interventions)* Average number of patients seen per day is 14 against a local target of 20 per day. This trajectory has been amended for the next financial year (2022/23) to 13 per day due to funding limits that have been imposed. 78% of patients have been seen within the 2 hours against a local target of 80%. Call before you convey day; was a very successful initiative with South Central Ambulance Service (SCAS) and we have had national interest in this initiative, presented results and learning at a national conference. Future work: • Continued work with SCAS and Primary Care to increase referrals. • Medical model agreed with our acute partners. Recruitment to medical cover in progress. • Ongoing review of new service to ensure the pathway meets new national guidance 2-day response performance *(fast access to reablement care for patients not being discharged from hospital to maximize independence. Intervention usually less than 6 weeks)* This part of the service was started from July 2021. Average number of patients seen per day is 12. 73% of patients have been seen in 2 days against a local target of 80% Future work: • Started an audit to improve performance. • Work with partners within BOB Integrated Care System to share learning. • Still waiting for national guidance to be released: national focus has been mainly on the 2-hour response. In addition, Age UK have started working with us from January 2022 to further help improve the outcomes for patients in the community. This trial will run for 15 month, until March 2023. The community link networkers (Age UK) work closely with the urgent community response service to support people to live well in their community. Age UK have received 5 referrals since January 2022.
Measure of Impact	See above measures of number of patients seen per day and of these the % responded to within 2-hours and 2-days.

CE3. Develop the consistency and application of clinical supervision	
Self-assessment	Not achieved. This is a continued area for focus and included within the 2022/23 objectives.
Evidence of Progress	Our performance is below our local target of 85%. This has not been achieved due to operational pressures and issues with accurate reporting/ being able to capture the information on our central system. The accuracy of reporting has been an issue since the Trust moved to a new solution in September 2021. We are not confident with our central reporting of data at the moment and this is being tested. Actions are being led and monitored by a supervision steering group. Each directorate also has a task and finish group which reports into the steering group. The group have developed a driver diagram to identify the actions to take. The four key drivers of the workplan are; • Compliance with professional standards • Training • Policy and definitions • Staff experience and quality of supervision The actions that have been taken include: • A new Trust clinical supervision lead started in August 2021 to help embed supervision structures and to develop the quality of sessions. • NHSE/I are funding Professional Nurse Advocates and we have a range of nurses on these courses which will support embedding Restorative Supervision across our Trust. • Clinical supervision training for supervisors was re-launched in November 2021. • The "supervision toolkit" has been updated, this will reflect the changes to recording supervision and provide refreshed templates. • Communication campaign around the importance of supervision. • We have been taking a QI approach to understand barriers to low compliance and recording challenges on the central system.
Measure of Impact	See description above.

CE4. Improve clinical documentation and practice in relation to the Mental Capacity Act (MCA)	
Self-assessment	Achieved.
Evidence of Progress	Community Hospitals made changes to strengthen their processes to improve oversight and management of the Deprivation of Liberty Safeguards. The position in relation to any patients on Deprivation of Liberty Safeguards is reviewed at a senior Trust-wide clinical meeting weekly. Any patients waiting for authorisation by the Local Authority are monitored closely and waiting times have reduced in the last year as a result of monthly liaison meetings with Social Care and Advocacy Providers. This has also improved patients having more timely access to Independent Mental Capacity Advocates. Changes were made to the patient record systems used by teams to improve the recording and ease of finding information on a patients' mental capacity. Clinical audits have shown an improvement in documentation. Additional staff have been supported to undertake Best Interests Assessor Training. As part of improving practice around the Mental Capacity Act we have been preparing for the implementation of the new national Liberty Protection Safeguards and revised code of practice on the Mental Capacity Act 2005. The changes will mean greater responsibilities for health providers and were scheduled to be introduced from April 2022 but this has been delayed.
Measure of Impact	See description above.

13. Our Quality Improvement Plan for 2022/23

We have identified the following 14 quality objectives for 2022/23, showing our commitment to continually make improvements to the quality of care. The quality improvement plan is formatted into a driver diagram. A driver diagram[6] is a tool used to help organise change ideas/ improvement projects when dealing with complex change. To achieve our aim we have identified 6 main areas for change, known as drivers, and then identified the quality objectives under these.

In addition to the quality objectives, we will also continue developing our Quality Improvement Strategy and delivering the programmes on Improving Race Equality in the Workforce and Improving Quality Reducing Agency use (and vacancies).

The plan is considerable and rightly ambitious. It is not, however, unrealistic and is a reflection of the Trust's potential.

The objectives were identified after a:

- Review of progress against the 2021/22 objectives
- Conversations with our staff and key stakeholders
- Analysis of themes from quality information over the last 12 months
- Review of the Trust's top risks to quality of care
- Evaluation of the quality improvement projects and national programmes that have recently started and need focus on in the next 12 months
- Review of national drivers and strategies for the NHS including the NHS Long-Term Plan and CQUIN[7] goals for 2022/23

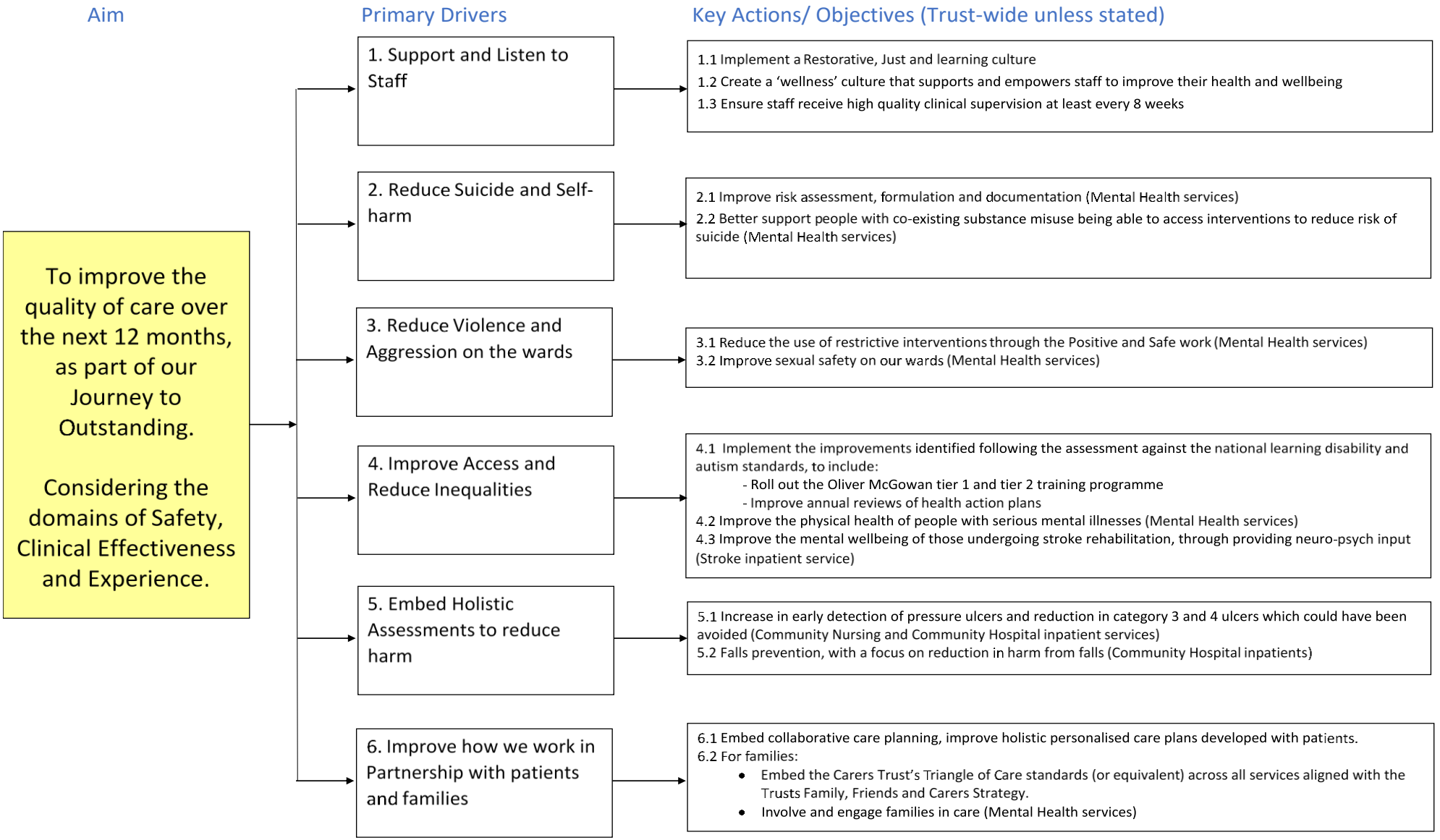
The objectives support the delivery of the goals in the Trust's Strategy 2021-2026, see appendix 1.

Each of the objectives will be broken down to identify key milestones, measures and what is expected to be achieved by 31st March 2023. The Trust's Quality Committee will monitor progress against the objective milestones quarterly. The Trust will publish our progress against each objective in our Quality Account next year.

[6] To find out more information about using driver diagrams https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-driver-diagrams.pdf

[7] The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to link a proportion of providers' income to the achievement of quality improvement goals

Driver Diagram identifying the Trust's 2022/23 quality objectives.



14. Glossary of Acronyms used in this report

In order of appearing in the document.

Acronym	Full Name
CQC	Care Quality Commission
ICS	Integrated Care System. When BOB ICS is used this is the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
QI	Quality Improvement
IAPT	Improving Access to Psychological Therapies
NIHR	National Institute for Health Research
CAMHS	Child and Adolescent Mental Health Services
MHSDS	Mental Health Services Data Set
OAP	Out of Area Placements
CPA	Care Programme Approach
CAMHS	Child and Adolescent Mental Health Services
IPS	Individual Placement and Support
IWGC	I Want Great Care
FFT	Friends and Family Test
SI	Serious Incidents
POMH-UK	Prescribing Observatory for Mental Health- UK
CDOP	Child Death and Overview Process
LeDeR	Learning from lives and deaths – People with a learning disability and autistic people
BAME	Black, Asian and minority ethnic
SCAS	South Central Ambulance Service
CQUIN	Commissioning for Quality and Innovation

Appendix 1. The Trust's Strategy at a glance

NHS
Oxford Health
NHS Foundation Trust

Our strategy: At a glance

2021-2026

Our **four** strategic objectives:

1 Quality

Deliver the best possible care and health outcomes

To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes. To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.

2 People

Be a great place to work

To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount. To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.

3 Sustainability

Make the best use of our resources and protect the environment

To make the best use of our resources and data to maximise efficiency and financial stability and inform decision-making, focusing these on the health needs of the populations we serve, and reduce our environmental impact.

4 Research

Be a leader in healthcare research and education

To be a recognised leader in healthcare research and education by developing a strong research culture across all services and increase opportunities for staff to become involved in research, skills and professional qualifications.

Mission

To be the **best Trust of our kind** in the country

Vision

Outstanding care delivered by an **outstanding** team

Values

Caring ● Safe ● Excellent

Appendix 2. Statements from our Partners on the Quality Account

Council of Governors

To follow

Buckinghamshire and Oxfordshire Clinical Commissioning Groups

To follow

Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC)

To follow

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Divisions Affected – All

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 JUNE 2022

WORK PROGRAMME

2022/23

Report by Director of Law And Governance

RECOMMENDATION

1. **The Committee is RECOMMENDED to: -**

   a) Agree the Committee's work programme for the municipal year 2022/23;

   b) Note that the work programme is a document that is subject to change and Members can add, subtract and defer items as necessary;

   c) Agree to consider the work programme at each meeting of the Committee over the course of the municipal year alongside the Council's Forward Plan;

   d) Agree to undertake further engagement with the County Council, NHS and Healthwatch colleagues to refine the programme and timings.

