



Oxfordshire Joint Health Overview & Scrutiny Committee Thursday, 6 June 2024

ADDENDA

12. Oxford Health NHS Foundation Trust Draft Quality Account (Pages 1 - 74)

Rose Hombo (Deputy Director of Quality & Clinical Standards Oxford Health NHS Foundation Trust) has 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 Health Scrutiny Officer the task of compiling the Committee's comments on the Quality Account in consultation with the Chair, and submit the feedback to Oxford Health prior to the publication date for the Quality Account on 30 June 2024.

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Annual Quality Account 2023 - 2024



Table of Contents

| | |
|---|----|
| Foreword – Grant MacDonald - Chief Executive | 3 |
| What is a Quality Account?..... | 4 |
| About the Trust | 4 |
| Developments over the past year:..... | 5 |
| Trust vision and values | 6 |
| Trust strategy | 6 |
| Our focus to continually improve the quality of care | 7 |
| Key Achievements and Awards over the Year | 9 |
| Progress on Quality Objectives set for 2023- 24..... | 17 |
| Emerging themes..... | 26 |
| Our Quality Priorities for 2024/25 | 29 |
| Developments supported by the Oxford Health Charity..... | 30 |
| Patient and Family Experience and Involvement | 31 |
| Complaints, Concerns and Compliments..... | 43 |
| Research and Development Update: The Future of Healthcare..... | 45 |
| Patient Safety | 48 |
| National Inquiries – Our Response | 51 |
| Staff experiences | 53 |
| Learning from Deaths..... | 56 |
| Progress Against the NHS Long-Term Plan and Oversight Framework | 60 |
| Other national indicators and benchmarks | 60 |
| Follow up of patients within 72 hours of inpatient discharge (adults and older adults): | 61 |
| Statement of Directors responsibilities in respect of the Quality Account | 66 |
| Glossary of Acronyms used in this report..... | 74 |



I am proud to introduce and share the Oxford Health NHS Foundation Trust's Quality Account 2023/24.

The information within the Quality Account report brings together our progress against the key priorities we set ourselves for the year to improve the care and services we provide. As well as this we report on service developments, celebration of achievements, and our approach to support and improve areas that we know are experiencing challenges.

Good healthcare is dependent on good partnership working and collaboration. Very few, if any, of our patients receive care only from Oxford Health, but instead are supported by professionals from a variety of different organisations. We are leading several provider collaboratives and see these alongside the Integrated Care Systems, as essential to providing population health services sustainably.

To adapt and respond to the dynamic nature of healthcare provision it is vital that we work in partnership with patients, their families, and carers to develop services. These need to be codesigned to support the health and wellbeing needs of our local communities. The report includes the numerous ways we seek to involve people who use our services, how we gain feedback and more importantly how we listen and respond and learn and develop together. Over the next year we will keep building on the foundations in place.

Having the privilege and responsibility of leading the Trust along with my board colleagues, has allowed me to see just how hard our staff work to aspire to continuously deliver outstanding care with kindness, in the context of the increased service demand with the challenges to maintain a skilled and stable workforce.

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 this report. Whilst we have increased the number of staff recruited to the trust in the past year, the vacancy rates remain around the same, due to the growth of service developments.

Central to providing safe and effective care, is our approach to embedding an ethos of continual Quality Improvement. We have around 130 active quality improvement initiatives happening at any time across all areas of the trust. Many of these are shared within this report along with our progress on delivering the NHS national priorities to transform services.

The NHS nationally and locally will continue to face challenges. Some of these can be anticipated, and alongside improvement and service transformation, the role of research is 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 translate academic research to transform and influence clinical practice. Such innovations have not only resulted in better care and treatment for patients, but also have resulted in our staff being able to work more efficiently and having improved job satisfaction.

We will continue to work with patients and carers as we develop our services, but we also need to create the right conditions within the Trust, for our staff to thrive, and enable us to continue to deliver safe high-quality care with improved outcomes for our patients.

I hope you enjoy reading about the progress we have made in the last year. I am confident we will keep improving and developing services to ensure they are accessible not only in a timely manner but are also able to deliver local care as close to home as possible.

A handwritten signature in black ink, reading "G. MacDonald".

Grant Macdonald - Chief Executive

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 2023/24 Quality Account looks back on the progress we have made over the past year to achieve our goals. The report also looks forward to the year ahead (2024/25) and identifies where our priority areas for improvement and how we hope to achieve these.

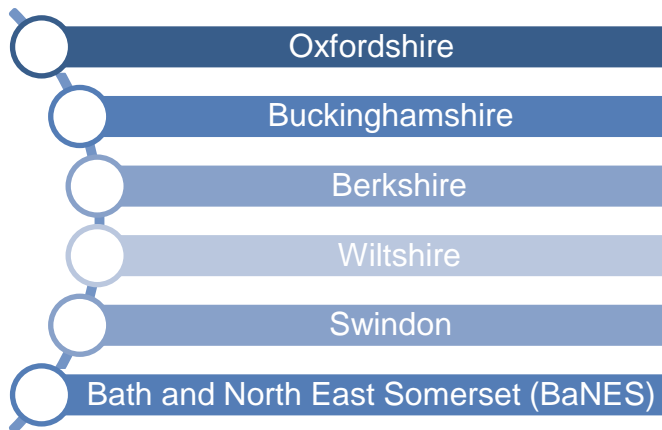
Throughout the document we have used the terms patients, families, and carers to mean any person who has used or will use our services.

If you require any further information about this Quality Account report, please contact rose.hombo@oxfordhealth.nhs.uk.

About the Trust

What services do we provide?

Our trust provides community health, mental health and specialised health services. We operate across:



Community health services

In Oxfordshire we are the main provider of community health services and deliver these in a range of community and inpatient settings, including eight community hospitals.

Mental health services

Our mental health teams provide a range of specialist healthcare in the community and from inpatient settings across the geographic areas of:

- Milton Keynes
- Buckinghamshire
- Oxfordshire
- Wiltshire
- Swindon
- Bath and North East Somerset (BaNES)

In everything we do, we strive to embody our trust values 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.

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.

We lead three NHS Provider Collaboratives, these are regional partnerships that provide specialised mental health services for patients, to manage whole pathways of care on regional footprints.

The collaboratives we lead on are:

- The Thames Valley & Wessex Adult Secure Provider Collaborative, known as *For Me Provider Collaborative*. [For Me Provider Collaborative – the Adult Secure Care Provider Collaborative for the Thames Valley and Wessex Region - Oxford Health NHS Foundation Trust](#)
- Thames Valley Children and Adolescent Mental Health inpatient services, Tier 4 Provider Collaborative. [Thames Valley CAMHS Tier 4 Provider Collaborative Oxford Health CAMHS](#)
- HOPE (Healthy Outcomes for People with Eating disorders) Adult Eating Disorder Provider Collaborative [HOPE \(Healthy Outcomes for People with Eating disorders\) Adult Eating Disorder Provider Collaborative - Oxford Health NHS Foundation Trust](#)

Additionally we have formed a Buckinghamshire, Oxfordshire, Berkshire West (BOB) Mental Health Provider Collaborative with Berkshire Healthcare NHS Foundation Trust in partnership with BOB Integrated Care Board to improve the quality and efficiency of patient care across the neighbouring localities. [Innovating in mental health care - Oxford Health NHS Foundation Trust](#)



We have also developed the Thames Valley Community Dental Services Partnership, a collaboration between Berkshire Healthcare NHS Foundation Trust, Oxford Health NHS Foundation Trust and Central and North West London NHS Foundation Trust. We provide specialist dental care for children, young people and adults with additional and complex needs who require specialised care that cannot be provided by the general dental service.

We work together to improve patient care, delivering a unified and integrated approach for the provision of specialist-led dentistry including sharing best practices and collaborative learning.

Developments over the past year:

Bone marrow transplant (BMT) patients - Specialists across the partnership set up a patient pathway in conjunction with the Oxfordshire BMT leads, patients are now seen across the partnership so they can have their pre-BMT dental treatment carried out closer to home.

Alignment of patient pathways across the partnership including sedation, general anaesthetics, domiciliary care. Patients can receive dental treatment closer to home and by the most appropriate provider.

Improving the patient experience: by collaboratively obtaining patient feedback in the same format across the partnership, we have now aligned the PROMS/PREMS being reported on across the partnership providing consistent feedback and sharing best practice.

Patient Bridge: is an innovative way our patients, parents and carers now complete their pre-assessment forms across the partnership before attending their appointment. Using Quality Improvement throughout the mobilisation we shared learning to support patients and colleagues:

Sustainability: As part of our efforts to champion sustainable dentistry, the three trusts together took part in Green Impact Dentistry, a programme delivered by SOS-UK, collaboratively through sharing ideas and concerns we achieved a silver and bronze awards!

Trust vision and values

Our vision is that no matter who you are or where you are, you will tell us that you receive:

“Outstanding care delivered by an outstanding team”.

The Trust works towards its vision through its values – *Caring, Safe, and Excellent*:

Caring

- ✓ Privacy and dignity is at the heart of our care.
- ✓ We treat people with respect and compassion.
- ✓ We listen to what people tell us and act upon what they say.

Safe

- ✓ Our services will be delivered to the highest standards of safety.
- ✓ All services will be provided within a safe environment for patients and staff.
- ✓ We will support our patients and staff with effective systems and processes.

Excellent

- ✓ We aspire to be excellent and innovative in all we do.
- ✓ We aim to provide the best services and continually improve.
- ✓ We will recognise and reward those who deliver excellence.

Trust strategy

Five year strategy 2021-2026

The Trust strategy sets out Oxford Health’s mission, vision, values and strategic objectives for the next five years (2021-2026). The purpose of the strategy is to act as a guide for future activity and planning across the Trust, and collaborations with other health and care organisations, to improve the overall health of local people [Our strategy - Oxford Health NHS Foundation Trust](#)

The following four strategic objectives have been developed by the Board of Directors to guide the delivery of the Trust’s vision and values:

- Deliver the best possible care and outcomes (quality)
- Be a great place to work (people)
- Make the best use of our resources and protect the environment (sustainability)
- Become a leader in healthcare research and education (research and education)



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

This year has seen CQC readiness join OHI alongside clinical effectiveness. This means OHI now work closely with services to support them to gather evidence for improvements to meet regulatory requirements along with trust priority improvement areas as part of the wider Quality Management System:



The Trust is becoming well versed with the approach of QI and this year has seen several initiatives utilising a QI approach to achieve their goals.

Some of the key QI achievements:

- Continued development of Level 1 QI training leading to agreement for the training to be added to staff matrix for essential training for all staff from spring 2024. Level one training is also available externally to any patient, family member or carer and has been adopted by Oxford University Hospitals NHS Foundation Trust to be used with their staff also.
- QI clinics have been established as a relaxed, informal space for staff to discuss ideas for change and to ask for any help they might need.

- Two Trust-wide QI conferences have successfully taken place involving staff and patients. These have provided opportunities to share learning and celebrate improvement efforts. The picture shows a team in Buckinghamshire Mental Health directorate who were winners of the quality improvement project – on improving the experiences of carers Involvement with Carers& Families



- The Community and Dentistry services directorate have expanded their QI programme and are now planning their own QI celebration event in May 2024 to celebrate their work.
- QI hubs in each directorate continue to bring together people from a variety of teams to focus on QI activity within services. The hubs provide support and oversight of activity to embed our approach and sustain improvements whilst providing opportunities for staff to attend improvement training.
- A BOB wide project is being led by OHI to create a comprehensive guide for how to involve patients, experts by experience, families, and carers in improvement work.

QI has maintained significant traction in the Trust over the year, with on average 130 QI projects open and active at any one time. Here are some of the recent projects undertaken across the Trust with the support of OHI. There are several more examples of the improvements we have made to patient care throughout the Account.



Reducing restrictive practice mental health services



Increasing co-production in care planning community mental health team



A focus on PDR – trust wide initiative



Improving person-centred care in a community hospital



Improving the standardisation and efficiency of occupational therapy initial contact and assessment mental health inpatient service



The use of simulation-based learning to overcome barriers to Quality Improvement within NHS services.

Trust learning and successes have been shared with other organisations at a number of external conferences and through five publications of our work, including a publication written by colleagues who work on Kennet ward within the Trust entitled 'Reducing use of seclusion on a male medium secure forensic ward'.

<https://bmjopenquality.bmj.com/content/bmjgir/13/1/e002576.full.pdf>

External funding has been successfully applied for and received to carry out work on the following areas:

- a) Mapping trauma-informed practice at an integrated care system level: a realist synthesis.
- B) A simulation-based education intervention for facilitating therapeutic meal support in the dining room of an adult inpatient eating disorders unit: a feasibility study

OHI were involved and instrumental in working as part of a national team lead by the National Mental health and Learning Disabilities Nurse Directors Forum and CQC to produce national best practice guidance to reduce harm from ligatures within inpatient services:

[Reducing harm from ligatures in mental health wards and wards for people with a learning disability - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/reports-research/reducing-harm-from-ligatures-in-mental-health-wards-and-wards-for-people-with-a-learning-disability)

Clinical Audit - a tool for improvement

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.

Clinical Audit activity forms part of the trusts wider Quality Management System aimed to support and inform to inform learning, improvement and to ensure the trust can demonstrate that it is meeting regulatory, commissioning, contractual and legal requirements in relation to the quality and safety of the services provided.

In 2023-24 we participated fully in 15 national audits. Alongside these we carried out 51 locally identified clinical audits. Summary of the Results are in table the appendix.

Key Achievements and Awards over the Year

The following section of the report allows our services to shine a light on areas that they are particularly proud of, share improvements and developments and celebrate achievements and success.

Primary Community and Dental Services

Service Accreditations

Services within the Primary Community and Dental directorate are eligible to apply for varying accreditation programmes. Accredited services are measured against a set of national quality standards to check that the right things are in place to encourage good quality care.

The accreditation process seeks evidence that staff members are well trained, well supported and working within organised and safe systems.

[Health visiting services](#) were successful in achieving accreditation through the UNICEF baby friendly initiative which aims to improve standards of care for breastfeeding.

[Community dentistry services](#) successfully achieved accreditation from (Intercollegiate Advisory Committee for Sedation in Dentistry) IASCD for and the QISMET (Quality Institute for Self-Management Education and Training).

Quality and Safety

[External and internal inspections and peer reviews](#)

During October - November of 2023 Healthwatch undertook external reviews of the quality of services at Didcot and Bicester Community Hospitals and Wallingford Podiatry services

Healthwatch identified that the environment at Didcot Community Hospital was very much enhanced by art displays and that the well cared for garden was used by patients. Patients felt that staff were caring committed and friendly and at the level of communication had been good and responsive comments were also very positive about Bicester Community Hospital in terms of the cleanliness of the environment and the approachability of the staff.

Patients reported that they felt the Wallingford Podiatry Service was very efficient and that they were able to raise concerns with staff about their treatment directly or by phone.

Thirteen internal peer reviews were undertaken within the directorate across the year, these occurred across a range of services including Children and Young People's, Community Rehabilitation, First Contact and Primary Care, Intensive Community Care public health services and in Oxford Stroke Rehabilitation Unit where good practise in relation to deprivation of liberty safeguards and supportive effective senior nurse leadership was recognised. The Diabetes service which was commended for compassionate holistic centred patient care and an excellent education programme delivered in strong partnership with patients called - 'Diabetes 2gether and Diabetes 4ward'.

A series of End of Life and Palliative Care peer reviews are planned for 2024-25.

Workforce Development: Some examples of our award winning staff!



Medical recruitment - There has been a successful initiative to increase GP recruitment and medical support within services.

Buckinghamshire Mental Health Services

Quality and Safety

The services received positive feedback from the Joint Targeted Area Inspection carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in January 2024. The findings of the inspection praised the effectiveness and quality of the support offered by the Child and Adolescent Mental Health Services (CAMHS) and the adult services. The inspection reported that children's mental and emotional health are well supported, especially by CAMHS and the mental health triage in most schools.

People with poor mental health experience up to 3 times more physical health problems than the general population and can die up to 20 years earlier, to help improve the physical health of people with mental illness Buckinghamshire Mental Health Services completed 228 annual physical health checks for people with severe mental illness (SMI) between April 2023 and January 2024, and launched a new SMI outreach team to support with physical health checks in primary care. As part

of joint working with primary care the Lester Tool (a resource to support screening to ensure physical health and mental health are jointly addressed) has currently been completed with 75% of patients meeting the criteria in Buckinghamshire.

Quality Improvement

Several Quality Improvement (QI) projects were carried out across the services, involving co-production, innovation, and collaboration. For example, Ruby Ward presented their Personality Disorder Pathway Redesign project at a Thames Valley wide conference, and the Improving Working with Families project (Ruby Ward and Crisis Team) achieved positive outcomes and learning for the services. The directorate staff also participated in the trust 2023 Quality Improvement conference.

Service Development

The services continued to develop and enhance their offers to meet the needs of the population and improve access and outcomes. Some examples of service development include the redesign of the waiting area at Whiteleaf Centre, the 3rd year of the PEACE Project to support children and young people with autism and an eating disorder which was also nominated for a national award, the establishment of the Buckinghamshire Primary Care Mental Health Hub, and the introduction of nurse-led clinics in the Memory Clinic. The services also launched new developments, such as the Maternal Mental Health service and the Gateway service, which triages all referrals for secondary mental health care.

Workforce development

The services also engaged in positive recruitment and retention activities, such as hiring a Nurse Consultant in Adult Eating Disorders and engaging with final year nursing students with 23 of newly qualified nurses being offered posts within the trust.

Oxfordshire, BaNES, Swindon & Wiltshire(OBSW) Mental Health Directorate

Quality and Safety

OBSW Mental Health services continue to enhance the urgent community response (physical health services) to prevent unnecessary admissions to hospital 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.

Adult Crisis Resolution and Home Treatment Teams have developed with gradual expansion across the county, initially providing home treatment in north and west on case-by-case basis during recruitment phase.

Continuing to expand 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.

111 Mental Health Select now live and provides 24/7 all age help line, with access to both Adult and CAMHS Crisis 24 hours.

Children and Young People

CAMHS continue to work with the local Parent Carer Forum to support access and make changes for children and young people across the county.

Expanding the provision of mental health support teams into education settings, we offer support to around 282 schools, and this is due to expand further in September 2024.

Specialist perinatal mental health services have received some further funding to support expanding the service, an increase in psychological and medical time, currently being recruited into.

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. Teams are now operational within each county; Oxfordshire (since Dec 22), Buckinghamshire (since Nov 23), Berkshire (Since March 24).

The new research clinic for Anxiety and Depression in Young People (AnDY clinic) is a partnership between Oxford Health and Oxford University, made possible with the support of the BRC, which focuses on the development and research of brief targeted, effective, and accessible mental health interventions that meet the needs of diverse Children and Young People aged 5 - 18 years. The initial objectives of the clinic are to develop programmes and undertake research on online intervention, and interventions for OCD, and those who are neurodiverse.

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

Service Developments



Our Keystone Mental Health & Wellbeing Hubs are a groundbreaking initiative to support the transformation of mental health services. Adults experiencing mental health challenges will be enabled to thrive among friends, family and their community, drawing on support from the hubs which are linked to their local GP surgeries, NHS mental health services, and third-sector mental health services.

We currently have two Hubs fully functioning: one in Castle Quays shopping Centre in Banbury and the other in the main shopping centre in Abingdon.

A further three are in development:

- Cowley Road (which will house 2 of the Keystone MH teams) this is due to open April/ May 2024.
- Kidlington High Street – due to open mid-May,
- Wantage –it is anticipated that this will be open from beginning/mid-June2024 .

For the remaining teams Witney and Wallingford and Henley and Thame, as we don't currently have funding to acquire more buildings and ongoing costs we are responding by developing 'pop-up' hubs in other local facilities with the same ethos of the drop-in function as well as the team function.

Increasing capacity of the Improving Access to Psychological Therapies (IAPT), work has continued to increase access that has included active marketing, outreach to older adults, ethnic minority groups, as well as other marginalised groups. In terms of the service's work with long term physical health condition (LTC's) we have seven established LTC pathways including Cardiac, Respiratory, Diabetes Chronic Fatigue, Long COVID, Irritable Bowel Syndrome (IBS), Menopause.

Continuing with 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.

