

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Oxford Health NHS Foundation Trust Quality Account 2023/2024

Lead Cabinet Member(s) or Responsible Person:

- Britta Klinck- Chief Nurse, Oxford Health NHSFT
- Rose Hombo - Deputy Director of Quality & Clinical Standards Oxford Health NHSFT

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Monday 15th July 2024

Response to report:

Oxford Health NHS Foundation Trust welcomed the opportunity to share the Trusts Annual Quality Account at the June 2024 HOSC meeting and valued the interest, discussion, and input from attending members. Alongside the meeting minutes the report provides a useful summary of areas of discussion those in attendance that may benefit from further information and explanation. The report focuses on five elements of trust activity that involve patients, carers and staff, our response below provides additional information regarding the areas raised that were not included in granular detail due to the purpose and constraints of the annual Quality Account.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. <i>For the Trust to take measures to tackle workforce shortages and to reduce reliance on agency staff, and for the Trust to seek support, alongside the wider system, for an Oxfordshire Weighting.</i></p>	<p>Yes</p>	<p>Workforce shortages are recognised as one of the Trust’s key risks within the Board Assurance Framework (BAF) and is acknowledged as a current, live risk that could increase in the future, further to national challenges outside of the Trust’s immediate control around cost of living, national pay scales, industrial action, education and training, and nationally available supply of key professions. We accept, and plan for a tolerance of temporary staffing usage to enable flexibility in our workforce to respond to ebbs and flows in demand.</p> <p>Oversight of workforce planning and associated risks is provided by the trust People Leadership & Culture Committee chaired by a trust Non-Executive Director, ultimately reporting to the Trust Board.</p> <p>Our Chief People Officer continues to work with national groups and initiatives as well as in partnership with BOB colleagues to consider additional ways and alternatives to address shortages of staff and future planning, considerations of changes to pay and/ or additional geographical weightings are undertaken at national government level in line with the national Agenda for Change contracts through the NHS Pay Review Body. The South East Regional Staff Partnership Forum is currently considering a piece of research undertaken considering the potential impact of an additional allowance for staff in high cost of living areas across the region.</p> <p>Our strategic plan for the medium and longer term incorporates measures to reduce temporary staffing usage, such as development of more sustainable workforce models, working with universities on clinical training, better demand and capacity modelling, career, and organisational development interventions to link to retention and linking with national and regional teams to maximise learning from other Trusts and national exemplars.</p>

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

	<p>We are also aligning more closely, through the Annual Planning processes, the OHFT People Plan with the NHS Long Term Workforce Plan, with actions focused on key themes:</p> <p>Train: This relates to how we grow the workforce in the Trust and strengthen our pipelines for the professions where we are carrying the highest vacancies. There is a focus in the NHS Workforce Plan on increasing the supply of domestic education and training and therefore reducing our reliance on internationally educated staff. Enhanced Education and Training initiatives, including Apprenticeship programmes, and career development pathways from HCA to Advanced Practice.</p> <p>Retain: This relates to embedding the right culture and improving retention and in particular reducing the leaver rate which is the numbers of staff who leave the NHS (as opposed to moving internally within the NHS sector). With a continued focus on making the NHS People Promise a reality for staff utilising tools such as the NHS EDI Improvement Plan and High Impact Actions; publicising pension reform changes and continuing investment in wellbeing. Ongoing and consistent work to ensure that our people recognise OHFT as a good place to work and choose to stay working with us</p> <p>Reform: Working and training differently. New approach to recruitment and onboarding to better attract and secure talent to the Trust. Together with planning for future technologies and a focus on data quality and systems that enable and empower staff to make better decisions. Continued focus on embedding a culture reflects a restorative, just and learning culture.</p> <p>Temporary Staffing: The trust is building on its established Improving Quality and Reducing Agency Programme to drive greater responsibility and ownership to directorates to deliver reductions in temporary staffing spend, whilst improving quality. The temporary staffing team provide oversight of the interventions to support the recruitment and retention of staff and the commercial contracts and delivery of temporary staffing Managed Service Providers. Additional workstreams relate to better workforce planning and the efficiencies that can be maximised through the E-Rostering.</p>
--	---