Executive Summary

2. Sound preparation is essential to delivering an efficient and impactful overview and scrutiny function within the resources it has at its disposal. This paper provides the Committee with a considered working draft of its work programme for the year ahead.

Background

3. Setting a Work Programme for each of the Council's scrutiny committees is an important stage in the Scrutiny process. An effective Scrutiny work programme will identify the key topics that Scrutiny will consider over the coming year. A well-planned Scrutiny Work Programme will help both Members and Officers plan their workloads as well as providing a clear picture to the public of planned Scrutiny activity.

4. Scrutiny is a Member-led function within the Council and as such it is up to the scrutiny committee itself to determine its work programme. It is vital that members of Scrutiny take responsibility for both drawing up and managing their own work programme. The Work Programme is not approved by any body other than the Scrutiny Committee itself. The work programme is a document that is subject to change and Members can add, subtract, and defer items as necessary.

5. Committee and Executive Members, as well as Chief Officers at the County Council, have participated throughout the work programming process to arrive at the draft for consideration by the Committee. There remains much work still to do, particularly in respect of its work on public health, but that can be clarified in due course.

6. The Oxfordshire Joint Health and Overview Scrutiny Committee shared an early list of topics for Member inquiry with NHS colleagues on 4 May and received initial feedback but it should undertake further, more considered engagement as part of the development and timings associated with the programme. That will extend to colleagues at Healthwatch.

Corporate Priorities

7. Improving health and wellbeing of residents and reducing health inequalities are stated ambitions within the Council's Strategic Plan agreed in February 2022.

Financial Implications

8. There are no financial implications associated with this report.

   Comments checked by: Lorna Baxter

   Lorna Baxter, Director of Finance. Lorna.Baxter@oxfordshire.gov.uk

Legal Implications

9. The law states that a Scrutiny Committee can:
   (a) • Require a council officer or councillors to attend to answer questions
   (b) • Require information to be provided that is held by the council
   (c) • Require responses to recommendations
   Specific Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
   - Power to scrutinise health bodies and authorities in the local area
   - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
   - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations

Comments checked by: Anita Bradley

Anita Bradley, Director of Law and Governance and Monitoring officer.
Anita.Bradley@oxfordshire.gov.uk

Staff Implications

10. None arising from this report.

Equality & Inclusion Implications

11. None arising from this report.

Sustainability Implications

12. None arising from this report.

Risk Management

13. If Members do not have a work programme it cannot be guaranteed that the Committee will operate in a planned way and have a positive impact on the planning, provision and delivery of health services.

Consultations

14. None arising from this report.

Anita Bradley
Director of Law and Governance and Monitoring Officer

Annex: None

Background papers: None

Other Documents: None

Contact Officer: Helen Mitchell, Interim Scrutiny Manager

May 2022

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Work Programme 2022/23
Joint Health Overview and Scrutiny Committee

Cllr J Hanna OBE Chair | Helen Mitchell - helen.mitchell@oxfordshire.gov.uk

Still to Be Incorporated

Covid – approach to recovery and renewal.
Lead officer – Ansaf Azhar

Community Services Strategy – content and approach to communications, engagement and any consultation.
Lead officer – Helen Shute

COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Type	Report Leads
JULY – PROPOSED SPECIAL MEETING - TBC				
Community Services Strategy	Prioritise the Health and Wellbeing of Residents	To understand current progress and plans for the future	Overview and Scrutiny	Helen Shute Dr Ben Riley Diane Hedges
Funding For Children's Mental Health from the BOB ICB	Create Opportunities for children and young people to reach their full potential	To understand current and future funding position based on the need to manage current CAMHS demand and any future demand	Scrutiny	Cllr L Brighouse Kevin Gordon Diane Hedges

		Discussed at HOSC on 10 March		
22 SEPTEMBER 2022				
Ensuring the Health of the Oxfordshire Health and Care System	Prioritise the Health and Wellbeing of Residents	Assurance of smooth transfers of care, capacity and demand management with view to improving their ability to reduce demand on emergency/secondary services and drive better outcomes for residents and carers		Cllr T Bearder Karen Fuller Sam Foster Pippa Corner Lily O Connor Sara Randall
Healthy Place Shaping	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	Assessment of the development of HPS and opportunities for maximum impact across Oxfordshire.		Cllr M Lygo Ansaf Azhar Rosie Rowe
Health Inequalities in Rural Areas	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	Assessment of the current 'state' of inequality and opportunities to strengthen economic and social connectivity.		Cllr M Lygo Ansaf Azhar Cllr D Enright Bill Cotton Claire Taylor

	Create Opportunities for children and young people to reach their full potential			Emily Schofield Robin Rogers
24 NOVEMBER 2022				
Dementia Services	Prioritise the Health and Wellbeing of Residents	Assessment of current provision and opportunities for service improvement		Cllr T Bearder Dr Ben Riley
Serious Mental Illness	Prioritise the Health and Wellbeing of Residents	Assessment of current service provision and opportunities for service improvement for residents with serious mental illness vulnerable and often marginalised group		Cllr T Bearder Dr Ben Riley
Dentistry	Prioritise the Health and Wellbeing of Residents Tackle Inequalities in Oxfordshire	Assessment of current provision and opportunities for improvement		TBC
9 FEBRUARY 2023				
Ensuring the Health of the Oxfordshire Health and Care System	Prioritise the Health and Wellbeing of Residents	Assurance of smooth transfers of care, capacity and demand management with view to improving their ability to reduce demand on emergency/secondary		Cllr T Bearder Karen Fuller Sam Foster Pippa Corner Lily O Connor Sara Randall

		services and drive better outcomes for residents and carers		
End of Life Care – Children and Adults	Support carers and the social care system	Understanding the new service (sig. investment in Spring 2021) how it has integrated with existing pathways and provides a better service for those on the EOL pathway and their families.		Cllr T Bearder Karen Fuller Rebecca Cullen to advise most appropriate
Primary Care	Prioritise the Health and Wellbeing of Residents	To receive an update on the performance of Primary Care across the county **An informal workshop will have taken place**		Jo Cogswell Julie Dandridge
20 April 2023				
Public Health	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	Assessment of prevention and early intervention services with a view to improving their ability to reduce demand on primary care / secondary services and drive better outcomes for residents.		Cllr Lygo Ansaf Azhar

OXFORDSHIRE COUNTY COUNCIL

SUB GROUP / WORKING GROUP

SUB GROUPS / WORKING GROUPS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
Ensuring Population Health Needs within the Planning / Development Control Process	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents Create Opportunities for children and young people to reach their full potential	To understand the current system of capturing, incorporating and delivering the health needs of a population as part of the development of new settlements across Oxfordshire.	To be assured that all relevant organisations involvement are meeting or exceeding their legal or practical responsibilities To affect changes to current processes that will ensure health needs are delivered	TBC

OXFORDSHIRE COUNTY COUNCIL

BRIEFINGS FOR MEMBER INFORMATION

BRIEFINGS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
The New MSK Service For Oxfordshire		Understanding the new service, how the public will be engaged on the new service and how it will be an improvement on the current service provider, Healthshare.	To drive better outcomes To drive value for money	Barbara Shaw
Health And Care Act 2022		Ensuring Member and officer understanding of the reforms to the NHS and SC as part of the Health and Care Act and its impact on Oxfordshire	To understand the new health landscape To understand where accountability lies within an integrated system	All
The Emerging Policy Climate for Children's Services / Education:		Understanding the impact of the National SEND review/green paper, Opportunity for All White Paper, Josh McAlistair Review and the Health and Care Act and its translation for Oxfordshire. To include a review of reforms introduced by	To understand the emerging policy landscape	All

		OCC on children/adults interface in 2021.		
The Emerging Policy Climate for Adults Services		Understanding the impact of the CQC assurance responsibilities, People At The Heart of Care white paper, the Health and Care Act and its translation for Oxfordshire.	To understand the emerging policy landscape	All

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Divisions Affected – N/A

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 JUNE 2022

CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH – ENGAGEMENT UPDATE

Report by Corporate Director of Children's Services

RECOMMENDATION

1. **The Committee is RECOMMENDED to** acknowledge the engagement that has been undertaken with children and young people and parents and carers to shape the outputs of the Emotional Mental Health and Wellbeing Strategy and acknowledge the key milestones to publishing and implementing the strategy.

2. Executive Summary

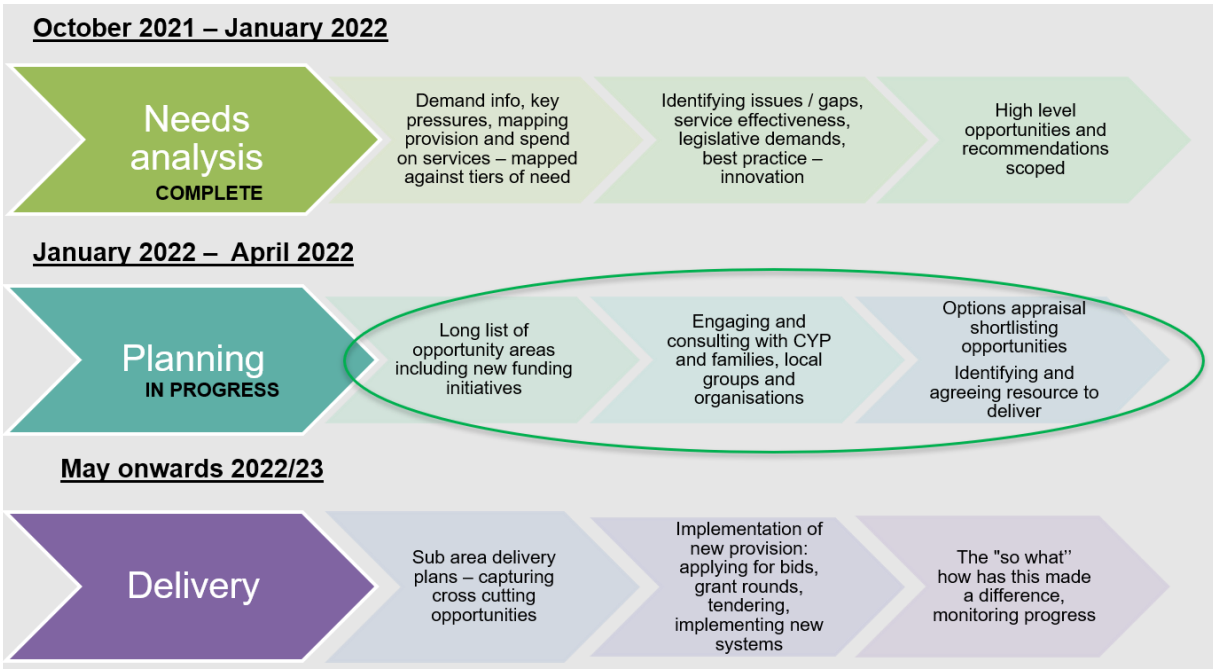
Following from the presentation on the progress made with the development of a Oxfordshire Emotional Mental Health and Wellbeing Strategy for Children and Young People in March the Lead Commissioner for Start Well within the Health, Education and Social Care Commissioning unit (HESC) is providing an update on the engagement sessions conducted with children and young people and parents and carers and the next steps to complete and publish the strategy and the development of the implementation plan.

3. Progress to date

At the March HOSC meeting the Lead Commissioner reported the team were part way through the 'plan phase' of the Commissioning Cycle and were about to engage with key stakeholder groups on the long list of opportunities generated to address gaps and challenges in the system to better support children and young people with their mental health and wellbeing.

Although timescales have slipped slightly, the Lead Commissioner is pleased to report that the plan phase is nearing completion and system partners, children and young people and parents and carers have made recommendations to short list options to take forward to business case stage to implement the strategy and address the gaps in the system.