Staff Awards in OBSW – Mental Health Directorate below:



Service Development

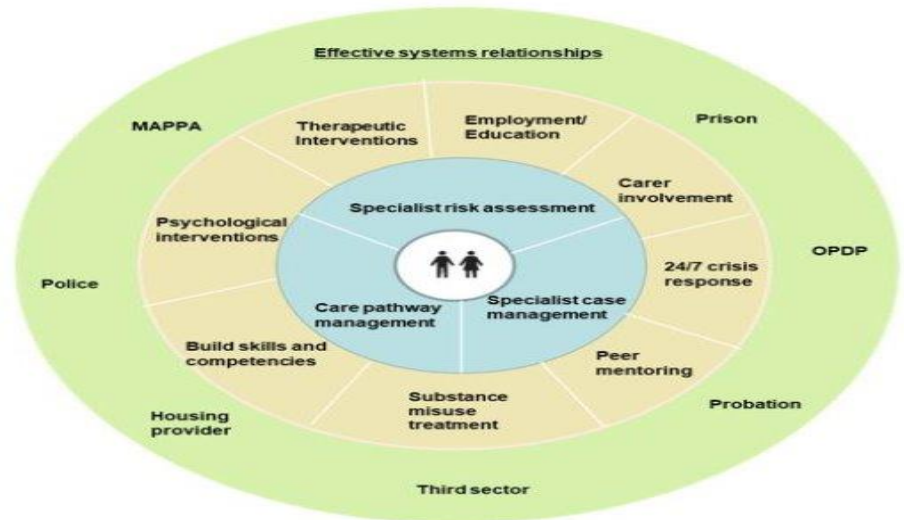
Specialist Community Forensic Team (SCFT) Transformation

The Forensic Community Mental Team (FCMHT) has undergone a transformation programme with funding from the For Me Provider Collaborative to deliver an enhanced 12 component service model.

The team has been restructured into more defined geographically based teams.

The new model welcomes the addition of new roles to such as Peer Support Workers & IPS workers for specialist support with employment, as well as increased OT and Psychological provision.

The below diagram shows all 12 components, with the service users at the centre of their care.



LD Forensic Community Team

A new LD forensic community team has been developed across BOB, going live in March 2024. The project represents excellent partnership working between the OH Forensic Directorate and LD community teams across the 3 counties.

Thames Valley Prison Services development

An integrated primary and secondary mental health service model has been implemented across all four prison estates.

Psychological Wellbeing practitioners (PWPs) have been introduced to complement the existing psychological therapy's structure. A therapeutic group program has been developed and implemented across all prisons and delivery of trauma informed training to officers across the prison has been implemented.

Following CQC inspection for HMP Huntercombe and HMPs Grendon & Springhill received very positive and complementary feedback..

A Quality Improvement project to improve referral to admission times for prison transfers saw an improvement of 80% meeting the target within the Thames Valley Forensic directorate. A further project by the mental health team in HMP Bullingdon is looking at improving prison waits for transfers out of the Thames Valley catchment area.

Offender Personality Disorder Pathway EIIIRMS (Enhanced Intensive Intervention & Risk Management Service)

The EIIIRMS service is delivered as part of the Offender Personality Disorder pathway (OPD), receiving referrals from the OPD pathway and probation. The services has implemented an enhanced IIRMS service this year with an enhanced offer of support for those on caseload. The service provides psychosocial support to those in the community under probation and those that

require support as part of their release plan from prison. The enhanced service provides a small number of high risk individuals psychological therapy to support reduction in their risk and support probation risk management.

Women's Offender Personality Disorder Pathway

High recall rates amongst female offenders has led to recognition that there is a need for a gender-responsive provision required for female offenders due to their differing profiles and needs. A small team (2 full time posts) have been introduced as 'Women's lead' roles to support the female pathway through direct input with individuals, in-reach into a women's approved premises and through staff support and education. Evaluation of this project is incorporated to support wider role out nationally and enhanced offer across the Thames Valley.

Forensic Recovery College

A range of courses have been developed with a total of 14 sessions. Take up for the service continues to grow with 147 students registered and a total of 286 individual training sessions being delivered.

The Forensic Recovery College in collaboration with the Oxfordshire Recovery College has delivered a 'Library of Life' project, in which students have created their video stories about their experiences of recovery. These contribute to a growing online library of life.

'Life on a Forensic Ward' project: an information pack incorporating leaflet and video resources has been co-produced from a patients' perspective for patients coming into the forensic inpatient service.

Quality and Safety

Trauma Informed Care (TRiM)

TRiM has been implemented across the service with a total of 54 practitioners trained to offer TRiM conversations. 123 TRiM conversations have been offered this year with 74 actively taken up. The infrastructure for sustaining TRiM has been strengthened with the introduction of TRiM manger roles. Recruitment is under way and these posts will be starting soon.

Essential Trauma Training has been rolled out for all directorate staff. This is has been positively received.

Restorative Justice (RJ) is being implemented across the inpatient and community forensic services. A cohort of 50 staff are in the process of undergoing foundation training to enable them to undertake restorative justice conversations, and so far 8 have been conducted. Evaluation of the introduction of RJ is built into the project.

Physical Health

The introduction of a Dietician role across the service has been welcome. The SANSI nutritional assessment is being piloted at Thames house, to better support patients with weight gain and loss. Weight management groups are being delivered across the directorate.

A suite of psychoeducational videos was developed as part of a quality improvement project focussed on education about the importance of physical healthcare.

Achieved the NEWS2 CQINN

Workforce development

Nursing Recruitment

Nursing recruitment was one of the directorate's priority area for improvement. A medium to long term strategy was to invest in the nursing associate trainee model to be able to offer a development pathway for our HCAs and to be able to '*grow our own*' nursing workforce to ensure sustainability.

A steady stream of nursing associates trainees have qualified, and support has been given to those who wanted the opportunity to continue to complete a nursing degree. Our first cohort resulted in 15 nurses qualifying as RMNs.

Alongside this was the opportunity to welcome the recruitment of international nurses to join our teams across seven of our wards.

The work with universities continues to ensure we provide a good experience for nursing students from both our link universities, e.g. Woodlands House, Aylesbury, won Student Placement of the Year 2023 for Bedfordshire University.

These combined initiatives has meant that our band 5 nursing vacancies have reduced to 32% vacancy rate in February 2024 with the remaining vacancies now having been filled.

Peer Support Workers

Following successful training, peer support workers have started in some inpatient teams and the Specialist Community Forensic team (SCFT). Feedback from our peer support workers, their teams, and patients has been positive about the additional expertise these roles bring. Further recruitment is under way to further embed these roles.

Working with Families

A training day for family Champions was held to support them in their role. A resource package has also been developed.

A successful family and friends picnic was held to provide an informal opportunity to meet staff and spend time with their relatives, taking advantage of the meadow at Littlemore Hospital site.

The addition of a family therapist, starting in post in April 2024, has been secured with investment from the For Me Provider Collaborative.

The forensic Family & Friends action group continues to run.

Quality Improvement and Research

Development of a Forensic Outcome Measure - FORUM

The directorate was involved in supporting a research project developing FORUM - an outcome measure for forensic mental health care that includes patient and clinician reported outcome measures. A QI project to implement the use of FORUM, embed it within existing practice and evaluate it has been running across two wards, Glyme and Watling.

Publications & Conference presentations

- Kennet Ward BMJ publication - reducing use of seclusion on a male medium secure forensic ward.
- Publication on risk formulation in the Journal of Forensic Practice [Risk formulation in forensic practice: a review of the evidence | Emerald Insight](#)
- Professor Geri Akerman presented a paper at the Division of Forensic Psychology National conference. Presenting our work on Trauma-informed care at the Trust Psychology Professions Conference in November.
- Dr Elliott Carthy has been shortlisted for presentation at the Faculty of Forensic Psychiatry Annual Conference for his 'audit into adherence to NHS England guidance for transfer of prisoners under the Mental Health Act from HMP Bullingdon'. He awaits the decision on submissions.
- Dr John Cordwell & Dr Rosie Winder are presenting the Women's Offender Personality Disorder Pathway at the RCPsych Quality Network Advisory Group.

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.



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 2023/24 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 which we have taken across all our services include:

- Working with GPs to ensure every person has an annual health check.
- Introducing apps to develop person-centred care planning, with visual support, signposting and prompts that are developed with each person.
- Rolling out the national Oliver McGowan training, including promoting within LD services and identifying staff/experts by experience to assist with delivery.
- Our Reasonable Adjustments Service continues to support mental health clinicians to understand and support the needs of autistic individuals.
- Development of a trust Neurodivergent Strategy group.
- Targeted support by LD nurses to offer GP surgeries for completion of annual health checks.
- To continue working on reducing inequalities for people accessing services

We have work to take forward to fully address from the LD&A standards that is part of our wider Learning Disability Strategy.

Progress on Quality Objectives set for 2023- 24.

The below table gives our summary position at the end of year, 31st March 2024.

There were 10 quality priorities identified for 2024-25, five out of the ten priorities fully achieved, two of the ten partially achieved, the remaining three not achieved.

| | Quality Objective (Trust-wide unless stated) | Progress and next steps |
|-----|---|---|
| 1. | To reduce the use of restrictive interventions by the measure of incidents of prone restraints reducing by 25% and seclusions by 20%. | Partially achieved Reduction in prone restraints achieved, seclusion not achieved. Continue into 2024/25 |
| 2. | To Implement the PSIRF to include embedding a restorative approach & Embedding the Patient Safety Framework via the Culture/Behaviour of Just learning and QI program for reducing restrictive practice/ligatures. | Achieved |
| 3. | Management of Pressure damage/ lower leg wound treatment | Not achieved but great improvement in Q3 &4. Continue in operational management. |
| 4. | Sepsis: To develop robust systems and processes across the Trust to support all staff. | Achieved initial goal. Continue into 2024/25 |
| 5. | Supporting staff wellbeing and building resilience through TRiM work | Achieved Continue into 2024/25 |
| 6. | To measure and capture outcomes in our mental health services: a) The Patient Reported Outcomes via the team performance report and new EPR systems enable for direct patient feedback for all services. b) The Clinician Reported Outcomes to be built into the team performance reports and new EPR systems.) | Not Achieved – RIO development in progress. Continue into 2024/25 |
| 7. | Improve the physical healthcare to people with a serious mental illness via Cardiovascular assessment, monitoring and supporting healthy behaviour lifestyles. | Partially achieved. Continue into 2024/25 |
| 8. | To Embed personalised care planning developed with patients to improve clinical outcomes. | Not achieved due to Rio development. Continue in operational management |
| 9. | Improve working with families through embedding Triangle of Care across the Trust | Initial goals achieved. Continue into 2024/25 |
| 10. | Use patients' experience and feedback to improve services. | Achieved Continue into 2024/25 |

Quality Account objective detail:

The following information gives a detailed narrative update on each of the 10 objectives and the measures used to understand progress.

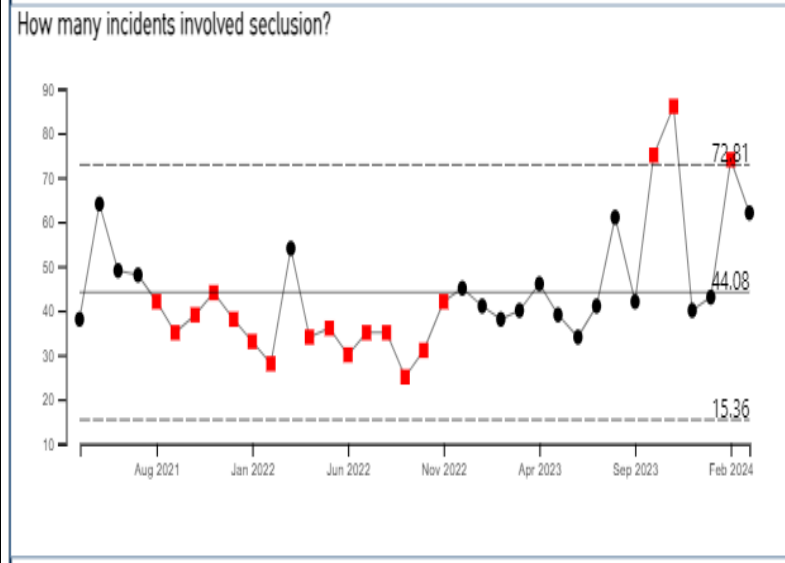
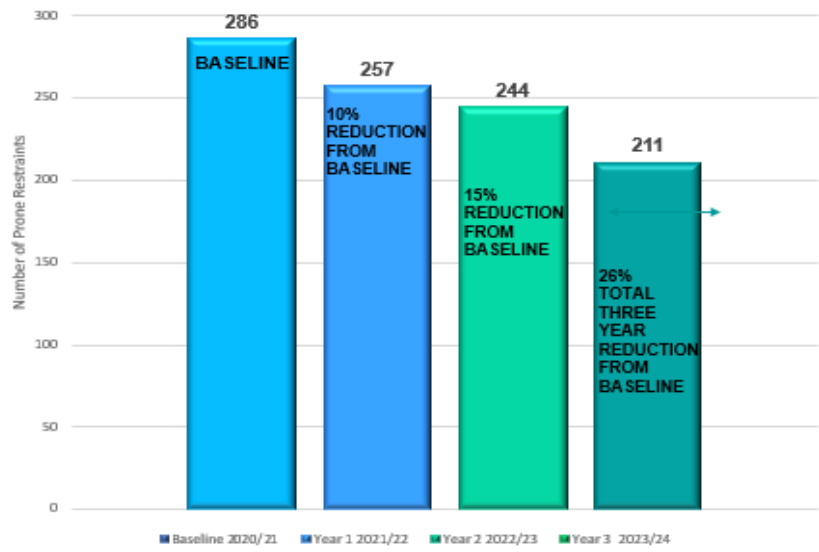
Patient Safety

| Quality Objective | Objectives /Measures: |
|--|--|
| To Reduce the use of restrictive interventions | <ul style="list-style-type: none"> Reduction in the use of Prone Restraints by 25% of current baseline of 244 in the last 12months period. (Duration & numbers) Reduction in the use of seclusions by 20% (Duration & Numbers) |

Progress Narrative - Data summary

Prone restraint: The Trust set a target for a 25% reduction over 3 years. Baseline data was sought for 2020/21 and the improvement programme commenced in 2021/22 through to end of 2023/24. A 26% reduction in the use of Prone Restraint was achieved since 2021 baseline data.

This data excluded one patient requiring a very specialised package of care which involved brief prone restraint being used multiple times per day to maintain safety (737 prone restraints during 22/23).



Seclusion: The Trust set a target for a 25% reduction over 3 years. Baseline data was sought for 2020/21 and the improvement programme commenced in 2021/22 through to end of 2023/24.

Unfortunately the rate of seclusion has increased over time, particularly during the later part of 2023, this significant increase since August 23 is due to one patient on our forensic wards.

Both of these aspects of this quality objective will continue in 2024/25 as part of our aim to improve in patient safety within mental health wards.

| Quality Objective | Objectives/ Measures: |
|---|--|
| <p>To Implement the PSIRF to include embedding a restorative approach & Embedding the Patient Safety Framework via the Culture/Behaviour of Just learning and QI program for reducing restrictive practice/ligatures.</p> <p>The Patient Safety Incident Response Framework (PSIRF) is part of the national Patient Safety Strategy and represents a significant cultural change in the way the NHS responds and learns from patient incidents.</p> | <p>Compassionate engagement and involvement of those affected by patient safety incidents.</p> <p>Application of a range of system-based approaches to learning from patient safety incidents</p> <p>Considered and proportionate responses to patient safety incidents</p> <p>Supportive oversight focused on strengthening how we learn and apply improvements</p> |

Progress Narrative:

Key achievements.

Initial preparation for transition to PSIRF:

- mapping our key internal and external stakeholders.
- Utilised mapping outcomes to guide engagement and communication plan
- Develop feedback mechanisms to continuously develop the changes introduced.
- Established a Programme Board to oversee and steer the work to implement the PSIRF requirements, which was named by staff as '*Learning together for a safer tomorrow*'. The programme board is chaired by the Chief Nurse and Chief Medical Officer.
- Successfully recruited people with lived experiences to the board including our patient safety partners, clinicians and leaders to maintain positive engagement and communication throughout the changes being made.

We collaborated with key stakeholders in the following ways:

- Joining existing internal and external meetings with staff and patients/families
- Presenting and hearing from staff in Trust-wide leadership webinars
- Hosting bespoke workshops on PSIRF and to develop our incident response plan.
- Writing to staff, Foundation Trust members and the Council of Governors for their input, as well as sending out information in bulletins and joining forums
- Running a social media campaign to engage with the wider communities we work with
- Working with our commissioners- the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Board (ICB) and the Provider Collaborative leads
- Participating in regular workshops with representatives from every provider within the BOB integrated care system.

Achieved the implementation of the 87 PSRIF standards covering:

- policy and oversight,
- competence and capacity,
- engagement, and involvement of those affected by an incident
- proportionate responses.

Significantly adapted and changed existing processes, systems, and behaviours. Some of the main changes have included:

- Co-developing a new patient safety incident response plan which includes the national requirements and our local safety areas identified in collaboration with key stakeholders.
- Expanding and recruiting to a central, dedicated and specialist patient safety team to lead on the completion of the majority of learning responses to encourage consistency.

- Working with patients/families and to deliver training.
- Completed extensive training for staff undertaking reviews, those who work closely with people affected and senior staff in oversight roles.
- Changed the methodology used that underpins the approach to reviews to use Systems Engineering Initiative for Patient Safety (SEIPS) which takes a systemic perspective to better understand how different factors and their interactions are involved in an incident, directly or indirectly, to help identify learning that can make a difference.
- Developed our internal and external oversight processes
- Developed written principles for providers within the BOB ICS for carrying out cross-organisational reviews.
- Trialling new learning responses, so we have a range of responses we can take depending on the incident and circumstances.
- Sharing learning from incidents more widely to help steer improvements in the quality of care.
- Continue to promote and support the trust Family Liaison Service, independent to clinical teams to support bereaved families and a separate Post Incident Psychological Support Service for staff to access following an incident or death

Updates since transitioning from 4th Dec 2023 to 31st March 2024

- We have identified 15 incidents that fall under our incident response plan, and we have used a range of learning responses including incident learning huddles, extended huddles, thematic reviews, observational audits, audits against national standards and in-depth investigations.
- Introduced incident learning huddles where there has been significant harm to a patient, or we believe there is a potential for great learning. Huddles are structured, facilitated group discussions soon after an incident with the team(s) involved and other external agencies as relevant, and includes engaging with the patient/family affected. The focus is on learning together. Huddle help us to understand more about incidents, to ensure support is in place for those affected, to identify immediate learning and to clarify if incidents require further exploration/ learning response as detailed in our incident response plan.
- Between December 2023 to March 2024, we have completed 55 huddles and look to increase the number being completed in 2024/25. Huddles have been well received and continue to evolve based on feedback.
- We have 3 patient safety specialists and have successfully recruited 2 patient safety partners with lived experiences of our services, who started in post from September 2023. The patient safety partners work alongside clinical staff and patients/families to co-design and implement patient safety initiatives, deliver training, write resources, support activities around oversight and other opportunities to improve the safety of care.
- Rolled out level 1 patient safety training as essential to all staff from May 2023, current performance in March 2024 is 79% (5,266 staff have completed the training).
- Undergone review by the ICB and NHS England of how we have implemented the PSIRF in March 2024. The review was very positive about our progress and principles/approach being embedded, as well as our medium- and long-term plans for continued developments

| Quality Objective | Objectives /Measures: |
|--|--|
| Management of Pressure damage/ lower leg wound treatment | <ul style="list-style-type: none"> • 50% of patients with lower leg wounds will receive appropriate assessment diagnosis and treatment in line with NICE Guidelines. • 95% Reduction on significant Pressure Ulcers incidents with Lapses in Care- PSI's. against patients seen- <ul style="list-style-type: none"> ○ Incremental improvement with a target of 10% per quarter around improvement of assessment and management of lower leg ulcers ○ For DN's % PSI's relating to pressure damage with lapses in care (measured against the number of patients on the caseload since EMIS and numbers with lapses in care in the same period.) ○ For CH's %PSI's relating to pressure damage with lapses in care (per 1000 bed days) |

Progress Narrative:

Overall – 20.5% compliance with CQUIN criteria

- **Criteria 1 – 23% compliance** (up from 8%). (NB. 32 elements have to be completed for each patient to achieve compliance for this question)
- **Criteria 2 – 81% compliance** (up from 43%)
- **Criteria 3 – 68% compliance** (down from 100%)

Measures

Analysis of results

The service was pleased to see an increase in compliance overall, and for Criteria 1 and 2. This is despite the service pressures increasing during Q3 period as follows. **Impact of continued OPEL 4 status in the service, and the increasing demand in the service over Q3.**

Demand has increased month on month since the start of the financial year, reaching a peak in March 2024:

| Quarter | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Month | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| Number of individual patients on the caseload | 6255 | 6630 | 6838 | 6897 | 6917 | 7395 | 7842 | 7589 | 7469 | 7911 | 7937 | 8100 |
| Quarter average per month | 6594 | | | 7069 | | | 7633 | | | 7983 | | |

Q3 average number of patients on the caseload was up by 564 patients (8%) from Q3.

Q4 average number of patients on the caseload was up by another 350 patients (5%) from Q4.

