Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 8 June 2023 at 10.00 am
Rooms 1&2 - 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. However, that will not allow you to participate in the meeting.

Membership

Chairman - Councillor Jane Hanna OBE
Deputy Chairman - District Councillor Paul Barrow

Councillors:	Nigel Champken-Woods	Damian Haywood	Dan Levy
	Imade Edosomwan	Nick Leverton	Dr Nathan Ley
District Councillors:	Katharine Keats-Rohan	Elizabeth Poskitt	
	Jabu Nala-Hartley	CDC - Vacant	
Co-optees:	Jean Bradlow	Barbara Shaw	Siama Ahmed

Date of next meeting: *21 September 2023*

Notes:

For more information about this Committee please contact:		
Scrutiny Officer	-	*Email: scrutiny @oxfordshire.gov.uk*
Committee Officer	-	*Scrutiny Team*
		Email: Email: scrutiny @oxfordshire.gov.uk

Martin Reeves
Chief Executive   May 2023

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.

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AGENDA

1. **Election of Chair for the 2023/24 Council Year**

2. **Election of vice-Chair for the 2023/24 Council Year**

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

4. **Apologies for Absence and Temporary Appointments**

5. **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.

   To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Friday 02 June 2023. Requests to speak should be sent to scrutiny@oxfordshire.gov.uk

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

6. **Minutes** (Pages 1 - 16)

   To **APPROVE** the minutes of the ordinary meeting held on 20 April 2023 (**JHO5a**) and the extraordinary meeting held on 11 May 2023 (**JH05b**), having raised any necessary amendments and to receive information arising from them.

7. **Chair's Update**

   10:20 – 10:35 (Timings are approximate)

   Cllr Hanna will provide a verbal update on relevant issues since the last meeting.

   Pertaining to the agreement of the committee at the last meeting that a shared history of developments be provided to NHS colleagues in relation to Wantage Hospital, Cllr Hanna has drafted a document. The Committee is recommended to **AGREE** the document having raised any questions as to its contents.

8. Oxford University Hospital NHS FT Quality Account (Pages 17 - 20)

10:35 – 10:40

The Committee held a briefing with Dr Andrew Brent, Deputy Chief Medical Officer and Helen Cobb, Head of Clinical Governance at Oxford University Hospitals NHS Trust on 15 May 2023 to review the draft Quality Account and provide its feedback. The Committee is asked to **NOTE** the summary of feedback provided.

9. OJHOSC Annual Report (Pages 21 - 38)

10:40 – 10:55

The Committee is invited to agree plans to progress the publication of the HOSC annual report.

> 1.1 **NOTE** the requirement for the Committee to produce an annual report.
>
> 1.2 **AGREE** the wording of the draft report, subject to any required amendments
>
> 1.3 **DELEGATE** to the Scrutiny Manager responsibility for the design of the final publication, and to make minor updates or amendments as required.

10. Work Programme (Pages 39 - 44)

10:55 – 11:05

To agree the Committee's work programme for the next meeting, and to confirm its plans for work programming the remainder of the 2023/24 civic year.

The Committee is recommended to:

a)   **AGREE** the Committee's work programme to September including, if necessary, an extraordinary meeting at the end of June, having made any additions or other changes as necessary

b)   **CONFIRM** its wish to undertake an in-depth work programming exercise to include engagement with HOSC members, and the County Council, NHS and Healthwatch colleagues to refine the programme and timings.

11. Healthwatch Report (Pages 45 - 54)

11:05 – 11:30

Veronica Barry, Executive Director of Healthwatch Oxfordshire will present the Healthwatch update report, including Healthwatch's own findings around end of life care. The Committee is invited to consider the report and **NOTE** it having raised any questions arising from the contents.

12. Draft Oxford Health NHS FT Quality Account (Pages 55 - 128)

11:30 – 12:00

Marie Crofts (Chief Nurse), Britta Klinck (Deputy Chief Nurse) and Rose Hombo (Deputy Director of Quality) have been invited to present the draft Quality Account of Oxford Health NHS Foundation Trust, specifically, the quality objectives for this year and the next.

The Committee is recommended to: -

a) **AGREE** to provide comments on the account, in particular in relation to whether the account corresponds with HOSC member experience of the Trust over the last year, and whether they support the key areas of focus for the Trust over the forthcoming year.

b) **DELEGATE** to the Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in consultation with the Chair, and submit the feedback to Oxford Health by 14 June 2023.

NB There will be slides used to support the presentation of the report; hard copies of which will be available on the day of the meeting.

13. End of Life Care (Pages 129 - 136)

12:00 – 13:00

Professor Bee Wee (Consultant in Palliative Medicine, Sobell House), Mary Walding (Lead Specialist Nurse), Kerri Packwood (Cancer Personalised Care Project Manager) and Jason Dorsett (Chief Finance Officer) at OUH NHS FT have been invited to present a report on end of life care, and in particular helping individuals to die at home.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

14. Actions and Recommendations Tracker (Pages 137 - 146)

13:00 – 13:10

The Committee is recommended to **NOTE** the progress made against agreed actions and recommendations having raised any questions.

15. Responses to Previous Recommendations

There are no responses to previous recommendations to report to the Committee.

Councillors declaring interests

General duty
You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?
Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest
Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception
Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests
Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.
Other registrable interests include:
   a) Any unpaid directorships
   b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

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c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:
Where a matter affects the financial interest or well-being:
   a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
   b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 20 April 2023 commencing at 10.00 am and finishing at 1.30 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair

Councillor Nigel Champken-Woods
Councillor Imade Edosomwan
Councillor Damian Haywood
Councillor Nick Leverton
Councillor Dan Levy
District Councillor Sandy Dallimore
District Councillor Elizabeth Poskitt
District Councillor David Turner
Councillor Alison Rooke (In place of Councillor Dr Nathan Ley)

Co-opted Members: Barbara Shaw
Jean Bradlow

Other Members in Attendance: Councillor Mark Lygo
Councillor Jenny Hannaby

By Invitation: Veronica Barry, Healthwatch Oxfordshire
Hugh O'Keeffe, Senior Commissioning Manager Dental, NHS England NHS Improvement – South East
Dr David Chapman, System Clinical Lead for Pharmacy, Optometry, and Dental Services
Dan Leveson, Director of Place Buckinghamshire, Oxfordshire and Berkshire West ICB

Officers: Ansaf Azhar, Director of Public Health
Marco Dias, Scrutiny Officer
Tom Hudson, Scrutiny Manager

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/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

87/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Cllr Ley tendered apologies with Cllr Rooke substituting.

The Committee agreed that Councillor Barrow could join the meeting remotely, noting however that he would be unable to vote.

88/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

None

89/22 MINUTES
(Agenda No. 3)

The Committee agreed to amend the minutes to accurately represent previous discussions relating to the consultation and engagement of the Wantage Substantial Change. It was also agreed to include a recognition of the significant work of the Committee, together with Health Partners, regarding the opening of temporarily closed services.

The Committee requested an update on matters arising, specifically on the action that:
a letter be sent on behalf of the Committee to the Integrated Care Board seeking clarity and assurance on the situation in respect of new registrations at the 3 Didcot GP Practices.

The report in relation to the Oxfordshire Age Related Hearing Loss Contract was delayed due to pressures within the Health service and would be shared with the Committee when it became available in a couple of months' time.

90/22 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

It was **AGREED** that Cllr Hannaby, who wished to speak in regards to Wantage Hospital, be able to do so prior to the relevant item (Chair's Update).

91/22 OXFORDSHIRE SMOKE-FREE STRATEGY UPDATE
(Agenda No. 5)

Ansaf Azhar, Director of Public Health at Oxfordshire County Council presented an update-report on the Oxfordshire Smoke Free Strategy.

The Committee welcomed and noted the report and asked that consideration was given in future to minimum font size and the format of tables to ensure that reports are accessible to all.

In response to questions, the following was noted:

Smoking prevalence among manual workers is increasing, which is concerning. There is more that can be done to target inequalities and reduce smoking prevalence among groups where it is currently higher than average, and work is currently being done with Housing Associations to reduce smoking prevalence. There is also a significant strand of work in terms of intervening at the point where people come into contact with the Healthcare System, focusing specifically on three groups: in-patients, mental health patients, and maternity.

Anecdotally vaping among teenagers is very significant and increasing, and it was also noted that teenagers mention it as one of their top mental health concerns. The Committee heard that it is important to note that smoking is 95% safer than smoking, but there are concerns that vaping is being taken up by people who never smoked before.

Trading Standards is doing a lot of significant work tackling unregulated products and the sale of vaping products to minors in Oxfordshire.

The Committee agreed that it would be helpful to have more up to date data on smoking and vaping prevalence within Oxfordshire.

While it is encouraging to see smoking rates decreasing, the Committee noted that vaping prevalence is on the increase and there is a need to understand the relative harms of each habit compared to each other and to not smoking or vaping.

The Committee **AGREED** the following recommendations:

Recommendation 1: That Public Health share updated data on smoking and vaping prevalence in Oxfordshire with the Committee as soon as it is available.

Recommendation 2: That Public Health provide the Committee with a summary of the relative harms of vaping and smoking compared to each other, and compared with not smoking or vaping.

Recommendation 3: That Public Health work with the ICB to improve the accuracy and quality of data on smoking and vaping prevalence, available in Oxfordshire.

92/22 OXFORDSHIRE HEALTHWATCH UPDATE
(Agenda No. 6)

Veronica Barry presented the Healthwatch update report and updated the Committee on a recent mystery shopper exercise carried out by Healthwatch volunteers which called 76 dental practices in Oxfordshire and found that only 4 practices were accepting new NHS patients, despite many showing as accepting new NHS patients on the NHS website.

In response to questions, the following was noted:
The Healthwatch mystery shopper exercise highlighted the difficulty in accessing dentistry services in Oxfordshire and found that this was an issue across the county.

The Committee considered that the county's growing population could exacerbate the issue without appropriate planning and noted that the key difficulty appears to be a shortage of dentists and other healthcare workers, including doctors which also affects access to GP services, which is an issue that has been recognised for some time but is difficult to solve.

The Committee considered that individuals and families who were shielding during the pandemic were likely to have been dropped from the lists of dental practices and questioned whether this was something that had been recognised at a national level.

The report was **NOTED**.

93/22   DENTISTRY PROVISION WITHIN OXFORDSHIRE
(Agenda No. 7)

The Chair welcomed Hugh O'Keeffe, Senior Commissioning Manager Dental, NHS England NHS Improvement – South East, and Dr David Chapman, System Clinical Lead for Pharmacy, Optometry, and Dental Services, to the Committee.   The Committee noted apologies from Sue Whiting and Nilesh Patel.

The Chair expressed the Committee's appreciation to Mr O'Keeffe for the detailed report with significant amounts of Oxfordshire data and analysis which had been submitted to the Committee and also noted the Committee had received the NHS Confederation Report on Dentistry, including Integrated Care Boards (ICBs).

The Chair explained that the Committee would begin by focusing on national questions before turning to more local questions. The Committee recognised, as set out in the NHS Confederation Report, that there were no quick fixes to the national problems regarding NHS Dentistry provision but wanted to explore what could be achieved, in both the short- and long-term, and what could be communicated to the public and to particular stakeholders.

In response to questions, the Committee noted the following:

- There was consensus that adding fluoride to water in Oxfordshire, as it was in many other areas of the country, would be beneficial as an effective intervention to prevent poor dental outcomes. Whilst using fluoride toothpaste had benefits, it inevitably had less of an impact than adding fluoride to the water supply.
- The Health and Social Care Bill permitted the Secretary of State to consult with local stakeholders and residents about introducing such a supply to the network. There was recognition that there was likely to be some opposition, in a similar way to there being opposition to immunisations and vaccinations, but that a consultation would be an opportunity for different views to be expressed and for the Secretary of State to make a reasoned decision.
- That the NHS Dentistry contract dated from 2006 and had changed very little in that time. Minor changes to the contract had achieved little in terms of increasing access to services or in improving the recruitment and retention rate. The ICB did not have responsibility for the contract but was able to

introduce flexible commissioning which it sought to introduce in Oxfordshire and which it hoped would combat health inequalities particularly amongst migrants and other vulnerable groups.

- There had been attempts to review the contract since 2010 and pilots and prototypes sought to improve oral health protection and there had been attempts to design a contract which focused on working in partnership with patients. The current contract worked on a basis of incentivising pre-agreed planned levels of activity known as Units of Dental Activity (UDAs) and the prototypes sought to mix quality, capitation, and activity. These pilots and prototypes ceased in March 2022. It was hoped that any new contract would recognise the importance of an outcome based approach.

- There was a national concern relating to access (more time being spent with individual patients had led to fewer patients being able to be seen) and reductions in patient charge revenue (fewer patients being seen led to less money being received). The Committee noted that approximately 30% of the NHS dental budget was based on an assumed level of patient charge collection based on historic data that was not necessarily reflective of contemporary circumstances.

- The contract was a national contract rather than a local one but there was some flexibility within it which enabled flexible commissioning. This was understood to enable considerable improvement to the system locally but was dependent on expressions of interest received.

- It took approximately six months for new dental trainees to be placed on the NHS Dental Register whereas they could register for private practice immediately. This was partly due to the requirements for ensuring that overseas qualifications are comparable to the NHS requirements. A request to speed that up significantly had been made at a national level and there was a recognition that the process was overly bureaucratic and cumbersome. There was a recognition that a delay to beginning work for the NHS could lead to some trainees not returning to the NHS at all.

- That there can be a significant disparity between NHS charges and those made by private dentists. Whilst some private dentists do have DenPlan arrangements to make private care more affordable, there was nonetheless a problem when substantial treatment was needed. There was a recognition that there needed to be sufficient treatment available on the NHS so that all those who needed it could access it. This was a national issue compounded by the results of the COVID-19 pandemic.

- There were specialist pathways into community dental services for patients with anxiety and that service also worked with those with other mental health issues and could make referrals.

- Prior to COVID-19, slightly over 55% of Oxfordshire residents had attended a dentist in the previous two years which was higher than the national average. The figure was currently 43%. Historically, Oxfordshire had seen the highest access to dental care across the Thames Valley with Oxford City and Cherwell District having the highest rates along with Reading, at 60%. The current position was lower than that but access was lower across the country.

- The dire effects of COVID-19 on children's oral health and dental hygiene in particular was set out as a major concern. The number of dentists in Oxfordshire returning their NHS contracts was the highest across

Buckinghamshire, Oxfordshire, and Berkshire West and was higher than the national average. Oxfordshire was an expensive place to live and there were similar challenges recruiting nurses and teachers. Costs of running practices increased each year and that was compounded by the difficulties of recruitment. The UDA rate was based on a reference year of activity in the early 2000s.

- There could be localised nuance in plans for Oxfordshire itself but working across BOB was more likely to see positive results, given that dentistry was a service commissioned at scale.

- The Committee was keen that the underspends in the system should be reinvested in Oxfordshire and sought clarity about how that could be done. The Committee was reminded that dentists were individual contractors and that it was up to individuals as to whether to accept the offer made to practices. It was confirmed that funding remains with the ICB when it is clawed back and that traditionally only a small amount had been requested back by Oxfordshire practices.

- The information provided on Find My Dentist page on the NHS website was dependent on practices inputting their information. Whilst practices were required to ensure up to date information was entered on a regular basis, the Committee questioned what was being done to ensure they did so.

- There had been significant backlogs in treatment which had seen significant investment and community-based alternatives to hospitals had been a crucial part of this. Given the importance of prevention, questions had been raised as to whether therapists could be used for prevention work and that this was to be tested during the flexible commissioning approach. The flexible commissioning scheme was being designed to remodel how contracting for the service was done. There had also been significant amounts of training for healthcare professionals and for SEND staff. Simularly, over 400 professionals working with adults, including mental health nurses and adult learning disability specialists, were trained to provide advice and support. It was important to look holistically and to recognise that what was good for oral health was good for all health.

- The Committee explored the idea of a baseline dataset and how far the ICB was from having something that could be monitored so that improvements could be tracked more readily. Oxfordshire County Council was commended for continuing to undertake a childhood survey of oral health, in contrast to some other local authorities. It was emphasised that this provided key data which was of use. It was noted that ICB staff were moving away from being NHS England employees and would be transferred to the ICB in an hosted model and there would be discussions about operating models going forwards. There were significant resourcing implications going forward but it was agreed that good and useful data was key.

- The Committee was reminded that the Health and Social Care Select Committee was conducting an inquiry into NHS dentistry.

The Committee discussed making recommendations over writing to the Secretary of State regarding fluoridation, the use of Oxfordshire underspends, and ensuring the fullest data were made use of. It was **AGREED** that the Scrutiny Manager would draft wording around these recommendations to bring back to the Committee for full agreement at its following meeting.

94/22   CHAIR'S UPDATE
(Agenda No. 8)

Cllr Hannaby addressed the Committee in relation to Wantage Hospital, specifically the activity of Wantage Town Council and its Health Sub-Committee. A formal consultation on the temporary closure of beds at Wantage Hospital remained outstanding, almost seven years after the closure. The Town Council had taken legal advice around this and it had been informed that as Oxford Health had not declined to undertake a consultation there was little basis for the Town Council to make any form of challenge. Cllr Hannaby also reported that she had sought clarity over what would happen to community hospital beds across the county if the model of providing care at home more extensively were to be pursued but had not received a satisfactory reply. The Town Council's views were that an independently-facilitated workshop would need to take place, and to take place quickly in light of the impending changes to HOSC's powers of referral to the Secretary of State. An extraordinary meeting of the Town Council's sub-group would be taking place to identify its suggestions for services (not primary care) at the hospital. Cllr Hannaby thanked the HOSC for its support in trying to find a shared solution.

In addition to her written report, the Chair reported that a new permanent Scrutiny Officer has been appointed to support the Committee. It was also brought to the attention of the Committee that, following an article around the BOB ICB's Chair being on extended leave and an interim CEO being in place, the Chair had sought reassurance that these issues were not proving a barrier to closer working between the County Council and the BOB ICB. She was reassured that the relationship was growing and strengthening, particularly at a Place level. Nevertheless, the Chair stated her intention and had the support of the Committee, to raise this issue with other BOB HOSC members for reassurance that at the BOB level relationships were not being hampered by the churn of staff at the top of the BOB ICB.

The Committee also formalised arrangements for the appointment of co-optees and agreed that there would be an interview on 11 May, before the extraordinary meeting, with the Chair, Cllr Dallimore, and Tom Hudson meeting candidates. It was noted that substantial work had been undertaken with diverse groups and that the issue of light remuneration had been raised. Remuneration for co-optees was an issue that would require pan-Council engagement rather than simply this Committee.

95/22   RESPONSES TO SCRUTINY RECOMMENDATIONS
(Agenda No. 9)

Cllr Lygo, Cabinet Member for Public Health and Equalities, attended the Committee to follow-up his written response to the Committee's recommendation made at its meeting on 24 November 2022 concerning Primary Care but no further questions were asked. The Committee did concur with the response, referencing its intention in the forthcoming year to undertake work on alternative roles to look at provision which was flexible between organisations and sectors.

96/22 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 10)

Tom Hudson, Scrutiny Manager, led on presenting the update report on previous actions and recommendations. Many of the items in the report had been discussed throughout the meeting, but two issues were brought to the Committee's attention.

Firstly, the delay to completing the Committee's work planning. It was recommended to the Committee that in light of the arrival of a new Scrutiny Officer and the likelihood of better outcomes if that officer were to be responsible for running the work programming for their future Committee, it would be better if the Committee agreed to delay the development of the full-year work programme until the new officer was in post.

Secondly, the letter to be written to the Secretary of State concerning access to primary care. This had not been sent to date, but it was requested of the Committee that the draft be sent to Dan Leveson and Ansaf Azhar prior to going out to check for tonal issues.

The Committee **AGREED**

1) That it would delay the formation of its full-year work programme until the new Scrutiny Officer was in post
2) That the letter to the Secretary of State should be sent to Dan Leveson and Ansaf Azhar for comment prior to being submitted.

97/22 COMMITTEE WORK PROGRAMME
(Agenda No. 11)

The Scrutiny Manager drew out to the Committee key issues on the work programme:

- As previously referenced, the work programme was partial and would be completed upon the arrival of the new Scrutiny Officer.
- A Committee decision was also needed to hold the proposed extraordinary meeting on 11 May 2023. The Committee **AGREED** to hold an extraordinary meeting on 11 May 2023.
- Owing to the tightness of the timescales and the lack of confirmation, there was the possibility that the scheduled item on 11 May on End of Life Care would not come forward and would be delayed to the 08 June meeting. The Committee **NOTED** this.
- The Committee expressed interest in the new Place Partnership Board as presented to the Health and Wellbeing Board, and asked that this come to a future meeting. It was agreed that a link to a webinar in which Dan Leveson explained the Place Partnership Boards to a Healthwatch group be distributed to the Committee.
- It was requested that concerning the End of Life item, that the closure of Sue Ryder be addressed as an issue. Likewise, how the new contract would be working in partnership with other End of Life services would be valued by the Committee.

- Mental Health, specifically ways of drawing producing better partnership working was put forward as a future suggestion for the work programme but it was suggested that this would likely form a major part of the Committee's consideration of the Health and Wellbeing Strategy in September.
- The Committee's wish to progress with the Covid recovery work was also highlighted, but it was recognised that there was value in waiting for the new Scrutiny Officer to come forward for that.

.... in the Chair

Date of signing ....

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 11 May 2023 commencing at 10.00 am and finishing at 10.55 am

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

District Councillor Paul Barrow (Deputy Chair)
Councillor Damian Haywood
Councillor Nick Leverton
Councillor Dan Levy
Councillor Dr Nathan Ley
District Councillor Sandy Dallimore
City Councillor Jabu Nala-Hartley
District Councillor Elizabeth Poskitt
District Councillor David Turner

Co-opted Members: Jean Bradlow

Other Members in Attendance:

By Invitation:

Officers:

Whole of meeting   Marco Dias, Scrutiny Officer
Tom Hudson, Scrutiny Manager

Part of meeting   Dan Leveson, Place Director for BOB HOSC
Ben Riley, Executive Director for Oxford Health NHS Trust
Kerry Rodgers, Director of Corporate Affairs, Oxford Health NHS Trust
Karen Fuller, Corporate Director of Adults and Housing, Oxfordshire County Council
Ansaf Azhar, Corporate Director of Public Health, Oxfordshire County Council

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/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

1/23   APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Cllr Champken-Woods tendered apologies for the meeting. No substitutes present.

2/23   DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

Cllr Haywood declared the fact that he had been offered a job within an NHS commissioning organisation: South, Central and West.

Cllr Hanna reiterated her ongoing interest as Chair of SUDEP Action.

3/23   SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 3)

None

4/23   WANTAGE ENGAGEMENT
(Agenda No. 4)

Following the meeting held by the Wantage Hospital Substantial Change sub-group on 20 April 2022 Dan Leveson, Place Director for BOB HOSC, Ben Riley, Executive Director for Oxford Health NHS Trust, Kerry Rodgers, Director of Corporate Affairs, Oxford Health NHS Trust, and Karen Fuller, Corporate Director of Adults and Housing, Oxfordshire County Council attended the meeting to present the agreed outcome of the Working Group meeting – a planned process for engaging with the community in Wantage around how the hospital will be used in the future.

Dan Leveson introduced the plan, which represented a process to re-engage the local community and stakeholders in order to resolve the future provision of services at Wantage Hospital. The process would be based on co-production, with an aim to develop a report based on consensus views across stakeholders developed primarily through an all-day co-production workshop. Details of the timing and membership of this workshop were still under discussion. The HOSC would have an opportunity for comment formally on the proposals in the report over the summer, following which public consultation would occur, with the expectation of a final report being put forward in November. The need to work with communities and avoidance of NHS commissioners presenting a fait accompli was reiterated. Resources to support this work were already in place, with Transformation Director Susannah Butler heading up a team with responsibility for this.

In response, the Chair summarised key points agreed from the discussion at the Wantage Hospital Substantial Change sub-group.

-    It was recognised by all present that, approaching seven years after the announcement of the temporary closure of hospital beds at Wantage Hospital, the closure had ceased to be temporary. It was important for members of the

public to have a clear understanding around timelines over what would be happening next.
- That there is a reconfiguration of the way services are delivered in Oxfordshire generally, which goes beyond Wantage on its own
- That it is necessary to match up the fact that people in Wantage should be able to have their say on how services are delivered locally, but that must also feed in to the broader strategy. Consequently, engagement and co-production between system representatives and the local community is vital in achieving this balance.
- The working group requested a timeline for that engagement and co-production be put to the Committee.
- No decision was taken in relation to whether to make a referral to the Secretary of State.

The Chair also requested that the timeline presented to members of the HOSC also be shared with Wantage Town Council, which was agreed.

Issues addressed by the Committee and discussions held included the following:

- The importance of ensuring a broad section of the community who made use of Wantage Hospital were involved in the co-production exercise, including those in the villages beyond the town of Wantage who would nevertheless be using Wantage Hospital. It was committed that, when agreed, the list of stakeholders would be circulated to HOSC members and feedback welcomed.
- The importance of enabling community stakeholders to participate by providing sufficiently detailed information to make informed decisions around their preferences for clinical provision at the hospital. This was committed to.
- For the community to trust the process being put forward it would be necessary and clear that NHS stakeholders would not be involved in discussions having pre-determined the outcome.
- The degree to which there would be equality of provision across different areas of Oxfordshire. To this, it was assured that NHS colleagues had been considering this issue already for a number of years, working with colleagues across both the health and social care systems to identify the models which would most effectively deliver provision in Oxfordshire in the much-changed health and social care landscape since the original closure, particularly post-Covid. Recent work had been undertaken with Public Health to understand health inequality information at local levels, to allow for matching of provision to need in order to maximise positive health outcomes.
- Recognising that in the seven years since the bed provision at Wantage Hospital was suspended, originally on a temporary basis, there had been multiple undertakings by health colleagues which had not been met. Although it was noted that the personnel currently involved were not necessarily those who had made those undertakings, it was suggested that a shared, owned history would be valuable in helping all stakeholders move from focusing about issues which had taken place in the past to planning for what would be best for residents in the future. The Committee noted the size of the area which would use Wantage Hospital, and recognised that if beds were to be lost at Wantage Hospital the community would expect something new to be provided to those people in return.

- Feedback was provided to NHS colleagues that there was a public expectation that formal consultation would need to be undertaken in light of the substantial change which had taken place, but that it was the Committee's view that if the level of co-production and engagement with the community planned was indeed delivered beforehand this consultation need not be excessively onerous.

The following actions were **AGREED:**
1) That the HOSC would provide a history of the Wantage Hospital closures to NHS colleagues as a stepping-point for stakeholder discussions on the future provision
2) That any decision to refer to the Secretary of State would be deferred pending the progress made at the planned co-production stakeholder event, and that there would be an extraordinary meeting in late June to consider views on this.

5/23 CO-OPTEE APPOINTMENT
(Agenda No. 5)

Members of the Committee were reminded of the contents of the report before them, that it had been agreed Cllrs Hanna and Dallimore, as well as the Scrutiny Manager, Tom Hudson, would undertake interviews for the vacant co-optee position arising in light of Barbara Shaw's term ending. The Committee was updated that these interviews had been undertaken the day before, and informed that the interviewing panel had unanimously agreed that two positions should be offered from the pool of candidates for the two vacant co-optee positions: the reappointment of Barbara Shaw for a further term, and the appointment of Siama Ahmed.

It was **AGREED** that Barbara Shaw and Siama Ahmed be appointed as co-optees to the Committee, subject to their fulfilling the requirements of the Councillor Code of Conduct as it relates to co-opted members. Both were welcomed by the Chair and the Committee.

6/23 DENTISTRY ACTION
(Agenda No. 6)

Members of the Committee were reminded by the Chair that at the meeting on 20 April 2022 the Committee had decided as part of its item on dentistry to defer agreeing the final wording of the recommendations to the following meeting. It was noted that the suggested wording contained a clerical error and one recommendation was missing. It was asked that this be corrected. The Committee also shared its wish that greater emphasis of underspends arising from Oxfordshire be used for the benefit of Oxfordshire residents.

Including the originally-omitted recommendation, it was **AGREED** in relation to the dentistry item on 20 April 2022 that:

1) The following recommendations be made to NHS England and the Integrated Care Board:

a. To collaborate with the Place Based Partnership, Public Health and providers with view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated.
b. To resolve any remaining uncertainty regarding the local flexibilities available to the ICB at and to consider investment of the underspend in Oxfordshire in targeted action to improve access to health and better serve Oxfordshire's children and residents with the greatest need.

2) The Committee: i) Delegates to Cllr Hanna in consultation with Cllr Barrow and Scrutiny Manager the drafting of a letter to the Secretary of State to: a) Provide local evidence concerning access to and the affordability of dentistry b) Identify the feedback provided on barriers and enablers, to include tackling delays in new dental trainees registering for NHS practice, further reform necessary to the NHS Dental Contract to enable prevention work supporting Public Health, and enabling local systems to deliver the improvements needed for Oxfordshire residents. c) State the committee's recognition of the clinical benefit for oral health of fluoridation of drinking water in the county, recommending that the Secretary of State undertake a consultation to determine the level of local support or opposition to the fluoridation of the county's drinking water. ii) Agrees that a copy of the draft letter be sent to Leaders and Chief Executives of the District, City and County Councils in Oxfordshire before sending to the Secretary of State.

.... in the Chair

Date of signing   ....

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HOSC FEEDBACK TO OUH QUALITY ACCOUNT BRIEFING

Issue	Commentary
Staff safety and wellbeing	- HOSC is aware that emotions for patients and families and staff will be heightened during a time across the health and care system which is recognised as totally unprecedented. - It is deeply regrettable that against this backdrop staff safety is far from assured when doing their work. HOSC commends OUH's recognition that there are clinical and non-clinical causes to this, which require different approaches. For non-clinically caused harassment of staff it would wish to see close working with the police to ensure that the trust's commitment to staff safety is being fully followed through - The fact only 28% of staff have undertaken the wellbeing check open to them may be suggestive of multiple things, both positive and negative: that staff feel resilient enough already, that they have insufficient time, or that they do not have faith in its value. With the pressures staff are under this level of take-up merits greater understanding and if this is not a mandatory national check whether there is value in exploring further with staff not taking up the checks whether there is anything else that might be helpful within local resources available.
Transitions between children's and adult's care	- This work is vital and is welcomed as a priority
Ethnicity and inequalities	- HOSC welcomes the depth of work which is being undertaken to ensure that data collection on ethnicity is not simply collected for the sake of it, but is used to ensure that this translates into better patient outcomes. The Trust is encouraged to make use of data from all suitable sources, including Public Health.
Acronyms	- It is asked that the Quality Account is checked to ensure acronyms are introduced in full the first time they are used throughout the document

Staffing levels and profile	- Given the high cost of employing locums the overall number is important to the Trust's level of resources. If possible, getting clarity on the number of locums employed beyond September 2022 would be valuable. - HOSC supports the development of career pathways, but it also recognises that as people skill-up and are promoted other people need to be attracted into the roles they vacate. Equally, it is important that staff are encouraged to stay working for the Trust so the investment made in staff is realised. The focus of the Trust through its People Strategy is deemed extremely important, but owing to its critical strategic importance there may be value in including some of its key measures as part of the Quality Account.
Medicines Safety	- HOSC welcomes that as part of the overall patient safety quality improvements that whilst the priority improvements are focused on specific medicines listed that these would be updated to include any medicine safety area that was brought to the attention of OUH as high risk.
Mortality rates	- Check consistency of figures within the document; both 2800 and 318 are referenced. Whilst there may be reasons for the differences the discrepancy is sufficiently large as to be worthwhile double-checking for accuracy.
Waiting times	- In addition to the publication of average (mean) waiting times, overall patient experience would be illustrated more fully by including both median and maximum waiting times also. - HOSC welcomes the offer of the OUH operations Director to meet with the sub-group of HOSC on recovery of clinical backlogs which are of great concern as part of a national issue of recovery. It would be helpful to know whether the national picture reported in the HSJ that March 2023 saw a rise in people being referred into the system and a marked increase in volume of those treated was also seen in Oxfordshire, the impact of this and whether April figures are also showing this.
Avoiding and managing complaints	- Although it is hard to make specific suggestions in relation to the avoidance of complaints and improvement of their management owing to the differences in the way they are handled, HOSC recommends that two overarching themes be incorporated so far as possible: ensuring that the Trust listens to complainants (high-level ones in particular), and ensuring there is a learning culture within the organisation to develop mitigations to the

	causes of those complaints. The Trust is asked to give consideration to it's development of new Quality Priorities on patient feedback to include complainants in a standardised evaluation about their experience of the process and indeed that being extended to members of staff who are complained about.
Overall comments	- HOSC wishes to thank OUH for it's quality report and for briefing the committee and again to extend our thanks to all who are working in the NHS or working with the NHS during a time of unprecedented pressures. - A learning culture is viewed as critical and welcomed by HOSC to the safety and wellbeing of all patients and staff. Whilst the Trust's priorities are laudible and have clear energy and commitment behind them, one measure by which they must be judged is whether they deliver improved outcomes. The resources of the trust, particularly staff time, are fungible, and work devoted to broader priorities can reduce the time and capacity available for front-line clinical activity. It is important that the Trust continues to monitor closely the quality improvements as absolutely vital to system recovery and patient safety. With this in mind HOSC would also advise that OUH liaison with stakeholders includes whether there are any processes which are not serving a purpose of improved patient or staff safety and wellbeing and are disproportionately time intensive and costly to the Trust.

