# Our strategy

2021 - 24

NHS
Oxleas
NHS Foundation Trust

*Improving lives*

**oxleas.nhs.uk**

# About Oxleas

Oxleas offers a wide range of NHS healthcare services to people living in South East London and to people in prison. Our services include community health care such as district nursing and speech and language therapy, care for people with learning disabilities and mental health care such as psychiatry, nursing and therapies. Our multidisciplinary teams look after people of all ages and we work in close partnership with other parts of the NHS, local councils and the voluntary sector and through our new provider collaboratives.

Our 4,000 members of staff work in many different settings including hospitals, clinics, prisons, children's centres, schools and people's homes. We manage hospital sites including Queen Mary's Hospital, Sidcup and Memorial Hospital in Woolwich as well as the Bracton Centre, our medium secure unit for people with mental health needs. We are one of the largest providers of prison health services providing healthcare to prisoners across Kent and South London. We are proud of the care we provide and our people.

## Our purpose

Our purpose is to improve lives by providing the best possible care to our patients and their families.

*Improving lives*

## Our values

Our new values have been developed through discussions with staff, patients and local people:

we're **kind**

We show consideration, concern and thoughtfulness towards everyone.

we're **fair**

We embrace difference, treat everyone with respect and promote diversity, equity and inclusion.

we **listen**

We always seek to understand, learn, and improve.

we **care**

We work together and innovate to put our service users at the heart of everything we do.

Staff Recognition Awards

# Our challenges and how we will respond

Our population is growing and people are living for longer. This means more people are living for longer with physical and mental health problems that need the care, treatment and support of the NHS. For some people, they need help at a time of crisis. When the crisis passes, they can get on with their life without the NHS. For others, the support they need will be regular and may well be life-long.

Oxleas' services have become busier in recent years. Physical and mental health services are under growing demand, for children, for working-age adults, and for older adults. The needs of these groups are changing and services are working hard to keep pace.

We have also seen pressures on our budgets over the last five years. Investments in the NHS, and in Oxleas, have not kept pace with the increase in the cost of running our services – let alone funded the extra demand. This pressure has shown itself in different ways and at different times on our services, ranging from increases in waiting times and waiting list sizes, through to the need to use of expensive non-NHS mental health beds when Oxleas capacity is full to try to get people the care they need.

There are some aspects of our services we want to improve and we welcome the insights from the Care Quality Commission inspections. While our overall rating is good, and some of our care is outstanding, we need to pay close attention to quality and safety in our services to continue to reduce the risk of people coming to avoidable harm.

Having listened in detail to the views of our staff, our patients, our carers and our partner organisations, we have developed a strategy that we believe will make a big difference to our patients and our staff.

We know that there are uncertainties ahead. The pandemic continues to dominate our lives and we do not know how it will affect our lives in the longer term. We are witnessing a worrying deterioration in local authority finances that will inevitably affect the services we provide together. We know that the NHS White Paper – 'Integration and Innovation: working together to improve health and social care for all' signals significant reorganisation across the NHS. We are working through what this will mean in practice and the impact on Oxleas.

We have strong relationships with our local partners built over a number of years - within the NHS, our local authorities, independent providers and the voluntary care sector – and together we will navigate these changes successfully. We will listen closely to the experiences of those who use our services and we will draw on their insights to design solutions that work for the challenges we face. We will strive to be the best employer we can be, so that we attract and retain committed and talented staff. And we will always prioritise the delivery of flexible, responsive and well-led services that improve lives.

# The wider context

## National

What are the challenges in the UK currently?

- Covid-19 pandemic and the impact on mental and physical health
- Health inequalities arising from social factors
- A growing and ageing population
- Increased public debt and impact on economy
- National difficulties in health workforce recruitment
- Forthcoming structural reorganisation across the NHS

# Local

## Our local population

**Growing and ageing**
South East London has a highly diverse population of around 1.85 million. The population is growing and is predicted to increase by 9.5%, exceeding 2 million, over the next ten years. The expected growth in the older population far outstrips the overall population growth rate. This is likely to lead to increasing demand for care across the system overall. Older prisoners are the fastest growing group in the prison population.

**Highly diverse**
The proportion of our local population who are from Black, Asian and minority ethnic backgrounds ranges from 19% in Bromley to 41% in Greenwich. South-East London has a higher than average proportion of residents that identify as LGBTQI+.

**Significant levels of deprivation**
One in five children lives in low-income homes. Greenwich is one of the 15% most deprived local authority areas in the country. The other two boroughs (Bexley and Bromley) are significantly less deprived, but have pockets of deprivation.