Figure 1: original CYP emotional wellbeing and mental health strategy – key milestone project plan



4. The approach

4.1 Following from the longlist of opportunity areas that was developed using insight from the needs assessment, service mapping, and engagement to date the team began running focus workshops with children, young people and parents and carers to inform the short listing event that took place on the 18th May with system partners.

Five focus groups took place throughout April and May with the following groups:

- **22 April** – a focus group with 15 young people from the Sweatbox Youth Group in Wantage at the Buzz Café in Wantage.
- **5 May** – an online focus group with 5 members of the Oxford Young People Advisory Group (YPAG) co-facilitated by the University of Oxford
- **11 May** – two online focus groups with 10 members of the Oxfordshire Parent Carers Forum (OxPCF) co-facilitated by OxPCF
- **13 May** – an in-person focus group with 3 Mental Health Ambassadors, part of the Mental Wealth Academy service, co-facilitated by Oxfordshire Youth
- Another focus group with has been organised for **June 2022** with CYP who identify as LGBTQI+

All groups were asked for feedback on each option discussing both positives, negatives and any areas for improvement, if they had any other suggestions and how what options would they prioritise.

The options listed were as follows:

1. A digital mental health platform for children and young people
2. Enhanced integrated Single Point of Access (SPA)
3. Interactive directory of mental health and wellbeing services
4. Whole-school wellbeing and resilience programme
5. 16-25 transition service(s) to support young people with their mental health who are being discharged from CAMHS and are not eligible for Adult Mental Health Services
6. Family learning and support programme(s) to support children with neuro diverse conditions pre and post diagnoses
7. Training programme(s) for children and young people workforce in how to better support CYP mental health and wellbeing
8. Young person's preventative mental health and wellbeing support – community Youth Offer

4.2 The key feedback across the CYP groups were as follows:

4.2.1 General feedback

- CYP did not feel that there was anything missing from the long list however emphasised that the services would need to have enough capacity to meet need, they did not want to be transferred from the CAMHS waiting list to then sit on another waiting list elsewhere.
- In general, young people use a number of strategies to maintain and improve their wellbeing from a wide range of sources, including solo activities (accessing nature and green spaces, journaling), taking part in clubs/activities with others, and spending time with friends and family.

4.2.2 Access

- They wanted easy access to all services including any new services, felt that one place to access all provision was the right thing to do to reduce confusion and be triaged and referred to the right service according to their needs.
- Young people would like to see physical and/or digital signposting resources in schools and other places they go.
- Young people would seek support for their wellbeing and mental health from their trusted relationships with e.g. teachers, parents or peers, and would go to different people with different needs.
- Young people sometimes do not seek support because they do not think their issues are serious enough.
- Another barrier to accessing support is long waiting lists particularly with CAMHS.

4.2.3 Schools

- Support for mental health at school is essential, CYP gave examples of where they felt schools had failed them and were not putting in strategies to support CYP mental health and were only listened too during a crisis or when doing something extreme such as self harm to an extent that needed medical treatment. They explained that any resilience programmes needed to be delivered by well trained people and not necessarily from their teachers. CYP stated that they would prefer to hear from those who have been through the same experiences e.g. other young people or adults who have learned to manage their mental health to give support and advice.

- Young people would like distinct spaces for mental health that are confidential and good quality, separate from school, including online spaces. Schools and youth groups should be supportive and positive spaces for mental health, where staff, children and young people are empowered and have the skills to spot signs, give advice, and signpost to relevant services outside of the school environment.

4.2.4 Family and learning support

- Support for parents and families was really well supported, CYP reported that they felt that they were burdening their parents with issues that they knew they did not have any knowledge about or would not discuss their worries with their parents at all. If they knew their parents had training to support or could access joint training this would be of great benefit to help manage triggers and be given help, support and strategies to better manage their mental health at home.
- Support should ideally be offered to parents for their own wellbeing and mental health, where they need it, and for parents of children who are experiencing mental ill health on specialist topics.

4.2.5 Digital support

- Digital support they felt was essential as that is how CYP like to communicate is through their phones and tablets but said this should not replace face to face contact but be offered as well as to support those who prefer to communicate via texting often anonymously. CYP also offered a number of ways apps could be designed and promoted. They felt that the instant support is of great benefit so CYP could access help when they needed it without the need for an assessment or a long wait.
- Young people want to access an online platform that was anonymous, moderated, and safe, available 24 hours that provides both ad-hoc and scheduled counselling.
- The online platform ideally would provide bespoke support and content to its users, covering topics relevant to them, with safe peer support.
- Material should cover a broad age range, each age group seeing material appropriate to their age on the platform, and the platform should be welcoming, validating and of a good quality.

4.2.6 16-25 transitions

- Transition was very important and CYP felt there was a need for the 16-25 transition service however not many young people knew about it and felt this wasn't very well promoted. A young person had recently turned 18 and was not eligible for adult mental health services so thought this service is very much needed and we need to continue to fund and promote to ensure all those being discharged from CAMHS are offered this service if they have on-going mental health requirements.

4.3 Key highlights from parent / carer engagement session:

4.3.1 General feedback

- Services and support should be evidence-based and adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who are neuro divergent.
- Language and terminology are important when trying to engage parents, e.g. mental health prevention should be mental ill health prevention or mental health protection, wellbeing promotion and resilience. e.g., support services at the prevention level could use terms like 'wellbeing' over 'mental health'. This might help reduce stigma and increase engagement.

4.3.2 Access

- Parent/carers are 'time-poor' and so want to be able to find relevant support and services quickly, ideally from a single source. They would ideally want a single point of access for wellbeing and mental health support services.
- In general parent/carers said that children and young people go to a wide range of sources for help or support for their emotional wellbeing and mental health, including their friends, parents, school staff, websites, youth leaders.
- Parent/carers highlighted the importance that children and young people would seek support from their trusted adult relationships.

4.3.3 Schools

- Parents/carers suggested that children and young people should be taught emotional wellbeing literacy in schools, and that schools should be a supportive environment for wellbeing and mental health, e.g. including evidence-based wellbeing interventions, such as forest schools, walks, nurture rooms, and staff dedicated to student wellbeing (e.g. Pastoral Support Workers).
- Parents/carers felt that school staff and youth workers should be trained to spot signs of poor wellbeing and mental health and given the confidence to help make adaptions, provide options for appropriate onward support – outside of school – and communicate this early to parents/carers.

4.3.4 Digital support

- Parent/carers were largely supportive of an online platform that could support children and young people's wellbeing and mental health, including peer support, a range of media content (including peer articles and podcasts), that was anonymous, available 24 hours, and with counselling sessions available via video or a chat function.
- Any digital platform would need to be embedded within the current health, care and safeguarding pathways to ensure it was safe and that appropriate onward referrals could be made.

4.3.5 Family and learning support

- Parents/carers said they would like to access a strengths-based programme of support that was expert-led either in a peer group or as a one-to-one, either online or in-person.
- Specific support should be made available to parent/carers of children/young people who are neuro-divergent or who are awaiting diagnosis.
- The language used in these programmes will be important in effectively engaging parents, e.g., use more positive language such as 'Family and

Learning Support Programmes' rather than 'Parenting Programmes or Lessons', which can come across as stigmatising or condescending.

4.4 Shortlisting

Priority opportunities that were short listed by CYP and Parents and carers include:

- Teacher training in MH and autism/ADHD training – needs to be mandatory
- Digital support for CYP mental health
- 16-25 transitions services
- Family and Learning Support programmes
- Single point of access (SPA) for all services

The feedback was shared with the system partner short listing session on the 19th May which informed the opportunities that were short listed to business case stage which are the following

Number	Option	Overall score	Option taken forward?	Commentary
1	Digital platform		Yes	• Need further evaluation on the product we wish to purchase/recommend/endorse – Digital evaluation conducted by OHFT • Need to secure funding
2	Enhanced integrated Single Point of Access (SPA)		No	• Felt this needs to be wider than just a CAMHS SPA • Needs to be looked wider across all CYP services e.g. Family Hub (Early Help)
3	Interactive directory of services		No	• This needs to be part of the Local Offer work across CSC, ASC, Health and SEND so the directory across al CYP services is in one place
4	Whole-school wellbeing and resilience programme		Merge with option 7	• Felt this has overlaps with MHST's and school in reach, health visitors, lots of duplication • Could form part of the training with workforce
5	16-25 transition service(s)		Yes	• Could be joined up with option 8 • Need to source funding from April 2023
6	Family learning and support programme(s)		Yes	• Need to understand how this fits in with existing parenting programme delivered by the SENDS team to understand what is lacking • Possible research study with NIHR
7	Training programme(s) for children and young people workforce		Yes	• Need to map out the existing training offer, take up, engage with schools about the Impact and delivery • Overlaps with VRU possibly • Need to be specific about training – Trauma informed etc
8	Young person's preventative mental health and wellbeing support – community Youth Offer		Yes	• Funding assigned • Possibly look at a joint service with option 5 • Need to agree next steps

5. Next steps

The following table shows the key milestones for finalising the strategy and action plan:

Activity	Timeline
Sign off strategy at the Health and Wellbeing board	7 July 2022
Publish strategy	30 July 2022
Finalise the action plan and deliverables for the strategy	July 2022

Create business cases for the opportunities to be taken forward	August 2022
Identify funding sources for opportunities	August – September 2022
Develop evaluation and impact measures	September 2023
Deliver actions in the strategy including starting procurement activity	From September 2022
Implementation and mobilisation of new services	From September 2022-23
Review impact	Ongoing, and on an annual basis, August/September 2023
Set year 2 priorities	August/September 2023

Kevin Gordon, Corporate Director of Children's Services

Contact Officer:

Caroline Kelly, Lead Commissioner – Start Well, Oxfordshire Health, Education and Social Care (HESC), Caroline.kelly@oxfordshire.gov.uk, 07526986062

Jack Gooding, Senior Public Health Principal Public Health, Oxfordshire County Council Jack.gooding@oxfordshire.gov.uk 07393 001041

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Health Overview and Scrutiny Committee

Overview of Integrated care programme

June 2022

Achievement highlights Oxfordshire 2021 - 2022

Caring for patients with Covid at home

Provision of pulse oximetry at home for those patients most at risk of becoming seriously unwell after a positive Covid-19 diagnosis. Oxfordshire contributed to **South East onboarded 21,903 patients** onto a Covid-19 oximetry pathway which was the highest number of any region in England.

Infection prevention and control

Providing infection prevention and control support and advice to all providers.

Health and social care integration

Oxfordshire social care and health providers worked together and with the voluntary sector to simplify processes to support patients being discharged from bed based care.

Virtual wards

Accelerating the adoption and delivery of virtual wards to enable more care closer to home

Multi-professional leadership

Multi-professional leadership across organisational and sector boundaries. Health providers working together with to improve integration and joint working across all pathways and vaccination. Virtual, telephone and face to face assessments carried out.

Developing community care to proactively manage high risk patients

Pilot with Bicester GP's and community team to develop an wider team with Health Care Professionals that could be replicated across Oxfordshire, to proactively assess and agree treatment plans for high risk patients within that area.

Urgent Community Response

Urgent Community Response (UCR) supported patients to have their initial assessment in their own home and supported to remain at home.

Communications

Social media and online advertising to promote the differences between urgent and emergency care with targeted digital campaign to those who live near to MIUs.
NHS 111 online has been promoted in addition to pharmacy opening hours.

