Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 25 June 2020

PRESENTATIONS

7. Covid-19 Response (Pages 1 - 38)

10:20

An overview of the approach and impact of the virus on health services and health partners.

13. Oxford Health Quality Report (Pages 39 - 50)

14:00

This will be a presentation on progress against stated priorities from Oxford Health Foundation Trust.

This page is intentionally left blank

COVID-19 RESPONSE

Oxfordshire Joint
Health Overview and Scrutiny Committee
25 June 2020

Contents

Overview: Ken Wood's patient story

Ken Wood was cared for at the John Radcliffe Hospital in Oxford for 19 days after being rushed to hospital with a high temperature and difficulty breathing.

The 60-year-old received ventilator treatment on the Intensive Care Unit (ICU) for 13 days

Ken lost around 12kg during his stay in hospital

His two daughters were put on compassionate leave to support his wife, Helen.

Overview: #OneTeamOneOUH

Ken said: “For 13 days, staff laboured with professionalism and care over my feeble ventilated body.
I experienced several days of recovery with the same team’s gentleness, empathy, and encouragement

Ken’s youngest daughter, Laura, an ICU Nurse at a separate Trust, kept a diary of the daily updates from the ICU team and explained to him what nurses and doctors had to do to keep him alive.

Professor Meghana Pandit, CMO at the Trust, said: “We are so pleased that Ken recovered, was well enough to be discharged from hospital, and is able to continue his recovery back home with his family.

“The response from OUH staff to this pandemic has been superb,”

Ken’s condition improved and he was moved to the COVID-19 recovery ward

Overview: ‘Thank you for my life’

Ken is recovering well.

He has been doing breathing exercises and is able to do gentle strengthening exercises and go for up to 40-minute walks.

Ken is receiving support from an ICU counsellor after experiencing nightmares and disturbing hallucinations.

“Thanks to the care I received, I am restored to my family and community. I will never forget what has been done for me, and what staff continue to do for others. I send my sincerest thanks and heartfelt gratitude.”

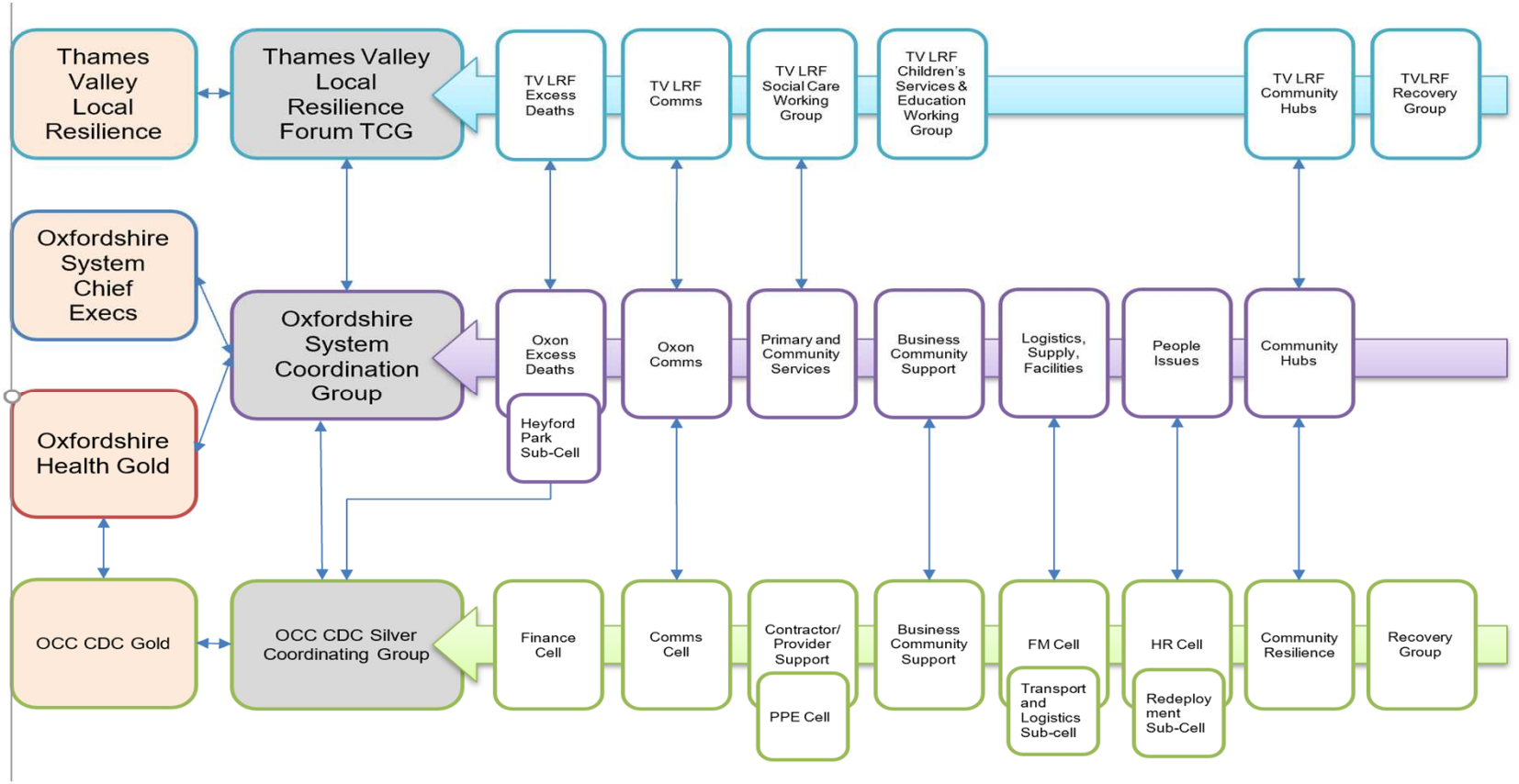
“The reunion with my loving family was extraordinarily special as tears of joy flowed from all our eyes. To my disappointment, though, the dog did not recognise me or my smell so just walked off.