## Our local health needs

**Borough specific characteristics**

# Bexley

- Bexley's population is estimated to increase by 9% between 2019 and 2030.
- One in six people are over 65 and projections show that Bexley has a population that is ageing.
- Across Bexley the health profile of the population differs; Bexley has a relatively younger, ethnically diverse and deprived population towards the north.
- 22% of the population is from a Black, Asian or minority ethnic background, this is expected to continue to rise.
- Obesity is the single biggest challenge for Bexley.

# Bromley

- An ageing population, the proportion of people aged 65 and over is expected to increase gradually from 17% in 2017 to 18% by 2022 and 19% by 2027. The number of children aged 0 4 is projected to decrease over the same period.
- 19% of the population are from Black, Asian or minority ethnic backgrounds. Children and young people make up the highest proportion of these populations.
- For the period 2013 to 2015 there was a 7.4 year difference in life expectancy at birth between males living in the most and least deprived areas of Bromley, and 5.9 years for females.
- Although there is less difference in the level of life expectancy inequalities seen between males and females in Bromley, in the last eleven years there has been an increase in inequalities in life expectancy within gender for females but a reduction for males.

- The key causes of death in Bromley are cancer, circulatory disease and respiratory disease. There is significant variation in mortality rates for coronary heart disease and cancer between wards in Bromley.

## Greenwich

- Greenwich has a young and very diverse population. Almost 25% are under 19 and around 10% are over 65.
- Greenwich has particular challenges including high levels of deprivation, inequalities and unemployment.
- About 41% of the population are from a Black, Asian or minority ethnic background. The two biggest minority ethnic groups are Black Caribbean/African and South Asian/Chinese.
- Cancer, lung disease, dementia / Alzheimer's and digestive diseases (including alcohol related conditions) contribute to lower life expectancy inmen. For women, factors include dementia / Alzheimer's, lung disease and infectious diseases.

## Our local financial environment

As an Integrated Care System in South East London, our ambition is: "to deliver a clinically and financially sustainable system for the future and address health inequalities in south east London".

The Integrated Care System financial position for 2019/20 had a system underlying deficit of £265m. The modelling forecasts that, by 2023/24, the affordability gap for the South East London (SEL) system could be £670m unless action is taken to improve long term financial sustainability.

## Our response as an Integrated Care System

As a system, we aim to:

- Bring together stakeholders – including patients – to transform patient care, reduce health inequalities and improve patient outcomes
- Develop in-depth population health management capacity and capability
- Design new models of care and major service changes to improve population health outcomes
- Work closely with local government to join up health and care at the appropriate system tiers
- Engage staff, citizens, voluntary sector, multi-professional leadership development and partnership working in respect of integrated care and system working
- Undertake system-wide quality improvement and sharing of best practice, involving all staff groups across the system

These elements shape and inform our Oxleas strategy and our response to the challenges we face.

# Our journey so far

We have been developing this strategy while facing the most significant challenge our society has experienced for a generation. Our staff, alongside colleagues from all parts of the health and social care system, and supported by our local communities, have risen magnificently to the significant challenges posed by Covid-19. We have adapted our services quickly and changed how we work to continue to provide care for those most in need.

We have learned a great deal from this experience – in particular, about the inequalities

in our society and our organisation and how, together, we can implement change rapidly and successfully. It has helped us to understand that we need to do more to tackle the inequalities in our service provision. It has brought to the forefront the need to put kindness and fairness into action and encouraged us to have important conversations about equality and wellbeing. This has resulted in our 'Building a Fairer Oxleas' programme and shaped our work to support the wellbeing and resilience of our staff. It has also helped us to develop our new values which have been enthusiastically endorsed by our people. As we emerge from the pandemic, we want to think about their outstanding contribution during this challenging period and to take time to recharge and start looking to the future.

Despite the funding challenges, we have always managed our finances well at Oxleas. This has put us in an excellent position to date to invest in services, infrastructure and our staff. The fantastic re-development of Queen Mary's Hospital, Sidcup is a prime example of this and of effective partnership working to benefit local people. Our work as part of the South London Partnership (SLP) to improve specialist mental health services locally, and reduce the distance patients have to travel for care, has been highly successful. The SLP is leading the country in creating 'Provider Collaboratives' to take forward this work.

# Shaping our Oxleas strategy together

To develop our strategy, we undertook a comprehensive engagement process with our staff, service users, carers and partner organisations. The 'Our Next Step' engagement programme began in November 2019.