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Divisions Affected – All

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

08 JUNE 2023

HOSC Annual Report

2022/23

Report by Director of Law and Governance

RECOMMENDATION

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

1.1 Note the requirement for the Committee to produce an annual report.

1.2 Agree the wording of the draft report, subject to any required amendments

1.3 Delegate to the Scrutiny Manager responsibility for the design of the final publication, and to make minor updates or amendments as required.

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. The Council complies with it by producing an annual report on its activity over the preceding year

5. The Constitution specifies in Part 6.1B s 23 that this report is to be produced in April each year. With the handover between Scrutiny Officers this for the year 2022/23 this has not happened, meaning that the report is currently overdue.

6. As this is a Constitutional requirement to report on the activity of the Health Overview and Scrutiny Committee it is important 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 2023. Instead, it is proposed that the Committee agree to sign off the text of the draft report and delegate the final design to the Scrutiny Manager prior to publication of the annual report in July to the County 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.

Financial Implications

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

    Comments checked by: Kathy Wilcox

    Kathy Wilcox, Head of Financial Strategy. kathy.wilcox@oxfordshire.gov.uk

Legal Implications

9. Part 6.1B, 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 not compliant with this requirement and should take steps to publish its Annual Report as soon as practicable.

    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.

Anita Bradley
Director of Law and Governance and Monitoring Officer

Annex: 1. Draft Text for Annual Report

Background papers: None

Other Documents: None

Contact Officer: Tom Hudson, Scrutiny Manager

May 2023

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Oxfordshire Joint Health Scrutiny Committee (HOSC) Annual Report 2022/23

Chair's Introduction

This annual report comes after a year where a number of critical themes for health services have converged – the creation of the local Integrated Care System (ICS), trying to return to 'business as usual' with pre-pandemic serious issues (flagged nationally by previous HOSC committees since 2016) and Covid's enduring effects across the country on waiting lists, staffing levels and wellbeing and the economy and labour market. These issues have posed unprecedented challenges for health services in maintaining service levels to local residents, and to those residents who have faced delays and disruption at times to their care, and also the voluntary sector organisations working alongside them. These challenges have required a commensurately greater level of involvement by the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) to fulfil its role to be a democratically-underpinned 'critical friend' to those providing health services to our residents.

The formal establishment of Integrated Care Systems (ICSs) on 1 July 2022 as a result of the Health and Social Care Act 2022, has made 2022/23 a challenging, but exciting year for the HOSC, as it looks to now scrutinise a wider, yet still evolving ICS and introduce itself to key system personnel and structures. Whilst, moving forward, the role of HOSCs remains very unclear in national guidance with regards to its role in relation to the Secretary of State's power to intervene, the Oxfordshire Joint HOSC has built up stronger relationships with different parts of the system to collaborate and produce a number of valuable, in-depth, scrutiny reviews.

As a product of this the Committee has made 11 formal recommendations to Health partners and cabinet; and provided critical feedback on proposals, most of which have been accepted, ranging from Primary Care, to Dentistry, Maternity Service, the Integrated Improvement Programme and Stop Smoking Services.

Reflecting this greater involvement and activity, I want to place on record my thanks to all the Committee Members, especially those who have volunteered on working groups in between full committee. I believe we are a great and maturing team; with an increasingly good overview as to the factors which affect the provision of healthcare across Oxfordshire. My thanks is extended also to those who were not reappointed to the Committee for the 2023/24 municipal year – Cherwell District Councillor Sandy Dallimore and South Oxfordshire District Councillor David Turner. It is standard procedure for the vice Chair of the Committee to rotate between District and City Council members. I would therefore like to put on record particular thanks to Cllr Paul Barrow as last year's vice-Chair for being such a strong source of support over the last year. With other departures, the committee also said goodbye to its longstanding and deeply appreciated co-opted member, Dr Alan Cohen. The people

of Oxford are fortunate to have had such a knowledgeable and hard-working champion working on their behalf.

Furthermore, I wish to name a few colleagues from across the healthcare system who have supported the Committee's business, though the Committee is acutely aware that there are many people who support them behind the scenes too.

- Ansaf Azhar (Oxfordshire County Council OCC)
- Karen Fuller (OCC)
- Dan Leveson, (Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board (BOB ICB)
- Julie Dandridge (BOB ICB)
- Sam Foster (Oxford University Hospitals NHS FT (OUH NHS FT)
- Dr Ben Riley (Oxford Health NHS FT (OH NHS FT)
- Helen Shute (OH NHS FT)
- Will Hancock, South Central Ambulance Service
- Rosalind Pearce and Veronica Barry (Healthwatch)

Thanks go also to OCC Cabinet members who have participated regularly in meetings and liaison with the committee including Mark Lygo (Public Health); Tim Bearder (Adult Social Care) and also to Judy Roberts (OCC and Vale of White Horse District Cabinet member who took part in the primary care deep dive workshop which gave consideration to the particular case of GP estate provision in Didcot).

Particular thanks must go to Eddie Scott, the Committee's Scrutiny Officer, who, although he has left his post at Oxfordshire deserves special mention for his exceptional contribution to the work of HOSC and without whom many of the HOSC's successes would not have been possible.

The fundamental purpose of the HOSC is to provide democratic oversight into the provision of our health services and to provide an alternative door for residents to share their concerns. Consequently, I am also grateful to all the members of the public that have engaged with the HOSC either by speaking at or sent letters to the Committee, including engagement from local stakeholders, including from Wantage Town Council Health Sub-Committee, Keep our NHS Public Oxfordshire, Keep the Horton General, and Didcot Against Austerity.

Cllr Jane Hanna, Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee 2022/23

About the Committee

The Joint Health Overview and Scrutiny Committee is a Joint Committee administered by Oxfordshire County Council and made up of 15 Members. It draws its membership from the County Council, the City and District Councils within Oxfordshire (Cherwell, Oxford City, South Oxfordshire, Vale of White Horse, West Oxfordshire), plus three non-councillor co-opted members.

The HOSC is fundamentally not a decision-making body. It does not have the power to change policy, at least not directly. Its remit is to scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authorities, which means it has the ability to bring those involved in those areas before it to discuss specific health services, using the knowledge and experience of its members, and their position as democratically elected members, to be a 'critical friend'. The most formal outcomes of the HOSC come in the form of written recommendations to specific service-providers, making suggestions as to ways in which those services might be improved. Scrutiny's power to influence policy, therefore, lies in identifying ideas for local improvement which are practicable within existing constraints and making a clear case for them. Those to whom recommendations are sent must respond to the HOSC in writing, usually within 28 days, the responses of which are published and form part of the public record.

The Committee's power is also to give improved clarity to where local improvements are constrained by national powers, resource and guidance; the committee has been able in these cases to make these local findings and correspond with government to seek support for local improvements. These have notably included consultation and improved clarity for democratic scrutiny; workforce planning; national contract arrangements for dentistry and devolution of capital funding for primary care estate.

Summary of Activity

HOSC Activity in Numbers

The Committee has met on X occasions, considered X substantive items over the course of the municipal year and made X recommendations

Key Achievements

The core measure of HOSC's success is not how much effort it has put in – the number of meetings it has held, the reports written and recommendations made. These are ancillary to its primary goal, which is, in doing its role, to effect positive change for residents.

i. **The Development of Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC)**

A major development this year has been the development and the formalisation of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC). The Committee is a joint Health and Overview and Scrutiny Committee made up of Councillors from Oxfordshire County Council and the unitary authorities of Buckinghamshire, West Berkshire, Wokingham and Reading and looks to scrutinise the Integrated Care System at a 'system' level, (rather than Place-based issues which are reserved to the OJHOSC).

Following two informal meetings of the BOB JHOSC in previous years, the Committee held its first formal meeting on 25 January 2023 in order to scrutinise the forthcoming BOB Integrated Care Partnership Strategy. At the meeting Cllr Jane MacBean, Buckinghamshire County Council, and Cllr Jane Hanna, Oxfordshire County Council, were elected as Chair and Vice-Chair of the Committee respectively.

Throughout the process there has been a collaborative tone to cross-council scrutiny by BOB OJHOSC members. However, during the first meeting of the Committee, it became apparent that there were a number of ways to develop the Committee and its working practices more effective. It was notable at the 25 January 2023 Committee Meeting, that only Cllrs Hanna, Champken-Woods and Levy were able to attend the meeting; and there is a need to make the meeting more accessible via making virtual attendance options available. In addition, there is a need to firm up, and develop a joint protocol in respect of the BOB JHOSC.

Many of the BOB JHOSC's comments on the Integrated Care Partnership (ICP) Strategy were taken into account on finalisation of the BOB ICP Strategy, as shown in the Report on the ICP Strategy Consultation.

ii. **Co-optee Recruitment: Extending Representation**

Within the membership of the HOSC there is space for three co-opted members. These members play two key roles on the committee – bringing in new knowledge and experience to the committee, and by virtue of being non-politically aligned giving deeper assurance to the public of the HOSC's independent and apolitical commitment to improving local resident health outcomes.

Over the last year, two co-opted members finished their terms: Alan Cohen and Barbara Shaw. With both having served two two-year terms it was necessary that the committee undertake an open recruitment exercise.

A key principle of the committee is the recognition that differential service levels in health services do not impact all residents in the same way. Typically, health inequalities weigh most heavily on those with the fewest spare resources. Consistently asking how existing health inequalities may be addressed is therefore an important part of the committee's mission, but this sort of challenge really relies on understanding the practical experiences of members in order to assess the robustness of any reply put forward. This being the case, the committee expressed a desire that in its recruitment exercise it should broaden its expertise and representation to groups whose voices may not necessarily be heard as loudly as their situation requires.

The result of the open recruitment exercise was that Barbara Shaw was reappointed as a co-opted member, and Siama Ahmed was invited to join the committee. Barbara Shaw has previously worked at a national level for the Citizens' Advice Bureau. She has shown tireless enthusiasm and great enthusiasm for the mission of HOSC and the committee is greatly strengthened for having her return. Siama Ahmed works professionally with asylum seekers, refugees and British survivors of exploitation, expressly putting forward on her application her wish to give voice to under-represented communities. She has experience as a non-executive director in a Primary Care Trust and the committee is really excited to have her on board. The HOSC is grateful that it has been able to appoint two co-optees with so much to offer.

iii. **The Reopening of the Midwifery-Led Units (MLUs) at Wantage Community Hospital and the Cotswold Birth Centre (Chipping Norton)**

The Committee were pleased to hear the news in early January of the reopening of the temporarily closed MLUs at the Cotswold Birth Centre and at Wantage Community Hospital, following the Committee's resolution to consider a report the temporarily-closed services within Oxfordshire and a completed substantial change toolkit form for the service. Maternity within

Oxfordshire and the temporarily closed MLUs had been a long-term area of work for the Committee, which included the Chair and a group of Committee members attending an OUH Stakeholder event during November 2022, which built upon the Committee's consideration of maternity during the 2021/22 municipal year. At the event HOSC Members provided a scrutiny perspective on discussions which would inform the trust's forthcoming clinical strategy for maternity and neonatal services. The post-Covid reopening of these local services is a significant improvement for those areas and the HOSC is glad to see its continued input has contributed towards their re-opening.

iv. **Improving Future Resident Access to Primary Care**

Following on from the Committee's consideration of Primary Care in May 2022, the Committee enjoyed a superb co-produced workshop session on Primary Care provision within Oxfordshire. The session explored the multi-faceted Primary Care workforce issues within Oxfordshire and BOB, the complexities in regards to providing Primary Care Estate and making use of developer contributions. The session also benefitted from invaluable input from a number of GPs and the Council's Property Services Team. Attendees would like to thank Dr Richard Wood, from the Local Medical Committees, for his engaging and provoking presentation on capacity within general practice and Dr Joe McManus and Dr Rachel Ward for their rich day to day insights from working in General Practice.

The findings of the workshop were provided to the Committee at its meeting in November where there were further discussions which resulted in a total of 3 recommendations to the ICB, a recommendation to Cabinet and a resolution to write a letter to the Secretary of State to highlight the need for Primary Care Estate to be a pre-requisite for major development, in relation to national planning policy, as well; as the requirement for devolved capital funding to ICB's for estates projects; and to highlight the national workforce issues relation to general practice. The submitted letter can be found as an appendix to this report. Moreover, following the Committee's recommendation for roles to be created within the ICB to work with District Councils at Place-Level to ensure timely requests are made and coordination of significant existing funds from Community Infrastructure Levy (CIL) and Section 106 Funds for Primary Care, it is intended that a new role will be in-cooperated into the new ICB structure, which will focus on liaison with local authority planning colleagues; and the more rapid utilisation of developer contributions for much-needed health facilities in areas of the county like the Vale of the White Horse, which have experienced some of the highest areas of population growth in the South-East region.

The Committee found the more informal workshop session, to be useful to better HOSC Members' understandings of the subject area, and to have greater detailed, open, discussions with health professionals and service users for the purposes of information gathering and reporting to the Committee at its next formal Committee Meeting. The Committee sees the Primary Care Workshop as blueprint to effective scrutiny work and look forward to a forthcoming workshop on Serious Adult Mental Health Services.

In addition, with the aim of encouraging better understanding in respect of the use of developer contributions for health facilities, and to promote greater partnership working, the HOSC looks forward to facilitating a workshop discussion between the ICB and District Council Development Management Officers and relevant Cabinet Members and Chairs.

v. Encouraging Co-working Over Wantage Hospital Bed Provision

Under legislation, one of the few legal powers available to the HOSC is to make a referral to the Secretary of State if a substantial change has been made to an element of healthcare provision without sufficient consultation by health care providers. The power to do this, however, is to be rescinded in July 2023. This being the case, after its April 2023 meeting, the final ordinary meeting of the municipal year, a sub-group of the committee held discussions with system partners to determine whether a substantial change had occurred in Wantage with the temporary removal of beds approximately seven years ago, whether sufficient consultation had occurred, and whether a referral to the Secretary of State was merited. The final outcome of this work is due to be determined in the next municipal year, but HOSC has recognised the complexity of the situation and consistently pressed for consultation and co-working between local and healthcare stakeholders to give the greatest opportunity to find a mutually agreeable solution. The outcome of HOSC's work to date has been to get clarity over NHS partners' timings for consultation around this topic, including the arrangement of a co-design workshop between local residents and NHS system partners. The decision to make a referral to the Secretary of State remains live, but ultimately the HOSC would see the need to involve external arbiters as a failure and hopes that the issues can be worked through at a local level.

Other HOSC Highlights from 2022/23

Below we go into greater detail about some of the Committee's activity and provide a greater sense of the work undertaken.

Elective Recovery Backlog Working Group

As a result of the greater scrutiny support, which the Committee has benefitted from, since January 2022, with the assistance of the Health Scrutiny Officer, the sub-group has been able to regularly, informally review the Oxford University Hospitals Board Papers in regard to the elective care backlog. The Group are looking forward to receiving a briefing from the Programme Director for Elective Care for the ICS. The Working Group looks forward to reporting back to the Committee in due course.

The Chair had calls with the Operations Director at OUH in the lead up to the NHS strikes and was able to get reassurance that the management team and staff at the hospital were doing all that they could do to manage an extremely challenging context for delivery of services.

South Central Ambulance Service

The Committee has been pleased to have welcomed representatives of the South Central Ambulance Service (SCAS) twice within the last year; in order to scrutinise their actions in response to their inadequate rating by the Care Quality Commission (CQC). The Committee are reassured that the Trust is making progress towards the identified areas for improvement in the CQC report and have built up a good relationship with outgoing Chief Executive Will Hancock. Further to providing valuable feedback to SCAS in regards to their Improvement Programme, the Committee is also looking forward to have taking a closer look at Oxfordshire Response time data by locality, once the SCAS technology allows the break-down of this data to Middle Layer Super Output Areas (MSOA).

Integrated Improvement Programme

The Committee continues to keep a strong interest as to the Integrated Improvement Programme, which aimed to provide an interconnected system of care to allow provision of reliable, high quality care; joining up community services provision and emergency care work.

This included a Committee Site Visit to Wantage Community Hospital to hear presentations from Oxford Health and better understand the outpatient pilot services which has been established as a result of the OX12 project which was established in 2018.

During its subsequent consideration of the Committee in July 2022, the Committee recommended that the funding to progress the establishment of the IIP Programme Management Office (PMO) and is considered and if approved, released at the earliest opportunity. The HOSC received a response from Oxford Health NHS Foundation Trust that the trust were committed to providing resources to support the transformation activities of the services in which it is the provider. . The JHOSC

recommendation that Oxford Health NHS Foundation Trust provides information relating to the governance of the IIP is partially accepted and the recommendation that funding to progress the establishment of the Integrated Improvement Programme's (IIP) Programme Management Office (PMO) is considered and, if approved, released at the very earliest opportunity is partially accepted. Oxford Health NHS FT has committed resources to support transformation activities linked to the services it provides, however some of this action lies outside of the remit of the Trust with the ICB. The Committee will be continuing to monitor and scrutinise the programme, including the appraisal of the reconfiguration of the county's community bed provision and the development of virtual wards; and look forward to receiving a report from the programme's new Programme Director during 2023 on whole system support and timescales for the programme.

The Oxfordshire Tobacco Control Strategy

In September 2022, the Committee considered the proposed changes to the Oxfordshire Tobacco Control Alliance's Tobacco Control Strategy and corresponding action plan. The Committee were pleased to endorse the Alliance's aim to achieve a lower than 5% of level of smoking prevalence within the County.

The Committee were able to provide valuable feedback on potential opportunities to conduct a piece of work to advertise stop-smoking services in the context of the Cost-of-Living Crisis at Foodbanks. Furthermore, the Committee also offered its

support to and suggested that there was room for the co-production of initiatives to reduce smoking prevalence amongst social housing tenants.

In April 2023 the Committee invited officers in to provide an update on the progress of this work and were pleased at the results. The one area of concern identified by HOSC members in September and April was the prevalence and normalisation of vaping amongst younger people, particularly at school. This is an issue which the HOSC considers to be a higher risk factor than official responses suggest and the committee will seek to continue to raise the profile of the dangers involved. This is especially the case since most recently the national media has published concerning research on vaping and toxicity levels of illegal vaping products being used by the young.

The Committee was pleased to see that schools were being provided with balanced video materials to ensure a clear and helpful message to the young about smoking.

Engagement

The committee has regular engagement with public speakers and Members at HOSC mainly concerned with the government reforms and the community strategy but also including end of life care and about changes in hearing loss services. The Committee received and took up questions on behalf of the public in between and at Committee on changing plans from protection to living with COVID, problems from patient group leaders with using the internet links provided by the CCG to participate in the BOB public engagement strategy and to champion the health needs of the Didcot community.

Care Homes

The Committee has been clear that all those working in health and care during the pandemic have gone above and beyond for our local population in the most challenging of circumstances.

Scrutiny and learning through those challenging times is viewed by the committee as valuable not only for bereaved families and key workers but for future prevention. Member reports on the First Thirty Days of Covid-19 and a piece on Infection Control in care homes had been supported by worthwhile discussions with the Director of Public Health and the Interim Executive Director – People, Transformation and Performance. Members undertook an insightful visit to Henry Cornish Care Centre, which was an exemplar for effective infection control in a care home setting, and a report on the visit was compiled and presented to the Committee. The Committee is keen that these findings are not lost and are used to inform future findings and recommendations on a national level about infection control and the country's Covid-19 pandemic response. However it is understood by the Committee that the Local Government response to the national Covid-19 Inquiry is being coordinated by the Local Government Association under national rules for engagement and it is unlikely that there will be a role for Scrutiny Committees to submit information to the inquiry.

This is most concerning given the valuable work of the JHOSC committee which included local learnings agreed within Oxfordshire County Council since 2020.

Dentistry

Healthwatch is a statutory body to act as health and social care champions for the local community. Their work and that of HOSC is complementary, with Healthwatch providing a lot of excellent feedback on the practical issues experienced by the types of people whose voices are not always heard. In April 2023 the committee received an update from Healthwatch identifying the huge challenges residents face in accessing dental services on the NHS, and another report from NHS commissioners on their challenges about reducing numbers of NHS dental providers, staffing challenges and funding levels. This topic illustrates the challenge HOSC faces in delineating between national-level issues, which it has minimal influence over, and local ones, where it can make a tangible difference. HOSC cannot make more dentists receive training, but it can and did look at ways of ensuring dentists wanting to work in the area are not put off by bureaucratic hurdles. It was able to also identify a particularly high area of dentistry underspend in Oxfordshire because of especially low activity in NHS dentistry and make a recommendation that this underspend is used to invest in a work programme in Oxforshire aimed at helping the most vulnerable. A further strong outcome of the meeting was the recognition that Oxfordshire is one of the areas nationally which does not add fluoride to its drinking water, and doing so would have immense clinical benefits to oral health. Indeed, Poor dental health in children under 5 is the leading cause of admission to A and E and poor dental health in all is associated with higher risk of other physical disease. At a time of unprecedented challenge in health and care consideration of the most effective way of addressing this is vital. Recognising that any additions to water can be controversial, the committee has agreed to write to the Secretary of State to consult on whether this might have public support and has notified local authorities of this intention.

Looking Ahead to 2023/24

Staffing and Capacity

One of the core themes of HOSC's scrutiny this year has been over workforce issues, which has illustrated time and again the pivotal factor staff capacity is in delivering an organisation's objectives. The HOSC is itself, at present, in a state of transition regarding its staffing and resourcing. The Committee's dedicated Scrutiny Officer, the highly-valued Eddie Scott, left employment at the County Council in March 2023. The timing of this changeover means that it has been impractical to undertake the planning which would be expected of the committee in terms of work programming and developing priorities for the forthcoming year. However, whilst delayed until the newly appointed Scrutiny Officer, Dr Omid Nouri, comes into post in early July 2023 the future staffing of the committee does look very bright. Dr Nouri has transitioned from academia, and lecturing in politics specifically, to applying those skills more directly and has been working as a Health Scrutiny Officer at Surrey County Council. In addition to this, over the coming year the Scrutiny function at the County Council will be expanding, with a dedicated Democratic Services Officer to be recruited which will add significant extra capacity to the Scrutiny team across the Council.

Whilst the new officer joins in July, the short-term priorities are agreed. Over its June meeting it is scheduled to look at the Quality Accounts (similar to an annual report) of Oxford Health and Oxford University Hospitals NHS Foundation Trusts and End of Life Care in the county, whilst in September the committee will consider the multi-organisational Health and Wellbeing Strategy, and specific work on obesity.

Further to this, there are some clear themes which can be committed to over the forthcoming year:

Wantage

As detailed elsewhere, the temporary closure of beds at Wantage Hospital has been a high-profile issue locally and the committee has helped to move the discussion forward. The HOSC sees its role in resolving these issues not simply as a participant in discussions between stakeholders, but also partially as a facilitator and will seek to support constructive discussion between relevant health and non-health stakeholders with hopeful resolution in 2023.

BOB JHOSC

The Oxfordshire HOSC and the wider-area BOB JHOSC are technically different from one another, but the membership and functions of them have so much cross-over that forthcoming steps concerning the BOB JHOSC merit being included as an aim for the Oxfordshire HOSC. Though over the last year the Terms of Reference for the BOB JHOSC have been agreed by its constituent councils and it has met once,

practically much is required to integrate this new body into the existing structures of Scrutiny and governance. It is important that the BOB JHOSC operates in such a way that it can truly work on issues of relevance across the Buckinghamshire, Oxfordshire and Berkshire West area, but that it does not simply add a layer of duplicate scrutiny to that which is already happening in Place-based HOSCs such as Oxfordshire, or move the level of scrutiny to such a broad area that the views and concerns of individual residents are lost. The BOB JHOSC will be an important feature of health scrutiny, impacting on local people, but there is much work to be undertaken to ensure that it operates effectively and efficiently within current structures. National resources and guidance on ICS level democratic scrutiny were not part of the outcomes of the Health and Care Act. HOSC members will continue to seek to shape and develop this to ensure this aim is realised.

Further Increasing Diversity, Engagement and Representation

When a co-optee position arose over the last year, the committee made a conscious decision that it should seek to develop the diversity of its membership and thereby to strengthen the representation of lesser-heard voices in our community. As mentioned above, the committee is delighted that Siama Ahmed has joined, with her professional insights into the needs of asylum seekers, refugees, and British survivors of exploitation. To avoid being a tick-box exercise, the committee's commitment to improving its diversity, engagement and representation must not simply be a one-and-done action but an ongoing challenge of constant improvement. The HOSC will seek, therefore, to identify ways it can be more open to the public, particularly those whose voices are rarely heard or who are disproportionately impacted by specific heathcare policies, to ensure that their concerns and expertise are given full consideration in healthcare delivery decisions.

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Work Programme to Sept 2023
Joint Health Overview and Scrutiny Committee (inc BOB HOSC)

Cllr J Hanna OBE Chair | Tom Hudson tom.hudson@oxfordshire.gov.uk

HOSC COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Type	Report Leads
08 June 2023				
Oxford Health NHS FT Quality Account	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review the Quality Account of the Trust, specifically, the quality objectives for this year and the next.		Jane Kershaw – Head of Quality Governance from Oxford Health NHS FT
End of Life Care – Children and Adults	Support carers and the social care system	Understanding the palliative care project: Hospital Rapid Response; how it has integrated with existing pathways and provides a better service for those on the EOL pathway and their families.		Professor Bee Wee (OUH) and the RIPEL team (OUH, Macmillan and Sobell House Hospice) Cllr T Bearder Karen Fuller

Extraordinary Meeting (Late June, if required)				
Wantage Hospital Referral Decision	Prioritise the Health and Wellbeing of Residents	To decide whether to make a referral to the Secretary of State concerning Wantage Hospital		Scrutiny Officers
Place Partnership Boards	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To brief the Committee on the proposed operation and function of Place Partnership Boards		Dan Leveson, Place Director BOB ICB
21 September 2023				
Health and Wellbeing Strategy	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To consider the pre-adoption draft of the Health and Wellbeing Strategy	Overview and Scrutiny	Ansaf Azhar, Director of Public Health
Full System Approach to Obesity	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To consider a report detailing the cross-working approach to tackling obesity within the county.	Overview and Scrutiny	Ansaf Azhar, Director of Public Health

SUB GROUP / WORKING GROUP

OXFORDSHIRE COUNTY COUNCIL

SUB GROUPS / WORKING GROUPS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**
COVID-19 Sub Group (commenced)	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review publicly available papers on the elective recovery backlog and report to HOSC.	To be assured that the targets in plans for the recovery of elective care are being met.	Cllr Jane Hanna Jean Bradlow Barbara Shaw Cllr Damian Heywood
Integrated Improvement Programme Sub-Group	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To consolidate existing unanswered questions; To monitor the progress of the implementation of the Integrated Improvement programme. To analyse the evaluations of the Outpatient Pilot. To seek clarification and assurances on the previous commitments made in respect of the Wantage Community Hospital.	To drive better outcomes.	Cllr Jane Hanna Cllr Paul Barrow Barbara Shaw Jean Bradlow Cllr Imade Edosomwan

![Oxfordshire County Council logo]

BRIEFINGS FOR MEMBER INFORMATION

BRIEFINGS				
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**

None scheduled at present.

ITEMS DEFERRED FROM WORK PROGRAMME 2022/23					
Name	**Relevant strategic priorities**	**Description**	**Outcomes**	**Members**	**Comments from Health Scrutiny Officer**
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 | Agreed to swap HPS out of the programme and place Smoke Free in the programme as agreed at Committee on 9 June. This item will stay on the deferred programme in the event that Members wish to consider it for 23/24 |
| Funding For Children's Mental | Create Opportunities for children and young people to | To understand current and future funding position based on the need to manage | Funding For Children's Mental Health from the BOB ICB | Create Opportunities for children and young people to reach their full potential | Report won't be ready for July 2022 meeting. Suggest members |

Health from the BOB ICB	reach their full potential	current CAMHS demand and any future demand			use this subject as a key line of enquiry as part of ICB 5 Year Joint Forward Plan strategy conversations and any financial planning rounds.

OXFORDSHIRE COUNTY COUNCIL

BOB HOSC COMMITTEE BUSINESS

Topic	Purpose	Type	Report Leads
15 June 2023			
BOB Joint Forward Plan (Formerly the 5 Year Plan)	To scrutinise and offer feedback to the Integrated Care Board on the proposed Joint Forward Plan for the next five years.		Representatives of the Integrated Care Board (Catherine Mountford to confirm in due course)

Report to the Oxfordshire Joint Overview Scrutiny Committee

8th June 2023

CONTENTS

Update since the last Health Overview Scrutiny Committee (HOSC) Meeting April 2023:
Healthwatch Oxfordshire reports to date:

https://healthwatchoxfordshire.co.uk/reports

Since the last meeting in April we have published the following reports:

- Healthwatch Oxfordshire **community outreach visits** 2022-3 (April 2023)
- **Long Covid** (May 2023)
- **What we have heard about Hospitals** – summary of patient feedback 2022-3 (June 2023)

We have also produced:

- A '**mystery shopper**' report on access to NHS dentistry in Oxfordshire https://healthwatchoxfordshire.co.uk/news/accessing-nhs-dentists-in-oxfordshire/. This was a spot check to assess how many NHS dentists were accepting adult and child patients during one week in April.
- **Two of three podcasts** have been released following work with **Oxfordshire Youth** to hear about young people's views on health and care https://healthwatchoxfordshire.co.uk/our-work/our-podcasts/. The third episode will be published in June, and were created by young people themselves on topics of importance to them.

- We held a **patient webinar** on May 26th with South Central Ambulance Service (SCAS) https://healthwatchoxfordshire.co.uk/ppgs/patient-webinars/
- We held an **Open Forum** on May 23 for people to meet our Board of Trustees, ask questions and hear about our work, including our 2022-23 Quarter 4 Activities Report https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/
- Face to face **outreach** at Wantage Health and Wellbeing Event, Witney Pride and the John Radcliffe Women's Hospital
- Closed a survey on Podiatry and Footcare - report due in June

We published three **Enter and View** reports on visits to different services:

- Accident and Emergency Department at the John Radcliffe Hospital (April 2023)

- Oxford Children's Hospital (April 2023)
- Langford View Care Centre, Bicester (May 2023)
  https://healthwatchoxfordshire.co.uk/our-work/enter-and-view

Key issues we are hearing from the public:

We continue to hear about the lack of access to NHS dentistry, GP waiting times and access, waiting times for Mental health services, autism diagnosis and SEND.

Healthwatch Oxfordshire's Annual Impact Report for the year 2022-23 will be published at the end of June 2023, along with an online presentation event open to the public on July 4th 2-3 pm.
https://healthwatchoxfordshire.co.uk/event/healthwatch-oxfordshire-a-celebration-of-our-work-over-the-past-year/

Overview of Healthwatch Oxfordshire activity January – March 2023

Activity update

Overview of our achievements January – March 2023. For full report on Quarter 4 activity see here: https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes
Between **January and the end of March 2023** we heard from/engaged with **3,606 people**.

Points of note include:

- 92 people received signposting support
- 66 Feedback Centre reviews on our website
- 3,013 people actively engaged with our social media channels
- 392 people have been heard from during our outreach, research and engagement with voluntary and community organisations
- Reported on 3 Enter and View visits where we heard from 43 people this included service users and staff

Our support for **Patient Participation Groups** and Primary Care Networks, funded by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB),

continues. We continue to hold patient webinars including one at the end of March focusing on '*How is your health and care changing*?' with a presentation by Dan Leveson, Oxfordshire Place Based Director for BOB ICB and attended by 42 people. We attended 6 Patient Participation Group/Primary Care Network meetings and events over this period.

Outreach activity January – March 2023:

'On the streets' outreach to listen to the public took place at Thame Market, outreach with Rycote Patient Participation Group, Wallingford Health Fair, Carterton Warm Spaces and out on the street, Barton Health and Wellbeing Network café, Better Together Event for SEND (hosted by Oxfordshire Parent Carers' Forum).

