

BOARD OF DIRECTORS' MEETING IN PUBLIC

Wednesday, 27 November 2024
09:00 – 12:15

Microsoft Teams virtual meeting

Agenda

<u>OPENING ITEMS</u>	Purpose	Lead	Indicative Time
1. #Hellomynameis and apologies for absence	Welcome	Chair	09:00
2. Patient Journey – Oxfordshire CAMHS Community Teams (Outreach)	Discussion	Chief Nurse	09:05
3. Staff Story – Occupational Therapy (OT) Service	Discussion	Chief People Officer	09:20
4. Declarations and Register of Directors' Interests	Assurance	Chair	09:35
5. Minutes of the meeting held on 25 September 2024	Approval	Chair	
6. Action log and Matters Arising from the Minutes	Assurance	Chair	
<u>STRATEGIC, REGULATORY & SYSTEM</u>			
7. Trust Chair's report	Discussion	Chair	09:40
8. Chief Executive's report (supporting access to the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB) Board papers: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/)	Discussion	CEO	09:50
9. Corporate Affairs report including updates on: a. Legal, Regulatory and Policy; and b. Board Assurance Framework (strategic risks)	Information & Assurance	AD of Corp Affairs	10:05
<u>QUALITY, PERFORMANCE & SUSTAINABILITY</u>			
10. Intensive and Assertive Mental Health Care Response: Current position and Next Steps	Information & Assurance	Interim COO for MH&LD	10:15

11. Patient Safety Incidents (PSI) report	Assurance	Chief Nurse	10:25
12. Mental Health Provider Collaborative update	Information	Interim COO for MH&LD	10:35
13. Annual Plan mid-year progress report	Information & Assurance	Exec Director of Strategy & Partnerships	10:45
14. Winter resilience/vaccinations update	Information	COO for Community Services, Dentistry & Primary Care	11:00
<i>10 minutes' break (if required)</i>			11:10
15. Integrated performance and sustainability reporting: a. Integrated Performance Report (IPR); b. Quality & Safety Dashboard; and c. Finance report	Information & Assurance	Exec Team	11:20
16. Board Committees' update reports and recommendations from recent meetings: a. Mental Health & Law Committee 15 October 2024 b. People, Leadership & Culture Committee 16 October 2024 c. Quality Committee 7 November 2024 d. Finance & Investment Committee 12 November 2024	Discussion & Assurance	C'ttee Chairs	11:40

RESEARCH & EDUCATION

17. Research & Innovation report	Information	R&D Director and Assoc Director/ Chief Medical Officer	11:55

CONCLUSION & RESOLUTION TO CONDUCT PRIVATE BUSINESS

18. Any Other Business	-	Chair	12:05
19. Questions from the public, governors or staff attending	-	Chair	
20. Review of the Meeting	-	Chair	
21. Resolution by the Board to exclude the public and conduct its business in private for confidential matters which may be prejudicial to the public interest if conducted in public or for other reasons	Approval	Chair	

Meeting Close

12:15

Next meeting in public: 29 January 2025

READING ROOM/APPENDIX

Supporting reports to be taken as read to prompt discussion and decisions as required

22. Appendix to the Chief Executive's report:

- a. access to the Buckinghamshire, Oxfordshire & Berkshire West (**BOB**) Integrated Care Board (**ICB**) Board papers: <https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/>

23. Supporting information to the Corporate Affairs update report:

- a. Board Assurance Framework (strategic risks)

24. Minutes, agendas and supporting information from Committees (except the Charity Committee which will next meet on 04 December 2024 and provided its draft minutes from its September meeting to the September Board meeting):

- a. Audit Committee 03 September 2024
- b. Finance & Investment Committee on 17 September and 12 November 2024
- c. Mental Health & Law Committee on 15 October 2024
- d. People, Leadership & Culture Committee on 10 July and 16 October 2024
- e. Quality Committee on 28 August and 07 November 2024

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

(Agenda item: 17)

27th November 2024
Oxfordshire CAMHs Community Teams (Outreach)

For: Information

Summary of the story

This patient journey focuses on Rachael and her grandma Niccy's experience of their journey through Oxfordshire Child and Adolescent Mental Health Services (CAMHs), their experience is specifically linked with the community services.

Rachael is currently 18 years old and has a long history of contact with health and social care services following a traumatic childhood. In her teenage years she experienced multiple significant events, that both her and Niccy experienced as a crisis; this included self-harm and overdosing, which started a cycle of urgent appointments. They were aware they had been referred into CAMHs but weren't clear on how long they would be waiting, or what they were waiting for.

Ultimately, they are clear that individual clinicians and the care they received when they had it, was very good. As Rachael was approaching her 18th birthday, she was offered DBT therapy within the Outreach team. This was skills groups in person and 1:1 DBT support from a clinician. They both feel that DBT therapy was the correct treatment and have found this life changing, allowing them to now have a shared language. Niccy believes the clinician who supported Rachael with DBT saved her life. Whilst they both understand the system pressures and reasons why they were left waiting, what they would have liked was to have had this help earlier. They also think that there should be more support offered to families and patients while they are waiting. Rachael says she would have liked more tangible support and skills linked to emotional regulation, as she said she didn't know what this was and learning this had a positive impact on her. They

also stated the help they received from the team with housing, PIP was also a positive.

About the service

In Oxfordshire we provide a wide range of mental health services for children and young people. We provide community child and adolescent mental health services, which is a specialist service for ages 5 -18. We follow the i-thrive model.

The final episode of care in CAMHs was with the Outreach team who provided DBT to Rachael. The outreach team provide individualised home and community treatment to support children, young people and their families. They work with children and young people between 11 and 18 years old, and do 2 main things:

- provide Dialectical Behavioural Therapy (DBT)
- see young people who may need a more flexible approach to treatment

The comments shared about the care they received, and their overall story is more linked to the lead up to this point and their experience of waiting for treatment.

This story also includes an update on how the services have changed and the current improvements that are underway within CAMHs.

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

(Agenda item: 03)

Board of Directors

27 November 2024

Staff Story

For: Discussion

Executive Summary

Today's staff story comes from Rachael Stamp. Rachael is the Practice Development Lead within our Occupational Therapy (OT) services. Rachael joined Oxford Health in 2014 as an OT predominantly working in our community therapy services. In 2022 she moved to her current role, where her focus is on providing professional development opportunities for all OTs working across the Trust, including a focus on recruitment and retention.

Recommendation

The Board is asked to receive this report, and take the opportunity to hear directly from Rachael during the Board meeting.

Author and Title: Alison Bourne, Head of HR Policy, Reward and Projects

Lead Executive Director: Charmaine de Souza, Chief People Officer

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*

2. **Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** – *this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust*

1) *Quality - Deliver the best possible care and health outcomes*

2) *People - Be a great place to work*

(Agenda item: 4)

REGISTER OF DIRECTORS' INTERESTS

November 2024

PART A – CURRENT BOARD MEMBERS

PART B - FORMER BOARD MEMBERS DURING 2024/25

Oxford Health NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests on items on the agenda.

DECLARATION OF INTERESTS
PART A – CURRENT BOARD MEMBERS

Name	Role	Interests Declared
Amélie Bages	Executive Director of Strategy & Partnerships	Husband is the Chief of Staff for the Chief Operating Officer of NHS England .
Rob Bale	Interim Chief Operating Officer for Mental Health and Learning Disability ¹	Director of Little Magic Train Ltd - a multi-sensory resource for early years educators, teachers and parents which is sold to a range of settings, in the UK and abroad, including the commercial sector and local authorities.
David Clark	Non-Executive Director – Nominee of The University of Oxford	University of Oxford: • Emeritus Professor of Experimental Psychology. • Emeritus Fellow, Magdalen College; • Member of the Board of Calvea Research Centre, Magdalen College; • Member of Project Board for the Life & Mind Building; and • Co-Director, Oxford Centre for Anxiety Disorders & Trauma NHS England: • National Clinical and Informatics Advisor for the NHS Talking Therapies for Anxiety Disorders & Depression programme; • Member of Mental Health Currencies for Mood & Anxiety Disorders Working Group; • Member of Community Mental Health Outcomes Task & Finish Group; and • Member of PROMS (Patient Reported Outcome Measures) for Community Mental Health Services Expert Reference Group Co-developer of internet cognitive therapies for social anxiety disorder and PTSD (post-traumatic stress disorder) further to research at the University of Oxford; these may become licensed and made available to the NHS, further to recommendation by NICE, for use in NHS Talking Therapy for Anxiety and Depression services. Clinical Advisor to Anxiety UK. Fellowships of the British Academy, Academy of Medical Sciences, Academy of Social Sciences, Kings College London and London School of Economics. Honorary Fellowships of the British Psychological Society and British Association of Behavioural and Cognitive Psychotherapies. Various International Fellowships, Memberships and Honorary Memberships of learned societies and professional organisations, and member of the editorial boards of numerous academic journals.

¹ Interim since October 2023.

Geraldine Cumberbatch	Non-Executive Director	Director of Croydon Business Venture Ltd – locally-based business involved in facilitating support for small local businesses. Trustee of Start Up Croydon - the locally-based charity/initiative of Croydon Business Venture Ltd which supports start-up businesses. Dispute Resolution and Public Law Solicitor for the Port of London Authority (PLA) – responsible for handling dispute and regulatory matters on behalf of the PLA, a statutory port trust, who are the custodians of the River Thames. Partner is employed by NHS England as a Clinical Network Senior Clinical Programme Manager for the London Clinical Networks.
Charmaine De Souza	Chief People Officer	Board member for Hightown Housing , a charitable housing association covering Hemel Hempstead and the surrounding area and counties of Hertfordshire, Buckinghamshire, Bedfordshire and Berkshire.
Chris Hurst	Non-Executive Director	Non-Executive Director and Audit Chair at Coventry & Warwickshire Integrated Care Board (remunerated) from 03 June 2024. Executive coach and mentor – past clients have included senior staff in NHS organisations, local and national government, and in the private sector. Formerly Managing Director & Owner, Dorian3d Ltd – a consultancy business providing support to public sector clients (including the NHS, local authorities and governments) and independent advice to the private sector. Dorian3d Ltd closed on 31 December 2022. Partner is Regional Delivery Director with the Strategic Estates Planning team of NHS England, Midlands region.
Britta Klinck	Chief Nurse	No interests to declare.
Grant Macdonald	Chief Executive Officer ²	No interests to declare.
Karl Marlowe	Chief Medical Officer	Educational Supervisor of Oxford University's Medical School Honorary member of Oxford University's Department of Psychiatry. Chair: Oxford Health Biomedical Research Centre; Applied Research Collaboration Oxford & Thames Valley; Oxford HealthTech Research Centre; Oxford Health Clinical Research Facility Board Member: Health Innovation Network Oxford & Thames Valley; Oxford Academic Health Partnership Chairman: The Social Interest Group Board (charity for marginalised populations). Includes directorships of: Penrose Options; Equinox Care; Pathways to Independence; Safe Ground; SIG Investments (unremunerated).