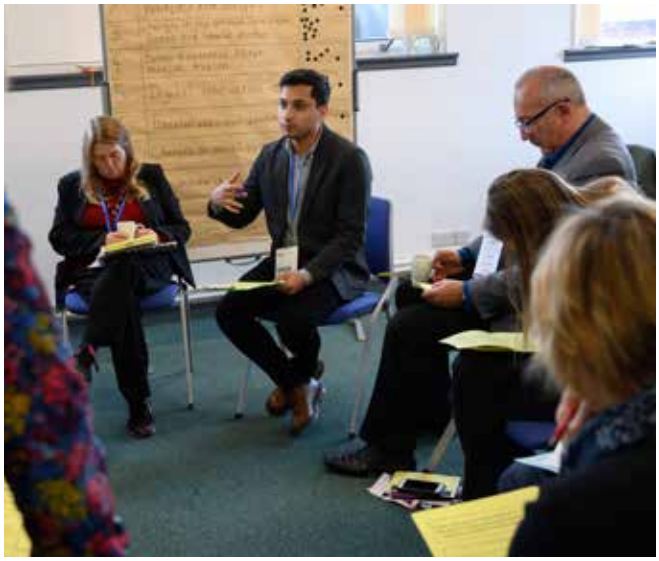
We gave individuals the opportunity to share their personal views of what Oxleas' priorities should be through surveys, events and webinars. During the second phase, which took place from January 2020 until the end of February 2020, these themes were discussed by teams across the organisation. We heard from over 1,000 members of staff through these activities. We also undertook a wide range of engagement activities with service user groups and individual service users and carers to gather their feedback gathering views from more than 500 individuals and groups.

Our Next Step engagement told us that:

- Patients and carers wanted reduced waiting times, services closer to home and greater involvement in their own care.
- Staff highlighted the importance of staff wellbeing, workforce development and using technology to improve care and patient/staff experience.
- People placed importance on the demonstration of kindness and respect and wanted our values to reflect this.

We want to take this forward working with our local partners as part of an integrated system that improves the lives and health of local people by providing them with the support they need, when they need it and where they need it. The principles of providing care without delay and close to home are central to this joint approach.

One of the Our Next Steps workshops



## Some of the feedback we gathered through Our Next Step engagement programme:

**"A digital method instead of face-to-face consultations would save on taking time off work, driving to and from hospital and parking charges etc."** Person using physiotherapy services in Bexley

**"Some services seem to operate independently of the family supporting the patient. There is a real opportunity to work together to provide the best care possible."** Carer of person receiving district nursing services

**"Earlier intervention would help prevent people getting to the point of needing to be admitted to hospital."** Parent of person using mental health services

**"What we hear from patients is that they have to wait too long for our services."** Staff member, Bexley

**"More involvement of a client's family would help create a better future for the client."** Staff member, adult learning disability services

**"We need more listening and responding to the needs of staff."** Staff member, Bromley

**"We need more career opportunities for people from Black, Asian and minority ethnic groups."** Staff member, community health services

**"I'd like to see a continued emphasis on staff wellbeing."** Staff member, Greenwich

# Our three big priorities

In light of the feedback from our large-scale 'Our Next Step' engagement work and the experiences through the pandemic, we have identified three big priorities for Oxleas for 2021 – 2024:

**1 Achieving zero delays**

**2 Delivering great out-of-hospital care**

**3 Making Oxleas a great place to work**

These will be underpinned by a number of building blocks which will be vital for delivering the changes we want to see.

## Big priority one:

### Zero Delays

The lives of our patients improve when they receive the right care at the right time. When patients experience unnecessary delays in receiving care, their health can deteriorate. It is not acceptable that a person's health should deteriorate because we cannot deliver care in a timely way.

We are determined to avoid the harm that patients may experience whilst waiting longer than necessary. We want Oxleas to be known for delivering the right care at the right time with zero delays.

The amount of time a patient should expect to wait for a service should be well-defined and understood by both patients and staff. It should be determined by the best evidence available about the right time for care. Every patient should receive clear communication about the length of time it should take for them to receive their care and this should improve patient experience and outcomes. Any patient who waits longer than the agreed waiting time will be treated as a delay and subject to a review.

To deliver these improvements, our services need to be designed in a way that drives efficiency and we need to reduce the mismatch between demand and capacity. We need to minimise the number of inappropriate referrals through better system-working. We need to reduce the number of transfers between services and tackle over-zealous gatekeeping. We may need to think differently about the models of care for some services. Where demand is greater than the capacity we have funds for, we will have timely conversations with

partners within the local health system to find ways to resolve this.

Teams will review their service model to take account of the need to provide timely care.

All teams will have an agreed waiting time that will be monitored in team meetings. Delays will be consistently measured across teams. We want staff to feel proud about delivering timely services.

We will track our progress by measuring the volume and length of the delays in our services. We will track other measures to assess the impact on patient outcomes, staff experience and benefits to the wider health system.

## Big priority two:

## Great Out-of-Hospital Care

We want our out-of-hospital care to be the very best it can be. By providing people with the tools, skills and services they need to manage their conditions in their own communities, we will improve the quality of their lives and the lives of those who support them.

Communities who can access different and targeted models of care in their local areas will have less need for admissions to inpatient services. Our inpatient services will be transformed into therapeutic spaces for patients who are very unwell and they will be accessible in a timely way.