Primary Care achievements Oxfordshire 2021 - 2022

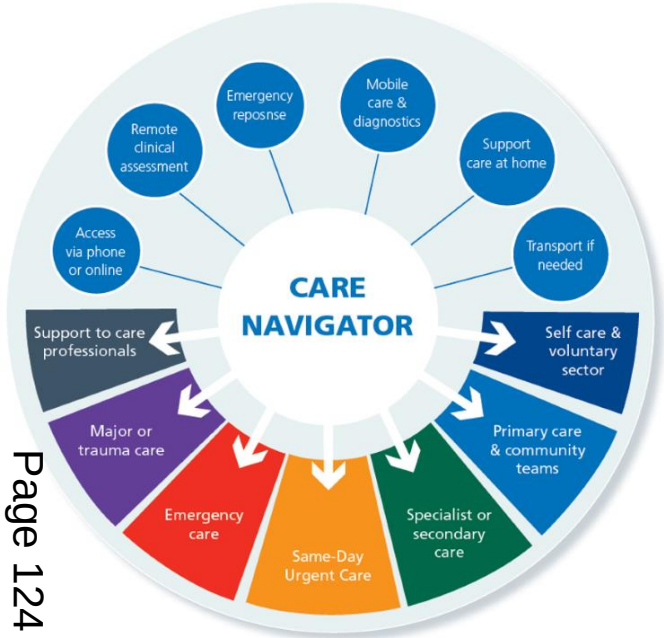
Winter Access Funding available from November 2021 – March 22 provided

- 2,427 additional GP sessions (a morning or afternoon surgery)
- 38,832 additional GP appointments
- 4,874 additional hours provided by other clinicians
- 14,622 additional clinician (non GP) appointments
- 9,413 additional hours of reception staff time

- Increase in GP appointments in March 22 by 15% compared to Feb 22
- Increase in both F2F and telephone appointments
- 52.2% of all appointments F2F
- Staff sickness due to COVID reduced in April 22

End of Life (EOL)

The Home Hospice Care team (HHCT) launched on 1st April 2022. Oxfordshire is committed to delivering a consistent specialist EOL service across all postcodes. To date the average time in service for all discharges, including deaths, was 7 days. The average age of patients is 80yrs.



SCAS as a Care Navigator

A core theme of our strategic development has been to fill in the gaps and provide, or link, services within a developing health care system.

We now play a pivotal role in integrating care, as we interface with each and every part of our local care systems and we do this by

- Simplifying access to care
- Assessing more people remotely
- Enhancing mobile diagnostics and care
- Integrating care pathways
- Sharing learning across systems

Our SWOT

As we considered our future direction we also evaluated our Strengths, Weaknesses, Opportunities and Threats (SWOT).

Our SWOT helps us to better understand the context within which we operate. We identified a number of factors that would help us to develop our strengths and opportunities and mitigate our risks.

STRENGTHS

- We are a **Clinically Led** Trust with strong **Performance**
- Our **Financial Management** is robust and delivers sustainability
- **Innovation** is core to the ongoing development of our organisation
- We have developed our ability for **Partnership Working** and Co Design
- We have a strong **Brand & Reputation** driven by our performance culture
- Our **Workforce** is our core attribute, fully committed to our organisation

WEAKNESSES

- Our **Capacity & Capability** will be compromised if we do not develop our staff
- Slow change within the NHS can create a Lack of agility and resistance to development can compromise our **"Speed to Market"**
- **Attrition** limits our ability to develop a sustainable workforce
- **Funding Gaps** could limit our ability to be innovative
- Our **Estates** are in places tired and not fit for purpose
- Our **IT Infrastructure** needs investment

OPPORTUNITIES

- **New Working Alliances** will develop as systems integrate
- **Service Development opportunities** will arise as we evolve our core services
- **System Influence & Partnership** Working will enable our inclusion in system wide development
- New **Operating Model Designs** and synergies will be a natural result of service development
- **Operational Flex** will enable adaptation and redevelopment
- Our **Business Intelligence** as a system wide provider is a key asset

THREATS

- **Competition** Impact may stifle investment in services
- **Financial Stability & Partner Providers** may not be reliable as the health economy changes impacting our ability to deliver
- The relationship between changing **Capacity & Demand** could impact our performance
- Our **Workforce Capacity** and **Sustainability** will be limited if their resilience suffers post Covid
- The competition for our **Workforce** and resource **Availability**
- Political & Regulatory change may challenge our operating model

Major SCAS Transformation projects

- Move towards Regional Single Virtual Call Center to optimise call answer and routing.
- New booking and referral standard to enhance patient management.
- Development of Clinical Assessment Service which will provide better patient outcomes.
- Partnership working and collaboration to fulfil our role as a system integrator – streamlining referral routes and improved access to pathways.
- Launch of 5-year strategy we fulfill our mission statement to ensure we deliver the right care, first time, every time.

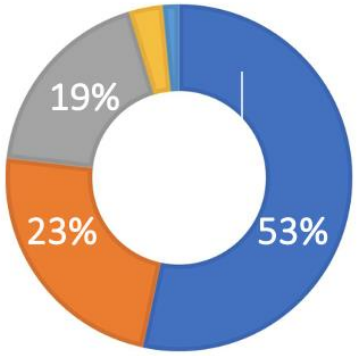
2022 – 2027 SCAS Strategy

Integrated working with voluntary and community sector (VCS)

ASC referral pilot to Community Information Network

- Building on successes of Age UK Discharge Support Team
- **1,088** referrals May 21 - Mar 22
- People who would otherwise be on waiting list
- Reasons for referral: **social support** (companionship, groups, activities); **practical support** (shopping, cleaning, dog-walking, transport); **financial and benefits**

- **53% people** needed no further ASC input
- **23%** people 'co-worked'
- **19%** required ASC



Move Together

- Embedded in District Councils, providing behavior change, motivational interviewing and signposting to movement/PA.
- **1,199** total engagement to date
- Reach = **68%** aged 50+, **83%** negatively impacted by Covid-19, **43%** inactive around half living with a LTHC
- Impact - **70%** increase in active minutes, **40%** reduction in loneliness, **32%** improvement in pain/discomfort.
- Referrals from hospital Discharge Teams, GPs, ASC Locality Teams, SP's, Community Health and through self-referral.

Challenges to patient flow

Pathway 0 is where patients are discharged with no ongoing support.

Oxfordshire performs better than the national average.

However on pathway 1 where patients require additional support to return home Oxfordshire performs below the national average.
Pathway 2 is where patient are transferred to be based rehabilitation, Oxfordshire transfers more people to this pathway than the national average
Pathway 3 is where patients are transferred to long term placements, Oxfordshire is close to the national average.

Key highlights:

Demand has increased for patients requiring reablement following discharge from bed based care.

Challenges with workforce pressures have resulted in pick up rate from bed based care performed below expected levels.

Oxfordshire is exceeding the performance indicator for the number of people achieving independence - 85% have no ongoing formal support needs.

Both Emergency Departments continued to be under pressure throughout 2021/2022. Attendances increased and the departments managed Covid and non covid demand.

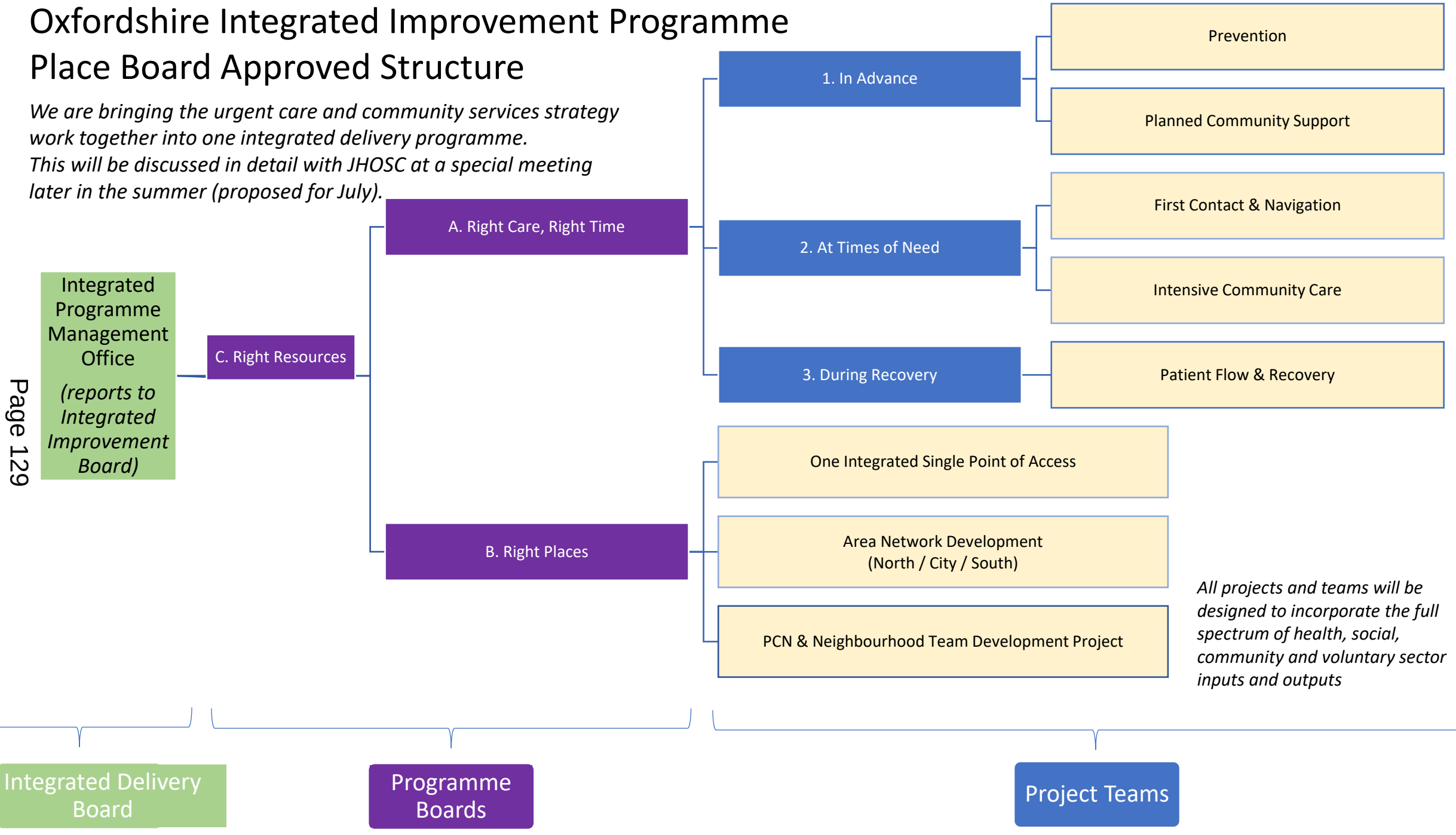
The ambulatory units in the OUHFT and community saw a gradual increase in demand. All units experienced an increase in call volumes from health care professionals seeking advice before patients were conveyed for assessment.