We attended Oxford Community Champions events, and supported learning about how to comment and complain about health and care, and other health service information. We were at the Nuffield Orthopaedic Hospital as part of our regular hospital visits and we spoke to 112 people thereIn all we heard from or contacted 257 people at these events.

Healthwatch Oxfordshire linked into Oxfordshire Men's Health Partnership #30 Chats in 30 Days campaign by having 30 conversations with working men in Carterton. During January we completed this outreach and spoke to a further 18 men in Carterton and published the report in February, with a total of 32 men engaged, the report is now available on our website. https://healthwatchoxfordshire.co.uk/summarised-reports/men-in-carterton-summary-report/ The report was shared with Oxfordshire Men's Health Partnership.

Signposting January to end March 2023

During this period **92 people** contacted us to tell us their experience of using services and to give their feedback. People contacted us about a range of services including NHS dentistry, GP services, mental health services and physiotherapy.

The **top three issues** people contacted us about were dental services, GPs and hospitals.

27 people got in touch to give us feedback on **dental services -** 26 people wanted help to **find** an **NHS dentist.**

GP services - 24 people contacted us to give us feedback on GP services, 10 of these needed help in registering with a GP. We signposted people to BOB ICB.

Healthwatch Oxfordshire reports to external bodies

We published reports to the Health Improvement Board (Feb 2023) Oxfordshire Health and Wellbeing Board (March 2023) and Oxfordshire Joint Health Overview Scrutiny Board (HOSC in February 2023). External bodies that we attend and these reports can be found online at: https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

Priorities for 2023-24

Healthwatch Oxfordshire published its priorities and work plan for 2023-24 https://healthwatchoxfordshire.co.uk/about-us/our-priorities/. These were developed from a number of sources including what we hear from the public via face to face, feedback, and an online priorities survey in December 2022 - January 2023 (253 responses). See here for summary https://healthwatchoxfordshire.co.uk/wp-content/uploads/2023/03/Priorities-survey-summary.pdf), as well as review of health and social care policy developments, and reflections from our research projects.

Appendix A

What we have heard about Hospitals

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

We have produced a summary report from patient feedback via Healthwatch Oxfordshire online and paper forms on hospital care (Oxford University Hospitals NHS Foundation Trust) between **April 2022- May 2023**.

We heard from 109 patients during this time about the care they received at John Radcliffe, Horton, Nuffield and Churchill Hospitals.

➢ For all 109 reviews across all OUH hospital sites (Churchill, John Radcliffe, Horton and Nuffield Orthopaedic) overall **average rating was 4 stars** ('Good')

➢ Overall people **valued the care, professionalism and support from staff** across the hospitals

➢ People **valued clear communication** and information about their care

➢ People recognised the **pressures on hospital services** including on staff and waiting times. Some impact was reflected in quality of patient experience of particular services, for example in Accident and Emergency

➢ Comments for improvement reflected experiences of parking and disabled access parking, cleanliness, waiting times and support and facilities whilst waiting

> *"I will honestly say I enjoy coming there. Lovely staff, well looked after, and very understanding nurses, they work so hard, and they put you at ease"*

> *"I received excellent communication from the consultant and don't think it could be improved"*

> *"Parking an absolute nightmare. Makes you completely stressed before you enter the hospital for your appointment"*

> *"PARKING - especially hard if the patient has mobility problems and needs picking up"*

> *"From arriving at A&E in ambulance from leaving Abingdon I had first class service. Everything explained to me. GREAT SERVICE, ladies well done for keeping so calm"*

> *"Although the waiting time was 4.5 hours on a Saturday evening, all of the staff were very professional, reassuring, friendly and kind. I felt that the atmosphere in the A&E department was of warmth and kindness which I really appreciated"*

> *"Left in ambulance for an hour. Then hours in corridor"*

> *"The staff on an individual level are doing their best to keep up with demand. But overall, the current system is not working. Waited over 18 hours to be seen by the psychiatric team during an acute suicidal crisis. Wasn't enough chairs in the waiting room, so I slept on the floor for most of that time"*

Stories of Palliative and end of life care

In April, Healthwatch Oxfordshire had contact with Oxfordshire Palliative Care Network, Helen and Douglas House and also visited South Oxfordshire Palliative Care Hub to meet with members of the Sue Ryder nursing team.

To input into HOSC Agenda Item on end of life care, the following patient stories have been provided to Healthwatch Oxfordshire by Sue Ryder Foundation South Oxfordshire Palliative Care Hub with patient permissions: (**Note:** these were not collected by Healthwatch Oxfordshire)

Patient Stories: provided by Sue Ryder Foundation – South Oxfordshire Hub

<u>**Mark's Story**</u>

Mark's brother James was cared for by Sue Ryder nurses at home and then moved into Sue Ryder Duchess of Kent Hospice.

"My brother was always very sporty and active so it was a real shock for all of us when he was diagnosed with cancer in his spine at the age of 25.

James moved in with me and my family, then a Sue Ryder Nurse from the community team came to visit us, explaining what she could do for James and us. It was very difficult for all of us, but from day one she was amazing.

James had a wish list of things he wanted to do, including going abroad to watch some football matches and going on a cruise with all of his friends. The nurse was heavily involved in making it all happen, making sure he had any medication he needed, organising his medical notice to go abroad and arranging for him to have a blood transfusion if his platelets were low.

The nurses knew the stress I was under looking after James while holding down a full-time job, so they would also arrange for us to go to the hospice together to get massages with their complementary therapists which was great. Some of the hospice volunteers also made a special comfort blanket for my daughter.

James wanted to stay at home for as long as possible, but it got to the point where it was too difficult and going into the hospice would make things a lot easier for him. He was in the hospice for about a week and I was there every second of the day.

All the staff do their jobs to an amazing standard, but at the same time they have that extra human touch. James actually passed away on my daughter's birthday and that morning the nurses organised for a cake to be brought in so he could sing happy birthday to her with us.

After he passed away the support didn't stop there and the family support team at the hospice provided counselling for me and regularly checked up on me to make sure I was doing OK. They went one step further than they ever had to.

I think most people assume hospices are for older people, but they also care for patients who are younger than me and my friends. People forget about hospices until they need them and it's so important that people know about all the amazing care they provide"

<u>Anita's Story</u>

John was diagnosed with mesothelioma, a type of lung cancer, in January 2019. As his health deteriorated earlier last year and lockdown began, John was able to spend his final days at home with his wife Anita, with support of nurses from Sue Ryder Palliative Care Hub South Oxfordshire.

"I don't think I realised what it would be like as John's illness progressed. He really didn't want to go into a hospital or hospice - he wanted to be at home.

We were referred to Sue Ryder by the oncologist. To start with, they were just keeping in touch and he didn't feel that he needed much help as he was still fairly active. As it got closer to Christmas, he got weaker and we started to see more and more of the Sue Ryder team. It started with fortnightly visits and regular phone calls, and they also advised us on John's medication and an occupational therapist came out to us.

There was a stage where he was still active and we needed a wheelchair to get him out a little bit. A wheelchair arrived and I felt like we were really looked after. If we mentioned something, it was really well explained to us or another service would be recommended. It was so reassuring.

I found that when the Sue Ryder team came to visit, they always made John more comfortable than he had been before they arrived. When John was still able to speak he would say to them, 'I don't know why you do this', and they would say, 'Even small things can make such a big difference', and I felt that was very special.

I was always quite relieved to see the Sue Ryder Nurses. They made everything a bit easier. They were doing three visits a day – morning, afternoon and evening – near the end and I was also given a number to call for support at night time. I just didn't know what to expect with John's illness. I remember when the nurses first suggested we should get him a special bed; I couldn't believe it, but actually he needed it quite quickly. They just knew what they were doing"

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NHS
Oxford Health
NHS Foundation Trust

ANNUAL QUALITY ACCOUNT 2022 - 2023

Working together to deliver the best for our communities, our people & the environment

| Caring | Safe | Excellent |

MISSION

VISION

VALUES

Outstanding care by an outstanding team

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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 (2022/23) at achieving our goals. It also looks forward to the year ahead (2023/24) 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

At Oxford Health we provide:

- **Mental health, autism and learning disability services** all ages in Buckinghamshire, Oxfordshire, Swindon, Wiltshire, Bath and North East Somerset.

- **Community physical health services**, such as district nursing, community dental services, podiatry, community hospitals, health visiting, school nursing, a homeless GP and urgent care services across Oxfordshire.

Our services are delivered at community bases, hospitals, clinics and in people's homes. We focus on delivering care as close to home as possible.

In everything we do, we strive to be caring, safe and excellent. The care we provide is rated overall as 'Good' by the Care Quality Commission (CQC).

We employ around **6,500 staff** who work across **150 Trust sites** and provide services to a population of **2.5 million people.**

We believe working in partnership with our patients, families, other care providers and academic institutes is the best way to achieve high quality care. There are many examples throughout the Account of how we do this.

We lead three NHS Provider Collaboratives in specialised mental health, learning disability and autism services, to manage whole pathways of care on regional footprints. As lead provider we take responsibility for the oversight of the delivery of services and encourage collaboration to provide the best possible care for patients. We have seen significant successes achieved by the collaboratives including the continued repatriation of patients closer to home, the lowest percentage of out of area placements for children in the Country, as well as developing a children's Hospital@Home service. The eating disorder team have been innovating and adapted CBT treatment into Integrated CBTE which has been shown to have positive outcomes for patients and won a national award.

The Collaboratives are;
- For Me, Thames Valley and Wessex Forensic Network (inpatient services), working with 8 providers
- Thames Valley Children and Adolescent Mental Health inpatient services, working with 3 providers
- HOPE[1] Adult inpatient Eating Disorder network (South East Region), working with 3 providers

[1] HOPE stands for Healthy Outcomes for People with Eating disorders

We are also developing the Thames Valley Community Dental Services partnership. Community Dental Services provide dental care for people who are unable to access care from a general dental practitioner due to specific/complex needs. Over the part year the partnership has grown with numerous collaborative quality improvements and innovations taking place across all three NHS Trusts, we hope to formalize the agreement in 2023.

Staff from the East Oxford Dental Clinic

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, and the voluntary, community and social enterprise sector. We agree shared priorities and work together to resolve the most challenging issues.

In 2022/23, we launched the Buckinghamshire, Oxfordshire and Berkshire Mental Health Provider Collaborative with Berkshire Healthcare NHS Foundation Trust, in partnership with the Integrated Care Board (ICB). The aim of this provider collaborative is to lead the transformation of mental health services at scale in the ICS, focusing on improving quality of care and addressing health inequalities.

Some examples of patients benefiting from the initiatives led by Oxford Health Arts Partnership

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

I am proud to introduce and share Oxford Health NHS Foundation Trust's 2022/23 Quality Account.

It has been quite a year! There have been extraordinary challenges including a major cyber incident that rendered some of our most important electronic systems inoperative for several months and alongside this we are managing increasing demand for services with limited resources. However despite this, we have continued to deliver services and care for thousands of patients whilst introducing many innovations and improvements to care. This is a considerable achievement and is as a result of our amazing staff who have shown dedication, ingenuity and kindness.

We are committed to reducing the number of staff vacancies and improving the well-being and support offered to our staff, shown through many examples in the Account and the quality objectives we set in 2022/23. We have introduced a range of awards to recognise and celebrate those who have gone the extra mile, some of these are shared in the report. We have a work programme focused on improving recruitment, retention and reducing agency use. The amount of activity around recruitment and the number of new staff appointed was higher in 2022/23 than the previous year however the number of vacancies is still high at 11% of roles. We will continue to work on this locally and also as part of a wider system.

It is our aim to keep patients and their families at the centre of what we do, and we have a dedicated section in the Account to share some of the work this year. We will keep building on this so that services are co-designed and co-produced.

Our 14 quality objectives for 2022/23 were ambitious and we have not fully achieved everything we set out to, although we have made progress against all and I am pleased to say for many of the objectives we have been able to demonstrate an impact on patient care and staff well-being.

I attach a great deal of importance to the culture of our Trust and ensuring that it is one that puts the patient first, is compassionate, inclusive, empowers and is always looking at ways to learn. Hence our focus throughout 2022/23 has been on

supporting staff, listening and embedding an ethos of continual quality improvement. On average we have around 100 active quality improvement initiatives happening at any time. Quite a few of the improvements and achievements we have made are detailed in the Account. We have also shared our progress on delivering the NHS national priorities to transform services.

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. The Trust is ranked 3rd nationally for the number of National Institute for Health Research portfolio studies which people participated in, with 49 new studies being opened in 2022/23.

Good healthcare is 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 leading a number of provider collaboratives and see these alongside the Integrated Care Systems as essential to support and provide the leadership required to put services on a sustainable footing. As well as resolve the considerable difficulties we are now facing.

I hope you enjoy reading the Account and see the progress we have made in the last year. I am confident we will keep improving and developing the care we provide to patients and their families.

==Add signature.==
Dr Nick Broughton, Chief Executive

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We are driving forward to make Quality Improvement 'the way we always do things here' so that we are continuously learning and improving to develop the care we provide.

The Trust has established the Oxford Healthcare Improvement Centre to provide; training and support for quality improvement projects, enable collaboration, sharing of outcomes and horizon scanning for future projects. Our aim is that improvements to patient care are always co-produced with patients and their families.

The Trust has a Quality Improvement Strategy with some of the key achievements in 2022/23 being;

- To build capability three levels of training have been developed and rolled out from level 1 on awareness to level 3 which provides simulation training to become a quality improvement coaches. The training is available to staff and patients/carers involved in quality improvement.
- Monthly QI cafes have been established as relaxed, informal space for staff to discuss ideas for change and any help needed
- A series of podcasts have been recorded to share learning, as well as a Trust-wide QI conference in October 2022 involving staff and patients.
- We have also shared our learning and successes with other organisations at a number of external conferences and through five publications of our work including Improving personality disorder care across mental health services: a system-wide approach
- Creation of QI hubs in each directorate to bring together people to focus on QI activity within services. The hubs provide support and oversight of activity to embed our approach and sustain improvements.
- QI has gained significant momentum in the Trust over the year, with on average 100 QI projects open and active at any one time.

Below are some of the recent Quality Improvements projects we have undertaken. There are lots more examples of the improvements we have made to patient care throughout the Account. The majority of quality objectives in 2022/23 took a quality improvement approach.

- Reducing the use of restrictive practice – projects have occurred across a number of wards
- Increasing co-production in care planning – community mental health team
- Person-centred care in community hospitals
- Improving the standardisation and efficiency of occupational therapy initial contact and assessment within a mental health inpatient service
- Improving mealtimes for patients and staff within an eating disorder unit
- Bringing nature into CAMHS inpatient services: reflections for the implementation and integration of training into practice
- Improving sexual safety in mental health
- The use of simulation based learning to overcome barriers to Quality Improvement within NHS services
- Improving the uptake and quality of staff appraisals

We are involved in the following regional and national collaborative QI work:
- Inpatient ligature harm minimisation the in the built environment
- Conducting therapeutic observations in mental health inpatient settings

We have received funding to carry out work on;
- Mapping trauma-informed practice at an integrated care system level: a realist synthesis
- A simulation-based education intervention for facilitating therapeutic meal support in the dining room of an adult inpatient eating disorders unit: a feasibility study

<div align="center">Page 60</div>

5. Key Achievements and Awards over the Year

There are many examples throughout the report of our achievements this year, however we also wanted to highlight the below.

Our pioneering use of enhanced cognitive behaviour therapy (CBT-E), developed with Oxford University, has reduced readmissions for people with anorexia by a remarkable 70% in a year. The HOPE Adult Eating Disorder Collaborative was named the national winner of the Excellence in Mental Health Award, NHS Parliamentary Awards 2022.

Hear Mollie's inspiring story of hope, a former patient who has had this treatment see article

Clinical team involved and *patient who received the treatment and is helping us.*

The Oxfordshire School Aged Immunisation Team have worked hard this year to increase the uptake of immunisations in those who either missed their vaccination due to the pandemic or who were eligible for their routine vaccinations during the academic year but for whom no consent form had been submitted by the parent/carer. To increase uptake text messaging to parents who had not submitted a consent form for the flu vaccination was introduced prior to the vaccination sessions in school and this has had a remarkable effect on increasing the number of consents received. In some schools this increased consent rates by over 50% and has now been introduced across all the school based immunisation programmes.

Buckinghamshire IAPT service (Improving Access to Psychological Therapies) has been working on increasing referrals and access to treatment through postal campaigns and radio marketing as well as closer working with the University including having a clinic within the University. The service to asylum seekers and refugees has been increased including working with the refugee hotels. The service has also worked with Berkshire, Oxfordshire and Milton Keynes NHS Talking Therapy services on a Staff Wellbeing Strategy to maintain good workplace wellbeing and support sustainable services for patients. The strategy has been designed by and for NHS Talking Therapy staff. The strategy has been successful and shared nationally for other services to model.

We have introduced ePMA (electronic prescribing and medicines administration) to replace paper drug charts with a system that supports prescribing and administration of all patient medication. As a Global Digital Exemplar site, Oxford Health has had the funding to invest in ePMA. Two mental health wards have gone live, and it has had an immediate impact on reducing missed and delayed doses of medicines, avoiding significant drug interactions and ensuring safe prescribing in patients with allergies. It has also significantly reduced the time for nurses to complete medicines rounds, releasing their time for care. ePMA will continue to be rolled out to other mental health wards, our community hospital wards and then to mental health community teams.

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Oxfordshire Community Dental Services – going to the Witney dental clinic has been made a lot more relaxing following the addition of special LED ceiling screens that show either a soothing static image or can play a choice of nature themes films. They are designed to help relax and distract anxious patients enabling the dentist to examine them and carry out treatments. They have already been shown to reduce patient's anxiety levels, particularly in children. These installations have been made possible with funding from the Oxford Health Charity.

The Buckinghamshire early intervention eating disorder service (FREED) is live, providing support for eating disorder patients between the ages of 18 – 25. Engagement with young people and their views of FREED was commissioned from Healthwatch. School nurses, GPs and Oxford health staff were trained on eating disorders by the charity BEAT. A review of adult eating disorder services has started.

Ofsted rated Oxford Health NHS Foundation Trust's apprenticeship scheme as 'Good' across all five categories

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Below is a selection of a few of our winners from the monthly exceptional people awards, the DAISY award (for nurses) and the BEE award (for allied health professionals) - all celebrated for going the extra mile.

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6. Developments supported by the Oxford Health Charity

The Charity and Involvement team have continued to provide support to enhance the experience of patients, carers and staff in 2022/23 through Trust volunteering, the Oxford Health Charity (OHC), the Oxford Health Arts Partnership and informal community group engagement for the Trust. Some of the key areas we want to celebrate are described overleaf.

A big thank you to our **180 volunteers** and fundraisers.

Annual football tournament to raise awareness and fundraise.

Nurses from the Community Children's Nursing team undertook a marathon walk to raise money for ROSY.

The first Oxford Health Arts Partnership Strategy was launched in 2022 with the overall vision of 'Inspiring recovery, wellbeing and growth through creativity'. The annual report produced at the beginning of 2023 reflected on the significant achievements of the first year of this strategy with over 3200 participants joining the 473 arts sessions delivered through the year across services.

A bespoke mural from a local artist, new flooring and toys transform the children's waiting area at Abingdon Minor Injury Unit. The artwork was funded by the Oxford Health Charity.

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CHARITY & INVOLVEMENT ACHIEVEMENTS

The Charity & Involvement Team is responsible for the Oxford Health Charity, Trust volunteering, community engagement and the Oxford Health Arts Partnership (OHAP).

⭐ FUNDRAISING & SUPPORT

In-person fundraising returned in 2022, following the reduction in COVID restrictions, and the team supported events at the Blenheim 7k, Oxford Half and a local football tournament. Over 300 requests for funding were received from teams across the Trust seeking to enhance patient, carer and staff experience.

⭐ MAKE YOUR REST AREA SHINE

The Make Your Rest Area Shine programme was launched in early 2022 to support staff wellbeing. Over 60 teams requested support and OHC provided care packs, beanbags, activities and kitchenware to them over the following months.

⭐ WILTSHIRE VOLUNTEERS

A successful bid to develop volunteering to support the waiting well through NHS England Volunteering Programme, has led to the introduction of volunteers in the Wiltshire Eating Disorder (ED) service - with roles supporting patient groups, individuals attending initial reviews and those on the waiting list.

⭐ INSPIRING IMPROVEMENT

OHC hosted its first Inspiring Improvement Programme with Oxford Healthcare Improvement and received five strong projects for consideration from existing QI leads. Three of the projects related to green spaces developments, one to trialling a Long COVID support pilot and one to support individuals being discharged from long-term care.

⭐ HEALTHFEST

HealthFest 2022/23 was delivered across four months, 47 hours were focused on staff wellbeing with overwhelmingly positive feedback. Sessions were held both in-person and online enabling engagement from across the Trust.

⭐ VOLUNTEER TO CAREER

Following a successful bid to be one of 10 Trusts developing Volunteer to Career programmes with the support of Health Education England and Helpforce, we have introduced a new approach to support individuals seeking a way into the NHS through volunteering. The project is being piloted in Wiltshire ED services and will expand into other areas in 2023/24.

⭐ APPEALS

Work started afresh with the Lucy's Room Appeal - bringing a music room to the Warneford, Oxford for adult mental health patients - with the building due to arrive Spring 2023. We also introduced the new Meadow Unit Appeal in support of developments in the new PICU for young people in Oxford.

⭐ NHS CHARITIES TOGETHER

We continued to be part of the NHS Charities Together membership - receiving support, guidance and opportunities for grant funding through Stage 3 and Stage 4 COVID grants.

⭐ IMPACT OF ART

The first OHAP Strategy was created and launched - aiming to increase delivery and impact of arts across the Trust for patient and staff wellbeing and recovery. Research projects to measure the impact of art on health have also been initiated to further evidence this impact.

⭐ GREEN SPACES

The Oxford Health Charity projects to introduce an outdoor gym at Littlemore, increase the green spaces for staff and patients at Saffron House, Wycombe, develop a multi-use sports area at the Highfield, Oxford and introduce wellbeing pods to the garden at Cotswold House, Marlborough all came to fruition during the year with really positive results.

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The NHS Long-term Plan from 2019-2029 and annual national priorities has and will continue to drive a number of major initiatives to transform services in 2022/23. More detail can be found here; https://www.longtermplan.nhs.uk/ and 20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf (england.nhs.uk). This section should be read alongside our progress against the learning disability and autism national standards.

Our successes against the initiatives in the Long-Term Plan and National Priorities include;

- Enhancing the urgent community response to prevent unnecessary admissions and to speed up discharge. The services include; community response to someone's home within 2 hours for patients in a crisis, hospital at home 'virtual ward', and same day emergency care via the Emergency Multidisciplinary Units which might include admission. The services have been doing some focused work on increasing referrals from the ambulance service as part of 'call before you convey' work.
- In 2022/23 we have continued to increase vaccination capacity to provide the maximum level of immunity, as well as developing pathways for patients to access new antiviral treatments.
- Delivering a service jointly with Oxford University Hospitals NHS Foundation Trust for patients suffering from long COVID. Our post-COVID rehabilitation specialist took part in a Westminster Health Forum policy conference in January 2023 about the priorities for long COVID services, care and research (see photo above)
- Expanding hospital at home services to provide virtual wards to enable patients to stay at home whilst being treated.
- Introducing mental health support teams into education settings, we offer support to around 200 schools and this is due to expand further in 2023/24
- Specialist perinatal mental health services have been implemented
- Developing primary care mental health teams with hubs in the community to improve timely access to mental health support and communication between GPs and mental health services. In Oxfordshire the teams are called Keystone mental health and wellbeing hubs. Frank Bruno opened one of the hub locations as a mental health champion in November 2022 (see photo above). In Buckinghamshire the model is around neighbourhoods based on local population needs - offering psychological support, signposting to specialist services and employment support. In 2023/24 the Buckinghamshire offer will include peer support and higher intensity outreach services for patients with a personality disorder.
- Increasing capacity of the Improving Access to Psychological Therapies (IAPT) in both counties including support for people with a long-term condition
- Developing individual placement and support services to help patients with a mental health secure and maintain employment, training or volunteering

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- Expanding crisis resolution and home treatment teams for children and adults, as well as providing safe havens as an alternative to A&E for patients experiencing a mental health crisis
- Maintaining mental health crisis helplines 24/7 for both children and adults
- Mobilisation of the Thames Valley Complex Childrens programme this has involved the Trust working with RAW Potential (a social enterprise and charity) to employ community youth workers across Oxfordshire, Buckinghamshire and Berkshire to work as part of clinical teams to support and deliver co-produced interventions with young people with complex needs, with a focus on outreaching into the community.
- Joint working with our acute NHS partners in Oxfordshire and Buckinghamshire around better management and support of children with mental /social care needs who present to A&E
- Restoring our memory diagnostic services which were impacted by COVID-19, as well as increasing capacity through a change in service model and a project to increase the provision of assessments in nursing and care homes to support on-going care needs.
- Development of the mental health provider collaboratives, more details above under the section 'About the Trust'.

There is still lots of work to do to meet all aspects of the Long-Term Plan as we build on the changes above.

8. Research and Development Update: 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 the Trust was ranked 3rd nationally for the number of National Institute for Health Research (NIHR) portfolio studies which people participated in. We were ranked 4th for the number of participants that we have recruited to our NIHR portfolio studies. 49 new studies have opened in 2022/23 compared to 47 opened in the previous year (2021/22), ranging from small projects to highly complex clinical trials of new medicines.

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 (BRC), one of two in the country focusing on Brain Health. This is dedicated to translating innovative research into better treatments for mental health disorders and dementia. In the summer of 2022, the Oxford Health BRC was renewed for a further five years starting in December 2022 and awarded £35.4 million in funds.

An example of the new BRC is the agreement to develop a world leading centre for the development, evaluation, and delivery of highly effective, accessible, and remote psychological interventions for children and young people that fills the gaps where current evidence is lacking, and current provision is not sufficiently effective. The aim is that this will provide both better access to clinical support and research for patients, and research-based evidence will allow the service development to be of maximal benefit for patients.

In the summer of 2022 the NIHR Oxford Cognitive Health Clinical Research Facility was renewed for a further five years starting in September 2022.

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The Trust hosts the NIHR Applied Research Collaboration (ARC) Oxford and Thames Valley which carries out applied health research that will have a direct impact on patient health and wellbeing. An example of this is that research from NIHR ARC OxTV supported researchers was key in recent all-party government report evaluating government commitments on the digitisation of the NHS.

NIHR community Healthcare MedTech and In vitro Diagnostics Co-operative (MIC) to build expertise and capacity in the NHS to develop and evaluate new medical technologies and diagnostic tests. One of its key themes is around how to use points of contact devices to improve care for long term conditions, and one example of that working is a study that found only 1 in 4 people diagnosed with heart failure received a simple, recommended blood test that could have resulted in an earlier diagnosis at a more treatable stage. The Oxford MIC is currently in the process if applying for further funding to become a NIHR HealthTech Research Centre (HRC).

Oxford Health is now a part of the Oxford Joint Research Office (JRO), which includes teams from Oxford Health, Oxford Brookes University, the University of Oxford, and Oxford University Hospitals. The Oxford JRO now includes both of Oxford's NHS Foundation Trusts and both of its universities, promoting and facilitating greater collaborative working across and between the partner organisations in clinical research, for the benefit of the people they serve. The development of the Oxford JRO has been supported at the highest level in each organisation and by the Board of the Oxford Academic Health Partners, of which all four institutions are members.

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.

9. Quality Concerns

The Trusts Quality Committee reviews and identifies the top-quality concerns at each meeting and these are also reviewed at the monthly Quality and Clinical Governance Sub-Committee and weekly Clinical Review Meeting to ensure the delivery of safe services and appropriate actions and mitigations are in place. Quality concerns are identified through some of the information sources shared in this Account, the Trust's Quality and Safety Dashboard and intelligence received from our staff and stakeholders.

Our five key 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 alongside increased demand for care. This is having an impact on the quality of patient care and experience, our capacity to see patients timely and also increasing costs owing to the increased use of agency staff. Largely the vacancies are for nurses although there are significant difficulties with recruiting medics in some teams for example GP out of hours service, CAMHS community teams, adult acute mental health wards and within adult eating disorder services. There are also local and national shortages for podiatrists, speech and language therapists (SLT) and district nurses. We have a large scale programme of work led by the Chief Nurse called 'Improving 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, as well as reduce our reliance on using agency staff. This has included actions to centralise unregistered staff recruitment campaigns, targeted marketing and rebranding, reduced "time to hire" rates, virtual job fairs, co-creating jobs with candidates, continued expansion of apprenticeships and student placements, developing our exit interview process and introducing international recruitment. We have seen a success in recruitment however turnover has remained high. A core part of our revised Nursing Strategy 2023-2026 is a focus on valuing and supporting nurses as well as creating a sustainable workforce.

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Loss of our electronic patient record systems. The Trust had very reduced access to view information or use our three main patient record systems for an extended period from August to December 2022. This was due to a cyber-attack on our supplier which affected a number of NHS Trusts, with an investigation led at a national level involving the National Cyber Security Centre and the Information Commissioners Office. Locally we implemented business continuity plans and declared a critical incident to manage; operations, risks and mitigations, and to oversee a clinical harm review process throughout. As a result of the attack the majority of Trust services moved to new electronic systems from December 2022 which involved a huge piece of work to train and roll out new systems, which are still being embedded now. Our community hospital services plan to move to a new system in July 2023. It was an incredibly difficult time for staff managing increased risks to patient's safety as well as having a significant impact on team capacity to care and treat patients. This came at a time of increasing demand. Due to the dedication of staff and understanding from patients, no serious harm has been identified directly related to the issues created by the IT failure. However, we are still feeling the impact now (April 2023) for example we are unable to centrally report or monitor activity since the end of July 2022, some of our monitoring arrangements such as clinical audits had to be paused, and we have made limited progress against some of our quality improvements identified for 2022/23 because resource and attention had to be focused on day to day patient care.

Timely Access to Services. Waiting lists and access to some services are rising as a result of increased demand, higher patient acuity, pressures in the wider system and the aftermath of 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;

- District Nursing
- Podiatry services
- Children's therapy services
- Child and adolescent mental health services, including children with neurodevelopmental conditions
- GP out of hours service

Every service has processes in place to manage and regularly review anyone waiting. We conduct regular reviews to identify any clinical harm so this can be addressed quickly. Also a number of services have carried out what a perfect week would be like in 2022/23, to identify improvements that can be made. Lots of innovations are being tried to help manage demand exceeding capacity in many services, this includes working with the private and third sector as well as trying work across the BOB ICS.

High use of inpatient out of area placements. Unfortunately we have continued to reply on 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. Lengths of stay (duration of admission) can often be longer and there are additional costs. See below reporting on national indicators for more detail about the actions being taken.

Staff health and wellbeing. Ensuring Oxford Health is the best place to work is a strategic objective for the Trust. Research highlights the need 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 L2 for 2022/23.

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10.1 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 NHS England » NHS Oversight Framework 2022/23. 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 NHS Oversight Framework.

Our ability to report on our up to date position against many of the national indicators has been affected by the cyber-attack from August 2022 described in detail on page 14. An indicator we can report on and have struggled to achieve the national target 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 NHS Oversight Framework

National objective: Compliance with the NHS Oversight Framework

This year, the NHS Oversight Framework indicators that have targets are;	Target	National position (England)	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	71.50% (Mar)	88.8% (July)	→
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	72% (Dec)	88.2% (June)	↑
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	71.4% (Nov)	94.3% (June)	↓
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	48.5% (Dec)	48.5% (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%	89.70% (Dec)	98.8% (Dec)	↓
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.2% (Dec)	100% (Dec)	→
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	102 (Mar)	↑
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	182 (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. The Trust is aiming to stop the use of out of area placements. However we have not achieved this consistently yet as the position by county shows in the graphs below.

The use of out of area placements varies month by month, we have seen a higher demand for specifically female beds than we have capacity. This remains a continued area of focus to manage patient flow and also to strengthen our crisis resolution and home treatment teams.

Graph 1.

Graph 2.