There is a clear case for change. We know that there is scope to improve the consistency of the care we provide in our community services and this has been confirmed by the Care Quality Commission. The Royal College of Psychiatrists recommends occupancy for mental health inpatient beds at 85%, but we are regularly reaching levels of 98 – 100% with an impact on the quality of care we can provide. The pandemic has increased the pressures on our community services in Bexley and Greenwich, demanding increased innovation and co-ordination.

We will achieve great out-of-hospital care by co-designing our services with those who use our services and their loved ones. We are also keen to work in close partnership with local GPs, the voluntary sector and our local providers.

We have two programmes of work already in train to deliver innovative and high-quality out-of-hospital care. Our 'Home First' programme is focused on enabling patients to access physical healthcare in their own homes or an identified place – the right care, at the right place, at the right time. Our Community Mental Health transformation work will deliver more targeted services and improved alignment across the health-system. In line with national strategy, we will support our service users to access new and integrated models of primary and community mental health care so that they will have greater choice and control and be supported to live well in their communities.

Both of these will benefit from national transformation funding, but also from targeted reinvestment. By becoming less reliant on bed-based services, we can reinvest into supporting a new offer within the community which in turn will reduce our use of beds.

We want to design our teams and services to support a clear focus on the quality of care within our different services. We want to connect further our mental and physical health services so that we offer great physical care to our patients with mental health diagnoses, and vice versa – a vital part of delivering the best care to our patients. We want to equip our staff with the tools, skills and competencies to deliver the best quality of care and improve their joy at work.

We will measure our progress using quantitative metrics such as community caseloads, bed occupancy, attendance at A&E, referrals from primary care etc. We will also use qualitative measures such as service users and other stakeholder feedback and proxy measures such as the number of complaints and incidents.

## Big priority 3:

## Great Place to Work

We will only deliver outstanding care to our patients if we take the best possible care of our staff. The quality of our care depends on our ability to attract, retain and develop high-calibre people. There is fierce competition for NHS staff and we need to stand out as an employer of choice – both within the NHS and for school leavers and within the wider community. We want our people to be given opportunities to develop and thrive and to feel supported to give their best every day. We want every person in Oxleas to be treated kindly, fairly and with care.

The pandemic has put a considerable strain on all of our people. Frontline staff members have continued to deliver care to some of the most vulnerable people in our society, despite real fears of contracting Covid-19. People have grieved the tragic loss of patients and loved ones. Colleagues across Oxleas have changed the way that they work quickly and graciously. People have kept working when things have felt extremely challenging and relentless. They will need time and support to reflect, recharge and rebuild as we emerge from the pandemic.

We listened to our staff who told us they wanted new values that spoke to the heart of Oxleas. Their feedback directly shaped new values: We're kind – We're fair – We listen – We care. Our new values, which are supported by a behaviours framework, will be embedded in all our people processes e.g. our recruitment, progression, performance and talent management. This will support our work to tackle bullying and poor behaviours.

The tragic events which led to the prominence of the Black Lives Matter movement prompted colleagues to speak openly in 2020 about their personal experiences of poor treatment in Oxleas. The pandemic also highlighted the disproportionate impact of Covid-19 on a range of different groups. The 'Building a Fairer Oxleas' programme was launched to deliver tangible improvements.

Guided by staff feedback, the following initial priorities were selected- (a) building cultural intelligence, and (b) improving the fairness of our recruitment and progression processes. In time, the programme will evolve to tackle issues raised by other protected groups, e.g. LGBT+ staff, disabled staff, staff with mental health issues and others.

We want our staff to feel that their voices are heard and they are empowered to drive improvements. Our Quality Improvement programme equips our staff to identify areas for improvement and design interventions that make a difference. Each directorate has a staff assembly that is allocated funds to improve staff wellbeing, staff rest areas and more. Staff networks are encouraged and supported by Executive Director champions.
All staff members are able to get their questions answered directly by the Chief Executive through the 'Ask Matthew' facility. We use webinars and film and are always looking for ways to communicate in a way that is fresh and engaging. We want frontline staff to stay up-to-date in ways that suit them e.g. at nursing stations and team briefings.

Oxleas launched a new Shadow Executive in 2021. This comprises 12 talented staff members from a range of different professions, backgrounds and locations who were selected to bring fresh thinking and challenge to our senior decision-making. They meet with the Chief Executive and other Directors to feed-in their views on the papers going to our monthly Executive meetings.

We want all frontline staff members to have access to high-quality rest areas and interventions that enhance well-being, e.g. through Schwartz rounds, counselling support and more. We are designing a forward-thinking agile working offer for those who are able to work from home, so that we can attract and retain talented staff and potentially tackle specific skill shortages.

We will measure our progress through the engagement scores in the annual staff survey, our exit and new joiner data, our turnover, our Workforce Race Equality and Workforce Disability Equality results as well as our Building a Fairer Oxleas pulse surveys.