“I believe I have a second chance at life”

Overview: Perspectives from the frontline

- Worldwide pandemic; huge impact on people, society and the economy
- Unknown and unpredictable virus – potentially fatal, no validated clinical assessments or guidelines, no curative treatments
- Wide predictions of expected demand and the need for ventilated capacity and services for ongoing treatment
- People with no symptoms can be contagious, or can have non-specific symptoms (e.g. loss of smell)
- Many services have had to be re-designed to keep patients and workers as safe as possible
- Clinicians are learning week-by-week from the patients presenting to them and emerging evidence

Overview: Oxfordshire response structure



Overview: Examples of Partnership working

Partnerships

- Supporting shielded patients
- Supporting children as they return to school
- Harnessing the support of volunteers
- Learning from lockdown
- Third sector eg Age UK support

Supporting BAME communities

- Working with community leaders
- Information to support the Muslim community
- Primary care social prescribers focus on BAME needs
- Translation services available

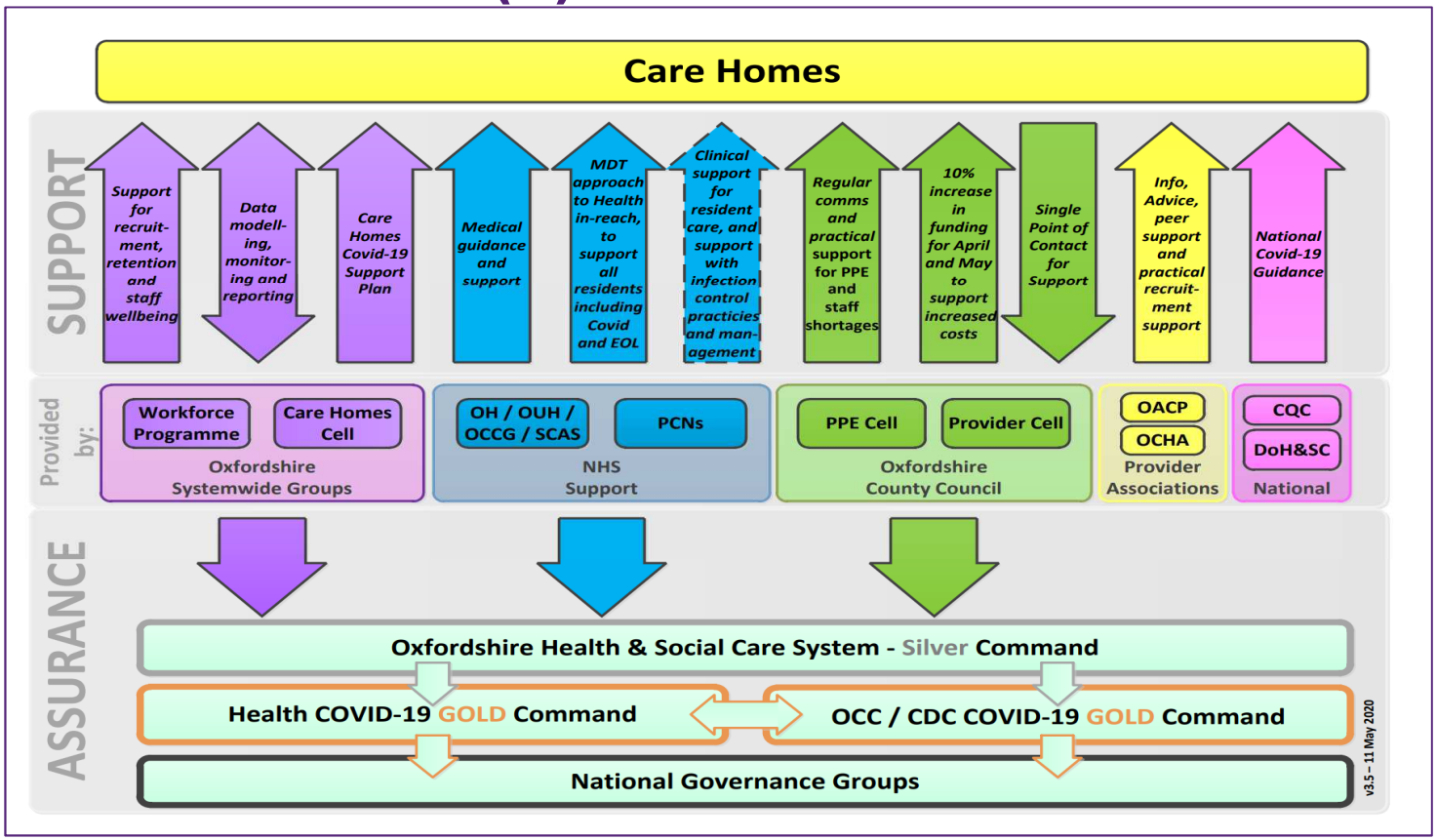
Contents

The Care Sector

Oversight:

- Management support
  - Dedicated contact arrangements, weekly meetings with Oxfordshire Association of Care Providers/Oxfordshire Care Alliance
  - Care Home cell
  - Care Home Support plan
- PPE and infection control
  - Training, webinars, infection control champions, bespoke advice
  - Emergency supplies
- Testing: local solutions via Oxford Health and OUH
- Staffing: individual support, coordination, training
- Primary care support: local offer, named clinical lead, use of Teams etc
- Safeguarding: number of alerts remain static, increase in clinical governance processes, linking up across professionals, safeguarding risk framework

Support Structure (1)



Contents

NHS Response – hospital services

In response to the COVID-19 pandemic, we organised ourselves around three main priorities:

Caring safely for all of our patients:

- We reorganised our space, staffing and equipment to allow us to scale up our inpatient and critical care capacity to treat patients with COVID-19, whilst maintaining essential patient care for patients with other needs
- We streamed patients in our Emergency Departments, to ensure safe cohorting of those with and without symptoms on arrival
- We deployed virtual outpatient appointments using video and telephone software so patients could receive care close to home
- We worked with University partners to develop pioneering COVID-19 treatments and research
- Rapid increase in available bed capacity within community hospitals to support system working
- Maintained good response to emergency & urgent referrals
- Staff able to work remotely due to new equipment and digital technologies

Protecting, training and supporting our staff

- We worked flexibly to redeploy and train our staff so that we could ensure we could provide safe care in all areas
- Our procurement teams worked with partners locally, regionally and nationally to ensure adequate supplies of PPE for staff
- We mobilised and delivered a comprehensive testing programme for staff and patients (both symptomatic and asymptomatic)