² Interim Chief Executive Officer 01 July 2023-November 2024. Formerly Executive Managing Director for Mental Health, Learning Disability & Autism Services

		Advisor: UNTANGLE GRIEF, digital peer support platform; Tasting Colours, digital wellbeing service (unremunerated). Wife is founder of 'Jump in puddles' a social purpose 'UK B-Corp' consultancy working with various innovation across health companies and charities. Sibling is on the staff bank for the OHFT's Oxfordshire Out of Hours GP service.
Ben Riley	Chief Operating Officer for Community Health Services, Dentistry & Primary Care	Former GP Partner (left the practice in September 2021) at Dr C Kenyon & Partners, Beaumont Street Surgery, Oxford. The practice partnership holds shares in two of the four GP federations in Oxfordshire: OxFed Health & Care Ltd and Principal Medical Ltd. Formerly linked to OxFed Health & Care Ltd (non-profit trading company of OxFed, one of the four GP federations in Oxfordshire): until 01 May 2020 - Chair and Director; until 31 May 2020 - Director (retired); and until 30 September 2020 - Clinical Partnership Officer (part-time employee and not a board or director position)
Mohinder (Mindy) Sawhney	Non-Executive Director	Non-Executive Director at Hampshire and Isle of Wight Integrated Care Board (remunerated) from 01 December 2023 and Senior Independent Director. Managing Director of root+branch ltd (management consultancy). Has previously undertaken engagements with related bodies including the General Medical Council, health charities and suppliers to the NHS.
Heather Smith	Chief Finance Officer	Non-Executive and unremunerated Member of the Board and Trustee of Arts at the Old Fire Station (AOFS), a charity. AOFS shares the Old Fire Station building in Oxford with the homelessness charity Crisis and encourages people from all backgrounds to understand and shape the world in which we live through stories, creativity and the arts, and by connecting with others. Family member is General Manager at Normec Latis Scientific Limited, who deliver water testing services to various NHS organisations both directly and via 3rd parties. Normec Latis provide laboratory testing and technical consultancy services including advice on water systems such as management of microbiological risk. Normec Latis Scientific is a subsidiary of the Normec group based in the Netherlands and specialising in Testing, Inspection, Certification & Compliance.
Richard (Rick) Trainor	Non-Executive Director	Exeter College, University of Oxford: Professor Sir Richard Trainor - Rector (Head) of Exeter College; Chair of the Governing Body and various college committees; Trustee of the affiliated Michael Cohen Trust; and Director of companies related to the College including Checker Hall Company Limited, Collexoncotoo Limited and Exeter College Trading Limited. University of Oxford (central functions): Pro Vice Chancellor without portfolio (presiding at ceremonies and chairing/serving on appointment boards for professors and other senior posts); member of the Audit & Scrutiny Committee; member of the Divisional Board, Social Sciences Division; and member of the History Faculty. Vice President & Trustee of the Economic History Society, Chair of the Scholarship Committee of the Jardine Foundation, Fellow and Emeritus Professor of Social History at King's College London, Chair of the Academic Panel of the Museum of London, Governor and Member of the Gift Acceptance Committee of the Royal Academy of Music (ending summer 2022) and member of the Council of Reference, Westminster Abbey Institute, Westminster Abbey.

		Various honorary affiliations including to: City of London; Institute of Historical Research, University of London; Merton College, Oxford; Rosalind Franklin University of Medicine and Science; Royal Academy of Music; Royal Society of Arts; Trinity Laban (Trinity College of Music); US/UK Fulbright Commission; University of Glasgow; University of Greenwich; University of Kent; and the Worshipful Company of Educators. Spouse has honorary affiliations to the University of Glasgow and to Wolfson College, Cambridge.
David Walker	Trust Chair	Miscellaneous journalism, lecturing and writing. Partner is a member of the NHS Assembly - created 2019 to advise NHS England on delivery of improvements in health and care, potential to influence NHS policy affecting the Trust.
Lucy Weston	Non-Executive Director	Chair of Red Kite Community Housing (charitable housing association in Buckinghamshire). Formerly Chair of Soha Housing (stepped down in September 2023) and Director of SIB Property Ltd (subsidiary of Soha). Self-employed - Lucy Weston Consulting.
Andrea Young	Non-Executive Director	Board Governor at University of West of England (second term running July 2023 – July 2026) and member of its Audit Committee. The University is the trainer and supplier of Allied Health Professionals and Nurses in the West of England, which may be relevant to contracts/services in the Bath, Swindon and Wiltshire area. Member of the Independent Reconfiguration Panel, providing independent advice to Ministers on changes to health services (4-year appointment starting 18 March 2024). Self-employed independent coach/mentor and member of the Critical Coaching Group, a professional body for independent coaches and mentors. Partner owns/runs Wantage Natural Therapy Centre and is a practicing chiropractor with referrals from Oxfordshire GPs. Listening volunteer with the Samaritans (starting June 2024).

DECLARATION OF INTERESTS
PART B - FORMER BOARD MEMBERS DURING 2024/25

Name	Role	Interests Declared
Nick Broughton	Chief Executive (until 30 June 2023, on secondment from July 2023 to September 2024)	Partner Member for Mental Health of the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB). From 01 July 2022, the BOB ICB gained the commissioning responsibilities of the BOB area's three former Clinical Commissioning Groups together with national functions including pharmacy, optometry and dentistry. Board Member - Oxford Academic Health Partners (formerly the Oxford Academic Health Science Centre). Board Member – Oxford Academic Health Science Network (AHSN). Honorary Fellow of the Department of Psychiatry, University of Oxford (3-year term, ending 30 June 2023). Member - Oxfordshire Health & Wellbeing Board. Member – Buckinghamshire Health & Wellbeing Board. Member – Thames Valley Academic Health Science Network. Trustee - Charlie Waller Memorial Trust. Patron of Action for Families Enduring Criminal Trauma (AFFECT). Member – Unloc Advisory Board for 2023 – working alongside industry professionals to apply knowledge and experience to advise Unloc (an education non-profit helping schools, colleges and organisations inspire and empower young people through programmes in entrepreneurship, leadership, career pathways and student voice). Not a remunerated position. Will not be part of commissioning decisions involving the Trust procuring any work or services from Unloc whilst a member of their Advisory Board.
Kerry Rogers	Director of Corporate Affairs & Company Secretary (until May 2024)	Trustee - Age UK Oxfordshire. Non-executive director of Cristal Health Ltd trading as Akrivia Health (appointment made by the Trust and transferred from the former Director of Finance with effect from 01 September 2022). Cristal Health Ltd was created in 2019 to develop UK-CRIS further, to provide ongoing search capability (of pseudonymised electronic medical records) to the trusts already signed up, to recruit more trusts to the programme and to develop commercial capability from the Intellectual Property (IP). The Trust has a 10% shareholding in Cristal Health Ltd, which it holds on behalf of NIHR and the NHS, representing the 10% share in the IP. As a “Founder”, an initial shareholder, the Trust is entitled to appoint a non-executive director to the board of Cristal Health Ltd.
Philip Rutnam	Non-Executive Director (until 30 September 2024)	Chair, National Institute of Economic and Social Research which is an independent and politically impartial institution that seeks to improve economic policy through research and advice. Chair, National Churches Trust. This is the national charity for churches, chapels and meeting houses. It provides grants, advice and support and advocacy, including supporting the use of the buildings for community benefit which may be relevant to health care. Council Member, University of Surrey, and Lay Member of Governing Body of the University of Surrey. The University is a partner in the Oxford Health Biomedical Research Centre and has active research and teaching programmes in health care.

		Non-Executive Director, Innovate Surrey Limited (ISL). ISL is the innovation and enterprise arm of the University, supporting business development, spin outs and growth. Chair, Advisory Board, WA Communications. WA is a strategy and communications consultancy active in a number of sectors including energy, transport, financial services, education and health care. Senior Adviser, Civil Service College. CSC is a not-for-profit entity separate from Government which provides training, consultancy and development services for mainly public sector entities in the UK and abroad. Assistant Churchwarden and Parish Council Member, Parish of Barnsbury, Diocese of London.

Meeting of the Oxford Health NHS Foundation Trust Board of Directors

[**DRAFT**] Minutes of a meeting held on Wednesday, 25 September 2024 at 09:00 Microsoft Teams virtual meeting

Present:¹

David Walker	Trust Chair (the Chair) (DW)
Grant Macdonald	Chief Executive Officer (GM)
Amélie Bages	Executive Director of Strategy & Partnerships (AB) * ²
Rob Bale	Interim Chief Operating Officer for Mental Health & Learning Disability (RB)
David Clark	Non-Executive Director appointee of the University of Oxford (DC) – <i>part meeting</i>
Geraldine Cumberbatch	Non-Executive Director (GC)
Georgia Denegri	Associate Director of Corporate Affairs (GD)*
Charmaine De Souza	Chief People Officer (CDS)
Chris Hurst	Non-Executive Director (CMH)
Britta Klinck	Chief Nurse (BK)
Karl Marlowe	Chief Medical Officer (KM)
Ben Riley	Chief Operating Officer for Community Health Services, Dentistry & Primary Care (BR)
Philip Rutnam	Non-Executive Director (PR)
Mohinder Sawhney	Non-Executive Director (MS)
Heather Smith	Chief Finance Officer (HeS)
Rick Trainor	Non-Executive Director (RT)
Lucy Weston	Non-Executive Director (LW)
Andrea Young	Non-Executive Director (AY)

In attendance³:

Attendees/observers from Oxford Health NHS FT

Martin Batty	Head of Research & Development – <i>part meeting</i>
Alison Bourne	Head of HR Policy, Reward and Projects – <i>part meeting</i>
Ben Cahill	Deputy Director of Corporate Affairs
Rachel Garnett	Senior Project Manager – <i>part meeting</i>
Tikki Harrold	School Health Nurse – <i>part meeting</i>
Dr Kezia Lange	Deputy Chief Medical Officer for Professional Standards
Lisa Lord	Head of Safeguarding – <i>part meeting</i>
Sue Marriott	Executive Assistant
Professor Philip McGuire	Associate Director of Research & Development – <i>part meeting</i>
Daniel Mercier	Associate Director of Social Work and Social Care – <i>part meeting</i>
Sarah Merritt	Team Manager, Oxfordshire Talking Therapies – <i>part meeting</i>
Dr John Pimm	Consultant Clinical Psychologist, Clinical and Professional Lead and Head of Buckinghamshire NHS Talking Therapies – <i>part meeting</i>
Professor Vanessa Raymont	Director of Research & Development – <i>part meeting</i>

¹ Quorum is 2/3 of the whole number of members of the Board (including at least 1 NED and 1 Executive) i.e., where voting members of the Board are 16 (from March 2023), quorum of 2/3 with a vote is 11

² * = non-voting

³ An officer in attendance for an Executive but without formal acting up status will not count towards the quorum – Standing Orders 3.12.2

Public

Nicole Robinson
Joanne Ryder

Patient Engagement and Involvement Lead – *part meeting*
Consultant Counselling Psychologist – Clinical & Professional Lead for the Psychological Therapies Pathway Adult and Older Adults and Head of NHS Oxfordshire Talking Therapies for Anxiety & Depression – *part meeting*
Assistant Trust Secretary (Minutes)
Senior Clinical Lead, Children & Young People's Services – *part meeting*
Consultant Clinical Psychologist and Director of Psychological Professions – *part meeting*

