OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 6 June 2024 commencing at 10.00 am and finishing at 3.30 pm

Present:

Voting Members:

Councillor Jane Hanna OBE – in the Chair

Councillor Jenny Hannaby
Councillor Mark Lygo
District Councillor Paul Barrow
District Councillor Susanna Pressel
District Councillor Katharine Keats-Rohan (Vice-Chair)
Councillor Joy Aitman
Cllr Dorothy Walker
Barbara Shaw
Councillor Roz Smith

Co-opted Members:

- Britta Klinck- Chief Nurse, Oxford Health NHSFT
- Rose Hombo - Deputy Director of Quality & Clinical Standards Oxford Health NHSFT
- Dr Victoria Bradley- Consultant in and Clinical Lead for Palliative Medicine at OUH.
- Kerri Packwood- Programme Manager for RIPEL at OUH.
- Karen Fuller- Director of Adult Social Care, OCC.
- Dan Leveson- BOB ICB Place Director, Oxfordshire.
- Victoria McDermott- Proactive Care Manager at The Manor Surgery, Oxford.
- Dr Bethan Willis- GP lead for inequalities, Banbury Cross Health centre and Frailty GP for Banbury.
- Dr Sarah Lourenco- Clinical Director of Banbury Alliance PCN.
- Deborah White- Team Manager West Adult Social Care Team.
- Dr Suzanne Summers- Bicester Health Centre, Integrated Neighbourhood Team Bicester GP
- Lily O' Connor- Programme Director Urgent and Emergency Care for Oxfordshire, BOB ICB.

Other Members in Attendance:

Councillor Damian Haywood

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

35/24 ELECTION OF CHAIR FOR THE 2024/2025 COUNCIL YEAR

(Agenda No. 1)

The Health Scrutiny Officer welcomed Members and Officers to the HOSC meeting, and proceeded to oversee the election of the Chair of the HOSC. Cllr Hanna was nominated by Cllr Lygo, and seconded by Cllr Hannaby for the role of Chair, with no other nominations.

It was **AGREED** that Cllr Hanna be elected Chair of the HOSC for the 2024/25 council year. Cllr Hanna assumed the position as Chair.

36/24 ELECTION OF VICE-CHAIR FOR THE 2024/2025 COUNCIL YEAR

(Agenda No. 2)

The Chair asked if there were any nominations for the position of vice-Chair of the HOSC for the remainder of the civic year. Cllr Katherine Keats-Rohan was nominated by Cllr Barrow and seconded by Cllr Lygo. No other nominations were proposed.

It was **AGREED** that Cllr Keats-Rohan be elected vice-Chair of the HOSC for the 2024/25 council year.

37/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

The following members tendered their apologies:

Cllr Nigel Champken-Woods
Cllr Michael O'Connor
Cllr Nick Leverton
Cllr Freddie van Mierlo, with Cllr Roz Smith substituting.

38/24 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

Cllr Haywood (who had attended the meeting upon being invited by the Chair to do so) declared his interest in working for the NHS.

Cllr Hanna declared her interest as working for the health charity SUDEP Action.

39/24 MINUTES

(Agenda No. 5)

The minutes of the Committee's meeting on 18 April 2024 were assessed for their accuracy.

The Committee **AGREED** the minutes as an accurate record of proceedings and that the Chair should sign them as such.

40/24 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 6)

The Chair invited the registered speakers to address the Committee.

1. Statement by Charlotte Bird:

Charlotte Bird, vice-chair of Keep the Horton General, expressed her disappointment over the Oxford University Hospitals NHS Foundation Trust's reduction of services at Horton Hospital. Until 2016, the hospital had a thriving obstetric-led maternity unit and Special Care Baby Unit (SCBU) in Banbury. A dossier that her organisation was compiling for distribution on June 17, highlighted stark differences in experiences pre and post-2016.

The Royal College of Obstetricians and Gynaecologists did not support the positioning of midwife-led units distant from the support of obstetricians, anaesthetists, and paediatricians. The Independent Review Panel (IRP) did not support the Trust's proposals to reconfigure services at Horton Hospital. Despite the IRP's judgment, the Trust removed Horton training accreditation and ended the clinical fellows system. The Trust also ignored applications from 50 Ugandan doctors for vacant obstetric roles. The IRP deemed it unsafe and inhumane for women in labour to be transported from Banbury to Oxford, yet this had been happening since Autumn 2016. She urged the Committee to use their power to remedy this situation.