Working collaboratively with our partners

- We worked closely with the Independent sector to continue the delivery of urgent services including Cardiac and Cancer operations
- We worked in partnership across the system to ensure people receive care in the most appropriate place
- Oxford Hospitals Charity partnered with local businesses and groups to deliver over 100,000 meals to our hardworking staff
- Enabled system-wide data sharing of patient records, supporting integrated care across the system

NHS Response – Primary & Community Care

Responding across Oxfordshire

- We set up specially-configured **local clinics** and **visiting services** for people with suspected and confirmed COVID, in partnership with the GP Federations and primary care networks across the county. This included innovative services for monitoring people safely at home, such as pulse oximetry home delivery services staffed by trained volunteers
- We developed **new care pathways** that allowed the more infectious patients to be seen at specially-configured 'hot' sites, enabling other healthcare sites to be kept clear of the virus as much as possible, to protect the most vulnerable patients needing non-COVID care
- A programme of **support for care homes** has been developed with social care, independent sector and primary care colleagues – including a regular 'check in' with a named clinical lead, plus new guidance on COVID-19 recognition and management, to supplement training on infection control and PPE
- We set up a rapid discharge team to enable **patients to return home safely** from community hospitals
- We put in place a **Multi-disciplinary Team** approach to support shielding patients and recently discharged patients, working with **Primary Care Networks** and **GP Federations** across the County
- We worked in partnership with **hospice teams** to ensure sufficient hospice capacity and end of life support and set up a 24-hour clinical advice line to support staff and carers

NHS Response – Primary & Community Care

Keeping people safe

- We developed and provided a suite of resources, support and guidance to staff on **keeping safe at work**, and keeping clinical areas **safe for patients**, rolling this out to all Oxfordshire practices, community services and care homes
- We rapidly trained and deployed new **'Infection Prevention and Control Lead'** and **'PPE Champion' roles** in our front-line services, to support staff, boost morale and help keep people safe
- We reorganised our community hospitals and services to **minimise risk to patients and staff**, for example by introducing additional infection prevention and control measures, automating the monitoring and reporting of cases, changing visiting arrangements and ensuring social distancing
- We sorted **PPE supply** for our staff and our partners and worked with partners across the Thames Valley in a mutual aid arrangement
- We set up a local **testing facility** and programme for staff, patients and residents, before testing was rolled out nationally
- Responding to increased evidence of the potential **impact of COVID on staff**, particularly those from BAME groups, we have implemented a personalised **risk assessment and action plan** process for all staff (including those in patient-facing and in support roles)

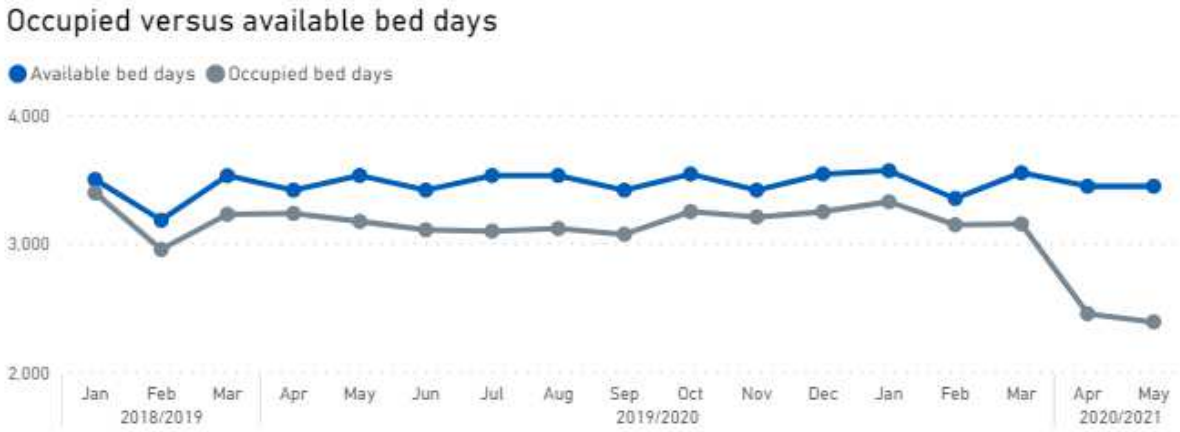
NHS Response – Primary & Community Care

Protecting core services for patients and families

- Total **telephone triage** was rapidly rolled-out across the county for protection of Patients and Staff
- Practices, federations and community services have offered **alternative ways** for patients to **access support and care**, including virtual appointments, digital and telephone consultations – with face-to-face care available when required
- All services have been reviewed against the national and local priorities to ensure we continued to **support our most vulnerable patients**
- We **redeployed** staff into **critical service areas,** including our community hospitals, district nursing, care home support and urgent care, while maintaining essential **children's services** and **safeguarding**
- We have enabled greater **information sharing** and joined-up working between health and care providers
- Health & Care partners are working together to **support research** into COVID-19 vaccinations and treatments, including the ground-breaking Oxford-based clinical trials
- Community pharmacists, CCG/OUHFT/OHFT Pharmacists, GPs have worked to find the best ways to ensure **supply of medications** and partnered with others to ensure these were delivered

NHS Response – Inpatient Care Mental Health

- Changed how we worked on wards to deliver revised infection prevention and control (IPC) protocols & social distancing in least restrictive way - challenge of aged bed stock
- Maintained bed capacity & ensured Workforce was available to maintain safer staffing ratios
- Purchased additional beds through independent sector to support IPC & prepare for surge
- Introduction of end of life pathway on older adults wards.
- Improved physical health care offer, refresher training and upskilling for all inpatients including specialist services (e.g. Eating Disorders)
- Good liaison & support from OUH with patient assessment and transfer to acute – zero MH in-patient deaths due to COVID & zero COVID+ inpatients from 1/06/20