Hannah Smith
Nicola Taylor
Dr Bill Tiplady

BOD 85/24 a	Apologies for Absence No apologies for absence were received.	
BOD 86/24 a	Register of Directors' Interests No interests were declared pertinent to matters on the agenda.	
BOD 87/24 a	Minutes and Matters Arising of the meeting held on 24 July 2024 The Minutes of the meetings were approved as a true and accurate record and the actions due that meeting were noted as complete (updates in the Summary of Actions document), with remaining actions not yet due.	
BOD 88/24 a	Trust Chair's Report The Trust Chair took his report and response to the Darzi independent investigation of the NHS as read and provided further updates that: - Nick Broughton had been confirmed as Chief Executive for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB). The Trust would start the process to appoint a substantive Chief Executive as Nick Broughton had been on secondment from the Trust to the BOB ICB and Grant Macdonald had been interim Chief Executive in the meantime; - Anna Gardner, Lead Governor and Public Governor for Buckinghamshire, would be standing down as Lead Governor and he thanked her for her leadership of the Council of Governors; - Philip Rutnam, Non-Executive Director, would be standing down and he thanked him for his leadership of the Warneford Park External Programme Board; and - Buckinghamshire Mind had held a 110th Anniversary Event on 24 September 2024 at which the Chief Executive had been a guest speaker. He commented upon the importance of charities such as Mind in supporting services and campaigning for mental health.	
b	The Board noted the report.	
BOD 89/24 a	Chief Executive's report The Chief Executive reflected upon the Buckinghamshire Mind 110 th Anniversary Event and the importance of advocating for everyone's mental health and appropriate resources to support mental health services at the right time and in the right places, especially in light of the Darzi independent investigation.	
b	He presented his report and highlighted: the Trust's Annual General Meeting and Annual Members' Meeting which had taken place on 10 September 2024; a visit from the Minister for Health to Buckinghamshire Talking Therapies; a visit from the MP for Henley and Thame to Townlands Hospital in Henley; and national recognition for the Speech and Language Therapy Supporting Adults Service.	

c	The Chief Medical Officer also reported that, further to concluded action by the British Medical Association, on 18 September 2024 doctors who had formerly been known as 'junior' doctors marked their official transition to the title 'resident' doctors.	
d	The Board noted the report.	
BOD 90/24	Corporate Affairs report	
a	The Associate Director of Corporate Affairs presented the report and the recent regulatory and good practice guidance relevant to the work of the Trust, with the Trust's responses and ownership through the governance framework and key meetings. She highlighted: - the national flu and COVID-19 seasonal vaccination campaign; - the Interim Chief Operating Officer for Mental Health & Learning Disability would bring a report to the Board on relevant learning from the Nottingham attacks; and - upcoming hearings for: (i) the Lampard Inquiry into the deaths of mental health inpatients in Essex; and (ii) the Thirlwall Inquiry into events at the Countess of Chester hospital and their implications following the Letby criminal convictions.	
b	In response to a question from the Trust Chair, the Chief Executive and the Interim Chief Operating Officer for Mental Health & Learning Disability provided an update on ongoing proposed reforms to the Mental Health Act 1983. In the meantime, NHS England had issued guidance on intensive and assertive community mental health treatment which was designed to support ICBs in reviewing their provision. The Trust continued to focus upon offering appropriate services to individuals in the community. Further to a question from Mohinder Sawhney on NHS England's guidance, Andrea Young confirmed that the Quality Committee had undertaken an initial review into the Trust's discharge arrangements for patients with serious mental illness, especially those patients who required intensive community treatment but where engagement was a challenge. This was referred to in the Quality Committee's 3As report (on matters to Alert, Advise or Assure the Board on) from its meeting on 28 August 2024, at agenda item 11(a) of this meeting. Andrea Young reported that the Quality Committee had had a useful discussion with heads of service and clinical directors; both mental health directorates welcomed the review exercise and the aim of increasing standardisation of best practice and developing assertive outreach as part of the range of interventions offered.	
c	The Board noted the report.	
BOD 91/24	Medical Appraisal and Revalidation report	
a	The Chief Medical Officer presented the report further to the recommendation set out in the People, Leadership & Culture (PLC) Committee's 3As report to the previous Board meeting on 24 July 2024. The report provided assurance that the statutory functions of the Responsible Officer were being appropriately and adequately discharged, that the Trust was compliant and that progress had been made against last year's action plan. He highlighted: (i) positive appraisee feedback from page 9 of the report; and (ii) the proposed action plan for 2024/25 and delivery risks. Mohinder Sawhney confirmed the PLC Committee's recommendation of the report to the Board and noted that the Committee had acknowledged the significant progress which had been made and for which the team should be congratulated. However, she also highlighted the discrepancy in wellbeing scores by ethnic background on page 8 of the report and noted that the organisation should be open and curious about this.	
b	The Trust Chair noted his participation in the Responsible Officer Advisory Group, commented upon the well managed appraisal process and thanked the team in particular the Deputy Chief Medical Officer for Professional Standards.	

c	The Board APPROVED the Medical Appraisal and Revalidation report, supported the recommended actions and the submission of the Statement of Compliance to the Tier 2 Responsible Officer at NHS England.	
BOD 92/24	Mortality and Suicide Prevention report	
a	The Chief Medical Officer presented the report on suicide prevention activity and the work of the Suicide Prevention Steering Group in alignment with local multi-agency suicide prevention groups. In response to questions from Geraldine Cumberbatch and Lucy Weston, the Chief Medical Officer and the Chief Nurse noted that it could be challenging to identify trends as locally numbers were relatively small but the national strategy did consider gender and ethnicity themes; the majority of local cases were also people who were not known to Trust services therefore supporting mental health first aid in workplaces remained an area for focus both nationally and locally.	
b	The Chief Medical Officer also thanked Karen Lascelles, Nurse Consultant, for her work in this area, noting her upcoming retirement. The Trust Chair also thanked Karen Lascelles and registered the Board's appreciation of her clinical and pioneering research work.	
c	The Board noted the report and thanked Karen Lascelles, Nurse Consultant, for her clinical work and research on Mortality and Suicide Prevention.	
BOD 93/24	Patient Journey – School Health Nursing Service and 0-19 Children's services	
a	The Chief Nurse introduced: Nicole Robinson, Patient Engagement and Involvement Lead; Tikki Harrold, School Health Nurse; and the Carer, Stacey, to the meeting. They presented their report and video presentation on the work of the School Health Nurses and Stacey's experiences of the support provided by the service to her son, which had helped him to get back into school and provided school staff with opportunities to better understand his medical needs. Stacey noted that if this type of support had been available during primary school then her son's experiences could have been better from the beginning; she encouraged other young people to reach out and share their experiences with School Health Nurses as they would not be judgemental. Tikki Harrold commented upon the ability of School Health Nurses to operate across the education and health sectors, including with home schooled children, and provide positive interventions to help to resolve situations.	
b	The Chief Executive commented upon mental health support in schools alongside School Health Nurses and the potential to integrate these roles rather than have both in schools. Tikki Harrold noted that it had been useful to be able to refer onto the Mental Health Support Team as School Health Nurses could be overwhelmed by the amount of emotional support needed.	
c	The Chief Operating Officer for Community Health Services, Dentistry & Primary Care explained that the School Health Nursing Service was a positive outcome of the Trust's decision to bid for the 0-19 Children and Young People's Public Health Service in Oxfordshire. The Chief Nurse added that Tikki Harrold would be retiring this week and paid tribute to her work, noting that she had been a national advocate for School Health Nursing and positively contributed to the health and futures of young people and their families.	
d	The Board thanked Stacey (the Carer), Nicole Robinson (Patient Engagement and Involvement Lead) and Tikki Harrold (School Health Nurse) and noted the Patient Journey. <i>Stacey, Nicole Robinson and Tikki Harrold left the meeting. David Clark joined the meeting.</i>	

BOD 94/24 a b c	Staff Story - Oxfordshire Talking Therapies service The Chief People Officer and the Head of HR Policy, Reward and Projects introduced Sarah Merritt, Team Manager in the Oxfordshire Talking Therapies service and who brought experience from Thames Valley Police including suicide prevention work with rural communities and domestic abuse work. In discussion with Non-Executive Directors, the Team Manager explained her management role and the ways in which it could support clinicians to focus upon clinical work and targets and foster staff wellbeing. She commented upon her positive experience of career change and the support she had received, along with the benefits of being able to use her knowledge and experience to be able to signpost between the police and health services. The Board thanked the Team Manager and noted the Staff Story. <i>The Head of HR Policy, Reward and Projects and Sarah Merritt, Team Manager left the meeting.</i>	
BOD 95/24 a b c	Talking Therapies: outcome monitoring (how services have used outcome data to innovate and develop services) The Trust Chair introduced John Pimm, Consultant Clinical Psychologist, and Joanne Ryder, Consultant Counselling Psychologist, respectively from the Buckinghamshire and Oxfordshire Talking Therapies services to the meeting to present on outcome monitoring and learning from Talking Therapies' experience. John Pimm and Joanne Ryder gave a presentation on: • using outcome measures in Talking Therapies including full integration with the clinical record through the patient portal which provided for patients to input data on their symptoms prior to appointments. This helped to inform discussions at their therapy sessions, allowed their patient journey to be plotted, informed collaborative interventions and guided clinical supervision; • improved data collection/completeness using this methodology. Where some services might previously have achieved only 40% completeness, Talking Therapies were able to achieve over 80% completeness upon introduction of this methodology and had maintained a level of over 95% completeness; • learning – including the importance of making data collection, storage and reporting as easy as possible for service users, clinicians, supervisors and managers and explaining the rationale and benefits to all these groups; • challenges in addressing and engaging with professional and organisational concerns, the need for constant attention to data quality and the importance of feedback cycles to identify and address specific issues; and • the importance of strong leadership to maintain momentum and address concerns, with sensitivity to avoid over-emphasising targets to be met at the expense of patient benefits and improving performance. This use of outcome measures and more available data for every patient had improved recovery rates from 45% and beyond the national target of 50% up to over 60%. It had also helped to reduce inequalities through facilitating targeted focus upon patients who may be benefiting least so that more support could be offered to improve their outcomes, for example through offering additional services such as help from an employment advisor at the same time as their psychological therapy. In response to a question from Geraldine Cumberbatch, John Pimm and Joanne Ryder confirmed that Talking Therapies had been able to increase engagement from ethnically diverse patients through targeted local community engagement programmes.	