2. Statement by Keith Strangwood

Keith Strangwood, Chair of Keep The Horton General, urged the committee to take action on the Horton Hospital to prevent mothers from having to make the difficult journey to the John Radcliffe. He mentioned national figures indicating that 41% of the claims to the NHS were related to maternity, amounting to £2.6 billion paid out between 2022 and 2023 due to NHS faults in maternity. He shared a story of a child who did not receive adequate care at the John Radcliffe and had been in palliative care at home since October 2016. The child was nearly eight years old, and the family's life was ruined.

The speaker suggested that maternity services in Oxfordshire should be included in the Committee forward work plan. He stressed that the issue was affecting everyone in Oxfordshire. He hoped that everyone would read the dossier being produced by Keep The Horton General and be moved by the stories it contained.

3. Statement by Kristi McDonald:

Kristi McDonald spoke about her experience with epilepsy. She was diagnosed with epilepsy at age 6 and relied on life-sustaining medication, sodium valproate. She was very concerned to learn that the Medicines and Healthcare products Regulatory Agency (MHRA) policy could mean she may be removed off sodium valproate for another medication if a second consultant disagreed that she should remain upon it. The MHRA policy process meant there was no patient involvement in the decision making, and there was no process for the patient to appeal against the consultant's decision. She was being treated as if she was permanently pre pregnant. That she, along with other girls and women, must be on birth control to access life sustaining medication for a neurological condition breached their human rights. She had raised these issues with the MHRA and the Parliamentary Health Ombudsman. Kristy appreciated the Oxford Epilepsy Service but recognised its limitations due to overstretched resources. She urged the Council to prioritise epilepsy on the agenda.

4. Statement by Roseanne Edwards:

Roseanne Edwards, a senior multimedia reporter at the Banbury Guardian, spoke about the distressing stories that the Banbury Guardian had published from the Horton General's dossier of 70 cases spanning 2016 to 2020. The dossier had indicated that the John Radcliffe (JR) was struggling to manage the number of births with its available facilities and staff. This had led to dangerous micro-management of deliveries. It had also highlighted that while some newly qualified midwives were still committed to providing good service, others seemed overworked and were overseeing inhumane treatment. Mothers were being forced into unnatural childbirth, neglected, and emotionally abused.

The personal accounts had included a litany of complaints about over-stretched midwives who were too busy to provide compassionate care. Systematic neglect on the wards was evident, with mothers being induced and then delayed until they became emergencies. The JR had been warned that taking on an additional 1800 births per year would prevent them from providing a safe service, especially with midwives leaving due to the pressures. Despite this, Oxford University Hospitals NHS Foundation Trust had refused to consider alternatives because the JR was short-staffed. She urged the Committee to begin discussions about this issue.

5. Statement by Dr Judy Shakespeare:

Due to a conflict of interest, the Chair vacated the room, and the vice Chair invited Dr Shakespeare to address the Committee.

Dr Shakespeare discussed the changes regarding the prescribing of sodium valproate for epilepsy and bipolar disorder. Having a long-standing interest in perinatal mental health, she emphasised the impact of these changes on epilepsy services in Oxford. She expressed concern that neurologists were forced to prioritise medication changes over patients with higher needs due to resource limitations. The situation represented a tragedy, and she called for increased resources to address health inequalities. She highlighted the lack of funding for necessary work and expressed concern about the MHRA's policies. She commended Oxfordshire for taking action and hoped it would set an example for the entire country.

41/24 CHAIR'S UPDATE

(Agenda No. 7)

The Chair outlined the following points to update the Committee on developments since the previous meeting:

- HOSC reports containing recommendations were published in the agenda for this meeting on; General Practice Provision in Oxfordshire, Dentistry Provision in Oxfordshire, and the Oxford University Hospitals NHS Foundation Trust People Plan.

- In May, the Wantage Working Group conducted a six-month review of the plan for the refurbishment of Wantage Community Hospital agreed upon in January. There was good progress on the plans so the bid could soon be submitted to obtain Community Infrastructure Levy (CIL) funding. A stakeholder group met to see the outline designs and to hear about progress on discussing which services would be coming out to Wantage. The Working Group was optimistic about the refurbishment timeline and successful delivery of the project.

- Due to NHS pre-election guidance, briefings and visits with the NHS had been postponed until after the election period.