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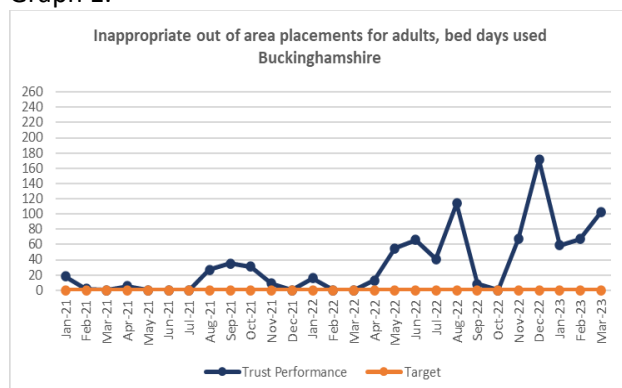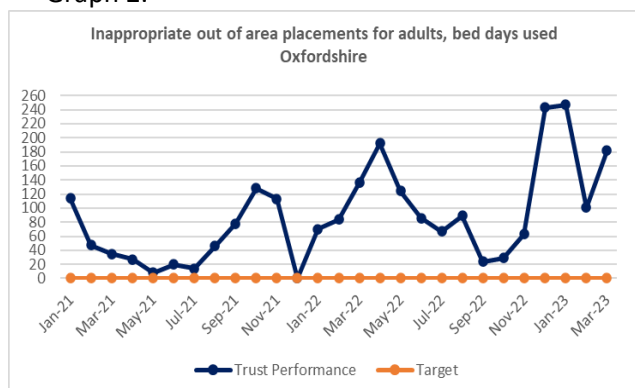
Other national indicators and benchmarks
In this section we will report on the following national quality indicators and benchmarks:

10.2   Follow up with patients within 72 hours of inpatient discharge
10.3   Care Quality Commission inspection rating
10.4   Patient and carer/ families experiences (including the national survey)
10.5   The Learning Disability and Autism Improvement Standards
10.6   Patient safety incidents
10.7   Staff experiences (including the national survey)
10.8   Clinical Audit
10.9   Data Quality and Information Governance

10.2 Follow up of patients within 72 hours of inpatient discharge (adults and older adults)
This indicator is an important measure to the safety of care and evidence shows the importance to reducing suicides. See page 36 for our work on prevention of suicides. We are clear with our teams the importance of contacting and seeing patients soon after being discharged from a mental health ward. Our ability to report on this indicator has been affected by the cyber-attack from August 2022, however our performance between April to July 2022 was 81% against a national target of 80%. We continue to work on this as every patient should be followed up and supported in the first few days after being discharged form a ward.

10.3 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 in 2022/23.

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 2022/23.

In 2022/23, 11 of our mental health wards 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. This compares to 12 wards visited in 2021/22. 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. No serious concerns were raised and many examples of good practice were highlighted. The areas we continue to work on are around documenting the processes we follow around giving patients information about their rights and Section 17 leave, and further embedding individualised care plans.

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

<table><tr><td>Strategy</td></tr></table>

10.4.1 Strategy
The Trust has co-developed a new Experience and Involvement Strategy for the next 3 years (2023-2025) with patients, staff and local patient advocate organisations.

The key objectives of the strategy are;
- Working in partnership to co-produce care and services
- Listening to our patients and service users
- Using feedback to identify and make improvements to services

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The Trust's Family, Friends and Carers Strategy 2021-2024, which is specifically aimed at carers and family members was published in 2021 and is available here; https://www.oxfordhealth.nhs.uk/wp-content/uploads/2021/10/Family-Friends-and-Carers-Strategy-2021-24-FINAL-WEB.pdf. An update on progress against the Strategy and our work with carers is provided under the quality objective E14.

The Trust's Experience and Involvement Forum is made up of patients, carers and staff and this group oversees our work to improve patients experiences and involvement. The forum meets bi-monthly (every other month) and has three co-chairs, two of whom are experts by experience.

Involvement and Co-production

10.4.2 Co-production

Below are some examples of the work we have been doing with patients and carers in 2022/23. Embedding co-production into everything we do is a key focus of our new strategy.

The Oxfordshire Primary, Community and Dental Services have:
- Seen the amount of feedback double for their urgent care services as a result of using SMS texts sent to all eligible patients who attend the out of hours service, Minor Injury Units or the First Aid Unit.
- The Respiratory Service were the first service in the Directorate to test out the newly developed co-production training in February 2023. Staff fed back that it was motivational and have got the service thinking of ways of involving service users.
- The Community Voice group met for the first time in July 2022, to support services in identifying and designing changes to improve services.
- The Community Therapy Service hosted a virtual Allied Health Professionals work experience event for A-Level students. A patient spoke at the event about their use of the service.
- Experts by Experience helped to develop a patient information leaflet for the wearable technology and remote monitoring device trail in the Hospital at Home Service.
- The Oxfordshire system are developing a Transfer of Care (ToC) Hub and are aiming to improve discharge arrangements. To help shape this work, the system are using the perspectives and experiences of people and families. Experts by Experience are supporting the work.
- Creating with Care ran an arts focus groups in May 2022 at Didcot Community Hospital to co-design the next phase of the arts project for the ward.

An example of some of the activities available on the community hospital wards

The Forensic Services have:
- Co-produced improvement action plans around improving experiences and involvement in services with patients and their family/ friends. A patient involvement action group and families/friends action group meet regularly to oversee the delivery of actions.
- Six Peer Support Worker trainees have completed training and are nearing the end of their placements.
- The recovery and co-production session at Forensic Induction has been reviewed, with the participation of a Forensic CMHT service user.
- A new pattern of meetings has been developed for the Family and Friends monthly meet up. Family Champions have been supported in making sure family and carer contact details for their wards are up to date. The family & friends information leaflet for the wards has been redesigned. Resources to use when working with families and carers have been updated.

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- Following previous work on promoting the importance of ward Community Meetings there is now a need to regularly review and audit how Community Meetings are going on each ward. This is in the early stages of development.
- A review of the Patient Council Rep role has been completed – the next stage is for this to be developed into more structured support for the role along with some co-produced and co-delivered training. A number of wards are now having their Patient Rep participate in part of their Senior Team meetings, rather than hold a separate Patient Council meeting. This is to be monitored and reviewed.
- Evenlode Voices group have worked with Rethink Mental illness as part of Rethinks project to improve experience and involvement across the Forensic Provider Collaborative. Following Rethink joining 3 meetings on Evenlode, Evenlode Voices have been asked to present the work they have done to a meeting which is open to all the services in the collaborative.

The Learning Disability Services continue to support their Governor representative. Experts by experience have interviewed for multiple posts within the Learning Disability service and for Trust-wide posts. A peer review has been carried out using an easy read version of the peer review paperwork. An expert by experience who has worked for CQC in the past participated in this first peer review and provided feedback on the process and paperwork.

The Oxfordshire and Buckinghamshire Mental Health Services have:
- The Oxfordshire and Buckinghamshire Our Voice patient groups are well established and embedding co-production across the Directorates. Members have been crucial in the following projects;
    - Co-produced care planning project across Oxfordshire adult and older adult community mental health teams
    - The new Warneford hospital development
    - The Trust-wide suicide prevention strategy
    - The Community Mental Health Framework workstreams
    - The development of the Keystone mental health and wellbeing hubs
    - The development of the service user involvement workstream across the Oxfordshire Mental Health Partnership
    - Peer review visits
    - The Directorate Quality Improvement hubs to oversee ensure a patients voice is in every QI project.
    - The introduction and trial of Oxevision – inpatient digital monitoring equipment to reduce the adverse impact on patients of routine observations
    - Multiple staff interviews
    - Develop a service user panel for the eating disorder service
    - Engaging with the crisis teams to recruit service users to feedback on the model and continuing work around engaging older adults.
    - The launch of the Berkshire, Oxfordshire, Buckinghamshire neurodivergent forum – 'Thinking Neurodivergent', which aims to give a voice to this patient group.
- A training package on putting co-production into practice has been developed, trialled and will be rolled out.

The project team including experts by experience for the work on increasing co-production in care planning.

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10.4.3 Youth Boards

The Trust has been working with Unloc an organisation founded by young leaders and advocates to empower young people on a project to reach out to young people to listen to what they need and want from services.

Over 2,500 young people aged 12-25 took part in our initial survey, the top three things identified as having the biggest impact on their mental health was; negative thoughts and feelings, studying/exams and relationship problems. The surveys highlighted that the majority of young people lack confidence to ask for help (75% in Oxfordshire and 70% in Buckinghamshire) and are unsure what services are available to them.

Following the survey we recruited to Youth Boards in Oxfordshire and Buckinghamshire to enable ongoing engagement and involvement in specific projects. The work has galvanised young people across Oxfordshire and Buckinghamshire: receiving an incredible 70+ applications in Buckinghamshire and 50+ applications in Oxfordshire to join the respective Youth Boards. The Youth Board members have designed and held Mental Health Summits focused on wellbeing in Oxfordshire and Buckinghamshire in 2022/23. Youth Boards have also shaped the; CAMHS website, engagement strategy, membership strategy, emergency department project, the use of technology in promoting mental health, and have delivered online webinars.

10.4.4 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 154 peer support workers since 2019. The peer support workers are embedded in various adult and older adult inpatient and community mental health teams across the Trust.

This year following feedback from a co-production event with our stakeholders, we changed the delivery/training model of the programme and are piloting a recruit to train model. We launched a new recruitment campaign in December 2022 and received a staggering 130 applications. We offered 4 'introduction to Peer Support' sessions, in order to set the expectations for the role and the application process, which were very well attended with 100 applicants. We had 3 days of interviews with 70 applicants and then eventually offered the programme to 19 candidates. The standard of applicants was very high and therefore competitive. The areas we have recruited to include primary care mental health teams, perinatal service, early intervention service and some of our mental health wards. The training will also be offered as a level 3 apprenticeship moving forward with a pilot in 2023, this will help to accredit the training and provide further development opportunities.

Photo of the Forensic Peer Support Workers on the final training day

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10.4.5 Individual Placement and Support (IPS) Service

This is an evidenced based programme to support people with mental health difficulties to return to employment and to support retention in work. 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 who have led the trailblazing team in offering peer support. In December 2022 the Buckinghamshire IPS team went through an external accreditation and was awarded IPS Grow Quality Mark. The Oxfordshire team will follow in May 2023.

In 2022/23 the service received 366 referrals and helped 77 patients back into paid work.

IPS and Peer Support Team, this includes people with lived experiences.

10.4.6 Recovery Colleges

The Trust has two main recovery colleges in Buckinghamshire and Oxfordshire, with the Forensic recovery college delivered in collaboration with Oxfordshire. 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/.

The forensic recovery college was selected as a finalist in the HSJ 2022 patient safety awards under the category of service user engagement and co-production award. The college is quite unique and one of only a handful of services in England working in forensic mental health services. It helps forensic patients manage their mental health and undertake their recovery journey in the same way as community patients. All the courses – on wellbeing, understanding mental illness, or living skills – are co-produced between tutors with lived experience, including forensic patients, and professional tutors. Courses are for forensic services staff too, who take part on an equal footing with patients. A great example of co-production by the colleges is the Library of life, here are some of the videos of college students' recovery journeys.

The model in Buckinghamshire is currently being reviewed with members to look at options of how to improve delivery.

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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).

10.4.7 Local Surveys

The Trust received 13,798 local surveys via IWGC in 2022/23, 4,000 more than the previous year (2021/22). The average score given by patients/ families was 4.74 out of a possible 5. Data at team level from IWGC surveys is available to all staff.

Below is a Trust-wide summary of our feedback received in 2022/23, figure 1.

Figure 1.
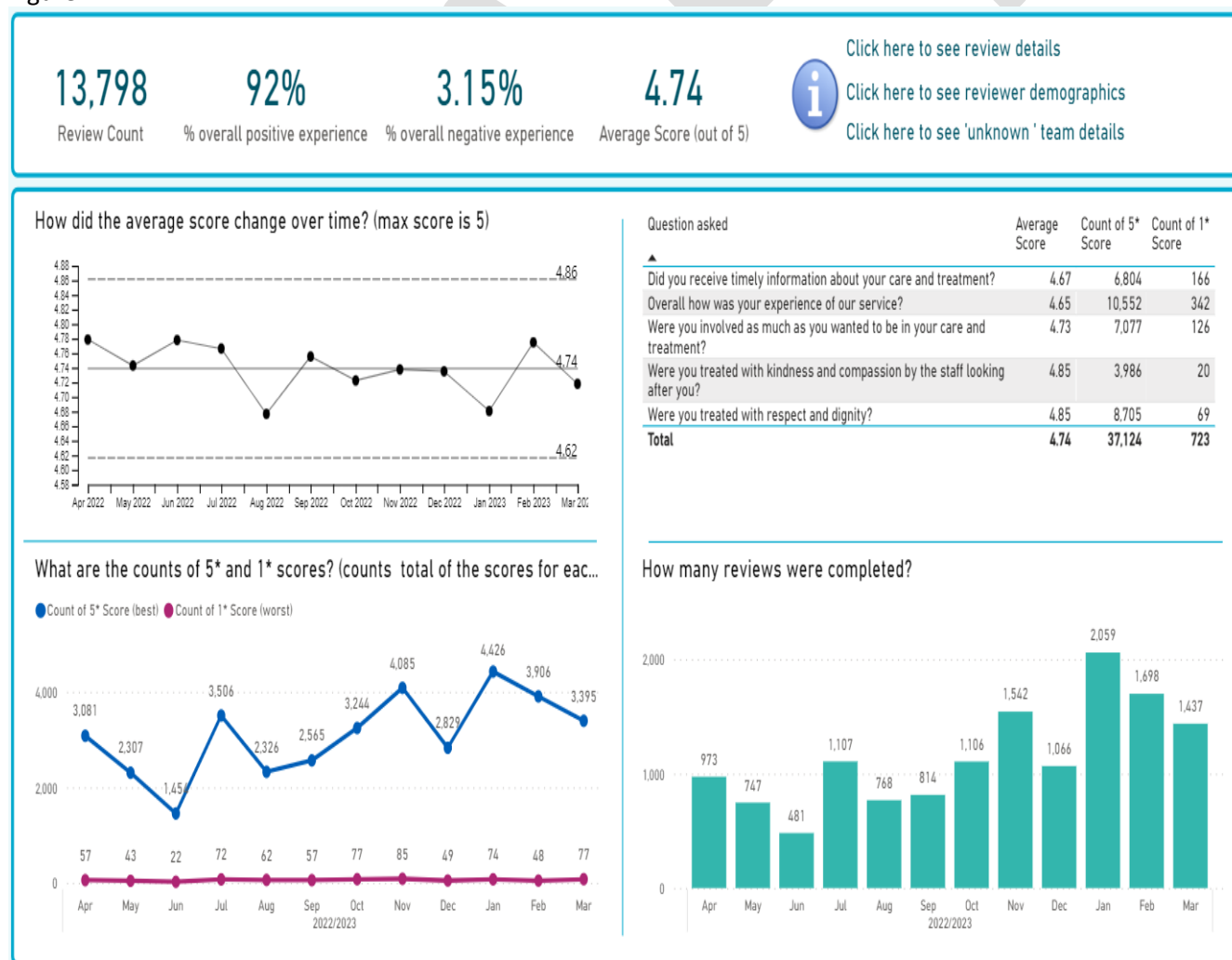
Source: Trust's on-line Business Intelligence Platform, primary source IWGC.

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Demographics:
- Patients have given the most feedback.
- In relation to age range the feedback spans the age ranges, with 38.5% aged 0-18, 23.5% aged 19-65, 27% aged 65 and over, and 11% responders did not declare their age.
- 53% of responders identified as female, 40% male and 7% said non-binary, other or would prefer not to say.
- 59% of responders identified as White, 5% from a BAME background and 36% said other or would prefer not to say. The 2011 census showed 16% of the Oxfordshire population are from ethnically diverse backgrounds and 14% of the Buckinghamshire population are from ethnically diverse backgrounds. We 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 2022/23 to the question, what was your experience of care provided.

Figure 2.

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

10.4.8 National Survey Adult and Older Adult Community Mental Health Patient Survey

The National Community Mental Health Survey is undertaken annually to ascertain the experiences of people that receive specialist care or treatment for a mental health condition. Feedback from people about their experiences of these services is crucial in highlighting good care and in identifying risks to service quality. The results of the 2022 survey were published in October 2022, full details available here Community mental health survey 2022.

The survey sample. People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face to face at the Trust, via video conference or telephone between 1 September 2021 and 30 November 2021. Responses were received from 266 patients (giving a response rate of 22%) compared to a national response rate of 21%.

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About the survey and how it is scored. The survey contained several questions organised across 12 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best response). Each score was then benchmarked against 53 other English providers of NHS mental health services, resulting in the Trust being given a rating for each question and section on a five-point scale ranging from "much better" to "much worse" than expected.

Summary of Trust results. The result to every question in the survey improved from 2021, with the change being statically significant for two questions. Two questions are better than expected compared to other NHS Trusts and improved from last year, however our performance against the majority of questions was similar to other NHS Trusts. We have performed better than the national average on; involving a family member, support with physical health needs, reviewing care in the last 12 months, supporting with financial advice, and explaining what are talking therapies. Areas we scored below average on; knowing who to contact in a crisis out of hours, getting the help needed when contacting the crisis number, feeling involved in care decisions and how well services/care were organised.

The Trust's performance in relation to the national average are summarised below In figure 3.

The results have been shared with teams to identify any further actions that would have a positive impact.

Figure 3.
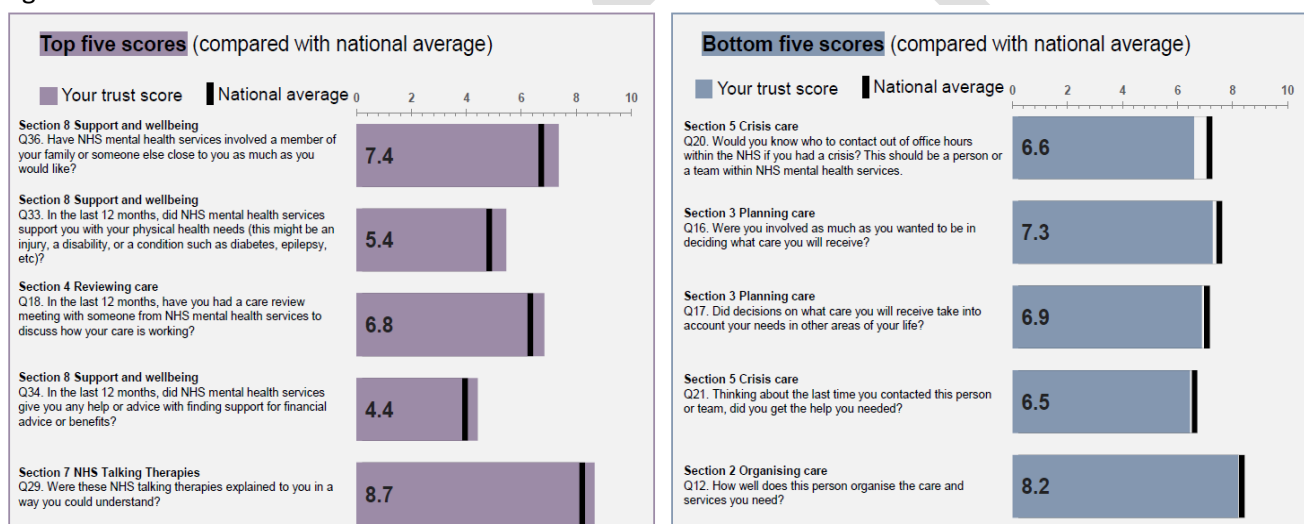
Source: CQC national report with the survey results

10.5 Complaints, Concerns and Compliments

We aim to ensure all service users and families get a good experience of using our services. At times we do fall short of our expected standards 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. We welcome complaints in a positive way and recognise they give us a valuable insight and an opportunity to improve services.

In 2022/23 we received 200 complaints, all (100%) were acknowledged within 3 working days and 98%[2] of complaints were responded to within a timescale agreed and communicated with the complainant. Seven complaints were re-opened in the year. Graph 3 shows the number of complaints received year by year. The majority of complaints in 2022/23 were received from carers/family members and relate to our mental health services. The cyber-attack meant some investigations took longer to complete in 2022/23, but throughout we have kept complainants updated on progress. Overall the average response time was 50 days, this is much longer than we would want so we are taking a quality improvement approach to reduce this alongside introducing changes as a result of the new national NHS complaint standards.

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[2] Two complaints were not responded to within a timescale agreed with the complainant.

The Parliamentary Health Service Ombudsman completed a national review of the NHS Complaints Standards in 2021 and 2022. The final standards were published at the end of 2022 and guidance published in early 2023. We have reviewed our position against the national standards and have started to identify where we need to make changes.

In addition to formal complaints, in 2022/23 the Trust responded to 130 MP enquiries where constituents had raised concerns with their local MP and we managed 784 more informal concerns raised by patients/families. Our teams also received 2,499 positive compliments.

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. See quality objectives E13 (personalised care planning) and E14 (improve working with families) for the actions we have taken.
- ❖ Staff attitude and behaviour
- ❖ Poor sharing of information across teams, providers and agencies
- ❖ Waiting times and access to services

Examples of improvements have included:
- ❖ Implementation of training session with relatives if caring for patients at home. If patients are discharged home with family supporting care needs a training session is completed with the patient and their family on manual handling and personal care if applicable (Oxfordshire Stroke Rehabilitation Unit (OSRU)
- ❖ Continuing Healthcare Team have developed a letter to be sent out following the request for a retrospective assessment detailing the process and time frame to better manage expectations of patients and those involved with the request.
- ❖ To create a procedure for patients seeking support who are travelling outside of the UK regularly or live abroad (Improving Access to Psychological Therapies)
- ❖ The community eating disorder pathway did some work on personalised care planning.
- ❖ To implement a mandatory escalation/review whenever the patient reports a historic failed local anaesthetic or procedure. This should be implemented at the pre-operative stage (Podiatry)
- ❖ Developing a system to improve transfer/referral of patients when working across multiple teams. Patients and families should be given clear information about any changes, what the implications might be and what/if any alternative options there might be to consider (CAMHS)
- ❖ Improving documentation of conversations discussing consent to share information with family (Forensic ward)

The Trust's annual complaints report will be presented to the Board of Directors in May 2023 and published with the board papers at: https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/.

Graph 3.

Number of complaints received - Year on Year Comparison

Year	Complaints
2018/19	215
2019/20	253
2020/21	206
2021/22	223
2022/23	200
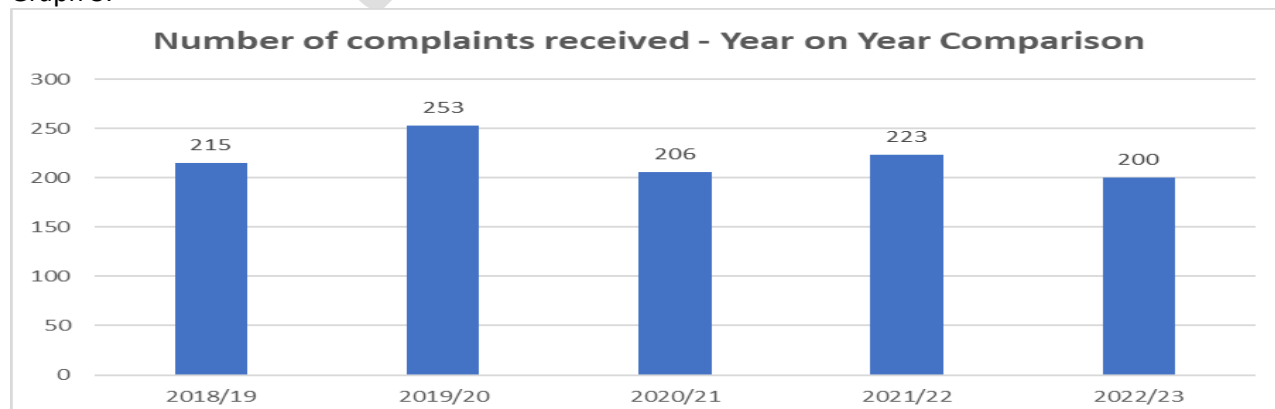
Source: Trust's Complaint Database.

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10.6 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 and/or autism. Most standards relate to non-specialist learning disability 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 in 2022/23 has linked with our new Learning Disabilities Service Strategy (2022-2027) to reduce health inequalities, increase life expectancy and quality of life. We have 8 workstreams working to deliver the aims of the Strategy.

The actions we have taken in 2022/23 include;
- Working with GPs to ensure every person has an annual health check (quality objective CE 10), as well as holding an event in June 2022 with primary care services and the third sector for people with a learning disability and their carers to find out what positive steps they can take to live well and be healthier.

- The Trust has rolled out the new national Tier 1 Oliver McGowan training to all staff, published in November 2022 (quality objective CE 10)
- Developed and published Accessible accessibility guides for our sites, available here AccessAble
- Developed the use of an environmental checklist for any new developments or changes to existing property, to consider the experience of those with autism.
- We continue to support and get huge value from having a person with a learning disability on our Council of Governors.
- Dynamic Support Registers for children and adults with a learning disability and autism are operational within Oxfordshire and have full system engagement. There is also a strong link around discussing children with complex needs in transition.
- The Trust is fully engaged with the medication safety programmes called STOMP and STAMP to ensure appropriate use of medicines and not over medicating.

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- Extension of our Reasonable Adjustment Service which is also now fully recruited. This has enabled autistic people accessing mental health services to have the reasonable adjustments they require to access the treatment they need. The team are providing resources, training and advice to staff who are supporting people with autism.
- The Learning Disability Services has participated in a targeted trial around point of care testing for those with learning disability on anti-psychotic medications. We are also signed up to two further research projects; one supporting people with Down Syndrome to access a trial around potential medication; the other to support with alternative strategies to reduce instances of behaviours of concern.

A patient enjoying some of the physical health activities encouraged and supported.

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10.7 Patient Safety Incidents

Everyone has a role in patient safety. Our focus is on creating a culture which is open, supportive and focused on learning, so staff feel able to raise concerns, incidents, risks and we can work together to make continual improvements.

All Incidents

It is crucial that we use every incident and near miss as an opportunity to learn. The Trust reviews all incidents to identify any immediate actions and consider safeguards for patients. A group of senior clinicians review all incidents with moderate and above harm on a weekly basis and triangulate this with other quality information. On a quarterly basis we identify learning and more thematic areas for improvement.

In 2022/23 our staff reported 20,106 incidents and near misses to patients, demonstrating a positive culture for reporting and wanting to learn.

The Trust reports externally all unintended or unexpected incidents to patients which could or did lead to harm via the NHS National Reporting and Learning Service (NRLS). Graph 4 shows the number of incidents and level of harm of incidents reported to the NRLS for the last 12 months. 90% of the incidents resulted in no harm or minor harm and 211 incidents (2%) resulted in severe harm or death. Almost all of the deaths were suspected/confirmed suicides. The majority of incidents relate to self-harm (33%), followed by medication administration, delays in treatment, category 2 pressure ulcers[3] and then falls. This is generally in line with the themes from the national picture with the latest data last published for 2021/22.

Graph 4.
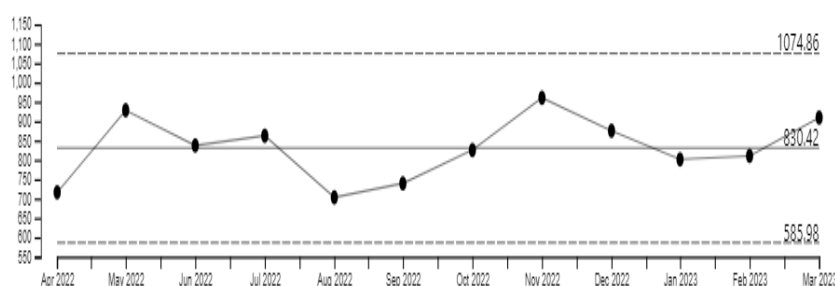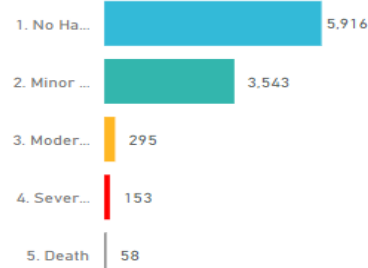
Source: Trusts Incident Reporting System.

For details of the work and actions we have taken to reduce suspected/confirmed suicide and serious self-harm see the section on learning from deaths.

Pressure ulcers count for the area where we see most moderate and severe harm. This relates to category 3 and 4 ulcers developed in service but not necessarily where there were any issues with the care provided. In the last 12 months our teams have identified and treated 2,304 pressure ulcers (all categories), this is slightly lower than 2021/22. The majority of these patients had a pressure ulcer prior to entering our service (72%), most commonly a category 2 level, this is similar to 2021/22.

The focus in physical health services has been on reducing pressure ulcers within the district nursing services and community hospital wards. Despite these services being under extreme pressure due to increased demand and patient acuity there has been lots of work happening over the last year led by the pressure ulcer steering group. Every pressure ulcer developed in our care with harm to a patient is reviewed to identify if there were any lapses or issues in care so that we can learn and take action. We also use a

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[3] 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).

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safeguarding decision guide to look at whether a safeguarding alert should be raised. In 2022/23 we have carried out quarterly thematic reviews on pressure ulcers that developed due to a lapse in care to steer our actions, learning and to monitor change. Overall we have seen a reduction in the total number of category 3 and 4 ulcers developed whilst under our care and where we identified lapses (18 in 2021/22 compared to 12 in 2022/23). More details about our work are under quality objective S8.

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 2022/23, 11 national patient safety alerts were issued, of which five were relevant to services provided by the Trust. All actions for the five alerts were completed within the national deadlines set.

Never Events

Never events are a sub-set of serious patient safety 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 2022/23.

Serious Patient Safety Incidents

In line with national guidance Serious Patient Safety Incidents are identified and reported where there has been significant harm to a patient and learning in the care provided. We have reported 53 in 2022/23 and each has had an in-depth investigation completed and shared with our commissioners. Most of our serious patient safety incidents relate to; self-inflicted harm such as suicide, unexpected deaths and pressure ulcers. We always aim to involve the patient/family in our investigation so that we are transparent with our findings and can maximise our learning. Graph 5 shows the number of Serious Patient Safety Incidents[4] reported by the Trust year on year.

Our key safety improvement areas identified from investigations in 2022/23 are;
- Pressure damage prevention (see quality objective S8)
- Engaging and sharing information with families (see quality objective E14)
- Staffing challenges impacting on access to timely treatment and care coordination (see section on quality concerns in the Account)
- Individualised risk management/ embedding safety planning co-produced with patients and their families (see quality objective S4 and our work on suicide prevention)
- Recognition and escalation of deteriorating patients, some local actions have been taken and this will be a focus in the 2023/24 objectives.
- How we adapt and make reasonable adjustments for people with autism (see quality objective CE10)
- Inpatient observation practice, local actions have and are being taken.
- Joint working/interface between teams and other organisations such as private care providers, GPs, substance misuse services and the Police, local actions have and are being taken.

Graph 5.

Number of Serious Patient Safety Incidents
(by date of incident & excluding downgrades)

The higher numbers in 2020/21 & 2021/22 relate to COVID-19 as for every outbreak on our wards we declared this a serious incident.

Year	Mental health and Learning Disability Services	Physical health Services
2018/19	30	20
2019/20	27	6
2020/21	57	27
2021/2022	45	38
2022/23	32	21
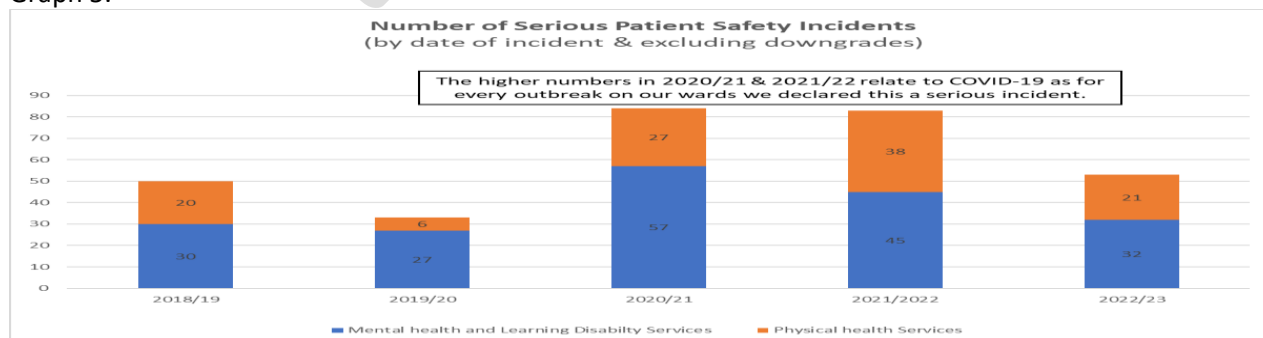
Source: Trust's Serious Patient Safety Incident Database

[4] Incidents downgraded by the commissioners are excluded.

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As part of the NHS Patient Safety Strategy (2019) the Trust has been preparing and is now implementing our new approach to responding and learning from incidents in line with the national Patient Safety Incident Response Framework published in August 2022. This is a significant and welcome national change in policy to develop how we can improve the safety of patient care. We have received good support from our commissioners who have particularly helped to bring the care providers in the BOB ICS together to learn and share how we develop. We aim to transition to the framework by end of December 2023.