d	The Board posed questions in relation to: - the relative advantages and disadvantages of experience measures against outcome measures and whether it would be beneficial to consider these together; - the lifetime impact of Talking Therapies and whether patients from the service subsequently featured in other services or in suicide data; - correlation between investment in Talking Therapies, especially staffing costs, and increases in activity or impact further to high national reference costs; - outcomes for ethnic groups, sex and gender; and - the relationship between Talking Therapies and other types of mental health services.	
e	Philip Rutnam praised the strategic impact of this topic and noted that the learning from Talking Therapies' experience of outcome monitoring was of systemic importance to the Trust and the wider healthcare system by demonstrating that reliable data over the course of a series of interventions would improve those interventions and benefit patients.	
f	David Clark commended the Talking Therapies services for having demonstrated that it was possible to collect outcome data on almost every patient treated by their services and to then use that data to improve services. Not all services were in this position and it had not been easier in Talking Therapies than in other services to achieve this. It had taken hard work and clear high-level leadership on a regular basis. Although services could demonstrate that they were delivering safe care, in order to know that they were also effective would need collation of outcome data to demonstrate improvement.	
g	In response to the Board's questions, John Pimm acknowledge that outcomes for the black community and men were lower than for other ethnicities but some ethnicities also had higher outcomes than the white British community; there were opportunities for more targeted work with specific communities. In terms of lifetime impact, more than 50% in the Talking Therapies services made a full recovery and 65-70% achieved clinically significant change. Talking Therapies was focusing upon delivering more courses of treatment and thereby increasing the percentage of people who recovered; however this was also costly as it required increasing the amount of therapy which was provided, hence the higher investment and staffing costs. Recent high national reference costs related to a TUPE ⁴ transfer of staff.	
h	The Interim Chief Operating Officer for Mental Health & Learning Disability noted that the learning from Talking Therapies' use of outcome monitoring would inform developments in the wider Trust.	
i	The Board noted the presentation and thanked John Pimm, Consultant Clinical Psychologist, and Joanne Ryder, Consultant Counselling Psychologist. <i>The meeting took a break for 10 minutes and resumed at 11:10. David Clark, John Pimm, Jo Ryder and Bill Tiplady left the meeting. Daniel Mercer and Lisa Lord joined the meeting.</i>	
BOD 96/24	Integrated Performance, Quality and Sustainability reporting	
a	The Executive Director of Strategy & Partnerships presented the Integrated Performance Report (IPR) which had been redeveloped to improve alignment with the Trust's strategic ambitions and local and national performance requirements. The report also included an update on the project to support the recovery of reporting in response to the clinical systems outage; the last phase was due to complete this month.	

⁴ Transfer of Undertakings (Protection of Employment) Regulations 2006

b	She reported that the Trust continued to perform well against the NHS National Oversight Framework metrics with the ongoing exception of inappropriate Out of Area Placements (OAPs); although usage of OAPs remained lower than the previous year, numbers continued to fluctuate based on clinical demand and acuity.
c	Against the Trust's new metrics to monitor clinical performance (derived from nationally reportable metrics, national objectives and locally agreed metrics) she highlighted: • for Child & Adolescent Mental Health Services (CAMHS), not all targets had yet been met for four week waits or Eating Disorders services. Specific cases were being investigated in relation to performance; • Mental Health Urgent Care Services in Oxfordshire and Buckinghamshire were generally performing above national targets, with the exception of the Oxfordshire 4-hour response time for very urgent referrals. In response, models of care were being reviewed and the BOB Mental Health Provider Collaborative also had a programme of work to review crisis care and standardising approaches; • Community and Learning Disability services' metrics were subject to ongoing work; • from the Quality & Safety Dashboard, District Nursing services remained under increasing demand. The Chief Nurse added that levels of restraint had also increased in CAMHS, related to preventing self-harm, and the Trust was part of a national project looking into this; and • People metrics were positive in relation to PDR compliance, statutory and mandatory training and reduction in turnover.
d	The Interim Chief Operating Officer for Mental Health & Learning Disability confirmed that the performance data generated for the IPR was being used to inform services, especially in relation to waiting times. In response to a query from Andrea Young, he explained that alternatives to admission and crisis responses were also being considered through the Provider Collaborative and local place-based work, with the aim of providing a comprehensive service into communities which may otherwise be hard to access.
e	The Board was positive about the quality of the redeveloped IPR but Non-Executive Directors cautioned that: • Key Performance Indicators could drive dysfunctional behaviour if people became over focused upon delivering success within these narrow confines and it was therefore crucial to ensure that the right indicators were being measured for successful delivery; • indicators should not be mistaken for performance but could instead be used to open up a conversation around performance; and • the organisation may not currently be measuring how integrated an experience was being offered to patients and how challenging this could therefore be for them, for example the provision of both School Health Nurses and the Mental Health Support Team as referenced at item 93/24 above. The Chief Executive acknowledged the relevant cultural points and responded that performance conversations were therefore focused upon the importance of continuous improvement.
f	Mohinder Sawhney welcomed the reduction in agency spend referred to in the report and acknowledged the consistent work which had supported this. She asked whether this had been achieved through volume or cost reduction (reduced agency usage or lower agency costs). Executives confirmed that it was a combination of both as long lines of agency had been reduced in parallel with rates being standardised; in addition, medical agency costs had reduced and volume was being considered. The Trust was part of a national trend of reduced agency spend and increased bank staff spend; the

g	shift towards more use of bank staff was in line with Trust strategy. The Chief Executive emphasised that the Trust had treated its bank staff workers in the same way as its permanent staff in relation to the national pay deal. Philip Rutnam commented upon the demand and capacity challenges in Oxfordshire Community Services, the judgements needing to be taken on waiting times and the importance of funding. The Chief Executive confirmed that the Executive had considered this recently, alongside proposals from Community Nursing leaders and technological and scheduling tools which may increase productivity. The Chief Operating Officer for Community Health Services, Dentistry & Primary Care added that a substantial amount of work was taking place to make Community Services as efficient as possible within the envelope of current resources.	
h	The Board noted the report and welcomed the redeveloped format of the IPR.	
BOD 97/24 a b c d e	Research & Development (R&D)/Innovation report The Chief Medical Officer introduced the Director of R&D, the Associate Director of R&D and the Head of R&D to the meeting and they presented on the Oxford Prevention and Early Detection (OPEN) Service for young adults at high risk of developing serious mental illness. The OPEN Service was currently supported by research funding and aimed to be preventative, improve long-term outcomes and reduce the burden on existing services by providing specialist advice and reducing waiting lists and caseloads. A fully costed bid for funding would be submitted to the Trust later this financial year and a recent appointment into the R&D team would also focus upon integrating research across directorates and developing business cases. The Trust Chair referred to his report and the emphasis therein upon prevention, noting the potential positive impact of this type of preventative service to move the NHS from a sickness to a health service and which may begin to answer themes in the Darzi independent investigation. He also emphasised the importance of R&D activity translating into improved patient care. The Board discussed the application of R&D, noting the importance of pump-priming the right projects for the right reasons. Rick Trainor noted that the More report on fundraising (a private paper separately provided to the Board which he would be recommending to the Board through the Charity Committee's 3As report at item 99/24 below) also highlighted R&D as a project area to investigate. The Director of R&D commented upon funding challenges for pilots such as the OPEN Service to move from being supported by research funding into a commissioned service; she noted potential opportunities for different sources of funding, including closer work with the ICB, industry support and charitable support. In response to a question from the Interim Chief Operating Officer for Mental Health & Learning Disability, the Associate Director of R&D confirmed that the OPEN Service had also been liaising with colleagues in Buckinghamshire around linking services and aligning and extending their approach. The Board noted the report. <i>The Director, Associate Director and the Head of R&D left the meeting.</i>	
BOD 98/24 a	Finance and Sustainability The Chief Finance Officer: reminded the Board that she had shared out-of-session written confirmation from NHS England that the BOB system had reached the risk rating threshold of '4' and would enter the Investigation and Intervention regime, as had separately already been reported at the BOB ICB's most recent meeting and referenced in	

b	Board Committee 3As reports to this meeting. The Trust would participate as part of the wider system; - reflected upon the Darzi independent investigation, noting that its highlighting of community services, mental health capital and the state of old estate provided relevant context for the Trust's future plans; and - presented the Month 5 Finance Report and highlighted that capital expenditure was forecast to be overspent by £2.5 million but to address this, the Digital team was investigating additional funding and the Estates team was stopping or slowing down projects to bring spend back into balance. She thanked the Finance & Investment Committee (FIC) for its support and attention to Estates, as summarised in its 3As report referred to at item 99/24 below.	
BOD 99/24 a b c d	Board Committees' update reports – matters for Alert, Advice & Assurance (3As) The Board took as read the 3As reports from the Audit Committee, the Charity Committee, the FIC and the Quality Committee. The Board: - received the recommendation from the Quality Committee in relation to the Safeguarding Service annual report. Andrea Young confirmed that the Quality Committee had been assured by the safeguarding arrangements in place; - had already received the recommendation from the PLC Committee and approved the Medical Appraisal and Revalidation report at item 91/24 above; and - considered the recommendation from the Charity Committee in relation to the More report on fundraising but with the caveat that the management of resources to support the Charity and the focus of the Charity was a matter for the Executive to decide. Lucy Weston also expressed concern about deviating from the most recent Charity Strategy. Chris Hurst highlighted from the Audit Committee 3As report that the Committee had discussed the potential implications of the Investigation and Intervention regime which the BOB system would be entering into. He added that areas which had been historically underprovided, such as community services, should still be supported. The Committee had also considered the merits of forging stronger relationships across the assurance arrangements of local provider trusts and with the ICB's audit committee. Geraldine Cumberbatch provided a verbal update from the Mental Health & Law Committee (MH&LC) on: (i) Mental Health Act reform and the forthcoming Mental Health Bill; and (ii) removal of the Mental Capacity Act and Deprivation of Liberty Safeguards risk from the Trust Risk Register (formerly TRR 1033). The Board APPROVED the Safeguarding Service annual report and noted the 3As updates from the Committees, with supporting minutes and agendas in the Reading Room.	
BOD 100/24 a b	Patient Safety Incidents (PSI) report – July-August 2024 The Chief Nurse presented the report on learning identified from five PSIs over the reporting period and wider learning from the local incident response plan for the national Patient Safety Incident Response Framework (PSIRF). The implementation of PSIRF would be reviewed in coming months with a more detailed update for the Board in early 2025, as referred to in the Summary of Actions document. The Board noted the report and was assured by processes and structure for the identification, review and learning from PSIs.	

