

DRAFT



Oxford Health  
NHS Foundation Trust

# ANNUAL QUALITY ACCOUNT 2020 - 2021



## CARING, SAFE, EXCELLENT

## Table of Contents

1. About this report.....	3
2. Who we are.....	3
3. Introduction from the Chief Executive.....	5
4. The Impact and Opportunities of the COVID-19 Pandemic.....	10
5. Key Achievements and Awards.....	13
6. Our Focus on Quality Improvement .....	17
7. Research and Development.....	18
8. National Quality Indicators .....	19
8.1 Our Performance against the NHS Oversight Framework .....	19
8.2 Care Quality Commission Inspection Rating .....	20
8.3 Patient and Carer Experiences (including national survey results).....	20
8.4 NHS Improvement Standards for people with a Learning Disability and/ or Autism .....	23
8.5 Patient Safety Incidents.....	24
8.6 Staff Experiences (including national survey results) .....	25
9. Supporting Staff to Speak Out .....	26
10. Learning from Deaths.....	27
11. Progress on Quality Objectives in 2020/21.....	32
12. Quality Improvement Plan for 2021/22.....	53
13. Glossary.....	55
Annex 1. Statements from our partners on the quality report and account .....	56
Buckinghamshire and Oxfordshire Clinical Commissioning Groups .....	56
Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) .....	56
Trust Governors (written by Lead Governor).....	56

## 1. About this report

This is the annual Quality Account about the quality of services provided by Oxford Health NHS Foundation Trust (OHFT). The Account is an important way for us to report on quality and show improvements in the services we deliver to local communities. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive and patient/ families experiences of the care provided.

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

If you require any further information about the 2020/21 Quality Account, please email [Jane.Kershaw@oxfordhealth.nhs.uk](mailto:Jane.Kershaw@oxfordhealth.nhs.uk).

### Acknowledgement

We would like to thank Becca an emergency nursing assistant on one of our Emergency Multidisciplinary Units for sharing her black and white photos which are dotted throughout the Account, to tell the story of the last year and the challenges faced through the COVID-19 pandemic.



## 2. Who we are

Oxford Health NHS Foundation Trust (OHFT) provide physical health, mental health, social care and learning disability services for people of all ages across Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon & Wiltshire.



Our services are delivered at community bases, hospitals, clinics and in people's homes. We focus on delivering care as close to home as possible. We employ just over 6,000 staff (as of March 2021), deliver services from more than 150 different sites and on average treat more than 185,000 people a year.

We provide the following services in each county;

Bath and North East Somerset, Swindon and Wiltshire	Mental health services for children and young people and eating disorder services.
Buckinghamshire	Mental health services for children, young people, adults and older people.
Oxfordshire	Physical health services, mental health and eating disorder services, learning disability and autism services. For all ages - children, young people, adults and older people.

The main services we provide are listed below. We have also just welcomed the transfer of staff from OxFed (the Oxford Federation for General Practice and Primary Care) into OHFT, this includes 36 staff and the Oxfordshire Training Hub which will be hosted by our Learning and Development Team.

#### Physical healthcare services

- Community hospital wards
- District nursing service
- GP out of hours' service
- Minor injury units/ First aid units
- Hospital at home service
- Emergency multi-disciplinary units/
- Rapid access care unit
- Community dental service
- Health visiting service
- School nursing service
- College nursing service
- Podiatry
- Children's integrated therapies
- Children's community nursing
- Looked after children service
- Family support services
- Luther street GP for homeless people
- Children & adult bladder and bowel service
- Care home support service
- Chronic fatigue service
- Community diabetes service
- Adult community therapy service
- Nutrition & dietetic service
- Respiratory service
- Physical disability physiotherapy service
- Adult speech and language service

#### Mental Health & Learning Disability services

- Children and adolescent mental health community and inpatient service
- Children neuropsychiatry service
- Adult mental health community and inpatient service
- Older people mental health community and inpatient service
- Memory clinics
- Eating Disorder community and inpatient service
- Complex needs service
- Early intervention service
- Forensic mental health community and inpatient service
- Learning disability and autism community service
- Perinatal service
- Emergency psychiatric liaison service
- Improving access to psychological therapies (for mild or moderate conditions)
- Psychological therapy service (for severe/ complex conditions)

### 3. Introduction from the Chief Executive



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

I am pleased to introduce Oxford Health NHS Foundation Trust's (OHFT) 2020/21 Quality Account.

#### Hearing from patients

I want to ensure we deliver the best possible patient care and to do that we must have a strong patient voice, it is essential that we hear from those who use our services and enable them to help us to shape and improve the services that we provide. We have a number of mechanisms to help understand the experiences of our patients (some of these are detailed in section 8.3 below), highlighting what patients are positive about and where we need to improve. We also identified a number of quality objectives to improve patients and their families' experiences in 2020/21 which are reported on later in the Account in section 11. We recognise we need to do more to fully embed involvement and working in partnership with patients and their families in every decision we make to achieve our vision of outstanding care.

#### COVID-19 Pandemic

Little could we have imagined what has happened over the last 12 months as a consequence of the national COVID-19 pandemic, it has been the NHS' most challenging year in its 72-year history. As an organisation we have been responding and recovering at different times over the last year and we will continue to do this through 2021. The pandemic has impacted on everyone.

I am hugely grateful to everyone at OHFT for everything they have done to maintain our services, to support other colleagues and to deliver great care to our patients during the course of this most challenging of years. As is often the case in adversity we become creative and innovative and we have seen many opportunities created during the pandemic including a step change in the use of technology for digital consultations, meetings and training, and more collaboration with partners (more details in section 4).

The continuous stress and anxiety on staff at work and home caused by the impact of COVID-19 cannot be underestimated, so we have provided enhanced support staff which is detailed in section 11. Supporting our staff is crucial so this will remain an objective for us in 2021/22.

I believe there are reasons for us to be optimistic, with progress being made in the roll out of the vaccination programme (see section 4) and as a country we now have a better understanding about the virus and how to live with it.

#### Our Focus

I joined the Trust in June 2020 and have enjoyed my time this year immensely and want to thank everyone for making me feel so welcome. The organisation has many strengths including a talented workforce but we have more to do to realise our full potential.

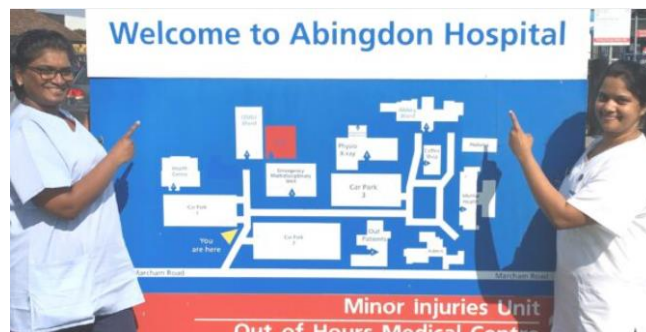
The results of the 2020 staff survey show we have improved in six key areas but there is more we can do to encourage staff to speak up when things don't go as planned and to support teams to

work more closely and to work towards common objectives. See section 8.6 for more about the annual survey results.

My focus is on the organisational culture to ensure that everyone feels engaged, valued and empowered to influence and improve the services they work in. Driving this agenda forward remains my top priority and something which the Trust's Board is fully behind. I believe also that our experiences through the COVID-19 pandemic so far have helped make the Trust a more connected place and seen a real strengthening in teamwork at many levels.

The Trust is moving to appoint a Chief People Officer to raise and develop the profile of human resources and workforce management within the Trust to reflect the key ambitions set out in the national NHS People Plan. We will build on our foundations and create an innovative and transformational approach to develop our workforce and make the Trust the best possible place to work. This role will be pivotal in creating a great culture that supports change but also in swift decision-making and the engagement and support of colleagues at every level throughout the organisation.

At OHFT we will continue our focus on the development of homegrown talent through our highly successful Thames Valley Nurse Cadets programme, nursing apprenticeship and nursing associate training programmes, through working with organisations like Oxford Brookes University. We also want to welcome experienced nursing colleagues who can immediately strengthen our workforce, providing resilience and flexibility which will have such a positive impact upon the wellbeing of our teams as well as improving the quality and continuity of care for our patients. The Trust embarked on an international recruitment drive in 2020/21 to attract highly skilled overseas nurses to work in community health and mental health wards. Already, 10 nurses from Nigeria, South India and Nepal have joined OHFT and embarked on roles in community hospitals in Oxfordshire.



I am passionate about the importance of team working and the impact this has on staff and the quality of care provided. In my experience, the best multi-disciplinary teams are characterised by strong relationships between all disciplines; relationships that are built on trust, confidence and respect.



When I look ahead to 2021/22 we must build on culture, effective teamwork and strong leadership, but also ensure that our quality improvement approach and commitment to research become “golden threads” that run through the organisation and are accessible to all. More about these golden threads is below (sections 6 and 7). These are essential to achieve the ambitions set out in the Trust’s new five-year strategy, around four key strategic objectives;

- Quality – Deliver the best possible care and health outcomes
- People - Be a great place to work
- Sustainability – Make the best use of our resources and protect the environment
- Research & Education - Become a leader in healthcare research and education

### NHS Long Term Plan

The NHS 10-year Long Term Plan<sup>1</sup> has been a catalyst for a number of actions at the Trust including;

- Developing the offer of an urgent community response and recovery support for people experiencing a sudden deterioration in their health to prevent unnecessary emergency admissions and to speed up discharges. This work is part of the Aging Well programme (see section 11)
- Enhanced care for people living in care homes, particularly timely access to out of hours support and end of life care
- Improving services for people with a learning disability and autism by helping to intensively support people in their homes and to avoid unnecessary admission to hospital.
- Establishing mental health support teams for schools across all the areas we serve. Most recently this has included the schools in Bath and North East Somerset, Swindon and Wiltshire.
- Developing new specialist perinatal mental health services
- Developing crisis resolution and home treatment services for young people and adults.

<sup>1</sup> More details about the NHS Long Term Plan can be found at [NHS Long Term Plan](#).

- Expanding the service provided by mental health practitioners co-located with the South Central Ambulance Service to be available 24/7. This is in addition to mental health practitioners sitting alongside Thames Valley Police (called the street triage service) and psychiatric liaison services based with our acute hospital partner in Oxfordshire and Buckinghamshire.
- New mental health helplines across Buckinghamshire and Oxfordshire for both adults and children were set up from May 2020. The range of help and advice had a particular focus on those who may be experiencing problems relating to the pandemic and lockdown.
- Increasing access to Children and Adolescent Mental Health services (CAMHS). We are above the national average for number of young people treated and the timeliness of this, however young people in our local communities are waiting for care longer than we would like which we remain concerned about and continue to make every effort to reduce waiting times.
- Expanding our IAPT (Improving Access to Psychological Therapies) services with TalkingSpace Plus offering support to people in Oxfordshire and Healthy Minds caring for people in Buckinghamshire.
- Improving access to individual placement and support embedded within our adult mental health teams to help people to find and retain employment.
- Improving access for people experiencing a first episode of psychosis to a NICE approved care package within 2 weeks of referrals, the Trust has exceeded the national target of 60% throughout 2020/21.

### Environmental Sustainability

The past year has not changed the fact that environmental sustainability is absolutely essential to the long-term future of the planet we live on.

The NHS aims to achieve net zero carbon emissions by 2040. Around 4% of the country's current carbon emissions are from the NHS. OHFT's biggest achievement to date is a 38% reduction in carbon emissions, exceeding the NHS target of 34% by 2020. The decarbonisation of heat within our buildings at the Whiteleaf Centre in Aylesbury and the Highfield Unit based at the Warneford Hospital together with transferring to electrical heating and installing high efficiency low energy lighting in buildings funded by NHS Improvement has contributed to this milestone.