# Our building blocks for change

## Building Block One:

### Quality Management

Our ambition at Oxleas is to go from good to great in terms of the quality of our services, and then to stay great. We want to embed an improvement approach which delivers sustained improvements to the quality of care we provide, empowering staff to provide better and safer care.

We will deliver this by focusing on four components of our quality of care:

- Quality planning – understanding the priorities for improvement and the design of appropriate interventions
- Quality control – maintaining quality and knowing when it slips away
- Quality assurance – independently checking the quality
- Quality improvement – delivering the improvement

There are three key enablers to this work – (1) Being clear about how this work contributes to our overarching priorities as set out in this strategy, (2) Leadership that demonstrates the beliefs, attitude, skills and behaviours that enable improvement, (3) Co-design and co-production – a culture of listening and action (discussed more below).

Our quality management framework brings all these components together. It provides the methodology for developing and continually improving quality through the setting and monitoring of annual quality priorities.

Effective implementation of a quality management framework will help us to build on our current approach and deliver –

- Robust quality control systems that provide one version of the truth about what is and what is not working
- Effective governance and management processes so all our improvement activities are aligned
- A culture that empowers our staff
- Opportunities to learn and value the mirror held up to us by our assurance processes
- Honesty when something goes wrong
- Improved scope to listen and respond to staff, patients and their families

## Building Block Two:

### Bolstering our service user, patient, carer involvement and co-production

Our vision is for a “nothing about us without us” approach to the delivery of patient care. To achieve this, we will create new resources and infrastructure to support involvement.

There is an increasing expectation of routine service-user, patient and carer involvement across the NHS, but a number of issues can make involvement less likely, such as

- Traditional professional training does not equip staff well for a partnership approach towards care-planning and service design
- Contacts often take place in a clinical-crisis context and this can make it harder for our staff to see service users as a resource for partnership rather than a problem to be managed

- Users and then families can sometimes feel intimidated or excluded by NHS structures

Our recent Care Quality Commission well-led review described Oxleas as having pockets of outstanding involvement practice but with significant gaps which impeded the spreading of learning and practice. The opportunity costs to all of not utilising involvement and partnership working are considerable.

Delivering the improvements we want requires new resources and structures including:

- A dedicated lead for involvement to increase the opportunities available and improve the join-up between lived experience, volunteering, public membership and governor roles.
- An "Involved" steering group comprising governors, Quality Improvement lead, Service managers, leads for the Lived Experience Programme, volunteering, membership and family and carer leads and key external partners. This group would support co-ordination and facilitate ongoing two-way information sharing.
- Introducing a clear matrix management for our lived experience practitioner workforce and ensuring that the LXP workforce remains accessible and diverse. The LXP workforce will report activity to, and be supported by, the therapies executive.

A number of indicators will help us to know that we are making progress. Patient experience data will be more representative of stakeholder populations and will be constructed to inform service design. We will hear more from 'hard to reach' groups – including those who are more deprived or vulnerable. Quality improvement projects will be supported by relevant and prepared user-populations and projects will benchmark well against national standards of co-production involvement. Well-attended public forums will provide a mechanism for wider information-sharing such as consultation on key issues and mental and physical health skills workshops. Engaged teams will deliver improvements to care-plans in terms of co-production and opportunities for involvement.

## Building Block Three: Creating a safety and learning culture

Patient safety is about maximising the things that go right for our patients and minimising the things that go wrong. Making mistakes is human and we will reduce the potential for error by learning and acting when things go wrong. Patient safety is everyone's responsibility.

We want everyone in Oxleas to feel comfortable talking about safety problems and how to resolve them without fear of blame or punishment. We will create team cultures where everyone feels psychologically safe and knows that their concerns will be treated openly and with respect.

Our 2020 staff survey shows that we have more to do to achieve the culture we want. Our results around patient safety have been static and match only the median scores for similar trusts.

Our future approach is shaped by the best practice set out in the National Patient Safety Strategy. This highlights psychological safety, tackling blame, valuing diversity, having a compelling vision, good leadership and teamwork, openness and support for learning, and kindness and civility as the key ingredients for a safety and learning culture.

The foundations have been laid with our new values and our Quality Management Framework that emphasises the need for continuous and systematic improvement. Our 'just culture' approach also helps by balancing fairness and learning in a way that avoids blame. We will communicate a compelling vision to staff around psychological safety and leadership. Our approach to safety and learning recognises the vital importance of upholding our patients' dignity and human rights.

We will improve our understanding of safety by drawing insights from multiple sources of patient safety information. We plan to implement the Patient Safety Incident Management Framework to support learning from serious incidents. This involves moving towards a proactive approach to learning from incidents and away from reactive and hard-to-define thresholds for 'Serious Incident' investigations. Quality of investigation is the priority with the selection of incidents for investigation based on the opportunity for learning and the need to cover a range of outcomes.