BOD 101/24	Board Committees' annual reports and Terms of Reference	
a	The Associate Director of Corporate Affairs referred the Board to the FIC annual report and the Quality Committee and MH&LC Terms of Reference in the Reading Room.	
b	The Board received the FIC annual report and Quality Committee and MH&LC Terms of Reference, further to those which had been provided to the Board meeting on 24 July 2024.	
BOD 102/24	Corporate Registers: (i) application of Trust seal; and (ii) receipt of gifts and hospitality	
a	The Associate Director of Corporate Affairs presented the reports on the application of the Trust's seal and receipt of gifts and hospitality.	
b	The Board noted the reports.	
BOD 103/24	Any Other Business/Questions	
a	None.	
BOD 104/24	Review of the meeting	
a	No comments received.	
BOD 105/24	Board resolution to conduct further business in private	
a	The Board resolved to exclude the public and conduct its business in private for confidential matters which may be prejudicial to the public interest if conducted in public or for other commercial or financial reasons. The Trust Chair explained that any such private decisions taken would become public knowledge in due course and when appropriate and he would as usual provide an update to the Lead Governor afterwards.	
	The meeting was closed at: 12:22	

Summary of Actions from the Board meeting on 25 September 2024

Relevant Item	Action	Responsibility:
BOD 90/24 (a)	Learning from Nottingham To bring a report to the Board on relevant learning from the Nottingham attacks. <i>Status: on the agenda</i>	RB
ACTIONS NOT YET DUE from the meeting on 27 March 2024		
BOD 31/24 (c)	Patient Safety Incident Response Framework (PSIRF) In Q4 FY25 or Q1 FY26 the Board should hold a workshop on the national Patient Safety Incident Response Framework once it had had a year to operate. <i>Status: not yet due/scheduled – for private Board Workshop in February or April 2025.</i>	BK

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

27 November 2024

Trust Chair's report

For: Information/ Discussion

(Agenda item: 7)

Executive Summary

I would like to thank all those who took part in the panels for the appointment of a new chief executive for the trust especially patients, experts by experience, and members of staff, who have a keen interest in who will lead them. We will announce the result shortly, once the Council of Governors has met. Again, much appreciation to all who have seen the trust through the recent, lengthy period of 'interimness'.

Thanks to them, it has not felt like a trust that has been marking time until executive leadership was sorted out. We have, for example, continued to make progress in reducing our reliance on temporary and agency staffing. Many staff are fully engaged. Among high points for me in recent weeks have been visits to the annual meetings of some of our professional networks, such as those bringing together our psychologists and staff working under the 'allied health' label, which includes speech therapists, social workers, podiatrists, physios and so on. Several times I have come away struck by their energy and enthusiasm, together with a willingness to examine and (where needed) re-evaluate their practice. We have not yet managed to bring together staff in non-clinical domains, notably those working in corporate services but I hope they too – in administrative, financial and information technology roles – would demonstrate a similar kind of spirit.

No one underestimates the difficulty of working in the NHS these days, the pressure of demand and shortfalls in staffing and capital investment. But being stretched is not being 'broken' and healthcare goes on being delivered day in, day

out and by talented and dedicated staff and that deserves to be celebrated at least as often as deficits are detected, gaps bemoaned and waiting lists enumerated.

Wes Streeting, the health and social care secretary, has taken on a challenging tone aimed at being a catalyst of reform. In the spirit of learning it is worth reflecting that the effects of the 2012 Health and Social Care re-disorganisation are still being felt. The secretary of state has recruited one of the great reformers of the Blair era, Alan Milburn, who joins the department's board. It's said Alan scribbled the idea of foundation trusts in the back of a taxi on the way to a meeting – whether that is true or not, they proved a great innovation albeit their place in the integrated care system remains a tension at times. But another of Mr Milburn's passions was the private finance initiative. Before his enthusiasm is rekindled, again the wisdom of reflection may help us learn something about the rigidities and excessive costs this form of capital financing can bring.

Judging by his speech at the recent NHS Providers annual conference Wes Streeting wants to resurrect other approaches from the past which again may be better for some historical learning. For example, Trusts that do not deliver are named and shamed, their senior managers (and chairs) lambasted and sacked. Two observations. Last time round this type of centralised management of the NHS was combined with a big inflow of funds and people; applying it while saying the NHS is not going to get any significant increase in resources may not work. Also, this approach can be predominately focused on targets in acute hospitals, waits in A&E and operations. Hopefully, in learning from the past mental health and community services won't get forgotten, along with primary care, and the 'shifts' if achieved, do give some hope for this change in focus and improvements in the population's health.

Recommendation

The Board is asked to note the report.

Author and Title: David Walker, Trust Chair

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. **Strategic Objectives/Priorities** – *this report relates to the following Strategic Objective(s)/Priority(ies) of the Trust:*
 - 1) *Quality - Deliver the best possible care and health outcomes*

Strategic risk themes: Digital, Data & Technology; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).

2) People - Be a great place to work

Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.

3) Sustainability – Make best use of our resources and protect the environment

Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Business Continuity and Emergency Planning; Environmental Impact; and Major Projects

**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors
27 November 2024**

Agenda Item: 08

Chief Executive's Report

Annual Quality Improvement conference

On the 15th October the Trust held its third annual quality improvement (QI) conference. The event brought together colleagues from across the Trust to share and showcase innovation and to learn from each other and exchange ideas. I opened the conference and it was great to meet so many colleagues focused on continuous improvement and enhancing patient care and experience and to hear from Cath Richards from the Centre for Sustainable Healthcare. There was also an impressive QI poster competition with 45 submissions across the following categories: Be a great place to work, Deliver the best possible care and outcomes, Involving patients and carers in QI, Make the best use of resources and protect the environment, and a People's choice award. My thanks to all colleagues for their valuable work and congratulations to the winners.

The 10 Year Health Plan

There has been a range of NHSE policy/guidance emerging as the new government sets in train its response to Lord Darzi's review of the NHS which will be drawn together in the 10-year plan due in the spring. The 10 Year Health Plan is part of the government's health mission to build a health service fit for the future. The government has said it will co-develop the plan with the public, staff and patients through a detailed engagement exercise. To do this, they have launched 'Change NHS: help build a health service fit for the future'. As a trust we will ensure individuals, and the organisation have the opportunity to contribute to this response. Alongside this as a trust we will, and are taking steps alongside partners in the system to ensure we are in the best position to deliver this plan.

Black history month 2024

October was Black History Month and the Trust marked this with a range of events and activities, including online events for staff on understanding race and racism, language and terminology of race, and facilitating allyship. The month provides the opportunity to not only look back at shared histories but also to celebrate and showcase some strong examples of work that are making a positive difference to organisations and society.

Speak Up Month 2024

October was Speak Up Month – a month to raise awareness of Freedom to Speak Up support and arrangements and to make speaking up as easy as possible and ‘business as usual’ for everyone. As chief executive, I want all colleagues to feel confident to speak up and recognise that this confidence will only come from knowing that people will be listened to and that action will follow. As such the theme of the month was to ‘listen up’ recognising the power of listening with respect and compassion. As an executive team and as a board of directors we receive regular updates from the Freedom to Speak Up guardians which are extremely helpful in allowing us to understand trends and actions.

Celebrating Allied Health Professionals

The 14th October was national Allied Health Professionals day and the Trust held its own celebration day focusing on quality and safety. Allied health professionals play a vital role in the treatment and rehabilitation of patients and the improvement of people’s lives, and are the third largest clinical workforce within healthcare. There are 14 allied health professions with 9 within Oxford Health these being physiotherapists, occupational therapists, dietitians, speech and language therapists, art therapists, paramedics, podiatrists, music therapists and orthoptics. My thanks and recognition to all our AHPs and to those involved in the day.

Keystone Connect opens in Chipping Norton

It’s great to see that a further Keystone mental health and wellbeing hub has opened in Oxfordshire, this time in Chipping Norton, following other hubs opening in places including Oxford, Banbury and Abingdon over the last year or so. The hubs aim to offer local people support for their mental health in easy access locations such as high streets. The Chipping Norton hub has opened in collaboration with charity The Branch.

Buckinghamshire Early Engagement and Prevention Service supporting people at risk of developing psychosis

I was pleased to hear about the launch of a new service in Buckinghamshire to support people at risk of developing psychosis. The Buckinghamshire Early Engagement and Prevention (BEEP) service supports people aged 14-35 who have experienced mild or brief psychotic symptoms and aims to offer support and care as soon as possible to prevent further episodes leading to longer-term, more distressing and challenging psychotic symptoms. BEEP is part of the Early Intervention in Psychosis service which supports people experiencing their first episode of psychosis.

Single point of access for adult referrals into same day care

Earlier in November, a new single point of access (SPA) service launched for adult referrals into Oxford Health's same day care teams. Since its launch, the team has been working with both its staff and healthcare professionals using the SPA to understand how it is working and any adjustments that may be needed to make it as effective as possible. The aim of the new SPA service is to ensure that healthcare professionals can refer their patients for care of the best team to meet their needs in a timely way.

Community nursing review

The Trust is working with partners across the Buckinghamshire, Oxfordshire, and Berkshire West system to review current community nursing services and how these can be improved in future. This project - which is being facilitated by the local Integrated Care Board - got underway in September and will run into next year to identify, assess and, where practical, develop new models of care with engagement with patients.

Grant Macdonald, Chief Executive

Report to the Meeting of the Oxford Health NHS Foundation Trust

Board of Directors

(Agenda item: 09)

27 November 2024

Corporate Affairs Update Report

For: Awareness and Assurance

Introduction

This is the regular report to the Board providing updates on:

- a. Regulatory and good practice guidance relating to the work of the Trust;
- b. Board Assurance Framework (strategic risks);

Key communications and charity activity updates are now included in the Chief Executive's report.

The regulatory and good practice guidance, relevant to the work of the Trust, issued from 16 September to 18 November 2024, is presented in Appendix 1.

Its purpose is to inform the Board of the guidance issued and what action(s) will/are being taken by the Trust.

The regular Board Assurance Framework report is presented in Appendix 2. .

Governance Route/Approval Process

This is a routine report with direct relevance to the Board and its committees.

Recommendation

The Board of Directors is asked to note the report.

Author and Title:

Georgia Denegri, Interim Associate Director of Corporate Affairs (regulatory guidance)

Hannah Smith, Assistant Trust Secretary (BAF)

Lead Exec: Georgia Denegri, Interim Associate Director of Corporate Affairs

PUBLIC

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives/Priorities*** – *this report relates to or provides assurance and evidence against all aspects of each of the Strategic Objectives/Priorities of the Trust*

Appendix 1

Regulatory and good practice guidance published 16 September to 18 November 2024 (NHSE, CQC, Patient Safety Commissioner, NHS Resolution)

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
	NHS England			
1.	Guidance on implementing the National Partnership Agreement: Right Care, Right Person This guidance has been produced by NHSE's mental health team and aims to support the implementation of the National Partnership Agreement: Right Care, Right Person (RCRP). It covers guiding principles for implementation, multi-agency working, and the four phases of RCRP implementation. It is aimed at integrated care boards and providers of mental health services, ambulance services and acute services across England that deliver support to people of all ages with mental health needs. Link to website/document: NHS England » Guidance on implementing the National Partnership Agreement: Right Care, Right Person	18/11/2024	Grant Macdonald, Chief Executive	For information – will be implemented as system work.
2.	Provisional publication of Never Events reported as occurring between April 2024 and September 2024 A provisional summary of Never Events that have been reported as occurring between 1 April 2024 and September 2024. Link to website/document:	14/11/2024	Britta Klinck, Chief Nurse and Karl Marlowe, Chief Medical Officer	For information