The Committee **AGREED** To **DELEGATE** to the Health Scrutiny Officer the task of compiling the Committee's feedback following the briefing on 10 June on the Oxford University Hospitals NHSFT Quality Account in consultation with the Chair, and to submit the feedback to Oxford University Hospitals NHSFT prior to the publication date for the Quality Account on 30 June 2024.

The Committee **NOTED** the Chair's Update.

42/24 ANNUAL REPORT OF THE OXFORDSHIRE JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE

(Agenda No. 8)

The Committee **AGREED** to delegate authority to the Principal Scrutiny Officer:

1. for the design of the final report,

2. to make minor updates or amendments as required, in consultation with the Chair and the Health Scrutiny Officer,

3. for publication of the final report

43/24 INTEGRATED NEIGHBOURHOOD TEAMS

(Agenda No. 9)

Lily O' Connor (Programme Director Urgent and Emergency Care for Oxfordshire, BOB ICB) and Daniel Leveson (Oxfordshire Place Director, BOB ICB) presented a report with an update on Integrated Neighbourhood Teams (INTs) in Oxfordshire. Also in attendance were Dr Bethan Willis (GP Lead for Inequalities, Banbury Cross Health Centre and Frailty GP For Banbury), Dr Sarah Lourenco (Clinical Director of Banbury Alliance PCN), Dr Suzanne Summers (Bicester Health Centre, Integrated Neighbourhood Team Bicester GP), and Dr Joe McManners (GP and OX3 Primary Care Network Clinical Director).

The Programme Director provided a comprehensive overview of the Integrated Neighbourhood Teams (INTs) initiative in Oxfordshire, which included GPs, social workers, community therapists, district nurses, and other healthcare professionals. These teams worked collaboratively to address unmet health needs, in areas of deprivation such as Banbury, Bicester, and OX3.

The Programme Director explained that while many aspects of the initiative might seem like they should already have been happening, the challenge in implementing them lay in the lack of additional workforce and funding necessary for providing the level of care required in these areas. The INTs aimed to provide that additional funding and staffing, particularly in areas of unmet health needs.
The Chair thanked the Programme Director for her summary and opened the floor to questions from the Committee.

Question on reducing health inequalities and continuity of care:
The Committee asked for elaboration on how the existence and functions of INTs would help to tackle and reduce inequalities in Oxfordshire and deliver continuity of care, and whether this would be delivered in rural areas. The Programme Director responded that continuity of care was a fundamental component of INTs. The initiative ensured oversight and coordination across multiple healthcare professionals, which was crucial for patients who preferred to interact with a single trusted individual. This approach not only benefited patients but also enhanced job satisfaction among healthcare professionals due to the continuous relationship with the same patient group.

Regarding rural areas, the Programme Director acknowledged the challenges and explained the phased approach to expanding INTs. Currently, the focus was on areas with the highest unmet health needs due to limited funding, but there were plans to extend the initiative to other areas, including rural areas, if more resources became available. The Oxfordshire Place Director emphasised that in Oxfordshire they had chosen to prioritise supporting the development of integrated neighbourhoods through the Better Care Fund and it was a central part of their primary care strategy.

Question on fragmentation of services and focus on specific conditions:
The Committee enquired about the focus on different conditions in different localities. The Programme Director clarified that the INTs were designed to address the specific health needs of each local population, which was why the focus areas differed. The initiative was not limited to single conditions but took a holistic approach to managing

the overall health of the population. The emphasis on different conditions in various areas was based on thorough background work and population-health data, ensuring that the INTs addressed the most pressing health issues in each community. A GP from an OX3 INT provided a practical example to illustrate the concept of integrated care. He described a case involving a terminally ill patient with advanced cancer who preferred to stay at home. The coordinated effort between the hospital teams, care teams, and district nurses ensured the patient received comprehensive care at home. Dr McManners emphasised that this level of integration was essential for managing complex cases effectively and providing patients with the best possible care.

Question on Oxfordshire County Council's involvement in INTs:
The Committee enquired about the extent of Oxfordshire County Council's involvement in both the development as well as the services provided by INTs. A GP from a Bicester INT reported that they participated in pilot sites and collaborated closely with Oxfordshire County Council. Their work primarily focused on weekly multidisciplinary team meetings. These sessions involved the hospital's care team, responsible for discharge planning, and the County Council's social work team. The goal was to track patients' status and care needs, ensuring timely support.