Our current safety priorities for mental health services are:

- Reducing restrictive practice
- Physical health care monitoring after rapid tranquilisation
- Reducing risks of self-harm and suicide including ligatures
- Reducing violence and aggression
- Understanding of service user individual risks
- Physical health care in mental health
- Improving sexual safety
- Improving management of co-existing mental health, alcohol and drugs

For physical health services, our safety priorities are:

- Reducing falls
- Reducing pressure ulcers
- Reducing malnutrition
- Prevention, early identification and management of physical deterioration and sepsis
- Antimicrobial resistance and healthcare associated infections (including Covid-19)
- Safer use of medicines

And, in learning disability services, our priorities are:

- Improving support to people with respiratory illness
- Improving the identification of the deteriorating patient

We provide a range of healthcare in several prison settings and the safety priorities for these services are:

- Ligature risk assessment
- Detection and management of deteriorating physical health

We will measure our progress in different ways to capture the voice of service users, families, carers and staff. We will triangulate feedback from the staff survey and through the Improving Lives assurance visits and Quality Improvement measures. We would expect improvements in the recurrent themes that currently emerge from our serious incident investigations, such as communication, information sharing, risk assessments and mitigation plans.

## Building Block Four:
## Increasing our focus on service inequalities

Covid-19 highlighted a number of health inequalities, including those experienced by people from Black, Asian and minority ethnic backgrounds, disabled people, LGBT+ people, people with learning disabilities and older people. It has also demonstrated the extent to which people's health is dependent on a range of social factors including access to decent housing, employment, and education. We cannot fix these factors alone but we can work to support our partners to deliver improvements (see Building Block Five below) and ensure that we do not entrench existing inequalities.

Our aim for ourselves as a provider is to make sure that people in our area get prompt access

to well-designed patient-centred care that is sensitive to the culture, religion, gender, sexual orientation and other characteristics of those who use our services. We want the accessibility, cultural appropriateness and fairness of our services to be assessed on a routine and comprehensive basis.

To track the experience of different groups, we need to routinely record the ethnicity, religion or sexual orientation of our services users. Without comprehensive data, we cannot know whether certain groups are over or under-represented and we cannot know if they have a poorer experience because of specific protected characteristics. Our aim is to ensure that we know the ethnicity, disability status, sexual orientation and religion of at least 80% of the people who use our services. We review patient experience data by age, disability, ethnicity, gender and sexual orientation and put in place actions to address poorer experience

The pandemic has accelerated changes to the way we deliver our services, including increasing the use of telephone and video appointments. Equality Impact Assessments have helped us to identify that while these approaches offer greater access for many patients, not everyone has access to the necessary technology. There are also risks to be managed in terms of privacy, cultural barriers, communications needs due to age or disability. In order to ensure that those receiving virtual appointments get their needs met effectively, we have established a set of principles regarding the frequency of face-to-face contacts.

We have made significant progress on the Accessible Information Standard (AIS) and are increasingly capturing people's communication and information needs on our patient electronic record RiO, but potentially less so on other patient record systems. Our plans are for the Accessible Information Standard to be fully embedded.

We want to use every opportunity to promote inclusion, whether that is in our physical environment (estate), the way our services are delivered (accessibility and cultural understanding) or the way services are promoted (multi-channel communications and segmented marketing).

We engage with our local communities to ensure we hear the voices of those who are seldom heard and to build stronger relationships with protected groups.

We measure our progress by tracking:

- Patient experience data, including to see whether we can eliminate any significant differences between people due to ethnicity, age, disability, sexual orientation and gender
- Compliance with the requirement to identify, record, flag, share and meet the Communication and Information Needs of every patient / service user / carer due to disability or language needs
- Data on the increased use of British Sign Language, translated information, closed captions on video calls etc.
- More qualitative data from seldom heard from groups and communities and the use of this in the shaping of service development
- The percentage of patients for whom we hold full demographic data on RiO and other record systems
- The availability of detailed disability access information for all our main sites
- Fulfilment rates for our interpreting provision

## Building Block Five:

## Effective partnership working

We have long understood that we will only deliver the best outcomes for our patients if we work closely, collaboratively and creatively with our local healthcare providers, partners and local communities.

We take pride in the strong relations we have built with our partners over a number of years. These have helped us to adapt extremely quickly and flexibly to meet the needs of our patients during the uncertainties of the pandemic.

The strength of these relationships also provides an excellent platform for navigating the changing NHS landscape, at both a local and national basis, over the coming months and years.

We play an active part in the leadership of 'Our Healthier South East London', one of the first 15 integrated care systems in England. In April 2020, South East London CCG became a single organisation – putting us in a good position for progressing into the new arrangements. Our integrated care system is likely to comprise both a statutory NHS body and a health and care partnership. We are committed to ensuring that these new arrangements work effectively and deliver benefits for our patients and our people.