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
	NHS England » Provisional publication of Never Events reported as occurring between April 2024 and September 2024			
3.	Statutory and mandatory training NHSE wrote to Trusts to update on work to optimise, rationalise and redesign statutory and mandatory training to improve staff experience, deliver better outcomes and reduce the time burden. Actions for Trusts: - To establish multidisciplinary committee by 31 January 2025 to oversee nationally mandated training and to also review requests from local subject matter experts for any training to be mandated locally (often called essential training). (Terms of reference template provided by NHSE). - Review the frequency of refresher training against the national guidance (access frequency charts on the NHS Learning Hub) by 31 March 2025. - Review the current staff groups and roles requiring StatMand training by subject at its new multidisciplinary committee by 30 June 2025 and, going forward, each time it receives training needs analysis recommendations from subject matter experts. For some roles, training should be optional rather than mandatory. Link to website/documents: NHS England » Statutory and mandatory training (StatMand) programme	14/11/2024	Charmaine De Souza, Chief People Officer	It will be progressed and reported to People, Leadership and Culture Committee.
4.	Mental Health Dashboard Q1 2024/25 Link to website/document:	14/11/2024	Rob Bale, COO for Mental Health & Learning Disability	For information

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
	NHS England » NHS mental health dashboard			
5.	Evolution of NHSE operating model NHS England update on plans for evolving the NHS oversight and assessment framework and a new NHS performance, improvement and regulation framework. The plans include 4 actions to support system development that will: • Simplify and reduce duplication, clarifying roles and responsibilities and being clear on the place of performance management. • Shift resources, time and energy to neighbourhood health, creating momentum that makes clear the role of the provider sector in neighbourhood health and how to work with local partners. • Devolve decision-making to those best placed to make changes, clarifying the role of integrated care partnerships (ICPs) and health and wellbeing boards. • Enable leaders to manage complexity at a local level, supporting leaders with new strategic commissioning frameworks to include national best practice. Link to website/document: NHS England » Evolution of our operating model	13/11/2024	Grant Macdonald, Chief Executive	For information
6.	The insightful provider board This guide will help boards to consider their approach to handling and acting on the information they receive. It considers the leadership behaviours and culture of the board and how these can affect the information it receives and the actions it takes, as well as	12/11/2024	Board	The guidance will be incorporated as part of the Board's development programme. Recommendations relating to performance reporting

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
	metrics that can support the board to better understand the organisation's performance. Link to website/document: NHS England » The insightful provider board			are currently being reviewed as part of the six-month review of the new Integrated Performance Report.
7.	Red Tape challenge: get involved NHSE's 'Red Tape Challenge', aims to improve the interface between primary and secondary care - including referrals, patient management, discharge and communication. Mental health, community, primary care and hospital teams are invited to complete a survey or email england.redtapechallenge2024@nhs.net. The feedback will be used to implement immediate improvements and fed into wider engagement as part of the 10 Year Plan. Link to website/survey: Red tape challenge	12/11/2024	Ben Riley, COO for Community Services, Dentistry & Primary Care	For information
8.	Changes to primary care premises policy allows commissioners to make larger investments in GP practices. There are also updates on premises liability, improved terms for contractors and technical updates. Link to website/document: NHS England » Guide to the changes to primary care premises policy	11/11/2024	Ben Riley, COO for Community Services, Dentistry & Primary Care	For information
9.	Mental Health Investment Standards NHSE's assurance briefing for ICBs outlines how the validation process should be commissioned and carried out, to validate the	28/10/2024	Rob Bale, COO for Mental Health & Learning Disability	For information

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
	2022/23 year-end position on meeting the Mental Health Investment Standard Link to website/document: NHS England » Assurance engagement of the Mental Health Investment Standard (MHIS) – briefing for integrated care boards			
10.	Sexual safety charter assurance framework In September 2023, NHS England published the sexual safety in healthcare organisational charter in collaboration with healthcare partners. This framework sets out the outcomes from each principle in the charter and lists actions that would assure their delivery. Using this framework will support boards to assure themselves against delivery of all the principles in the sexual safety charter and ensure that any member of staff who has experienced inappropriate and/or harmful sexual behaviours at work is supported. Link to website/document: NHS England » Sexual safety in healthcare – organisational charter	16/10/2024	Charmaine De Souza, Chief People Officer	For information. The Trust has signed the charter.
11.	Delivering productivity through the NHS estate This report looks at estate costs and performance in 2022/23 compared to those observed by Lord Carter in 2014/15. It is based on NHS trusts' annual Estates Returns Information Collection (ERIC) submissions. Link to website/document: NHS England » Delivering productivity through the NHS estate	08/10/2024	Heather Smith, Chief Finance Officer	For information

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
12.	Speeding up clinical trials The National Contract Value Review (NCVR) is a UK wide process for using standardised pricing and contract terms for commercial research. NCVR has been mandatory in secondary care settings for late phase studies since October 2023. From 15 October 2024 NCVR will be mandated for all NHS based early phase and advanced therapeutic medicinal products. Link to website/document: NHS Accelerated Access Collaborative » National contract value review	14/10/2024	Karl Marlowe, Chief Medical Officer	For information
13.	Urgent and emergency mental health care NHSE's operational guidance for children and young people covers four main areas: access, assessment, response and home treatment. It provides supporting guidance for commissioners and providers to develop and enhance local operational policies. Link to website/document: NHS England » Urgent and emergency mental health care for children and young people: national implementation guidance	10/10/2024	Rob Bale, Interim COO for Mental Health and Learning Disability	For review and action.
14.	Primary care patient safety strategy It outlines the process for primary care services to implement the NHS patient safety strategy. The strategy is divided into four main areas: safety, insight, involvement and improvement. Two appendices provide a summary of local and national patient safety commitments	26/09/2024	Ben Riley, COO for Community Services, Dentistry & Primary Care	For review and action.

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
	Link to website/document: NHS England » Primary care patient safety strategy			
15	Managing conflicts of interest NHSE's updated guidance on managing conflicts of interest incorporates changes introduced by the Health and Care Act 2022 relating to establishing ICBs and the Provider Selection Regime. It includes principles to support good judgement about how interests should be approached and managed. Link to website/document: NHS England » Managing conflicts of interest in the NHS: guidance for staff and organisations	17/09/2024	Georgia Denegri, Associate Director of Corporate Affairs	For review.
16.	Supply and administration of medicines by dental staff Amendments to the Human Medicines Regulations 2012 enable dental hygienists and dental therapists to supply and administer specified medicines without requiring a patient specific direction from a dentist, or a patient group direction. NHSE's Supply and administration of medicines guidance supports implementation and outline the clinical governance structures required to ensure patient safety Link to website/document: NHS England » Supply and administration of medicines by dental hygienists and dental therapists	11/09/2024	Ben Riley, COO for Community Services, Dentistry & Primary Care	For review.
17.	Action to Prevent Future Deaths reports (Regulation 28)		Karl Marlowe, Chief Medical Officer	For review and action.

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
	Following an inquest or investigation into a death, a coroner may issue a Regulation 28 Prevent Future Deaths (PFD) report to a person, organisation, local authority, government department or agency, where the coroner believes that action to address some of the identified concerns should be taken to prevent future deaths. Receiving individuals or organisations have a statutory obligation to respond to the coroner's PFD report and a deadline of 56 days to do so. Extensions may be requested from the issuing coroner but may not always be granted. Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 set out further information and the procedures that apply to reports and responses. Link to website/document: NHS England » Action to Prevent Future Deaths reports (Regulation 28)			
	CQC			
18.	State of Care 2023/24 CQC's annual assessment of health care and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. Link to website/document: State of Care - Care Quality Commission	22/10/2024	Britta Klink, Chief Nurse / Board	For information.

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
19.	Review of CQC's single assessment framework and its implementation This review has been commissioned by the board of the Care Quality Commission (CQC) to complement the report by Dr Penny Dash, by looking at changes that CQC made following the publication of its new strategy in 2021 and their impact. Importantly, this review makes recommendations on solutions to CQC's current problems. Link to website/document: Review of CQC's single assessment framework and its implementation - Care Quality Commission	15/10/2024	Britta Klink, Chief Nurse / Board	For information
	Publications from other key organisations			
20.	The Patient Safety Principles, Patient Safety Commissioner The Patient Safety Principles act as a guide for leaders at all levels on how to design and deliver safer care for patients and reduce avoidable harm in a just and learning culture. They are relevant to healthcare providers as well as commissioners, regulators, manufacturers, and the broader supply chain. The principles provide a clear framework for planning, decision making, and working collaboratively with patients as partners. Link to website/document Patient Safety Principles - Patient Safety Commissioner	28/10/2024	Britta Klinck, Chief Nurse	For review and action.

	Publication, summary, and link	Publication date	Executive Lead(s) for action	Trust action(s)
21.	Workplace violence prevention and reduction, NHS Resolution This NHS Resolution report highlights how workplace violence can be prevented and reduced by ensuring high-quality, accurate risk assessments that acknowledge and mitigate the risks of escalating violence are undertaken. Link to website/document: Training and risk assessments recommended to address workplace violence in the NHS - NHS Resolution	10/10/2024	Charmaine De Souza, Chief People Officer	For review

Appendix 2

Risk Management

The Code of Governance for NHS provider Trusts replicates Provision 28, UK Corporate Governance Code (July 2024) and states that *“the board should carry out a robust assessment of the company’s emerging and principal risks. The board should confirm in the annual report that it has completed this assessment, including a description of its principal risks, what procedures are in place to identify emerging risks, and an explanation of how these are being managed or mitigated.”*

Included in the Reading Room is the latest iteration of the Board Assurance Framework to ensure Board members continue to have a universal view of the Trust’s strategic risk profile and its committees’ assessment of the supporting control environment. This is the November 2024 edition of the BAF.

The Trust’s risks at a strategic level on the Board Assurance Framework (**BAF**), and at an operational level on the Trust Risk Register (**TRR**), are considered in more detail through the work of: (i) the Executive Team and Extended Leadership Team meetings; and (ii) Board Committees in particular the Finance & Investment Committee (**FIC**), the People, Leadership & Culture (**PLC**) Committee and the Quality Committee (**QC**) which have monitoring oversight of specific risks. Further oversight is provided through the work of the Audit Committee which is responsible for reviewing the content, processes and format of the BAF and TRR to seek assurance as regards risk management processes.

Since last reporting to the Board, the Executive Team meetings on 28 October and 25 November 2024 reviewed updates on the BAF, whilst the Extended Leadership Team meetings on 07 October and 04 November 2024 reviewed updates on the TRR and Directorate Risk Registers. The Extended Leadership Team meeting, which is also attended by senior managers from Directorates, approves changes to TRR risks and the removal of TRR risks, as part of their oversight of operational risks.

Board Committees also received their regular updates on BAF and TRR risks and undertook deep dives into selected risks through meetings of the PLC Committee on 16 October 2024, the QC on 07 November 2024 and the FIC on 12 November 2024.