Average deferred visits per month went down by 13% in Q4. This may have been due to more capacity being available compared to Q3 where higher levels of Annual Leave were taken (within the current service limits). Work is starting to map service demand by month, against AL,

in order to set AL targets to even out variations in the capacity/demand gap over the course of the year.

| Quarter | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Month | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| Number of deferred visits | 3996 | 6461 | 1601 | 8222 | 6969 | 7892 | 7844 | 7790 | 6404 | 4500 | 7385 | 7300 |
| Quarter average per month | 4019 | | | 7694 | | | 7346 | | | 6395 | | |

When deferring visits, the agreed service clinical prioritisation is applied. Essential visits are prioritised for a visit first (e.g. daily end of life care and insulin injections).

| Quarter | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|---------------------------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|
| Month | Apr-23 | May-23 | Jun-23 | July-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| Number of deferred visits | 3996 | 6461 | 1601 | 8222 | 6969 | 7892 | 7844 | 7790 | 6404 | 4500 | 7385 | 7300 |
| Quarter average per month | 4019 | | | 7694 | | | 7346 | | | 6395 | | |


| Quality Objective | Objectives/ Measures: |
|---|---|
| <p>Sepsis:</p> <p>To develop robust systems and processes across the Trust to support all staff in assessing and managing sepsis effectively.</p> | <p>To support all staff in the following areas:</p> <ul style="list-style-type: none"> - early identification of sepsis - timely referral for escalation/onward care - Timely Recognition of Signs and appropriate interventions given (commensurate with the clinical area in which the patient is being cared for) |
| Progress Narrative: | |
| <ul style="list-style-type: none"> • Simulation work in Community Hospitals undertaken. • Electronic NEWS2 tool established in Rio. • Sepsis Strategy Steering Group terms of reference agreed with Trust wide membership. • QI project progressing with driver diagram in place. • Work has commenced with Ulysess User Group to formulate Sepsis Reporters Questionnaire to capture baseline data across Directorates when patients deteriorate relating to symptoms, diagnosis, service interface, soft signs, and clinical escalation. | |

| Quality Aims | Objectives/Measures: |
|--|--|
| Supporting staff wellbeing and building resilience through TRiM work | <ul style="list-style-type: none"> Review and agreed a debrief model to support staff across the Trust. To implement an evaluate Trim in a small number of pilot sites and evaluate its impact to support staff wellbeing. |
| Progress Narrative | |
| <ul style="list-style-type: none"> Initial pilot scope has spread significantly. Originally Kennet ward for Forensic – now adopted across the whole Forensic service including prisons. All Forensic TRiM Practitioners selected as colleagues of the Month for February 2024. Limited uptake in our CAMHS inpatient units and Whiteleaf wards but work is going on to improve the position. Pilot spread to include wider Adult MH teams in Bucks and Oxon in response to significant incidents – positive feedback but needs local TRiM Management to drive engagement. TRiM pilot work continues with over 150 TRiM conversations offered to staff. TRiM is proving to have reach into services and staff groups where previously we have had low uptake of wellbeing interventions. TRiM is well received by staff and gaining increasing currency and recognition. Successful first year and rolling out continue for 2024/25 with slightly new focus. | |

| Quality Objective | Objectives/ Measures: |
|--|--|
| <p>To measure and capture outcomes in our mental health services:</p> <p>a) The Patient Reported Outcomes via the team performance report and new EPR systems enable for direct patient feedback for all services.</p> <p>b) The clinician reported outcomes to be built into the team performance reports and new EPR systems.)</p> | <ul style="list-style-type: none"> Rebuilt Truecolours & DIALOG and data capturing platform in RiO To implement the rebuilt True Colours platform to enable us to collect and report on routine outcome measurement in CYP and Adult mental health services with a focus on Patient Reported Outcome Measures (PROMS). |
| Progress Narrative | |
| <p>Adult MH community pilot teams selected and working group established.</p> <ul style="list-style-type: none"> 3 NHS recommended templates uploaded onto True Colours. Test group selected pending TC go live. Process mapping to incorporate use is ongoing. Plans to re-establish use of PROMS in CYP under development. <p>Not Fully achieved as quality priority for the year due the main reason below:</p> <ul style="list-style-type: none"> Delayed integration between TC and Rio - timelines are now clearer. Expansion of project scope to include Care planning, Key worker model, and achievement of MH Community Access Standards has been agreed but will need clear project resourcing. | |

| Quality Objective | Objectives/ Measures: |
|--|--|
| <p>Improve the physical healthcare to people with a serious mental illness via Cardiovascular assessment, monitoring and supporting healthy behaviour lifestyles.</p> | <ul style="list-style-type: none"> • 95% of Patients (SMI) with completed PH assessment in last 12 months (all 8 elements of the lister tool) • 100% with completed PH assessment in last 12 months (regardless of no. of elements of the Lester tool) • 100% of all smokers admitted to across the MH wards have their smoking status assess and recorded and behaviour support offered. |
| <p>Progress Narrative</p> | |
| <p>Progress against initial goals has been positive. The new Cardiovascular assessment forms for physical health monitoring are now live on Rio and data started flowing in Q3. The Tobacco dependency national matrix data submission re- commences in December 2023 following the outage and we are on target with embedding our smoke free hospitals and working with our stop smoking services and community mental health teams in developing and strengthen our discharge pathway.</p> | |

| Quality Objective | Objectives/ Measures: |
|--|--|
| <p>To Embed personalised care planning developed with patients to improve clinical outcomes.</p> | <ul style="list-style-type: none"> • Improve the co-production of and participation in risk assessments and safety plans across the Trust by 80% in the next 12 months. • Increase the rate of completed risk assessments on discharge from all Mental health/Forensic wards by 70%. • Improve the quality of suicide risk assessments and risk formulation conducted by MH Teams clinicians at initial triage assessment. • Reducing missed appointments by 80% by improving handovers in MH CRHT (Current Baseline needed from P&I) • Increase number of safety plans that are co-produced across all Mental health & Forensic services by 80%. |
| <p>Progress Narrative</p> | |
| <ul style="list-style-type: none"> • Co-produced care planning template developed for use by AMHT/CMHT (including primary care hubs) services. Template to be shared with forensics to assess suitability. Not for use by CAMHS. Template uploaded unto True Colours • Brief intervention care plan template developed for 4-6 weeks treatment. Uploaded on OXON EMIS. Being reviewed by Bucks Team. • Oxford QI project is ongoing to review consultant only clinical letter format to include PROMS and co-produced Care Planning elements. • Guidelines for use (for the 3 templates) to be developed by pilot working group. • Care notes care plan being reviewed to replace RIO care plan. <p>Priority not achieved due to the IT integration required to ensure Care plans are editable and on-going Rio development. This QP has now being moved to operational management for 2024-24.</p> | |

| Quality Objective | Objectives/ Measures: |
|--|--|
| <p>Improve working with families through embedding Triangle of Care across the Trust</p>  | <ul style="list-style-type: none"> • 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%) • Complete self-Assessment/Gap Analysis on ToC for 50% of Mental Health Inpatient services • Develop and roll out Co-production training to both patients and staff to ensure everyone is supported and has the necessary confidence and skills to achieve a greater level of patient involvement in their care. |

Progress Narrative

Triangle of Care

60% of the Triangle of Care (ToC) self-assessments for Oxfordshire Inpatient wards, Bucks Crisis Teams, and Buckinghamshire is completed. The action planning stage has now commenced at various stages, with some services beginning implementation to build on the way we work with families and carers.

Co-production training package for staff, service users and carers has now been developed. Roll out training plan commence in March 2024. Various coproduction activities are happening across all teams across the Trust.

| Quality Objective | Objectives/Measures: |
|--|--|
| <p>Use patients' experience and feedback to improve services</p> | <ul style="list-style-type: none"> • Embed new Patients' surveys – I want great care, you said, we did meetings within each team by systematic feedback collection across all services and inclusion in quality improvement work. • Every team will have feedback collection at least monthly in all our community teams, every two weeks or before discharge in all inpatient areas and use this feedback to make positive changes and give constructive and timely feedback to patients. |

Progress Narrative

Feedback responses from I Want Great Care (IWCG) is back to the number of responses Trust pre- Pandemic level but there remain some low figures within certain pathways.

We use the "you said, we did" posters in clinical areas particularly inpatient wards to communicate feedback to those using our services but work is underway to use and give feedback in a more constructive, proactive and consistent manner through using IWGC methods instantly, publication on our website, using "your voices" within pathways etc. We have started an initiative in Bucks and would want to evaluate it first, as it is a bit resource intense before translating into other areas. It is an initiative being led by one of our live experience lead works with carers and peer support workers with identified services in Bucks to look at survey (MH) and work collaboratively in co-designing actions to address gaps and feedback via your voice with action taken

Measures:

| Directorates | Metric | Target | Position |
|----------------------|--|--------|----------|
| MH/Forensic | % of patients responding that overall, the care was good/very good - mental health | 85% | 89% |
| Community/Specialist | % of patients responding that overall, the care was good/very good - Primary, Community and Dental | 85% | 93% |
| MH/Forensic | % of patients report being involved in their care - mental health | 80% | 84% |
| Community/Specialist | % of patients report being involved in their care - Primary, community and dental | 85% | 92% |

Emerging themes

The Trusts Quality Committee reviews and identifies themes and trends that might contribute to 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 report, the Trust's Quality and Safety Dashboard and intelligence received from our patient and carer feedback, staff and additional key stakeholders.

Our five key areas of focus based on emerging themes:

Clinical Workforce Challenges. Both mental health and physical health services are experiencing shortages of substantive staff due to high levels of vacancies alongside increased demand for care. This is having an impact on our capacity to see patients timely and also increasing costs owing to the increased use of agency staff. Largely the vacancies are for nurses but there remain 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. Information within the directorate section of this report highlights initiatives to grow our own workforce with key success to learn in some service areas.

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 'Improving Quality, Reducing Agency use'. This Programme is in its third year, and we have seen good improvement with reduction in our agency spending and improvement in recruiting staff. This 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, reviewing exit interview feedback and introducing international recruitment.

An update on the work of Programme including trends on vacancies, turnover and agency use is regularly provided to Trust Board. Addressing these challenges is also a core part of our revised Nursing Strategy 2023-2026 with a focus on valuing and supporting nurses as well as creating a sustainable workforce.

Loss of our electronic patient record systems. The Trust experienced limited access to patient records systems from July 2022, this was due to a cyber-attack on our supplier which affected several NHS Trusts. An investigation was 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 system providers from December 2022 which involved an in-depth work to train and roll out new systems, which are still being embedded.

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, for example we are unable to centrally report or monitor some activity in the way we were since the outage, additionally some of our monitoring arrangements such as clinical audits had to be paused however a recovery plan is progressing well and we are using innovative ways to gather data in other ways to ensure we continue to monitor effectiveness of 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 challenged to meet 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. A number 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.

Out of area placements (OAPs) 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.

Unfortunately, we have continued to rely on out of area placements due to sustained demand and not having sufficient bed capacity within our own mental health 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 and their lengths of stay (duration of admission) can often be longer..

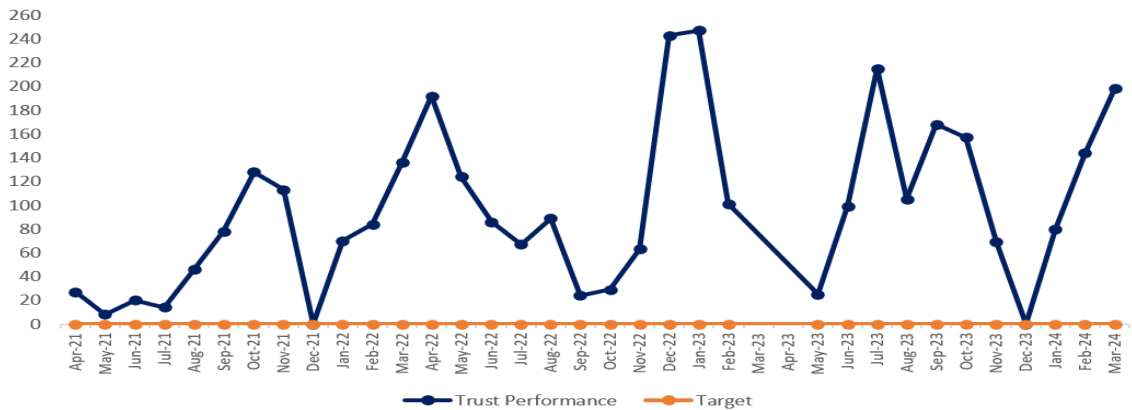
We have also seen an increase on out of area providers(OAP) declining referrals which has created further pressure on maintaining patient safety and an increased use of the Place of Safety (POS) as admission beds while trying to resolve either a local solution or an OAP.

The currency for OAPs for FY23/24 has been bed days. A total number of 2,199 bed days were utilised by inappropriate OAPs in FY23/24. Below show OAP bed days usage by county as a trend over time.

Buckinghamshire



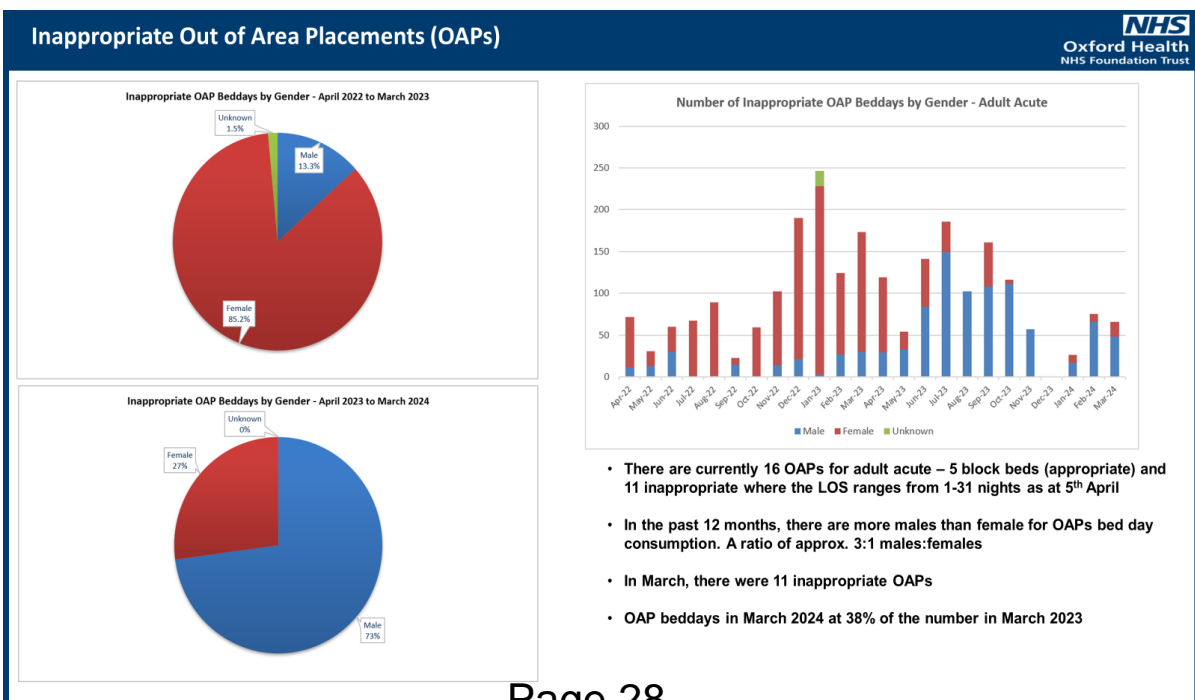
Oxfordshire



Eliminating inappropriate adult acute out of area placements – How are we managing?

Over the past 12 months we have seen a significant shift in use of OAPS from significant use of female OAPS in 2023 to significant use of male OAPS in 2024. We have seen a slight reduction in overall OAP usage, but this does come with other consequences i.e. – increase usage of Place of Safety (POS) for admission beds or significant delays to step down patients from psychiatric Intensive care (PICU) to acute settings.

Any requests for OAPS are authorised at director level only when all options for local admission have been fully exhausted. Below is a graph showing the Trust position of OAPs Bed Days from March 2023- March 2024



We have robust oversight of OAPS through weekly attendance at ward rounds in addition to an OHFT weekly rapid review with patient flow, social care, community and CRHTT. We also avoid using placements with poor CQC ratings unless we have absolutely no other option and the patient's immediate safety is at risk. Additionally, we undertake regular visits to our blocked booked hospital beds to assure ourselves of quality standards and meet with our patients and staff to gather feedback.

Our Quality Priorities for 2024/25

We have identified the following 3 broad quality priorities for 2024/25 based upon safe and effective care and patient and carer experience.

Each priority area has key objectives with identified targets for achievement with associated key milestones and measures to demonstrate progress over the year. 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.

The below shows the overarching priorities and key objectives that support the Trust's 5-year Strategy 2021-2026

Safe Care: We will consistently deliver safe care, with a reduction in avoidable in-service harm



To improve in-patients' safety



To provide timely access to care and effectively monitor patients and minimise harm when waits occur.



To address health inequalities



To have a safe and learning culture



To support staff wellbeing and build resilience

Effective care: We will deliver effective services to ensure care is planned and delivered around the needs of the patient



To build our capability to measure



To improve the physical healthcare to people with a serious mental illness

Patient and Carer Experience: We will consistently improve on the experience of those using our services



End of Life Care



To improve the physical healthcare to people with a serious mental illness

In addition to the quality objectives, we will also continue to develop 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 unrealistic but reflects the Trust's potential.



The Charity and Involvement team have continued to provide support to enhance the experience of patients, carers and staff through 2023/24 through Trust volunteering, the Oxford Health Charity (OHC), the Oxford Health Arts Partnership and informal community group engagement for the Trust.

The Volunteering Programme has continued to work on the Investing in Volunteering standards to ensure that the programme provides a high quality experience for both volunteers supporting the Trust and the teams who involve volunteers in their work. The 'Volunteer to Career' project has continued to evolve from the initial pilot in the eating disorder service in Wiltshire, with all volunteers joining the Trust now offered the opportunity to discuss future career goals within health and social care and inclusion in additional support sessions if they wish. The roll out of nationally recognised volunteer training, part of the pilot, has also expanded to all new volunteers and has been offered to existing volunteers as well. A particular area of growth for volunteers over the year, has been the introduction of volunteers at the Keystone Hubs, providing additional support within the new hubs and wider community. The Volunteer Policy and Toolkit are under revision following changes to training, data management and engagement processes and will be republished in early 2024/25.

Oxford Health Charity has continued to provide funding support to teams across the Trust thanks to the donations, fundraising, grants and legacies given.

After the successful completion of the 2019-2022 Strategy, a period of consultation and review was undertaken before the launch of the 2023-28 Strategy (available on the charity website - [Our 2023-28 Strategy | Oxford Health Charity](#)). This second strategy for the charity focuses on growing the impact of Oxford Health Charity with a focus on the development of 'Positive Spaces' through increasing meaningful impact, increasing engagement and increased support for innovation. The 'Positive Spaces' are both physical spaces like gardens, rooms and buildings, and mental space for wellbeing, innovation, research and development.

Highlights from the year include the successful fundraising events calendar, the successful OSRU (Oxfordshire Stroke Rehabilitation Unit) appeal to enhance rehabilitation equipment provision, the arrival onsite at the Warneford of Lucy's Room, a music room space for adult mental health patients, and the continued provision of activities for patients across all wards and teams. The Oxford Health Charity Annual Impact and Finance Report for each year can be found on the charity website - [5. Annual Report and Statements | Oxford Health Charity](#)

The Oxford Health Arts Partnership continued to deliver successfully against their OHAP Strategy 2022-26 with the overall vision of 'Inspiring recovery, wellbeing and growth through creativity'. Their 2023 Annual Report - [Oxford Health Arts Partnership 2023 Annual Report | Oxford Health Charity](#) – highlighted an increase in arts participation of 22% with over 4000 patients, carers, staff and community members involved in activities across the year.

The team also welcomed the first Green Spaces Coordinator, reflecting the national recognition of creative health encompassing all forms of art and engagement in nature. Highlights over the year have included the 'Didcot's Brilliant' community project, the continued engagement with research projects to demonstrate the impact of arts on patient recovery and wellbeing and a growing Trust planting programme alongside the Estates team.



The whole Charity and Involvement Team have continued to work alongside community and third sector partners across all programmes, seeking to involve and engage them in positive projects to enhance patient and staff experience.

In 2023/24, these have included:

- League of Friends at the Community Hospitals
- Green Spaces partners including Chiltern Rangers, TWIGS, RAW, Oxford University Arboretum
- Artists in Residence – linking in with community projects and local government grants
- County led projects like BetterPoints in Buckinghamshire and OCVA Volunteering Development in Oxfordshire
- NHS Charities Together and peer charities across the country continue to provide grant and development opportunities.

Patient and Family Experience and Involvement

In July 2023 we co-produced and launched a three-year new Trust Strategy for Experience and Involvement.

Our commitment to produce a three-year strategy is to work extensively with our Experts by Experience as our key stakeholders, staff and services to deliver our coproduction agenda making sure this threads through in all that we do..

The Aims and progress are monitored through the Trust wide Experience & Involvement Forum and through the Trust Quality Committee.