The Director for Public Health added that Public Health had developed ten community profiles in Oxfordshire's most deprived areas, which highlighted some of the tailored needs in those communities and linked directly with the work done by INTs.

Question on the extent of coproduction and management of INTs:
The Committee asked whether coproduction was at the heart of the design and the development of INTs, and what definition of coproduction they were using. The Programme Director acknowledged that while there had been efforts to engage with public groups, the level of coproduction needed more depth. Going directly to the communities and understanding their specific needs was crucial as a granular level of detail was necessary for making impactful changes.

Regarding the management of these teams, the Programme Director explained that the integrated team setup required more than just additional sessions by GPs. It also required the involvement of care coordinators, voluntary sector social prescribers, and non-clinicians who focused on the person rather than the condition. This bottom-up approach ensured that the design of each INT was based on the experiences and needs of the local community.

Question on challenges related to information sharing, funding, and measuring outcomes:
The Programme Director detailed the complexities of information sharing and highlighted the need for agreements within GP surgeries and PCNs to ensure safe and effective data sharing. The challenges posed by different healthcare systems used by primary care, community services, and secondary care were noted. Efforts were ongoing to integrate these systems, though significant risks remained.

Regarding funding, the Programme Director explained that the true cost of INTs was still being assessed with the help of health economists from Oxford University. They

were measuring the impact of INTs by comparing data from INT patients with control groups to determine the cost-effectiveness and benefits of the initiative.

Question on public awareness and understanding of INTs:
The Committee enquired as to the extent to which the public were aware of and understood what INTs were and how they operated. The Programme Director recognised the complexity of the initiative and the need for public education. Plans were in place to engage with local community groups and educate the public about the benefits and operations of INTs. This ongoing engagement would help ensure that residents understand the new approach to coordinating health needs.

The Committee **AGREED** to issue the following recommendations to Oxford University Hospitals NHS Foundation Trust:

1. That there are clear governance and management processes around both the development as well as the activities of Integrated Neighbourhood Teams. It is recommended that there is clear transparency around this.

2. To ensure ongoing coproduction with neighbourhoods and key stakeholders around the formation as well as the activities of Integrated Neighbourhood Teams. It is also recommended that an agreed definition of coproduction is outlined by system partners in this regard.

3. To develop a clear understanding of the health needs and population patterns for each locality, and to allocate resources for Integrated Neighbourhood Teams accordingly.

44/24 PALLIATIVE/END OF LIFE CARE

(Agenda No. 10)

Dr Victoria Bradley (Clinical Lead for and Consultant in Palliative Medicine, Oxford University Hospitals NHS Foundation Trust) and Zo Woods (Program Lead, BOB ICB) presented a report with an update on Palliative/End of Life Care in Oxfordshire.

The Chair invited registered public speaker Cllr Stefan Gawrysiak to address the Committee.

Cllr Gawrysiak highlighted his personal positive experiences with the home and outreach palliative care services, emphasising their excellence. However, he identified a significant gap: the lack of residential palliative and respite care beds. Cllr Stefan argued that the Committee should address this shortfall, noting that the existing reports failed to mention residential palliative care. He urged the Committee to advocate for the inclusion of residential care details in the report to ensure comprehensive palliative care coverage across Oxfordshire.

The Clinical Lead for and Consultant in Palliative Medicine provided an update on the project's progress and achievements. She highlighted the significant improvements made in patient and family experiences due to the specialist services introduced over the past two years. These improvements were attributed to funding from Macmillan and the Sobell House Hospice charity, which had enabled much-needed

advancements in palliative care. Despite challenging financial circumstances, the service had managed to save more resources within the system than it spent. She emphasised the profound impact of enabling patients to die at home, in accordance with their wishes, rather than in less preferred environments.

Question on the involvement of the community and coproduction in the service design:
The Committee asked about the involvement of the community and stakeholders, and how deeply coproduction was embedded in the service design. The Clinical Lead acknowledged that while the service had always prided itself on being close to the community, there had been limited formal coproduction in the initial setup due to the speed required to implement changes. Moving forward, there was a strong emphasis on involving patients, families, and bereaved relatives in a more structured manner. This approach aimed to ensure that future service developments were closely aligned with the needs and preferences of those directly affected.

Question on ethnic minorities accessing palliative care:
The Committee raised a question about the underutilisation of palliative care services by ethnic minority groups. The Clinical Lead explained that an Equality Diversity Inclusion Officer, funded by charity partners, was actively working to identify key groups and engage with them to understand and address barriers to service access. This included outreach efforts to culturally specific communities, such as the mosque in Banbury, to discuss culturally competent end-of-life care.