In February 2021, at the virtual Zero Carbon Oxford Summit, OHFT along with 20 other major businesses and organisations in Oxford, signed the Zero Carbon Oxford Charter, agreeing our support to achieve net zero carbon emissions in the city by 2040.

On NHS sustainability day (26<sup>th</sup> March) the Trust joined in with the national tree planting day, adding four new trees to more than 800 trees we already have. The day was a chance to celebrate the importance of sustainable development, to champion green initiatives and raise awareness across the Trust.





### Partnership working

Lastly, I wanted to mention the Trust's commitment to being an active and supportive partner to work in collaboration to improve the quality of services and improve care pathways for patients. Throughout the Account you will read about many examples of how we are working in partnership with other organisations. Some of the more formal arrangements include the Oxfordshire Mental Health Partnership, the Recovery Colleges<sup>2</sup> in Buckinghamshire and Oxfordshire, the Ageing Well programme and the NHS-led Provider Collaboratives in Mental Health Services. More information about the Provider Collaboratives is in section 11. We have also worked with Buckinghamshire health and social care organisations to develop a shared patient care record which went live in May 2020 so that professionals can more easily share key information about patients. A similar shared record is being developed in Oxfordshire in 2021.

It is an exciting time with the development of the Integrated Care Systems (ICS). The Trust is part of the Buckinghamshire, Oxfordshire and Berkshire West ICS, and the Bath and North East Somerset, Swindon and Wiltshire Partnership ICS. ICS have been established to strength partnerships between NHS organisations, local authorities and voluntary and social enterprise sector. The organisations in each ICS agree shared priorities for health and social care to meet the needs of local people to improve their quality of life and outcomes.

On behalf of the Buckinghamshire, Oxfordshire and Berkshire West ICS, OHFT has led on setting up and providing a mental health and wellbeing hub for health and social care staff within



Oxfordshire and Buckinghamshire. The rationale is based on need due to COVID-19 but also evidence from beforehand of mental health need and delays in staff seeking help. The service was launched by care professionals for professionals from February 2021 to provide free, fast and confidential support and guidance.

I hope you enjoy reading our Quality Account.

XX add signature XX

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

**This Account was approved by the Board of Directors on XXXX.**

---

<sup>2</sup> Recovery Colleges are opportunities for patients, families and staff to learn about mental health and recovery. It is an educational approach to recovery.

#### 4. The Impact and Opportunities of the COVID-19 Pandemic

In March 2020, in line with the rest of the NHS our activities have changed dramatically and we have been responding and recovering to the COVID-19 pandemic. We have cared for and treated 406 COVID-19 positive inpatients on our wards since the start of the pandemic and helped many more people in the community. Additional stringent infection, prevention and control measures were put in place which included our staff having to immediately use Personal Protective Equipment (PPE).

We are extremely proud of the way our staff mobilized to respond to the national crisis, showing dedication, compassion, resilience and innovation to continue to deliver high quality care despite the challenges and pressures we have faced.

Everyone working across OHFT has contributed to something extraordinary. Our success has only been possible with close collaboration with our partners including GPs, care homes, acute hospitals, the ambulance service, local councils, volunteers, Universities and third sector organisations.

Nationally a higher number of NHS staff from BAME<sup>3</sup> communities contracted the virus. Across OHFT we introduced a process to assess the level of risk for staff according to personal characteristics (e.g. age, ethnicity) and underlying health conditions. This resulted in a number of staff working in lower risk environments or from home during different points of the pandemic.

As an organisation we have sadly lost three of our colleagues from COVID-19 who we have spent time remembering and will not forget their contribution at the Trust.

With one in five people with COVID-19 developing longer term symptoms, we are working with Oxford University Hospitals NHS Foundation Trust to provide specialist help to patients suffering from Long COVID-19. The Trust established assessment clinics from January 2021 which takes referrals from hospital consultants and GPs for people experiencing prolonged symptoms such as brain fog, anxiety, depression, breathlessness, fatigue and other debilitating symptoms.

For more details about our performance and work around infection, prevention and control see the Trust's annual report to be presented to the Board of Directors in June 2021 and published with the board papers at; <https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/>.



<sup>3</sup> BAME is used to describe people from Black, Asian and Minority Ethnic groups.

## Opportunities

As a result of what we have experienced, OHFT has become stronger, more agile and better connected. We want to build on this experience and ensure that the positive changes we have made as a result of responding to the pandemic are not lost. There include opportunities for more flexible working, fewer face-to-face meetings, greater use of technology and a more dynamic and less bureaucratic way of achieving our goals.

Some examples of the specific changes and innovation include:

- Both the Buckinghamshire and Oxfordshire Improving Access to Psychological Therapies (IAPT) services have expanded to help more people access mental health treatment to overcome the trauma of illness, loss of loved ones, lockdown and unemployment as a result of the COVID-19.
- The Trust is the highest user of digital consultations in mental health services across the Country. We completed more than 170,000 digital consultations in the year with patients or their families. This has revolutionised how we are able to work and provide care however we also recognise there remains an important place for face to face contact and care for some patients and their families.
- Oxfordshire CAMHS Neurodevelopmental Conditions Pathway team developed an online observational video autism diagnosis tool in response to the pandemic in order to continue to offer evidence-based assessments for autism spectrum disorder in children and young people. Over 40 assessments have been completed and the new tool has had a positive impact on overall waiting times.
- School nurses have been providing support to Oxfordshire secondary school pupils regardless of whether schools have been open or not during the pandemic. They have been offering support for young people and parents via a number of ways including at the end of a telephone or web call. The nurses have put together two special offers to help ease the strain of isolation and stress caused by living through the pandemic, these include 'Wind Down Wednesday' a relaxation session for young people and a special service for parents to access.



- Increased collaboration across the system has resulted in improved care for patients and families receiving end of life care
- Virtual visits were introduced on wards - a video messaging project which launched in community wards initially, with each patient bed being assigned a tablet or iPad which has been specially configured, secure and easy to use.
- 'Letters to a loved one' scheme was established to help when visiting was restricted to ensure families and friends could keep in touch. We have received over 100 messages which have helped patients during this difficult time. Members of staff and volunteers delivered these letters to patients on the wards.

- A number of virtually carer support groups were set up monthly. In addition, free educational on-line seminars were held for carers and family members of patients on a number of topics i.e. understanding suicidal thoughts and self-harm behaviours, understanding anxiety, understanding depression and improving wellbeing for carers.
- A Carers befriending line was set up, ran by a combination of volunteers and staff.
- The Physical Disability Physiotherapy Service went digital to help people to stay active. A special on-line service was created for people with Parkinson's disease. The service switched to online classes and run a number of groups. They continue to provide one to one sessions as needed.
- Two learning disability experts by experience from the community and patients from Evenlode ward have recorded their COVID-19 experiences for an international book project, which was published online.
- The Oxford Health Charity used grants to help staff to buy bicycles as a sustainable and healthy way to commute to work.

### COVID-19 Vaccinations

In line with Joint Council for Vaccinations and Immunisations (JCVI) all front-line staff fall within priority group 2 and the Trust is required to formally report on the percentage of staff who have received a vaccine. As of April 2021:

- 77.8% of all staff have been vaccinated
- 82.6% of front-line staff have been vaccinated

Nationally we have seen the disproportionate impact on BAME communities from Covid-19 and we have worked with our Equality, Diversity and Inclusion colleagues across the Trust to ensure all staff have timely access to the vaccination and encourage uptake for all communities. The uptake of the vaccination amongst our BAME staff remains lower than other groups with 73.1% of front-line BAME staff. The Trust has developed a vaccine hesitancy task group to lead on actions to help improve the uptake of the vaccine from BAME staff.

### National Vaccination Centres

OHFT is operating three of the national NHS Mass Vaccination Centres (MVC) for communities in Berkshire, Buckinghamshire and Oxfordshire to deliver the COVID-19 vaccine and be part of the biggest immunisation programme in our history. The first centre opened on 25<sup>th</sup> January 2021 and we have delivered more than 100,000 vaccinations so far.

Sir Simon Stevens, Chief Executive of the NHS, visited staff at one of the centres at the Kassam Stadium to see the success of the delivery.



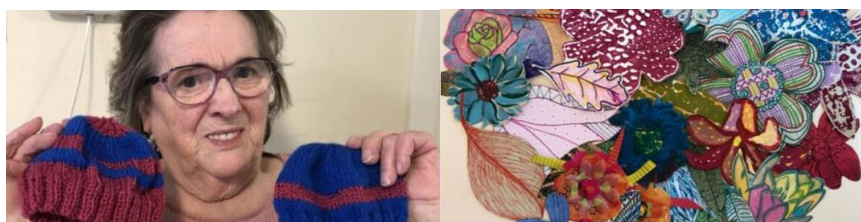
## 5. Key Achievements and Awards

Below are some of our outstanding achievements which took place during 2020/21.

### Community Hospitals Association's (CHA) Innovations and Best Practice Awards

**Creating with Care**, the innovative arts programme run at OHFT's six community hospitals, won the Innovation and Best Practice improving Patient Care award at the Community Hospitals Association's (CHA) Innovations and Best Practice Awards 2020. The judging panel said:

"'Therapeutic joy' sums up this project. It is such an impressive piece of work, impacting positively on patients, families, staff and the environment. This work is an example of innovation and creativity at its best. You should all be so proud of developing and delivering this work. Impressive, joyful, person-centred, effective, evidence based and fabulous!"



### 50<sup>th</sup> Anniversary of the Community Hospitals Association's

The first community hospital in the UK was **Wallingford community hospital**. The hospital helped to mark the 50<sup>th</sup> anniversary of the community hospital association in 2020. There are now over 500 community hospitals across the UK.



### Our Health Heroes Awards

Community support worker **Thomas Gregory-Smith** from the City Older Adults Community Mental Health Team pocketed silver in the national Our Health Heroes Awards, organised by Skills for Health. Tom was nominated because:

“It has been a joy to see our service users benefiting from Tom’s psycho-spiritual work, and service users and colleagues alike have benefited from Tom’s musical abilities. It’s rare to see someone contribute to a team in such wonderfully varied ways. Tom is truly one of a kind and I’m delighted that he has been recognised in national awards. Well deserved!”



### NHS Parliamentary Awards

**Buckinghamshire Perinatal Mental Health Service** was named regional South East winner of the NHS Parliamentary Awards in the Excellence in Mental Health Care category in November 2020. The specialist service provides assessment and treatment to women with complex and severe mental health problems during and after pregnancy. The service launched in May 2019 and brings together OHFT and Buckinghamshire Mind professionals to provide care and support for mothers and their babies.



### Royal College of Psychiatrists Poster Prize

**Dr Kah Long Aw** was named the overall winner of South Eastern Division Poster Prize at the Royal College of Psychiatrists South Eastern Division & London Division Autumn Conference in November 2020. The prize was awarded for his submission ‘Schizophrenia and COVID-19: Are standards being met during the COVID-19 Pandemic?’ Kah was a Foundation Year 1 student in the Oxford Deanery and was working on Opal Ward at OHFTs Whiteleaf Centre in Aylesbury.



#### Finalist in National BAME Health & Care Awards

OHFT's Head of Inclusion **Mohamed Patel** was shortlisted for the Compassionate and Inclusive Leader award in the National BAME Health & Care Awards. This award is for a leader who “creates a culture where staff feel safe to be themselves and where everyone feels inspired to achieve their best.”

#### Portraits for NHS Heroes

**Karl Ellis** a healthcare assistance on our learning disabilities Evenlode ward gave his photo to artist Tom Croft to paint, little did he imagine his portrait would adorn the cover of Portraits for NHS Heroes.