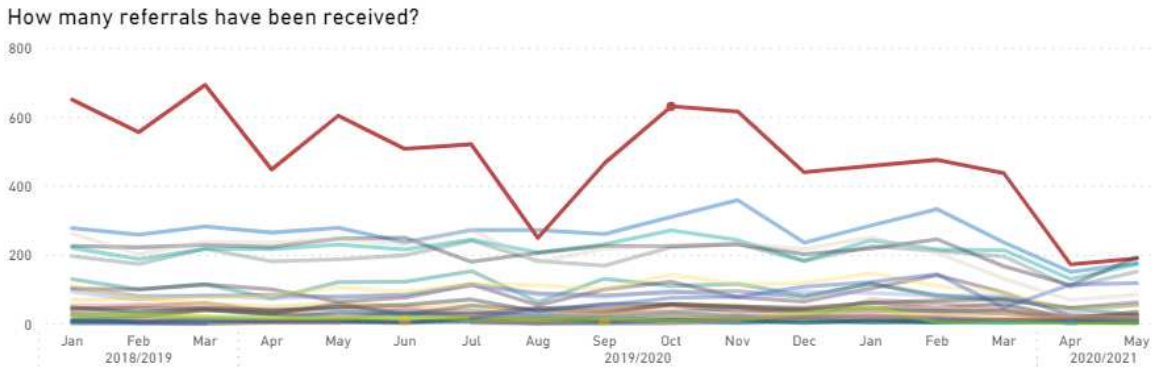
- Occupancy levels – 89% March Vs 71% April Vs 70% May.

NHS Response – Impact on Demand (Mental Health)

- Maintained good response to emergency & urgent referrals
- Started to see an increase in complex cases, both new and known psychotic presentations.
- Although new referrals reduced, clinicians continued to work proactively with existing patients, carers & families to support their health and social care needs throughout
- Where necessary face to face work (assessment & treatment) continued but digital alternatives widely embraced
- Worked in close collaboration with 3rd sector partners, sharing learning PPE etc

AND within 2 weeks we:

- Established 24/7 Mental Health & LD helpline (all age) for Ox & Bucks linked to NHS111
- Established MH A&E on Warneford site (but not required)



Referrals continued to be made (and accepted) to all Mental Health Teams in Oxfordshire.
1,715 referrals received in April 2020 (-41% less than April 2019)

NHS Response - Learning Disabilities & Autism

- All open clients clinically reviewed to identify those at particular risk due to Covid 19 - care plans reviewed, crisis plans updated & health passports refreshed. Active engagement with primary care & challenge to “blanket” DNAR approach
- Designated staff developed accessible information including easy read regarding Covid 19. Resources shared with partners
- Care & Treatment Reviews (CTRs) & CETRs continued remotely
- Reasonable adjustment service provided support to acute admissions to ensure care support & rapid return to community
- Virtual support to specialist care homes & supported living

NHS Response – IAPT (Oxfordshire)

- TalkingSpace Plus is more public facing, via the website offer more COVID 19 related topics for example videos and other material on wellbeing, social isolation, worry management and employment support.
- We continue to deliver telephone and digital consultations remotely including all group treatments.
- The service has been involved in the set up, implementation & hosting of the 24/7 Mental Health Support line.
- We are prioritising local NHS and care home staff.
- We are actively working with system partners, including voluntary sector, councils, public health, acute trusts and SCAS to ensure patient pathways are in place for those that require COVID related psychological support.
- We are enhancing established patient pathways for BAME communities, older adults, and people with comorbid long term physical health conditions.
- Further staff training in PTSD, complex grief & bereavement, OCD, GAD and Health Anxiety (in preparation for the expected surge).
- Staff wellbeing continues to be at the forefront ensuring both a safe and effective service delivery.

Contents

Supporting our Staff

- Incredible pulling together across health and care – common purpose of togetherness of staff across the system
- Flexibility – staff moved to support areas of greatest need
- PPE
- Risk assessments
- Testing
- Resilience for on-going response including remote working / GP bank holiday working to support COVID-19 and non COVID-19 care
- Amazing support from people across Oxfordshire – fundraising, donations, sewing groups making face masks, teachers looking after key workers children, bus & taxi drivers and those charities and League of Friends supporting the provider Trusts

- **We want to say thank you – to our staff and to the communities we serve**
- But there have also been moments of great sadness and we would like to pay tribute to those staff, their families, friends and other Oxfordshire residents who have lost their lives during the pandemic, who include our close colleagues and friends - our thoughts are with their families, friends and colleagues who are deeply affected by their loss.