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

<p>2. <i>To ensure that there is a clear process for learning from deaths, to include bereaved families, and to improve services accordingly.</i></p>	<p>Yes</p>	<p>In addition to the information in the learning from deaths section in the 2023-24 trust Quality Account we can confirm there is a clear process for how we engage/involve/support families in our morality reviews to answer questions and identify/share learning.</p> <p>As part of embedding the Patient Safety Incident Response Framework (PSIRF) the outcome of our reviews and any areas for improvement are shared with families and the clinical staff involved. This is an important part of our duty of candour obligations and supporting a culture of openness and continual learning. PSIRF is part of our commitment to developing a just and learning culture, building openness and transparency, ensuring everyone is treated fairly and that we learn from mistakes, incidents and errors.</p> <p>The Trust has two patient safety partners with lived experiences of using our services, working within the patient safety team. The partners work alongside clinical staff and patients/families to co-design and implement patient safety initiatives, training, resources, support activities around governance and other opportunities to improve the safety of care.</p> <p>We have a series of internal support mechanisms to help people involved and affected by a death including a bereaved family liaison service, staff psychological support service and trauma informed support conversations. These mechanisms support people to share their experiences and be open and compassionate to learning.</p> <p>Senior clinicians sign off actions to address areas identified for improvement. When we have significant learning from a case the actions to make a change are captured and progress to implement and embed actions by the teams and services involved are monitored centrally by the patient safety team. Evidence of completion is robustly scrutinised objectively by the Patient Safety Team as part of the action plan completion and closure process.</p> <p>Learning from individual cases and themes arising across incidents that we have reviewed and investigate are disseminated in a range of ways supported by our quality governance framework, these include but this is not an exhaustive list –</p> <ul style="list-style-type: none"> • Monthly team/ward business meetings • Regular incident learning events/webinars
---	------------	---

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		<ul style="list-style-type: none"> • Clinical directorate monthly quality meetings • Weekly patient safety meetings in each clinical directorate • Trust wide Quality Improvement & Learning Group • Trust quarterly mortality review group, • Quality Committee. <p>We also feed learning into newsletters, staff training and to steer our QI programmes of work for example the work on end-of-life care, suicide prevention and early recognition of the soft signs of sepsis.</p> <p>Externally to OHFT learning and actions are shared through multi-agency forums/processes including the BOB Learning from Deaths Network, Child Death Overview Panels, Learning from lives and deaths – People with a learning disability and autistic people (LeDeR), Child Safeguarding Practice Review Panels, Safeguarding Adult Reviews, Mental Health Homicide Reviews and Domestic Abuse Related Death Reviews and Local Authority suicide prevention groups.</p> <p>There is further detail about our approach to engaging bereaved families, reviewing deaths, and taking learning/actions forward in OHFTs Patient Safety Incident Response Approach which was signed off by the BOB system partners and ICB before being published in December 2023 at Patient Safety Incident Response Framework (PSIRF) - Oxford Health NHS Foundation Trust.</p>
<p>3. <i>For the Trust to develop clear and demonstrably effective mechanisms for providing support to</i></p>	<p>Yes</p>	<p>Staff Health & Wellbeing</p> <p>The Trust has continued to offer a preventative, proactive and evidence-based approach to wellbeing for teams and individuals. This was achieved through collaborative working with many specialist teams across the Trust as well as colleagues across our BOB footprint and nationally.</p> <p>The Employee Assistance Programme (EAP) aims to help staff address personal problems that might adversely impact their work, health and happiness. It offers a freephone, confidential helpline available 24/7, 365 days a year, staffed by specialist independent BACP counsellors who can give face-to-face, online and telephone support for people working at the trust as well</p>

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

<p><i>staff wellbeing.</i></p>	<p>as for family members. Commissioning of the EAP by the trust has been extended for an additional year as it continues to be an invaluable support, with positive feedback being received.</p> <p>The Trust continues to be supportive and collaborative with all health and wellbeing leads within the integrated care system. The Trust continues to offer the following to its employees:</p> <ul style="list-style-type: none"> ▪ 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 Health 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 are being roll out over 230 in place. ▪ Staff Networks – have grown in popularity with staff reporting great benefits to the workforce. ▪ Freedom to Speak Up Guardians are in the Trust, to enable staff to raise issues in confidence. ▪ 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. ▪ The Trust has introduced many awards to recognise and value our workforce. Our recognition awards, including Bee, Daisy, Exceptional People, and the Annual Staff Awards.
--------------------------------	---