The five key objectives of the strategy are:

Care is co-produced at all levels.

Patient voice is part of everything we do.

Enable lived experience roles at all levels within the Trust.

Using feedback to identify and make improvements to service.

Promotion of Recovery and Inclusion

Strategy Implementation & Measures:

We agreed and co-produced a Trust plan with key measures to tell us how to measure what matters most to those using our services.

Below is detail summary of the measures we are using, our current position on the measures and further down in the report are details of all the activities across the Trust to articulate progress on the strategy.

How the Strategy will be implemented?

Each Directorate supported by the Experience and Involvement Leads and Governance Leads worked collaboratively with patients, service users, carers and PEI to co-produce actions and work plan to enable delivery of the strategy within defined timelines.



How will we know we are making a difference?

We will use the measurements below to report and monitor progress:

| Measure | Starting point | Year 1 target | Review Target six months on | Current Position – April 2024 |
|---|--|--------------------------------|-----------------------------|------------------------------------|
| % of patients responding that overall the care was very good | 01/02/2022 – 01/02/2023: 82.5% (physical health services) | 82.5% | 85% | 93% |
| | 62% (mental health & learning disability services) | 62% | 85% | 89% |
| % of patients report being involved in their care | 01/02/2022 – 01/02/2023: 82.5% (physical health services) | 85% | 85% | 92% |
| | 69.7% (mental health & learning disability) | 73% | 80% | 84% |
| % of patients know who to contact out of office hours if they had a crisis (annual mental health national survey) | 2022 survey: 66% | 70% | - | 70.5% |
| % of quality improvement projects relevant to improving the experience of patients and carers will be co-produced | 2022: 18% | 40% | - | 40% |
| Number of paid lived experience roles and peer support workers | Paid lived experience roles 1 WTE | 2 WTE | - | 3 WTE |
| | Peer support workers trained 60 YTD June 2023 | 66 new workers | - | 71 PSW |
| % reduction in complaints about waiting for treatment | 01/02/22 – 01/02/23 16 complaints, 56 concerns and 33 MP concerns | 10 or less complaints annually | - | 29 Increase |
| Increase in amount of survey feedback received and increase of feedback from more diverse groups | 01/02/22 – 01/02/23 13,197 IWGC responses | 2000 increase (15000) | - | 1,365 more than the previous year. |
| | 5% of respondents said they were from BAME background 22/23 | 7% or more BAME | - | 2% more to the previous year. |

Co-production

Below are some examples of the work we have undertaken this year with patients and carers in to further our ambition to embed co-production into everything we do as key focus of our new strategy:

- Wallingford Community Hospital Champions are working with the patients to design a discharge flow chart which will be used to help better understand for discharge planning. This is in response to feedback received from patients.
- Children We Care For developed a personalised physical health summary with patients who were asked to provide feedback on what would be helpful to include in the summary, what not to include and whether anything else should be considered.
- Patient Engagement and Involvement Lead developed co-production training, reviewed by an Expert by Experience for the Primary, Community and Dental Services Directorate in early 2024.
- Patient Engagement and Involvement Lead facilitated a co-production workshop for the North Community Therapy Service which influenced staff to carry out a Quality Improvement project with service users, looking at how people access the service in the North.
- A new series 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.
- A Leaflet has been co-produced by staff and patients on Evenlode as the patients raised consistently in community meetings that they found it difficult when they have new/agency staff on shift and the regular staff were assigned to a new patient. The leaflet includes what having a learning disability means to them as some staff were new to working with people with a learning disability.
- Patients highlighted difficulties in knowing what activities are available, so we have developed a leaflet about activities available on Evenlode in easy read and Patients are designing a poster for the Activity cupboard to remind patients and staff (especially new staff) what is available on the ward.
- 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.
- QI Care Planning Project was completed with EbE involvement in every stage. The aim is for person-centred care planning revolving around conversation and patient needs, rather than driven by service priorities. It is now being piloted more widely across the Trust and being put onto digital systems, so that patients can feedback directly on how service delivery is impacting every area of their lives.
- We have co-designed new posters and leaflets to be placed in venues across Oxfordshire to promote the Our Voice patient and carers forum to boost the forum membership and encourage more people to join the Our Voice mailing list. The Our Voice mailing list is now used to promote involvement opportunities in a weekly email s and sharing information relevant to patients and carers about mental health services.
- The Co-Creation of the trust wide putting coproduction and service user involvement training, which was co-developed and has been co-delivered to over 60 staff across the Mental Health directorate alongside experts by experience. The new Keystone Hubs staff have been trained in this and are now actively implementing in the development of their care plans, structures and development of the hubs and pathways.



Patient voice is at the heart of everything we do.

- Planning is underway to extend to open directorate Quality Improvement Cafés to include attendance by Experts by Experience during 2024/2025.
- To respond to some challenges experienced relating to the coordination of Expert By Experience activity improvement work is underway to share centralised information, create a single register and develop a governance process to support Expert By Experience activity.
- Three paid roles have been developed within our forensic Learning Disability inpatient ward to support patient involvement: Patient Representative, Easy Read Champion & Trainer and participation in staff interviews
- A bitesize training session on creating easy read information has been designed due to run during In Learning Disability Awareness week in 2024 to help staff across the trust create more accessible information.

Enable lived experience roles at all levels within the Trust.

- Guidance for staff was created to use for patient involvement or co-production, this includes template for TOR, membership and confidentiality agreements, consent forms and roles and responsibilities. [Patient Engagement and Involvement in Primary, Community & Dental Services Directorate \(sharepoint.com\)](#)
- Expert by Experience Induction training package has been co-created with Experts by Experience and staff from across the Oxfordshire Mental Health Partnership. The package includes induction, co-production training and confidence with using your lived experience voice. This is being piloted with EbE's in April and will eventually be rolled out more widely with plans for an online version and additional sessions to include interview panels skills.

Mental Health Peer Support Worker Programmes

Peer support workers (PSW) are those who utilise their lived experience of a mental health conditions to support others. PSW are an essential component to the recovery-oriented approach to mental healthcare policy and practice.

The importance of PSW and the relationship to recovery-oriented practice is internationally recognised and forms one of the World Health Organisation's global health priorities. Reflecting this importance, the role of PSWs is in national healthcare policy in the UK and forms part of the transformation agenda for the future of mental healthcare services, providing an opportunity to increase capability and skill mix (England, 2016; HEE, 2017).

Out of approximately 68 clinical teams across Buckinghamshire, Oxfordshire, and Forensic mental health 35 have Peer Support Workers in place. There are a further 22 vacancies at this time with the remaining 11 teams have no PSW plan, we are in various stages of team preparation to improve this. Benchmarking is underway exploring Peer Support within community physical health services.

We currently have a total of **59** Peer Support Workers in post across the Trust and **12** going through pre-employment checks, due to commence in May 2024

[Peer Support Graduation Celebration Nov 2023](#)

A group of 21 Peer Support Workers who completed their training were celebrated and honoured with certificates at this year's graduation event. In attendance were a mixture of Peer Support Workers, clinical staff, third sector colleagues and managers. At the event we heard from a group of our Peer Support Workers who talked about their own successes, as well as a manager within forensic services who spoke about the newly appointed roles within their inpatient and community teams. Our CEO gave his reflections on the event and remarked on the "love" he felt in the room and that the profile of Peer Support across the Trust needs to be elevated even more, the picture below was taken at the event.



[Promotion of Recovery and Inclusion](#)

Oxon Recovery Collage(RC)has an easy access enrolment process which is open to everyone across Oxfordshire. There are no boundaries with regards to being open to Oxford Health. This service is run through the Oxfordshire Mental Health Partnership with Restore.

Bucks RC has gone through a review process which has resulted in new management and team members. The team will sit within the new Primary Care Mental Health Hub. The eligibility criteria and access will be changing in order to fit with recovery college fidelity; therefore, the college will be open to everyone in the Buckinghamshire locality who experiences mental health challenges or cares for someone who does. The courses will be both online and in-person and a special focus will be made to ensure easy access to the more rural areas of Bucks.

Support for Patient Reps has been improved with the introduction of regular peer support sessions. Training has also been designed to support patients to be involved in interviews and recruitment processes.

[Ensure easy access to employment support \(if required\) through the Individual Placement and Support \(IPS \) service within mental health services](#)

Meaningful work and particularly paid employment for those who have mental illness is crucial in their recovery and is a key outcome within the Mental Health Long Term Plan. Service users can access IPS either through their key worker or as a self-referral. Waiting lists are in progress in Oxon EIS (however a new Employment Specialist has been recruited so this should reduce), Primary Hub North Bucks (however other ES now supporting to reduce this) and AMHT Team Bucks (this is small, and they are being supported to reduce this).

The upcoming year will see more of a focus on performance which includes access to the service. Robust case load management and training around this has been put in place, this should in turn

support reducing wait times. The IPS Team within Oxford Health covers both Oxfordshire and Buckinghamshire

IPS Y Pilot

In Oxfordshire a new IPS-Y pilot is currently being delivered within Oxford Early Intervention Service. This offer is aimed at a younger cohort of patients from 14 years and upward and includes educational attainment as well as paid employment. This will be delivered in Bucks within 24/25

Staff feedback

It kind of feels like the last piece of a jigsaw puzzle...in the sense that no matter how close to completion the holistic package for our clients may be, like the jigsaw puzzle, that last piece makes all the difference...just like the IPS service....for some clients, it has been the cherry on the cake for better outcomes

Fantastic team- really holistic, flexible, client-centred working. Integrated really well into the AMHT. Thank you for all your hard work!

A positive impact. I have referred a couple of patients to IPS and they have felt it really helpful to have support external to the job centre/DWP.

Having a dedicated IPS worker in the team keeps the service in our minds.

The IPS worker is very approachable and responsive, and service users I have referred have greatly appreciated the support they have received from IPS

Patient feedback

They also gave a hands-on approach to support me applying for jobs as well as mock interviews and interview resources which made me feel more confident when reaching that stage of the application process.

They have always listened and supported me, empathised with how I felt and helped me build up confidence

They had good suggestions for work that would be suitable for me and also modifications that might be beneficial in the work place.

They understood my housing and benefits situation and so supported me in finding work with appropriate hours and that would suit

They kept in contact with my therapist to be sure she could give me the best support. I feel so lucky to have her as my IPS worker :)

They were able to listen to my needs and understand how I might be practically helped.

They were understanding of my anxiety when interviewing and helped me a lot. She also provided me with services and support relating to my mental wellbeing. She also came to look around the workplace as I was anxious to go by myself

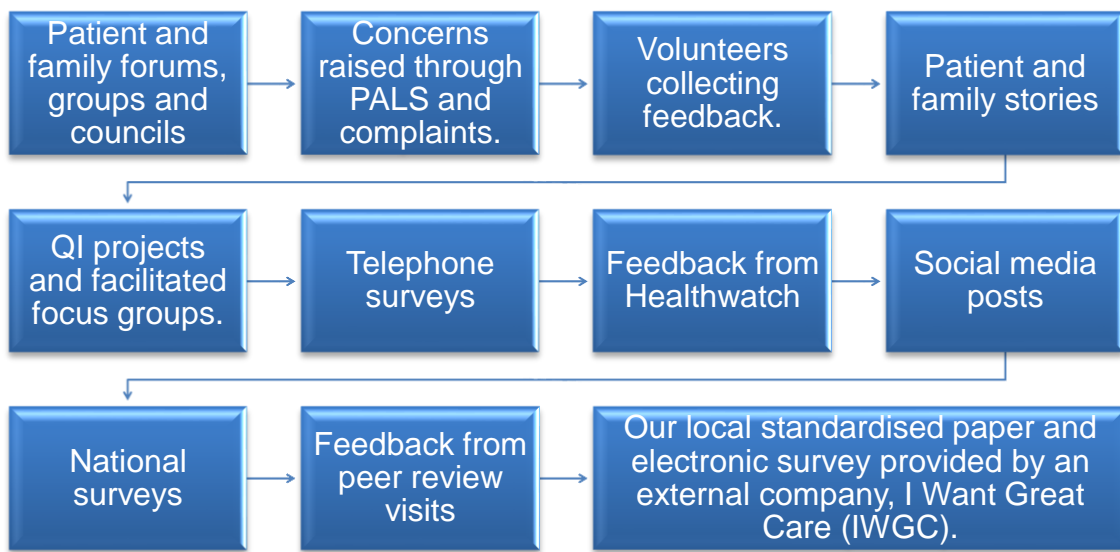
IPS PILOT Service Improvement Suggestions from Patients

- IPS Peer Support Forum is a good initiation to make service users actively involved in shaping their personal health plan, based on their knowledge of what works best for them. Therefore, I suggest that it should continue with more service user participation and engagement, quarterly.
- Training service users to participate in an interview panel may help individuals gain confidence and learn new skills while improving and increasing their meaningful engagement in the mental health service delivery.
- Maybe some work experience for those who have had little experience in work?

Patient and Carer Feedback – what does it say?

Patients, service users and family’s experiences are a key marker understanding the quality of care we provide, 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:



Local Surveys

The system that Trust use to collect feedback is I Want Great Care (IWGC) which feeds into Trust Business Intelligence Dashboard (TOBI).

The Trust received 14,601 local surveys via I Want Great Care (IWGC) in 2023/24, 1,365 more than the previous year (2022/23). The average score given by patients/ families was 4.69 out of a possible 5. The granular data is available at team level and is monitored by the Trust for improvement purposes.

Below is a word cloud including all open text responses received in 2023/24 to the question, what was your experience of care provided.



How we use and publish feedback:

Feedback is collected via the routes mentioned above, we generally publish feedback Trust wide via our website, locally within Teams using posters” You Said & We Did”, via our patients and carer groups. We are developing this further as part of our strategy to strengthen accessibility and to give feedback to those we receive feedback from.

The feedback we received, is used to improve services and care standards by informing Quality Improvement work which us co-designed and co-delivered with patients and carers.

Some local examples of using feedback for improvement

- Posters designed and displayed in patient areas to share WiFi password with patients and visitors following patient feedback- Walingford Community Hospital Champions
- Development of an easy read IWGC feedback form to support feedback to be given – developed by the Evenlode Voices group..
- 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.
- Systems improved to ensure all patients and their carers are sent a feedback form on discharge from a member of the team. The Link and QR code for the survey is also on all letters and emails. This enables patients and carers to feedback at any time.
- We are in the process of setting up a group of EBE’s and staff that will report on the actions that are taken as a direct result of the responses from IWGC.

Demographics

The majority of feedback received does not include completion of the optional demographic information.

The following gives an overview of the demographic information that has been received:

- most of feedback was provided by patients - 14.7%.
- In relation to age range the feedback spans the age ranges, with 34.7% aged 0-20, 19.4% aged 20-60, 31.9% aged 60 and over
- 20.3% of responders identified as female, 14.4% male and 0.3% said other
- 21.8% of responders identified as White, 2% from a BAME background. 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.

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 2023 survey have just been published this month April, full details available here [Community mental health survey 2023](#).

The 2023 survey of people who use community mental health services involved 53 providers of NHS mental health services in England. For the first time this year the lower age limit was reduced from 18 to include 16- and 17-year-olds. People were eligible for the survey if they (1) had received specialist care or treatment for a mental health condition, (2) had at least one contact between 1 April and 31 May 2023, as well as at least one other contact either before, during or after the sampling period, and (3) were not a current inpatient. We received responses from 14,770 service users, a response rate of 20%. 2% lower than the previous year nationally. Fieldwork for the survey

(the time during which questionnaires were sent out and returned) took place between August 2023 and December 2023.

About the survey and how it is scored.

For each question in the survey that can be scored, individual responses are converted into scores on a scale of 0 to 10. For each question, a score of 10 is assigned to the most positive response and a score of 0 to the least positive. The higher the score, the better the trust's results. It is not appropriate to score all questions because some of them do not assess a trust's performance. For example, the primary purpose of some questions is to filter out ineligible respondents.

Respondents and response rate

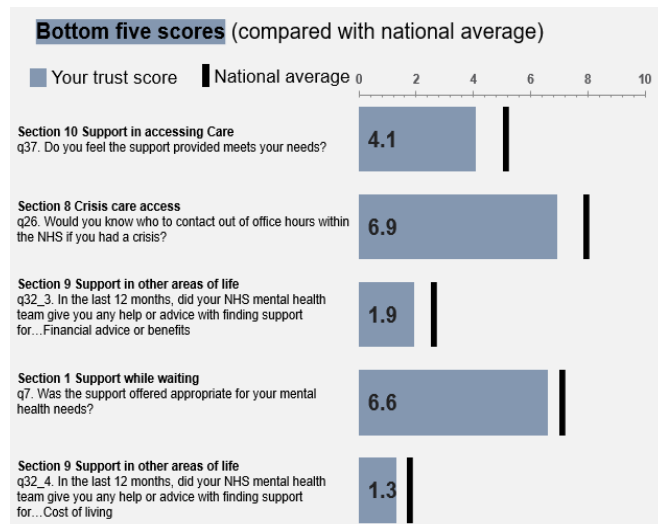
- 297 Oxford Health NHS Foundation Trust service users responded to the survey
- The response rate for Oxford Health NHS Foundation Trust was 24.65%

Summary of Trust results.

The result to every question in the survey stayed similar to 2022, with the change being statically significant for one question. one question was worse than expected compared to other NHS Trusts, however our performance against most questions was similar to other NHS Trusts.

The Trust's performance in relation to the national average are summarised below. The results have been shared with teams to identify any further actions that would have a positive impact.

These five questions are calculated by comparing your trust's results to the national average.



Top five scores: These are the five results for your Trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.

Bottom five scores: These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Triangle of Care update (Mental Health services only)

Triangle of Care (ToC) self-assessments have been completed for the Buckinghamshire(Bucks) Mental Health Inpatient Units, Bucks Crisis Teams and Oxfordshire(Oxon) Mental Health Inpatient Units, and action plans are now in place and being implemented. The Bucks Community Mental Health Teams(CMHTs), Early Intervention services(EIS) and Perinatal have only recently begun

the action planning stage of the self-assessment. Services have convened Triangle of Care working groups who meet at regular intervals to review progress, share learning and make any adaptations to their plans.

Next steps for the Triangle of Care self-assessment roll out will be to begin the benchmarking stage with the Oxon Mental Health Teams, Crisis Teams and Bucks Psychological Services and Gateway/Hub.

Through the ToC self-assessments our Bucks and Oxon inpatient units have adopted the Think Family(TF) process to help to identify, engage, involve and support carers. The TF form is in the admissions pack, it provides a checklist of actions to be completed from admission through to discharge. Different ward roles have been identified to lead on the checklist actions and timeframes given i.e. within 72 hrs.

Part of the Think Family developments is the implementation of the introduction letter and carers handbook which is to be sent within 72 hours of admission if a Carer has been identified and their details obtained.

To support effective communication and involvement, the inpatient units have introduced family surgeries/carers clinics to provide dedicated time to carers for consultation and support. This is not a consistent offer across all wards as yet but the wards that do have this offer use the time to share information about care and treatment (consent permitting), answer any questions or issues and provide information on support for the carer (including a carers assessment).

Some wards who are trying to implement this have struggled due to staff capacity, also it is evident that staff lack confidence when talking to families and so are reluctant to take on the role of leading the family surgery.

We have also used this as an opportunity to seek feedback too.

The wards are progressing with these developments at different stages. Regular review meetings are used to tweak processes i.e. Timeframes have been adapted to ensure they are realistic for the wards to achieve for example admissions over the weekend. Family surgeries attendance and themes are being monitored.

We have begun auditing completion of the TF forms by picking 5 forms randomly. So far, findings show that the TF forms are being partially completed. This is a focus for improvement to ensure staff are familiar with the form and the process is followed to ensure it is being fully embedded.

Carer Champions

This is a standard within the ToC self-assessment and objective one of our strategy, we now have a full complement of carer champions across our Bucks and Oxon inpatient Units and Bucks CMHTs, Crisis teams, EIS and Perinatal Services.

Carer champions are supporting the ToC developments by working on specific initiatives for example; up-to-date carer noticeboards, rising awareness of the IWGC carers survey . Carer champions meet at a regular champions forum led by the Trusts carers lead.

Recent feedback from one of the wards includes:

From a family perspective, XX feels that they are being kept adequately updated with XX care and treatment and progress. XX really appreciates being part of the ward round and having an idea about what the plan is."

"Mum reported she is happy with the care given by the nursing staff- have felt reassured by the frequent communications from the nursing staff".



Carers involvement in ToC developments:

Carers feedback is imperative to the developments we are introducing so a triangle of care questionnaire is being used to gain carers feedback and support this work. The carers questionnaire has been designed by the Carers Trust and is aligned to the six standards.

In Buckinghamshire this improvement work initiated with carers being interviewed to understand the current issues and challenges carers face. This formed the basis for the initiation of the Think Family process.