#### Thames Valley Nurse Cadets shortlisted for Pilot Project of the Year

Thames Valley **Nurse Cadets** programme was shortlisted for the Pilot Project of the Year award in the HSJ (Health Service Journal) Value Awards in March 2021. The programme is a collaboration of four NHS Trusts and three higher education institutions with the ambition to grow the next generation of healthcare professionals. It gives young people aged 16-19 years old their first step into working in a healthcare setting with a clear path to further career development.



Current partners in the programme are OHFT, Central and North West London NHS Foundation Trust, The Hazeley Academy, Milton Keynes University Hospitals Foundation Trust, Milton Keynes College, Bucks Healthcare Trust and Bucks Community College. The pilot has been funded by Health Education England.

#### 'A good night's sleep' shortlisted for multiple awards

A digital care innovation to improve patient care at **Vaughan Thomas Ward** was shortlisted for the HSJ Awards 2020 for the Mental Health Innovation of the Year. The Trust's entry, 'A good night's sleep in hospital – A new standard in mental health' shines a light on the Oxevision platform. Previously known as Digital Care Assistant, Oxevision enables staff to gather observations from mental health inpatients without waking them at night.

Developed in collaboration with Oxehealth, an Oxford University spin-out, Oxevision observation technology was launched in summer 2019 on the acute inpatient Vaughan Thomas Ward at

Warneford Hospital, Oxford. In September 2020, the innovation was shortlisted for Nursing Times Awards 2020 in two categories: Nursing in Mental Health and Technology and Data in Nursing.

### Community Respiratory Team

OHFT's **Community Respiratory Team** has been part of an innovative project that was shortlisted in the HSJ Partnership Awards for the Best Pharmaceutical Partnership with the NHS. Submitted by Oxfordshire Clinical Commissioning Group and the pharmaceutical company Boehringer-Ingelheim, the entry is titled 'An enhanced integrated multi-disciplinary respiratory team'. The Integrated Respiratory Team (IRT) brought together experts from Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Foundation Trust, OHFT and Oxfordshire County Council to pilot the project in the Banbury and Oxford areas, supported by pharmaceutical company Boehringer-Ingelheim. The winners are scheduled to be revealed in June 2021.



One of the respiratory nurses won the 2020 HSJ patient safety award for her work and vision which has resulted in lives being saved and good practice developed in Oxfordshire becoming a national standard. She developed a risk assessment tool to help find and mitigate risks in the homes of patients who need oxygen therapy to help with a range of medical conditions.

### Rapid roll-out of digital consultations shortlisted for IT & Digital Innovation Award

OHFT's **digital consultations** project – entry titled '100,000 digital consultations: making life easier for staff and patients during the pandemic' – was shortlisted for the IT & Digital Innovation Award in the HSJ Value Awards.

The project was set up in March 2020 to support clinicians and patients to respond to the COVID-19 crisis. Assembled in just one week in March 2020, the project team engineered a systematic and seamless transition from face-to-face appointments to a Trust-wide digital offer.

As we marked the one-year anniversary of the start of the first lockdown, the Trust had surpassed 170,000 digital consultations. Throughout the pandemic, digital consultations enabled patients to access health care from the safety and comfort of a place of their choosing. Patients also reported good satisfaction as digital consultations remove the stress, time and cost often associated with travelling to face-to-face appointments. The awards ceremony is scheduled at the end of June 2021.

### Staff Equality Networks

In 2021 we celebrated our 'Five Year Anniversary' of our **Disability, LGBT+ and Race Equality Staff Networks** which have been running strong since March 2016. We were delighted to welcome the new Gender Equality Staff Network on International Women's Day this March 2021.

During 2020/21 the Trust Board made a commitment to improving Race Equality and to that end signed off an ambitious 'Race Equality Framework for Change' programme which is being led by the Chief Nurse and one of our Service Directors alongside our Equality and Diversity Lead.





## 6. Our Focus on Quality Improvement



Our commitment to quality improvement is seen in the investment and establishment of the Trust's Oxford Healthcare Improvement Centre which provides leadership, training and coaching to develop capability to apply a consistent approach to continuous Quality Improvement (QI).

The Centre is currently developing their strategy and key objectives include:

- developing patient co-production in all QI work,
- implementing a redesigned training model based on three levels,
- developing a QI network for trained staff,
- rolling out QI Hubs in each clinical directorate,
- improving how the outcomes of QI projects are shared using Life QI software,
- developing QI cafes to support local projects and build on relationships with external organisations.

Below are some of the current QI projects underway:

### National Projects:

- Improving Sexual Safety on Wards
- Ligature Harm Minimisation
- Suicide Prevention
- Positive and Safe – reduction in restrictive practice

### Wider Trust projects:

- Red2Green (to improve flow through inpatient services) Oxon Adult MH wards and Bucks Older Adult MH wards
- Improving the Physical Health monitoring of patients with severe and enduring mental illness
- Trauma Informed Care
- Integration of Psychological Services
- Risk Assessment formulation and documentation
- Working with families and carers
- Measuring success of race equality framework for change
- Personality Disorder pathway evaluation Bucks

## 7. Research and Development



Clinical Research is crucial to improve the quality of patient care we provide and to discover new treatments and interventions, as well as a key plank to improving the retention and recruitment of our staff. The Trust is a leading research-active organisation with strong strategic research links to both the University of Oxford, which is the top-rated University in the World University Rankings and Oxford Brookes University. On average we have 100 studies open at any one time – ranging from small student projects to psychological interventions, to highly complex clinical trials of new medicines.

The Trust has set a strategic objective to become a leader in healthcare research and education, to build on the work already achieved, not least our relationships with the University of Oxford and Oxford Brookes University together with our Biomedical Research Centre (BRC). We are one of only two BRC's in the country currently which focuses on mental health. The aspiration is for all staff within the Trust to be research active.

This year 3,201 patients took part in research and we have published 35 on-line news items over the year covering diverse topics including:

- a BRC supported event at the Oxford Asian Cultural Centre to mark International Women's Day
- the opening of the Oxford Brain Health Centre,
- and frequently updated coverage of the BRC's COVID-19 research.

**A huge global achievement was for our Clinical Research Facility being used to support the Oxford AstraZeneca and Novavax Covid-19 vaccine trials.** We are participating in Virus Watch and we have set up PRINCIPLE - a priority one urgent public health COVID-19 trial to evaluate treatments that can be delivered at home for COVID-19 in people aged over 50.

An exciting new partnership was confirmed in March 2021 with a new agreement between the Trust, the University of Oxford, the University of Toronto and the Centre for Addiction and Mental Health. This partnership will enhance the existing relationships and help realise the benefits of the complimentary capabilities of the organisations. More information can be found here [New transatlantic partnership to transform research and clinical landscapes in mental health | Oxford Health NHS Foundation Trust](#)

Our website at [OHFT Research and Development](#) details much more on our research activities.

## 8. National Quality Indicators

### 8.1 Our Performance against the NHS Oversight Framework

The NHS Oversight Framework replaced the provider [Single Oversight Framework](#) and informs the assessment of providers. The Framework is intended as a focal point for joint work, support and dialogue between NHS England and NHS Improvement, commissioners and providers.

Table 1 shows the Trust's performance against the indicators in the framework, this is reported regularly to Trust Board.

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

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

This year, the NHS Oversight Framework indicators that have targets are;	Target	National position	Trust Position
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	85.4% (Apr)	95.7% (Mar)
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral	56%	67.8% (Dec)	78.6% (Mar)
(N3) Data Quality Maturity Index	95%	68.5% (Dec)	98.1% (Dec)
(N4) Percentage of people completing a course of Improving Access to Psychological Therapies (IAPT) treatment moving to recovery	50%	47.2% (Dec)	57% (Dec)
(N5) 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%	92.6% (Feb)	98.5% (Feb)
(N6) 18 weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT)	95%	98.6% (Feb)	99.8% (Feb)
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - Buckinghamshire	103 bed days (month 12)	n/a	630 bed days (month 12)
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – Oxfordshire	91 bed days (month 12)	n/a	996 bed days (month 12)

#### Eliminating inappropriate adult acute out of area placements

Out of area placements mean admitting 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.

In early 2020 the Trust was on a trajectory of eliminating inappropriate out of area placements, however due to the impact of the COVID-19 pandemic we have not been able to achieve our target in 2020/21. We had to introduce essential infection, prevention and control measures in line with national guidance from March 2020 across all wards, which has meant the Trust has been operating throughout the year with up to 15% less inpatient capacity. The interim closure of beds to manage inpatient isolations and social distancing has resulted in additional out of area

placements which the Trust has mitigated by purchasing a block contract of 10 beds with an independent sector provider.

### Other national indicators

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

- Care Quality Commission inspection rating
- Patient and carer/ families experiences (including the national survey)
- NHS Improvement Standards for people with a Learning Disability and/ or Autism
- Patient safety incidents and Serious Incidents
- Staff experiences (including the national survey)

### **8.2 Care Quality Commission Inspection Rating**

We are registered without any conditions by the Care Quality Commission (CQC) which is responsible for ensuring health and social care services meet essential standards of quality and safety. The CQC last inspected services at OHFT and published their findings in December 2019 when we received a '**Good**' rating for our quality of services. The full report can be found at <https://www.cqc.org.uk/provider/RNU>. We have not had an inspection during 2020/21.

### **8.3 Patient and Carer Experiences (including national survey results)**

The Trust has a two-year Patient Experience and Involvement Strategy and we have recently revised our 2017 Carers, Friends and Family Strategy, which was co-developed with carers/ families and is due to be published shortly.

The strategies help to identify and set out our priorities with the patients and carers we work with and to provide a way to measure our progress. Both of the strategies aim to improve how we involve and work in greater partnership with patients and their families, so that care is personalised, care and treatment decisions are made with patients, and the services we provide meet people's needs. Our newly revised strategies will have a clearer focus on improving equality of access and inclusion to reduce health inequalities which have been highlighted more than ever during the COVID-19 pandemic.

The current strategies are available at [OHFT Patient and Carers Strategies](#).

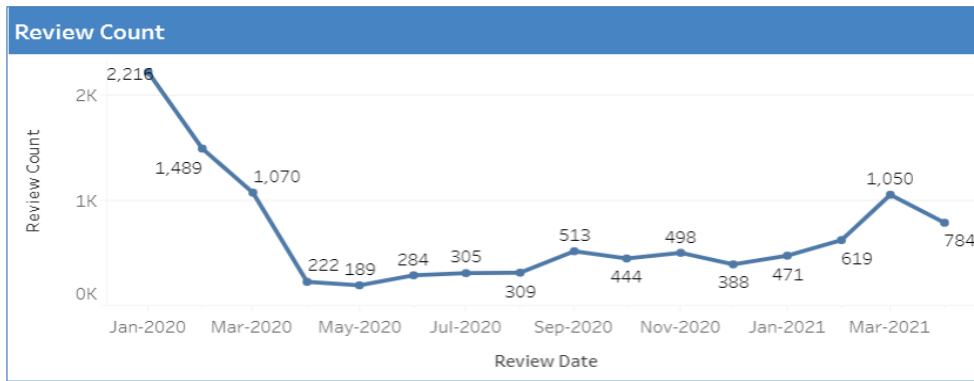
In 2020/21 we identified four quality objectives to improve patient's experiences (E1, E2, E3 and E4), progress against these is detailed below under section 11.

We use a number of ways to measure and use patient and their carers/ families experiences of services to improve. Some of the ways we gather feedback include:

- patient groups and councils, concerns raised through the Patient Advice and Liaison Service,
- volunteers collecting feedback, complaints, compliments, patient stories,
- peer review visits to teams,
- telephone surveys,
- feedback from voluntary/ charity organisations,
- social media posts,
- national surveys, and
- our local standardised paper and electronic survey provided by an external company, ***Want Great Care.***



Figure 1.