Oxfordshire Integrated improvement programme

April 2022 - March 2023

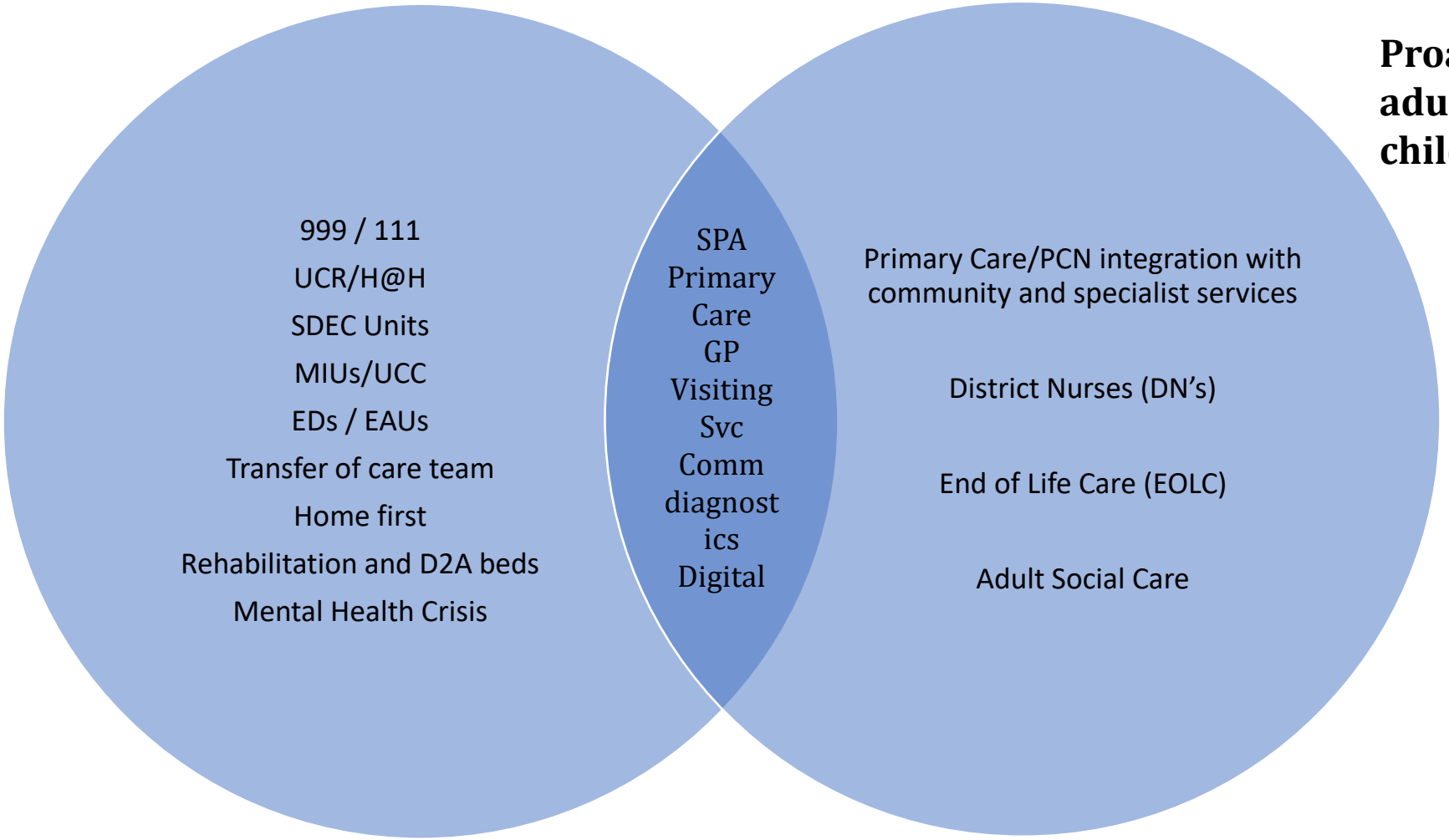
Oxfordshire Integrated Improvement Programme
Place Board Approved Structure

We are bringing the urgent care and community services strategy work together into one integrated delivery programme.
This will be discussed in detail with JHOSC at a special meeting later in the summer (proposed for July).



Oxfordshire Services –overlap between community and urgent care

Same day/next day – adults and children



Proactive care - adults and children

Integrated Improvement Programme –Priority 1

- **Prevention - planned community support**
- **Virtual Care**
- **Keeping people safe at home**

Prevention - planned community support

P1.1 Prevention – planned care

- **Rationale:** Patients can be safely managed at home within the community setting
- **Benefits:** Manges patients in their own home improving peoples experience, wellbeing and promoting independence.
- **Expectation:**
- Develop an a list of criteria that help to identify people who are high risk
- High people are assessed in their own home and care plans developed to reduce their risk of deterioration/falls and to promote independence
- Patients who have complex needs are identified during discharge planning and have plans in place with community team before they leave hospital to ensure they have the correct follow up following discharge

P1.2 Development of MDT within a GP practice or Primary Care Network (PCN)

- **Rationale:** The MDT within a GP surgery/PCN have the required health Care Professionals (HCP's) to meet the needs of high risk patients
- **Benefits:** Improving outcomes for people and reducing the risk of further deterioration
- Developing plans that meet the patients needs and the level of intervention they have agreed to.

- **Expectation:**
- Each GP surgery/PCN haver an MDT membership that represented community nursing, pharmacy, therapy, social prescribing and social care
- The MDT meets daily/weekly to review people who are requiring additional oversight, assessment or treatment to maintain them safely in their own home
- Appropriate patients have care plans and anticipatory care plans in place

P1.3 End of Life

- **Rationale**: Single approach to the planning and management of EOL in Oxfordshire

- **Expectation**:

- Single referral process
- Consistent delivery of specialist EOL care across Oxfordshire
- Anticipatory planning
- Maintaining people in the place they wish to remain for EOL care
- Development of the RIPEL and Respect projects

Virtual care

P1.1 Developing a community team

- **Identification of high risk patients**
- Develop community teams with the skill set required to meet the populations needs
  - Community teams to comprise of the following: care co-ordinator, mental health practitioner, community gerontologist, GP, Social Worker, voluntary sector, community pharmacist and community nursing.
  - Using key variables to identify those who are high risk at home and have an initial assessment to determine their needs and feedback to daily/weekly MDT.
- Daily MDT with community teams to prioritise new referrals, complex hospital discharges from hospital, people flagged by ambulance crews and NHS 111.
- Weekly MDT where cases are escalated to with input from the wider MDT. Actions/interventions agreed at MDT for what each person may require to improve their quality of life at home.

Integrated Improvement Programme – Priority 2

First contact/same day/Intensive conveyance avoidance

Virtual Ward

2. First contact, same day, intensive community response

P2.1 Oxfordshire Virtual ward team development

- **Rationale/benefits**: Assessments that would normally take place in the Emergency Department or SDEC can be delivered to the same standard in the patients own home.
- **Expectation**:
- Baseline skills assessment of clinicians working across the following teams, PML, H@H, OHFT H@H/UCR and OUHFT AOT teams
- Business case for the overall Oxfordshire Virtual ward team to include all H@H/UCR and key specialist teams
- Pathway development for key conditions
- Training and implementation of diagnostics across all clinical staff within e virtual ward team

P2.2 Virtual ward white board

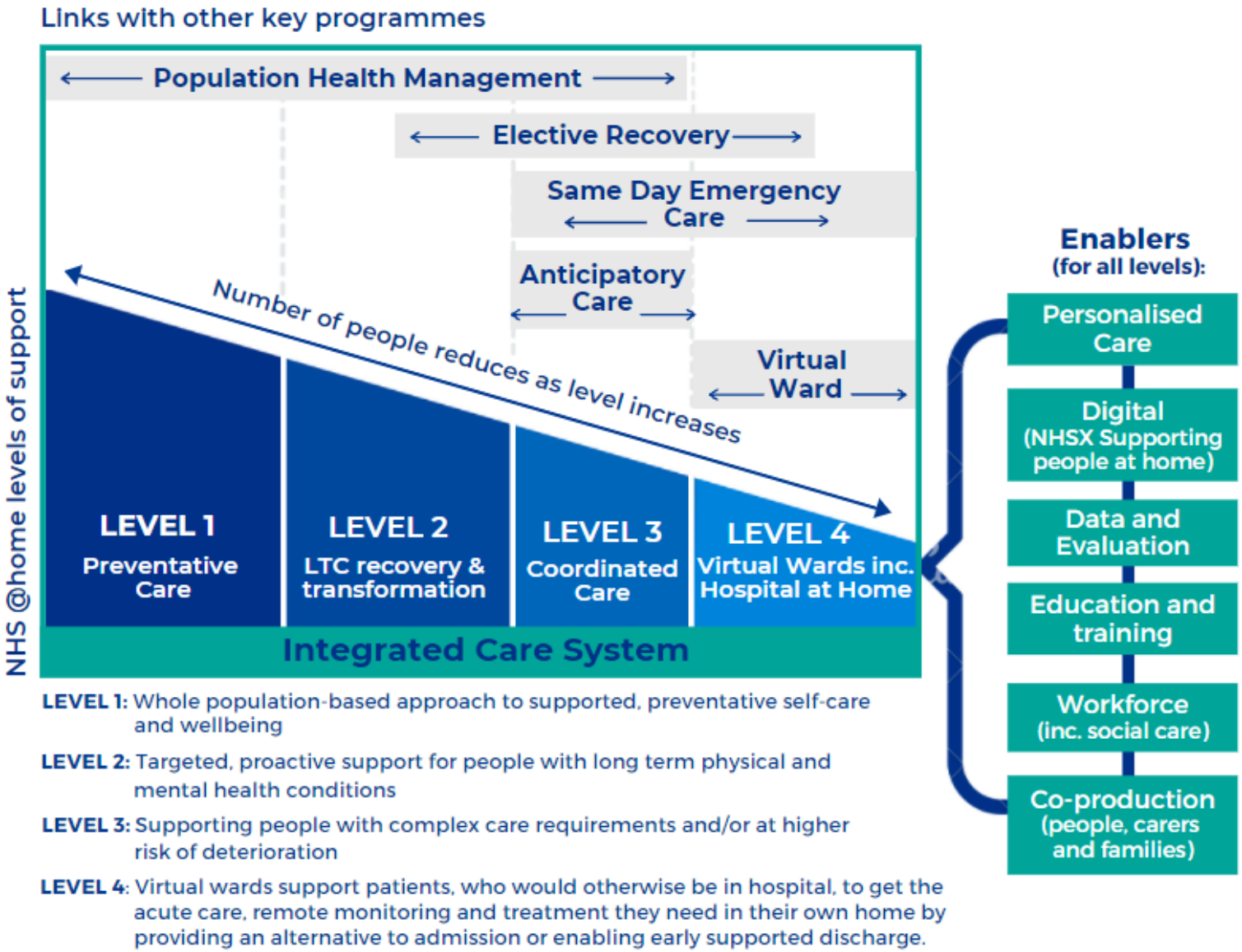
- **Rationale:** There is one list of patients who are being monitored either remotely or face to face to maintain them safely at home – who would other wise be admitted to hospital
- **Expectation:**
- SOP for the administration of the Virtual ward white board
- A virtual ward whiteboard is kept up to date with all patients in the Oxfordshire Virtual ward
- Patients within the inclusion criteria for call before you convey are referred to and assessed by the most appropriate professional in the Virtual ward
- Patients within the Virtual ward are identifiable in their own home as being on the Virtual ward e.g. wrist band

P2.3 Virtual ward MDT and reporting

- **Rationale:** Medical and clinical oversight of patient on the virtual ward to maintain patients safely in their own home
- **Expectation**
- There is a minimum of a daily MDT, 7 days a week for all patient on the virtual ward
- The patient list on the virtual ward is maintained so it is up to date.
- Reporting needs to include those who are
  - monitored mostly remotely i.e. have face to face assessment/treatment but the majority is follow up via telephone or virtual review
  - Monitored mostly face to face with minimal follow up by telephone ro virtual assessment

NHS @home Operating Model

Personalised, connected and supported care at home, including care homes



LEVEL 1: Whole population-based approach to supported, preventative self-care and wellbeing

LEVEL 2: Targeted, proactive support for people with long term physical and mental health conditions

LEVEL 3: Supporting people with complex care requirements and/or at higher risk of deterioration

LEVEL 4: Virtual wards support patients, who would otherwise be in hospital, to get the acute care, remote monitoring and treatment they need in their own home by providing an alternative to admission or enabling early supported discharge.