Question on extending enhanced palliative care hub hours:
The Committee enquired about the justification for not extending the palliative care hub hours beyond the standard 9 AM to 5 PM. The Clinical Lead explained that while recognising that health crises occur outside regular working hours, pilot projects had shown minimal demand for extended hours. Embedding a specialist nurse within the Oxford Health single point of access from 5 PM to 8 PM resulted in very few additional calls, indicating that resources could be more effectively allocated elsewhere.

Question on transport:
The Committee asked whether there was any additional support to pilot dedicated palliative transport services, and how confident the Trust was that they could access the resources for this. The Clinical Lead highlighted the significant distress caused by long waits for ambulance services, particularly for patients needing urgent transfers to hospices or their homes. To alleviate this, a pilot scheme funded by Sobell House was proposed to provide dedicated transportation options, aiming to improve patient and family experiences and assess the feasibility of long-term implementation.

Question on relationships with care homes:
The Committee asked about the relationship between palliative care services and care homes, and how contact was initiated. The Clinical Lead explained that the service maintained close ties with care homes, offering support through various means, including direct referrals and training for care home staff. The goal was to ensure that both patients and their families were aware of the available palliative care options and how to access them.

Question on medicine shortages:
The Committee touched on the critical issue of medicine shortages, which had been identified as a high risk to hospice outreach standards. The Clinical Lead acknowledged the challenges in ensuring the availability of key injectable drugs, which were often in short supply at local pharmacies. Efforts were being made to work closely with the ICB to address these gaps and improve access to essential medications, recognising the profound impact on patient care and dignity.

Question on sustainable funding for the RIPEL project:
The Committee asked how confident the Trust were in securing ongoing and sustainable financial support for RIPEL from June 2025 onwards. It was responded that despite the project's demonstrated cost-effectiveness, securing continuous funding remained a challenge. Discussions with the ICB and other partners were ongoing to develop a sustainable business case for the project's continuation.

Question on links with key referrers:
The Committee asked how the service would ensure it had strong links with key referrers such as 111, Acute General Medicine and Emergency Departments. The Clinical Lead emphasised the importance of building and maintaining personal relationships. While communications efforts like email bulletins and posters were useful, direct engagement with healthcare professionals was crucial for fostering understanding and collaboration. Professionals involved in the service placed value on spending time talking to people to get the message across to others.

Question on support for carers:
The Committee enquired how the Trust would increase support for carers and whether any specific areas of improvement had been identified. The Clinical Lead outlined ongoing research to better understand the needs of unpaid carers and the various support tools available. The aim was to ensure that carers were aware of the professional and community resources at their disposal, acknowledging the invaluable role they play in patient care.

Question on palliative care in Wantage:
The Committee asked about the status of the HOSC recommendations for improving palliative care services in Wantage, particularly regarding the provision of crisis palliative care beds. The Program Lead explained that the focus was on ensuring that community beds were generalist-led but specialist-supported, as demonstrated by the model implemented at Wallingford. Discussions were ongoing to determine the best approach for meeting the needs of the Wantage community.

The Committee **AGREED** to issue the following recommendations to Oxford University Hospitals NHS Foundation Trust:

1. To ensure that carers receive the necessary guidance as well as support in being able to maximise the support they provide to palliative care patients.

2. To secure sustainable sources of funding and resources for the RIPEL project, as well as Palliative Care Services more broadly.

3. To secure additional and sufficient resourcing and support for palliative transport services. It is recommended that transport services for palliative care patients are organised in a manner that avoids delay and distress for patients.

4. To ensure that feedback by palliative care patients and their families/carers is not only received and acknowledged, but that such feedback is acted upon in as appropriate a manner as possible.

45/24 HEALTHWATCH OXFORDSHIRE UPDATE REPORT

(Agenda No. 11)

Sylvia Buckingham (Trustee for Healthwatch Oxfordshire) presented the Healthwatch Oxfordshire update report.

The Trustee listed some of Healthwatch's recent activities. Healthwatch had:

- spoken to residents in North Oxfordshire and identified that access to services and public transport was a significant concern raised by the community. These issues directly related to the challenges faced by residents in North Oxfordshire.
- collaborated with Oxford Community Action to address the ongoing issues related to the cost of living and food insecurity. Their efforts aimed to improve the situation for residents in the area.
- conducted research involving parents and carers of children with special educational needs and disabilities. The upcoming report, expected in July, would provide insights into the experiences and challenges faced by this group.