In the last 12 months we have received 5,854 survey responses. The average rating across all questions (looking at involvement, being listened to, the kindness from staff and information provided) has been **4.69 out of 5.0** with **93.6% of people reporting a positive experience**. Below is a word cloud based on all the responses received to the open text question asking why the person rated their experience as they did. The bigger the word the more times it has been used in the surveys.

The Trust asks the national patient experience question in our structured surveys. The question was changed from 1<sup>st</sup> September 2020 to ask about a person’s overall experience of using the service. In response to this question on overall experience - **82.4% of patients/ families have rated their experience as 5 out of 5 (outstanding)**, 11.6% as 4 (good) and 6% between 1-3 (satisfactory/poor). The average is a rating of 4.73.

Figure 2.



National Survey Feedback

The Trust participated in the annual national community mental health survey, whereby 1250 randomly selected patients aged 18 and above were sent a survey between February to June 2020. The full results are available at [OHFT board papers Jan 2021](#). There were several positives in the results where we have improved since 2019 or the comparator information indicates the Trust is above the national average score. However, there are still many improvements to make.

**The Trust scored well** in relation to questions on:

- ❖ involving family members,
- ❖ how to contact your Care Coordinator,

- ❖ how well the Care Coordinator organised their care, feeling treated with dignity and respect,
- ❖ how NHS therapies were explained and
- ❖ how a patient was asked how they are getting on with their medicines.

**The key improvements areas are:**

- ❖ patient involvement in care,
- ❖ knowing who to contact in a crisis,
- ❖ offering help with finding/ keeping work,
- ❖ supporting with physical healthcare needs, and
- ❖ increasing how often patients are asked for their feedback on care.

The actions we identified following the survey were:

- to identify experience and involvement champions in each team,
- ensure local patient forums were held regularly by teams,
- development and delivery of co-production training,
- patient involvement in the mental health services transformation work,
- appointment of additional employment specialist posts,
- to embed annual comprehensive physical health assessment (see quality objective S5), and appointment of new physical healthcare roles.

**8.4 NHS Improvement Standards for people with a Learning Disability and/ or Autism**

The national quality improvement standards were developed with a number of outcomes created by people and families in 2018. The full details about the standards can be found at [Improvement standards for people with a LD or Autism](#) and are included in the NHS Long Term Plan.

The four standards are as follows and under each there are a number of improvement measures:

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

The Trust is using the standards and measures to improve the quality of services we provide. In 2020 we completed the annual national benchmarking exercise against the standards which involved an organisational level self-assessment, a staff survey and a patient survey. The benchmarking results for 2020/21 have not yet been shared or published. However, we are using the self-assessment to identify the actions we still need to take. Some of the work is included below in section 11, under the quality objectives E3 and E4.

In June 2020 the Trust's Learning Disability services helped to keep people informed, engaged and safe during the pandemic. It compiled over 400 COVID-19 Hospital Passports for people with learning disability which included brief summaries of medical conditions, medicines, dietary requirements, eating and drinking difficulties, and communication preferences. These were sent to our neighbouring acute hospital, Oxford Universities Hospital NHS Trust to be appended to patient records. The service also identified patients at very high risk and checked with them and their GP what arrangements should be put in place should they contract COVID-19, and what their wishes would be.

### 8.5 Patient Safety Incidents

It is crucial that we learn from every patient safety incident and to that end we encourage our staff to report all incidents so that we can use these as an opportunity to identify any patterns which might need more attention. The 2020 staff survey results showed our staff reported a positive safety culture, with an improvement from 2019 and a better result than the national average. Further detail about how we are learning from deaths is below in section 10.

The Trust reports all Patient Safety Incidents (PSI) through the National Reporting and Learning Service. PSI are nationally defined as an unintended or unexpected incident which could or did lead to harm of a patient. The below graphs shows the number of incidents and incidents by level of harm for the last 12 months.

In 2020/21 - 57% of the PSIs resulted in no harm, 38% resulted in minor harm and 5% resulted in moderate, severe harm or death. This is generally in line with the national picture in which 56% of community health PSI and 61% of mental health PSI were graded as no harm.

The majority of incidents relate to self-harm (33%), followed by patients resisting treatment, medical administration, falls and skin integrity (pressure ulcers). The type of incidents where there is the highest amount of moderate or severe harm is within skin integrity, relating to category 3 or 4 pressure ulcer incidents developed in service.

Our work on reducing pressure ulcers is detailed below under section 11, quality objective S4. The Trust reviews all incidents to take immediate actions and consider safeguards for patients, as well as senior clinicians reviewing the incidents on a weekly basis and quarterly we identify learning and broader areas for improvement.

Figure 3. Number of patient safety incidents in 2020/21

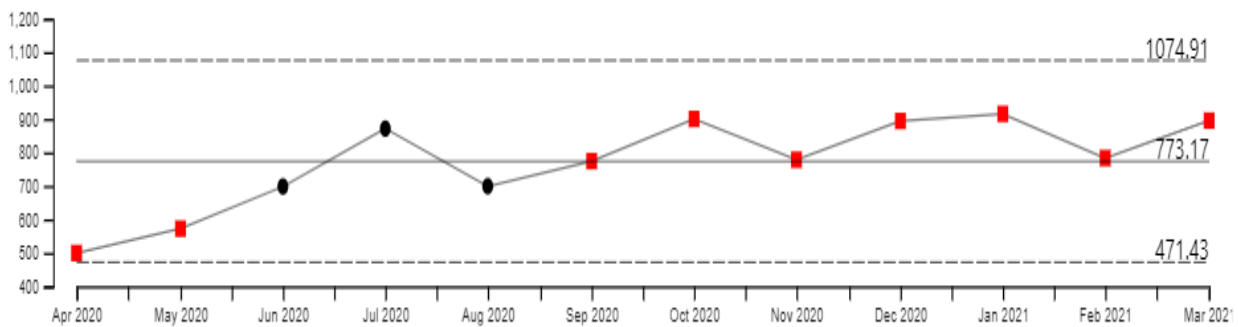
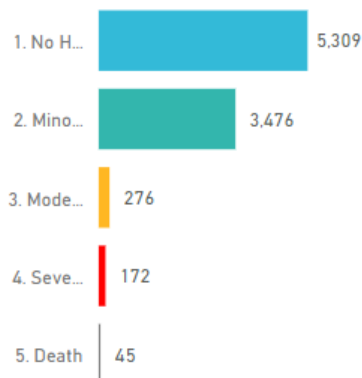


Figure 4. Level of harm for patient safety incidents in 2020/21





The National Reporting and Learning Service issues a number of national safety alerts from reviewing incidents submitted by all NHS Trusts. In 2020/21 eight national patient safety alerts were issued, of which four were relevant to services provided by the Trust (2020/005, 2020/006, 2020/008 and 2021/001). The actions for the four alerts have been completed within the national deadlines set.

In line with national guidance Serious Incidents (SI's) are reported and an in-depth investigation completed to maximise learning and to prevent a similar incident reoccurring. Every investigation is shared with our commissioner for review. Information on the number of serious incidents and our learning is reported to every Trust Board meeting. Two reoccurring issues have been identified in 2021 for additional focus through Quality Improvement methodology with support of the Oxford Healthcare Improvement Centre. These issues are:

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

These Quality Improvement projects are in the planning stage and being led by a Clinical Director with the Chief Nurse as the Executive Lead.

### **8.6 Staff Experiences (including national survey results)**

It has been more important than ever during 2020/21 that we understand the experience of staff working for OHFT in order to inform how we support in the year ahead. As we continue to care for people through the pandemic while delivering our core services we need to ensure we enable people to live and thrive at work, despite the challenges we all continue to face. In 2020 – 3,464 staff took part in the annual national survey to tell us about their experience (53% response rate).

From previous surveys we took actions to improve staff wellbeing and reduce stress including the procurement of an Employee Assistance Programme<sup>4</sup> and the introduction of face-to-face Schwartz Rounds<sup>5</sup>.

**69% of staff said they would recommend the Trust as a place to work and 75% said they would be happy if a friend of relative needed treatment from us** and the quality of care they would receive from us. In both these questions we have seen an improvement from 2019. The results show we have improved in six key areas but there is still more we can do to encourage staff to speak up when things don't go as planned and to support teams to work more closely and to work towards common objectives.

In responding to the survey results, three areas will be focused on from a Trust-wide perspective;

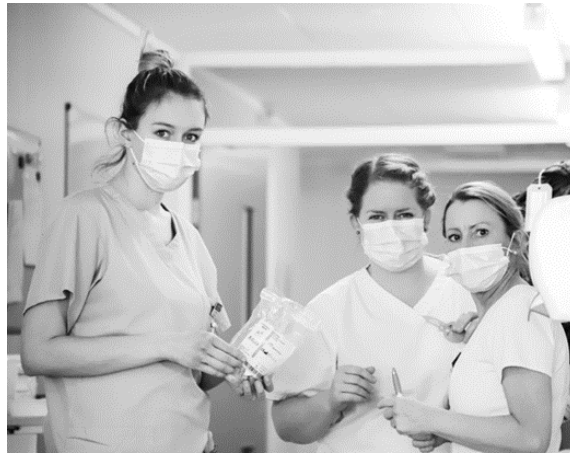
- ❖ Developing Teams
- ❖ Listening to our people
- ❖ Development Conversations (to help staff to develop their careers)

Following feedback from the survey the Trust has also approved funding to provide enhanced Musculoskeletal support to staff.

---

<sup>4</sup> The Employee Assistance Programme is delivered by an external provider which provides a helpline staffed by counsellors to help staff to deal with personal problems that might adversely impact on their work, health and happiness.

<sup>5</sup> Schwartz Rounds are confidential forums for staff from all disciplines to come together to reflect on the emotional challenges of working in healthcare, to boost wellbeing and reduce stress and isolation.



## 9. Supporting Staff to Speak Out

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts in England to report annually on staff who speak up (including whistle-blowers).

To enable a more open and supportive culture that encourages staff to raise any concerns over the quality of care, patient safety or bullying and harassment we have developed a number of ways staff can speak up and to ensure those who do speak up do not suffer repercussions, these are detailed below.

In 2020/21 no serious patient safety concerns have been raised, although some issues relating to level of demand and work pressure have been raised. The annual 'Freedom to Speak up Guardian' report provides more detail and there is a link to this below. The annual national staff survey results ask a range of questions about the safety culture of an organisation including fair treatment for staff involved in incidents, an organisations openness to learn and take actions, and how safe staff feel about raising concerns. The results in 2020 gave the Trust a score of 7.1 out of 10. This is better than 2019 and above the national average - however every member of staff needs to feel safe to speak up and learn when things go wrong.

Staff have opportunities to raise concerns through:

- ❖ A staff member's line manager to discuss what happened and to agree how they would like to be supported
- ❖ The Freedom to Speak Up Guardian provides independent and confidential support to staff who wish to raise concerns and to promote a culture of openness. The guardian's annual report in November 2020 is available here [OHFT Freedom to Speak up Guardian 2020](#). In 2021 the Trust has recruited more resource for dedicated Guardians.
- ❖ The Guardian of Safe Working Hours for junior doctors, which promotes a culture for trainee doctors to raise concerns and do not fear adverse repercussions. The Guardian's annual report in September 2020 is available here [OHFT Guardian of Safe Working Hours 2020](#)
- ❖ The Human Resources Department, who also manage the whistleblowing process overseen by the Executive Team.
- ❖ Fair treatment at work facilitators, this innovative role has been introduced across the Trust led by the Head of Inclusion. This is a service made up of more than 14 staff to provide one-to-one support to staff who have experiences or have concerns about bullying and harassment in the workplace. The facilitators have received specialist training by the Advisory, Conciliation and Arbitration Service.
- ❖ Staff side representatives are available to offer advice and support.