Triangle of Care assessments are to go on AMaT – AMaT is the audit system for the Trust – This is part of our development work in this pathway. Currently the self-assessment is in an excel format. We are exploring the self-assessment being moved onto the AMaT audit tool for ease of completion and to support the development of action plans, monitoring and reporting process. A draft AMaT page has been designed and this is currently being trialled.

Family and Carer Awareness training (ToC standard 2 and strategy objective 1 and 5)

The training has been refreshed and co-produced for its re-launch in May 2024. It will begin by being offered to our over 18 mental health services. This tier one training offers staff the opportunity to explore and learn about ways that they can proactively identify, engage with, involve, and support the unpaid carers of our patients and service users. This training is co-produced and delivered with mental health carers and covers areas,

Family, friends and carer Handbook_(ToC standard 1.5 and 6 and FFC objective 2,4,5,6,7)

In April 2024, the new family, friends and carers handbook was launched, it has been co-produced with mental health carers and it is for anyone who cares for or supports someone receiving care and treatment from our over 18 mental health services.

It has been designed to give them an overview of what to expect from the Trust, and to provide them with the types of information and support that is available to them.

It can be shared by providing a link to our website [carers webpages](#), here carers can either use the accessible online version or download the PDF version.

A poster has been designed with a QR code which can be displayed on noticeboards in waiting areas and receptions or it can be printed.

Co-produced webpages for the Trust Carers Website “Caring for our Carers” (ToC standard 1,6 and FFC objectives 2,4,5)

A veteran carers webpage has now launched with the Trust public website. This webpage has been co-produced with one of our carer governors and offers specific information and advice for the families and carers of people who are serving or have served in the armed forces.

Work is currently underway with carers to develop a dementia carers webpage.

Family and Carer support groups (ToC standard 1, 6 and FFC objective 2)

Oxfordshire, BSW and Buckinghamshire family and carer support groups continue into 2024;

- Carers Open Space Oxfordshire and BSW
- Buckinghamshire and Oxfordshire Carers Support Group, specifically for people caring for someone who self-harms or has suicidal thoughts
- Buckinghamshire Carers Support Group
- Walking With You parents group Oxfordshire and BSW
- Walking With You parents group Buckinghamshire

Services are encouraged to offer a support group locally to the carers connected to their services, these include complex needs services, Bucks EIS, Oxon Eating Disorders Service and the Vaughan Thomas Inpatient Unit.

[Carers Workshops programme for 2024 \(ToC standard 1,5,6 and FFC objective 2\)](#)

A new programme of carer workshops is now available for 2024. Topics this year include understanding and supporting someone with personality disorder, autism, psychosis, OCD and PTSD. Feedback from these workshops has shown they have proved extremely beneficial for our carers, providing them with more knowledge and understanding to be able to support their loved one, also by providing a space to ask questions and share the challenges they are facing. Locally, some services across the Trust offer similar workshops for carers i.e. eating disorders carers skills workshop.

[Family and Carers Support Line for all services \(ToC standard 1,6 and FFC objective 2\)](#)

The family and carer support line continues to operate in 2024. It is available to carers should they feel they need someone to talk to and/or want to find out about support available to them. Services are being encouraged to signpost carers they feel would benefit from this free service. A poster is available and can be displayed in waiting areas and on noticeboards to raise awareness.

[Collaboration with local authorities and voluntary sector \(links to objectives 1 and 4\)](#)

Rethink Mental Illness are collaborating with the Trust to co-deliver the Oxon/BSW carers support group – Carers Open Space.

Carers Oxfordshire provide Bitesize training sessions to our community services to raise awareness of carers support, carers assessments and other services available to carers locally. Rethink. Carers Oxfordshire and Carers Bucks have been invited to the Carer Champions forums to raise awareness of their services.

The Patient & Carer Race Equality Framework (PCREF)

The Patient and Carer Race Equality Framework (PCREF) sets out the **legislative and regulatory context** for **advancing mental health equalities** and will assist mental health trusts and other mental health providers to comply with their obligations.

NHS England committed to taking forward and developing the Patient and Carer Race Equality Framework (PCREF) following the publication of the Independent Review of the Mental Health Act (MHA). The Independent Review of the MHA describes the PCREF as ‘a new community-driven **organisational competence framework tool** that should enable Trusts to understand what practical steps they need to take to meet the needs of diverse ethnic backgrounds.’

The PCREF forms part of the wider **planned legislative reforms of the Mental Health Act**, which are being taken forward by the Government, as highlighted in the Government’s white paper on Reforming the Mental Health Act.

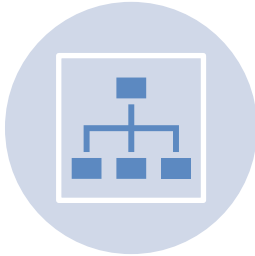
Mandatory Framework **launched 30th of October 2023** with aims to support Trusts and providers to becoming anti-racist organisations.

[Why is PCREF important?](#)

Work has started in the Trust to implement this framework. We are not doing this because it is a mandate for all Mental Health Trust but for the following reasons:

- Demonstrates our commitment to anti-racism.
- Contributes to the reduction of health inequalities in mental health services.
- Supports co-production of planning and services.
- Enforces the commitment to listening and learning.

What do we need to do?



DEVELOP LEADERSHIP AND GOVERNANCE



DEVELOP ORGANISATIONAL COMPETENCIES



DEVELOP PATIENT AND CARER FEEDBACK MECHANISM

Our Progress to date:

We have developed a Board with nominated leads at board level. The nominated Board leads are the chief nursing officer (CNO) and the managing director for Mental Health services.

The Board will oversee the implementation of this framework, agree, and monitor the work being done by the Trust to meet the three components of this framework. We develop a project plan for this framework, recruitment of live experience members to the Board and other project groups is currently underway. We have visited some of the early adopted sites and form Joint working partnerships with some of the early sites and have created an allyship and mentoring with NHSE. The Engagement phase with various stakeholders has commence – directorates, live experience forums(our voices)

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 2023- 24, OHFT received 229 complaints which is an increase compared to the previous year when 200 complaints were received. The number of complaints received by quarter is broken down as follows:

- 54 complaints in Quarter One (April to June 2023)
- 66 complaints were received in Quarter Two (July to September 2023)
- 54 complaints in Quarter Three (October to December 2023)
- 55 complaints were received in Quarter Four (January to March 2024).

Most complaints were received from patients and relate to our mental health services.

100% of complaints were acknowledged within three working days as per national required standards.

99% of complaints were responded to within a timescale agreed and communicated with the complainant. However, there continue to be a high number of extensions. We also had three complaints that were responded to outside of 6 months, in all cases the complainant was given regular updates on progress and a written explanation for the delay. We are addressing the timeliness of responses using a quality improvement approach.

Outcome of complaints

Of the 183 complaints which have been responded to during 2023-24:

- 32 were upheld (19%), Q4 = 4 (19%)
- 73 complaints were partially upheld (40%), Q4 = 10 (48%)
- 70 complaints were not upheld (39%), Q4 = 7 (33%)
- 7 cases there was no evidence to prove or disprove the outcome of the investigation (3%).

Key themes/learning from complaints and concerns are:

- Insufficient care and support provided in the community.
- Staff attitude/behaviour (unfriendly, uncaring, uncompassionate).
- Lack of communication/information sharing with patients and families.
- Poor sharing of information across teams, providers, and agencies.
- Waiting times and access to services.

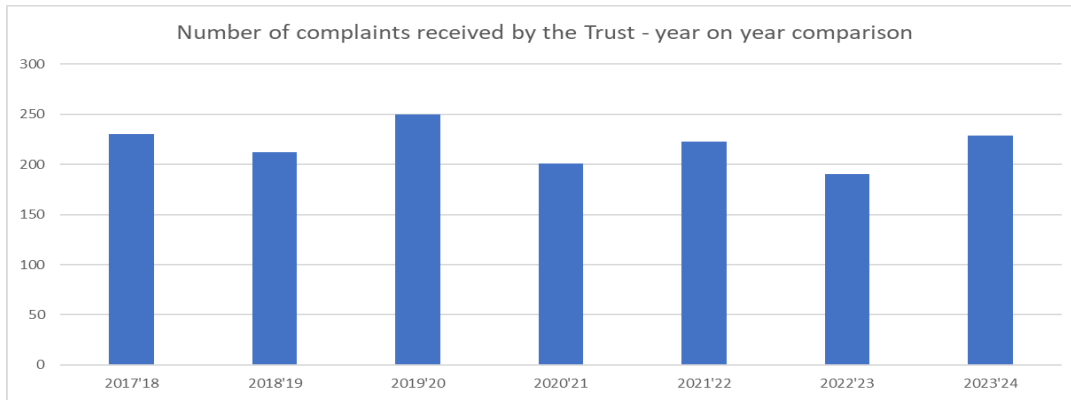
After the investigation into each complaint, if there are any upheld elements or any improvements in practice identified then an improvement plan is developed by the relevant Service Manager.

Example of some of the actions taken in 2023-24 are detailed as follow:

- ✓ Reminders to all staff that while we need to have difficult conversations with families these should be in line with Trust values in a way that ensures the families feel safe and cared for (CAMHS Bucks Getting More Help)
- ✓ The ward team to implement local ward based in house refresher training (practice scenarios and Peace techniques), regular reviewing of PEACE exemptions to ensure the ward has enough staff that are effectively trained (Opal Ward)
- ✓ AMHP services (Bucks & Oxon) to consider post assessment discussions with patients detained under the Mental Health Act (MHA) to check their level of understanding and provide the opportunity to discuss any concerns or misconceptions they might have. This initiative could be developed jointly with acute admission wards (AMHP Service Bucks)

There are four current open cases with Parliamentary Health Service Ombudsman (PHSO) and Local Government Ombudsman (LGO). Of these, three full investigations are being undertaken and one preliminary investigation. In 2023-24, the PHSO/LGO made seven enquiries relating to closed complaints which were not investigated any further. In addition to complaints, OHFT received and responded to 137 formal MP enquiries in 2023-24 and 658 local concerns in 2023-24.

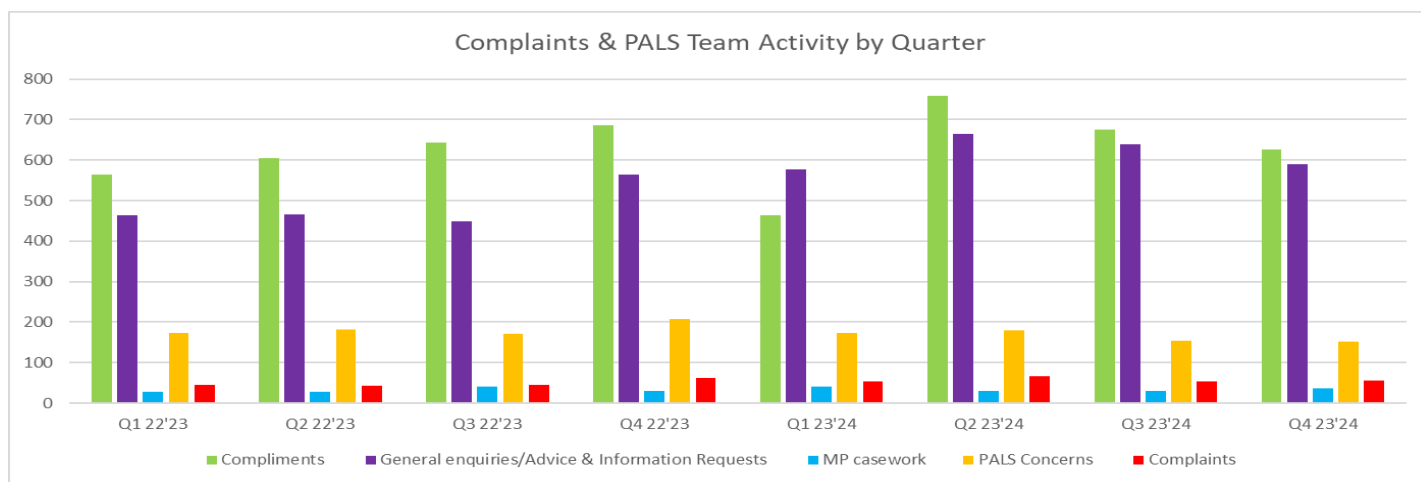
The figure below shows the number of new complaints received year by year, this excludes re-opened complaints. There has been little variation over time in the number of complaints received by month, however the number of complaints received this year is higher than last year.



The Trust continues to provide 35 PALS surgeries across wards and day hospitals. Some of the surgeries use volunteers to listen and gather feedback.

The Trust received 2,947 compliments in 2023-24 which is an increase when compared to the previous year.

The graph below shows activity across the complaints, PALS, MP casework and compliments.



Source: Trust's Complaint Database.

The Trust's annual complaints report will be presented to the Board of Directors in May 2024 and published with the board papers at: <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>.

Research and Development Update: The Future of Healthcare



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.

Research and Development Update: The Future of Healthcare

In 2023 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. 47 new studies have opened in 2023/24 compared to 46 opened in the previous year (2022/23), ranging from small projects to highly complex clinical trials of new medicines. One way to increase opportunities for new research is via

the various 'research clinics' that have been started in the Trust, mostly via Oxford Health Biomedical Research Centre (BRC) support.

Oxford Health Research clinics and Directorate Strategic Engagement

A Research Engagement and Research Clinic Liaison Manager started in January 2024 and has started a mapping and SWOT analysis of OH research clinics, which will feed into an innovation strategy to support their business planning and strategic prioritisation, data management and information governance, which can be used for local, regional and national expansion of these clinics. It will also feed into a Warneford Development R&D Workstream that is now running and supporting aligned deliverables around research across OH R&D, OH NIHR-supported infrastructure and the Department of Psychiatry, Oxford University.

The postholder is also working with OH Directorates to develop further integrated research projects to align with Trust strategic objective planning.

We have set up the following research clinics:

Oxford Brain Health Clinic - providing additional cognitive, risk factor and MRI imaging assessments pre-routine memory clinic, with an aim to provide earlier and more accurate diagnoses of diseases that can progress to dementia. Funded by the OH BRC, current approval is as a research database, with joint governance between OH FT and the University of Oxford.

Industry funding received for the development of CSF dementia biomarker clinic to run alongside the OH BRC, plus funding for a project to establish blood dementia biomarker testing. Alzheimer's Research UK grant submitted to support further imaging infrastructure/research within the OH BRC.

Oxford Psychological Interventions in children and adolescents (TOPIC) Research Clinic (AnDY) - child and adolescent clinic providing effective and cost-effective low-intensity solutions for anxiety which are now widely delivered nationally in face to face and digital forms ('guided parent-led CBT'). Funded by the OH BRC, currently running with support from the OH Transformation team.

Recently published evidence in Lancet Psychiatry of acceptability and cost effectiveness in >700 families.

Baseline Biomarker Check (BBC) - study for all patients with psychosis (standardised, brief cognition and imaging, physical, blood using POC testing). Currently in set up and reviewing ways of providing joint MRI imaging capability alongside the Oxford Brain Health Clinic.

BBC are finalising operational procedures and considering "umbrella consent" to cover future research.

Community Clozapine clinic - Currently being set up.

TUNE-UP (Treating Unmet NEeds in Psychiatry) Clinic - assessing cognition in psychotic disorders clinic. Currently in set up.

Treatment resistant depression clinic - Currently in set up.

VR Clinic - This clinic is awaiting the outcome of additional funding from the Mental Health Mission.

New clinic - a new second opinion service for psychosis operating in the Clinical Research Facility, with the aim of supporting the Animate and SINAPPS2 studies.

New research updates

We are supporting several innovative studies in a variety of disease areas. Some examples of these are:

Dementia

We have 4 early phase trials running/in set up at the CRF:

- **ReTain** - Phase 2b, Tau Targeted Active Immunotherapy in preclinical Alzheimer's Disease

- **CELIA** - Phase 2, BII080-Antisense oligonucleotide (gene silencing for tau) in prodromal Alzheimer's disease and dementia, run jointly with OUH CRF
- **ABATE** - Phase 1b/2, ACI-24.060 in subjects with prodromal Alzheimer's disease and Down's syndrome
- **ISAP** - Phase 2b, Impact of Semaglutide (repurposed Diabetes drug) in preclinical and prodromal Alzheimer's disease

Non trial work:

- **Deep and Frequent Phenotyping Study** - MRC & NIHR funded, to identify multi-modal biomarker set for target engagement & tracking, for early proof of concept dementia trials. Markers include Molecular (CSF, blood, urine, saliva, tears), Imaging (PET amyloid and tau, MRI, MEG, EEG, retinal imaging), Cognitive (CANTAB, EPAD battery), Wearable/Devices (gait, smartphone app, location tracking)
- **CSF biomarker collaborative project** with Industry across 4 mental health-based memory clinic sites (Oxford, Manchester, Sheffield, Sussex)
- **Plus** we are about to start a new multimillion study for plasma biomarkers, building on the ongoing FAST study, with 20 Dementias Platform UK sites, 14 ICBs and 3 industry partners

Treatment Resistant Depression trials

- **PAX-D** - Trial evaluating the efficacy and mechanism of pramipexole (repurposed Parkinson's Disease drug) as add-on treatment.
- **GEMS** - ketamine
- **COMPASS** - psilocybin (psychedelic)

Post Traumatic Stress Disorder trial

- **TRANSCEND** - methylone (psychoactive)

Research staff capacity building.

A mapping exercise is underway to understand staff capacity and capability in NMAHPs led by Benita Olivier, Professor of Rehabilitation, Oxford Brookes University (role part funded by R&D). We expect to use the results from this to develop greater research engagement with NMAHPs, and there are wider discussions with Brookes via the Chief Nurse to develop greater leadership in this area.

Research & Development (R&D) Engagement

R&D is currently reviewing its strategy and webpages. Website updates will incorporate the research/service development/quality improvement decision tree developed by OHI and revised information on trials, research clinics and NIHR infrastructure.

A 'Treatment in Mental Health' conference is being organised for September 2024 to showcase Oxford and encourage greater industry involvement. We would like to invite Board members to attend.

The Mental Health Mission is setting up infrastructure at OH, which will work alongside key aspects of the Dementia Mission. The Warneford Park Development group are contacting the Dementia Mission chairs to discuss possible synergies for research.

2024 -25 Research & Development(R&D) Strategy

The R&D priorities for 24/25 are: We will refine this over the next 1-2 months to form a key set of R&D strategic objectives to disseminate across the Trust:

- To review and update performance reporting - including study set-up times and monitoring recruitment to commercial trials.

- To ensure OH is inspection ready - including the review of R&D processes.
- To fully understand the different Research Clinic Models
- To develop a research recruitment framework - including reviewing and relaunching “Count Me In.”
- To improved business planning.



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.

Patient Safety

Every day more than a million people are treated safely in the NHS. Occasionally, things go wrong, an unexpected event occurs or there is a near miss which could potentially have resulted in harm to a patient. We recognise the significant impact incidents have on patients and their families and carers, and also staff. Hence, we are committed to developing and maintaining effective systems and processes for responding to patient safety incidents to continually improve the safety of care.

The Trust manages and reports incidents in line with NHS England’s national requirements, for the majority of 2023/24 this was the Serious Incident Framework and from 4th December 2023 this changed to the Patient Safety Incident Response Framework (PSIRF). As part of the national Patient Safety Strategy around developing a safer culture, safer systems, and safer patient care was the development of the PSIRF. This was a welcome but significant change in how we think and behave in relation to developing how we learn and improve from patient safety incidents. The Trust transitioned and started working under PSIRF from December 2023, following support from the ICB, Provider Collaboratives and BOB ICS system Quality Forum.

A summary of our approach and new way of working under the PSIRF as well as our new local incident response plan is published on the Trust’s website and available here <https://www.oxfordhealth.nhs.uk/about-us/patient-safety/psirf/?highlight=psirf>

The focus of our work is:

- Creating the right behaviours and systems to encourage and enable staff, patients and families to raise concerns, report incidents/near misses and learn together.
- Ensuring there are support mechanisms for everyone affected by an incident including patients, families and staff.
- Using learning to inform improvements in care.

The Trust has a local incident management system, called Ulysses, to enable the reporting and learning from all incidents and near misses. All staff are responsible for reporting any incidents or near misses and to discuss these in their clinical team. Every incident is reviewed to identify any immediate actions, support 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.