Duty of Candour
Duty of candour is the act of being open and honest with patients and their families when something goes wrong during the provision of care, that appears to have caused, or could lead in the future, to significant harm. There is a legal and professional duty to comply with the legislation on duty of candour. Being candid with those affected by an incident or accident is also the right thing to do. The experiences and insights of patients/ families is a valuable source of learning and identifying opportunities for improvement.

The Trust has a Duty of Candour Policy that supports our culture of openness and wanting to learn when things go wrong. Our incident management system has been adapted to ask prompts and collect evidence of when duty of candour is required. Our Patient Safety Team also monitors incidents with serious harm to ensure duty of candour is always undertaken.

10.8 National Enquiries – Our Response
There was a BBC Panorama documentary in September 2022 following an undercover journalist working at Edenfield Unit in Prestwich, an NHS forensic service that provides secure care to men and women. The footage made for incredibly distressing viewing, showing multiple examples of vulnerable patients being treated without dignity or respect, and subjected to physical, verbal, and emotional abuse. The ward environment appeared to lack appropriate boundaries, professionalism, purpose and compassion. There was also an inappropriate use of restrictive interventions.

Following the documentary we carried out work across our forensic and mental health wards to look at the culture, compassion and clinical leadership to ensure it is one of respect and dignity that protects patients' human rights and prevents abuse. The outcome of our reviews (alongside information from external peer reviews, visits by the independent advocacy service and CQC Mental Health Act visits), found no evidence of unacceptable practices or abuse taking place in our services. Objective S6 details the work we have done this year on reducing the use of restrictive interventions, which we will continue.

However, we cannot afford to be complacent and need to prevent and uncover any abuse or unacceptable behaviours. It is therefore essential we continue to role model openness, curiosity and compassion, encouraging staff and patients to speak out if they have concerns, as well as maintaining a focus on fostering an open culture that is compassionate, has effective teamwork and strong values-driven leadership.

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10.9 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 improving the quality of care for our patients.

The Trust participated in the 2022 NHS National Staff Survey, 3,279 staff took part (53% of eligible staff). A summary of the results is below in figure 4 and the full results can be found here: NHS Staff Survey Benchmark report 2022 (nhsstaffsurveys.com).

The overall staff engagement score was 7.1 out of 10, this is above the national average however slightly lower than in 2021. 69% of staff said they would be happy with the standard of care if their friend or relative needed treatment, against a national average of 64%.

We have much to be working on following the results. Key areas for development are: pay, staffing levels/workload and appraisals in keeping with the national picture. We saw an improvement in the areas we focused on in 2022 – work/life balance and job flexibility. The impact of our work on appraisals is most likely to be seen in the next survey results. Progress against the actions we take is monitored through quarterly internal staff surveys.

Figure 4.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

	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
Your org	7.6	6.3	7.0	6.2	5.5	6.5	7.1	7.1	5.9
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	3275	3274	3258	3258	3049	3264	3272	3276	3275

Source: National NHS Staff Survey report

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10.10 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 2022-23 we participated in 12 national audits, we also partially participated in a further 3 national audits but unfortunately were not able to participate in 2 audits in relation to prescribing practice in mental health services[5] due to the cyber-attack. The audits and results are provided in Appendix 1. Alongside these we carried out locally identified clinical audits however the cyber-attack significantly impacted on the planned programme.

10.11 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 82.2% as of July 2022, this is our last reported position prior to the cyber attacked and transition to new electronic patient record systems described more on page 14. The main areas for improvement are; recording of SNOMED diagnosis in our emergency care data set used by the GP out of hours service and recording of ethnicity across all data sets. We had been making some progress with improving the capture of ethnicity prior to the cyber-attack and this will need to be picked up with the new systems in 2023/24, as it is crucial to have this information to effectively plan and deliver services.

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 2021/22 was 'standards met'. The 2022/23 assessment has been submitted but we do not have the results yet. We have self-assessed that all standards have been met except for compliance with information governance training which as of 31st March 2023 was at 87.3% against a local target of 95%.

Oxford Health NHS Foundation Trust had a routine audit by the Information Commissioner in October 2021 and a follow up visit in December 2022 however no new inspections. The Information Commissioner is the independent regulator for enforcing and promoting compliance with data protection legislation[6]. The data protection audit report from 2021 is available at ICO Audit Report 2021. The audit found reasonable assurance that processes and procedures are in place and are delivering data protection compliance. The follow up visit was to review the completed actions.

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[5] The two national audits we did not participate in were; valproate prescribing and anti-libidinal medication prescribing practice. We will be carrying out local audits in 2023/24 and reviewing the national findings.
[6] Legislation includes the UK General Data Protection Regulation and the Data Protection Act 2018.

11. Strengthening our Safety Culture to empower staff to raise any concerns without fear

We have continued work on developing an open, just and learning safety culture incorporating civility and respect and kindness into action. See the progress we have made against the quality objectives L1 and L2.

Staff are encouraged to raise any concerns about the quality of care, patient safety or bullying and harassment – and we have developed a number of ways staff can speak up, described below.

In 2022/23 there were no cases of severe patient risk or harm raised or abuse similar to those seen at Mid Staffordshire following the enquiry in 2015. The most common concern raised has been about worker safety or wellbeing related to staff feeling stressed as a result of staff shortages, increased workloads/demands, lack of support from an immediate manager or poor communication. The annual 'Freedom to Speak up Guardian' report 2022 which provides more detail is available here FTSUG-Annual-BOD-Report.

The 2022 staff survey results showed (n=3,279 responses);
- 79% would feel secure raising concerns about unsafe clinical practice, compared to the national average of 77%. We will continue to promote and enable every member of staff to feel safe to speak up and learn when things go wrong.
- 90% of staff felt encouraged to report errors/near misses and incidents, compared to the national average of 88%.
- 63% of staff said the Trust treats staff who are involved in an error, near miss or incident fairly, compared to the average of 60%

The Trust has developed five staff equality networks (listed below) and ten support groups to empower and inspire staff while nurturing a culture of belonging and inclusion. Total staff membership across all networks and support groups is more than 1,000. Four new staff support groups were set up in 2022/23 around Mental Health, Physical Disability and Health Conditions, Gypsy, Roma, & Traveller, and International Staff. These networks and groups are an important way to hear from under-represented people.

Example of staff celebrating Internal Nurses Day on 12th May 2022

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 dedicated 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 resource has been expanded to 1.6 WTE from January 2023.
- The Trust has a Guardian of Safe Working for trainee doctors, who has a duty to advocate when concerns are raised by trainee doctors. The Trust also has a Trainee Doctors Forum which is another route trainees can raise concerns and issues to the Guardian.

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- Regular leadership briefings each month which facilitate Q&As and routine monthly opportunities to meet 1:1 with Executive Directors – both allowing time for staff to speak up and be heard when they have concerns in addition to more informal routes.
- A number of nurses across our inpatients and community teams have successfully completed the Professional Nurse Advocates (PNA) programme. These nurses provide restorative supervision as an extra layer of support for staff. They also support the Advocating for Education and Quality ImProvement model so that nurses can take forward their ideas and suggestions to improve the quality of care.
- The Human Resources Department, who also manage the whistleblowing process overseen by the Executive Team.
- Fair treatment at work facilitators, this 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. In 2022/23 there has been work to improve collaboration.

The Trust regularly runs Schwartz Rounds, these 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. We use an evidence based approach to the rounds. We held 5 rounds in 2023/23.

NHS Doctors in Training- Rota Gaps and Plans for Improvement

The Trust has a Guardian of Safe Working for trainee doctors, who has a duty to advocate when concerns are raised by trainee doctors. Each Guardian serves a term of 3 years and we had a change in Guardian in November 2022. The Guardian provides quarterly reports to the People, Leadership and Culture Committee and an annual report to the Trust Board.

The Guardian reviews and responds to exception reports raised by trainee doctors when work does not reflect the work agreed. In 2022/23 there have been on average 17 exception reports a month, based on the number of trainees, this is slightly lower compared to our neighbouring NHS Trusts. The exception reports primarily relate to late finishes for doctors working a shift on a ward, followed by missed educational opportunities and less than the minimum rest/break between ward shifts or on-call.

Plans for improving safe working are detailed in the quarterly reports for example;
- ❖ Working with specific wards where there have been exception reports to ensure adequate staffing levels
- ❖ Reviewing the delivery of CBT training to make it more accessible and so doctors do not have to stay late
- ❖ Identifying spaces for doctors to rest after working overnight

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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 which might have contributed to a persons death, so that we an learn and take appropriate actions.

The Trust learning from deaths process reviews all patients against a national database to ensure we identify all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact. In most cases the deaths are expected 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 are aged under 18, had a learning disability, a diagnosis of autism, died on a mental health ward, whilst detained under the Mental Health Act, or died after we suspected they took their own life by suicide.

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 Council of 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, described below;

- ❖ Stage 1. All known deaths receive an initial screening completed by at least two senior clinicians from the clinical team who knew the person, which includes speaking to the bereaved family where possible.
- ❖ Stage 2. The majority of deaths, particularly those meeting any of the criteria described above (aged under 18….) including all unexpected deaths will be reported onto the Trust's incident and mortality reporting system and reviewed through the weekly safety meetings.
- ❖ Stage 3. Depending on stage 2 a learning huddle or initial review maybe requested.
- ❖ Stage 4. Depending on stage 3 an in-depth investigation maybe started.

Multi-agency and External Reviews

Members of the Trust are also involved in the following external multi-agency review processes, in addition to our local review, 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
- A joint Mortality and Morbidity forum with Oxford University Hospitals NHS Foundation Trust (around community hospital ward deaths)

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

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

Summary for 2022/23

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

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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 (942 deaths) and January 2021 (717 deaths) relating to patients aged 75 and above, as a result of COVID-19.

The graphs below show the number of deaths by month and age band for the last 5 years. Our trend over time mirrors the national pattern, including the peaks in April and January. Most deaths are of people aged 75 and over. There has been a small increase in deaths across all directorates in January 2023 for patients aged 75 and over, which seems related to expected winter fluctuations.

Graph 6. Number of deaths by month
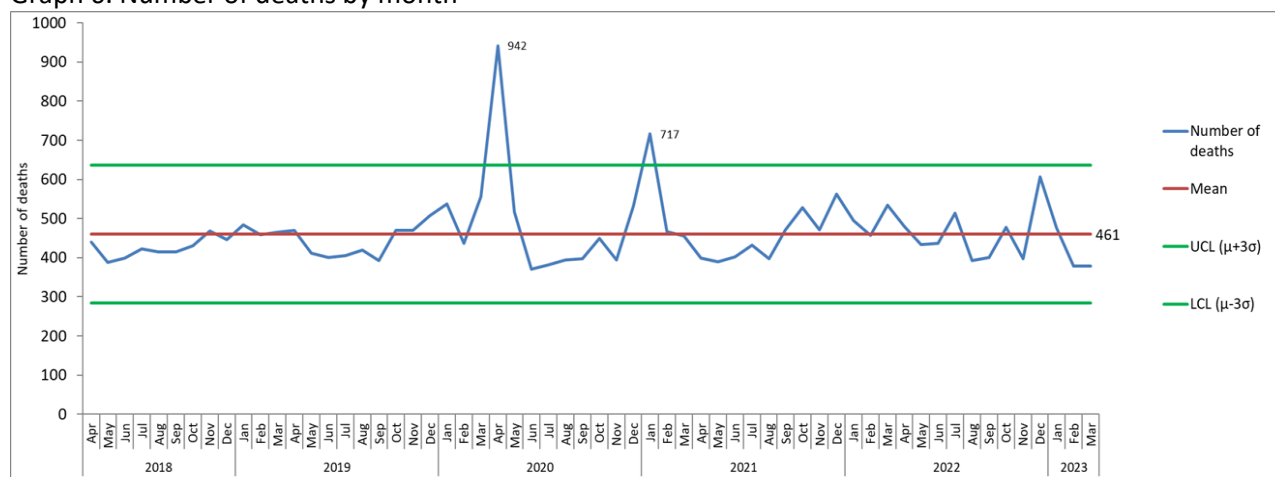
Graph 7. Number of deaths by age band
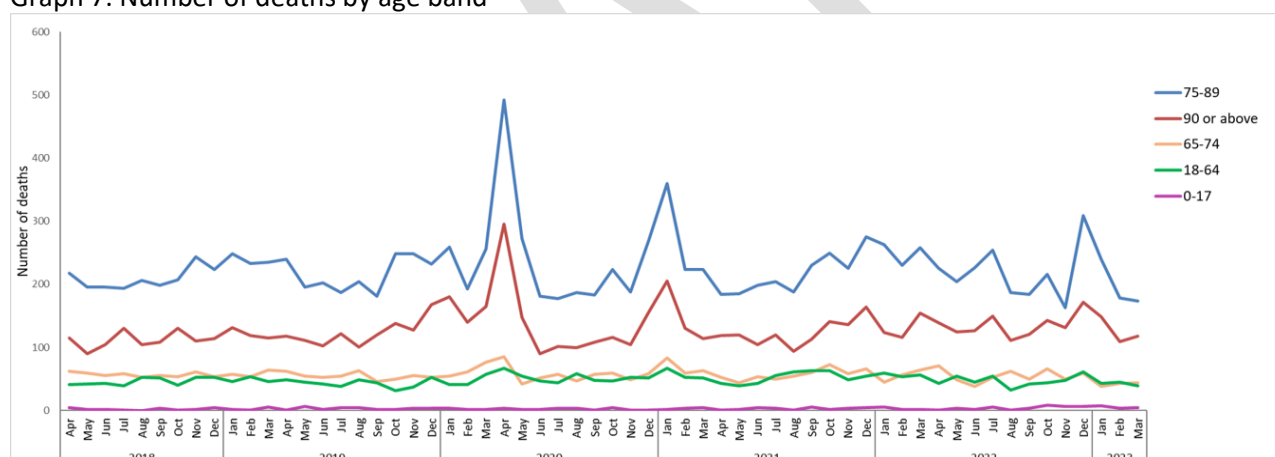
In 2022/23 there were 29 deaths for patients aged 17 and under compared to 32 in 2021/22. Almost all deaths were for patients open to services at the time of their death and most commonly last seen by the Health Visiting Service or Children's Community Nursing Services. Two of the deaths were suspected suicides. 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 or serious patient incident investigation. System-wide recent themes for learning have been in relation to co-sleeping on sofas, window safety and safety around open water.

The number of deaths in a community hospital ward have deceased year on year (58 deaths in 2022/23) reflecting the work with patients/families about choice on where someone dies and expansion of community-based end of life services. Nine of the deaths related to COVID-19, however this was not the primary cause of their death. We had no suicides in an inpatient setting.

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Suspected and Confirmed Suicides

We are conscious the next section is focused on our work around reducing suspected or confirmed suicides and may be distressing to read, so you might want to move onto the next section about our key learning from deaths we have reviewed. We acknowledge each and every suicide as a tragedy and the profound and lasting effect is unimaginable to families and loved ones.

In 2022/23 there were 59 suspected/confirmed suicides (compared to 69 in 2021/22) across all of the counties we provide services within, of which 36 of the suicides were a patient currently open and receiving care from the Trust. None of the suicides occurred in an inpatient setting. The majority of suicides have been by men (58%), in line with national figures. Most people were aged between 41-60 and White British. We have seen no significant change in the number of suicides over time which is in line with the national figures[7] which are relatively stable, although there has been a recent increase in March 2023 which we are exploring further. There were 10 people who died by suicide, including one prisoner receiving in-reach support. The number of suicides over the last 2 years, including people with an open referral and those discharged from services, is shown in graph 8.

The Trust's Suicide Prevention Strategy is taking a theory of change approach, influencing clinical practice and supporting improvement and innovation. The 2022-2025 strategy is overseen by a steering group, with specific workstreams established. Co-production is core with patients and carers being represented on the steering group and workstreams. The co-chair of the group is a family member bereaved by suicide.

The strategy is focused around four workstreams;
- ❖ Gender (risk to men, women with ASD and LGBTQ+)
- ❖ Substance misuse
- ❖ Access and inclusion
- ❖ Research, NICE guidance and training/communication. The research element includes mapping our current activity, promoting opportunities and supporting translation of research into practice. This includes working with the University of Oxford Department of Psychiatry as well as the Toronto University and the Toronto based Canada Addiction and Mental Health service working on developing a suicide prevention app.

The Trust visited Toronto in April 2022 and some of the team came to visit us this April 2023.

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[7] *The Annual National Confidential Inquiry of Suicides and Homicides published in 2023 looking at 10 years of data from 2010 to 2020 shows patient suicide numbers and rates in the UK are relatively stable.*

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Some of the actions we have taken this year around suicide prevention include;

- ❖ Embedding safety plans co-produced with patients and their families
- ❖ Trialling new roles located with our community teams to provide support in practice and training to staff around managing risks relating to suicide and serious self-harm
- ❖ Developing existing staff mandatory training on risk assessment and management to have a greater focus on risk formulation and meaningful safety planning, in line with new NICE guidance on self-harm
- ❖ Holding suicide awareness and prevention training for qualified staff, as well as training on psychosocial assessments following self-harm.
- ❖ Clinical researchers from Oxford University's Department of Psychiatry and Oxford Health NHS Foundation Trust, together with clinical colleagues and a service user have developed guidance to help clinicians identify and treat patients at risk of suicide. The new guidance is intended to reduce risk through a person-centred strategy in which assessment is regarded as a therapeutic process which is aimed at identifying interventions to enhance well-being, together with an individualised safety plan developed collaboratively with the patient.
- ❖ Improving support and involvement of families during and following mental health crises – a family connections model is being adopted (12 week course for parents/carers of people with emotionally unstable personality disorder or who struggle with emotional regulation and self-harm).
- ❖ Holding regular carer support groups and educational workshops around self-harm and suicidality
- ❖ We have developed a self-help booklet on managing and overcoming suicidal thoughts, for clinicians to work through with patients to explore early warning signs and recognise triggers and changes in their emotions. A variety of suggested coping strategies are highlighted and recommendations for who to contact during a crisis. The booklet was co-written by clinicians and experts by experience.
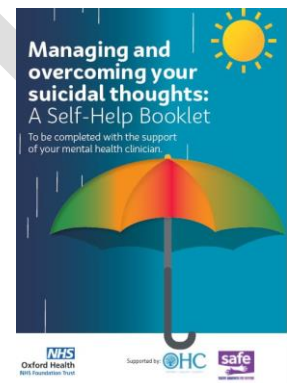
The Trust has an established Family Liaison Service which provides general bereavement support to adults, signposting to local and national support agencies for people bereaved by suicide, information/advice about processes and support to help families to raise concerns and questions. The service is not exclusively focused on support after suicide, but the majority of referrals are related to the death of a patient by suicide. In 2022/23 the service has received more than 50 referrals with 30 families accepting support, the support provided is tailored to each person. The Thames Valley area also has Amparo Listening Ear www.amparo.org.uk, this service provides emotional and practical support. Residents are referred to Amparo through the Thames Valley Suicide Real Time Surveillance Service. They can also self-refer, or the family liaison service can refer. In addition, Buckinghamshire has Survivors of Bereavement by Suicide peer support groups, and a similar group is being established in Oxfordshire. Buckinghamshire and Oxfordshire have specialist services to support children bereaved by suicide.

The Trust is an active partner in the Local Authority multi-agency suicide prevention groups in Oxfordshire and Buckinghamshire. The Trust is collaborating with organisations and providers across Buckinghamshire, Oxfordshire and Berkshire West 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.

As well as our own data we use the Thames Valley Real Time Surveillance System data coordinated by the Police, which includes all suicides for the whole populations in Oxfordshire and Buckinghamshire, shown in graph 9. Not all patients would have been known by mental health services. The information shows there has been a decrease in the number of suicides in Buckinghamshire in the calendar years of 2021 and 2022 and Oxfordshire is broadly the same. This information should be considered alongside population increases.

Graph 8. Number of suspected/ confirmed suicides (Trust data – people open and discharged from services at time of death)
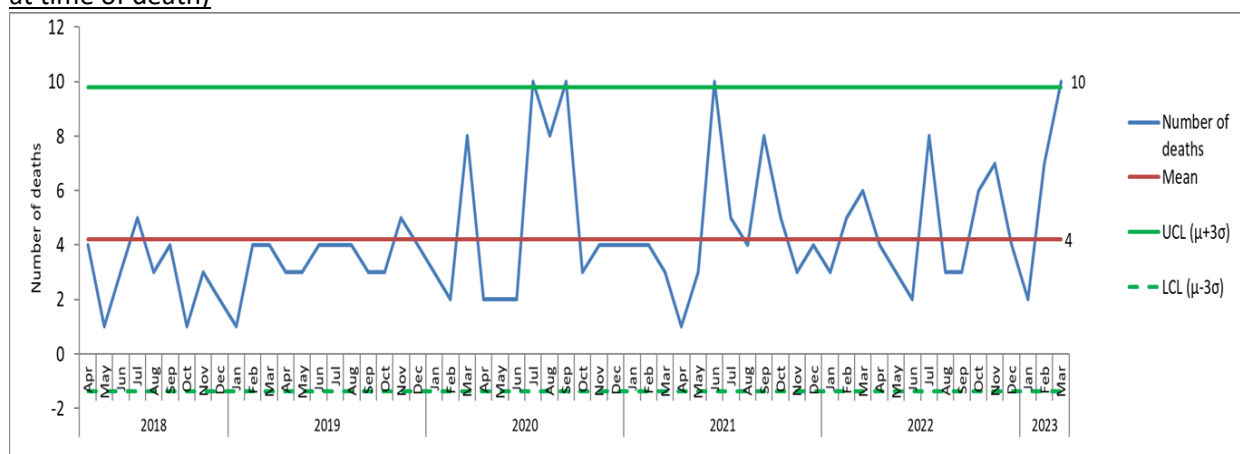
Graph 9. Number of suspected/ confirmed suicides (whole population information from the Real Time Surveillance System)
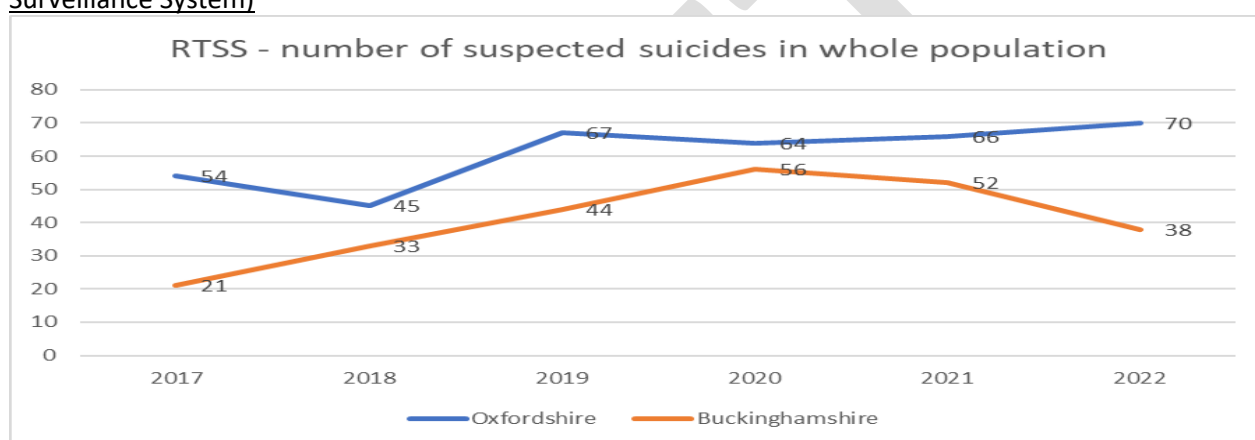
Key learning from our review of deaths

Our key safety improvement areas identified from mortality reviews in 2022/23 are;

- Individualised risk management/ safety planning (see quality objective S4)
- Engaging with families – sharing information (see quality objective E14)
- Risk for babies of co-sleeping with parents, there has been a BOB wide project around safe sleeping linking in with the Perinatal Team. Fathers are also being made aware of safe sleeping advice.
- Completion of annual health checks and inclusion in health action planning for people with a learning disability, including reasonable adjustments to access national screening programmes (see quality objective CE10)
- Recognition and escalation of deteriorating patients, some local actions have been taken and this will be a focus in the 2023/24 objectives.

Medical Examiner Role

In line with the national programme we are working with the regional medical examiner offices hosted by our neighbouring acute NHS Trusts in Oxfordshire and Buckinghamshire to expand the roll out of the medical examiner role across our services. The role is to independently review deaths that are not referred to the Coroner to confirm the cause of death and to identify where there may be concerns which require further review.

The roll out was initially delayed by the Trust's cyber-attack but there are now national delays due to capacity of the medical examiner offices to expand to community and primary care deaths. We continue to keep in regular contact with the medical examiner offices and are engaged in setting up a process to share

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clinical information to support the medical examiner reviews. We are aiming for the medical examiner role to be introduced for deaths by April 2024.

<u>Coroner Inquests</u>
The Trust was involved and participated in 63 inquests in 2022/23.

The Trust has been issued with one Prevention of Future Death notice from the local Coroners in 2022/23 relating to a young person who took their own life whilst at home in 2022. Notices are made by Coroners to address concerns arising from inquests. In comparison the Trust received one notice in 2021/22. The concern being raised from the notice issued in 2022/23 is about how we can improve having an early coordinated approach between organisations for complex cases. We received the notice on 28th March so are still responding at the time of writing this Account.

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13. Progress on Quality Objectives set for 2022/23

This section details the Trust's achievements against its quality objectives for 2022/23. We have made progress against all of the 14 objectives and for many we have seen an impact on patient care and staff well-being. Below is a summary of how we have self-assessed our achievement against each objective based on the aim we set in April 2022. For quite a few objectives we can demonstrate partial achievement but have not yet seen the full effect of our actions. A detailed breakdown by objective follows the summary.

Domain			Objective	Level Achieved (self-assessed)
Leadership	L1		Implement a Restorative, Just and learning culture	Achieved
	L2		Create a 'wellness' culture that supports and empowers staff to improve their health and wellbeing	Partially achieved
Safety	S3		Ensure staff receive high quality clinical supervision at least every 8 weeks	Partially achieved
	S4		Improve risk assessment, formulation and documentation	Partially achieved
	S5		Better support people with co-existing substance misuse being able to access interventions to reduce risk of suicide	Achieved
	S6		Reduce the use of restrictive interventions through the Positive and Safe work	Achieved
	S7		Improve sexual safety on our wards	Partially achieved
	S8		Reduce category 3 and 4 pressure ulcers which are identified as patient safety incidents (developed in service where there was learning in the care provided)	Achieved
	S9		Falls prevention, with a focus on reduction in harm from falls	Achieved
Clinical Effectiveness	CE10		Implement the improvements identified following the assessment against the national learning disability and autism standards, to include: a. Roll out the Oliver McGowan tier 1 and tier 2 training programme b. Improve the % of annual reviews of health action plans	Partially achieved
	CE11		Improve the mental wellbeing of those undergoing stroke rehabilitation	Partially achieved
	CE12		Improve the physical health of people with serious mental illnesses	Partially achieved
Patient and Families Experiences	E13		Embed personalised care planning developed with patients to improve clinical outcomes	Partially achieved
	E14		Working with families, to include; a. Work against the carers, friends and family strategy b. QI work	Partially achieved

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The objectives reported on are:
- ❖ L1. Implement a Restorative, Just and Learning Culture
- ❖ L2. Create a 'wellness' culture that supports and empowers staff to improve their health and wellbeing.

L1. Implement a Restorative, Just and Learning Culture	
Aim	Objectives achieved in year from implementation plan. Process measure; reduce number of staff suspensions
Self-assessment	<mark>Achieved</mark> – objectives for year completed and we have reduced the number of staff suspensions. The work will continue to keep developing the culture in the Trust.
Evidence of Progress	Restorative Just and Learning Culture Project group was formed. The project was temporarily paused because of the cyber-attack from August-December 2022. During this time work happened to ensure the Restorative, Just and Learning Culture principles, Civility & Respect Culture, and Kindness into Action are weaved together to form one joined up programme. Civility, respect and kindness are the foundations to achieving a Restorative, Just and Learning Culture and they are included as themes within training and corporate induction. The Trust is part of the NHSEI virtual community of practice for those trained in Restorative Just and Learning Culture to offer support and improve sharing. As well as the BOB ICS programme on Kindness into Action, a suite of elearning modules have been developed to introduce practical approaches to creating a kinder, safer culture where staff feel able to speak up safely. A rapid improvement group met to ensure the policy review process had elements of Restorative, Just and Learning Culture within its scope. A Restorative Just and Learning Culture 'checklist' was developed to ensure all HR polices have the correct approach, sentiment and language to align with the above programme. We have reviewed the suspension process and strengthened the decision-making process when a suspension is being considered by a manager to ensure this is just, fair and that alternative options such as redeployment have been reviewed. Work was carried out in 2022/23 to improve how we engage and support all those affected by a patient safety incident (staff, patients and families), using the principles of compassion and openness to create a positive learning culture. Further work is planned as part of the implementation of the new Patient Safety Incident Response Framework up to the end of 2023. The revised NHS Complaints Standards published in December 2022 will also require changes to ensure a restorative and compassionate approach – work is planned for 2023/24. We have introduced the initiative Trauma Risk Management (TRiM) which is a structured approach for staff to offer their peers support who have experienced a traumatic or potentially traumatic event. TRiM Practitioners are staff who have undergone specific training to spot signs of distress, carry out risk assessments, planning meetings and to signpost staff to support as required. So far there have been 5 training cohorts and 48 staff trained as TRiM. We have 5 initial pilot teams and 2 further teams identified. Training has been evaluated well, 93% of trainees felt confident in conducting one to one risk assessments after the training. Our aim is to review the impact on those staff supported over the next year.
Measure of Impact	Number of staff attended <u>formal training</u> on RJ&L Culture: 28 staff trained –local target achieved. Reduction in the number of <u>suspensions.</u>

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L1. Implement a Restorative, Just and Learning Culture

Target to reduce has been achieved. The graph below shows the number and duration of suspension cases in the last year. During December 2022 and January 2023 we had 0 suspensions.

Open Suspension cases at EOM
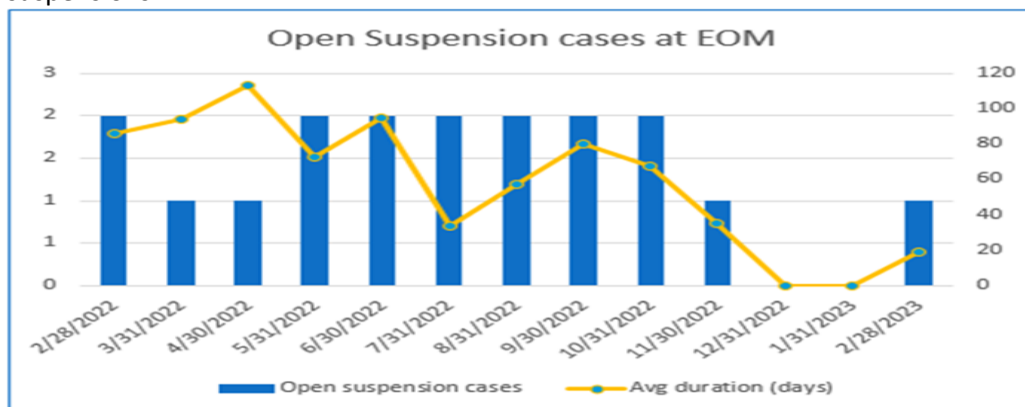
Annual national staff survey 2022 (n=3,279, 53%)

Below are the key questions related to culture. The Trust is just above the national average for all 4 measures although there is more work to do.
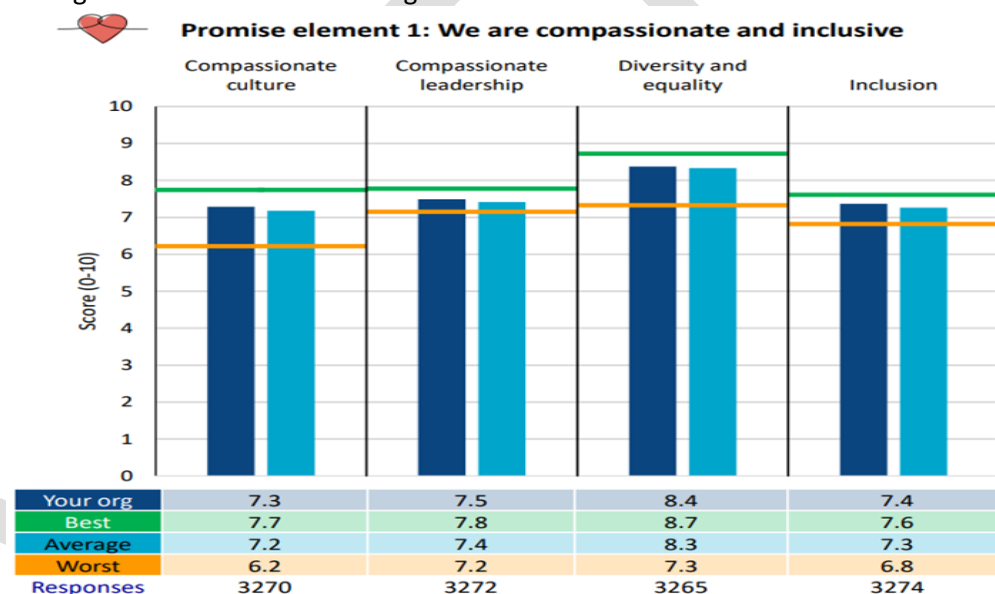
Promise element 1: We are compassionate and inclusive

	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.3	7.5	8.4	7.4
Best	7.7	7.8	8.7	7.6
Average	7.2	7.4	8.3	7.3
Worst	6.2	7.2	7.3	6.8
Responses	3270	3272	3265	3274

L2. Create a 'wellness' culture that supports and empowers staff to improve their health and wellbeing

Aim	Staff well-being part of everything we do, taking a holistic approach
Self-assessment	Partially achieved – lots of work has happened however the impact is not yet evident in the measures
Evidence of Progress	The Trust produces a monthly health and wellbeing matters newsletter for staff to help signpost and promote the activities happening. Health and Wellbeing is being woven into many of the Trust's change programmes including those on recruitment and retention. The link between staff satisfaction/support, retention and an annual appraisal is well evidenced. Carrying out regular appraisals is also part of the Trust's strategic objective to be a great place to work. The 2021 staff survey identified appraisals as an area for improvement so a quality improvement project was started. From holding focus groups

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with staff the main areas for improvement were identified as; streamlining the appraisal documentation, developing training/ resources to tackle inconsistencies, introducing an expectation to follow up on progress with objectives between annual reviews, and the timing of appraisals. In 2022/23 the appraisal documentation was reviewed and relaunched, elearning and resources have been developed, changes have been made to the recording system and an appraisal season was introduced from April 2023.