Healthwatch aimed to release its annual report by July 2nd, pending any election-related changes. They continued to actively engage with the public, receiving both positive and negative feedback on accessing services, including NHS pharmacies.

46/24 OXFORD HEALTH NHS FOUNDATION TRUST DRAFT QUALITY ACCOUNT

(Agenda No. 12)

Britta Klinck (Chief Nurse, Oxford Health NHS Foundation Trust) and Rose Hombo (Deputy Director of Quality & Clinical Standards Oxford Health NHS Foundation Trust) presented the draft Quality Account of Oxford Health NHS Foundation Trust. Dan Leveson, BOB ICB Oxfordshire Place Director was also in attendance.

Having introduced the Committee's involvement in the Oxford Health quality account process, the Chair opened the floor to questions from the Committee.

<u>Question on recruitment, levels of agency staff, and Oxford Weighting:</u>
The Committee enquired whether there had been an increased reliance on agency staff, how successful the Trust had been with nursing recruitment, and what further

steps the Trust would take to improve nursing recruitment. The Committee also asked about implementing an Oxford Weighting for salaries.

The Chief Nurse highlighted the Trust's efforts to reduce reliance on agency staff due to both financial constraints and the impact on care quality and patient relationships. She noted the importance of creating a positive work environment to attract and retain staff, mentioning partnerships with local universities and international recruitment efforts that had temporarily filled all vacancies in community hospitals. A notable success was the Trust's programme to train and retain local nursing associates, which had resulted in a substantial number of graduates from the local area, thereby mitigating some staffing issues.
The issue of an Oxford Weighting remained a national concern, but the boundary defining high-cost living areas would always be a point of contention. Oxford Health lacked the autonomy to address this matter themselves but were aware that the impact of this issue was significant, leading to staff attrition among those who wished to start families and own homes while working in the NHS. Any changes to salaries would need to be made in collaboration with other providers across BOB.

Question on support for staff wellbeing:
The Committee asked how the Trust had supported staff wellbeing overall and whether there was a means through which the Trust had measured the impact of support mechanisms for staff. The Chief Nurse outlined the various support mechanisms in place, such as supporting staff with cost-of-living pressures, clinical and managerial supervision and psychological support for traumatic events. They also focused on trauma-informed care for both staff and patients, along with initiatives like Swatch Rounds, which offered opportunities for reflection and processing. They assessed staff wellbeing through the annual NHS Staff Survey, and through participation in the People Polls survey (a monthly assessment administered by NHS England).

Question on patient feedback and experiences:
The Committee enquired how the Trust was utilising patient feedback and experiences to enhance the services it provided overall and whether there were any improvements in this area within the last year.
The Deputy Director of Quality & Clinical Standards explained the development of a more robust patient feedback system, including online portals and regular surveys. These tools were designed to gather comprehensive insights into patient experiences. Efforts were being made to ensure patient concerns were addressed promptly and effectively, including the introduction of patient liaison officers and regular town hall meetings with patients and their families. She also mentioned the creation of the 'Our Voices' pathway to ensure continuous feedback and response.

Question on patient safety:
The Committee asked whether the Trust had taken any steps to improve patient safety within the past year and whether there was there any room for improvement in this area.

Oxford Health NHS Foundation Trust joined the new Patient Safety Incident Response framework introduced by NHS England, which provided them with an alternative approach to investigating incidents. The framework allowed for a more thematic analysis, which enabled them to track changes over time and proactively identify emerging issues. Additionally, the Trust had implemented a suicide prevention strategy and established a dedicated group to address this critical issue. The group had several work streams, including efforts to tackle health inequalities related to male suicide. They had worked on making services more accessible to men, particularly young men, and intervening early to address underlying societal factors. While they maintained a reporting culture and discussed incidents with moderate harm weekly, they recognised that complete safety remained elusive. Transparency and vigilance were essential components of their safety system, and they continually strived for improvement.

Question on learning from patient deaths:
The Committee asked how effective the process of learning from patient deaths was. The Chief Nurse described the Trust's approach under the new patient safety incident response framework, which included family liaison services to facilitate engagement. This ensured that families' concerns and insights were integral to the investigation and learning process. She also highlighted the employment of patient safety partners and carer safety partners to embed the patient voice in safety initiatives.