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		<ul style="list-style-type: none"> ▪ 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. ▪ We have introduced and roll out the Professional Nurse Advocates (PNA) within the Trust. These are nurses who have been trained in providing restorative clinical supervision (RCS) - the model supports staff emotional resilience, connecting the lived experience of the nurses with quality improvement and education and feedback into the local clinical governance agenda. <p>The Trust signed the NHS England organisational 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. The charter sets the expectation that those who work, train, and learn within the healthcare system have the right to be safe and feel supported at work.</p> <p>Working alongside safeguarding colleagues, the wider BOB network, and national working groups we have undertaken a self-assessment exercise to inform our position and develop actions for improvement to ensure our colleagues receive the best support and guidance.</p>
<p>4. <i>That the Trust provides training and guidance to staff for the purposes of ensuring good staff attitude, conduct,</i></p>	<p>Yes</p>	<p>As part of our OHFT People Plan 2022-24, we have committed to developing and continuing to build our compassionate culture - a culture, focused on the key principles of kindness, civility, and respect. Civility and Respect is the foundation for a Restorative, Just & Learning Culture.</p> <p>The 'Kindness into Action' culture change programme - run in collaboration with BOB ICS - is open to all colleagues right across the Trust. and is now a cornerstone of the corporate induction for all new starters. We have actively encouraged our leaders and managers to make it a priority, as this will really support us to maximise the effectiveness of the programme, staff and managers utilising the tools and approach are reporting a positive experience.</p>

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

<p><i>empathy, and understanding toward patients.</i></p>		<p>This approach will enhance our new leadership development project, which is in development for 2024/25.</p> <p>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 Quality Improvement (QI) projects as part of Race Equality Work Programme contributing to the trust wider Equality Diversity and Inclusion priority.</p> <p>Th trust also offers staff a number of Equality Staff Networks and support groups staff that create a ‘community of support’ that will actively influence and advance a culture of inclusive equality in all aspects of the workings of the organisation which will contribute to enhancing the way we communicate, understand and how we work alongside patients and carers.</p>
<p>5. <i>To work to reduce inappropriate and extensive reliance on out of area placements. It is recommended that a review of those in out of area placements is undertaken to</i></p>	<p>Yes</p>	<p>The Trust recognises that being treated away from home can have a significant impact on the patient and their family, having access to support from their own care team, local agencies and loved ones is a crucial factor in recovery. We are committed to treating patients as close to home as possible.</p> <p>There are occasions when an Out of Area Placement (OAP) may be intentional and appropriate, this would be considered on an individual basis considering individual needs; robust review plans would be established by OHFT at the onset of admission to the OAP.</p> <p>OHFT has made considerable progress to manage the use of OAP’s and has developed robust review processes to support people to receive care within their home health provider. At present (12/07/2024) the trust has only one use of an OAP that is considered as inappropriate, and work is ongoing to resolve this.</p> <p>The below processes and actions demonstrate the meaningful focus we have developed for use when considering the use of an OAP as well as the significant effort and energy to reduce use and ensure that standards of care received within services outside of our provision are of highly quality, safety and experience for our patients.</p>

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

<p><i>determine if their needs could be better addressed with partners through bringing them closer to their locality.</i></p>		<p>Acute OAP's (acute inpatient care in private hospitals out of area) <u>Meeting and reporting structure to support flow and coordinate escalations:</u></p> <ul style="list-style-type: none"> • Twice daily patient flow calls Monday to Friday; Once daily patient flow calls weekends and Bank Holidays. Status of inpatient and community services (adults and older adults); all requests for inpatient care; allocation of beds. • Once daily Oxfordshire (Oxon) & Buckinghamshire (Bucks) patient flow teams 'huddle' – information sharing and agreement on admissions cross-county (e.g. admission of Oxon patient to a Bucks bed) • Twice weekly 'bronze calls' – senior leaders from inpatient and community services managing barriers to admission and discharge. • The inpatient teams in Buckinghamshire have good throughput but sometimes demand exceeds capacity • Twice weekly 'gold calls' – Heads of Service and Directors managing escalations; oversight of OAPs position. • Weekly Rapid Reviews in-line with Red 2 Green approach on all wards – focus on discharge planning and barriers to discharge. • Weekly Rapid Review for all OAPs and weekly OAPs review jointly with Bucks and Business Services • Weekly meeting between Inpatient Social Work team and OMHP partners plus Housing partners to address housing and homelessness needs for inpatients. • Weekly attendance by the Directorate at the Oxfordshire System Tactical call where delays are scrutinised and problem-solved with wider system partners. • Daily reporting to the Oxfordshire system of Mental Health Opel status • Daily reporting internally within the Directorate regarding the 'bed state' and Opel status • 4 weekly escalation meetings are in place within the directorates to identify demand and pressures which are both focussed and useful to create local capacity and prevent OAP usage. • Any requests for OAPS are authorised at director level only when all options for local admission have been fully exhausted.
--	--	---