Following feedback from the 2021 staff survey we committed to developing our culture around flexible working, so people feel they can have an open discussion and explore what's possible. We hope this will improve retention of staff. A working group was set up to lead the work. A quality improvement approach has been taken, initially asking staff through workshops in May 2022 and a survey the best ways to improve how people can work more flexibly. The recommendations were accepted and put into an action plan to include work with e-roster colleagues to support managers to fully utilise flexible working practices on rotas, encourage managers to have discussions with staff in supervision, promoting trial flexible working requests and reviewing the current request form.

Other work this year has included:
- Employee Assistance Programme delivered by an external provider, available to staff 24/7 which provides a helpline to help staff to deal with personal problems that might adversely impact on their work, health and happiness.
- We have held five Schwartz Rounds in 2022/23, these 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.
- Wellbeing Conversations have been promoted with an increased uptake of REACT training to support these. OHFT lead the way across BOB in training via REACT. We now have invested in a REACT and TRiM trainer for one year.
- There has been work to increase the number of Health & Wellbeing Champions across the Trust with the aim of one per Team, currently there are 182 Health & Wellbeing champions in place.
- A menopause support group is now running, with OHFT signing up to become a Menopause Friendly Employer by July 2023.
- The Trust launched Gratitude Week in Oct 2022 with a focus on wellbeing, this included funding for teams to take time out for wellbeing, COVID Stars, Hampers, Bluelight Discount cards and a wellbeing annual leave day in 2022/23.
- Staff Awards have been restarted after the pandemic.
- A staff stress survey was carried out to help identify our next steps.
- The fifth annual HealthFest event was held from October 2022-January 2023. The theme for 2022 was Gratitude and Giving - offering a range of uplifting activities for staff to enjoy and have some much needed self-care.
- Due to the cost of living situation, work has been progressed over the summer to engage with staff side colleagues and staff to understand what measures would best support staff, and build on the work already done to ease financial pressures for staff. Some small gestures to help financially have included an increase in mileage expenses rate, free car parking on Trust sites and from January 2023 free supply of tea, coffee and milk.
- Two financial wellbeing seminars were held to help staff with the cost of living crisis are being put on by the Wellbeing Matters team and Money Charity.

| Measure of Impact | Employee Assistance Programme Service |
| | In 2022/23 there have been **717 calls**; 602 for counselling for anxiety/low mood and 115 for advice. Plus 2,276 hits on the portal/app to access support and signposting. There has been good usage of the service month on month. |

L2. Create a 'wellness' culture that supports and empowers staff to improve their health and wellbeing

Appraisals

Performance at the end of March 2023 was 56% against a local target of 95%. We have seen a slow improvement but we are below our local target. A number of changes have been made which we hope will have a positive impact going into 2023/24.
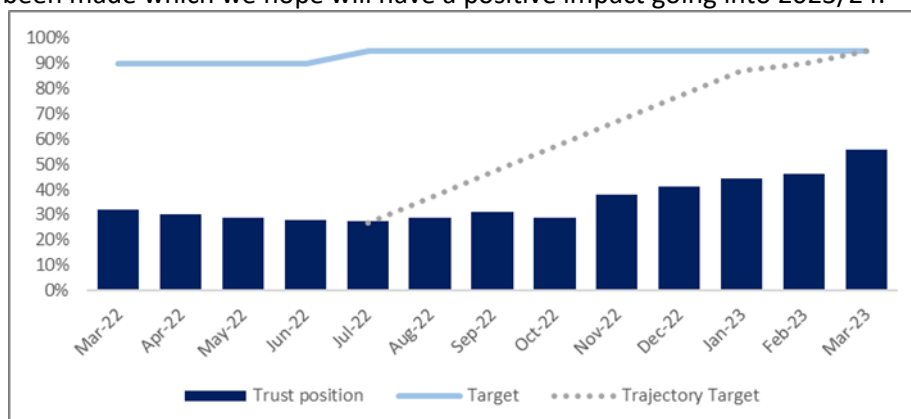
Reduction in sickness

Rate in March 2023 at 5.3%. We have been above our local target of less than 3.5% throughout 2023/24. The top five reported causes of absence were Covid 19 confirmed, Cough/Cold, Gastrointestinal, headache/Migraine and Flu.
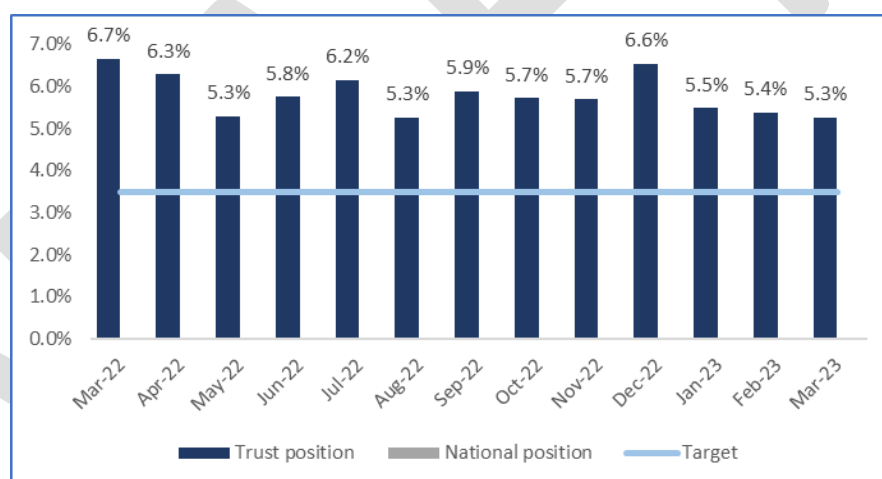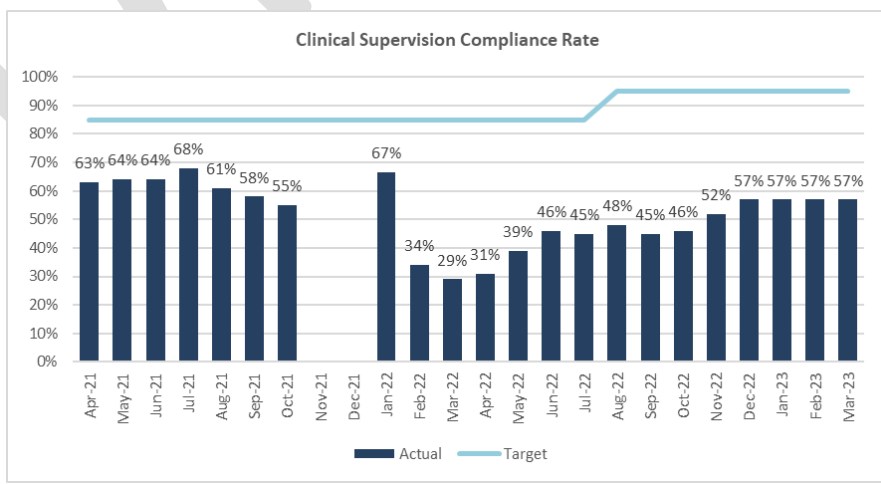
Annual national staff survey 2022 (n=3,279, 53% of staff)
- The organisation takes positive action on health and wellbeing 67%, higher than national average 64% improved from 2021.
- My immediate manager takes a positive interest in my health and well-being 78.2% the same as 2021 and slightly higher than national average 77.9%
- 73% had an appraisal in the last 12 months, less than 2021 and below the national average 85% - many of the changes in 2022/23 did not take effect until after the survey was completed. The % who said their appraisal helped to improve how they did their job has slightly improved from 2021 to 2022 and is above the national average.
- Can approach immediate manager about flexible working 77% similar to 2021 and slightly below the national average 78%.
- 62% of staff said they were satisfied/very satisfied with opportunities for flexible working compared to a national average of 66%.

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Domain: Safety
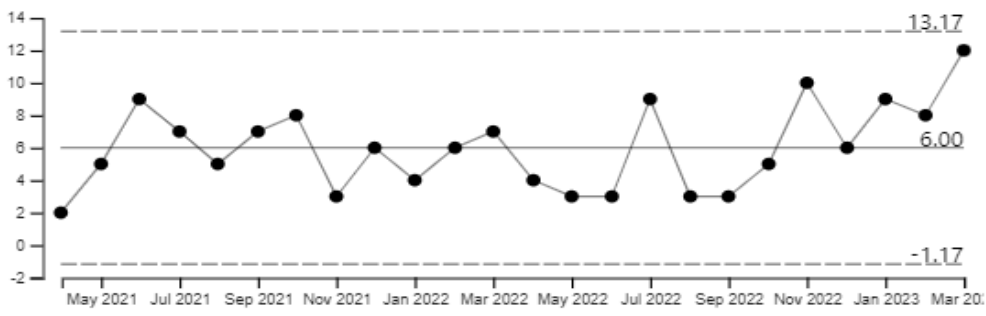
The objectives reported on are:
- ❖ S3. Ensure staff receive high quality clinical supervision at least every 8 weeks
- ❖ S4. Improve risk formulation/ assessment and management plan (Mental Health services)
- ❖ S5. Better support people with co-existing substance misuse being able to access interventions to reduce risk of suicide (Mental Health services)
- ❖ S6. Reduce the use of restrictive interventions through the Positive and Safe work (Mental Health services)
- ❖ S7. Improve sexual safety on our wards (Mental Health services)
- ❖ S8. Reduce category 3 and 4 pressure ulcers which are identified as serious patient safety incidents (Community S9. Nursing and Community Hospital inpatient services)
- ❖ S9. Falls prevention (Community Hospital inpatients)

S3. Ensure staff receive high quality clinical supervision at least every 8 weeks	
Aim	95% or above staff record having had supervision by March 2023
Self-assessment	<mark>Partially achieved</mark> – changes have been made however aim not reached
Evidence of Progress	A Supervision Steering Group has been meeting monthly throughout the year to lead on the recovery plan. The group has taken a quality improvement approach to work with staff about how to improve uptake. The actions taken include; - Development of the recording system to improve ease of recording and accuracy. Final changes to the recording functionality to include the ability for both admin and managers to record staff supervision for teams as well as the ability to record group supervision on multiple user accounts. This last change was made in March 2023. - Significant data quality exercise was completed to understand and ensure requirement was only for clinical staff, accuracy of data and report specifications. - Working alongside those teams with the poorest uptake - Delivering training for supervisors and supervisees, this continues to be evaluated and updated - Supervision guidance developed. - Spot checks by Associate Directors of Nursing/ Heads of Nursing to review practice and quality of supervision
Measure of Impact	Position at the end of March 2023 was 57% below our local target set at 95%. Clinical Supervision Compliance Rate Apr-21: 63%, May-21: 64%, Jun-21: 64%, Jul-21: 68%, Aug-21: 61%, Sep-21: 58%, Oct-21: 55%, Jan-22: 67%, Feb-22: 34%, Mar-22: 29%, Apr-22: 31%, May-22: 39%, Jun-22: 46%, Jul-22: 45%, Aug-22: 48%, Sep-22: 45%, Oct-22: 46%, Nov-22: 52%, Dec-22: 57%, Jan-23: 57%, Feb-23: 57%, Mar-23: 57%

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S4. Improve risk formulation/ assessment and management plan (Mental Health services)	
Aim	To identify changes that have a positive impact and to share this learning and changes across a wider range of teams.
Self-assessment	<mark>Partially achieved</mark> – diagnosis work completed and some changes made although impacted by the change in electronic patient record system
Evidence of Progress	5 teams tested various changes in practice, detailed below. QI projects and aims; - Improve the co-production of and participation in risk assessments and safety plans in BSW CAMHS CRHT - Increase the rate of completed risk assessments on discharge from Oxfordshire Cherwell ward - Improve the quality of suicide risk assessments and risk formulation conducted by Buckinghamshire CRHT clinicians - Reduce missed appointments by improving handovers in Oxfordshire CRHT - Increase number of safety plans that are co-produced in Oxfordshire CAMHS The cyber-attack and then a transition to a new patient record system from December 2022 had a significant impact on progress with the quality improvement work and capacity within the teams. So the work was refocused in 2023 on; • Reviewing and updating the mandatory Clinical Risk Assessment and Management training for staff to include themes from Trust data, national guidance and emerging NICE best practice. • A focus on individual safety planning to support staff to work in collaboration with patients, carers and families to produce a meaningful, person centred, shared plan of care to inform interventions that promote recovery and support at times of distress/ crisis. Clinical audits of safety planning have been introduced recently to measure change. • A pilot of Clinical Practice Educators focused on suicide prevention who are working alongside teams in the context of their ward/service and patient group to strengthen risk assessment, formulation and documentation skills. • Development of recording on CareNotes and now this is being taken forward into the new electronic patient record system introduced from December 2022. Our aim is to support recording of information in a way that promotes the coproduction of patient's safety, recovery and wellbeing plans that are easily accessible to those involved in care.
Measure of Impact	Quality improvement diagnosis work has been completed which helped to identify where work was needed. As of February 2023 the Clinical Risk Assessment and Management training figures for the Buckinghamshire mental health services is 84% and in Oxfordshire and BSW this is 80%. Compared to 57% in February 2022. Work continues to achieve our internal target of 95% as well as continuing to evolve the training. The plan in 2023/24 is to review the delivery model for training. The learning from our internal serious patient safety incident investigations completed in 2022/23 show continued work is needed around individualised risk management, alongside working with patient's families to help manage and better understand risks. This is an extremely challenging and complex area, and is the most common theme for mental health providers. Both the Healthcare Safety Investigation Branch in their review of care delivery within community mental health teams (Care delivery within community mental health teams (hsib.org.uk) 2023) and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH	Annual report 2023: UK patient and general population data 2010-2020 - NCISH (manchester.ac.uk) 2023) recognise the complexities and challenges with getting this right.

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S5. Better support people with co-existing substance misuse being able to access interventions to reduce risk of suicide (Mental Health services)	
Aim	Improve access to services to help with substance misuse for people who are in suicidal crisis (3-year goal
Self-assessment	<mark>Achieved</mark> – the work is in year 1 of 3
Evidence of Progress	This area is one workstream of the Trust's suicide prevention strategy and steering group. About 12% of suspected suicides for people known to the Trust have a substance misuse diagnosis. A workshop was held in August 2022 as a deep dive into the trends and learning from reviews into suicides, with the aim to inform the work of each of the suicide strategy workstreams. There is more detail about our work on preventing suicides in section 11, learning from deaths of the Quality Account.

This workstream is co-chaired by a member of staff and a person with lived experience and includes representatives from the externally provided specialist drug and alcohol services in each county. The work is being aligned with the actions for the Community Mental Health Framework on developing a dual diagnosis pathway. This workstream is concerned with addressing gaps in supporting people with substance misuse issues, including harmful and hazardous drinking. Work is progressing initially focused on strengthening staff training and resources. Staff webinars are planned and will be co-delivered with experts by experience, focusing on the impact and signs of substance misuse. The group has also been involved in developing the new risk assessment and management plan being developed for the new electronic patient record. |
| Measure of Impact | Whilst the workstream is in year 1 of 3 the measure being shared is total suspected suicides.

In 2022/23 there were 59 suspected/confirmed suicides (compared to 69 in 2021/22) across all of the counties we provide services within, of which 36 of the suicides were a patient currently open and receiving care from the Trust. We have seen no significant change in number of suicides month on month which is in line with the national figures which are relatively stable, although there has been a recent increase in March 2023 which we are exploring further.

<u>Number of suspected/ confirmed suicides (Trust data – people open and discharged from services at time of death)</u>

How many patient deaths were suspected or confirmed suicides? |

S6. Reduce the use of restrictive interventions through the Positive and Safe work (Mental Health services)	
Aim	Reduce use of prone restraint by 25% (this is year 2)
Reduce use of seclusion by 15% (this is year 1)
Self-assessment	<mark>Achieved</mark> – national target reached and significant reduction made
Evidence of Progress	Restrictive practice is generally used when patients present a risk to themselves or others. We have been using a quality improvement approach to better anticipate and respond to risks and violence, with the aim of reducing the use of restrictive interventions. This is part of the national mental health patient safety programme and regional collaborative. The national aim is to make a 15% reduction in use of prone restraint, seclusion and rapid tranquilisation.

S6. Reduce the use of restrictive interventions through the Positive and Safe work (Mental Health services)	
	As well as individual ward projects the Trust has been rolling out the following actions across all wards; • Robust measurement and regular scrutiny of data • Training and resources for using alternative intramuscular injection sites, to reduce use of prone position during physical restraint • Use of safety pods. These were new to the Trust so training, videos and resources were also developed. • Work to develop a rapid tranquilisation prescription chart to support the use of alternative injection sites. Progress can be evidenced in our data with a reduction across all mental health wards of the use of physical restraint and also of the use of prone position. As well as a reduction in the use of seclusion.
Measure of Impact	*We had one patient on a forensic mental health ward during 2022/23 who required a high level of restrictive practice for their own safety and the safety of staff. The patient had specific complex needs managed through a care plan while awaiting transfer to a high secure environment which occurred in early 2023. Due to the level of restrictions we had regular senior reviews and independent reviews into their care and treatment. For the purposes to look at any improvements made in reducing restrictive practice we have removed the data for this patient.* All physical restraints Reduction in use of physical restraint. Use of Prone Restraint: The number of overall uses of prone have reduced year on year. However the reduction has not quite been by the local target we were aiming for of 25%. *(table below)*

How many incidents involved physical restraint?

Year	Number of uses of prone restraint	% change	Number of patients involved
2020/21	286 (of which 177 for rapid tranquilisation by intramuscular injection)	Not applicable, baseline.	135
2021/22	257 (of which 166 for rapid tranquilisation by intramuscular injection)	Year 1 - 10% reduction (from baseline)	128
2022/23	244 (of which 175 for rapid tranquilisation by intramuscular injection)	Year 2 – 15% reduction (from baseline)	119

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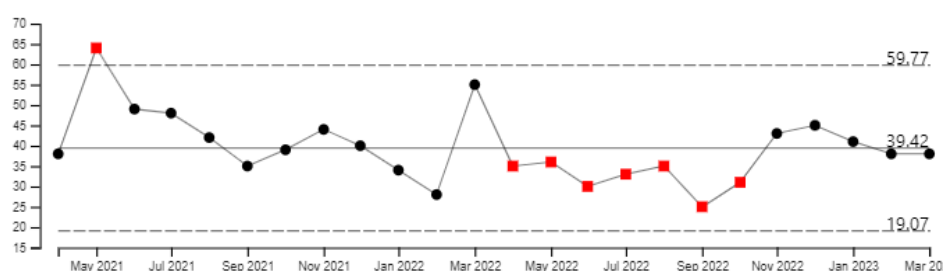| S6. Reduce the use of restrictive interventions through the Positive and Safe work (Mental Health services)	
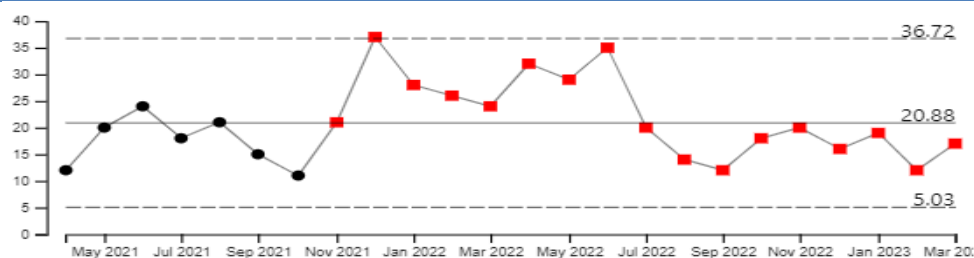
Use of seclusion – number and duration

The number of uses of seclusion has reduced from last year and by more than our local target of 15%. The median duration of seclusion has increased slightly although this varies by ward.

We have some great examples of wards that have reduced their use of seclusion significantly. For example 1 forensic ward reduced the number of seclusions by 43% and the mean length of time by 59% over the last 6 months – the ward is showcasing the work they did both locally and nationally.
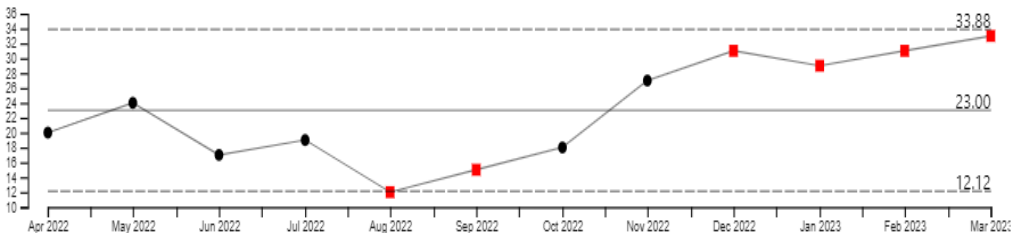
Year	Number of uses of seclusion	% change on number	Median length of time in seclusion
2021/22	516 episodes (210 patients)	Not applicable, baseline.	21 hours on average
2022/23	430 episodes (193 patients)	Year 1 – 17% reduction (from baseline)	25 hours on average

How many incidents involved seclusion?

S7. Improve sexual safety on our wards (Mental Health services)	
Aim	Improve sexual safety in inpatient mental health services (impact on both patients and staff)
Self-assessment	Partially achieved – seen an increase in staff awareness and reporting as a result of the work started.

Evidence of Progress	A quality improvement project was started and then paused alongside the national mental health patient safety programme. Some initial work has started whilst we wait to hear if the national collaborative work is going ahead. This has included raising awareness and encouraging reporting of incidents across the Trust.
	
	We completed some diagnosis work using a quality improvement approach and developed a driver diagram which identified 5 areas of focus;
	  ▪ Staff confidence, training and support
	  ▪ Partnership working with police and safeguarding
	  ▪ Sexual safety culture- awareness, are concerns raised, incidents and learning reported
	  ▪ Consistency of reporting and oversight
	  ▪ Improvements to ward environments

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	Specific projects have started on; - CAMHS Marlborough House which has been working on increasing the % staff and patients that feel safe from sexual harm on the ward. Patients have reported an improvement in feeling safer. - Wenric forensic ward, this is at a fairly early stage but is gaining traction and the project group are meeting regularly. Learning is being shared with the other forensic wards.
Measure of Impact	**Incident reporting levels** We expected the number of incidents to increase when we started the work, as we believe there is underreporting, in line with national findings. The number of incidents increasing shows some of the positive affect of the work, with nearly all of the incidents resulting in no harm. The majority of incidents relate to inappropriate sexual comments from patients towards staff (118, 43%). Most of the incidents reported happened on our forensic inpatient wards (54%).

S8. Reduce category 3 and 4 pressure ulcers which are identified as serious patient safety incidents (Community Nursing and Community Hospital inpatient services)	
Aim	% reduction of pressure ulcers identified as serious patient safety incidents
Self-assessment	Achieved – reduction in category 3 and 4 ulcers
Evidence of Progress	There has been lots of work happening over the last year led by the pressure ulcer steering group. Every pressure ulcer developed in our care with harm to a patient is reviewed to identify if there were any lapses or issues in care so that we can learn and take action. We also use a safeguarding decision guide to look at whether a safeguarding alert should be raised. In 2022/23 we have carried out quarterly thematic reviews on pressure ulcers that developed due to a lapse in care to steer our actions, learning and to monitor change. Overall we have seen a reduction in the total number of category 3 and 4 ulcers developed whilst under our care and where we identified lapses (18 in 2021/22 compared to 12 in 2022/23). The Trust developed a pressure ulcer improvement plan with 4 workstreams; • Workforce; recruitment, retention and skill mix developments • IT infrastructure and optimisation of access • Patient and public awareness and self-education • Training needs analysis and competency development Community Hospitals identified a focus on i) pressure ulcer risk assessments ensuring these are happening within 6 hours and ii) improving personalised care planning and actions to manage risks. They also choose to look at heel pressure ulcers with a focus on training around lower limb assessment and increasing the availability of equipment. The Community Nursing service has been in an escalation position, OPEL level 4 throughout 2022/23 due to increasing demand and lack of capacity. However they have been working on an improvement plan with a focus on recruitment, skill mix review, patient education and training. One element of this plan was the introduction of 6 senior clinical specialists with advanced skills to concentrate on patients with wounds and ensure they are on the correct evidence based pathways, as well as provide training within teams. The roles started in January 2023.

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S8. Reduce category 3 and 4 pressure ulcers which are identified as serious patient safety incidents (Community Nursing and Community Hospital inpatient services)	
Measure of Impact	Most pressure ulcers are seen in the community while patients are in their home and under the treatment of the Community Nursing service (74%). The most common injury is a category 2 ulcer (low level of harm) which makes up 56% of all pressure damage, enabling prevention to more serious harm. We have seen a small increase in category 2 ulcers.

We have seen a reduction in the total number of category 3 and 4 ulcers developed whilst under our care (171 in 2021/22 compared to 151 in 2022/23) and also a reduction in category 3 and 4 ulcers developed in service where we identified learning/lapses in care, therefore meeting the criteria of a serious patient safety incident (18 in 2021/22 compared to 12 in 2022/23).

In relation to pressure ulcers by activity levels:
- Community Nursing service on average 0.5 incidents of pressure ulcers developed in service per every 1,000 appointments (based on activity April-July 2022). The rate in 2021/22 and 2022/23 is similar.
- Community Hospitals on average 0.8 incidents of pressure ulcers developed in service per every 1,000 occupied beds (based on activity April-July 2022). The rate in 2022/23 is slightly higher than 2021/22. There has been an increase in acuity of patients on the ward which may contribute to the predisposing factors and a patients ability to comply with using pressure relieving equipment.

The below graphs share the position month by month for the last 2 years.

<u>All levels of Pressure Ulcers – developed in service (category 1, 2, 3, 4, deep tissue and unstageable), whether lapses in care identified or not</u>
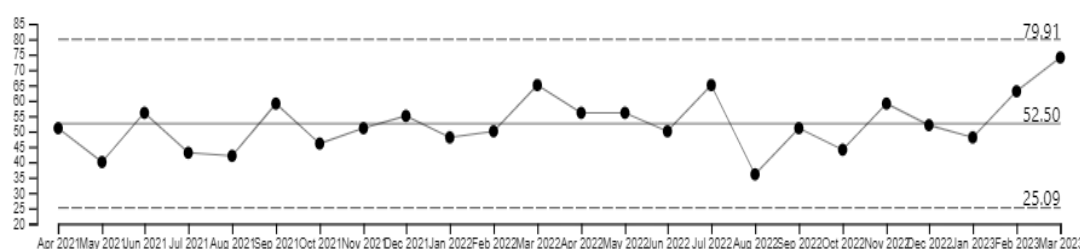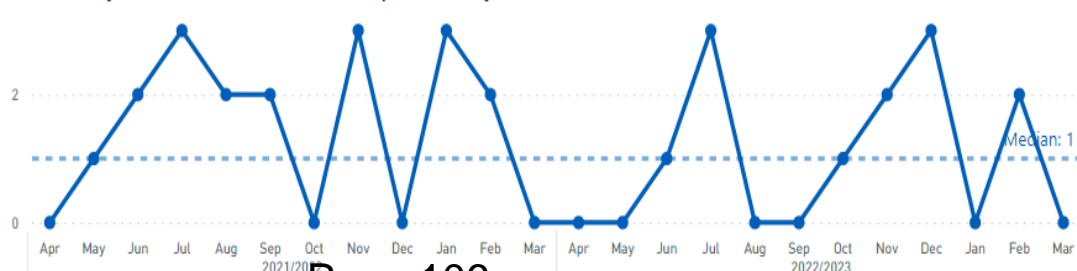

<u>Number of Pressure Ulcers category 3 and 4 developed in service, whether lapses in care identified or not</u>
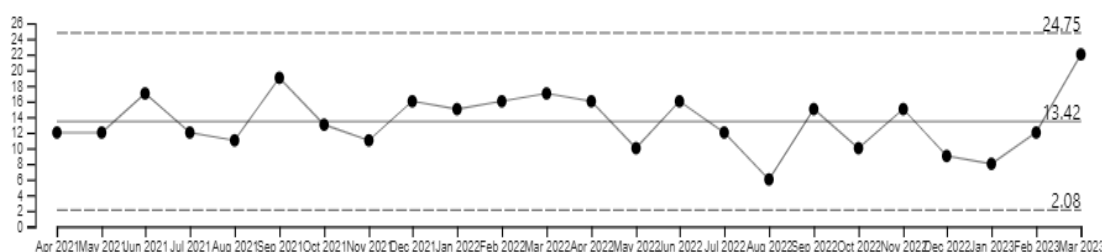
<u>Number of Pressures Ulcers meeting the Serious Patient Safety Incident criteria as lapses in care were identified</u>

 |

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S9. Falls prevention (Community Hospital inpatients)	
Aim	Reduce falls from a patients bed.
Self-assessment	<mark>Achieved</mark> – reduction in falls from a bed by 30%
Evidence of Progress	A quality improvement project started around embedding the completion of bed rail assessments within 12 hours (based on clinical decision making) and patient risk assessments. The discovery phase and baseline data was collected on 3 wards with initial good practice and gaps identified. The discovery phase identified a lack of training (specifically on bed rail assessments) and a need to revise our standards for the timescales to complete bed rail assessments. A bed rail awareness week was ran to engage staff. The Trust's policy on safe use of bed rails was reviewed and amended in June 2022 to reflect the revised standards. Unfortunately some of the bed rails work planned has been impacted by the cyber-attack and subsequent reduced capacity on the wards to undertake quality improvement work. However, the work that was done and embedded has had an impact and we can demonstrate a reduction in falls from a patients bed.
Measure of Impact	There was a reduction in all falls from 2021/22 to 2022/23 across the community hospital wards (294 incidents in 2021/22 compared to 274 in 2022/23). In relation to our area of focus on patient falls from a bed there was also a reduction in the number of falls from 56 incidents in 2021/22 to 39 incidents in 2022/23. There has been a reduction in the overall number of falls as well as falls from a bed (both actual number and % of all falls) over the last 3 years. From the baseline in 2021/22 the number of falls from a patients bed have reduced by 30%. Patient falls from a bed

Domain: Clinical Effectiveness

The objectives reported on are:
- ❖ CE10. Implement the improvements identified following the assessment against the national learning disability and autism standards, to include:
    - ○ Roll out the Oliver McGowan national tier 1 and tier 2 training programme
    - ○ Improve the % of annual health checks
- ❖ CE11. Improve the mental wellbeing of those undergoing stroke rehabilitation (Stroke inpatient service)
- ❖ CE12. Improve the physical health of people with serious mental illnesses (Mental Health services)

CE10. Implement the improvements identified following the assessment against the national learning disability and autism standards	
Aim	a. 90% of staff complete Tier 1 of the national Oliver McGowan training by end of March 2023. b. Increase in health action plans for patients open to specialist learning disability community teams

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CE10. Implement the improvements identified following the assessment against the national learning disability and autism standards	
Self-assessment	<mark>Partially achieved</mark> – efforts made to achieve training however national launch delayed and increase in people with an annual health check and plan
Evidence of Progress	The Trust submits an annual self-assessment against the standards, which includes feedback from staff and patients at our Trust. Our focus in 2022/23 has linked with our new Learning Disabilities Service Strategy (2022-2027) to reduce health inequalities, increase life expectancy and quality of life. We have 8 workstreams working to deliver the aims of the Strategy. The actions we have taken from the assessment are detailed in the body of the Account so this will focus on giving an update on progress with the roll out of training and improving the update of annual health checks. a. Training The Trust participated in the pilot of the new national training on autism and learning disabilities (Oliver McGowan) to help shape the content, which 125 staff attended. The Trust also developed internal short training videos as an interim while waiting for the national training to be released. Tier 1 of the national training was available from 1st November 2022. The e-learning has been made available on the Trust's training portal for all staff to complete alongside a communication campaign. The training will become mandatory over the coming months. The Trust is working with BOB ICS partners to develop and delivery the second part of the training which will involve face to face teaching. As the national training was delayed in being released, we have not been able to achieve our local target of 90% of staff completing the training by the end of 2022/23. As of March 2023 282 staff (5%) have completed the new national training. This work will continue and be mandatory for all staff. The compliance with all mandatory training is overseen by the Executive Team. See information below about the Reasonable Adjustment Service which has provided in addition bespoke training for teams and support working with patients. b. Increase in health action plans We have been working with GPs and people with a learning disability to make annual health checks more accessible so that health conditions can be identified as early as possible for treatment. Research shows the average age at death of a person with a learning disability is 23 years younger for men and 27 years younger for women than the wider population. We held an event in June 2022 with primary care services and the third sector for people with a learning disability and their carers to find out what positive steps they can take to live well and be healthier. As of 31st March 2023 81.5% (2,466) of people in Oxfordshire aged 14 and over registered with their GP as having a learning disability have had an annual health check. This against a national target in the NHS Long Term Plan of 75%. Last years (March 2022) performance in Oxfordshire was at 74% so we have seen an improvement. Other activities happening Below are some of the other activities we are doing to improve how we work with and support people with autism: o The Green light Toolkit has been completed across the Buckinghamshire mental health wards, with actions focusing on establishing autism champions in teams and sensory surveys of the ward environments. The audits are underway across the community teams. o The Reasonable Adjustment Service at the Trust is supporting mental health clinicians to understand and support the needs of autistic individuals

CE10. Implement the improvements identified following the assessment against the national learning disability and autism standards	
	with reasonable adjustments and adaptions. The service in Oxfordshire and Buckinghamshire is being expanded. Bespoke training sessions have been delivered to mental health wards and community teams, as well as regular support sessions.
	o Working with our autistic patients/ experts by experience we have developed and piloted an autism reasonable adjustment passport in Oxfordshire to support access to mental health services.
	o Resources have been developed to support clinical teams with making communication more autistic inclusive.
	o 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.
	o Buckinghamshire has implemented a new service providing support to over 20 young people with significant mental health and learning disability or autism needs. One innovation for the service is to follow the wider trend of using a new social prescribing role this seeks to support young people to access and participate in community activities that add value to their recovery and to the mental health services they receive.
	o The Disability Equality Staff Network marked 'Neurodiversity Celebration Week' in March 2023 with a live Teams event for the first time which was attended by 80 people.
	o A new BOB ICS ASD patient forum has been developed to work on improving the experiences of people when they access services.
Measure of Impact	See above information in description.