Integrated Improvement Programme – Priority 3

- **Patient flow and recovery**
- **Reducing the LOS of patients on the MOFD lists in beds across Oxfordshire**

3. Patient flow

P2.4 Minimising ambulance handover delays

- **Rationale/benefits**: 999 crews are released to assess other people.
- **Expectation**:
- 95% of ambulance handovers take place within 15mins of arrival
- Minimise the number of ambulance handover delays over 30 mins
- Zero delays over 60 mins
- Ambulance handover SOP is reviewed and signed off by system colleagues

P2.5 Reducing 12hr LOS in ED

- **Rationale:** Patients receive timely assessment, treatment and ongoing care in the most appropriate setting
- **Expectation:**
- Patients have a clinical assessment within 15 mins
- Clinical review by decision maker is carried out within 2hrs of the person arriving
- Increase the number of discharges per day 7 days a week across P0. P1. P2 and P3
- The majority of discharges take place before 12:00hrs
- Timely transfer of patients from ED to inpatient areas

P2.6 Same Day Emergency Care

- **Rationale**
- Patients who can remain at home are supported to do so and those who require further assessment are referred to the directly to the speciality
- **Expectation**
- HCP's across Oxfordshire have direct access to key specialities when a discussion is required about a patient
- There is a direct referral process when the HCP has made a clinical judgement that the patient needs to be seen in secondary care
- Specialities: Gynae, Urology, breast, ENT, plastics, Gastro, surgical emergency Unit and Medicine

3 Reducing the LOS for patients who are waiting for discharge across Oxfordshire beds

P3.1 Increasing the number of patients returning to their own home either on pathway 0 or 1

- **Rationale:** Patients who wish to and are assessed as safe to return to their own home should be supported to do so.

- **Expectation:**

- Increase the number of patients referred to return home with either no support or reablement / long term care.
- Develop demand and capacity model that meets existing demand and expected increase in demand
  - Increase capacity within reablement to meet the existing demand and future plan for potential increase in demand
- Meet national percentage guidelines or the number of patients discharged home on pathway 0 and 1

P3.2 Home First D2A

- **Rationale:** Reduce LOS in bed-based care by implementing D2A in line with national guidance for home and bed based Discharge to Assess.

- **Expectation**: People's care and reablement needs are assessed in their own home.
- The MDT describes what the patients can do and not prescribing the level of care required based on an assessment from bed based care.

- Patients in ED and assessment areas are supported to return home via the virtual ward or reablement pathway

P3.3 Reduce LOS in Pathway 1 and 2

- **Rationale:** A reduction of LOS in bed based and reablement a home creates more capacity to support more people being discharged from secondary care and improving flow through the emergency departments and assessment areas.

- **Expectation**: Reduce LOS in bed based rehabilitation to 21 day

- Reduce LOS in home based reablement to 21 days followed by a reduction to 14 days

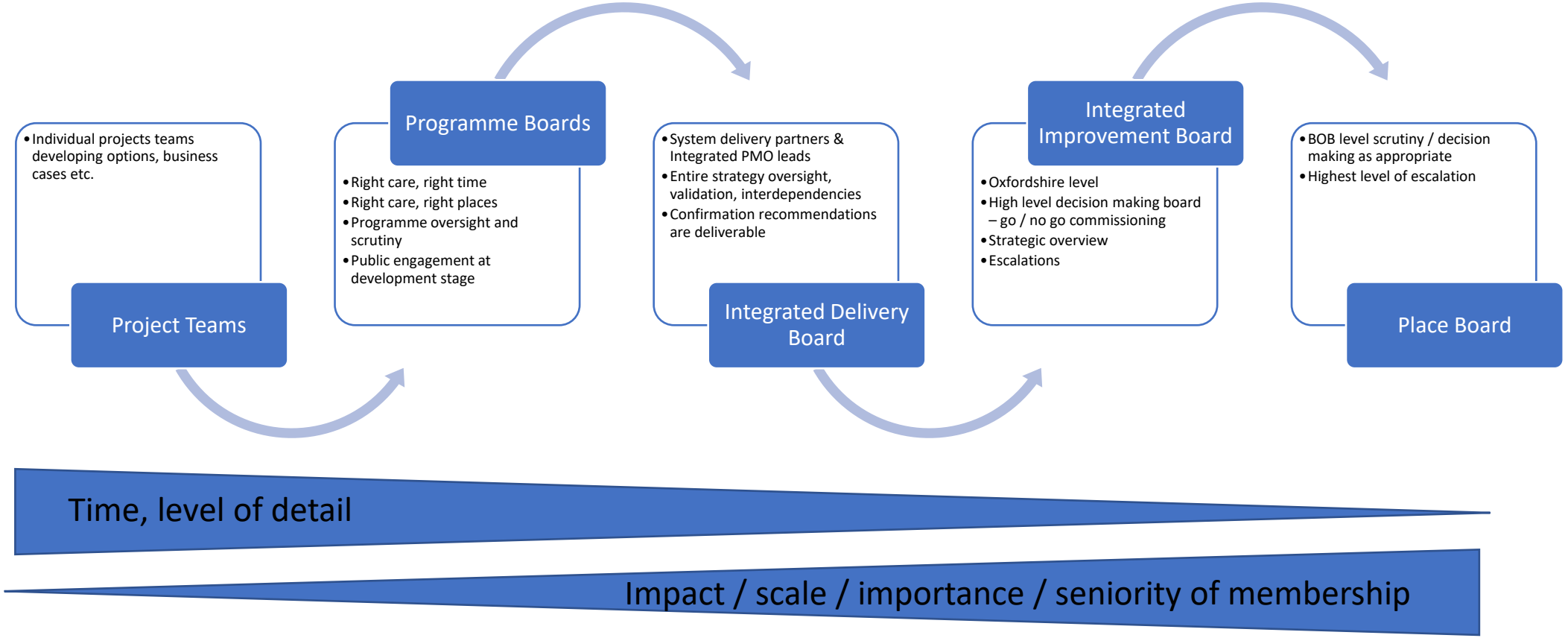
Integrated Improvement Programme –Priority 4

- **Governance reporting and strategic decision making**

Approvals and flow

Enabling rapid decision-making and scrutiny appropriate to scale / importance of decision.

This streamlined approach is being finalised with ICS colleagues and will be discussed in more detail with JHOSC members at a special community services strategy meeting during the summer (proposed for July).



Questions?

Healthwatch Oxfordshire Report to HOSC June 2022

An overview of activity and outcomes January – March 2022

CONTENTS

Overview of Healthwatch Oxfordshire activity January – March 2022

Healthwatch Oxfordshire Reports to external bodies

During January to the end of March 2022 we published the following:

- Report to the Oxfordshire Health and Wellbeing Board in March 2022
- Report to the Health Improvement Board February 2022.
- Reports to the Oxfordshire Joint Health Overview Scrutiny Committee in March 2022.
- Oxfordshire Quality Committee January 2022.

All the above reports are available online at https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

Healthwatch Oxfordshire research reports

We published 8 research reports, one in film media. Appendix A to this report details the responses to recommendations and current known outcomes.

Both the community research projects funded by Health Education England/Public Health England and led by our community researchers Omotunde Coker and Nagla Ahmed were completed during this time. We published a report on listening to Albanian communities completed by community researcher Rolanda Vullnetari. I would like to thank and applaud Rolanda, Omotunde and Nagla for their innovative and impactful work.

Communications

Due to work pressures, mainly associated with the production of the Annual Report, I have delayed the in-depth communications report to the September 2022 Board meeting.

To date we have not been able to recruit to the post of Communications Assistant – social media. As a result we have kept our contractor to support our current level of social media activity.

Vicky, our communications lead, continues to produce a level of communication activity across all media – with the exception of Twitter – that exceeds targets and so increases our reach into communities.

Work plan and Key Performance Indicators 2022-23

Healthwatch Oxfordshire's work plan and key performance indicators for 2022-23 reflect the agreed strategy and goals:

- Increase the voice of the "seldom heard communities"
- Increase the influence of Healthwatch Oxfordshire – in the design, delivery and review of health and social care services
- Ensure the voice of patients and public are heard by the health and social care system
- Play a leading role in making system engagement effective

The Key Performance Indicators for 2022-23 have been revised to enable reporting to be more focused on outcomes.

Key performance indicators January to end of March 2022

The last quarter performance of 2021-22 to a large extent reflects our planning throughout 2021 when we were uncertain about continued funding after the end of March 2022. In effect we did not plan to start any new activity after the end of 2021, just focus on completing our active projects. Despite this we managed to hear from/engage with 2,659 people.

Points of note include:

- 83 people (target was 50) received signposting support
- 108 Feedback Centre reviews (target was 55)
- 12,766 website hits (target 9,000)
- 1,740 people engaged on Facebook (target 1,440)
- 70 people heard from during three Enter & View visits

Healthwatch Oxfordshire's Annual Impact Report is due to be published at the end of June. **This report will be launched at an event on Tuesday 5th July 2022 at the Kings Centre, Oxford.**

Outcomes from our work in Q4 2021-22

Appendix A to this report gives details on outcomes and impact of our reports published between January and March 2022. The following section focuses on our feedback centre and signposting activity.

Feedback Centre

The Feedback Centre allows people to tell us about their experiences of using local services – including GP surgeries, hospitals, pharmacies, dentists, care

homes and more. We publish the feedback on our website once we have checked it to make sure there is no personal information contained in it.

Once published we send the anonymous feedback to the service provider who may respond to the feedback via our website. Where appropriate we may investigate further, based on the feedback shared, to improve services locally. We may also use anonymous feedback as part of reports to health providers and commissioners.

Between January and the end of March 2022 we published 20 responses from providers to reviews – 12 from GP surgeries, 6 from Healthshare MSK service, 1 to COVID vaccination hub at Chipping Norton HC, and at the Minor Injuries Unit at Townlands Community Hospital.

Services tend to offer the reviewer the opportunity to contact them directly either by email or telephone. Their response is published on the Feedback Centre below the original review. Unless Healthwatch Oxfordshire (HWO) function as an intermediary in sharing the reviewer's contact details, or the reviewer contacts us, we do not know the outcome. The short time that services are taking to respond to reviews shows they value our Feedback Centre and are listening to patients.

What we hear through the reviews on the Feedback Centre acts as an intelligence source to inform our research activity. We also contact providers directly if a review is a safety concern or if we are hearing from many users of a particular service. An example of this is our Enter & View visits to both sites at Eynsham Medical Centre and the Lloyds pharmacy in Eynsham, both of which prompted by hearing from patients about these services. Enter & View reports are available on our website here https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/

Signposting

Signposting is the generic term for offering advice and information to members of the public that contact us via email, telephone, letter or via our website. People also ask for information when we are in the community. The aim is to ensure that members of the public have information that helps them access health and care services. We are often asked for advice and support on how to make complaints about a service and can direct them to the appropriate complaints procedure and advocacy services.

Example of how signposting works at Healthwatch Oxfordshire

An elderly couple contacted us who were moving to near Bicester. They were unable to find a GP and dentist willing to accept them as new patients.

We searched online for the nearest GP practices and called a few but they were not taking new registrations. We contacted Oxfordshire Clinical Commissioning Group (OCCG) patient services for help and advice about registering with a GP. Patient services looked into it and spoke to the practice manager at the nearest GP practice. With permission from the person who enquired with HWO, we shared some personal details with the OCCG so that they could inform the practice that they would be contacting them to register.

As we know, finding an NHS dentist in the county who is taking new patients is very difficult at the moment, neigh on impossible! Healthwatch Oxfordshire colleagues were asked whether they had any information on dentists. By chance a member of staff had that day been informed of a dentist accepting NHS patients. This information was shared with the person who contacted us.

Outcomes:

Nearest GP practice manager agreed to register the couple. The dentist was able to register the couple.

We received the following email responses from the couple:

"Thank you very much indeed for your help with this matter. It is much appreciated..."
"You provide a wonderful service! We have just signed up to the [name of dentist] in [xxx] and have appointments for early May."
"Success- we're all fixed up now with the doctor and a dentist. We are very grateful for your help and expertise in what was becoming a rather tricky situation."

Overview of signposting activity between January and March 2022.