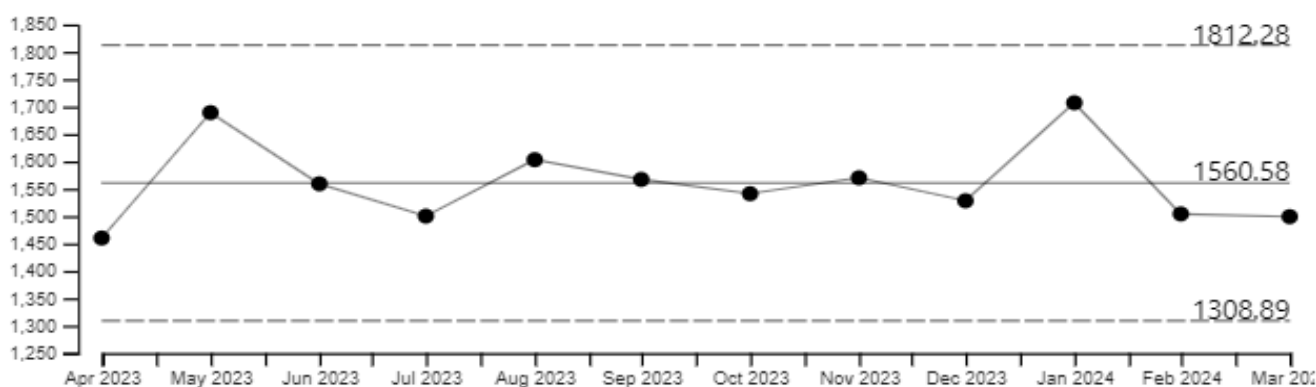
On a quarterly basis we identify learning and more thematic areas for learning and improvement. We will also identify incidents that require a cross-organisational learning response and actively engage relevant partner organisations to work together.

We share all patient related incidents at a national level through the NHS Learn from Patient Safety Events system, LFPSE (which replaced the national reporting and learning system) to help identify new or under-recognised safety issues to support learning outside the organisation.

We have a positive incident reporting culture in the Trust with high numbers of incidents and near misses reported, the majority of which result in no harm to patients. When an incident is reported this is used as an opportunity to learn through our established safety forums and quality governance arrangements.

Incident data

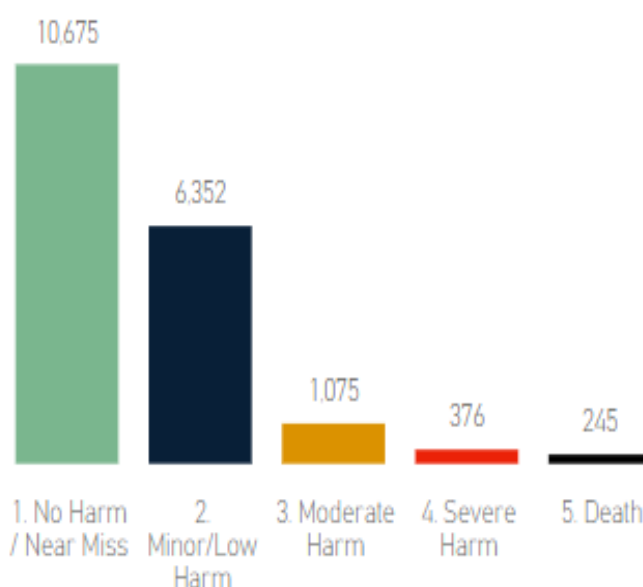
During 2023/24 our staff reported 18,727 incidents and near misses to patients, demonstrating a positive culture for reporting and wanting to learn. The graph below shows the number of incidents and level of harm of incidents reported for the last 12 months.



Of the above reported incidents 57% of incidents resulted in no harm or were a near miss and 34% resulted in minor harm.

For the incidents reported with the outcome of death these relate mostly to unexpected/natural deaths (n=136) reviewed as part of our mortality review process or suspected/ confirmed suicides (n=80).

Overall the majority of incidents relate to violence, either physical or verbal by patients on staff resulting in no injury (19%), followed by patient’s self-harming (16%), pressure ulcers¹ (13%), both ulcers that are present when patients enter our services and those developed during care, and then medication administration (7%). This is generally in line with the national themes for community and mental health care providers.



Source: Trusts Incident Reporting System.

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

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 account for the area where we see the most moderate and severe harm. The most common ulcers are category 3 and deep tissue injuries for patients in the community in their own home. We report and monitor both ulcers present prior to entering our services, known as present on admission or inherited, and those developed in our care. In the last 12 months our teams have identified and treated 2,408 pressure ulcers (all categories), this is slightly higher than 2022/23. The majority of these patients had a pressure ulcer on admission to our service (63%), most commonly a category 2 ulcer, this was also the picture in 2022/23. The District Nursing Service are actively working on reducing pressure ulcers developed whilst under our care, as a result there has been a reduction, with the number of ulcers below the average for 7 consecutive months from August 2023 to February 2024. The focus will continue on reducing category 2 ulcers developed whilst under our care.

Key Themes

Below are the key themes from incidents in the last 12 months, these are the local safety areas we are focusing on and they form part of our patient safety incident response plan mentioned above.

- Pressure damage; communication with patients about prevention/management, building staff knowledge around the importance of nutrition and use of supplements, and timely patient centred holistic assessments.
- Delays in accessing care/treatment
- Joint working between teams
- Communication between different organisations/agencies
- Specifically for mental health services learning around risk formulation, involving families in care and safety planning.

National Patient Safety Alerts

NHS England issues national patient safety alerts via the Central Alerting System more detail can be found here [CAS - Home \(mhra.gov.uk\)](https://www.mhra.gov.uk/cas-home).

In 2023/24, 16 national patient safety alerts were issued, of which 11 were relevant (directly or indirectly) to services provided by the Trust. The actions for 10 alerts were completed within the national deadlines set. For one alert some of the actions are still being progressed so the alert has not been closed. This relates to the alert; medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls NATPSA/2023/010/MHRA. The actions still in progress relate to assurance that all prescribed equipment to patients in their home has been reviewed and we strengthen our training for some groups of staff on carrying out equipment risk assessments. All alerts are shared with the Chief Nurse and Chief Medical Officer for oversight and to confirm actions have been completed.

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 2023/24.

Sadly, there has been one mental health related homicide which occurred in February 2024, this is currently under investigation in collaboration with NHS England and our commissioners the Integrated Care Board, in addition a multi-agency Domestic Homicide Review is being conducted.

Serious Patient Safety Incidents

Prior to the implementation of PSIRF between 1st April to 30th November 2023 we declared and investigated 45 serious incidents under the SIF².

From 1st December 2023 (PSIRF transition date) to 31st March 2024 we have identified 15 incidents that fall under our new incident response plan as part of the PSIRF. The learning and actions identified under either framework has been shared and the actions are monitored centrally. A bi-monthly patient safety incident report is presented to the Trust's Board of Directors and published, this describes the incidents and the key learning we have identified, the papers are available here [Board Papers - Oxford Health NHS Foundation Trust](#).

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. We also believe being candid with those affected by an incident or accident is always the right thing to do. The experiences and insights of patients/ families is a valuable source of learning and identifying opportunities for improvement.

We recognise the significant impact patient safety incidents have on patients and their families and carers, and also staff. Getting involvement and engagement right with patients and families in how we respond and learn from incidents is essential and an area we will continue to work on, so that we make the changes that matter and improve care. How we will involve, support and engage patients/families when a significant incident occurs is explained in more detail in 'Our Approach to PSIRF' document, available [here](#). We will always offer patients/families support, ask what concerns and questions they have following a significant incident and ensure we respond to these. If we are carrying out an investigation or review we will share the findings and actions we plan to take.

PSIRF does not change our obligation or commitment to comply with Duty of Candour requirements, regardless of whether the incident is included or not in our incident response plan. The Trust has a Duty of Candour Policy that supports our culture of openness and wanting to learn when things go wrong. We monitor the requirements through the incident reporting system and also as part of our oversight process for PSIRF learning responses overseen by the central patient safety team.

National Inquiries – Our Response

The following inquiries have had relevant findings for the Trust to review and take forward.

In last year's annual Quality Account, we reported on our immediate response to the 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. In 2023/24 this has developed with NHS England setting up a new national Quality Transformation Programme across all NHS funded mental health, learning disability and autism inpatient settings. The Trust is part of this national wider inpatient transformation programme, more details can be found here, [NHS England » Mental health, learning disability and autism inpatient quality transformation](#).

In November 2023 the Lampard inquiry was re-launched to continue the work of the investigation into mental health inpatient deaths in Essex. When the initial findings from the first inquiry were published we reviewed our inpatient deaths (and deaths of patients recently discharged) and reported the findings into the Trust's Mortality Review Group chaired by the Chief Medical Officer and attended by a range of senior leaders and managers as well as patient/family/public representatives from our Council of Governors group. We found no concerns but remain vigilant and continue to look at what we can learn every time a patient dies whilst under the care of our mental health services.

The appalling crimes committed by Lucy Letby came to light in 2023 and the independent Thirlwall inquiry is underway at the Countess of Chester Hospital NHS Foundation Trust. We are committed

² Including those incidents subsequently downgraded by the commissioners after a review/investigation.

to do everything possible to prevent anything like this happening and we will continue to strengthen our patient safety monitoring particularly in our review of deaths. See separate section in Account on how we report, review and learn from deaths. This case showed the importance of NHS leaders listening to the concerns of patients, families and staff. We have since developed a new Freedom to Speak Up Policy in line with the national template.

The Trust has also been indirectly involved in the UK Covid-19 inquiry to examine the UK's preparedness and response to the Covid pandemic, and to learn lessons for the future. We have been collating evidence of the changes and actions we took during this exceptional and unprecedented period.

In respect to the David Fuller inquiry 2023 whereas a member of staff he was able to carry out inappropriate and unlawful actions in the mortuary of Maidstone and Tunbridge Wells NHS Trust we have reviewed the recommendations and looked at how we protect the safety and dignity of patients of patients if they die on one of our wards. The Trust does not provide mortuary services, so the inquiry is only indirectly relevant to us.

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.

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 continued to offer a preventative, proactive and evidence-based approach to wellbeing for teams and individuals. By collaborative working with many specialist teams across the Trust as well as colleagues across our BOB footprint and nationally.

The Employee Assistance Programme (EAP) has been extended for an additional year as it continues to be an invaluable support, with positive feedback being received.

The Trust continues to be supportive and collaborative with all health and wellbeing leads within the integrated care system. The Trust continues to benefit from:

- Financial Wellbeing advice and guidance coupled with the new introduction of a financial Salary Sacrifice scheme.
- TRIM (Trauma Risk Management) - for those who have experienced a distressing event, having secured a one-year post to pilot this in key areas;
- Mental First Aid;
- REACT (Recognise, Engage, Actively listen, Check risk and Talk about specific actions) - training for managers to have wellbeing conversations with staff – a yearlong role has been secured to enable this to continue within the Trust;
- Health and Wellbeing Champions- continues to grow, with over 220 in place;
- Staff Networks – have grown in popularity with benefits to staff being felt widely.
- Freedom to Speak Up Guardians

- Schwartz Rounds - a proactive and preventative approach to support staff in managing the traumatic nature of some of the situations they face through structured reflective practice and learning.
- The Trust holds staff retreats with an emphasis on recovery and renewal. These continue to show positive results (e.g. helping staff come to terms with difficult situations and return to work more quickly than otherwise possible). The focus is on staff with long-term sickness, usually stress (work related or not), who would benefit from the opportunity to reflect and plan their recovery in a supportive environment.
- Many recognition awards, including Bee, Daisy, Exceptional People and the annual Staff Awards.

Kindness into Action has been rolled out across the Trust and is now a cornerstone of the corporate induction for new starters. training. Staff and managers are utilising the tools and reporting a positive experience. This approach will enhance the new leadership development project, which is in development for 2024/25.

The importance of Civility, Respect and Kindness continues to progress as a proactive and preventative element of our Trust's cultural work, with the Restorative, Just and Learning Cultural (RJLC) element supporting fairness and learning from when things do not go to plan. The Trust takes a collaborative approach to implementation, including specific QI projects which look at culture through a race lens.

The Trust signed the Sexual Safety Charter in October 2023 committing to enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and woks collaboratively with Safeguarding teams internally, within the BOB system and nationally to ensure our colleagues receive the best support and guidance.

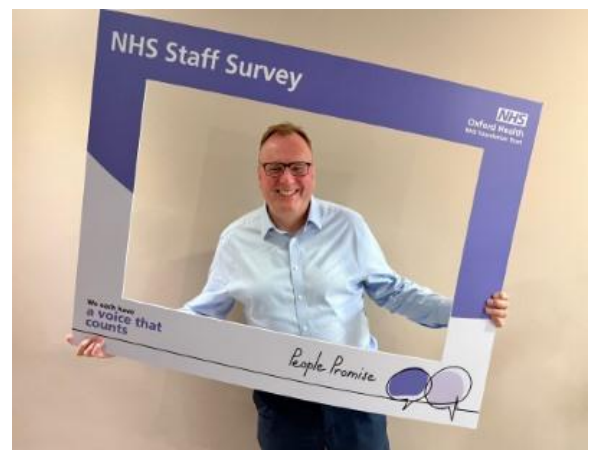
The occupational health team continues to build upon their dedicated psychological support offer for those staff members that have had the misfortune to be involved or affected by a traumatic event. This rapid support has been very well received by staff and their managers as a way of ensuring staff are looked after following a serious incident.

Staff experiences

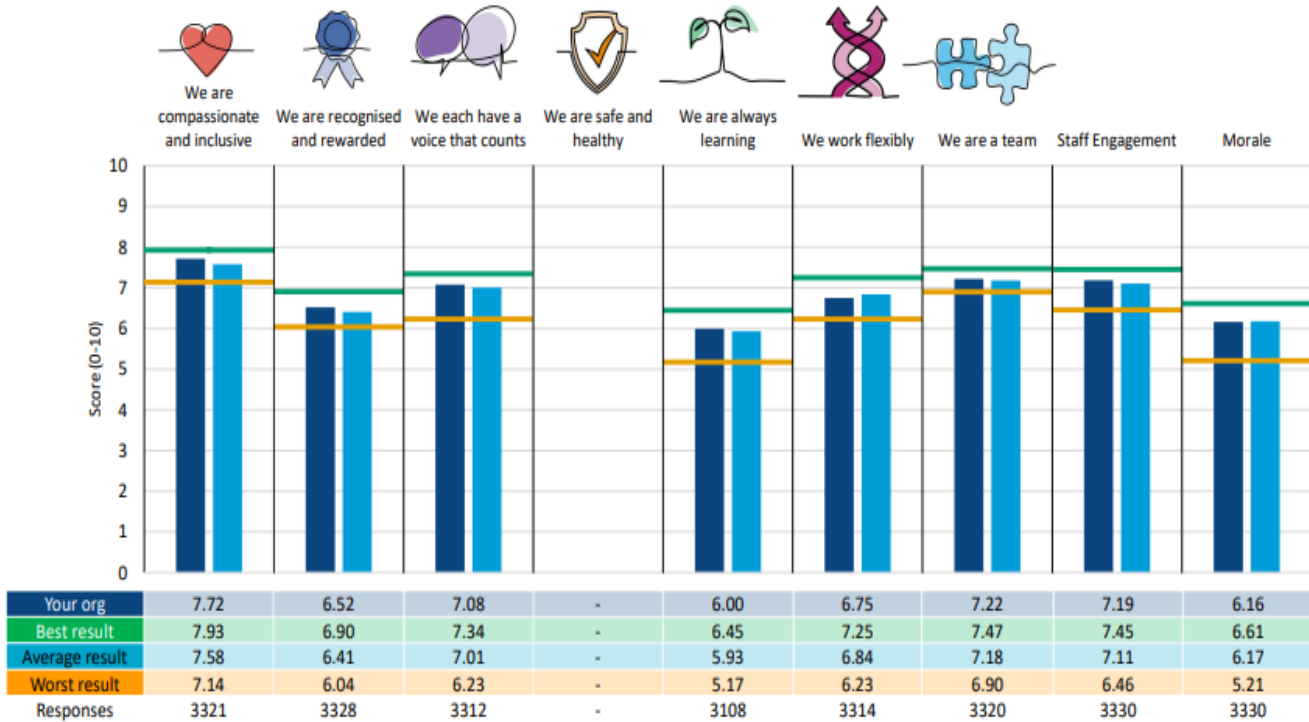
The results from the National NHS Staff Survey are used by the Trust to inform local improvements in staff experiences, support and wellbeing. This is important as a positive staff experience plays an important role not only in staff welfare and morale, but also improving the quality of care for our patients.

The Trust participated in the 2023 NHS National Staff Survey, 3,339 staff took part (51% of eligible staff). A summary of the results is below and the full results can be found here:

[NHS Staff Survey Benchmark report 2022 \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com).



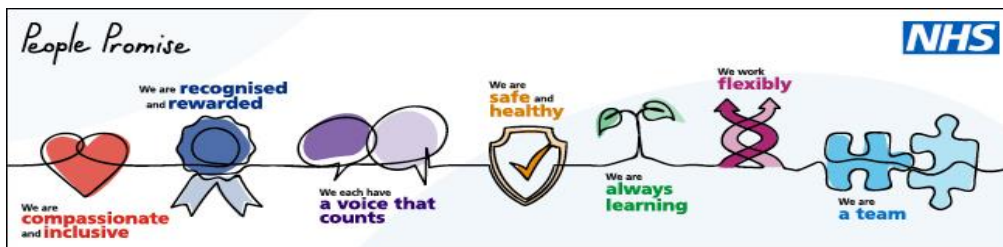
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

The overall staff engagement score was 7.19 out of 10, this is above the national average however slightly lower than in 2022. The results improved for every question in the staff survey which is a fantastic achievement for the organization.

We have much to be working on following the results which included sustaining the improvement trajectory across all services by continuing to focus on the Trust commitment to delivering the *NHS People Promise* for all its people.



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.

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

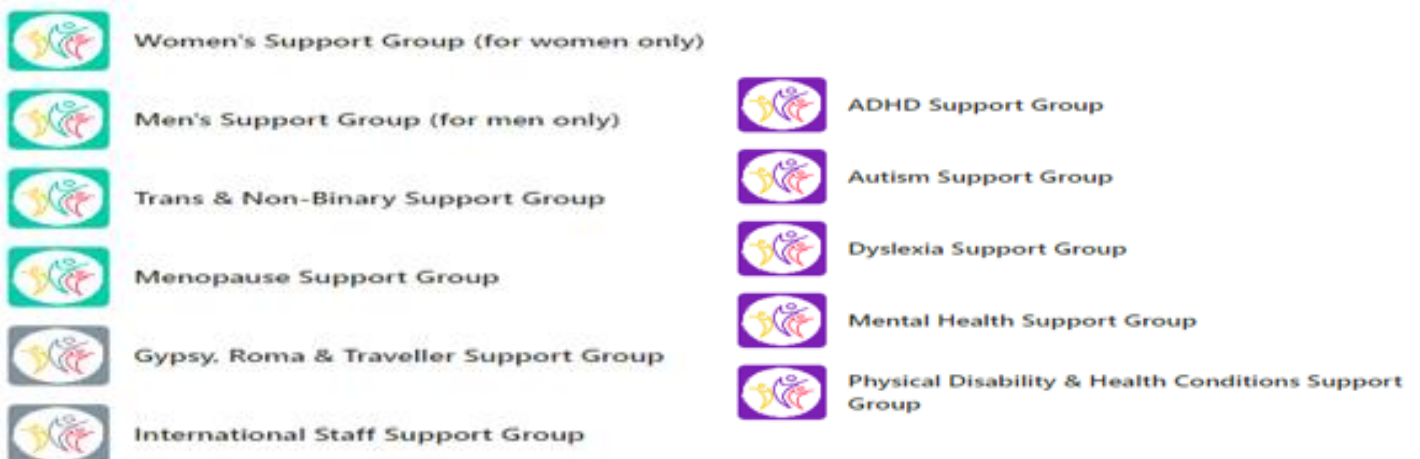
Kindness into Action has been rolled out across the Trust and is now a cornerstone of the corporate induction for new starters. training. Staff and managers are utilising the tools and reporting a positive experience. This approach will enhance the new leadership development project, which is in development for 2024/25.

The importance of Civility, Respect and Kindness continues to progress as a proactive and preventative element of our Trust’s cultural work. The Restorative, Just and Learning Cultural (RJLC) element supports fairness and learning from when things do not go to plan. The Trust takes a collaborative approach to implementation, including specific QI projects which look at culture through a race lens.

The 2023 staff survey results showed (n=3,339 responses):

- 79.3% would feel secure raising concerns about unsafe clinical practice. We will continue to promote and enable every member of staff to feel safe to speak up and learn when things go wrong.
- 90.4% of staff felt encouraged to report errors/near misses and incidents.
- 69.5% of staff said the Trust treats staff who are involved in an error.
- 72.5% of staff said they Would feel secure raising concerns about unsafe clinical practice.

The Trust has established five staff equality networks (listed below) and eleven 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. These networks and groups are an important way to hear from under-represented people.



Staff have opportunities to raise concerns through:

- A staff member’s line manager to discuss what happened and how they would like to be supported.
- The 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.

- 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.
- Health and Wellbeing Team.
- Staff side representatives are available to offer advice and support. Representatives meet regularly with the Executive Directors.
- Their directorates elected staff governor.

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.



Learning from Deaths

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust’s 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 to help identify any themes or trends.

The deaths of all patients under our care at the time they die are screened by at least two senior clinicians and this decides on whether a further review of care is required. The majority of deaths

are expected but where there is a specific trigger or a patient comes from a particular vulnerable group (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 die in and the circumstances surrounding their death.