CE11. Improve the mental wellbeing of those undergoing stroke rehabilitation (Stroke inpatient service)	
Aim	Improve how emotional changes are considered with patients to feed into care planning and provision of information.
Self-assessment	Partially achieved – training developed and delivered to more than half of the ward staff and clinical audit results improved
Evidence of Progress	The stroke care pathway is a priority within the NHS Long Term Plan. The Trust provides a 20-bed inpatient service delivering intensive specialist rehabilitation for patients following an acute stroke. On average patients stay on the ward for 4-6 weeks. During this time, patients receive intensive rehabilitation from a multidisciplinary team (MDT). The team consists of nurses, doctors, physiotherapists, occupational therapists, speech and language therapists, and dietitians.

In 2022/23 the ward team decided to focus on improving how they support patients/ families with psychological and emotional needs as part of working on personalised care planning. To support the work the ward secured funding to appoint a new permanent clinical psychologist, she started in July 2022. She has been supporting the whole MDT to think and support patients with psychological/ emotional effects commonly experienced after a stroke and providing psychology sessions to patients.

The Team identified a series of actions they wanted to implement detailed below;
▪ Staff training so the whole team is more aware around emotional changes after a stroke
▪ Reviewing the mood screening tool used
▪ Embedding what matters to me as part of improving personalised care
▪ Looking at what information and signposting is given to patients/ families around emotional wellbeing.

The team have not been able to progress all of the work as much as they would have liked due to the impact of the cyber-attack as the community hospital service which still continues to work in business continuity without an electronic patient system. |

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CE11. Improve the mental wellbeing of those undergoing stroke rehabilitation (Stroke inpatient service)	
Measure of Impact	**Training** So far more than 42 staff on the ward have completed the training, which is over half. All staff have been sent the links to the training. This is to encourage the whole multi-disciplinary team to bring neuropsychological thinking into daily practice and care planning with patients. Prior to this none of the staff had received specific, tailored training around emotional changes. **National clinical audit results** We have participated in the national audit on stroke called SSNAP, the quarterly overall results for 2022-23 are below. - Quarter 1 was B - Quarter 2 was B - Quarter 3 was C* - Quarter 4 was A (provisional to be confirmed in June 2023) A total of 44 key indicators are included in the national audit chosen by the Intercollegiate Stroke Working Party as representing high quality stroke care. The indicators include looking at whether psychology was considered and offered to patients alongside physiotherapy, occupational therapy and speech and language therapy. The key indicators are grouped into 10 domains covering key aspects of stroke care. The performance is rated on a scale from A to E, with A being the highest compliance, 90% or above. *Audit compliance rating dropped to C in Quarter 3. This is across the same period as the cyber-attack to our supplier of the patient record system which meant all systems were unavailable from August 2022. So we believe the drop in performance is related to documentation rather than practice. **Feedback from patients/families** The response rate to surveys from patients on a stroke unit are expectedly low. We received 115 survey responses in 2022/23 and these showed overall; 4 patients gave a rating of 1 (lowest score) 9 patients a rating of 2 40 patients a rating of 3 73 patients a rating of 4 105 patients a top rating of 5 (highest score) The average rating for the year was 4.44 out of 5, the ratings fluctuated slightly month by month, and did not show an improvement from the work to better support patients psychologically or emotionally. 110 out of 115 patients wrote responses in the open text comments, no-one specifically mentioned psychology but therapy was mentioned a number of times. A summary word cloud of the open text responses is below, the larger the text the more times it was mentioned, for example staff were mentioned 50 times. The colour of the word refers to the rating; a rating of 4 and 5 is green, a rating of 3 is yellow, a rating of 2 is orange and a rating of 1 is red. The reviews continue to be used to make positive changes on the ward. Page 110

CE12. Improve the physical health of people with serious mental illnesses (Mental Health services)	
Aim	Improve the physical health for patients with a severe mental illness. We use a process measure, completion of annual physical healthcare reviews and acting on the actions identified; local targets are 90% of patients open to our Ealy Intervention Services and 75% of patients open to our Community Mental Health Teams.
Self-assessment	<mark>Partially achieved</mark> – lots of work and changes have been made, some improvements in patient reported outcomes however we are been unable to see the impact on the completion of the Lester tool for a holistic physical health check.
Evidence of Progress	National statistics show that people with a serious mental illness are at a greater risk of poor physical health and have a higher premature mortality than the general population, often dying 15-20 years sooner from conditions like cardiovascular disease or cancers due to poor access to screening and physical health checks. To address this health inequality, we have committed to increase the number of patients with a serious mental illness open to our community mental health teams that have a full annual physical health check each year (using the Lester tool). The physical health check consists of reviewing seven parameters: Body Mass Index (BMI), systolic blood pressure, diastolic blood pressure, lipids, glucose, alcohol status and smoking status, and then identifying any actions in the person's care plan or making a referral to specialist services as needed. Throughout 2022/23 there has been an improvement plan in place with 3 workstreams. Lots of work and funding has been put into improving the physical healthcare of patients accessing mental health services, including new physical healthcare roles and tobacco dependency advisor roles being appointed and embedded into community mental health teams and wards, as well as the purchase of additional physical healthcare equipment. The focus has been on: • Diabetes management on the wards • Physical health skills training for community mental health teams • Developing patient information to support conversations and promote improving health • An inpatient referral pathway to embed a care treatment programme for tobacco dependency has been developed. The focus is on systematically identifying all active smokers on the wards and quickly offering nicotine replacement therapy, alternatives to smoking such as vapes and access to specialist 1:1 support throughout admission. Patients are then offered referral to community stop smoking services on discharge. • Increase the role of peer support workers to promote physical healthcare screening • Improve flexibility and mobility of testing through mobile clinics and point of care testing kits • We have also introduced new mental health practitioners to provide support to patients in primary care. 9 practitioners have so fare been recruited in Buckinghamshire. • Make changes to the physical health forms on the electronic patient record It will take time to really improve the healthcare of vulnerable people with a serious mental illness. Some patients will have neglected their health or not been able to access screening/support for decades. The Trust has committed to changing this and recognising the importance of our role in helping someone with their physical health as well as their mental health.

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CE12. Improve the physical health of people with serious mental illnesses (Mental Health services)	
Measure of Impact	The measurement to demonstrate the impact of the changes has been hindered by the cyber-attack on the electronic patient system. The data we have on the completion of physical healthcare reviews is only available up to July 2022, this shows we did not achieve our local target in the first 4 months of 2022/23. Local intelligence from teams is there has been an increase in reviews and availability of physical health clinics. We have some patient reported outcomes which show patients reporting feeling more supported with managing their physical healthcare. National annual community mental health patient survey 2022 (n=266); In the last 12 months have you been helped with physical health needs - 5.4 out of 10 against a national average of 4.7. Improvement from 2021. Completion rate for the Lester screening tool is below our local target at the moment. However the data is only available to end of July 2022.
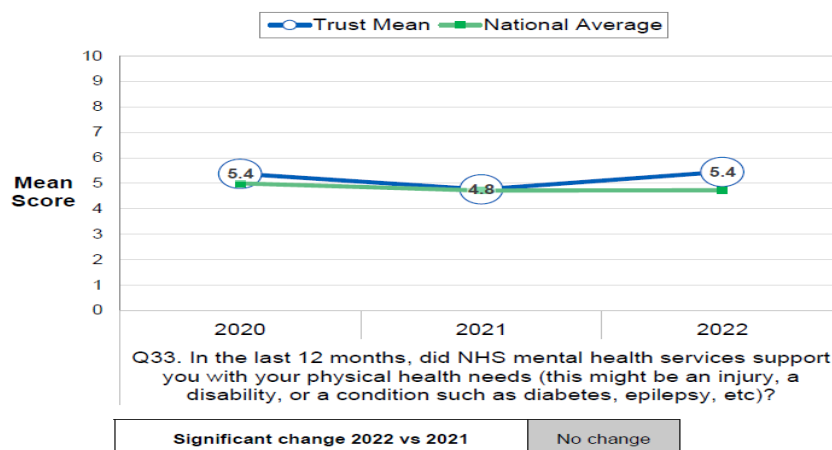
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Domain: Patient and Family Experiences
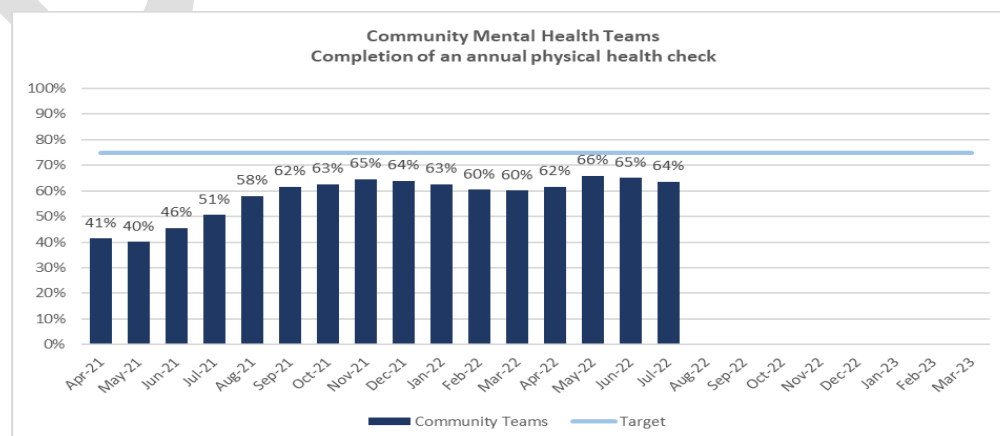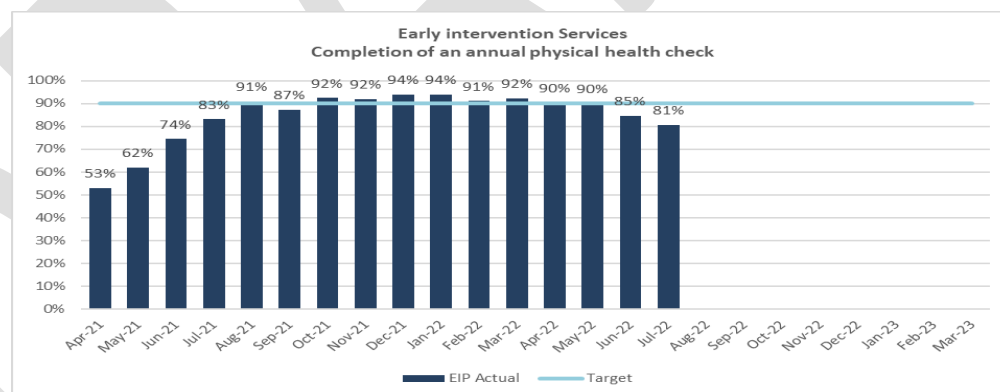
The objectives reported on are:
- ❖ E13. Embed personalised care planning developed with patients to improve clinical outcomes
- ❖ E14. Working with families;
  - a. Embed the Carers Trust's Triangle of Care standards (or equivalent) across all services aligned with the Trusts Family, Friends and Carers Strategy.
  - b. QI projects to improve working with families (Mental Health services)

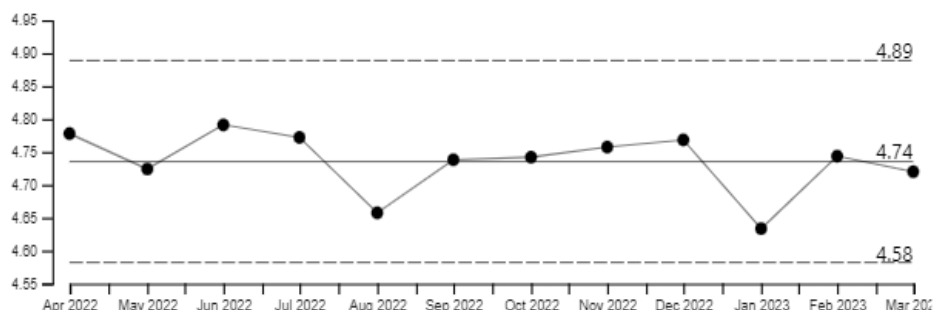| E13. Embed personalised care planning developed with patients to improve clinical outcomes	
Aim	Improve feedback from patients about having a co-produced personalised care plan/ plan of care.
Self-assessment	<mark>Partially achieved</mark> – lots of work has happened, some small improvements can be evidenced
Evidence of Progress	A number of quality improvement projects are underway with a focus on person centred care and care planning. Some examples of the projects this year include; - Forensic inpatient services have focused on needs led care planning in collaboration with patients. - A community hospital ward completed a quality improvement project to better involve their patients in care planning and the use of patient boards. The positive outcome of the work is now being spread across the other community hospital wards. - An adult community mental health team used an appreciate inquiry model to engage staff and patients to co-design a new care plan format which could better improve coproduction in care planning. The pilot has been successful and the learning is being shared across teams. - The community dental services have introduced the Patient Bridge from Nov 2022, a cloud-based platform which has a patient portal so that our patients, parents and carers can complete their pre-assessment forms before attending their appointment. We can also send messages to patients through the portal to improve communication. A quality improvement approach was taken from the start in April which meant changes were made as we introduced and used the system based on feedback from patients and staff. Moving forward we hope to use the portal to share more information and to make it more interactive so we have closer working with patients. - The Urgent Community Response team has been trialling joint visits with the care team from Oxford University Hospitals NHS Foundation Trust so that a patient can be assessed for reablement at the same time as a patient receives treatment. This supports better coordinated care planning between providers and enables the patient to stay at home with on-going care needs after treatment has commenced. - Children We Care for have been developing a personalised physical health summary for their clients just before they turn 18 years old. Clients are asked to provide feedback on what would be helpful to include in the health summary, what does not need to be included and whether anything else should be considered. A three-month trial is underway for the service with plans to expand in other services if successful. The Trust has a co-produced a new Patient Experience and Involvement Strategy in 2022/23, building on the previous Strategy, which is in the final stages of being approved, a central part of this is to improve personalised care. The national annual community mental health survey results for 2022 showed small improvements in this area from 2021, although our local survey results and evidence in clinical records (via clinical audits) shows this has remained quite static.

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E13. Embed personalised care planning developed with patients to improve clinical outcomes	
Measure of Impact	Our <u>local patient survey data through IWGC</u> shows an average score of 4.73 (n=8,416 patients) for the question 'were you involved as much as you wanted to be in your care' in 2021/22 compared to 4.78 in 2022/23 (n=8,044 patients) so this is similar. The graph below shows the average score per month in 2022/23, out of a maximum score of 5.

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

What are the counts of 5* and 1* scores? (counts total of the scores for eac...

● Count of 5* Score (best) ● Count of 1* Score (worst)
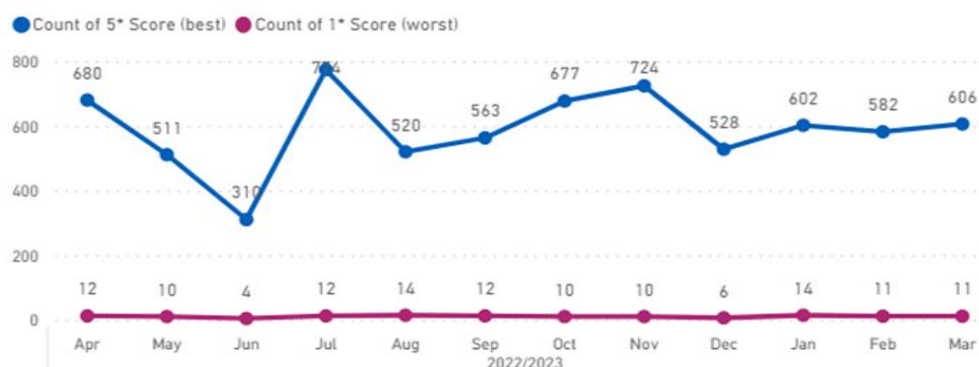
<u>National annual community mental health patient survey</u> in 2022 (n=266);
The national annual community mental health survey results for 2022 showed small improvements in this area from 2021;

  ▪ Patients feeling involved in deciding and planning care (Trust 7.3 against average 7.4)
  ▪ Patients feeling decision were made together when reviewing care (Trust 8.0 the same as the average 8.0)
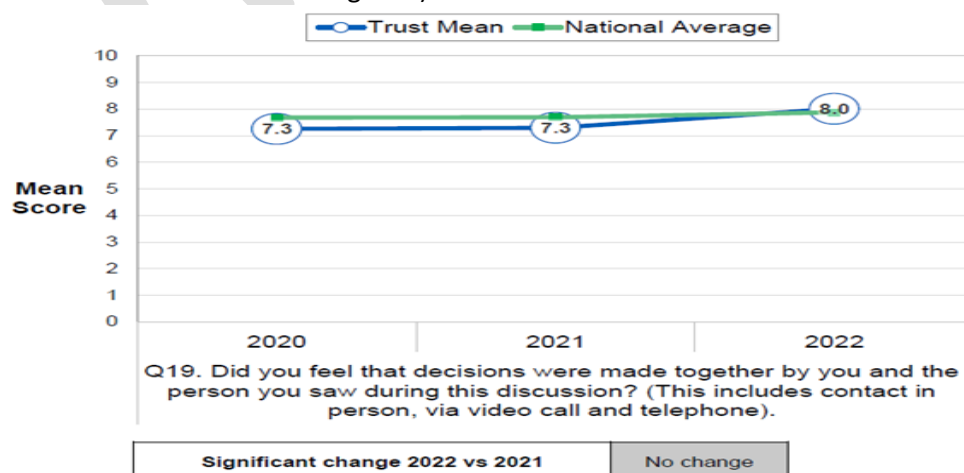
Q19. Did you feel that decisions were made together by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).

Significant change 2022 vs 2021	No change

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E13. Embed personalised care planning developed with patients to improve clinical outcomes

Evidence in Patients Records (Clinical Audit Results)

Across 6 different clinical audits that review patient involvement in care planning, these are care plan lite for community mental health services, essential standards for mental health wards, community hospital matrons walkaround and Community Nursing service audits on documentation, pressure ulcer prevention and end of life care.
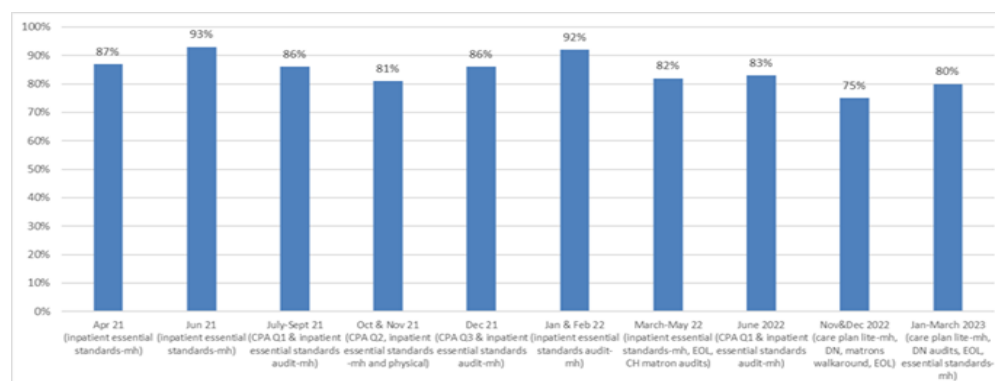
E14. Working with families	
Aim	a. To work in partnership with carers: - 85% of carers and families will report feeling involved as part of their loved ones' care by June 2024. (Y1 2022/23 61%) - 75% of carers and families will report feeling listened to as part of their loved ones' care by June 2024. (Y1 2022/23 45%) b. The overall aim of this project is to improve family and carer involvement and experiences.
Self-assessment	<mark>Partially achieved</mark> – we have retained the triangle of care accreditation, seen an improvement in the patient and carer survey results, completed many of the strategy actions and undertaking a number of QI projects.
Evidence of Progress	a. Trust Family, Friends and Carers Strategy 2021-2024 in place with 7 primary drivers: ▪ Build on staff awareness and training about carers ▪ Increase support and signposting available to carers ▪ Better communication with carers ▪ Develop and improve resources about services for patients and carers to access in different formats ▪ Build on involvement work with carers ▪ Identify carers who are accessing our services with the service user ▪ Build on equality and inclusion Implementation plan set out for year 1 - 2022/23. Annual survey has been repeated to measure impact of Strategy, see below a snapshot of the results. The Trust was re-assessed by the Carers Trust in Sept 2022 in relation to the Triangle of Care membership scheme, the result was we retained our accreditation of 2 stars. The Triangle of Care describes a therapeutic relationship between the patient, staff member and carer that promotes safety, supports communication and sustains wellbeing. The membership demonstrates our commitment to becoming more carer inclusive. We hope at the end of completing the Strategy we will have achieved all 3 stars across all of our services. At the moment only 2 other NHS Trusts have achieved 2 stars. As part of the Strategy in 2022/23 we have;

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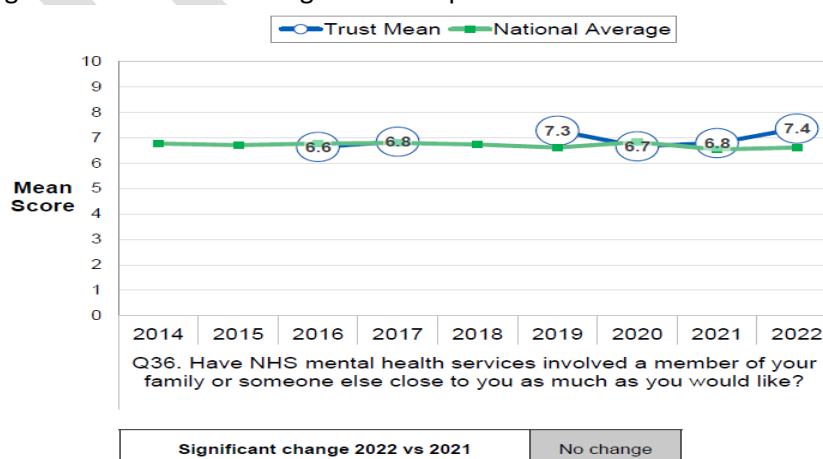| E14. Working with families	

	- Provided education sessions for carers, developed with and co-facilitated covering topics such as understanding psychosis, bipolar, depression,, drug and alcohol addiction, suicide and self-harm, and personality disorder
	- Facilitated carer support groups for the majority of mental health service areas
	- Provided a family and carers support line. This is available to carers should they feel they need someone to talk to and/or want to find out about support available to them.
	- Updated the carers support leaflet for Buckinghamshire and Oxfordshire mental health services. A more detailed handbook for mental health services has also been co-produced with carers and is in its final stages before being published.
	- Co-facilitated training with a carer on a course on the Buckinghamshire Recovery College called Carers Matter
	- Delivered face to face carer awareness sessions across the Trust and developed an e-learning module available to all staff.
	- Family Interventions training is being developed in liaison with an external provider with a planned train the trainer roll out for directorates in 2023/24.
	
	b. There are individual team projects underway across Buckinghamshire and Oxfordshire mental health services. The diagnostic phases have been completed. The driver diagram identified 3 primary drivers; identification of carers, communication and involving carers. A series of tests of change were started including;
	    ▪ Creating carer information boards
	    ▪ Creation of family surgeries, due to be rolled out across all mental health wards
	    ▪ Re-introducing pre-ward rounds meetings to support patients/ families to be involved. Increasing carer attendance to ward rounds and clinical review meetings.
	    ▪ Developing an inpatient introduction letter and pack for carers when their loved one is admitted
	    ▪ Simulation training for staff on sharing information, confidentiality and effective communication with families
	    ▪ Information on involving families added to our staff induction pack.
	    ▪ Family involvement becoming a standing item on team meeting agendas

Measure of Impact	National annual community mental health patient survey in 2022 (n=266); Patients reported - above average for involvement of a family member, scored 7.4 against the national average of 6.6. Improvement from 2021. The Trusts local surveys completed by carers, friends and family survey are detailed below which helps measure the impact of the Carers Strategy. The measures show some progress however feedback shows this is in consistent as many carers responded saying they felt involved or felt listened to only sometimes and not every time.

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E14. Working with families

	Starting Point		Year One of Strategy–2022/23	
	Actual	Target	Actual	
			Annual carers survey 2022 N=68	IWGC carers survey for 2022 N=202 (majority of responses from the community hospital wards)
% of family, friends and carers felt involved	51%	61%	Yes - 35 (51.5%) Sometimes – 21 (30.9%) No – 12 (17.7%)	Totally - 134 (66%) Not at all - 3
% of family, friends and carers felt listened to	36%	45%	Yes – 23 (34%) Sometimes – 22 (32%) No – 23 (34%)	Totally - 152 (75%) Not at all - 10

The learning from serious patient safety incidents in 2022/23 shows family involvement is still an area for improvement, coming up as a theme in about 40% of the reviews we complete across our mental health services. Although we have also seen an increase in good practice examples within reviews of very good engagement with families.

Complaints (majority are received from carers/ family members)
From May to December 2022 we had a reduction in the number of complaints received, compared to the previous year. However in Jan and Feb 2023 this returned to average levels and in March 2023 the number increased.

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14. Our Quality Improvement Plan for 2023/24

We have identified the following 12 quality objectives for 2023/24, showing our commitment to continually make improvements to the quality of care. These are summarised on the following page.

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 (focused on recruitment and retention of staff).

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 2022/23 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
- Review of national drivers and strategies for the NHS including the NHS Long-Term Plan and CQUIN[8] goals for 2023/24

The objectives support the delivery of the priorities in the Trust's 5 year Strategy 2021-2026, see appendix 2.

Each of the objectives will be broken down to identify key milestones, measures and what is expected to be achieved by 31st March 2024. 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.

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[8] *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*

Summary of the Trust's 2023/24 quality objectives.

TRUSTWIDE / ALL OPERATIONAL DIRECTORATES

Use patients' experience and feedback to improve services

Improve working with families through embedding Triangle of Care

Embed personalised care planning developed with patients to improve clinical outcomes

Implement the Patient Safety Incident Response Framework (include embedding a restorative approach)

Work on recognising and responding to deteriorating patients/ Sepsis

Reducing variation and inequalities will be an element included across every quality objective

Supporting staff and building resilience e.g. pilot of TRiM (tbc)

Mental Health directorates

Improve the physical healthcare to people with a serious mental illnesses

Restrictive practice; 25% reduction in use of prone restraint for IM and 20% reduction in use of seclusion episodes and duration

Practitioner Outcomes (50% target) and PROMs (10% target) adult and older adult AMHTs, CAMHS and women in perinatal services

Primary, Community & Dental directorates only

Malnutrition screening within 24 hours and care planning community hospitals

Pressure ulcer risk at community hospitals

Pressure damage/ lower leg wound treatment District Nursing

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

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

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

• the content of the Quality Account meets the requirements set out by NHS England, available here NHS England » Quality Accounts requirements
• the content of the Quality Account is not inconsistent with internal and external sources of information including:
• Board minutes and papers for the period April 2022 to March 2023
• papers relating to quality reported to the Board over the period April 2022 to March 2023
• feedback from commissioners dated XXXX
• feedback from governors dated XXXX
• feedback from local Healthwatch organisations dated XXXX
• feedback from Overview and Scrutiny Committees dated XXXX
• the Trust's annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
• the 2022 national patient survey
• the 2022 national staff survey
• the Head of Internal Audit's annual opinion of the Trust's control environment
• Any CQC inspection reports
• the Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
• the performance information reported in the Quality Account is reliable and accurate
• there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
• the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
• the Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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

By order of the Board.

XXadd signature XX
XXDateXX David Walker, Chairman

XXadd signature XX
XXDateXX Dr Nick Broughton, Chief Executive

16. Glossary of Acronyms used in this report

Acronym	Full Name
BAME	Black, Asian and minority ethnic
BRC	Biomedical Research Centre
CAMHS	Child and Adolescent Mental Health Services
CDOP	Child Death and Overview Process
CPA	Care Programme Approach
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
ePMA	Electronic Prescribing and Medicines Administration
FFT	Friends and Family Test
GP OOH	General Practitioner Out of Hours service
HOPE	Healthy Outcomes for People with Eating Disorders
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System. When BOB ICS is used this is the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
IPS	Individual Placement and Support
IWGC	I Want Great Care
JRO	Oxford Joint Research Office
LeDeR	Learning from lives and deaths – People with a learning disability and autistic people
MDT	Multidisciplinary team
MHSDS	Mental Health Services Data Set
NIHR	National Institute for Health Research
NRLS	National Reporting and Learning Service
OAP	Out of Area Placements
PALS	Patient Advice and Liaison Services
PNA	Professional Nurse Advocates
POMH-UK	Prescribing Observatory for Mental Health- UK
PSI	Serious Patient Safety Incidents
QI	Quality Improvement
SCAS	South Central Ambulance Service
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping The Over-Medication of children and young People with a learning disability, autism or both
TRiM	Trauma Risk Management

Name of Audit	Audit Scope	Status	Results and Actions
National Audit of Inpatient Falls	Mental health wards and Community Hospitals	Continuous data collection	The national team had not allocated the Trust any cases for us to audit we think this is due to the recording on the hip fracture database and are working with Oxford University Hospitals NHS Foundation Trust to try and resolve this.
UK Parkinson's Audit	Speech and Language Therapy service and Physical Disability Physiotherapy Service	Snapshot	Speech and Language Therapy were unable to participate due to the systems outage. A local audit will be undertaken in 2023-24. The Physical Disability Physiotherapy Service team entered 29 cases before the cyber-attack. Improvement was evidenced from the previous audit around outcome measurement and advice provided on exercise. There were no concerns regarding the operational or organisational data collected and analysed.
Serious Hazards of Transfusion	Emergency Multidisciplinary units	Continuous data collection	Data inclusion to the Serious Hazards of Transfusion Database is part of the post incident review of incidents relating to blood transfusion process and therefore this project is not a clinical audit but a registry. Learning and actions were tracked as part of the incident review process.
National Audit of Diabetes Footcare	Community Podiatry services	Continuous data collection	National deadline for the 2022/23 audit is July 2023. At the time of writing the Account we have so far audited 163 cases. Due to capacity within the podiatry service we do not meet the target of assessing patients within 2 working days from referral. The risk is mitigated by: • The service has a triage protocol in place. • Providing education and outreach to colleagues e.g., GP, Nursing, allied health professionals etc. • Information is provided to patients. Interim analysis (March 2023) shows follow up and outcome measures remain consistent with previous years. • Low lost to follow up rate (2.5%) • Ulcer free at 12 weeks (58.3%)
Core National Diabetes Audit; Structured Education Element only	Community Diabetes services	Continuous data collection	Wating for the national results. Service provides structured education to type 2 diabetes patients, this is well evaluated and externally accredited.