Contents

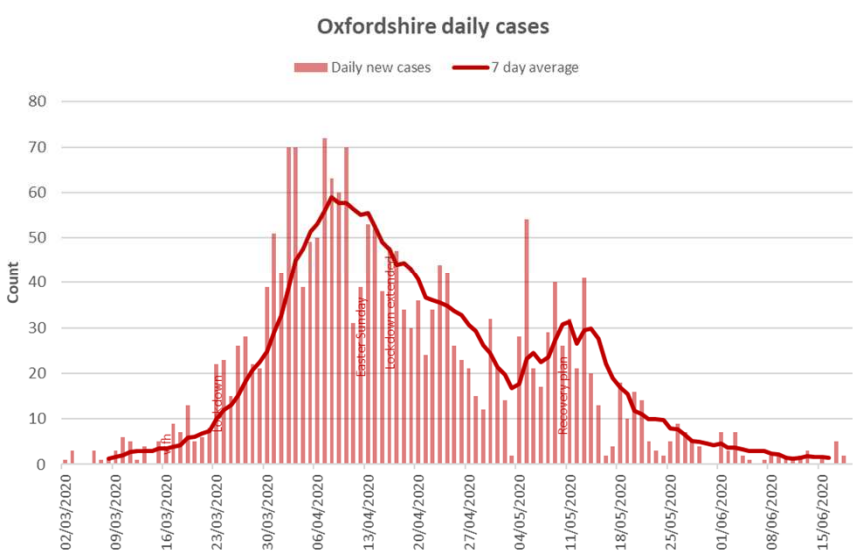
Factors affecting data analysis

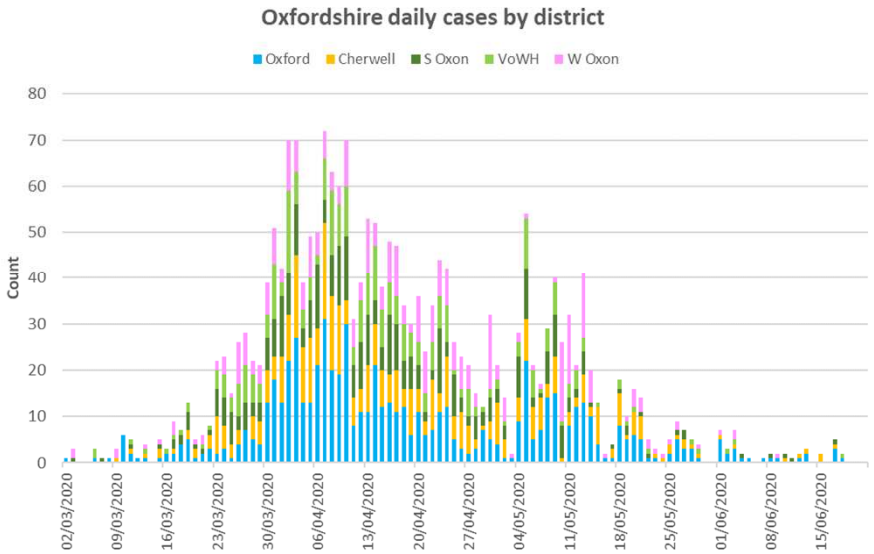
Practical and recording factors
Testing uptake
COVID recording in death certificates
Confirmed vs suspected outbreaks

Individual factors
Age Distribution
Ethnicity
Co-morbidities
Case mix

Population factors
Population density
Care home distribution
Socio-economic factors

Oxfordshire daily cases





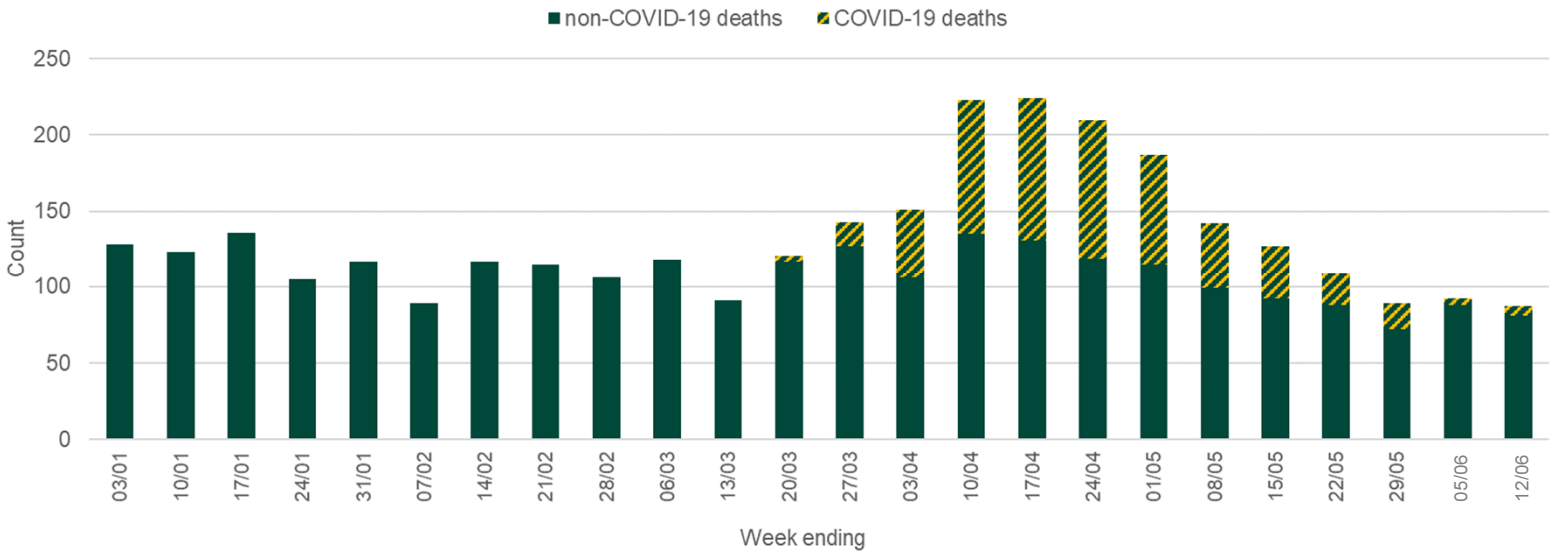
https://coronavirus.data.gov.uk/?_ga=2.154060088.1400398996.1589206312-78457807.1577964837

Oxfordshire cumulative cases 21/06/2020

Area name	Total cases	Rate per 100,000 population
Cherwell	422	282.9
Oxford	665	430.9
South Oxfordshire	369	262.6
Vale of White Horse	317	237.0
West Oxfordshire	350	318.8
Oxfordshire	2,123	308.8
South East	22,599	247.4
England	159,118	284.3

Oxfordshire Mortality

occurred up to 12th June but were registered up to 20th June



COVID-19 deaths include those with any mention of COVID-19 on the death certificate.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