BAF extreme/red-rated risks scoring ≥15 remain:

- BAF 1.5 on *Unavailability of beds/demand and capacity (Mental Health inpatient and Learning Disability)* with a Current Risk Rating of 16 (4 Impact and 4 Likelihood) – ‘Lack of local admission beds due to demand outstripping capacity and/or absence of support services in the community to prevent admissions and/or facilitate prompt discharge could lead to: (i) increase in Out of Area Placements (OAPs) further from home, (ii) inappropriate inpatient placements; (iii) patients being unable to access specialist care required to support recovery; (iv) patients and carers/families having a poor experience; and (v) services falling below reasonable public expectations’;
- BAF 2.6 on *Adequacy of Staffing* with a Current Risk Rating of 16 (4 Impact and 4 Likelihood) – ‘Inability to plan for, attract and secure sufficient numbers of appropriately trained staff may lead to inadequate levels of staffing to provide: (i) safe and/or quality patient care; or (ii) the range of services which the Trust aspires to. If the Trust cannot secure adequate levels of permanent staffing, then it may turn to planned bank staff or temporary agency staffing which may be unsustainable in the medium to long term and could, without adequate controls, have financial and quality of care implications’;

- BAF 3.4 on *Delivery of the financial plan and maintaining financial sustainability* with a Current Risk Rating of 16 (4 Impact and 4 Likelihood) – ‘Failure to deliver financial plan and maintain financial sustainability over the short (1-2 years) or medium-term (3-4 years), including, but not limited to: through funding reductions; non-delivery of CIP savings; budget overspends; and constraints of block contracts in the context of increasing levels of activity and demand, could lead to: an inability to deliver core services and health outcomes; financial deficit; intervention by NHS England; and insufficient cash to fund future capital programmes’; and
- BAF 3.14 on *Major Programmes* (formerly Major Projects) with a Current Risk Rating of 16 (4 Impact and 4 Likelihood) – ‘Insufficient capacity and capability to deliver major programmes effectively or to support a necessary control environment and adherence to governance and decision-making arrangements may lead to: poorly planned and ultimately compromised projects; inability to proceed with projects; failure of projects to complete or to deliver against preferred outcomes; non-delivery of required savings, unplanned expenses, delays and wasted resources’.

Updates and changes to highlight since previous Board reporting at the end of September 2024:

No BAF risks have changed their Current Risk Ratings since last reporting although updates to descriptions, controls, assurances and mitigating actions have been made to the following risks and reviewed by their relevant committees:

- BAF 2.3 (Succession)
- BAF 2.4 (Culture)
- BAF 2.5 (Retention);
- BAF 2.6 (Adequacy of Staffing) – further to discussion at the PLC Committee meeting on 16 October, BAF 2.3 (Succession) and BAF 2.6 (Adequacy of Staffing) will be reworked prior to more in-depth review at the January 2025 PLC Committee meeting;
- BAF 3.13 (Environment impact);
- BAF 3.14 Major Programmes – formerly Major Projects; and
- BAF 4.1 (Research & Development potential).

Report to the Meeting of the Oxford Health NHS Foundation Trust

Board of Directors

27 November 2024

(Agenda item: 10)

Intensive and Assertive mental health care response: Current position and Next Steps

For: Information/Assurance

Executive Summary

The purpose of this paper is to provide the board with an overview and update of the work that Oxford Health has undertaken to benchmark, assure and improve intensive and assertive mental health provision for people with a diagnosis or symptoms of psychosis. This work has been carried out independently by the trust as well as in response to NHS England's request of all Integrated Care Boards (ICBs) and trusts across the country. The following is covered:

- The rationale behind why the work was initiated in the context of the manslaughter conviction of an individual with a severe mental illness in Nottinghamshire in January 2024, relating to an incident which took place in June 2023.
- The work that has been undertaken to date, what we have learned from this as an organisation and the subsequent actions that will be taken
- The opportunity presented by NHS England in the development of plans that may be supported by additional investment to expand and enhance work to deliver intensified care and support to people who present with psychosis or symptoms of psychosis.

Context

In January 2024 the Secretary of State for Health and Social Care commissioned the Care Quality Commission (CQC) to undertake a rapid review of Nottinghamshire Healthcare NHS Foundation Trust under Section 48 of the Health and Social Care Act 2008. The purpose of the review was to look at patient safety and quality of care in response to the manslaughter conviction of an individual (subsequently sentenced to a hospital order) who had been under the care of Mental Health Services prior to his offences.

The first part of the review found signs that the individual was exhibiting psychotic symptoms, with evidence of non-compliance with medication. The second part of the review published in August 2024 identified themes in relation to record keeping, the use of risk assessments and care plans, with consistency of care between NHS services and inter-agency working also highlighted as areas for improvement.

In response to this rapid review Oxford Health Mental Health directorates undertook a gap analysis of our approach to working with the specific population, using the recommendations in the review as guiding principles. This was followed by a request from NHS England (alongside all other ICB areas across the Country) to complete a maturity assessment of our provision to this same group of individuals, with a requirement to submit an action plan which would set out any improvements required, with timescales.

The population under consideration includes those who:

- Present with psychosis (but do not necessarily have a diagnosis of psychotic illness)
- May not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harm
- Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- Have multiple social needs and co-occurring problems (housing, finance, homelessness, self-neglect, isolation etc)
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- Concerns may have been raised by family/carers

Work Completed to date

Phase 1: Oxford Health Mental Health Directorates completed a gap analysis, benchmarking against the CQC recommendations outlined in the rapid review, and from this an initial action plan was developed. A summary of the recommendations and assessment of position is as follows:

GAP ANALYSIS in response to CQC Special review of mental health services at Nottingham Healthcare NHS Foundation Trust

	Rapid Review Recommendation:	Current Position:	Next Steps:
1	Review treatment plans on a regular basis to ensure that treatment prescribed is in line with national guidelines.	- Weekly review of medication/ treatment plan as part of ward round/review meetings - Regular contact with key workers - Reviews with consultants and junior doctors. - 6-monthly review of treatment plans - Supervision of staff and caseload management discussions.	- Consider implementation of Assertive Outreach (AO) or Intensive Case Management (ICM) model - Core Clinical Standards to align treatment with NICE guidelines.
2	Ensure clinical supervision of decisions to detain people under Section 2 or 3 of the Mental Health Act (MHA) 1983	- Section 3 recommendations are sent for medical scrutiny by an independent doctor within 14 days of admission.	Consider regular clinical audits of all identified detention records to ensure recommendations provide assurance.
3	Regular auditing of medicines monitoring takes place within community mental health teams	- Annual review of clozapine patients via the shared care protocol with GPs	- Review and standardisation of medication monitoring arrangements - A continuation of the reporting and review of medication incidents
4	Staff involve and engage patients' families and carers in all aspects of care and treatment, including at the point of discharge.	- All CMHTs/AMHTs will have patient reported outcome measures (PROMs) and co-produced care plans by May 2025.	- Conducting service level analysis of involvement - Centrally-led plans to improve offers of involvement
5	Robust discharge policy and processes are in place	- Non-engaging patients discussed in clinical team meetings to consider risks and mitigations - Safety plans completed - Discharge meetings and discharge letter sent to patients and GP	- Consider audit to confirm if all teams are following SOP discharge processes - Share relevant policies with teams in supervision and team meetings, team

		- Min. 12-months post-discharge to re-refer for more support	
6	Regular medicines monitoring takes place within the community teams	- Escalations in relation to non-compliance and rationale - Using prompts to patients and carers regarding medication administration and daily visit considerations to ensure compliance - Use of Care Act assessment to support compliance	- Review and standardisation of medication monitoring arrangements - Audit of physical health review of this client group
7	Ensure all practicable efforts are made to engage patients who have disengaged from Community Mental Health teams	- Following the Was Not Brought & Did Not Attend Policy - Telephoning patients - Discussing risks within clinical team regarding - Cold calling/door stepping - Texts and emails if not answering telephones - Contact carer/ family/ friends - Letter with new appointments - Consider venue of appointment, - Liaise with GP / other agencies - Work with police - Update risk assessments, care plans, progress records - Discuss in FACT and clinical meetings	- Consider implementation of an Intensive Case Management (ICM) or Assertive Outreach (AO) model.
8	Standard operating procedure in place for community teams to follow when a patient does not attend for appointments.	- Use of the Was Not Brought & Did Not Attend Policy guidance across trust services.	- Consider audit of the Was Not Brought & Did Not Attend Policies

In summary we are assured of performance against a number of the recommendations but have identified where further work is required to achieve a more robust position.

Phase 2: Building on our Trust wide gap analysis all ICBs were subsequently asked by NHS England to complete a maturity assessment during September 2024, which gave us a further opportunity to review our plans for improvement against our internal action plan. The purpose of this exercise was to better understand on a national footprint the needs of the identified patient cohort who present with psychosis and how they are identified and actively supported in the community against a set of key principles. It was also an opportunity for NHS organisations to reflect on their approach to delivering care and support to this cohort of people. Oxfordshire and Buckinghamshire Mental Health directorates reviewed adult community mental health provision to this group of individuals against a range of areas in the maturity assessment such as:

- Understanding who this group of individuals are
- Inclusion of this group in trust Policy and Pathways
- Multidisciplinary and multiagency approach to working with this group
- Clinical pathways wrapping around individuals in this group
- Workforce skills in working with this group
- Robust approaches to risk and safety planning in treatment and discharge
- Focus on medication management
- Data and information systems and processes

Phase 3: NHS England has expressed an intention that additional investment will potentially be set aside in 2025/26 to support implementing dedicated assertive outreach or intensive case management models of care – based on the returns that have been submitted so far across the

Country. Therefore, at further request of NHS England, Oxfordshire and Buckinghamshire have each developed a proposed service model which will best fit the needs of their respective patient demographic and geography.

These proposed service models focus on expansion of key principles of community mental health provision while enhancing the ability to provide intensive and flexible support (in acknowledgement of the needs of the patient cohort) and enabling greater access to community provision through the Voluntary Community Social Enterprise (VCSE). An Assertive Outreach 'hub and spoke' model in Oxfordshire, and Intensive Case Management model in Buckinghamshire have been submitted respectively.

An outline of the proposed models and a summary of the key elements that the action plan will address have been attached as Appendix A to this report.

It is important to note that regardless of the availability of additional investment, actions identified during phases 1 and 2 will be progressed through a robust improvement approach.

Governance and Sign off Route

The Action Plan and Costed Proposal for submission to NHS England was presented to trust Executives on Monday 11th November and approved for progression and submission to NHS England via BOB ICB.

NHSE will be requesting quarterly assurance against the delivery of the action plan and the Executive and Board will be updated on progress.

Statutory or Regulatory responsibilities

NHS England has requested that local Action Plans and proposals relating to Assertive Outreach and the Nottingham response are ratified by public ICB board meetings.

Recommendation

The Board is asked to review the progress and actions that have been taken to date, confirm that it is assured with progress against the action plan and provide support for the costed proposal that has been submitted (Appendix A).

Title: Intensive and Assertive mental health care response: Current position and Next Step

Author: Aly Fielden – Senior Programme Manager

Lead Executive Director: Rob Bale – Interim Chief Operating Officer for Mental Health and Learning Disability

**Proposal for Funding
Assertive Outreach / Integrated Case Management Model
Submitted by
Oxford Health Foundation Trust**

Background - the NHSE request:

Integrated Care Boards (ICB)s have been requested by NHS England to take a whole population view to determine how to meet the needs of the small group of individuals who require intensive and assertive community care described in [NHS England » Guidance to integrated care boards on intensive and assertive community mental health care.html](#) while also ensuring that they can provide the best possible care to all people with severe mental illness (SMI). ICBs have been asked to work with all Mental Health NHS Trusts to provide a costed proposal for Assertive Outreach (AO) or Intensive Case Management (ICM) to meet the needs of this group of patients. This is in addition to a wider action plan which has been created by each trust to demonstrate a strengthening in service delivery for this group, across the whole community mental health pathway.