- ❖ During 2021/22 the Trust is embarking on implementation of the Restorative Just Culture approach spearheaded by Mersey Care NHS Foundation Trust with significant improvements in a number of areas related to staff experience.

## 10. Learning from Deaths

The Trust provides care for people of all ages covering mental health services across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset plus learning disability services and physical health services in Oxfordshire – in some areas this includes both community and inpatient care. We regularly review information on the deaths of both current patients and patients discharged from the Trust who die within 12 months of their last contact including inpatients and those seen as outpatients. This is to ensure we have a robust opportunity to identify and learning and opportunities to improve from such sad events.

### Internal Oversight and Governance

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

The Trust has a three-step approach to the review of patient deaths as detailed in the Trust's mortality review guidance. This includes:

- An initial screening completed by at least two senior clinicians which includes speaking to the bereaved family where possible
- Scrutiny including an initial review report and discussion within the directorate's weekly safety review
- All unexpected deaths, suspected suicides, expected deaths where there are any care concerns identified, all learning disability deaths, all mental health inpatient deaths, all COVID-19 inpatient deaths and all deaths of a patient detained are reported on to the Trust incident reporting system, Ulysses.

In relation to the number of deaths reported onto Ulysses for further review this varies by type of service with on average the Learning Disability and Forensic services reporting 92% of deaths (30 deaths a year), the mental health services reporting 30% (400 deaths a year) and the community physical healthcare services reporting 5% (5,000 deaths a year including GP Out of Hours Service). An in-depth investigation and/ or declaration as an SI may then be declared as a way of learning. The mortality review process and guidance was last reviewed and approved by the Trust's Mortality Review Group in November 2020.

Members of the Trust are also involved in the following multi-agency mortality review processes:

### *National*

- ❖ Child Death and Overview Process (CDOP)
- ❖ Learning disability mortality review process (LeDeR)
- ❖ Children's Serious Partnership Reviews/ Partnership Reviews
- ❖ Adult Safeguarding Adult Reviews
- ❖ Domestic Homicide Reviews
- ❖ Mental Health Homicide Reviews
- ❖ Coroner Inquests

### Local

- ❖ Oxfordshire vulnerable adults mortality forum, enhanced in 2020/21 with rapid reviews driven by COVID-19
- ❖ Oxfordshire homeless mortality review process
- ❖ Regional Oxford Academic Health Science Network Mortality Review Group
- ❖ A joint Mortality and Morbidity forum with Oxford University Hospitals NHS Foundation Trust to review deaths in community hospitals

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

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness and
- National Confidential Enquiry into Patient Outcome and Death Long Term Ventilation.

### Headlines for 2020/21 (data source: national DBS trace)

There has been little variance in the number of deaths over time, with most deaths for patients with an open referral (88%) aged 75 and over. Except for significant peaks in April 2020 (n=892 deaths) and January 2021 (n=686 deaths) for patients aged 75 and above with an open referral - related to deaths as a result of COVID-19.

The figures below show the number of deaths by month and number of deaths by age band. Our trend over time mirrors the national pattern from 2016 to 2021 including the peaks in April and January. In the Trust the peak in April 2020 was followed by a lower-than-average number of deaths June to Sept 2020.

Figure 5. Number of deaths by month

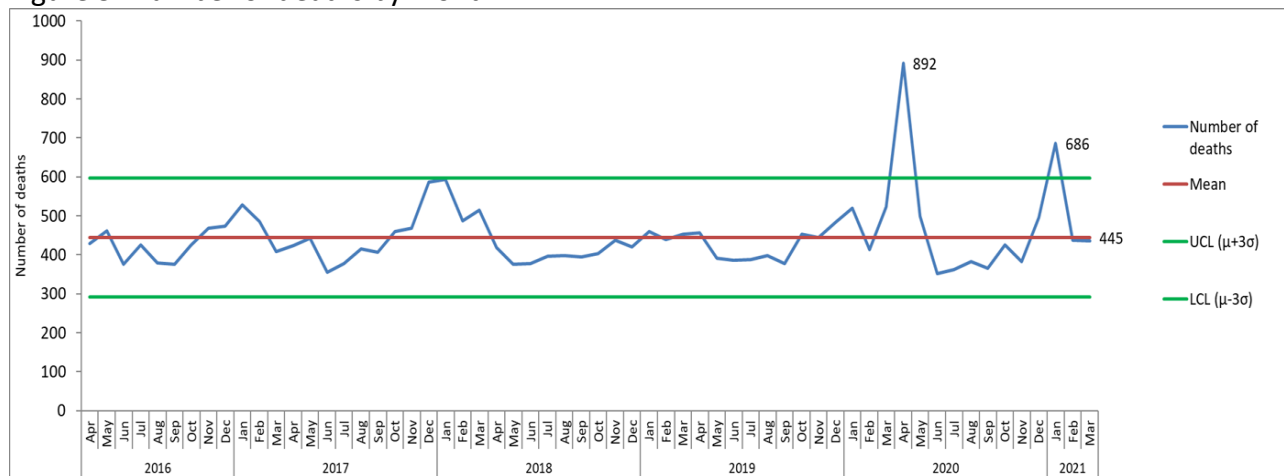
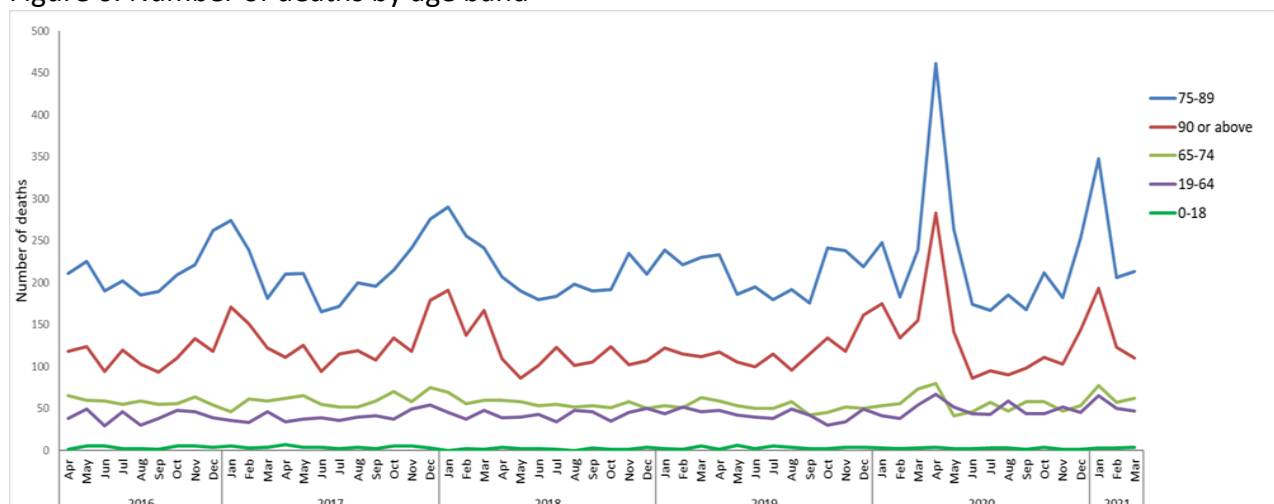


Figure 6. Number of deaths by age band



We have seen above average number of deaths for patients aged 19-64 from March 2020-March 2021, mostly relating to patients aged 50 and above with higher variances in April 2020, August 2020 and January 2021. Most of these patients were last seen by a physical healthcare service such as District Nursing. The increase seems to be related to COVID-19 and a combined increase in suspected suicides (further details on suspected suicides below).

88% of deaths are for current patients. The number of deaths of patients who have been discharged and then die within 12 months is low and there has been little change in trend since April 2016 except for a small increase in April 2020 and January 2021. Most of the deaths for discharged patients were reported by the Improving Access to Psychological Therapy service who provide short term talking therapies for people with mild anxiety and depression.

In 2020/21 there were 30 deaths for patients aged under 18 compared to 38 in 2019/20. Most deaths were for patients open to services at the time of their death (93%) and most commonly last seen by the Health Visiting Service (48%) or Children's Community Nursing Services. All child deaths are reviewed through the multi-agency Child Death Overview Process (CDOP) led by the local Children's Safeguarding Board and in some cases will also have a children's serious partnership review/ serious incident investigation. System-wide recent themes for learning have been in relation to co-sleeping on sofas, window safety and safety around open water.

We have had 111 inpatient deaths in 2020/21 including patients who have died within 2 days of a ward stay and any patients on Section 17 leave or a Community Treatment Order at the time of their death. Most inpatient deaths occur in the community hospital wards (98 deaths = 88%) for patients aged over 80 and the death has been expected (67 expected, 5 unexpected, 26 COVID-19 related). The number of inpatient deaths has declined over the last 3 years despite there being 32 COVID-19 inpatient deaths across the Trust from March 2020. In addition, we had 2 patients who died in the acute hospital after recent transfer from one of our wards. In 2020/21 there has been 1 suspected suicide on a mental health ward, plus a possible further suicide although cause of death has not yet been confirmed.

The figure below shows the number of suspected and confirmed suicides from April 2017 to March 2021. In 2020/21 there have been 72 suspected or confirmed suicides, of which 45 patients had an open referral at the time of their death. When looking at a longer time period there has been an increase in suspected suicides in March 2020 and then between July-Sept 2020.

The effect when someone sadly takes their own life is unimaginable to families and loved ones and the Trust held a mental health summit led by the Chief Nurse, Medical Director and Executive

Managing Director for Mental health and Learning Disability, in November 2020, to identify themes and local actions we could take to address the increase.

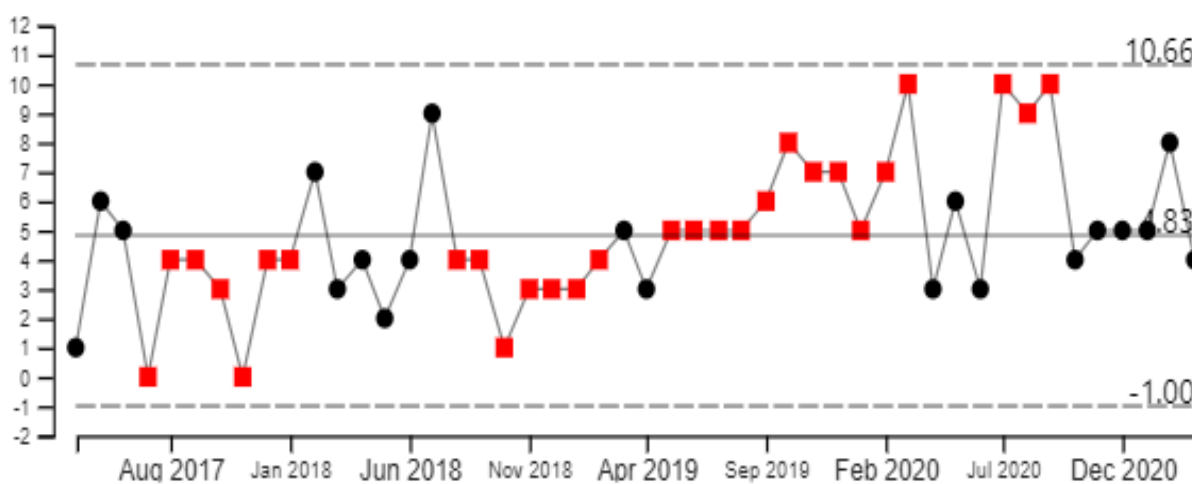
Areas of focus included:

- embedding safety plans developed with patients and their families,
- development of suicide prevention champions within teams and
- additional staff training and seminars to improve skills

The Trust is involved in multi-agency work in each County to prevent and reduce suicides. The Trust introduced a Family Liaison Service from November 2020 to provide compassionate support, signposting and practical advice to families and carers who have been bereaved by the suicide of a loved one who was under our care or recently discharged, and families/carers who are involved with Serious Incident Reviews following incidents that resulted in harm to a patient.