COVID-19 Mortality by setting

occurred up to 12th June but were registered up to 20th June

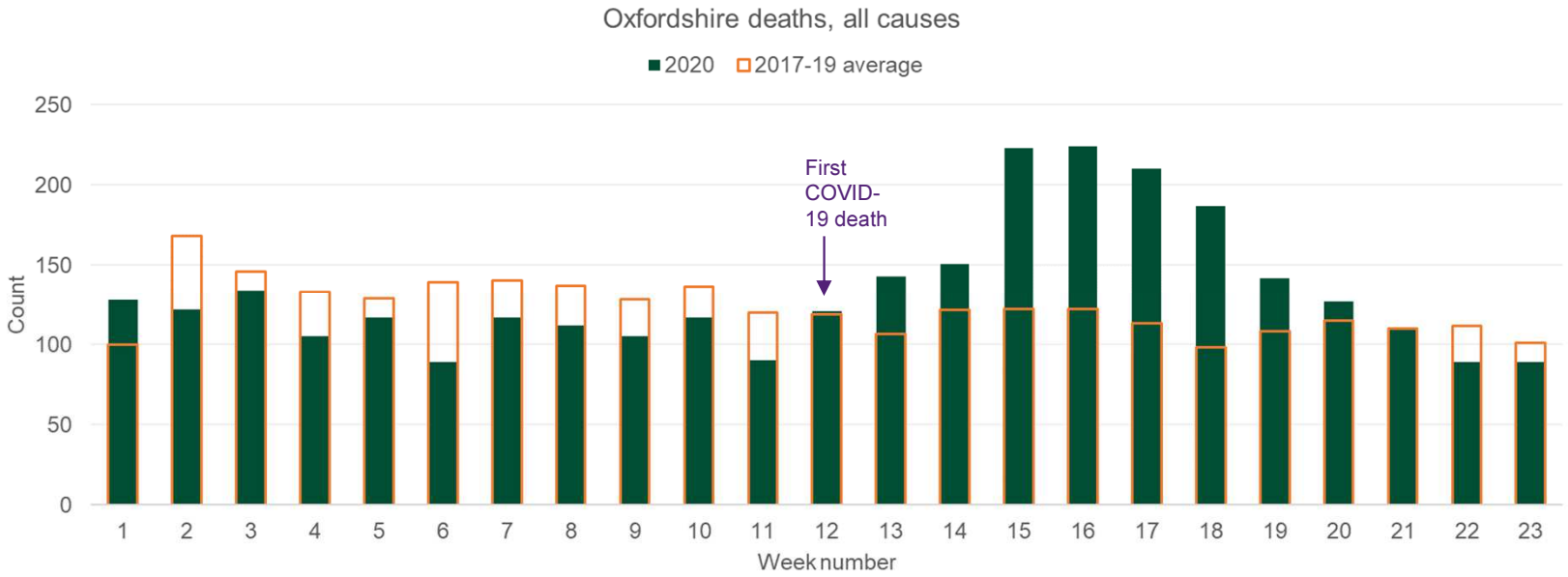
	Place of death							
Area name	Home	Hospital	Care home	Hospice	Other communal establishment	Elsewhere	Total	Crude rate per 100,000
Cherwell	4	46	63	1	0	0	114	75.8
Oxford	9	34	28	0	2	0	73	47.9
South Oxfordshire	3	47	62	0	1	0	113	79.6
Vale of White Horse	6	50	58	0	6	0	120	88.2
West Oxfordshire	1	39	74	0	0	1	115	103.9
Oxfordshire	23	216	285	1	9	1	535	77.4

COVID-19 deaths include those with any mention of COVID-19 on the death certificate.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

Oxfordshire mortality: all causes

compared to average of last 3 years



https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland
Previous years' data calculated from the Primary Care Mortality Database (PCMD)
2020 data up to week 22 includes deaths that occurred up to 5th June but were registered up to 13th June

All deaths in Care Homes

compared to average of last 5 years

County	Deaths within care homes, weeks 13 to 24, 2015-2019 weekly averages (ONS date of death data)	Deaths within care homes weeks 13 to 24 2020 (ONS date of death data)	% change
Oxfordshire	327	717	**119%**
England and Wales	24,651	53,166	**116%**

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/11622fiveyearaverageweeklydeathsbyplaceofdeathenglandandwalesdeathsoccurringbetween2015and2019
Previous years' data at Local Authority level calculated from the Primary Care Mortality Database (PCMD)
2020 data up to week 24 includes deaths that occurred up to 12th June but were registered up to 20th June

Confounding Factors

Practical and recording factors
Testing uptake
COVID recording in death certificates
Confirmed vs suspected outbreaks

Individual factors
Age Distribution
Ethnicity
Co-morbidities
Case mix

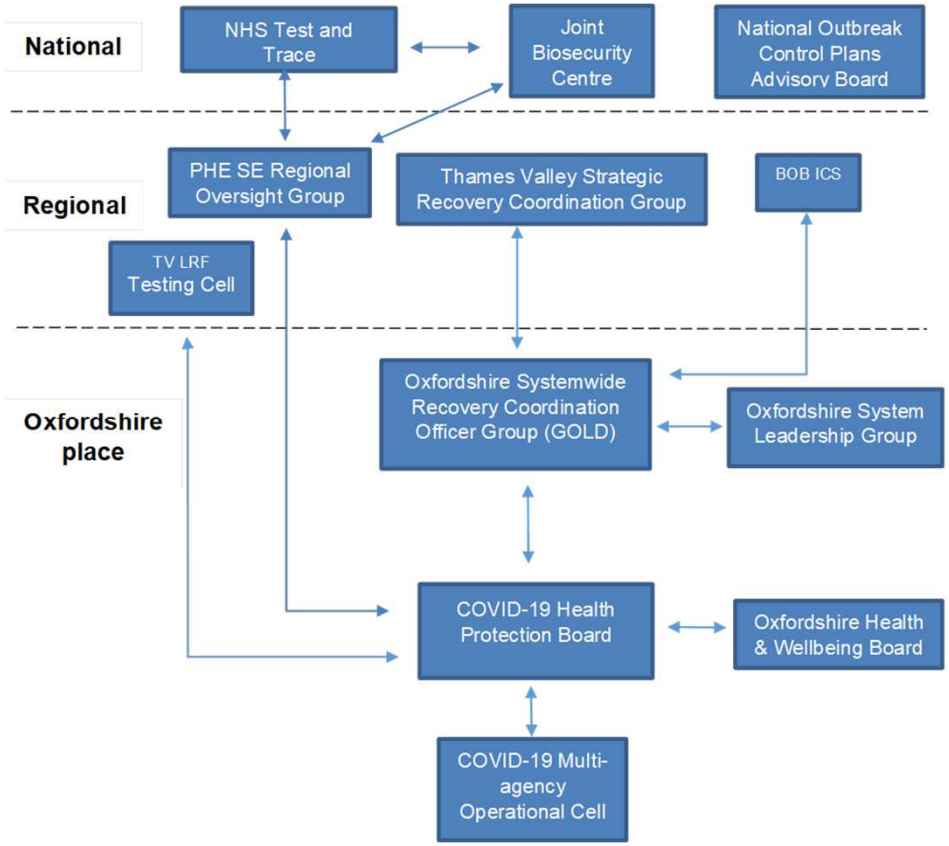
Population factors
Population density
Care home distribution
Socio-economic factors

Other Considerations

- Data size and statistical significance
- Lessons to learn
  - Phase of pandemic
  - Unknown unknowns
- Phase of epidemiology and infectivity
- Looking ahead
  - Test and Trace
  - Local surveillance and responsiveness