83 people contacted us during this period, the majority were about two services – 30 contacts about GP services and 27 contacts about accessing NHS dentistry.

Most people contacted us via email (n=58) and a further 21 people telephoned the office. Of the 26 people who told us their age 17 were between 25-64 years old, a further 6 were between 65-79 years old.

- Of the 17 people who told us their ethnicity 13 (75%) were white British
- 68% (n=44) were women

Appendix A Healthwatch Oxfordshire Reports

https://healthwatchoxfordshire.co.uk/our-work/research-reports/

We published eight research reports between January and March 2022 and produced one film. Five of these reports were published in March, as such we would not expect to be able to record impact and outcomes yet. We check and review outcomes and impact on recommendations at six-and 12-months post publication. The table below gives the known outcomes and impact since publishing.

Report	Response to recommendations	Impact / outcomes
Hearing from Albanian and Arabic speaking Communities Compilation report from findings of two community researchers February 2022	No recommendations made.	Brenda Kelly, OUHT Consultant Twitter Tweet "We need to read and learn from this latest @HealthwatchOxon report. Every contact counts. A positive experience reaps a multitude of unintended consequences #radicaladvocacy" and another on 10222 "Feeling understood, listened to and respected and heard are important to people's sense of safety and satisfaction (n.b. a quote from report)" Put yourself in their shoes. You are pregnant in another country and do not speak a word of local language. What will you do differently today in clinic?" LinkedIn response from Jaqui Gitau (AFRIUK and Pamoja) "That is why it is so important that we involve affected communities in their own intervention work to really hear their voice and to really address the 'real' needs. Thank you for this work" Others also commented: "So important to understand the food of different cultures there is a new Afro Caribbean eatwell plate now which is great" (Thrive Tribe Uni

Report	Response to recommendations	Impact / outcomes
		Cambridge) and Mia Waldock of Achieve Oxon also commented. Review September 2022
People's Experiences of Home Blood Pressure Monitoring in Oxfordshire and Buckinghamshire February 2022	Buckinghamshire and Oxfordshire CCGs would like to thank Healthwatch for this very helpful report. The report covers areas we are working to expand so is an extremely timely and valuable addition to our knowledge base. The report provides a valuable insight to the patient experience of home monitoring for BP, which will be highly valuable to this work and other home monitoring initiatives. The Healthwatch feedback and recommendations will be extremely valuable to share with GP practices as they develop more comprehensive programs to support home BP monitoring. We welcome the insight into both the opportunities and difficulties in early experience of remote monitoring. We welcome the recommendations, have given initial responses and will continue to reflect on them. The recommendations will inform our work as we move forward.	Report sent to research participants, and we received the following feedback from two people: "It is interesting and informative to have feedback and also helpful in my role as the coordinator of the Health & Wellbeing Project" "A very well written and accurate report. I spotted my quote on page 25 and so glad people with disabilities were identified and the difficulties we face." Review September 2022

Report	Response to recommendations	Impact / outcomes
Women's Views on maternity care - Black women's experiences of maternity services in Oxfordshire – film produced to report on community research project led by Omotunde Coker March 2022	No recommendations made – listen to us	Film shown to women who took part in the making of it, other women from the community, representatives of Oxford University NHS Foundation Trust (OUHT) maternity, Buckinghamshire Oxfordshire Berkshire West Integrated Care System (BOB ICS) maternity, CQC, Health Education England, Oxford Community Action. The film has had 155 views on YouTube since 12 March 2022 and has been shared on websites and social media extensively. Email response from Joanne McEwan, HEE included: 'I found the film very moving Omo, and all the more so with the women involved present on at the event. I think you clearly presented the important questions and it is apparent you listened intently to the women. I could see from the group that there was a will to make change and the conversation has started. Your confidence in presenting will be a great advantage as you take your findings forward.' Maternity Voices Partnership translated their leaflet immediately after the film showing – 'into one language but it's a start'. (MVP representative). Omotunde attended the Maternity Health Inclusion Group at OUHT speaking from lived experience. Agreement by Public Health Oxfordshire to include a midwifery representative in the co-production groups for Leys, Northfield Brook, and Abingdon Caldecott asset mapping within community health needs assessment.

Report	Response to recommendations	Impact / outcomes
		Review September 2022
Patient Experience of contacting GP surgeries in Oxfordshire March 2022	From Oxfordshire Clinical Commissioning Group: Thank you for sharing the survey on patient experiences of contacting GP surgeries in Oxfordshire. We are sorry to hear that some patients reported difficulty contacting their practice. We routinely review the results of the Patient Access survey – a national IPSOS Mori survey which also looks at patient experiences – this is carried out annually and the latest reports can be found here (GP Patient Survey gp-patient.co.uk) Information is available at practice and CCG level and it is possible to compare with national levels. In order to improve access to patients the CCG is • Currently reviewing our online consultation platform eConsult to ensure it meets the needs of both the patient and the practice • Investing into an advanced telephony solution to make use of the telephone system more consistent and efficient.	Presented an overview of our findings to Oxfordshire's Health Overview and Scrutiny Committee in April 2022 and the Health and Wellbeing Board. We shared the report with local representatives of the General Medical Council, all local GP practices, Oxfordshire Primary Care Commissioning Committee, and the Oxfordshire Quality Committee. We discussed the findings of the report in a Patient Participation Group online forum arranged in May 2022 with OCCG and Local Medical Council representatives. Review September 2022.

Report	Response to recommendations	Impact / outcomes
Using Interpreters to access health and social care support in Oxfordshire March 2022	Round table discussion agreed action points: 1. Explore the production of a joint advertising / information campaign to raise awareness of rights to an interpreter. 2. Promote use of interpreter within all staff teams. 3. OUHT offered others to be part of the maternity pilot they are conducting. 4. Remind GPs that interpreting service is free.	Followed up an enquiry about provision of interpreters at community pharmacies with NHS England via the Oxfordshire Clinical Commissioning Group (OCCG). Response includes: 1. Ability for pharmacists to now access Language Line (NHS OCCG commissioned interpreter service) via a code under OCCG 2. In future to bring to attention to the BOB ICB commissioning process for interpreter services across BOB ICS area. Report to be shared with Oxfordshire Quality Committee. Review September 2022
Food & Healthy lifestyles: What we heard from the Sudanese community in Oxfordshire Report from community researcher Nagla Abdu El Rahman Sayed Ahmed March 2022	No recommendations made	Dialogue with Oxford Health NHS Foundation Trust Community Diabetic service to discuss cultural appropriate service and links with diverse communities. Invited to attend Type 2 Diabetes awareness courses as observers and give feedback to Oxford Health. Review September 2022
Living in Chipping Norton March 2022	No recommendations made	Report to be included as reference in Oxfordshire Joint Strategic Needs Assessment (OJSNA).
Rural Isolation in Oxfordshire Community First Oxfordshire research March 2022	No recommendations made	A member of the public who took part in the research volunteered to have their own story told – it can be found on our website https://healthwatchoxfordshire.co.uk/have-your-say/your-stories/ . Report as a reference in OJSNA.

Divisions Affected – all

Oxfordshire Joint Health Scrutiny Committee

9 June 2022

CO-OPTED MEMBERS OF THE OXFORDSHIRE JOINT HEALTH SCRUTINY COMMITTEE – EXTENSIONS AND CONCLUSIONS TO TENURE

Report of the Director of Law & Governance

RECOMMENDATION

1. **The Committee is RECOMMENDED to: -**

   a) To agree to renew Mrs Barbara Shaw's term for a further 2 years (from the point in which her initial term expired) concluding in April 2023.
   b) To note that Dr Alan Cohen will have served two maximum terms and will therefore leave the Committee in August 2022.
   c) To place on record the Committee's thanks to Dr Cohen for his dedication and contributions to this Committee.
   d) The Committee agrees to undertake a recruitment exercise to fill the vacancy with a view to ensuring that the co-opted member is present at HOSC on 22 September.
   e) That the Committee considers the composition of its co-opted member cohort and assures itself that it reflects the needs of the Committee, its work programme and the diversity of the people of Oxfordshire.

Context

1.1 The Council' Constitution allows for up to three co-opted members to sit on the Joint Health Scrutiny Committee (JHOSC) and Co-opted Members shall normally serve for a period of 2 years. Co-opted members may serve for one further consecutive period of 2 years. This paper outlines the current status of two of those co-opted members and decisions to be made.

1.2 Mrs Barbara Shaw was appointed to the Committee in April 2019 and her two-year term expired in April 2021.

1.3 Mrs Shaw has drawn on her experience and understanding of the health service in her capacity as a former Citizens Advice Chief Executive. As a result, it is proposed that the Committee extend her term from the original date of expiry for a further two years. To that end, Mrs Shaw's

tenure on the JHOSC will expire in April 2023. However, Mrs Shaw is able to reapply for the role.

1.4 Dr Alan Cohen was appointed in June 2017 and has served over two terms on the Joint Committee. His term expires in August 2022 and therefore, in line with the Constitution, Dr Cohen will cease to be a member of the JHOSC at that point. However, Dr Cohen is able to re-apply for the role as part of an open and fair recruitment process.

1.5 This creates a vacancy on the Committee to be filled in line with the guidance enclosed at **Appendix A**.

1.6 Before commencing a recruitment campaign, Members may wish to consider the existing composition of its co-opted member cohort with a view to targeting recruitment to those with a specific background, protected characteristic or additional experiences, beyond that of a sound working knowledge of health and social care, to add maximum value to the Committee.

1.7 It should also be noted that, subject to the agreement of recommendation 1.2, further external recruitment would need to take place when Mrs Shaw's tenure expires in late April 2023. As previously stated, Mrs Shaw will be able to reapply for the role.

1.8 It should also be noted that Mrs Jean Bradlow's initial two year term ends in September 2022 and a further paper, similar to this, will be considered at the next meeting.

2 Equality Act

2.1 Upholding the Equality Act has relevance for this report insofar as it relates to ensuring that any form of recruitment is fair, transparent and has due regard for the principles within the Act.

2.2 The Council's equality duties extend to:

2.2.1 Eliminating of discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;

2.2.2 Advancement of equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

2.2.3 foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

2.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

2.3.1 remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

2.3.2 take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

Exempt Information

N/A

Corporate Policies and Priorities

Oxfordshire County Council's Strategic Plan agreed to 'supporting an enhanced role for Overview and Scrutiny to contribute to open and transparent decision making' and a clear role for the Council in tackling health inequalities. Financial Implications

There are no financial implications arising from this report.

Lorna Baxter

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Legal Implications

The recommendations in this report relate to matters over which the Council has discretion and so they do not give rise to legal implications. Neither Section 9 of the Local Government Act 2000 nor The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 contain provisions preventing the renewal of the term of appointment of a co-opted non-voting member of a Health Scrutiny Committee or specifying the background or experience that co-opted members should have

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Staff Implications

None

Equality & Inclusion Implications

As highlighted, Committee members have an opportunity to shape the composition of the Joint Committee's co-opted members to enhance the diversity of the Committee.

Sustainability Implications

None immediately arising from this report.

Risk Management

Risks associated with not recruiting to the role extend to the Committee not being able to leverage additional perspective to its work programme.

Consultations

Given the personal nature of this report, all three existing co-opted members were consulted on the content of this report.