During 2021/22 we are reviewing the 10 steps to safety identified by the National Confidential Inquiry into Suicides and Homicides by People with Mental Illness to ensure we have routinely embedded each step.

Figure 7. Number of suspected suicides April 2017 to March 2021



The Thames Valley Real Time Surveillance System data collected by the Police for County populations, shows by calendar year an increase in suspected suicides from 2017 to 2020 for Oxfordshire and Buckinghamshire. In 2020 the number in Oxfordshire was 64 suicides and Buckinghamshire 55. There has been a higher increase in Buckinghamshire over the years. Between January up to 24<sup>th</sup> March 2021 there have been 11 suicides in Oxfordshire and 3 suicides in Buckinghamshire.

#### Key learning

The Trust has been issued with two Preventing Future Death notices from the local Coroner in 2020/21 relating to two patient suicides. The concerns being addressed are:

- lack of a clear written plan
- the risk assessment not being updated timely
- involvement of their families in care
- timeliness of allocating a care co-ordinator when the patient was an inpatient

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

We have identified two main issues from our reviews of patient deaths for additional focus in 2021/22 and progress against these will be supported by the Oxford Healthcare Improvement Centre. These issues are:

- communication and involvement of family members during care,
- and risk assessment and formulation including documentation.

These Quality Improvements projects are being led by the Chief Nurse and Clinical Directors and are currently in the planning stage.

## 11. Progress on Quality Objectives in 2020/21

We identified, consulted on, and finalised 17 quality objectives for 2020/21. The objectives were identified following a review of our risks, themes from quality information, learning from wave 1 of the COVID-19 pandemic and feedback from stakeholders. However, due to the pressures created by COVID-19 they were finalised much later than usual years, in September 2020. A senior leader was identified to lead on each objective. We recognise we were being ambitious and setting ourselves quite a challenge in 2020/21 to achieve the below objectives during an uncertain and unprecedented time.

More effort and resources than ever could have been predicted over the last year has been focused on our response to the COVID-19 global pandemic in order to maintain critical services, ensure stringent infection, prevention and control measures as well as rapidly establishing new services and ensuring continued support for our staff. As a consequence, we have not progressed as much as we would have liked against the quality objectives. However, we have made a start with many of the objectives and are proud of our teams in what they have achieved alongside managing the challenges faced.

Table 2 details our progress against each quality objective. Out of the 17 objectives only one has been fully achieved which was the implementation of the Provider Collaboratives to improve care pathways and outcomes for patients.

The NHS Long-Term Plan sets an ambition for the development of NHS-led Provider Collaboratives in Mental Health Services designed to manage whole pathways of care on regional footprints for specialised services. Under these arrangements, identified lead providers take clinical pathway and financial responsibility for the delivery of services with the intention of improving access, developing community alternatives to admission and where admission is clinically appropriate, ensuring community support post-discharge. The Trust is the Lead Provider and has established three of the Collaboratives. All three were successful in their application to progress to Provider Collaborative status in July 2019 and have been operating in “shadow form” with contracts remaining with NHS England Specialised Commissioning. The Thames Valley and Wessex Adult Secure (Forensic) and Thames Valley Tier 4 CAMHS Provider Collaboratives, were placed on the fast track workstream to go live as of 1<sup>st</sup> April 2020. However, the Forensic Provider Collaborative actually went ‘live’ in May 2021. The HOPE Adult Eating Disorders Provider Collaborative was placed on the development track workstream to go live later in 2021.



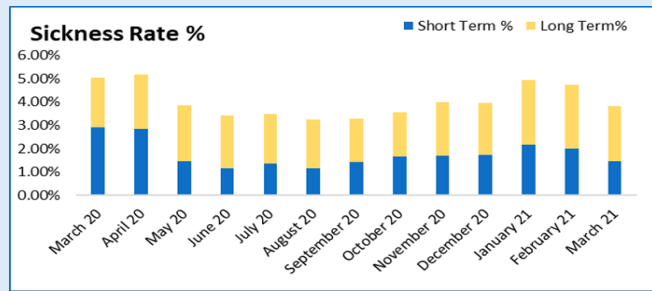
Table 2.

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
Leadership	L1. Develop and embed the use of a Restorative Just Culture approach	Trust-wide (physical health and mental health care services)	<p>Number of staff trained in restorative just culture – target 20 staff in year 1.</p> <p>Staff report feeling able to raise concerns about practice more than 81%</p>	<p>Mersey Care NHS Foundation Trust and the University of Northumbria trained 8 staff in the Restorative Just Culture approach held in March 2021 and further training is planned for approx. 19 staff in September 2021, against a base line of 0 in March 2020.</p> <p>The initial focus will be to roll out the approach for disciplinary cases. The Trust has already seen a reduction in the number of staff who are suspended.</p> <p>79% staff felt able to raise concerns (2020 staff survey, n=3464) an improvement from 2019 - 75.6% however we did not achieve our target of more than 81%.</p> <p>7.1/10 staff report on safety culture, (6 questions in 2020 staff survey, n=3464) and improvement from 2019 6.9.</p>	<p>Full year targets not achieved.</p> <p><b>Objective to be rolled into 2021/22.</b></p>
	L2. Achievement of the Race Equality Framework for Change – 5-year programme	Trust-wide (physical health and mental health care services)	<p>Actions identified in year 1 2020/21 to be completed</p> <p>Staff report not experiencing discrimination from managers or colleagues more than 9.5/10</p>	<p>The framework and priorities for year one were agreed in October 2020. A number of priority actions have been identified for 2021 and being overseen by the Race Equality Delivery Group. One action has included the introduction of a reciprocal mentoring programme started in February 2021.</p> <p>Staff rated equality, diversity and inclusion as 9.2 out of 10 staff based on responses to 4 questions in staff survey 2020 n=3464 (slight improvement from 2019 - 9.1). There is a range of training offered to staff including Religion and Culture, Positive Action,</p>	<p>Target not achieved.</p> <p><b>Objective to be rolled into 2021/22.</b></p>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				Unconscious Bias, Gender Identity, Equality Analysis and Awareness of the Equality Act 2010. Staff rated 9.3 out of 10 in relation to not experiencing discrimination from managers/ team leader or other colleagues (slight improvement from 2019 - 9.2)	
	L3. Continue to support and improve staff wellbeing	Trust-wide (physical health and mental health care services)	Staff engagement index score (9 questions) target 7.5/10  Reducing staff absence less than 3.5% (excluding COVID-19 sickness)	A significant amount of has been work completed. As part of the emergency planning in response to the pandemic work a Psychosocial Response Group was set up to organise and lead on enhanced support for staff during these challenging and unprecedented times.  Some of the actions have included; <ul style="list-style-type: none"> <li>- Care packs being distributed regularly from March 2020 to each team designed to give staff a small treat and boost during the working day. We received many generous donations from organisations, small businesses and local crafters to include in the packs and offer as prizes.</li> <li>- Free lunch was provided to inpatient staff, night staff and GP Out of Hours services - seven days a week for much of the year</li> <li>- Developing staff support resources collated in health and wellbeing pages.</li> <li>- Specific resources were put in offering both practical and psychological support to individuals and teams as well as guidance and support specifically for managers.</li> </ul>	Many achievements have been made. Supporting our staff is crucial particularly following the challenges of COVID-19.  <b>This remains a priority and the objective will remain in 2021/22.</b>

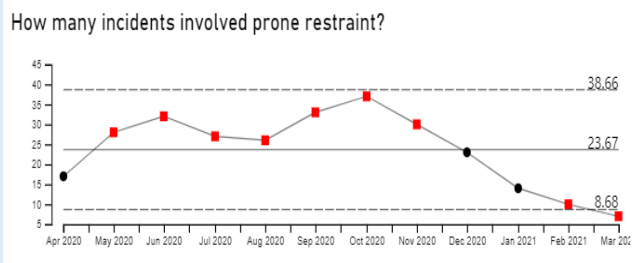
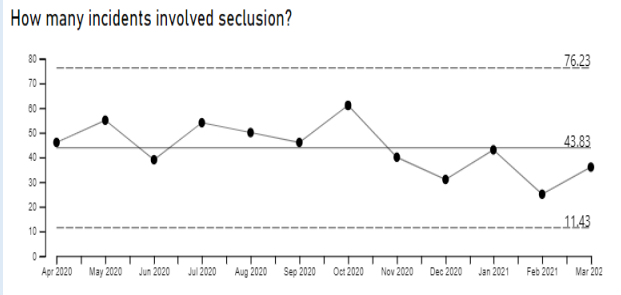
Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>Home/remote working guidance and support both in relation to equipment and costs were offered. Resources were made to help our staff who were home schooling and/or had carer responsibilities.</p> <ul style="list-style-type: none"> <li>- Embedding the Employee Assistance Programme</li> <li>- Introduction of a new Mental Health and Wellbeing Hub (You Matter) for staff which offers rapid mental health assessment if required and/ or signpost to alternative offers of support</li> <li>- Recovery and renewal days were set up to give staff the opportunity to reflect and plan their recovery in a supportive environment</li> <li>- Schwartz rounds were modified and moved to being delivered on-line to provide emotional support</li> <li>- Staff were also recognised and rewarded for their efforts responding to COVID-19 which included an additional days annual leave in 2021/22 and a voucher</li> </ul> <p>The Employee Assistance Programme has received 591 calls in the last 12 months, with anxiety being the most common reason related to work, relationships or property. We have seen a reduction in presenteeism and work distress, and an increase in work engagement and increased life satisfaction from April 2020 compared to March 2021.</p>	

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>7.2/10 on staff engagement, 9 questions in staff survey 2020 n=3464 (same as 2019 - 7.2)</p> <p>6.4/10 on staff health and wellbeing, 5 questions in staff survey 2020 n=3464 (improvement from 2019 - 6.0)</p> <p>Sickness in March 2021 was at 3.82% against a target of less than 3.5%. The most common reason for sickness was a headache/ migraine (21%). Sickness dropped to below target levels from June-October 2020, graph below.</p> <p>We introduced FirstCare in February 2021 a new 24/7 absence management system, which we need to embed further. So far FirstCare has received over 5,000 calls. The system includes coaching and training sessions for line managers and actioning alerts to support staff in the informal stages of the absence management process. Additional support is being provided to employees with Long COVID-19.</p>	