Our commitment to effective partnership working is shown in a number of ways, including through our formal partnership structures. We have regular partnership meetings with Lewisham and Greenwich NHS Trust. These have helped us to identify and develop innovative new solutions to shared problems and build on the excellent collaborative working that already exists. We also are members of local place-based or borough-based partnership groups in each of our three boroughs and we are involved in the development of borough-based alliance structures.

We are founding members of the South London Partnership, with South West London and St George's NHS Trust and South London and Maudsley NHS Foundation Trust. This partnership has achieved significant benefits for the quality of our patient care by working at scale e.g. reducing dramatically the distance that children have to travel to access specialist mental health services. The South London Partnership represents a third of the new Provider Collaboratives established nationally.

Oxleas is also committed to working in partnership across the range of our services and with people who use our services, with their carers and loved ones, with local community groups and others, as described above.

## Building Block Six:

## Reducing violence, aggression and abuse against our staff

There is sometimes a perception that facing violence, aggression and abuse is a part of the day job in a mental health and community trust. We want to make it clear that no-one should have to come to work to be the target of this kind of behaviour. Oxleas does not tolerate violence or abuse against its staff and it takes a strong stand against any racist, homophobic or other discriminatory actions and behaviours.

We have a package of interventions in place to reduce the incidence of violence, aggression and abuse against our staff. There are a range Quality Improvement initiatives to reduce violence and learning from successful initiatives is disseminated to other teams. Our 'body worn cameras' pilot has been welcomed by both service users and staff and can help to diffuse tensions. Personal alarms have also been issued to staff.

We are working closely with our local police services to ensure that attacks against our NHS staff are approached with the same rigour as attacks against the police. We are establishing a six-weekly steering group with the police to track progress and share learning and best-practice.

We have a clear process in place to ensure that staff members are given full support after incidents and to gather feedback and lessons learned for the future. We continue to promote the 'It's Not OK' initiative in our wards and our teams.

We will track our progress through the staff survey data that assesses the incidence of violence and discrimination, through the number of incidents and through the feedback from

the questions about the support received from managers and teams.

## Building Block Seven:

## Increasing Digital and Remote Service delivery

Digital technology opens up the opportunity for our patients to take an increasingly active role in their health and care. We want our patients to be able to access care in different ways and are working with staff and service users to design and develop this.

Digital services create opportunities for carers and other key members of our service users support networks to join appointments or access patient's digital records with their permission. Digital appointments will increasingly mean that clinicians can offer appointments from different locations at different times to better suit our patients' needs.

We are creating a new digital personal health record – Oxcare which will enable clinicians to share information such as care plans, letters and leaflets together with recommended digital self-help tools that can play a pivotal role in supporting people between appointments.

We recognise that not all our service users or carers will have the skills or equipment they need to engage with us in this way so we will review regularly to ensure that technology does not become a barrier to accessing our services.

We have made excellent progress in introducing digital tools to improve our clinical processes and pathways, digitising many administrative tasks. The pandemic has accelerated the roll-out of our remote service delivery offer with many patients receiving consultations and treatment via video or telephone, as well as carers joining therapy and inpatient ward rounds remotely, using video conferencing tools.

Our extensive patient experience survey of 35000+ service users between March and July 2020 demonstrated the viability of including virtual technology in our patient offer. We have discovered that virtual contacts are acceptable and may be more convenient to a significant proportion of our users, particularly as treatment progresses. We now need to standardise our offer and ensure that we establish digital pathways across all appropriate services to complement our existing face to face offering. We will start this work in Spring 2021 and will focus initially on Bromley Mental Health services.

Offering services digitally will provide more attractive flexible working opportunities for our staff and may allow us to think more creatively about the location of our workforce. As the needs of our patients and workforce change, we will also need to consider how we use our space differently in the future.

We already have some great examples of the innovative use of technology by clinicians within our services but to achieve our ambitions we recognise that all staff will need both the skills and confidence to use technology to provide 'people-first, digitally enabled' care.

To support our clinicians, we will produce clinical guidance on 'Staying Connected' which will be a trust wide document supporting clinicians in the use of digital appointment platforms for different appointment types and interventions. This will be developed over the next few months and will draw on best practice within Oxleas and the SLP but also within the wider international community.

During 2021 we will also establish our digital ambassador programme which will provide support for staff to become confident in digital technologies and processes. We will be developing this programme with our SLP partners.

It is essential that we ensure that all staff have the right equipment to deliver care in different ways. We have already published our draft 'Digital Personas' for all Oxleas staff. This will standardise the digital equipment for all roles

within the trust. We are aiming to ensure that all staff members have the right equipment for their 'persona' during 2021 which will enable them to have the same user experience as in the office when working remotely.