We always complete a mortality review for all patients who are aged under 18, if they had a learning disability, a diagnosis of autism, died on a mental health ward, died 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 reviewing the trends in our data and hearing from each clinical directorate 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 reporting system and reviewed through the patient safety forums in the Trust.
- Stage 3. Depending on stage 2 a learning huddle or initial review maybe requested.
- Stage 4. Depending on stage 3 an in-depth investigation/review maybe started.

Multi-agency and External Reviews

Members of the Trust are also involved in the following multi-agency review processes, in addition to our local review, to look into the deaths of our patients and to maximise learning outcomes

| | |
|---|---|
| <p>Child Death and Overview Process (CDOP)</p> <p>Learning from lives and deaths of people with a learning disability and autistic people (LeDeR).</p> <p>Children’s Serious Partnership Reviews</p> <p>Adult Safeguarding Adult Reviews</p> <p>Domestic Homicide Reviews</p> <p>Mental Health Homicide Reviews</p> | <p>Coroner Inquests</p> <p>Oxfordshire system homeless mortality review process</p> <p>A joint Mortality and Morbidity forum with Oxford University Hospitals NHS Foundation Trust (around community hospital ward death</p> <p>Local Authority multi-agency suicide prevention group</p> |
|---|---|

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

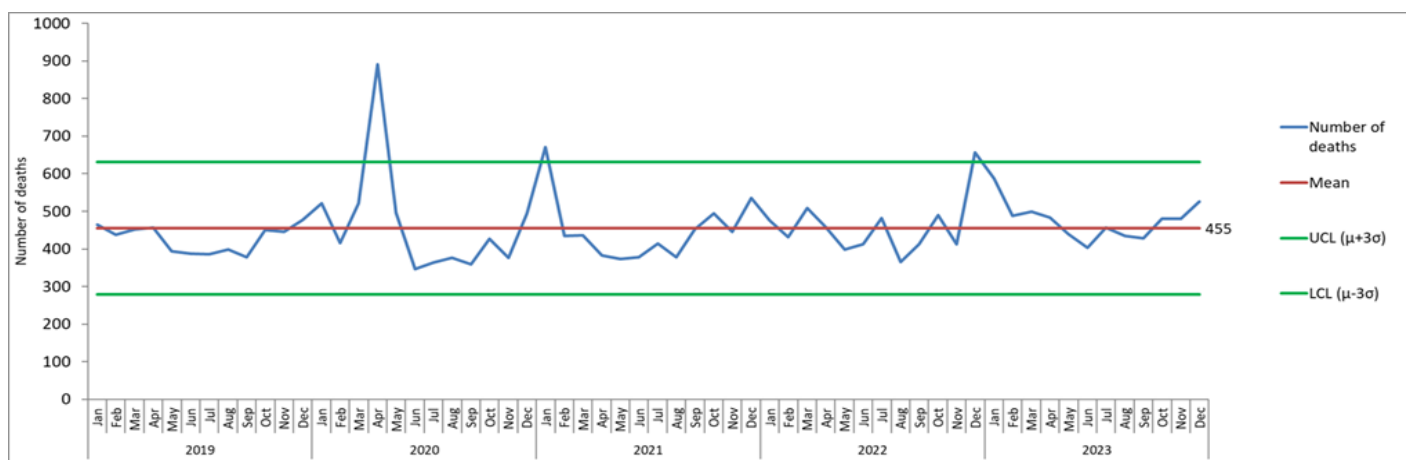
- Learning disabilities and autistic people mortality review programme
- National child mortality database
- National confidential inquiry into suicide and homicide

In line with the national programme and new legislation due out shortly, we are working with the regional medical examiner officers hosted by the local acute hospitals, to expand the roll out of the medical examiner role across our services. The purpose of the medical examiners is to provide an independent review of expected deaths looking at cause of death and speaking to the next of kin

to answer any questions and to hear their feedback about the care. The role supports the Registrar for the death and the coroner.

Mortality Summary for 2023/24

The information below reviews the trends for the last 5 years up to 31st December 2023 and was discussed at the last Trust Mortality Review Group and presented to Trust Board. The published paper is available [here](#).



The way we analyse our mortality data is of all patients currently open or discharged from the Trust in the last 12 months from our electronic patient systems and compare this to the national DBS trace system of registered deaths, so that we are not solely reliant on our teams knowing and reporting a death on the incident system. We then bring in more detail of each death from our local incident system, from Coroner inquests and the Mental Health Act office.

Overall there has been no significant change in the number of deaths over time, seen in the graph below. There is a fairly even split between males and female deaths. The Trust's pattern of deaths over time mirrors the national picture, with the number of deaths for older adults particularly those aged 90 and above increasing in the winter months (particularly in December and January). The majority of deaths are for patients open to our services at the time they die and under our physical health services aged 75+ and there has been no change in numbers over time. We have seen a reduction in deaths for young people aged 17 and less consistently for the last 2 years. See the published paper above for a thorough analysis of the data trends and themes.

The key areas of focus identified for learning and improvement from mortality reviews are:

- Communication between agencies for patients at their end of life or receiving palliative care
- In relation to suicides this is focused on involving families and sharing clinical information including risks between teams and agencies.
- Early identification and escalation of people physically deteriorating, including early identification and appropriate response to suspected or confirmed sepsis
- Completion of annual physical health checks and inclusion in health action planning for people with a learning disability, including reasonable adjustments to access national screening programmes

Suspected and Confirmed Suicides

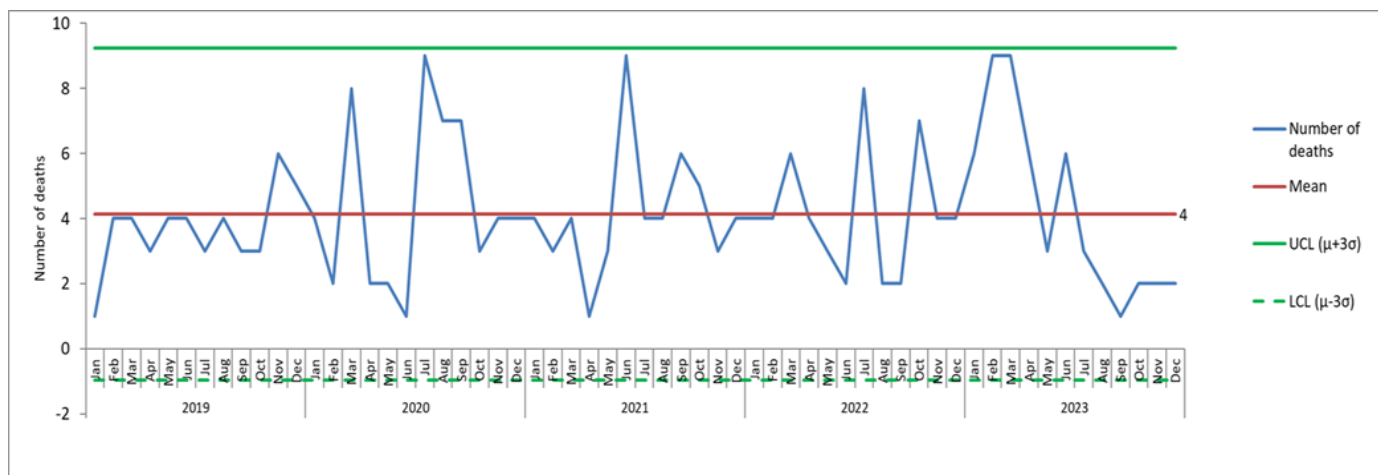
We are conscious the next section is focused on our work around reducing suspected or confirmed suicides and may be distressing to read.

We acknowledge each and every suicide is a tragedy, and the profound and lasting effect is unimaginable to families and loved ones.



In 2023/24 there were 56 suspected/confirmed suicides for patients known to our secondary mental health services (compared to 59 in 2022/23), of which 20 of the patients were open to mental health services at the time of their death. None of the suicides occurred in an inpatient setting, however one patient was on leave from one of our wards at the time he died.

The majority of suicides have been by men (34 suicides out of 56), in line with the national picture. Most people were aged between 50-59 and White British. The below graph shows the number of suicides over time, we have seen no significant change in number over time which is in line with the national figures³ which are relatively stable.



The Trust has an established Family Liaison Service which provides bereavement support particularly to adults bereaved by suicide, offering signposting to local and national support agencies, information/advice about processes and support to help families to raise concerns and any 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. The Thames Valley area also has Amparo Listening Ear www.amparo.org.uk, this free, confidential service provides emotional and practical support. Residents are referred to Amparo through the Thames Valley Suicide Real Time Surveillance Service. People can also self-refer, or the family liaison service can refer.

The Trust is part of the Thames Valley (TV) Real Time Surveillance System with data coordinated by the Police. The total suspected suicides for the whole populations in Oxfordshire and Buckinghamshire, with about 25-35% of people who die by suicide having had any contact with mental health services. We are also part of the South East region Real Time Surveillance System pilot focused on inpatient suspected suicides and suspected suicide within 14 days of inpatient discharge being led by the National Confidential Inquiry into Suicide and Safety in Mental Health.

For more details about the Trust’s suicide prevention work see the the published paper available [here](#), we align and contribute to the work happening nationally and also regionally on suicide prevention in Oxfordshire and Buckinghamshire. We also continue to embed in practice the key foundation of individualised safety planning with patients and their families, to help explore early warning signs, recognise triggers and manage risks relating to suicide and serious self-harm.

Coroner Inquests

52 inquests were held or scheduled by a Coroner where the Trust has been involved in 2023/24.

The Trust has been issued with no Prevention of Future Death notices from the local Coroners in 2023/24 this compares to one notice received in 2022/23.

³ The Annual National Confidential Inquiry of Suicides and Homicides published in 2024 looking at 10 years of data from 2011 to 2021 shows patient suicide numbers and rates in the UK are relatively stable.

Information and findings from coroners inquests are feedback for learning to improve the care we provide further.

Progress Against the NHS Long-Term Plan and Oversight Framework

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 2023/24](#). 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.

The table below 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 continued to be affected by the cyber-attack from August 2022. This table contains the data we are currently reporting against 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% | 70.9% (Feb) | 91.1% (Feb) | ↑ |
| (N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly) | 56% | 70.8% (Dec) | 88.2% (June 22) | |
| (N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly | 95% | 76.70% (March) | 96.0% (July 22) | |
| (N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly) | 50% | 49.3% (Dec) | 51.3% (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% | 90.7% (Dec) | 99% (Dec) | → |
| (N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT | 95% | 99% (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 | 52 (Feb)* | |
| (N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures | 0 | n/a | 144 (Feb)* | ↑ |

Narrative updated: 12 March 2024 for reporting period ending: 29 February 2024

About: The NHS Oversight Framework replaced the provider [Single Oversight Framework](#) and the clinical commissioning group (CCG) [Improvement and Assessment Framework \(IAF\)](#) in 2019/20 and informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHS England, Integrated Care Systems (ICS), and NHS providers. The table above shows the Trust's performance against the **targeted** indicators in the framework. Areas of non-compliance are explained overleaf.

Performance: The Trust is compliant with the targets in the Framework, with the exception of the number of inappropriate out of area placements (OAPs) and MIU performance. The latter is being monitored and no action is required at present. Please see overleaf for more information re OAPs. Updated data for other reported items is not available due to publication timelines.

**the figure provided is a local Trust figure owing to technical issues with the national submission. Indicators greyed out have not refreshed due to unavailability of data nationally following the clinical information systems outage therefore, no commentary is provided based on historical positions.*

Source: Integrated Performance Report

Other national indicators and benchmarks

The following information gives sight of and detailed narrative relating to the following national quality indicators and benchmarks:

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 support reducing suicides.

We clearly communicate the importance, rationale and requirement of contacting and seeing patients soon after being discharged from a mental health ward.

72 hour follow up performance figures in April 2023 were showing a 40% compliance rate this has continued to increase month on month, data for March 2024 is showing 76% compliance against the national target of 80%. Prior to the cyber-attack in 2022 compliance was 81%. We continue to monitor this data and work with teams to meet and exceed the national target.

Care Quality Commission Visits and Inspections

The Trust is required to register with the Care Quality Commission (CQC) as the regulator of NHS services. The trust is compliant with all regulatory requirements, there are no conditions on registration and the CQC has not taken enforcement action against the Trust during 2023-2024.

The Trust is subject to periodic reviews of the quality of care by the CQC. Following an inspection undertaken from July to September 2019, the Trust was rated as 'Good' overall including the Well-led domain. All SHOULD actions from the 2019 comprehensive inspection have been closed. The CQC has not carried out a comprehensive inspection of trust services since 2019.

In 2023/24, seven of our mental health wards received unannounced visits by the CQC to review compliance with the legal requirements of the Mental Health Act. This compares to eight wards visited in 2022/23. The CQC carries out this specific type of visit for every mental health ward on a regular basis. During these visits the CQC reviewer speaks to patients and staff, reviews the environment, and reviews the quality of documentation in patients records. No serious concerns were raised from the visits and many examples of good practice were highlighted. The recurring improvement themes noted from inspection activity related to the following: patients' rights, section 17 leave, consent to treatment, care plans, information on use of force act and recording of capacity.

Any actions arising from Mental Health Act inspections are monitored through to completion. All actions are followed up at the Mental Health Act Committee and at the Regulatory Action Monitoring Group, emergent themes are fed into the Quality Improvement and Learning Group to ensure we are continuously improving our services and the way we work. The Trust Board recognises that effective governance and risk management is fundamental to continuing to achieve its strategic and operational objectives, maintain the quality and safety of its services, and progress towards being rated as an 'Outstanding' organisation.

Assurance on compliance with CQC registration requirements is reported and monitored regularly through the Quality Committee.

The Trust continues to meet regularly with the CQC. In addition to strengthening assurance in relation to regulatory compliance and inspection readiness to support the quality and safety of services, the Trust will continue to embed assurance mechanisms. Self-assessments and peer reviews contribute to the Trust's assurance mechanisms embedded as part of the Journey to Excellence, the aim being to provide a framework by which clinical teams are supported to make improvements by the triangulation of different information related to CQC preparedness that identify common themes for improvement. Clinical services review their compliance with CQC standards as part of ongoing monitoring which is reported into respective Quality Groups and to the Regulatory Action Monitoring Group. The programme of internal peer reviews and self-assessments is coordinated by Directorates. Where recommendations or improvement arise from peer reviews, team level action plans are developed to ensure continuous improvement.

Our Performance against the NHS Long term plan

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 2023/24. More detail can be found here; <https://www.longtermplan.nhs.uk/> and [20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf \(england.nhs.uk\)](https://www.longtermplan.nhs.uk/wp-content/uploads/2021/12/2021-23-priorities-and-operational-planning-guidance-v3.2.pdf). This section should be read alongside our progress against the learning disability and autism national standards.

Primary Community and Dental Services

Waiting List Initiatives

Nutrition and Dietetics Waiting List Initiatives

The community dietetic team ran a “blitz week” to reduce the waiting list in two key clinical caseloads. Similar to other services, community dietetics had developed a long waiting list due to the Covid pandemic, Care Notes outage, general demand on service and staffing issues. The community dietetic waiting list had been running at over 300 patients in nutrition support, from both adult and paediatrics, some of whom had been waiting over 7 months.

This meant there was a high risk of deterioration in patient’s health and nutritional status, including the possible impact on growth and development in paediatric patients, and there was also the increased likelihood of patients being admitted /readmitted to acute services.

The impact of this was also felt within the team, as staff felt they were not making progress with the waiting list and the current clinic offering. By focusing all the teams’ efforts, 31 clinics were successfully set up and completed in one week, resulting in a total reduction in the waiting list of 56%.

This reduction has subsequently been sustained by reviewing and standardising administration processes around clinic bookings and revising the clinic structure for the team, so that currently no patients are waiting more than 12 weeks for a dietetic appointment, The impact on patient care has been significant by this provision of earlier nutritional care and intervention and staff morale significantly boosted.

Community Therapy waiting list initiative

Due to the impact of the pandemic many community based AHP teams had lengthy waiting lists and patients were waiting longer than was ideal to access services. Learning was taken from successful ‘blitz weeks’ run in the community dietetics and adult speech and language therapy teams, and locality-based blitz weeks were held by community therapy teams. While these were successful the remaining waiting times were inequitable across the county so clinical leads from each locality have worked together to increase capacity in those areas with the longest wait. As a result, waiting times in all areas are now below 6-weeks. This collaborative working model will continue to ensure patients have timely access to therapy.

Pulmonary Rehabilitation waiting list initiative

Our county-wide Pulmonary Rehabilitation team have piloted a waiting list management event where 50 patients were invited to attend an information and introduction afternoon in Carterton. The event allowed the team to efficiently screen a large volume of patients for suitability to take part in Pulmonary Rehabilitation, and signpost others to alternative options more suited to them.

Therapy Outcomes Measures (TOMs)

In 2023-24 , 242 AHP staff have been trained in using therapy outcome measures (TOMS), this includes 9 “train the trainers” (TTT’s). Therapy outcome measures are validated tools used to measure change over the course of clinical interventions and can be used by professionals from many disciplines working in health, social care and education. They are used at the beginning of an episode of care and at the end, alongside key domains.

By measuring clinical outcomes, patients can be monitored in a holistic way to ensure all their care needs are being met using best clinical practice. Now, each AHP team has a designated TOMs “champion” who links with the AHP leads for TOMs, gathering data and developing meaningful TOMs reports for each service. These reports support further quality initiatives, best clinical practice, improved patient care and consistency across teams by sharing comparative data. Staff can see the impact of the care they are delivering and work on key areas of improvement where required. Trust support for using TOMs as a standardised outcome measure tool across all AHP teams has been instrumental in putting OH at the forefront of such data recording, ultimately providing measurable evidence in the quality of patient care.

Transformation programme

The programme has been established to support the effective delivery of [Oxford Health's Community Services Strategy](#), which seeks to address changing patient needs whilst achieving financial and workforce sustainability across Oxfordshire. The programme's structure and plan was put place from late Summer 2023, and included interface with system partners, staff and local stakeholders. A governance refresh took place in January 2024, overseen by the directorate's Transformation Board.

The Oxford Health Community Services strategy aims to meet many of the objectives of the NHS long Term Plan and is built around delivering against three county-wide themes.

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

Oxfordshire and Buckinghamshire Mental Health Directorates

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

- **Adult Crisis Resolution and Home Treatment** gradual expansion and development across both counties, in Oxon this has meant initially providing home treatment in north and west on case-by-case basis during recruitment phase. In Bucks, work has been focussed on re-defining the model to ensure that its ability to keep people out of hospital by providing routine home treatment and facilitate safe discharge is maximised. The work undertaken has been informed by people with lived experience and GPs with plans in place to measure success against the nationally recognised Home Treatment Accreditation Scheme (HTAS).
- The new research clinic for Anxiety and Depression in Young People (AnDY clinic) is a partnership between Oxford Health and Oxford University, made possible with the support of the BRC, which focuses on the development and research of brief targeted, effective, and accessible mental health interventions that meet the needs of diverse Children and Young People aged 5 - 18 years. The initial objectives of the clinic are to develop programmes and undertake research on online intervention, and interventions for OCD, and those who are neurodiverse.
- **Both CAMHs continue** to work with their respective local Parent Carer Forum to support access and develop services for children and young people across the county:

The end of year position against the 2 key Long Term Plan performance indicators for Bucks:

- Buckinghamshire CAMHs has been recovering its reporting of performance to meet the national ‘access’ to mental health services for CYP, as the Trust was not able to report our access target into the national system due to the carenotes outage. However, by the end of March 24 Bucks CAMHs was reporting 5280 CYP had accessed a MH service in the previous 12 months.
- Eating Disorder Urgent 1 week: Data not reportable due to cyber incident, but local intelligence suggests that AWTS targets are met (100%) for all urgent cases being assessed within 1 week over the first 10 months this Financial Year

Routine 4 weeks: Data not reportable due to cyber incident, but local intelligence suggests that AWTS targets are close to be met (85%) over the first 10 months this Financial Year. 7 of 8 total breaches were offered an appointment within 4 weeks, however 3 declined due to holiday/ exams, 2 cancelled once and were not brought once, 1 has decided she no longer wants to be assessed by our service and the final case needed a joint appt with GMH that delayed response.

Buckinghamshire CAMHs for some time now continues to meet the Long-Term ambition of a 24/7 crisis offer.

Expanding the provision of mental health support teams into education settings has been a priority for both counties, In Oxon support is now offered to around 282 schools In Bucks there is a Mental Health Support Team (MHST) offer available to 50% of local pupils with 5 teams operational and a further 6th team being developed through Academic year 2023. In addition, 91% of Opportunity Bucks schools (in areas of high deprivation) have access to a MHST and 82% of pupils from Opportunity Bucks areas attending schools outside the area also have access to an MHST. Further expansion is anticipated in both Oxon and Bucks in 2024.