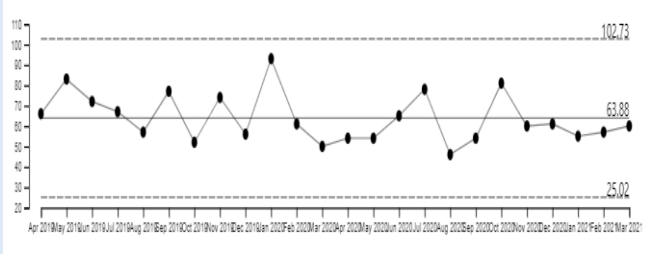
Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
Safety	S1. Minimising nosocomial infections (hospital acquired)	Inpatient services Trust-wide	Number of cases of preventable hospital acquired infections. Target less than 3 based on 2019/20 outturn (prior to COVID-19)	<p>It has been a very unusual year due to the pandemic. The Trust has maintained surveillance of mandatory reportable infections and completed detailed root cause analysis on all cases, of which all were unavoidable. The full details of the work completed are detailed in the annual report presented in June 2021, available at <a href="https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/">https://www.oxfordhealth.nhs.uk/about-us/governance/board-papers/</a>.</p> <p>Throughout the COVID-19 pandemic there has been extensive work around infection, prevention and control including daily nosocomial sitrep reporting. The second wave of the pandemic, between October 2020 - January 2021, identified the emergence of a more transmissible variant strain. This resulted in outbreaks of infection, which was reflected nationally, and 94 definitive hospital acquired onset cases after admission were identified across the Trust. We have reviewed each case to identify immediate actions and learning to take forward.</p>	Target not achieved. <b>Objective to be rolled into 2021/22.</b>
	S2. Reducing restrictive practice through introducing a Positive and Safe approach	Mental Health Inpatient services	<p>Reduction in use of prone restraint by 50% over 2 years (25% in year 1, less than 240)</p> <p>Reduction in the numbers of seclusions by 30% over 2 years (less than 402 in year 1)</p>	<p>The Trust held a delayed launch of the Positive and Safe initiative in March 2021 involving more than 75 staff and involved personal experiences from experts by experience and staff. It also included keynote speakers from other Trusts where they have significantly reduced the use of restrictive practice.</p> <p>In the first wave 12 wards will be supported to identify how they will reduce seclusion, restraint and restrictive practices. Encouraging ward teams to think</p>	Target not achieved. <b>Objective to be rolled into 2021/22.</b>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>more broadly about their environment and intervening at an earlier stage. We know that using restrictive practices has a traumatic impact on patients and also staff.</p> <p>The Trust is part of a national Quality Improvement project in this area however, the work was paused during pandemic.</p> <p>In 2020/21 we reviewed our training which in April 2021 is going through accreditation with the Reducing Restrictive Intervention Network. The revised training reduces the reliance on physical interventions by identifying triggers, early warning signs, preventive interventions and verbal de-escalation.</p> <p>In relation to all types of restrictive practice our data indicates there are a small number of complex patients involved in a higher number of restrictions which require careful individual care planning and delivery. Complex care panels are convened to ensure there is expert advice from senior clinicians to support staff with plans to reduce restrictive practice as far as possible.</p> <p>The use of prone restraint creates increased risk for patients so the Trust's strategy is to reduce the use of prone restraint. The majority of prone restraint is used when undertaking rapid tranquilisation. Since October 2020 we have seen a decline in use of prone. In</p>	

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>2020/21 there were 284 uses of prone restraint. Our target of less than 240 was not met but initial work through the Positive and Safe Forums is having an impact.</p>  <p>Use of seclusions is slightly lower in 2020/21 (n=526) compared to 2019/20 (n=557). The number of different patients involved has also slightly reduced. Our target of less than 402 was not met, however work has now started and is gathering pace.</p> 	

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
	S3. Improve sexual safety in mental health inpatient settings	Mental Health Inpatient services	<p>Evidence of debriefs and review of care plans after any sexual safety incident</p> <p>Increase in reporting of sexual safety incidents, as there seems to be current under-reporting.</p>	<p>CAMHS Marlborough House (inpatient ward) have been engaged in the QI project with the national collaborative, in 2020 the collaborative was paused due to COVID-19 but recommenced in February 2021. The wider mental health national QI workstream is scheduled to launch at the end of 2021, which will incorporate all wards.</p> <p>Work is at an early stage and improvements cannot be demonstrated yet. The team has been testing two change ideas around better reporting of sexual safety incidents using postcards and education for staff in how to talk to YP about sexual safety.</p> <p>In 2020/21 - 102 sexual safety patient incidents have been reported. In 2019/20 there were 91 incidents reported.</p>	<p>Target not achieved.</p> <p><b>Objective to be rolled into 2021/22.</b></p>
	S4. Improve tissue viability and reduce avoidable harm in pressure damage	Physical health services (inpatient and community)	<p>Reduction in pressure ulcer categories 3 and 4 where they were avoidable. 2019/20 – 10 were reported.</p>	<p>The Trust has a steering group that oversees the themes from pressure ulcer incidents and the Trust's improvement plan.</p> <p>In wave 1 of the pandemic we saw an increase in pressure damage, as a result we took a number of actions including to work more closely with families to escalate concerns and to optimise the use of pressure relieving aids, as well as more frequent reviews of patient's risk profile to compensate for a reduction in face to face contact.</p>	<p>We have not seen a reduction in serious pressure ulcers developing in service.</p> <p><b>Objective to be rolled into 2021/22.</b></p>



Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>We had a focus on equipment to ensure the appropriate pressure relieving aids were delivered timely to patient’s homes, that supply was closely monitored as issues were anticipated and we identified/ trained local clinical development leads to assess and approve the use of higher-level equipment. In subsequent waves of COVID-19 we have not seen the same increase in pressure damage as in wave 1 in early 2020.</p> <p>In relation to the pressure ulcers developed in service most are reported within the District Nursing Service (579 incidents last 12 months) and Community Hospital wards (112 last 12 months). There has been no significant variation over time in the number of pressure ulcers developed in service in 2020/21 (categories 1,2,3 and 4) with one-off spikes in July 2020 (related to category 1) and October 2020 (related to category 2).</p>  <p>In 2020/21 we identified 12 avoidable category 3 and 4 pressure ulcers; 10 in District Nursing and 2</p>	

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>Community Hospital wards. All are being investigated as serious incidents. This compares to 10 in 2019/20 and 9 in 2018/19.</p> <p>Our target to reduce avoidable serious pressure ulcer damage has not been achieved in 2020/21. However it is important to note that it has been recognised nationally the vascular impact of COVID-19 on skin integrity and pressure ulcers.</p>	
	S5. Continue work to improve physical healthcare for patients with a severe mental health illness	Community Mental health services	<p>Improved completion of the annual Lester physical health assessment Tool for people with enduring serious mental illness (covers smoking status, lifestyle, BMI, blood pressure, glucose and cholesterol)</p> <p>Targets- Community adult mental health teams more than 75% Early Intervention in Psychosis teams more than 90%</p>	<p>A recovery plan is in place being implemented by a task and finish group.</p> <p>In the last national clinical audit of psychosis in Early Intervention in Psychosis teams (EIP) in 2019/20 the Trust showed poor performance and was identified by the Royal College of Psychiatrists as an outlier (September 2020) in relation to patients not receiving a comprehensive physical health review annually. We are also aware that our performance in our adult mental health community services is also below expectation.</p> <p>A new strategy with embedded workplan and trajectory for recovering our position has been developed. Key actions include: recruiting new physical health leads and other dedicated roles including working in partnership with MIND in Oxfordshire, embedding consistency across the physical health clinics and ensuring teams have the appropriate monitoring equipment. There is also work</p>	Target not achieved. <b>Objective to be rolled into 2021/22.</b>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>underway to improve the access to data so that teams can monitor their performance more easily.</p> <p>The actions so far have led to an improving performance across both the EIP and adult mental health community services since October 2020. This is in line with our trajectory, but further work is required and our targets have not been met. As of March 2021; Buckinghamshire community teams 50%, Buckinghamshire EIP 33%, Oxfordshire community teams 29% and Oxfordshire EIP 45%. This position has improved again in April 2021.</p>	
Experience	E1. Ensure we have strong patient/ family voices as part of developing and improving services	Trust-wide (physical health and mental health care services)	<p>Number of patient safety partners employed to be part of the governance structure. Year 1 - 2 partners.</p> <p>Number of service change projects and significant quality improvement projects that patients and families involved as partners in co-production. More than 60% of projects.</p>	<p>We have a renewed focus on involvement and co-production. Lots of individual pieces of work happening however we need a more coordinated approach embedded in everything we do.</p> <p>Co-production training has been developed and co-delivered with patients/ carers through the Recovery College which went live from March 2021. In addition, training on co-production with patients/ carers has been delivered to 121 leaders in 2020/21.</p> <p>A specific Quality Improvement programme identified in relation to improving family involvement in care, following a theme identified from serious incidents, inquests and complaints. The work is at a planning stage.</p>	<p>A number of actions have been taken however we have not seen the impact of these yet and continued work is needed to achieve true partnership working.</p> <p><b>Objective to be rolled into 2021/22.</b></p>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>The new Carer, Family and Friend strategy and objectives have been co-developed with carers over 2020/21 and is due to be launched in July 2021.</p> <p>The experience and involvement team have been working with the service change team to ensure patient/ carer involvement is part of all projects as much as possible. In 2020/21 - 75% of projects (n=21) related to changes to patient services have involved patients in some way. The level of involvement has included consultation, engagement asking for feedback and some co-production. The OHI centre will continue to work with patients and carers as part of improving care.</p> <p>The Trust-wide experience and involvement forum was re-launched with the first meeting set for May 2021 which will be a mixture of patients and staff to oversee the implementation of the strategy objectives.</p> <p>No progress has been made in 2020/21 on recruiting new safety partners, so this will be undertaken in 2021/22. The national target has been delayed until June 2022.</p> <p>We will also seek to employ experts by experience to help embed patient/ carer involvement in 2021.</p>	

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
	E2. Continue our focus on improving personalised care planning	Trust-wide (physical health and mental health care services)	95% of patients involved in the development of their care plan	<p>Improvements have been made however the target has not been met. The Trust recognises this is a key focus area for 2021/22 and employing people with lived experience will be a catalyst to this improvement.</p> <p>Care Programme Approach community mental health audit Q3 86% demonstrated patient involved in creating their care plan. N=304 (this was 85% in Q1 and 90% in Q2). 83% had a personalised crisis plan. Baseline in Q4 2019/20 was 84%.</p> <p>Mental health inpatients essential standards audit 90% patients report being involved in care planning in Dec 2020. This is an improvement from the last 3 audit cycles. Baseline in Feb 2020 83%. Second measure – care plan up to date 86% in Dec 2020, similar to baseline in Feb 2020 85%.</p> <p>The Community Hospital inpatients essential standards audit and End of Life Care audits were paused more recently due to the pressures of COVID-19.</p> <p>When comparing the clinical audit results to feedback received from patients through IWGC, in 2020/21 out of 5,292 responses patients said they rated their involvement in care as 4.70 out of a maximum of 5. This is similar to the baseline in 2019/20 when the rating was 4.79.</p>	Target not achieved. <b>Objective to be rolled into 2021/22.</b>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
	E3. Developing easy read versions of publicly available quality papers	Trust-wide (physical health and mental health care services)	Increase in easy read reports	<p>A few reports have been presented in easy read to Trust Board and the Council of Governors, however work needs to continue. All Trust Board agendas are now being provided in easy read.</p> <p>We have purchased software to access a wider range of photo symbols and staff training on developing easy read materials has been delivered.</p> <p>Over the last year the Trust has developed a wide range of easy read materials, particularly in relation to Covid-19 and these are available on the website at <a href="#">OHFT easy read materials</a></p>	<p>There has been an improvement in the accessibility of published documents but we have more to do.</p> <p><b>Objective to be rolled into 2021/22.</b></p>
	E4. Develop and launch a new e-learning course for all staff on an introduction to autism	Trust-wide (physical health and mental health care services)	% staff completed the on-line autism training. Year 1 - 30% of clinical staff in non-LD services (baseline 0%)	<p>Tier 1 on-line training on autism awareness has been developed and the proposal is this will be mandatory for all patient facing staff. The training is due to be launched shortly in 2021.</p> <p>The Trust is also part of the national pilots for tier 1 (patient facing but not direct care givers) and tier 2 (for direct care givers) autism training which will become mandated in 2022 – we have identified more than 40 staff across the Trust to be involved in the national pilots.</p> <p>The Trust has also developed an autism masters module launching in September 2021.</p>	<p>Target not achieved as training is only just being launched.</p> <p><b>Objective to be rolled into 2021/22.</b></p>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>The Reasonable Adjustment Service is also available to support mental health clinicians to better understand the needs of autistic individuals with reasonable adjustments and adaptations. Some examples from teams who have been supported to make the following adjustments;</p> <ul style="list-style-type: none"> <li>- Changing the environment to minimise background noise i.e. a ticking clock</li> <li>- Providing more information in advance appointments including the questions that will be asked to reduce uncertainty</li> <li>- Developing guidance and raising awareness with staff on accepting autism e.g. not expecting eye contact, allowing processing time and using techniques like 'take away' information</li> <li>- An autism passport is being piloted as a tool to help understand a person and their autism and how to make adjustment for them to services are more accessible.</li> </ul> <p>Other actions taken in line with the NHS Improvement Standards for people with a Learning Disability and/ or Autism are; a specific section on the Trust's website for resources, an increase in published resources in easy read including the Trust Board, Council of Governors and Annual General Meeting agendas, introduction of sensory boxes to our community hospital wards, a diabetes toolkit in an accessible format has been developed (this is in addition to the epilepsy toolkit</p>	