We will also focus on how we can enable our service users to use technology to take a more active role in their health and will support them in doing so, particularly if they are vulnerable or unsure about using technology. This will be a key activity as we roll-out Oxcare over the next couple of years.

We will track our progress by monitoring:

- Usage of our digital pathways and the different types of clinical contact provided by our services
- Feedback from our patients on their experience of our remote services through additional surveys of our patients, carers and staff
- Patient outcomes to ensure parity across the different pathways
- Any reduction in our travel-spend and need for office space as more team and clinical meetings are held digitally and people work remotely

## Building Block Eight:

## Making best use of resources

## Finances

To achieve our ambitions, we need the right financial resources to deliver sustainable change. Before the pandemic, the underlying financial deficit for South East London was £265m. Oxleas accounted for £13.5m of this deficit as we entered 2020/21. A revised financial regime was introduced for the pandemic but we will soon revert to a position where we need to deliver challenging cost improvement plans.

We will be operating with revenue and capital control totals set for the South East London integrated care system (ICS). This will require negotiation across all our ICS partners and a more system-wide approach. A key focus for Oxleas will be to ensure that mental health and community health services achieve parity with acute health funding.

Key investments into our mental health provision will come from Mental Health Investment Standard monies. This will address the experience of our mental health patients right across our care pathways. The pandemic has sadly extended our waiting times and we will be bidding for a share of the national £500m mental health waiting list fund to address these issues in 2021/22 and support our work to deliver 'Zero Delays'. The trust will continue to bid for new work e.g. in prisons, and we will extend our Provider Collaborative opportunities with our SLP partners. Any new bids will be expected to make a minimum of 13% contribution to our existing overheads and to contribute to our future Cost Improvement plans.

The key strands of cost improvement and transformation work will be:-

- New ways of working – taking advantage of new opportunities to build fit-for-purpose infrastructure, including both IT and estates investment, that enables us to release estate we do not need in two to five years' time.
- Mental Health Transformation – including crisis, beds and community mental health services resulting in increased productivity and sustainably fewer occupied bed days. Investment will be required to make these new pathways and ways of working sustainable. This is a key part of our work to deliver 'Great Out-of-Hospital care'.
- Community Physical Health Transformation - this would include our intermediate inpatient units as well as our community offering including work with our primary care colleagues and inreach into our local acute trusts. This would require investment in our

community offering as part of both the Home First model and Diabetic community model.

- Workforce – including increased focus on targeted recruitment and retention strategies, to reduce our reliance on temporary staffing, as well as better managing our rosters.

We have maintained very healthy cash balances to date and have been able to deliver breakeven or surplus positions to date, but this has involved relying on one-off (non-recurrent) measures rather than sustained efficiencies. We need to focus on delivering sustainable cost improvement plans over the course of the next three years in order to ensure that both our revenue and planned capital investment programmes can be afforded.

We have identified a five year capital programme, covering both IT and Estates and Facilities, which will require £62.1m to March 2024.

## Environmental sustainability

Oxleas is committed to environmental sustainability. This is the responsibility to conserve natural resources and protect global ecosystems to support health and wellbeing, now and in the future. We take this responsibility seriously and will consider the impact of our decisions in this context.

We will work to meet the sustainability targets set out in the 2020/21 NHS Operational Planning and Contracting Guidance. We have been working successfully to reduce our estate-produced carbon emissions for a number of years and we are working with experts to compile a Carbon Reduction Roadmap. This roadmap will ensure that we develop the depth and breadth of approach needed to support the achievement of the ambitious NHS long-term target of zero carbon emissions by 2040. This will require a committed effort across Oxleas and we will harness the expertise and appetite already existing within our workforce to drive change.

As well as considering technological solutions, we need to encourage, support and incentivise widespread changes in behaviour to support our goals.

The reinvigoration of the Trust Sustainability Group is the first step, and this diverse group will oversee a series of specific task groups and monitor progress. Our initial focus will be on reducing waste and increasing our recycling of waste; reducing the use of fossil fuels in running our buildings and considering changes to the way we operate to minimise the environmental impact.

# More information

We will be involving staff, service users, carers and partners in our plans to take these workstreams forward. We will report on developments and outcomes through our website.

If you need help in a crisis, you can access information here:
**oxleas.nhs.uk/advice-and-guidance/how-to-get-help/**

Follow us on twitter **@OxleasNHS**

We are keen that people who use our services tell us about their experiences, good or bad, to enable us to learn: please access the 'What you think' site here:
**oxleas.nhs.uk/your-views/comments**

If you are a member of staff and you have a question or a comment, please use the '**Ask Matthew**' function on The Ox.


Our Quality Improvement vision wall at Oxleas

Oxleas NHS Qi quality improvement