Question on out-of-area placements for mental health patients:
The Committee asked how extensive the reliance on out of area placements was, and whether the Trust was taking any measures to reduce this reliance. The Chief Nurse acknowledged the challenges and high costs associated with these placements. In-area placements were operating at full capacity most of the time, making it at times impossible to provide beds locally. She explained the Trust's strategies to reduce such placements by improving in-area capacity and support systems, including crisis teams and enhanced discharge planning.

Question on information sharing and recovery from cyber attacks:
The Committee enquired about what measures the Trust had taken to address and to improve information sharing, and the degree to which the Trust had recovered from the previous cyber-attack which affected the Trust's patient record system. The Chief Nurse reported that the recovery from the outage was successful, with full restoration. However, there remained a historical data gap in functionality, which complicated matters. Although they abandoned the compromised system and implemented new ones, time constraints meant ongoing fine-tuning to meet all service needs. Fortunately, the major components were now operational, allowing necessary reports to be pulled.

Oxford Health NHS Foundation Trust had implemented information sharing systems, and enhancing information sharing remained a goal. The Chief Nurse acknowledged the challenge of diverse and complex services with varying electronic requirements. Digital innovation would play a crucial role in meeting future demands. Serious incidents had fostered better understanding and collaboration among partners, even though seamless communication between systems remained an ongoing endeavour.

The Chief Nurse acknowledged that the impact of poor information sharing on a patient's experience of care was serious. Sometimes, in serious incidents, information got lost between agencies or was not transferred effectively, resulting in potential gaps in patient knowledge. Initiatives in place focused on recording essential information in the system, ensuring timely and accurate documentation without burdening clinicians unnecessarily. Additionally, efforts were directed toward building relationships between agencies and collaborative training and role changes facilitated smoother interactions within the system.

Question on complaints regarding staff attitude and behaviour:
The Committee asked about complaints regarding staff attitude, and the steps the Trust would take to improve staff attitude or conduct toward patients. The Chief Nurse acknowledged that incidents did occur, but instead of blaming or disciplining, she advocated for facilitating reflection on why such incidents happened. She recognised the intense pressure staff faced and their commitment to doing a good job. While they aimed to remove those few staff who did not meet expectations, she also highlighted the context of increased racial abuse and the ongoing challenges related to the COVID-19 recovery.

The Committee **AGREED** to issue the following recommendations to Oxford Health NHS Foundation Trust:

1. For the Trust to take measures to tackle workforce shortages and to reduce reliance on agency staff, and for the Trust to seek support, alongside the wider system, for an Oxfordshire Weighting.

2. To ensure that there is a clear process for learning from deaths, to include bereaved families, and to improve services accordingly.

3. For the Trust to develop clear mechanisms for providing support to staff wellbeing.

4. In light of this being a key area of complaints received, it is recommended that the Trust provides training and guidance to staff for the purposes of ensuring good staff attitude, conduct, empathy, and understanding toward patients.

5. To work to reduce inappropriate and extensive reliance on out of area placements. It is recommended that a review of those in out of area placements is undertaken to determine if their needs could be better addressed through bringing them closer to their locality.

47/24 EPILEPSY SERVICES IN OXFORDSHIRE

(Agenda No. 13)

The Chair informed the Committee that OUH had requested more time to produce a joint paper with the ICB in relation to epilepsy, so this item had been deferred to the HOSC meeting on 12th September 2024.

48/24 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 14)

The Committee received responses as well as acceptances for the recommendations made as part of the following items:

1. The South Central Ambulance CQC Improvement Journey Update, which was held during the 08 February 2024 HOSC meeting.

2. The John Radcliffe Hospital CQC Improvement Journey, which was held during the 08 February 2024 HOSC meeting.

3. The Director of Public Health Annual Report, which was held during the 08 February 2024 HOSC meeting.

The Committee also received two progress update responses to recommendations made as part of the following items:

1. Health and Wellbeing Strategy Update.

2. Oxfordshire Healthy Weight.

The Committee **NOTED** the responses and updates.

49/24 FORWARD WORK PROGRAMME

(Agenda No. 15)

The Committee **AGREED** the proposed forward work plan, and **AGREED** to hold a public meeting item in the near future on Maternity Services in Oxfordshire

50/24 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 16)

The Committee **NOTED** the progress made against agreed actions and recommendations.

..... in the Chair

Date of signing .....

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