Contents

Local COVID-19 outbreak structure



Recovery: Three Horizons

1. **The immediate horizon**: an operation plan for the *Re-start*

2. **Transition horizon:** recognition that we cannot radically change overnight! *Re-cover and Re-form* gradually

3. **The post-COVID horizon:** an evidence-based plan for the future of 'Oxfordshire' as a place. Embrace whole system change …*Re-new* together

Recovery: Learning and next steps

- Currently focus is on the rapid review of data where learning is so great that it influences current practice (and updated national guidance)
    - Staff and patient testing to enable us to see and treat more of the populations, or
    - research that influences treatment such as the use of medicine
- In the medium term we will need to revisit areas of more academic interest and wider learning

Recovery: Current and early challenges

- **Ensuring residents and staff are safe** and services can reopen with the right social distancing, PPE and other preventative measures in place.
- **Loss of productivity** in many areas due to the impact of social distancing and PPE
- **Redesigning Elective care** in some areas where we were already experiencing long waits pre COVID. For 9 specialities we need to work across the BOB ICS to develop solutions to avoid reintroducing patients to unacceptable total waits to treatment.
- **Home First Model** - discharging people through a discharge to assess model to assess their strengths, mostly in their own home and supported by an integrated team
- **Renewing services** – The nature of delivery of some services has changed – e.g.virtual to give infection control. Services have had to reshape or close due to the need to deploy essential staff. We need to consider the benefits of the current changes and impacts determining which changes are expected to be progressive.
  - Outside of COVID 19 the full requirements for engagement and consultation would apply on any major change and we will engage the Health Overview and Scrutiny Committee in this process
- Ensuring services remain ready to ramp up and are resilient **to respond effectively should a second surge occur**

This page is intentionally left blank

OHFT Quality Report

Oxfordshire Health Overview and Scrutiny Committee
25th June 2020

Marie Crofts – Chief Nurse
Jane Kershaw – Head of Quality Governance

Approach to Quality

- Vision – outstanding care delivered by outstanding people
- Current quality rating by the CQC is Good – our ambition is to achieve outstanding
- To achieve outstanding we need to;
    - ❖ Have a strong patient/ carer voice in our developments
    - ❖ Ensure staff are fully engaged and feel valued

- We are committed to make year on year improvements to quality
- Invested in a healthcare improvement centre –develop staff capacity and capability to make and sustain changes
- Aim that every member of staff is empowered/ takes responsibility to improve the quality of care where they work
- Quality governance framework led by the Board to promote and learn from improvements and to keep an oversight

Context and Covid-19

- Note earlier presentation today.
- Outbreak transformed services, created challenges but also many opportunities.
- Examples of innovations;
  - New patient/ general public helplines for mental health support (more than 1,000 calls), support with managing diabetes, carers befriending etc..
  - New patient pathways developed with system partners to provide psychological support
  - Over 10,000 on-line video patient consultations completed – about 60% of all appointments (from 15% before covid)
  - Redeployment of staff to improve system capacity for core services and setting up special clinics with primary care for suspected/confirmed patients
  - Letters to loved ones on the ward – more than 100 letters received to date

- Some services are still in a response phrase i.e. district nurses, care home support services, dental service. However recovery work is also starting.

Last Years Objectives

- 14 quality objectives were identified in discussion with staff, governors and commissioners.
- Key progress – mostly up to end of January 2020.

	Quality Priority	Key Progress (up to Jan 2020)
1.	Improving Staff wellbeing and retention	- Schwartz rounds were introduced across a number of sites from Sept 2019. Designed for staff to come together to share stories, reflect on and explore the emotional challenges of working in healthcare. Feedback has been extremely positive. - We rolled out cultural ambassadors to support BAME staff – 9 staff were trained. - An employee assistance programme was procured and launched to offer staff support 24/7 i.e. counselling, legal information and wellbeing resources. - 2019 national staff survey results showed a slight improvement in staff engagement from last year and the Trust achieving higher than average compared to other NHS trusts. In relation to 'does the Trust take positive action on health and well-being' there was an improvement from last year but more work to do (responses from 2,711 staff).
2.	Improving Staff recruitment	Development of Oxford Health nursing 'offer' to enhance recruitment. Initial achievements being: - The first group of 22 nursing associates qualified in 2019. The two-year course combines paid work with academic study. A further 122 nursing associate trainees are currently in training with 23 of the trainees due to qualify in June 2020. Approx. 50% are likely to go onto the degree apprenticeship to become full registered nurses. - The Trust is the host for the Thames Valley nurse cadet programme which opened in February 2020 for 16-19-year olds. This is an innovative and creative way of 'growing' interest in healthcare careers and allows us to engage with young people offering an entry route to apprenticeships. - The first cohort of Peer Support Workers (n=16) in Oxfordshire are now recruited into posts and another cohort of around 20 people are going through training. - We launched large scale recruitment campaigns during Covid-19 which have been successful. Over 700 local people contacted the Trust resulting in over 200 offers of employment. - Improved candidate experience during recruitment through use of a new system.

	Quality Priority	Key Progress (up to Jan 2020)
3.	Improving the triangulation of information to improve decision making	- A new web-based dashboard was developed and rolled out. This improves access to real time information and presents different data sources in one place to enable triangulation of information related to activity, workforce, finance and quality.
4.	Improving Patient, carer and family experiences	- A refreshed patient experience and involvement Strategy was approved in May 2019 and launched. Some achievements include; the development of a new app called "My journey" for anyone accessing mental health services, a post diagnosis pack was developed with parents accessing the children's neurodevelopment pathway, 2 films have been produced to help reduce anxiety about going to the dentist for people with a learning disability, patient stories have been used as part of the service redesign of children's integrated therapies. Co-production has also been strong with patients joining staff interviews, assisting in designing garden spaces and developing resources. - Under the friends, family and carers Strategy we have achieved; e-learning on carer awareness co-developed with carers and launched in June 2019, 6 volunteer carer support roles have been appointed and a series of co-produced carer resources have been developed including a new handbook for community hospitals and resources available for bereaved carers. - In 2019/20 the Trust received 20,926 surveys through our internal mechanism, with 93.9% saying they would recommend the service received. In additional to this internal survey we use a range of other methods to gather feedback.
5.	Improving the lives of people with Dementia	- The Trust's new dementia Strategy co-developed with people who live with dementia was approved in August 2019. The Strategy has five workstreams around living well with dementia, each with a named clinical lead. - Workshop held in November 2019 to identify workplan. - We are one of the national pilots for the 'ageing well' programme to respond swiftly to support older people in their own homes.
6.	Improving End of life and palliative care	- The Trust developed an End of Life Strategy relating to children and adults. - Nine Staff engagement workshops were undertaken in 2019 to develop skills and improve the use of the End of Life care plan. - We are participating in a system review of End of Life service provision in Oxfordshire to identify opportunities for pathway improvements. - A monthly audit is undertaken and the results inform the work of the End of Life Steering Group, currently there is a focus on asking/ understanding patients spiritual needs.