Anita Bradley, Director of Law & Governance

Annex:

Background papers: Nil

Contact Officer: Helen Mitchell

helen.mitchell@oxfordshire.gov.uk

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 25052022

Item	Action	Lead	Progress update
Minutes of 23 September	Health partners to be invited to the next OCC scrutiny training	Helen Mitchell OCC	To be actioned in the new municipal year. In progress *Update – OCC scrutiny are working up a training proposal with CfGS*
28 November Meeting			
COVID	Jo Cogswell to report to the next meeting on the allocation of Winter Access Funds.	Jo Cogswell, Oxfordshire CCG	A comprehensive item will be considered at the Committee's meeting on 10 May 2022. In progress *Update – Committee on 10 May agreed this was not completed via the Primary Care paper shared with Committee. Would be completed subject to further information offered via a workshop with ICB colleagues*.
COVID	Recommended that HOSC planning (at their virtual meeting) will develop a template for reporting to HOSC, which will include a section on what contribution is being made to COVID recovery.	Helen Mitchell, OCC	In progress *Update – template is being drawn together as a result of examples being shared from the SE Scrutiny Officers network.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 25052022

Item	Action	Lead	Progress update
Cllr Barrow's Infection Control Report	Oxfordshire County Council (OCC), through its adult services, should hold regular discussions with OACP, OCHA on how locally we can maximise the advice from online sources beginning with the Bushproof and Department of Health documents.	Karen Fuller, OCC	OCC are in regular conservations with both OACP and OCHA to ensure that we maximise all sources of advice and guidance which is cascaded to providers via multiple channels/networks accordingly. This includes any changes in guidance and regulations. Guidance is taken from the Department of Health and Social and the UK Health security agency (UKHSA) In progress *Update – Meeting to take place between Cllr Hanna, Cllr Barrow and Karen Fuller on 7 June. Oral update to be provided to the Committee on 9 June.*
Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA. In progress *Update – Meeting to take place between Cllr Hanna, Cllr Barrow and Karen Fuller on 7 June. Oral update to be provided to the Committee on 9 June.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 25052022

Item	Action	Lead	Progress update
Cllr Barrow's Infection control report	OCC should ensure that its winter plan contains the recommended training and infection control support as identified by recommendations also made in the report	Karen Fuller, OCC	The Winter Plan contains and is managed in conjunction with the local outbreak management plan and standard operating procedures. In progress *Update – Meeting to take place between Cllr Hanna, Cllr Barrow and Karen Fuller on 7 June. Oral update to be provided to the Committee on 9 June.*
10 March Meeting			
Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Sara Randall, OUH	BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues - James Kent/David Williams In progress *Update – To be discussed at a forthcoming meeting with Catherine Mountford*
Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	James Scott, BOB ICS	Initial meeting between Helen Mitchell and James Scott in the diary for 5 May to ensure effective future engagement with Members. In progress *Update – To be considered as part of future discussions amongst the BOB HOSC*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 25052022

Item	Action	Lead	Progress update
ICS/ICB Item	That Members engage with Catherine Mountford and OCC about the evolution of the ICS/ICB from a governance perspective and how/where democratic references can influence how the ICB/ICS operates in practice.	Helen Mitchell, OCC / Catherine Mountford, Stephen Chandler	In progress. *Update – To be discussed at a future meeting between Chair and Catherine Mountford*
ICS/ICB	That the convergence of service offer across BOB is placed on the Committee's work programme. **The context to this was Cllr Van Mierlo's point about IVF treatment cycles differing across CCGs **	Sarah Adair, OCCG Helen Mitchell, OCC	Thames Valley Priorities Committee has responsibility for this Priority Setting (oxfordshireccg.nhs.uk) This Committee agrees which drugs and treatment should be low priority and which should be funded across BOB so they are the same. Completed *Item not made it onto the work programme*
Covid Recovery	That the covid recovery plan is placed on the agenda for 10 May meeting	Ansaf Azhar, OCC	*Update – Item taken off 9 June agenda to make way for Quality Account updates and further consideration of how the Committee could maintain oversight in the recovery phase of the pandemic.* *Chair agreed to engage with DPH on how to keep Members of the Committee informed of the impact of Covid without going into significant detail shared during the pandemic phase. Meeting with Chair, Executive Member Cllr Lygo and Director of Public Health, to take place on 13 June.* In progress

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 25052022

Item	Action	Lead	Progress update
Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Helen Mitchell / HOSC Members	Cllr Champken – Woods came forward at the last meeting to start an early draft. In progress
10 May Meeting			
Primary Care	That the Committee takes up the offer from Primary Care colleagues to have a primary care workshop to be delivered at a mutually agreeable date.	Helen Mitchell / Jo Cogswell	In progress *To be organised and scheduled in accordance with the Committee's work programme*
Primary Care	That the Committee makes enquiries with the relevant district council in relation to the perceived hold up of plans to deliver primary care provision at Great Western Park, Didcot.	Helen Mitchell	In progress *Letter in the process of being drafted*
Primary Care	That colleagues circulate the results of the March 2022 primary care survey to the Committee	Jo Cogswell / Julie Dandridge	In progress *Request made to ICB. Awaiting response.*
Primary Care	That colleagues provide additional trend data in respect of GP satisfaction so to compare pre-covid satisfaction with the information supplied at the meeting.	Jo Cogswell / Julie Dandridge	In progress *Request made to ICB. Awaiting response.*
Maternity	That OUH offered to share more detail on the underpinning action plans arising from the CQC inspection.	Sam Foster / Matt Akid	In progress *Request made to OUH. Awaiting response.*
Maternity	That OUH share the Safe Staffing Paper mentioned at Committee by Sam Foster.	Sam Foster / Matt Akid	In progress *Request made to OUH. Awaiting response.*
Maternity	That Members would like to receive any information on the role and function of the LOTUS team.	Helen Mitchell	Completed Story from the Lotus Team (ouh.nhs.uk)
Maternity	That OUH keep HOSC abreast of any upcoming decisions in respect of opening / maintaining the closure of the Wantage and Chipping Norton	Sam Foster / Matt Akid	In progress *Request made to OUH. Awaiting response.*

Item	Action	Lead	Progress update
	intrapartum care sites. A specific meeting 2 weeks after the Committee was noted to be taking place.		
BOB ICB Engagement	That the Committee respond to the strategy to meet the earliest available deadline (18 May) and invite Chair to next meeting	Catherine Mountford	In Progress – *Update - letter dispatched and awaiting response to a deadline of COP, 24 May*
Chairs Report	Recommend that system partners respond to the Committee's request to learn lessons from the early stages of the pandemic.	Cllr J Hanna	In progress – formal letter drafted and is with the chair for agreement

OXFORDSHIRE COUNTY COUNCIL

Cllr Jane Hanna OBE

Chair

Oxfordshire Joint Health Scrutiny Committee

Cllr Tim Bearder
Cabinet Member, Adult Social Care

By email

xx xx xx 2022

Dear Cllr Bearder

Re: Oxfordshire Joint Health Overview and Scrutiny Committee – Care Home Response / National Covid Inquiry

Firstly, can I share my congratulations with you on your move to the Adult Social Care portfolio. The Committee had a good relationship with your predecessor, Cllr Jenny Hannaby, and I look forward to such relationships going forward.

You may be aware that in November 2021, the Committee considered a review by co-opted members Dr Alan Cohen and Barbara Shaw on 'The First Thirty Days' of the Covid-19 pandemic. This report is available here and the response to that report, from the now Interim Chief Executive and Director of Public Health is here.

You will be aware that on 27 April 2022, the High Court determined that the policy not to isolate people discharged from hospitals to care homes in the first weeks of the pandemic, without testing, was 'irrational'. You may also be aware that one of the litigants, whose father died in an Oxfordshire care home, is also an Oxfordshire resident. This has placed into sharp focus for the Committee their previous work on this subject and as such it was discussed at our last Committee meeting on 10 May. Specifically recommendation four,

'*That Senior Officers are able to re-affirm a commitment to a review of the response of the system partners to the pandemic, in so far as this would provide a plan of what would be included and a reasonable time scale, given the unpredictability of the current situation'*.

You will see from the full response given by The Interim Chief Executive and the Director of Public Health that,

'We expect that any local review in Oxfordshire will be aligned with a national review of the UK-wide response, which we anticipate the Government will undertake in due course'.

We were grateful to have our Interim Chief Executive in attendance at our meeting on 10 May. He shared with us the challenges of undertaking a local review whilst we awaited the plans associated with the national one. The Committee recognised the challenge, specifically in relation to resourcing such a review, and the need to engage thoroughly with the national one; but it would appear that there are no concrete timescales for the national review that we are aware of. Furthermore, the Committee does not want to see system partners across Oxfordshire miss any opportunities to learn from the pandemic and especially the conditions which led to so many elderly Oxfordshire residents losing their lives

in our care homes. The Interim Chief Executive did express sympathy with the Committee's position. To that end, we are seeking an updated response to the recommendation above to be considered formally by the HOSC at a future meeting which we will confirm with you in due course.

In accordance with The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, could you please treat this correspondence as a recommendation and that you must respond in writing within 28 days of the request dated above. As is reasonable, I will present this letter to Cabinet on 21 June and, given the timescales, the Committee expects to receive a response very shortly after.

I share this letter with the Board Secretary's of the BOB Integrated Care Board, Oxford Health NHS FT and Oxford University Hospitals NHS FT for it to be duly considered but given a 'system response' is likely required in this space, the Committee would be grateful for a single response to this letter. I trust that officers will handle appropriate arrangements in respect of coordinating that response.

Yours sincerely

Cllr Jane Hanna OBE
Chair, Oxfordshire Joint Health Scrutiny Committee

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Divisions Affected – All

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 JUNE 2022

Annual Report 2021/22

Report by Director of Law And Governance

RECOMMENDATION

1. **The Committee is RECOMMENDED to: -**

   a) Note the requirement for the Committee to produce an annual report.

   b) Agree that the draft report will be signed off by the Committee electronically.

Executive Summary

2. The Health Overview and Scrutiny Committee is under a constitutional duty to prepare an annual report. This report is overdue. The paper seeks to obtain agreement from the Committee on practical steps to allow its publication as quickly as possible.

Background

3. Under the Health and Social Care Act 2012, Regulation 28(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council has a duty to "review and scrutinise any matter relating to the planning, provision and operation of the health services in its area".

4. As part of this overarching duty it has a duty, enshrined in the Council's Constitution, to report on its activity over the preceding year in the form of an annual report.

5. The Constitution specifies that this report is to be produced in April each year. With the handover between Scrutiny Officers this for the year 2021/22 this has not happened, meaning that the report is currently overdue.

6. The Council has a Constitutional requirement towards its joint-member colleagues, health partners and the public to report on the activity of the Health Overview and Scrutiny Committee. It is important, therefore, that a report is published as soon as possible. If the Committee were to wait until its next meeting to sign off a draft, it would mean a delay until late September.. Instead, it is proposed that the Committee agree to sign off the report electronically outside the meeting, and that publication of the annual report be made in July to Council and made available to partners thereafter

Corporate Priorities

7. Improving health and wellbeing of residents and reducing health inequalities are stated ambitions within the Council's Strategic Plan agreed in February 2022.

Financial Implications

8. There are no financial implications associated with this report.

   Comments checked by: Lorna Baxter

   Lorna Baxter, Director of Finance. Lorna.Baxter@oxfordshire.gov.uk

Legal Implications

9. Part 2, Article 8, s. 23 of the Council's constitution states that:

   The Committee shall produce in April each year a report for the Appointing Authorities on its activities during the preceding year. That report shall also be published to health bodies and the public.

   The Committee is currently in breach of this requirement and should take steps to comply as soon as possible.

   Comments checked by: Anita Bradley

   Anita Bradley, Director of Law and Governance and Monitoring officer. Anita.Bradley@oxfordshire.gov.uk

Staff Implications

10. None arising from this report.

Equality & Inclusion Implications

11. None arising from this report.

Sustainability Implications

12. None arising from this report.

Risk Management

13. If Members do not agree to sign off the report electronically, the draft will have to be considered at the next HOSC meeting, meaning further delay to its publication.

Consultations

14. None arising from this report.

Anita Bradley
Director of Law and Governance and Monitoring Officer

Annex: None

Background papers: None

Other Documents: None

Contact Officer: Tom Hudson, Principal Overview and Scrutiny Officer

May 2022

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