Name of Audit	Audit Scope	Status	Results and Actions

National Asthma and COPD Audit Programme: Pulmonary rehab service (1 audit) and in-reach service into inpatient wards at the Oxford University Hospitals NHS Foundation Trust (2 x audits)	Respiratory service	Continuous data collection	National deadline for 2022-23 is August 2023.
			However we know access times to assessment are not being met due to staff capacity not being able to meet demand.
			
			The 2022-23 Quarter 1 and 2 interim results showed:
			• Appropriate referrals into service (further supported by a triage process on receipt).
			• Once assessed patients commence pulmonary rehabilitation in an average of 9 days.
			• Patients who received an exercise plan on discharge improved to 87% (from 23.3% in previous 6 months).
			• Patients saw an important difference (positive outcomes to quality of life):
			   o 14% saw improvement measured via MRC.
			   o 48% saw improvement measured via walking assessments.
			   o 69% saw improvement measured by COPD Assessment Test.

National Audit of Care at the End of Life	Community Hospitals	Snapshot	Oxford Health undertook the following elements of the national audit: • Organisational • Case note • Staff reported measures. The Trust did not participate in the families and carers survey as we believe the survey is poorly designed and could be upsetting to families. The 2022-23 results highlighted: • Communication with the dying person could be improved. • Communication with families and others was 100% in 5 of the 6 measured elements. • Involvement in decision making (the dying person) was either 100% or there was a recorded rationale as to why they weren't. • Individualised care was 100%, or had a recorded rationale, in 28 of the 29 measured elements. • Workforce/specialist palliative care complied with 6 of the 7 measures. • Staff confidence could be further improved (support had improved from last year).
National Clinical Audit of Psychosis	Early Intervention in Psychosis Services	Snapshot	The audit ran a reduced data set in 2022-23 due to the cyber-attack. It focused on effective treatment, physical monitoring and whether outcome assessments were undertaken. The audit highlighted evidence of increased conversations with patients around: • commencing CBTp • commencing supported education programme

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Name of Audit	Audit Scope	Status	Results and Actions
			- commencing a family intervention course - documenting supporting family member/friend/carer Physical health checks being recorded declined slightly; - Number of current smokers is smaller than last year. 61.4% of current smokers declined intervention. - Patients did not want to disclose alcohol and/or substance and the patients who did revel often declined intervention. - BMI recording dropped slightly. 75% of our patients who flagged as having a BMI over 25 had interventions made. - Blood pressure recording dropped slightly. 94% of patients who flagged as having abnormal Blood Pressure had an intervention made. - Glucose recording dropped slightly. 100% of patients who flagged with abnormal glucose had interventions made. - Cholesterol recording dropped slightly. 100% of patients that triggered had interventions. It has been identified that the systems outage meant that the normal prompts on the electronic system did not occur. The outcome assessments showed the same consistency of completion as the last audit. Actions are currently being developed but will focus on: - Continue to build on the improvement in having effective conversations with patients, - Clinical system development to add physical health assessment and prompts.
Prescribing Observatory for Mental Health (POMH-UK) - The use of Melatonin (21a)	CAMHS mental health community teams and wards, as well as the learning disability teams	Snapshot – 150 patients who have and active prescription of melatonin.	Actions are currently being created but will focus on the following recommendations: - Review what evidence-based, non-pharmacological interventions are being tried before melatonin is prescribed. - Produce a brief melatonin guideline for CAMHS prescribers. This should include a recommendation to use non-pharmacological interventions first. The guideline should include the Trust's choice of formulation (according to the formulary), dosing, and monitoring recommendations (efficacy/side effects). There should be a recommendation to provide verbal and written information about off-label/unlicensed use (where appropriate) – including links to available leaflets. Include recommendations about what should be documented (and where) in the

Name of Audit	Audit Scope	Status	Results and Actions
			patient's notes at each review to ensure a consistent approach (consider the use of a proforma). Link this guidance to the existing shared care protocols.
Prescribing Observatory for Mental Health (POMH-UK) - Valproate prescribing in adult mental health services (20b)	Adult mental health services	Snapshot	Due to the cyber attack this audit could not be participated in. It should be noted there were national alerts regarding the use of valproate which we acted on. We are also piloting a valproate registry in Buckinghamshire with the acute NHS Trust and primary care. A local audit will be undertaken in 2023-24.
Prescribing Observatory for Mental Health (POMH-UK) - Monitoring of patients prescribed lithium (7g)	Adult mental health services	Snapshot	Wating for the national results.
Prescribing Observatory for Mental Health (POMH-UK) - National clinical audit of anti-libidinal medication prescribing practice	Men under adult mental health forensic services prescribed medications for anti-libidinal	Snapshot	Due to the systems outage this audit could not be participated in. A local audit will be undertaken in 2023-24.
Sentinel Stroke National Audit programme	Oxfordshire Stroke Rehabilitation Unit	Continuous data collection	Key results from the audit in 2022/23; • Occupational Therapy and Physiotherapy consistently achieved an 'A' grade across the year • Speech and Language Therapy performance improved during the year from E to D, reflecting some improvement in staff recruitment. • The service consistently performs poorly in the discharge processes sub-section, due to lack of specialist stroke rehabilitation services available for patients on discharge.
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	Snapshot	We provided records on request for the national confidential enquiry. However due to the cyber attack we were not able to participate in the clinical questionnaires. The Trust will review our performance against national recommendations when published.

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The full strategy with more detail about each of the four strategic priorities and objectives can be read at Our strategy - Oxford Health NHS Foundation Trust.

Appendix 3. Statements from our Partners on the Quality Account

To be added after we have shared the draft account with external stakeholders

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RIPEL: Rapid intervention for Palliative and End of Life Care
Update for Oxfordshire Health Overview and Scrutiny Committee meeting on 8th June 2023

1. Introduction

This paper gives an update on end of life care in Oxfordshire, particularly the RIPEL project, hosted by Oxford University Hospitals NHS Foundations Trust.

Over 500,000 people die a year in the UK, at least three quarters of which can be anticipated. With an ageing population, the number of deaths is predicted to rise significantly over the next two decades and the need for specialist palliative care is expected to grow by over 40%. By 2030, nationally at least 140,000 more people will need to be in receipt of palliative care services.

We know that the majority of the public want to be cared for at home and die at home. However public health data has shown that Oxfordshire is an outlier for the metric 'proportion of people who had 3 or more non-elective admissions during the last 90 days of life' at 9% compared to the English average of 7.5%. A local audit within OUH suggested that 57% of admissions occurring in the last 72hours of life would have been preventable with better crisis management and advance care planning.

Palliative and End of Life Care provision, via Integrated Care Boards (ICBs), has become a mandatory requirement since Health and Care Act reforms in 2022. Commissioning guidelines now also acknowledge the value of incorporating Social Investment.

2. Vision

Driven by critical gaps in the provision and coordination of community-based services for adults at the end of life and aligning with ICS and OUH strategic objectives, starting in April 2022 and mobilised within 2 years, we will have improved the network across Oxfordshire and South Northamptonshire to provide enhanced palliative care and support for adults with advanced life limiting illness. This will be in

conjunction with existing services provided by primary care, community services, secondary care, and specialist palliative care teams.

The overarching aim is for more people to have personalised care, including being cared for in their own homes at the end of life, provided that is their preference, and avoid unplanned bed days in the last 12 months of life.

RIPEL is funded for 3 years through a partnership with Sobell House Hospice, Macmillan Cancer Support (with Social Finance as a partner) and OUH. In this time the services will be developed and scrutinised. Efforts are underway to secure continued funding for services that have demonstrated their effectiveness and positive outcomes.

3. Rationale for project

OUH is the largest specialist palliative and end of life care (PEoLC) provider in Oxfordshire, caring for over 3,000 patients and their families annually. We host two hospices, Sobell House and Katharine House.

The need for care at home was evidenced by:

- **Patient preference.** Data suggests many people would prefer to die at home (ONS 2015), yet less than 50% do (Nuffield Trust 2021). The Ambitions for Palliative and End of Life Care: A national framework for local action (2021) highlighted the need for patients to receive the right type of care, in the right place at the right time and by the right people to reflect patient's needs and preferences.
- **Increasing demand.** Estimates suggest that the number of people needing PEoLC in England will rise by 55% over the next ten years (London Economics 2021). Innovation and shifting resources to care at home is a supported way to tackle this (RSM Stevens Lecture 2023)
- **NHS pressures.** The NHS Long Term Plan and the 2021/22 Priorities and Operational Planning Guidance set out three key priorities that RIPEL directly supports: reducing non-elective length of stay; avoiding unnecessary emergency admissions; and facilitating rapid discharge from hospital especially at the very end of life.
- **Personalised care.** The NHS Long Term Plan includes a commitment to personalised PEoLC.
- **Service gaps.** The Oxfordshire Palliative Care Network mapping identified gaps and lack of coordination in the provision of care packages enabling people to die at home; rapid response; provision for patients not eligible for fast track but needing short-term support; confusing and complicated pathways; lack of coordination and integration of existing services.

People are most likely to need access to healthcare in their last year of life, with numerous professionals involved at this time. RIPEL looks to seamlessly integrate specialist palliative care at our acute hospital with ongoing community care, ensuring responsiveness and patient safety, enabling choices, enhancing patient experience and care, and reducing non-elective bed days.

4. Design

Objectives:

- To enable care at home in the last days of life (or at times of crisis in the last 12 months of life) through provision of hands-on care and support with specialist level oversight [Home Hospice]
- To enhance palliative care at home through rapid intervention for crisis assessment, management and support [RIPEL Community Rapid Response and Enhanced Palliative Care Hub]
- To facilitate early supported discharge from hospital where this is the preference of patients and their families. [RIPEL Hospital Rapid response]

The RIPEL service focuses especially on the needs of two cohorts of patients:

- People who are likely to die within the next 2 weeks and who need more intensive hands-on care at home (home or usual place of care)
- Patients likely in last year of life who experience a crisis in the community, or resulting in hospital admission, and whose needs cannot be met sufficiently quickly or fully by the core specialist palliative care services, Urgent Community Response or other existing services.

We built on national experiences to integrate our palliative and end of life care and Home Hospice services. Whilst hospices, Hospice at Home, community palliative care, hospital palliative care, and palliative care hub teams exist in pockets nationally, we believe we are the first service (or certainly one of the first) to bring all these aspects together, co-ordinated and supported by our palliative medicine multi-disciplinary team. This is further supported by close links to countywide organisations to try to ensure seamless provision and co-ordination of care.

We are currently live with a Home Hospice service and Hospital Rapid Response for inpatients. We will be going live soon with an expansion of the Palliative Care Hub and enhanced Community Response.

The social investment model requires repayments based on achievement of our primary outcome. Invigorated by this, we closely scrutinise our activity, improving operational oversight and ensuring early action on trends or issues. Further to this

there is flexibility to change the service model, being focused on getting the best outcomes for people.

While we deliver specialist PEoLC, we work within a network of other PEoLC providers across the county. Optimal patient experience and safety requires working with external partners to ensure patients can reach us in the most efficient way, whether previously known to our services or not. Enhancing co-ordination across PEOLC further reduces stress for healthcare colleagues as they can get the right care to the right patient in a timely manner.

A patient may document their preferences in an advance care plan. Whether or not this is in place, choices are explored with patients and teams are now able to make these happen, and faster.

RIPEL aligns and supports the national Virtual Ward programme, in which NHS England and NHS Improvement's stated ambition is to have developed 40-50 virtual wards per 100,000 population by December 2023. All patients within the RIPEL service are admitted to our virtual ward, ensuring daily review, support to teams, and rapid escalation through the MDT as needed. As per virtual ward eligibility criteria, each of these patients would have needed to be in hospital instead of in their own home, if we were not able to provide this service.

As this cohort with intensive needs is reviewed together at the virtual board round, we can manoeuvre between services efficiently. For example, patients that are rapidly discharged by Hospital Rapid Response may move straight to our Home Hospice Care Team with oversight from Community Rapid Response, all of whom are familiar with the patient from the daily board rounds, enhancing patient experience and safety.

Patient reported outcomes and palliative care assessment tools have been developed so that they are integrated into our electronic patient record and we are developing our patient portal so that patients or their carers can submit responses remotely. This enhances the accessibility of a patient's record, ensuring the most current data is easily viewed.

We measure success through qualitative feedback plus quantitative analyses around enabling the choice to be at home to die equitably across our patch and reductions in hospital length of stay in the last year of life. 29 KPIs are collected across the whole of RIPEL so we can scrutinise each element independently, as well as the programme as a whole.

5. Outcomes
Since launching in April 2022, RIPEL has saved 6786 non-elective bed days for the 645 patients we have cared for (Home Hospice and Hospital Rapid Response). This

is exceeding expectations. These are days our patients can now spend at home, if this is their choice, rather than in hospital.

The average length of stay with RIPEL Home Hospice is 10.9 days. Each of which would otherwise have been in hospital. Ongoing care provision is sought as soon as patients enter our service as, to remain reactive to the needs for bridging care. We propose care in the service to be for up to 14days.

Patients cared for by RIPEL have spent on average 16 fewer precious days in their last year of life in hospital.

Figure 1 RIPEL Dashboard example slide

6. Feedback

The key to RIPEL is enabling patient choice, particularly in the last year of life when it is recognised that there is only one chance to get it right.

The most negative feedback we have received is around how hard it can be to have to move from our service to alternative care agencies. From this we have learnt to be

explicit around expectations when a person is first enrolled so that any transition required is smooth. Though we would love to keep caring for persons who no longer need our experienced palliative and end of life carers, we must ensure we can remain reactive to the urgent needs of new patients who require us, for them to be able to stay at home.

Healthcare staff appreciate being able to supply the care a patient needs in a timely manner. The Home Hospice has been able to fill the gap that was previously present for patients wanting to go home but needing rapid access to experienced care. This is demonstrated in day in the life stories and case studies.

A feedback postcard, with SAE, is placed in each patient pack when enrolled to the service, as we actively seek the views of our users and their loved ones.

We have daily huddles within our teams where any concerns, feedback or learning can be shared and this escalated across the service as necessary.

Feedback we have received from loved ones has been very positive, such as Myles, whose wife Liz died at home in 2022: *" …Home Hospice certainly fulfilled Liz's wish to be able to be in her own home at the end of her life."*

"My first experience of Sobell House was when the team cared for my gran and I was struck by how much the nurses cared. It wasn't just a job, they did everything they could to make her last days as comfortable as possible. Some years later, I'm now lucky enough to be a part of the Home Hospice Care team and they are such an amazing bunch of people, I really cannot say enough good things about them. I love being a part of the team and making small, positive differences every day to the patients we care for. It's a privilege to be in someone's home helping them live their final moments of life in comfort and in the place they want to be."

- Stephen Choules, Home Hospice Care Team Assessor

7. Learning

RIPEL is the vanguard large-scale social investment project for our Trust and has paved the way for further such opportunities in other clinical disciplines. Our partnerships have offered us access to a wider breadth of expertise and experiences. Furthermore, we have been able to contribute to other programmes our partners are supporting, plus their lunch and learn programme.

Our steering and operations groups include representatives from across the hospital plus local healthcare partners and has Trust board oversight. Teams proactively present to colleagues across OUH, including discussions to gather feedback and ensure our service continues to meet the needs of our patients and staff.

We have given interviews to local radio and press, plus have had a clip on local television news. One of our home hospice assessors was invited to be part of a double-page spread in national press on International Women's Day.

RIPEL was presented by OUH Chief Finance Officer and Head of Financial Performance at a national HFMA webinar in October 2022, available to all finance directors in the NHS in the UK. Learning and ideas are shared to Macmillan's virtual Community of Interest which can support over 100 end of life care professionals throughout the UK. Futures NHS collaboration platform is utilised to share ideas and learning.

RIPEL was the key focus of Sobell House Hospice Charity's March campaign, sending mailings to new and existing supporters at around 45,000 households across Oxfordshire. This was part of a matched donation funding campaign and in total raised over £340,000 for the RIPEL programme.

Our teams are lined up to contribute to further national education sessions at OxCERPC on Outcome measures and to Project ECHO on Outcomes, Data and Dashboards.

We are one of the first home hospices in our county running as a virtual ward and contributing to national numbers for patients managed virtually. As such we have been asked to pilot workflows and contribute to the shaping of palliative care virtual wards across our ICS.

RIPEL shows the power of working together and the greater impact it can have.

8. Value
In the first year of operation (from 1 April 2022), 645 patients were seen and 6786 NEL beds were saved. Compared to inpatient treatment, £500,000 of costs have been avoided.

Further to this, many patients were able to fulfil their wish of dying at home. Though it is an aspect hard to quantify, this also contributes to the wellbeing of those that they loved. Whilst fulfilling national guidelines to respond to patient preference for place of death, we have enabled families to support these wishes, whilst they in addition are receiving support. Caring for a very ill relative can be isolating and frightening. The reassurance from the contact of staff involved in this project can improve that experience for families. We know that this can ease bereavement as it reduces feelings of guilt and number of questions that families have unanswered. A good bereavement outcome is likely to lead to less requirement on the health care economy in the future.

Through partnership working we have helped our teams to navigate the hospital and community care system much more efficiently. We have helped our teams do what

the patient needs by joining up organisations and filling gaps that previously had meant we, and our patients, were left waiting.

One Occupational Therapist said, *"Ultimately, the RIPEL project and especially the Home Hospice carers have helped us to spend more of our time thinking about patient care and less time worrying about resources in the community to support our patients at home. We have been able to help patients achieve what's important to them, which really is what we're here to do!"*

Through the joining up of care, our patients can be reassured that they can return to the comfort of home but still be actively supported through oversight of our MDT. The Home Hospice Care Team will visit up to four times a day as required, with virtual and in-person support from our community clinical team as needed.

"Having been given his diagnosis on 21 September, Collin was adamant that he wanted to be at home. The Home Hospice Care team swung into action and everything was provided to keep Collin comfortable and pain-free. We received hospital equipment and had the support from carers, nurses, doctors, and an occupational therapist. Everyone was so kind and caring and allowed Collin to leave us in the way that he wanted on 14 October 2022.Our grateful thanks to you all."
Pam, Matthew and Nicola

9. Next steps

Interrogation of data relating to those who died in hospital shows us that enhancing access to rapid transport and educating referrers about RIPEL could improve the service further.

We are working with system leaders and providers to further improve understanding of, and ultimately efficient access to, PEoLC.

We intend to interrogate our data further to investigate co-morbidities, indices of deprivation and equality, diversity and inclusion.

PCOM360 is a freely available tool, developed with Social Finance, that streamlines analysing and displaying Patient Centred Outcome Measures (PCOMs) in palliative care services. Our data set is growing in richness thanks to operational and digital developments. Once more matured, we aim to utilise this tool to help develop our services further.

RIPEL is scheduled to ramp up further over the next 12 months to widen its reach to support patients in their own home, avoiding unnecessary hospital admissions.

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Action	Item	Action	Lead	Progress update
1	Minutes of 23 September	Health partners to be invited to the next OCC scrutiny training	Eddie Scott / Tom Hudson	To be actioned in the new municipal year for 23/24. ==In progress== *Update – OCC scrutiny are working up a training proposal with CfGS.*
	28 November Meeting			
2	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. *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.* ==*Update - The Primary Care Workshop took place on 17 October 2022 and findings and topics discussed are to be covered at the 24 November 2022 HOSC Meeting.*== ==*It is understood the Winter Access funds aren't available for the forthcoming winter.*== ==*At the 24 November 2022 HOSC Meeting it was agreed that Eddie would enquire as to whether there was an alternative/replacement in respect of Winter Access Funds.*==

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Action	Item	Action	Lead	Progress update
3	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. ==Completed== ==*Feedback from Cllrs Barrow, Poskitt and Barbara Shaw following a visit on 25 July, was given to the 22 September 2022 HOSC Meeting*== ==*UPDATE – Subsequent Care Home Visits to be arranged in conjunction with the Director for Adult Social Care.*==
	10 March **Meeting**			
4	Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Eddie Scott/Titus Burwell	BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues - ==In progress== ==*Update – A scope is being drawn up for Titus Burwell, Chair of BOB Elective Recovery Backlog Group, to brief the Covid-19 Elective Recovery Backlog group on the subject with a particular focus on Symptomatic breast cancer 2WW and in respect of Urological Cancer referrals.*==

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Action	Item	Action	Lead	Progress update
5	Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	BOB HOSC, BOB ICS	*Eddie and OCC BOB HOSC Members to ask for the item to be placed on the BOB HOSC Work Programme.* In progress *Update – To be considered as part of future discussions amongst the BOB HOSC*
6	Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Eddie Scott/ Cllr Nigel Champken-Woods	*Cllr Champken – Woods came forward at the last meeting to start an early draft. It was identified that Wokingham's HOSC glossary as a good model to follow.* Update: Complete
	14 July Meeting			
7	Integrated Improvement Programme	That clarification is sought on the position of Thame within the Oxfordshire Integrated Improvement as a result of overlapping geographies of service provision with Buckinghamshire.	Eddie Scott /	*In progress – The Health Scrutiny Officer is to chase for further clarification in respect of this.* *Update Cllr Champken-Woods and Dan Leveson are in correspondence in respect of this.*
8	Integrated Improvement Programme	That commitment is provided to the Committee in respect of the previous undertakings associated with the former Community Services Strategy in respect of service delivery at Wantage General Hospital.	Eddie Scott / Cllr J Hanna	An offer of a pre-engagement workshop was offered to the Wantage Town Council Health-Sub Committee at the 9 February 2023 Committee Meeting.
9	Integrated Improvement Programme	Establish a sub group on the Integrated Improvement Programme to provide NHS / OCC colleagues the opportunity to engage with HOSC outside of formal Committee meetings (as well as in addition to). It should cover all aspects of comms and engagement and any issues relating to services at Wantage.	Cllrs Hanna, Edosomwan, Barrow and Barbara Shaw	In progress – *UPDATE- The Integrated Improvement Programme met as a Member-only forum on 20 September 2022 and agreed to meet with a ICB representative in respect of the ICB's involvement in the IIP. The Group also agreed*

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Action	Item	Action	Lead	Progress update
			Eddie Scott	*that a group would engage with representatives at OH in respect of the maternity closures and maternity closures across Oxfordshire.* *Terms of Reference for the Group will be drawn up for engagement in respect of the consultation and delivery plan relating to the IIP.*
	22 September Meeting			
10	Action and Recommendation Tracker	NHS England Health and Justice to fill out the Committee's substantial change toolkit in relation to the SARC in Bicester; this is to then be reviewed by Members via email, with a view to meeting the Commissioner in person.	Lisa Briggs	In Progress - The Substantial Change Toolkit form has been received and was considered by Cllrs Champken-Woods, Hanna and Heywood. It was considered that there was no substantial change. However further information in respect of the service has been requested and waiting a response.
11	Responses to Committee Recommendations	A short briefing note is compiled by the Health Scrutiny officer in consultation with the Chair outlining the modules of the National Covid-19 inquiry to the Cabinet Member for Adult Social Care and the role of OCC.	Eddie Scott / Cllr Jane Hanna/ Ansaf Azhar	In Progress – Liaisons are ongoing in respect of this piece of work and the Committee and had a briefing on the subject on 7 February 2023.
12	Chair's Update and Committee Sub-Group Updates	Further information is sought by the IIP Sub-Group as to how the Integrated Improvement Programme fitted in with the ICB's overall vision.	Eddie Scott/ Dan Leveson	In Progress- The Health Scrutiny Officer is to ask to write to the ICB Place Based Director to ask for his attendance at the next meeting of the sub group; to better understand the ICB Role's in the Integrated Improvement Programme, and clarity as to the leadership and timelines as to the Programme.

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Action	Item	Action	Lead	Progress update
13	Chair's Update and Committee Sub-Group Updates	Following an initial meeting with the new provider, a HOSC member is appointed to Connect Health's service-user board	Danielle Chulan	In Progress- The provider is to get in contact when the board is set up.
	24 November 2022 Meeting			
14	**Primary Care**	The Committee is informed as to how much Community Infrastructure Levy funding has been received by the Oxfordshire CCG and subsequently the BOB ICB (from Oxfordshire), the amounts received from the 5 individual District Councils, how much of those CIL funds have been spent, which health related CIL funded projects have been commissioned; and what projects have been completed or are in progress using executed Section 106 funds.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process. *UPDATE – Julie Dandridge to provide an update on a list in respect of where the funds currently sat, time restrictions and other obligations.*
15	**Primary Care**	The Committee is updated as to the situation in respect of proposals for new primary care estate in Abingdon.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process.
16	**Primary Care**	Recommendation A letter is formulated, in consultation with the Integrated Care Board; and sent on behalf of the Committee to the Secretary of State for Health and Social Care to detail the Committee's concerns in respect of General Practice capacity, workforce and retention issues, need for healthcare infrastructure as a prerequisite to major developments, and to highlight the need for devolved capital funding and flexibility in the interests of meeting the needs of primary care in Oxfordshire.	Eddie Scott/ Cllr Jane Hanna	In Progress: The Letter is currently being formulated and is also due to be sent to the ICB for comment Update: letter has been sent to ICB for comment and is expected to have been sent on by the time of the committee meeting.
17	**Primary Care**	Recommendation: That the Council explores in which it can support the ICB, from a communications angle, to better inform the public narrative in primary care.	Cllr Mark Lygo	In progress – The recommendation has been submitted to Cabinet and the Committee has its response in the agenda pack.

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Action	Item	Action	Lead	Progress update
18	**Primary Care**	Recommendation that the Committee further explores the use of Additional Roles within Oxfordshire.	Eddie Scott	In progress- It is proposed by the Health Scrutiny Officer that additional Roles within Primary Care is placed on the Committee's Work Programme for 23/24 for a scrutiny investigation via a Constituted Working Group.
19	**Serious Adult Mental Health**	A workshop on serious adult mental health is co-produced to allow further Committee exploration of the area.	Eddie Scott, OH, Karen Stephen Chandler	In progress – To be scoped after the 9th of February 2023 HOSC Meeting.
	9 February 2023 Meeting			
20	**Minutes of the Previous Meeting**	The minute in relation to Primary Care be amended to include a greater amount of the findings from the HOSC Primary Care Workshop and the Committee's discussion leading to the recommendations.	Eddie Scott / Jane Hanna	In Progress- The redrafted minute is awaiting comments from the chair.
21	**Oxfordshire Temporarily Closed Services Update**	Cllrs Barrow, Champken-Woods, Hanna and Haywood form a group to consider the substantial change assessment form on the inpatient unit at Wantage Community Hospital.	Tom Hudson	Complete – met on 20 April Update: Following extraordinary meeting of 11 May group is expected to have ongoing responsibility
22	**Healthwatch Update**	A letter be sent on behalf of the Committee to the ICB seeking clarity and assurance on the situation in respect of new patient registrations at the three Didcot GP Practices.	Tom Hudson	Completed- The letter has been compiled and sent to the ICB Place-based Director for Oxfordshire. A reply to the letter will be appended to a future Chair's Update Report

Action	Item	Action	Lead	Progress update
				Update: The Committee requested that a date for response be provided. This will be fed back at the meeting.
23	**Responses to Committee Recommendations**	The OJHOSC facilitates a workshop discussion between the ICB and District Councils to better share understanding in respect of the use of developer contributions for health facilities and promote greater partnership working.	Scrutiny Officer	In Progress- It is felt that this would best take place after successful recruitment to the 'Planning', post to the ICB as a result of the OJHOSCs recommendations. The Health Scrutiny Officer is to confirm when this is likely to be.
24	**SCAS Improvement Programme Update**	SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.	Eddie Scott/ Tom Stevenson	In progress- The Committee is to be advised when the wait-time performance data can be broken down into (Middle Layer Super Output Areas) MSOA level. Likely to be Autumn 2023
25	**Chair's Update Report**	The ICB report on the Oxfordshire Hearing Loss Contract be appended to the Chair's Update report for the April Meeting.	Tom Hudson	The Scrutiny Officer has been informed that the report is significantly delayed owing to the current situation in the health service. The report will be shared with the committee when available. Update: no further news
26	**Committee Work Programming**	A Work Programming Meeting be arranged with all Committee Members	Tom Hudson	In progress – a partial work plan has been suggested, but in light of the appointment of a new Scrutiny Officer the completion of the new work plan is to take place once they are in post and are better placed to help the committee deliver it. Update: The Committee awaits the new Scrutiny Officer joining in early July.

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Action	Item	Action	Lead	Progress update
	20 April Meeting			
27	**Smoke Free Strategy Update**	**That Public Health share updated data on smoking and vaping prevalence in Oxfordshire with the Committee as soon as it is available.**	Ansaf Azhar	Not progressed by the Scrutiny Officer owing to capacity constraints
28	**Smoke Free Strategy Update**	**That Public Health provide the Committee with a summary of the relative harms of vaping and smoking compared to each other, and compared with not smoking or vaping.**	Ansaf Azhar	Not progressed by the Scrutiny Officer owing to capacity constraints
29	**Smoke Free Strategy Update**	**That Public Health work with the ICB to improve the accuracy and quality of data on smoking and vaping prevalence, available in Oxfordshire.**	Cabinet Member for Health and Inequalities	Not progressed by the Scrutiny Officer owing to capacity constraints
30	**Dentistry**	To agree the actions and recommendations at 11 May meeting	Tom Hudson	Completed – agreed on 11 May
31	**Co-optee Appointment**	Cllrs Hanna and Dallimore and Tom Hudson to undertake co-optee interviews	Tom Hudson	Completed on 10 May
32	**Chair's Announcements**	Inform other BOB HOSC members concerning the HSJ article's concerns about impaired working relationships owing to the churn of senior staff at BOB HOSC	Cllr Hanna	Concern passed on to the BOB HOSC Chair, who is seeking a response before deciding how to progress.
33	**Work Programme**	Bring Place Partnership Board to June Committee meeting and forward link of webinar where Dan Leveson explaining it to Healthwatch members	Tom Hudson	Link requested. Discussion about the potential for the Place Partnership Board item to come to the extraordinary June meeting instead. Unable to progress before this due to Scrutiny Officer capacity constraints.

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Action	Item	Action	Lead	Progress update
	11 May Meeting (Extraordinary)			
34	**Wantage Hospital**	HOSC to provide NHS colleagues with a history as a stepping-point for stakeholder discussions on future provision	Cllr Hanna	Almost complete
35	**Wantage Hospital**	To decide whether to make a referral to the Secretary of State at an extraordinary meeting	Tom Hudson	Extraordinary Meeting suggested to committee on 08 June
36	**Wantage Hospital**	When confirmed, to send round the invitee list for the co-production workshop to HOSC members	Dan Leveson	
37	**Co-optee appointment**	Ensure code of conduct requirements are met for newly appointed co-optees	Tom Hudson	Referred to Member Services but not completed
38	**Dentistry**	Report to the ICB and NHS England concerning underspend in Oxfordshire and baseline dentistry information		Not progressed by the Scrutiny Officer owing to capacity constraints
39	**Dentistry**	Send a letter to the Secretary of State regarding consultation on fluoridation in Oxfordshire, after sending the draft letter to the Chief Execs of the County, City and District Councils	Tom Hudson	Not progressed by the Scrutiny Officer owing to capacity constraints

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