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		<p><u>Safe and effective management of patients in OAP's:</u></p> <ul style="list-style-type: none">• Patient Flow team case manage all OAPs for the duration of their admission.• Clinical prioritisation of retuning patients to local provision where capacity allows.• Patient Flow team attend all Ward Rounds and involve Adult Mental Health Teams (AMHT) and Social Work colleagues as required.• Buckinghamshire flow team attend Weekly Elysium (block purchase 2 beds for Bucks) ward rounds and review jointly each patient with the Elysium team.• Approval for new OAPs is via Service / Clinical Directors• Quality and safety procedure for use when OAPs of less than 'Good' CQC rating are used, including visits to the patient.• 6-monthly visits to block-purchased provision (Elysium) and regular contract meetings with the provider supported by Business Services• Safeguarding procedure for addressing any safeguarding concerns with patients and providers. <p>There are 3 Places of Safety in Oxon and 3 in bucks, these are intermittently used as admission beds where there is urgent need (including under the Trust's S140 MHA duties).</p> <p><u>Actions to improve flow (reduce length of stay and delayed discharges) and reduce OAPs:</u></p> <ul style="list-style-type: none">• Inpatient Improvement program (in accordance with national guidance July 2023 and March 2024) – BOB-wide approach.• Full fidelity to model CRHT in phased development – full coverage of Oxford City and North East Oxon, and expanding in FY24/25 into the North & West of the county.• Patient Flow Team fully established and performing well.• Patient Flow Delivery Group, delivering on a varied program of service improvements which support flow through acute services, including nationally mandated 10-point 'Discharge Challenge'.• BOB-wide focus on OAPs reduction to commence later in 2024.
--	--	---

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		<ul style="list-style-type: none"> • Service Improvements and redesign regarding accommodation, care, and support in the community as part of the new Mental Health contract work in Oxon. • Strong connectivity to housing and homelessness landscape and strategic leaders in Oxon • Utilisation of Better Care Fund (BCF) & Additional Discharge Funding on initiatives and schemes to reduce length of stay, tackle delayed discharges and add in capacity to better manage homelessness within inpatient care: <ul style="list-style-type: none"> ○ Mental health capability additions to the Care Home Support Service – Phase 1 and 2 – targeted at supporting older adults requiring discharge to residential / nursing care settings by improving placement finding, liaison, discharge planning, transfers of care. ○ Improving discharge pathways for people with Personality Disorder. ○ Out of Hospital care team focused on accommodation and support needs of inpatients who are homeless (step-down housing, embedded housing workers, local authority housing officers and Multi – Disciplinary Team(MDT) ○ Support worker additions to the adult Inpatient Social Work team and Older Adult Community Mental Health Team (CMHT) ‘step-up’ out of hours function. ○ One-off Flexible Use Fund for purchasing single items for patients which would otherwise present as barrier to discharge. ○ Connections ‘integrated’ workers embedded within the adult inpatient service meeting practical needs of patients to remove barriers to discharge and provide additional support during the transition home. ○ Children & Adolescence Mental Health Services (CAMHS) Liaison and Transition clinicians working to facilitate timely flow through acute settings (MH and Acute Trust) <p>Long term OAP's (specialist inpatient care in private hospitals out of area) In Oxon there are 4 patients who are in highly specialist inpatient services where these services do not exist locally. The AMHT's, Social Workers and Patient Flow team remain actively involved with their patients in ward reviews and planning options for their onward care needs. Three of the patients currently in specialist inpatient care out of area are due for</p>
--	--	--

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		<p>discharge by the end of September 2024. Long term OAPs are rarely used, i.e. 1 a year or less, and are tightly managed.</p> <p>Long term OAP's In Bucks we have 2 patients who are in specialist placements as we do not have those services locally. The CMHT's remain actively involved in ward reviews and planning options for repatriating or finding appropriate placements.</p>
--	--	--