- **Specialist perinatal mental health services** have received some further funding to support expanding the service, an increase in psychological and medical time, currently being recruited into.
- **A key focus for both counties has been developing primary care mental health teams** with hubs in the community to improve timely access to mental health support and continued integration between GPs and mental health services.
- In Oxfordshire the teams are called Keystone mental health and wellbeing hubs. We currently have 6 Keystone Mental Health Teams fully functioning, with the last 2 due to begin a phased roll out from the end of this month – then the whole of Oxon will be covered by the Keystone MH Teams. The Keystone mental health and wellbeing Hubs – are the building the teams are based in. First one we had in partnership with the Frank Bruno foundation closed, due to issues with the landlord and the FBF deciding to move out, which we decided to do too.

In Buckinghamshire the Primary Care Community Mental Health Hubs (PCMHH) are based in the Southwest, Southeast & North of Buckinghamshire. The PCMHHs are aligned to 13 PCNS in Bucks. Each PCMHH has a multi-disciplinary team comprising of Consultants Psychiatrists, Psychologists, Peer Support workers, Nurses, Individual Placement Support workers and Mental Health Practitioners. The PCMHH offers Triage, assessment, and interventions including group, 1-1 and intensive support for those where there is an identified need. The Service User Network (SUN) delivered as part of the hub offers peer support to people with Personality Disorder and Severe Mental Illness to achieve wellbeing goals. Strong partnerships have been developed with the voluntary sector; Elmore, Sport in Mind, Bucks MIND and Lindengate have been established, they provide support information advice and guidance as part of an integrated model.

- **Increasing capacity of NHS Talking Therapies services** in both counties including support for people with a long-term condition: We have continued to increase access including active marketing and focusing on specific health inequalities, outreach to older adults, ethnic minority groups, as well as other under-represented groups. In terms of the service's work with long term physical health condition (LTC's) Oxon have 7 established LTC pathways including Cardiac, Respiratory, Diabetes, Chronic Fatigue, Long COVID, Irritable Bowel Syndrome (IBS), Menopause. In 23/24 Buckinghamshire have developed integration work with GPs with the intention to start to embed talking therapies workers within primary care networks into 24/25. Having BTT practitioners in PCNs provides an opportunity to link more closely with diverse local communities, including people who may be using primary care more (older people, perinatal, people with LTCs etc.).
- **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. Teams are now operational within each county; Oxfordshire (since Dec 22), Buckinghamshire (since Nov 23), Berkshire (Since March 24).

- Continuing to expand 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
- **111 Mental Health Select is now live and provides 24/7 all age help line**, with access to both Adult and CAMHS Crisis 24 hours. Regionally looking at transition from police street triage to health based, awaiting ICB funding decision, alternate options if funding not available for Ambulance service involvement.
- **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
- **Memory assessment services** – Oxfordshire have Continued with the development of the memory diagnostic services together with the Brain Health Centre enabling the improvement of diagnostic accuracy and preparation for forthcoming treatment and working as a system to improve dementia diagnostic rates. In addition to this there is a new development to increase the provision for complex MH patients being discharged into nursing and care homes to support on-going care needs. As well as embedding a new service model, Buckinghamshire launched a pilot project which focused on screening people living in a residential and nursing home setting for dementia. Evidence has shown that 60-70% of care home residents have dementia and would benefit from a diagnosis to obtain the appropriate support from care home to enable planning for future care.
- **Health inequalities** -Buckinghamshire have partnered with 6 voluntary sector organisations to support work with local communities exploring the benefits of good mental health and working to improve access and experiences of mental health services.
 1. **Elmore** – A dedicated worker to support patients within the **South Asian** community who have a personality disorder
 2. **Lindengate** (horticultural mental health charity) – Targeted carers interventions for those who support people with a severe mental illness across Bucks by developing nature-based wellbeing groups.
 3. **Peer support groups** for patients with Serious Mental Health Conditions at greater risk of isolation
 4. **Chiltern Music Therapy (Aylesbury)** Jamming group to support individuals with serious mental health conditions through using music as a therapeutic tool.
 5. **Margaret Clitherow Trust** - Training, co-produced with the community which will be delivered to mental health teams in Oxford Health to improve access to and outcomes for Gypsy, Roma and Traveller people who have mental health needs.
 6. **Wycombe MIND** – a variety of initiatives that will support Gypsy Roma Traveller community, the Muslim community and young people that identify as LGBTQIA+

Statement of Directors responsibilities in respect of the Quality Account

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 2023 to March 2024
- papers relating to quality reported to the Board over the period April 2023 to March 2024
- feedback from commissioners dated (TBC)
- feedback from governors dated (TBC)
- feedback from local Healthwatch organisations dated (TBC)
- feedback from Overview and Scrutiny Committees dated (TBC)
- The Trust's annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
- The 2023 national patient survey
- The 2023 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.

27th June 2024 - David Walker, Chairman / 27th June 2024 – Grant MacDonald , Chief Executive(TBC)

| Clinical Audit | Summary | | | | | | | | | | | | |
|--|---|---------------|--------------|---------------|------------|------------|-------|-------|-----|--------------------------|---|---|---|
| <p>National Respiratory Audit Programme (NRAP): Pulmonary rehabilitation</p> | <p>100% of eligible patients submitted.</p> <p>The audit measures are predominantly not used in the trust as alternatives provide a better measure for our patient population. The audit has been adapted locally to include these.</p> <p>In 2023/24 NRAP informed trusts of two changes in methodology, these are:</p> <ul style="list-style-type: none"> • A change from just Chronic obstructive pulmonary disease (COPD) patients to all patients being included from 1st November 2023. • A change from obtaining patient consent to obtaining section 251 approval under the NHS Act 2006 via the Clinical Advisory Committee to include all patients who are not opted out on the national spine. <p>We have streamlined the recording and reporting of the data.</p> <p>In March 2024 the trust submitted a case study at the request of NRAP to highlight how we use the bulk upload function to the webtool.</p> | | | | | | | | | | | | |
| <p>National Audit of Care at the End of Life (NACEL)</p> | <p>The audit moved from an annual snapshot to continuous data collection on 01/01/2024 with a significantly different data set.</p> <p>Between 01/04/2023 and 31/12/2023 data was collected locally on the older dataset.</p> <p>Areas of success were:</p> <ul style="list-style-type: none"> • 100% of patients who passed away had it recognised that they may die. • Good recognition that patient may pass away. • 100% of patients had effective communication with patient, family and carers. • 100% of patients had an individualised care plan that was produced with patient and family/carers (where appropriate). • 100% of patients had appropriate medications (given and anticipatory). • 100% of patients has nutrition and hydration assessed. <p>Areas of concern were:</p> <ul style="list-style-type: none"> • Variable documentation of physical functions. It should be noted that this element has since been removed from audit due to national guidance. <p>Overall compliance with the new audit to date (04/04/2024) is:</p> <table border="1" data-bbox="379 1715 1406 1991"> <thead> <tr> <th></th> <th>January 2024</th> <th>February 2024</th> <th>March 2024</th> </tr> </thead> <tbody> <tr> <td>Compliance</td> <td>95.2%</td> <td>87.4%</td> <td>92%</td> </tr> <tr> <td>Number of patient deaths</td> <td>6</td> <td>7</td> <td>6</td> </tr> </tbody> </table> <p>Areas of success are:</p> | | January 2024 | February 2024 | March 2024 | Compliance | 95.2% | 87.4% | 92% | Number of patient deaths | 6 | 7 | 6 |
| | January 2024 | February 2024 | March 2024 | | | | | | | | | | |
| Compliance | 95.2% | 87.4% | 92% | | | | | | | | | | |
| Number of patient deaths | 6 | 7 | 6 | | | | | | | | | | |

- 100% of patients were recognised that they were sick enough to pass away during final admission.
- 100% of patients had physical symptoms reviewed and acted upon.
- 100% of patients had food/nutrition reviewed and 83% or higher of patients had documented communication with the patient.
- 100% of patients had individualised anticipatory medication prescribed.
- 100% of patients had documented evidence of active decision making regarding: reviewing, starting, stopping and changing interventions as appropriate.
- 100% of patients had documented evidence of addressing communication needs.
- 83% or more patients had their emotional/psychological needs assessed.
- 84% or more patients had social and practical needs assessed. In February and March 2024 100% of patients had these addressed once assessed.
- 83% or more patients had documented evidence of a discussion over the likelihood of dying.
- 100% of nominated person(s) had documented evidence of a discussion over the likelihood of the patient dying.

Areas of improvement:

- Documented assessment of spiritual needs was 66.7% in January 2024 but rose to 71.4% in February 2024 and 83.3% in March 2024. Where spiritual needs were assessed 100% of patients had them addressed.

Areas of concern:

- Documented evidence that the patient was reviewed by a palliative care/end of life team during their final admission.
- Compliance with individualised care planning was variable as was coordinated care.

The audit also has questions over whether the patient required an interpreter but there was only 1 patient eligible and that scored 100% compliance.

N.B.

- The trust collects additional data on patients which are not submitted to the national audit.
- Due to low numbers of eligible patients' compliance is easily skewed.

There is a wider transformation workstream overseen by the End of Life Steering Group.

In 2024/25 we will be participating in the other 3 workstreams of the national audit which weren't live in 2023/24.

National Audit of Diabetes Footcare (NDAF)

Deadline expected July 2024 for 2023/24 data.

The trust has seen a decline in the engagement with this audit, the reasons include service pressures, staffing turnover, and the move to EMIS the main patient record system.

Long term an EMIS solution will be investigated.

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| | <p>A Quality Improvement project using national audit submission as a measure has been commenced. The aim is to increase submissions year on year until all</p> |
| <p>National Audit of Inpatient Falls (NAIF)</p> | <p>It has been identified that the Oxford Health is not being allocated cases to audit. This is due to how falls resulting in fracture are attributed to occurring on an inpatient unit on the Hip Fracture Database.</p> <p>The Clinical Audit and NICE Manager is liaising with Oxford University Hospitals new audit manager to resolve but this is currently low priority.</p> <p>A benchmarking activity was undertaken to establish if this is a concern. The numbers of falls that would fit the audit criteria would be less than 15 across a typical year (average was identified from data for 2020/21, 2021/22 and 2022/23). Patient Safety have confirmed that all falls with significant harm within Oxford Health are reviewed and a learning huddle undertaken where possible and it progressed to a Patient Safety Incident Review if required. These would capture all patients eligible for the national audit.</p> |
| <p>Prescribing Observatory for Mental Health (POMH-UK) - Monitoring of patients prescribed lithium (7g)</p> | <p>This audit was from the 2022/23 Quality accounts list with a deadline of 28th April 2023.</p> <p>This audit was affected by the systems outage in 2022 and the move to RiO in 2023.</p> <ul style="list-style-type: none"> • Patient identification was difficult due to the systems outage, for this reason only 27 patients were audited. • Information for the audit was difficult to find as this was held in different areas due to business continuity. <p>This has resulted in a low confidence in the data.</p> <p>Two further projects were registered locally to try and expand data collection:</p> <ul style="list-style-type: none"> • MHT Oxon South/CA/2023-24/01: Audit to investigate health monitoring concordance relative to best practice guidelines for patients treated with Lithium under the care of Wallingford AMHT <ul style="list-style-type: none"> ○ This project was registered in May 2023 and had similar issues with patient identification. It also raised that some maintenance tests may be the responsibility of the GP. • Bucks Community/CA/2023-24/04: Lithium monitoring (POMH guidelines) <ul style="list-style-type: none"> ○ This project was registered in May 2023 but not finalised on AMaT. |
| <p>Prescribing Observatory for Mental Health (POMH-UK) - Use of anticholinergic (antimuscarinic) medicines in old age mental health services (22a)</p> | <p>This audit asked for all patients in old age mental health services to be audited, this was unachievable due to the large number of patients, so a sample was audited and submitted.</p> <p>Key Successes were:</p> <p>POMH Standard 1: When prescribing an antidepressant or antipsychotic medication in older people, a medication with a low/no anticholinergic burden should be considered:</p> <ul style="list-style-type: none"> • Only 21/83 patients were prescribed an antidepressant medication with an AEC score of 2 or more. |

POMH Standard 2: When a medication is prescribed for urinary incontinence in older people, a medication with a low/no anticholinergic burden should be considered:

- 0/4 patients with prescribed medication with an AEC score of 2 or more (1 unknown case).

Key concerns were:

POMH Standard 1: When prescribing an antidepressant or antipsychotic medication in older people, a medication with a low/no anticholinergic burden should be considered:

- 28/55 patients were prescribed an antipsychotic medication with an AEC score of 2 or more.

POMH Standard 3: Where medications with anticholinergic properties are prescribed for older people, there should be:

- Assessment of the accumulated anticholinergic burden of a patient's medication regimen, ideally using a formal screening tool:
 - 1/92 patients were assessed using a recognised anticholinergic burden scale (e.g. AEC or ACB).
- Screening for, and monitoring of, anticholinergic side effects:
 - 3/6 cases documented a review of side effects in patients prescribed anticholinergic (antimuscarinic) medications.
 - 0/2 cases documented a review of side effects in patients prescribed medications for urinary incontinence/bladder instability.

We are currently liaising with relevant teams to develop an action plan.

Sentinel Stroke National Audit programme (SSNAP)

SSNAP provides two data sets:

- 'Patient centred' attributes the results to every team which treated the patient at any point in their care. This recognises that the stroke care pathway usually involves many teams treating the patient at different points. This holistic approach is aimed at encouraging teams to work closely together to ensure consistency of care. It is patient centred, because it describes the care and outcomes from the patient perspective, regardless of which team treated the patient.
- 'Team centred' attributes the results to the team considered to be most appropriate to assign the responsibility for the measure to. Whilst the patient centred holistic approach identifies that teams along the pathway need to work closely together to ensure that patients get consistently high quality of care, it is also recognised that it is useful to provide results on a team centred basis so that teams can see the results for the interventions delivered.

SSNAP assigns grading based on a score determined by percentage compliance for key indicators under each domain in the audit, which is then readjusted using case ascertainment and audit process compliance. These are then used to calculate the overall grades. Further guidance and how key indicators are calculated is available

on the [SSNAP website](#). For simplicity the following key can be used as a guide for compliance A to E:

| | | | | |
|---------------|--------------|--------------|--------------|---------------|
| A = ≥ 80 | B = 70 to 79 | C = 60 to 69 | D = 50 to 59 | E = ≤ 49 |
|---------------|--------------|--------------|--------------|---------------|

Overall SSNAP level for 2023/24 was rated B for both patient centred and team centred measures for Quarters 1, 2 and 3 (Quarter 4 deadline for data is in June 2024)

Case ascertainment/Audit compliance has remained rated A (90%+) across all 3 quarters of 2023/24.

Key points from specific domains are:

- Occupational Therapy and Physiotherapy domains remain rated A.
- Speech and Language Therapy was rated E and this was due to ongoing vacancies. Recruitment is expected to see this improve in Quarter 4.
- Standards by Discharge was rated B and discharge process rated C. This is affected by patients not being able to access Early Supported Discharge or specialist community rehabilitation team on discharge. There was a drop in mood or cognitive screening not being completed that was linked to the quality of recording which has now been addressed.

In October 2023 NICE updated their guidance NG236 Stroke Rehabilitation in adults. The biggest change was they increased the therapy offer from 45mins a day to 3hours a day (the minimum of 5 days a week remained). As expected SSNAP has updated its data collection requirements and reporting. The new dataset comes into force from 1st July 2024 and reporting against the updated metrics will commence in July 2025. Work has been undertaken to ensure that the new dataset is collected and that there is correct understanding. New therapeutic groups have been introduced but it is unlikely that the units will meet the 3 hours target but they are liaising with other units (stroke and non-stroke) who have increased therapy provision to see what other ideas could be implemented.

Compliance with NG236 Stroke Rehabilitation in adults is currently 79% and improvement work will be linked.

Core National Diabetes Audit (NDA) – Education Element

National deadline for 2023/24 is currently not yet released (04/04/2024).

The audit collects data on diabetic patients. There are multiple audits which track a patients diabetes management to form a wider registry of diabetic care in England and Wales. Oxford Health only provides structured education to Type 2 diabetic patients and enters this data into the audit.

For the 2022/23 year, 1218 patients were offered structured education, of which 1037 attended. This gives an attendance rate of 85%.

Data is currently being collated ready for upload to the national audit.

UK Parkinson's Audit: Transforming Care

Speech and Language Therapy were unable to participate in the 2022/23 national audit due to the systems outage. A local audit was undertaken in 2023/24 that covered the minimum of 10 patients that would have been required to submit to the national audit.

Areas of success are:

- Documentation of on-off phase improved from 42% in 2019 to 100% in 2023 (national average in 2022 was 36.7%).
- Communication assessment also include a screening question about swallowing improved from 82% in 2019 to 100% in 2023 (national average was 91.5% in 2022).
- If a swallow assessment was indicated at screening, was a swallow assessment completed remained at 100% (national average 99% in 2022)
- Drooling assessed improved from 73% in 2019 to 100% in 2023 (national average 50.8% in 2022).
- Intelligibility assessed improved from 80% in 2019 to 100% in 2023 (national average 89.7% in 2022).
- Word finding assessed improved from 59% in 2019 to 100% in 2023 (national average was 35.6% in 2022).
- Was the need for AAC identified and addressed remained 100% (national average 12.2% in 2022). It was noted that AAC was not directly referred but all elements documented based on clinical judgement when reviewing notes.
- Communication participation improved from 94% in 2019 to 100% in 2023 (national average 87.1% in 2022).
- Impact on communication improved from 94% in 2019 to 100% in 2023 (national average 88.3% in 2022).
- Assessment results and rationale for management plan discussed with the patient, and carer improved from 88% in 2019 to 100% in 2023 (national average 98.4% in 2022).
- Information about communication and / or swallowing provided to patient and carer improved from 87% in 2019 to 100% in 2023 (national average 97.2%)
- Reports made back to the referrer / other key people at the conclusion of an intervention period remained at 100% (national average 67.4% in 2022)

Areas of continuing improvement are:

- Impact of communication on partner and/or carers improved from 59% in 2019 to 80% in 2023 (national average was 68.1% in 2022).

Areas of concern are:

- Wait times remain longer than expected with 60% waiting longer than 8 weeks.

There is currently other work taking place around waiting times. These actions won't be tracked under the audit but noted as taking place.

National Clinical Audit of Psychosis (NCAP) (EIP)

The national audit is trialling using data from the Mental Health Services Data Set (MHSDS). The trust did not participate in the trial in 2023/24 due to ongoing work with RiO and populating the MHSDS following the systems outage. Nationally this is expected to run in 2024/25 and the trust has provided our data identifiers. It has been noted that the trial in 2023/24 did experience a number of issues.

The bespoke audit focused on effective treatment, physical monitoring (against an approved Lester Tool), and whether outcome assessments were undertaken.

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|---|---|
| | Data is currently being analysed |
| National audit of Dementia – Spotlight in Memory Services | Data has been collected and is being analysed. |
| Prescribing Observatory for Mental Health - Rapid Tranquilisation (16c) | <p>Currently in data collection.</p> <p>Due to low numbers and a high junior doctor volunteer rate for data collection we have extended the data period being looked at to increase the numbers audited on a local basis.</p> <p>Due to shortage of the antipsychotic long acting injectable Olanzapine, those identified as being prescribed antipsychotics in the audit will have extra data collected on whether they have had their antipsychotic changed, either in dose, frequency or moved to alternative antipsychotic to establish if there is any correlation to behaviour change that resulted in rapid tranquilisation being required.</p> <p>The trust has also adapted the data collection form locally so we can record how many observations post rapid tranquilisation were taken utilising oxevision that is fitted in some areas of the trust.</p> |
| Serious Hazards of Transfusion (SHOT) | <p>National registry for incidents involving blood transfusion.</p> <p>Oxford Health participate via Oxford University Hospitals.</p> <p>2 incidents were recorded in April and May 2023/24. Incidents were investigated as per trust patient safety processes. 1 incident related to lost sample sent for crossmatching at John Radcliffe Hospital, 1 incident related to date of birth on drug chart not matching the patients which was linked to pressures on the ward (business continuity linked to systems outage and a covid outbreak on ward).</p> <p>A local blood transfusion audit is undertaken regularly to provide assurance of practice against standards.</p> |
| Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide (NCISH) | <p>The trust participates in the programme.</p> <p>In August 2023 it was identified that not all survey requests were being responded to and identifying 43 open survey requests.</p> <p>A Plan-Do-Study-Act (PDSA) approach has been undertaken to change the process and give the corporate clinical audit team greater oversight. As of 05/04/2024 54 patients have been identified as eligible for deaths between 1st April 2019 and 31st March 2024, of which:</p> <ul style="list-style-type: none"> • 32 (59%) have been completed, • 12 (22%) are overdue, and • 9 (19%) are in progress and have not passed the due by date. <p>In 6 months, the open survey number has reduced from 43 to 21.</p> |

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 |