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				already in place), and a new masters Positive Behavioural Support course has been developed with Oxford Brookes University for staff to access. The initial feedback to this has been extremely positive.	
Clinical Effectiveness	CE1. Improve end of life care planning	Trust-wide (physical health and mental health care services)	100% of patients at end of life have a care plan that reflects their needs	<p>The Oxfordshire system has worked in a very collaboratively way to support those at the end of their lives during COVID-19. A system review of the care pathway is currently underway.</p> <p>Training in the personalisation of care at the end of life and the embedding of the individual End of Life and Palliative care plans has been well received. Our main monitoring arrangement (a monthly end of life care clinical audit) of the personalised care plan was paused for most of 2020/21 due to the pressures of COVID-19 however this is restarting in 2021.</p> <p>We have also been working on new end of life care plans 'Priorities and Wishes' and 'personalised assessment and care planning' based on a survey with staff and feedback from third sector organisations (Age UK). The new care plans aim to help health care professionals and patients have a wider conversations about the persons wishes. The care plans were launched during Dying Matters week in May 2021.</p> <p>The second round of the National Audit of Care at the End of Life showed the Trust was above the national average for identifying when patients were at the end of life and working with families. There was also an</p>	A huge amount of system work has happened during the pandemic to improve the experience of patients/families during end of life care. However we have more work to do on personalised care planning so <b>the objective will be rolled over into 2021/22.</b>



Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>improvement in use of an individualised care plan (OHFT 7.4/10 compared to the national average 7.2). Our work was presented at the Community Hospitals Association. Although we recognise we have more work to do so that every person has a personalised care plan which they and/ or their family have been involved in developing.</p> <p>Children’s Community Nursing advanced care planning audit in 2020 showed 86% of child's wishes and 88% of families wishes were documented (n=16) similar results to 2019.</p>	
	CE2. Support the delivery of a ‘home first’ approach including discharge to assess	Physical health services (inpatient and community)	<p>Number of community and home response visits within 2 hours or less/ providing an alternative to admission.</p> <p>Reduce LOS in community hospital rehab beds (as patients are supported to go home quicker).</p>	<p>Following a successful bid to become a national Ageing Well accelerator site OHFT has been implementing initiatives supported by system partners to develop and deliver an urgent community response and offer enhanced care into care homes. The urgent community response is the collective name for a range of services who respond quickly to people’s care needs following sudden changes in their health or circumstances to help prevent an unnecessary emergency admission or to facilitate a quicker discharge home.</p> <p>The urgent community response service is delivering crisis response interventions however the implementation of the 2-day pathway is in planning stage.</p>	<p>The delivery of the NHS Long Term Plan objectives in relation to Ageing Well and specifically the introduction of an urgent community response approach has been started but further work is planned.</p> <p><b>Objective to be rolled into 2021/22.</b></p>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>‘Home First’ is a new service started from June 2020 supporting people to return home after a period of being unwell in hospital so that they can keep a greater level of independence. The service is a collaborative implementation of the Hospital Discharge Policy with the following organisations working in partnership; OHFT, Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, Age UK, and Oxford University Hospitals NHS Foundation Trust. Around 1,500 residents have been supported by the service to date.</p> <p>Additional winter funding enabled our community hospital therapists to provide a seven-day rehabilitation service across the eight wards to facilitate more timely discharge of patients home when they are ready. This resulted in a reduction in the length of stay in Community Hospitals. This winter the average was 29 days compared to 36 days in 2019. Work is underway with internal working groups and discussion with our commissioner to fund a seven-day model as business as usual.</p>	
	CE3. Implement the Provider Collaboratives to improve care pathways and outcomes for patients	Inpatient Mental health services	Move into full commissioning role	On 1 <sup>st</sup> April 2021 the Thames Valley CAMHS Tier 4 Provider Collaborative led by OHFT achieved its ambition to become ‘live’. We are now lead provider for the provision of Tier 4 (inpatient) children and adolescent mental health services across; Bath and North East Somerset, Berkshire, Gloucestershire, Oxfordshire, Swindon and Wiltshire.	<b>Target achieved.</b>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
				<p>The Thames Valley Adult (forensic) Secure Provider Collaborative was slightly delayed and went 'live' in May 2021.</p> <p>The Eating Disorder Provider Collaborative (HOPE) will move into going 'live' in 2021.</p>	
	CE4. Develop the consistency and application of staff supervision	Trust-wide (physical health and mental health care services)	Clinical and management supervision completion rate more than 85%.	<p>Supervision is a key component of ensuring a safe and high-quality service and we acknowledge we are behind in terms of evidencing this. We are now recruiting for a permanent supervision lead to help embed supervision structures, to develop the quality of sessions and to improve recording.</p> <p>NHSE/I are funding Professional Nurse Advocates (PNAs) across most of our specialities and we have a range of nurses on these courses which will support embedding of Restorative Supervision across our Trust.</p> <p>In the meantime we are identifying different ways and activities to raise awareness and support staff/managers.</p> <p>Clinical Directorates;</p> <ul style="list-style-type: none"> <li>•59% clinical supervision in March 2021 (2019/20-50%)</li> <li>•55% management supervision in March 2021 (2019/20-42%)</li> </ul>	Target not achieved. <b>Objective to be rolled into 2021/22.</b>

Domain	Objectives	Relevant service(s)	Measure/ Target	Achievements and Impact	Level of Achievement
	CE5. Improve clinical documentation and practice in relation to the Mental Capacity Act (MCA)	Trust-wide (physical health and mental health care services)	Improvement in Mental Capacity Act documentation on CareNotes	<p>A baseline survey was completed by staff in 2020 to identify what actions were needed.</p> <p>A baseline clinical audit was completed across the mental health wards and community teams in December 2020 which identified early improvements however there is a need to fully embed the use of the MCA tab in CareNotes.</p> <p>A new MCA Assessment and Best Interests form has been uploaded onto CareNotes (Mental health and community) in March 2021. A 'Word' version of the same form has been shared with those services not using CareNotes. The form has been designed to be reportable so that usage can be monitored through audit.</p> <p>MCA training sessions are continuing to be delivered for community hospital staff by the Associate Director of Social Care.</p>	Target not achieved. <b>Objective to be rolled into 2021/22.</b>

## 12. Quality Improvement Plan for 2021/22

Significant effort and capacity has been focused on the Trust's response and recovery to COVID-19 throughout 2020/21. Our plan is to harness and build on the opportunities, collaborations and new ways of working developed during this time but also to support our staff to reflect and start to recover.

Owing to the limited progress against the 2020/21 quality objectives (described in table 2) the majority of these will be rolled over into 2021/22 to continue our work and to achieve what we set out to do. The one objective which was achieved in relation to the implementation of the Provider Collaboratives (reference CE3) will therefore not be rolled over into 2021/22. The rationale for continuing with the other quality objectives is that the progress and relevance of the objectives have been reviewed and these remain key areas for us to make improvements and to address our key risks and challenges. The objectives align with national drivers set out in the NHS People Plan, National Patient Safety Strategy, National Quality Board goals and the NHS Long-Term Plan. We have also embedded these quality objectives into the Trust's new Strategy for 2021-2026 to achieve our vision of outstanding care by an outstanding team.

We remain committed to continually make improvements to the quality of services and set out the below quality improvement plan (table 3). All of the objectives are aimed to be completed by 31<sup>st</sup> March 2022 and progress will be monitored by the Trust's Quality Committee quarterly. The Trust will publish our progress against each objective in our Quality Account next year.

In addition to the below improvement plan we have started the following Trust-wide Quality Improvement programmes in 2021/22 around specific areas:

- Risk assessment formulation and documentation
- Working with families and carers in their care
- Trauma Informed Care
- Ligature harm minimisation (we are leading a workstream and are part of a national initiative in relation to this)
- Suicide prevention (we have joined a national improvement collaborative)

Table 3.

Domain	Objective	Executive Director Lead
Leadership	L1. Develop and embed the use of a Restorative Just Culture approach	Chief People Officer
	L2. Achievement of the Race Equality Framework for Change – 5-year programme	Chief Nurse
	L3. Continue to support and improve staff wellbeing	Chief People Officer
Safety	S1. Minimise nosocomial infections (hospital acquired)	Chief Nurse
	S2. Reduce restrictive practice through introducing a Positive and Safe approach (part of national project)	Chief Nurse
	S3. Improve sexual safety in mental health inpatient settings (part of national project)	Chief Nurse
	S4. Improve tissue viability and reduce avoidable harm in pressure damage	Chief Nurse
	S5. Continue work to improve physical healthcare for patients with a severe mental health illness	Chief Nurse
Experience	E1. Ensure we have strong patient/ family voices as part of developing and improving services	Chief Nurse
	E2. Continue our focus on improving personalised care planning	Managing Directors
	E3. Develop easy read versions of publicly available quality papers	Chief Nurse
	E4. Develop and launch a new e-learning course for staff on an introduction to autism (those not working in learning disability services)	Chief Nurse
Clinical Effectiveness	CE1. Improve personalised care planning for patients at end of life	Managing Director – Primary and Community Services
	CE2. Support the delivery of initiatives within the Ageing Well work	Managing Director – Primary and Community Services
	CE4. Develop the consistency and application of staff supervision	Chief Nurse
	CE5. Improve clinical documentation and practice in relation to the Mental Capacity Act (MCA)	Chief Nurse

### 13. Glossary

*In order of appearing in the document.*

OHFT: Oxford Health NHS Foundation Trust

CAMHS: Children and Adolescent Mental Health services

IAPT: Improving Access to Psychological Therapies

NICE: the National Institute for Health and Care Excellence

ICS: Integrated Care Systems

BAME: used to describe people from Black, Asian and Minority Ethnic groups.

JCVI: Joint Council for Vaccinations and Immunisations

CHA: Community Hospitals Association

HSJ: Health Service Journal

IRT: Integrated Respiratory Team

QI: Quality Improvement

OHI: Oxford Healthcare Improvement Centre

BCR: Biomedical Research Centre

A&E: Accident and Emergency

OAP: Out of Area Placements

CQC: Care Quality Commission

PSI: Patient Safety Incidents

DBS trace: Demographics Batch Service (national check of patient deaths)

CDOP: child death and overview process

LeDeR: Learning disability mortality review process

IWGC: I Want Great Care (external company used to gather patient and family feedback)

EIP: Early Intervention in Psychosis service

MCA: Mental Capacity Act

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

To follow once the Account is finalised.

**Buckinghamshire and Oxfordshire Clinical Commissioning Groups**

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

**Trust Governors (written by Lead Governor)**