	Quality Priority	Key Progress (up to Jan 2020)
7.	Improving the safe transition of young people from child and adult mental health services	- Across Oxford Health there are now jointly written and agreed transition protocols between CAMHS and AMHT. - Monthly transition meetings are held attended by both child and adult mental health services to discuss the care to patients in transition.
8.	Suicide prevention	- Progress has been made against the self-harm and suicide prevention Strategy workplan for 2019/20. This includes; follow up within 48 hours for all mental health patients when discharged from hospital, introduction of safety planning supported by training, focus groups held with carers to understand better the support they need as part of safety planning, and a support group was set up to held psychiatrists affected by suicide. - The Oxford Suicide Centre has led the self-harm monitoring system reported to the Department of Health and Social Security and the National Suicide Prevention Strategy for England Advisory Group to assist with the government's suicide prevention policy in relation to the pandemic. - The Trust has contributed to the multi-agency suicide prevention strategies and led on a bid to develop a standardised psychosocial assessment for those at risk of suicide/repeated self-harm.
9.	Reducing the use of restrictive practice	- A 'Positive & Safe' committee has been established chaired by the Chief Nurse to continue to reduce the use of restrictive practice through a quality improvement approach and benchmarking good practice from across the Country. - The Trust joined the NHS Improvement QI collaborative on reducing the use of restrictive practice, 3 wards were involved and some improvements have been seen in the reduction of restrictions by; increasing activities, improving engagement in meal preparation and helping patients to get to know staff. - The Trust's training certification application has been successful and the PEACE training department will be submitting the required evidence over the next 6 months. We will become a commissioner and provider of externally accredited de-escalation and restrictive practice training. - Core data on restrictive practices at team level was developed with teams and is provided monthly. This supports teams and PEACE champions to review their local practice and guide quality improvement work.
10.	Reducing the harm from violence and aggression on mental health wards	- A series of small quality improvements have been started to impact on reducing harm from violent and aggressive incidents, these include; new roles to provide more activities for patients, more structure to debriefs with patients following an incident of violence, using team safety huddles and running learning events at ward level. - The use of restrictive practice as a result of violence and aggression has reduced.

	Quality Priority	Key Progress (up to Jan 2020)
11.	Reduce falls that cause harm on community hospital wards	- All community hospital wards have started a joint quality improvement project using a series of tests of change alongside learning events for example improving the quality of risk assessments and introducing stickers for drug charts to assist in identifying culprit drugs and their indication for use. - In comparison to previous years the number of patients that have fallen resulting in harm and the level of harm caused seems to be decreasing however it is too early to describe a trend. In 5 out of the 9 months (prior to covid-19), the number of falls with harm was less than in 2018/19.
12.	Reducing the use of medication for people with a learning disability	- Audit demonstrated our prescribing was in line with all expected standards. The national standards are 'stopping the over medication of people with a learning disability and/ or autism' (STOMP) and also the 'safe treatment and administration of medicine in pediatrics' (STAMP). - Information is now routinely highlighted and embedded within our letters to GPs - We are seeing medication levels reducing for this client group. - Participation in the national audit on prescribing for people with a mental health and learning disability. We are waiting for the results.
13.	Improve the practice and recording of mental capacity	- A Mental Capacity Act (MCA) working group was established to lead on the quality improvement work. Initially a Trust-wide staff survey was completed between Aug-Sept 2019 to understand barriers in practice/ documentation for staff and how we can best provide support and guidance in using the MCA. - The MCA training is in the process of being reviewed. - Amendments have been made to the patient record system to improve the consistency of recording and the launch of a new assessment form. - Significant national changes are being made to Deprivation of Liberty Standards which were planned for late 2020. The Trust has been preparing to implement the changes however we are waiting for the final regulations to be published.
14.	Reduce inappropriate out of area placements	- Improved patient experience through the reduction in the number (from 14 in March 2019 to 7 in March 2020 across Oxon and Bucks) and the length of stay of inappropriate out of area placements - The investment in mental health safe havens and crisis services to provide more alternatives to admission will help us to achieve the aim of zero inappropriate out of area placements and will support improvements in patients experiences out of hours.

This Years Focus

- Recently significant effort and capacity has been focused on service delivery and responding to covid-19.
- We want to harness and continue with the opportunities created to work differently.
- Recognise key driver to improving quality is our staff and the support we give them to feel safe, valued and empowered. This underpins our priorities.

Priorities

Leadership

- Further develop and begin embedding the use of a Restorative Just Culture approach
- Develop and evaluate a framework of support for our BAME colleagues in order to reduce inequalities at work
- Continue to support and improve staff wellbeing to enable recovery

Safety

- Reduce restrictive practice through introducing a Positive and Safe approach (national NHSI quality improvement collaborative and action from 2019 CQC inspection)
- Improve sexual safety in mental health inpatient settings (national NHSI quality improvement collaborative)
- Improve tissue viability and reduce avoidable harm in pressure damage (national NHSI quality improvement collaborative)

Priorities

Experiences

- Ensure we have strong patient voices as part of developing and improving services, part of the Trust's Experience and Involvement Strategy
- Continue our focus on improving personalised care planning (action from 2019 CQC inspection)

Clinical Effectiveness

- Improve and enhance the service offer to care homes and end of life care planning
- Improve clinical care pathways through continuing to implement the three regional mental health New Care Models – move from commissioning in shadow form to full delegated responsibilities from NHS England/ Improvement.
- Develop the consistency and application of staff supervision (action from 2019 CQC inspection)
- Improve clinical documentation and practice in relation to the Mental Health Act (action from 2019 CQC inspection)

Questions?

This page is intentionally left blank