Objective

Many people who experience psychosis can receive evidence-based care and treatment which enables them to recover from their psychotic episode and manage ongoing symptoms, supported to live a life that is meaningful to them. However, some people who experience psychosis, particularly where paranoia is present, struggle to access this care and treatment. This can be due to a number of factors - services not being set up to meet their needs, the impact of symptoms such as paranoia or a lack of understanding from the individual that they are unwell. For this group of people, it is critical that mental health services can meet their needs by adapting the approach to engagement, providing continuity of care, and offering a range of treatment options for people experiencing a varying intensity of symptoms. This proposal identifies the approach Oxford Health (OHFT) seeks to adopt in developing targeted services for this group.

Proposed Models Development and Rationale

The locations and needs of this patient population differ across the geographies of Oxfordshire and Buckinghamshire. Due to the rural and small town make up of Buckinghamshire, the desire to have an integrated model providing an easier flow between the ICM patient cohort and the CMHT, and to increase the overall skills set of the CMHT, an ICM model will be developed across the county. Oxfordshire has a core city with a rural and small-town geography, and so it was considered that an AOT hub and spoke model would be more appropriate to meet the needs of this area.

The proposed models from both areas can be found below.

Oxfordshire Proposal

Estimated Eligible Patient Population is 250 based on the following assumptions:

- The caseload of the previous AO team in Oxfordshire at the time of decommissioning and merge with the community Adult MH teams
- An adjustment for population changes since then
- 30% adjustment for estimated number of individuals that are engaged with primary care, homeless community, forensic services, social care and criminal justice.

Proposed model of delivery: Hub and spoke model with core AOT team based in Oxford city, operating as a central hub with embedded workers in North and South County teams (Adults of Working Age and Older Adult teams).

ICM was considered as an option, but discounted as it was felt that the time and capacity of the individuals allocated to work with this cohort would not be adequately protected and their capacity would become subsumed into the wider offering

All staffing has been calculated as far as is practical and proportionate against the Dartmouth Assertive Community Treatment Scale (DARTS) as a fidelity model,

Buckinghamshire Proposal

Integrated ICM Model

Estimated Eligible Patient Population for Bucks is 187 based on the same assumptions as Oxfordshire.

Proposed model of delivery: The Buckinghamshire geography is made up of rural villages and small towns, with poor public transport connectivity. To best meet the need, Buckinghamshire will adopt an Intensive Case Management model integrated into the local Adults of working age CMHTs and Older Adult Teams. This allows for dedicated staff working in small teams as part of the CMHT, enabling patients to easily access the wider CMHT offer such as Housing Support, Pharmacy Technicians, Physical Health Nurses etc. It also allows for seamless step-up care and joint working with our Crisis and Home Treatment Teams and step-down care back into the CMHTs

Impact of Funding – Buckinghamshire and Oxfordshire

Workforce

- **Recruitment** - We will work with our voluntary sector partners to provide expertise from them in building relationships and delivering outreach to marginalised populations. Recruitment will take place for posts across the multi-disciplinary team including nursing, occupational therapy, peer support, psychiatry and psychology posts.
- **Training** – additional training for a new AOT/ICM staff cohort will supplement the expertise in the Trust available to deliver in house offers. Training will be provided to ensure that staff have an extensive understanding of Psychosis, presentations, evidence-based treatment and interventions, harm minimisation and risk management techniques. Wider training will be given to the adult community mental health teams to further develop risk management, safeguarding, action to identify red flags, DNA processes, medication management and cultural competency.
- **Competencies** – the new dedicated staff will be provided with comprehensive training on the needs of this group and the operating process to ensure active engagement and support and the need for wider partnerships. We will be taking measures to enhance reflective practice.

Estates

There will be an active outreach model for these patients and contact will be made in locations that are requested by the patient. This may be at home or in community settings that are non-hospital based to enhance accessibility. There will be a focus on localised accessibility. Further work will need to take place to deliver the model for estates and estimated costings have been included. Where there is a high level of need, consideration will be paid to target services to that need e.g. homeless community. Additional funding is needed to improve the estate offers.

IT/Data

- Improvement work will take place in the Trust and with system partners to enhance our understanding of the process of recording and identification of specific patient cohorts – this analysis may lead to digital and data infrastructure changes. This will include work to identify emerging patients in the community services, primary care, forensics and other settings.
- Further work will be undertaken to better understand the access of groups suffering inequality, including those detained.
- There is further development work to be completed in relation to reporting and performance - a local mental health dashboard that is easily accessible to staff which will support proactive approaches to working with this client group. to 1) look at someone's MH service use history, 2) look at changes in factors to identify additional support needs, 3) drive decision making on those who may need intensive support.
 - A workstream to support improvements to data quality and system recording processes in operational teams will be initiated in line with activities above.
 - The new ICM/AOT teams will have smaller caseloads and data completion will therefore be improved with mechanisms in place to enable effective data review.



Intensive and Assertive Mental Health Care Response: Current Position and Next Steps

Date: 28th November 2024



01 Context and Brief Overview

Background

Oxford Health have taken actions to assess and assure approaches to meeting the needs of a small group of patients who require intensive and assertive outreach. This is in response to CQC recommendations resulting from the inquiry into the conviction of a psychosis patient in Nottinghamshire. This draws on transformation work already taking place.

NHS England have subsequently asked for

- an action plan to demonstrate how these patients are cared for.
- a costed proposal for Assertive outreach (AO) or intensive case management (ICM) to meet the needs of this group of patients.

Proposals will support wider action plan which has been created to demonstrate a strengthening in service delivery for this group, across the whole community mental health pathway.

Patient Criteria

- are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- may not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
- are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- have multiple social needs (housing, finance, self-neglect, isolation etc)
- likely present with co-occurring problems (e.g. homelessness, substance misuse)
- may have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- concerns may have been raised by family/carers

Patient Population (estimated)

- Oxfordshire: **250**
- Buckinghamshire: **187**

Assumptions:

- The caseload of the previous Assertive Outreach service at the time of decommissioning and merge with the community Adult MH teams
- Adjustment for population changes since that time.
- Estimated number of eligible individuals engaged with other services (primary care, homeless/supported housing settings, Forensic services, social care, criminal justice).

Note: More intensive analysis will be required to gather more definitive data.

Goals

- Improved identification of patients
- Improved engagement
- Providing care for those with psychotic illness in a way that meets their needs leading to improved outcomes

02 Timeline of Activity

Activity	Timescales
Local gaps analysis and actions put into place following CQC inquiry	August /September 24
Completion of Oxfordshire and Buckinghamshire Maturity Assessment and submission to NHS England via ICB	August/ September 24
Action Plan completed and submitted to NHS England	November 24
Oxford Health Costed Proposal submitted to NHS England	November 24
Work will take place to strengthen services via implementation of the action plan	November 24 – December 25

03

Assertive Outreach (AO) and Intensive Case Management (ICM) Models

- NHSE have recommended that Mental Health providers adopt one of 2 models of intensive and assertive care - AO or ICM - depending which is most locally relevant and appropriate. There are pros and cons of each model and variable evidence.
- The Dartmouth Assertive Community Treatment (DACT) protocol offers an evidence-based fidelity AO model outline. Urban areas with a large cohort of this patient group make the AO model easier to implement.
- ICM has evidence base in the form of the Flexible Assertive Community Treatment (FACT) model. A four-year observational study of patients treated under the FACT approach had significantly fewer admissions and bed days at each of the four subsequent years compared to baseline, offset by a significant rise in missed face-to-face appointments. There was no significant change in the use of crisis services.
- An options appraisal has taken place in each county and models designed according to differing population profiles and need.
- Oxfordshire will implement an AO model due to its high population need centred in Oxford while Buckinghamshire proposes an ICM model due to its rural geography and poor transport links.

04 Key Areas of Action

- Work to strengthen identification systems
- Strengthen Trust Policy and Pathways
- Enhance Multidisciplinary and multiagency approaches
- Develop clinical pathways wrapping around individuals
- Delivery enhanced workforce training
- Strengthen robust approaches to risk and safety planning in treatment and discharge
- Improve medication management
- Create data and information systems and processes that better support this group
- Embed Assertive outreach or Intensive care approaches if funding is released
- Enhance treatment plans and supervision.
- Develop family and carer involvement approaches

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

(Agenda item: 11)

27th November 2024

Patient Safety Reviews in September and October 2024
For: Information and Assurance

Executive Summary

It is crucial that we learn from incidents and near misses that happen to identify and address system issues to continually improve the safety of care. We transitioned and started working under PSIRF from 4th December 2023. The documents setting out our approach and local incident response plan have been published and are available here [Patient Safety Incident Response Framework \(PSIRF\) - Oxford Health NHS Foundation Trust](#). Further details of our progress with embedding PSIRF are detailed in the report.

The report focuses on the period September and October 2024 following on from the last report. Eight reviews within our local incident response plan have been identified in the period, detailed below. Overall this takes us to 49 reviews identified/completed since we transitioned to work under PSIRF up until 31st October 2024.

- ❖ 2 thematic reviews have been identified – podiatry service and ketamine treatment clinic
- ❖ 1 Unexpected unnatural death, this is a suspected suicide for a patient open to a community mental health team
- ❖ 1 Unexpected death of a forensic inpatient. The patient went on leave, did not return to the ward and was later found very unwell by the Police.
- ❖ 1 Sepsis death on one of the community hospital wards.
- ❖ 1 significant self-harm incident in the community, possible suicide attempt. The patient was open to a community mental health team
- ❖ 1 delayed diagnosis of subdural haematoma involving a number of agencies including the community therapy service, urgent care responses and the person's GP
- ❖ 1 Unexpected natural death for a patient recently open to a community mental health team

Some examples of actions from recently completed reviews are shared, as well as some areas of good practice identified. The progress and closure of all actions is monitored centrally. The report includes a summary of the priority areas highlighted from completed reviews over the last 6 months (April to September 2024). For each of these areas the PSIRF programme board is reviewing the actions/changes that are happening so we can identify any further work needed

Governance Route/Escalation Process

The Trust has a series of weekly and monthly patient safety forums which review the details of the information summarized in this report.

Recommendation

For the Board to be assured regarding the current processes and structures for how we identify, respond and use learning from patient safety incidents to make changes.

Author and Title: **Victoria Harte, Patient Safety Service Manager**
 Jane Kershaw, Head of Patient Safety

Lead Executive Director: **Britta Klinck, Chief Nurse**

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors]*
2. *Strategic Objectives/Priorities – this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust):*
 - 1) *Quality - Deliver the best possible clinical care and health outcomes*

1.0 Patient Safety Incident Response Framework

As part of the national Patient Safety Strategy around developing a safer culture, safer systems, and safer patient care was the development of the Patient Safety Incident Response Framework (PSIRF). This was a welcome but significant change in how we think and behave in relation to how we respond, learn and improve from patient safety incidents. The Trust transitioned and started working under PSIRF from 4th December 2023, following support from the ICB, Provider Collaboratives and BOB ICS system Quality Forum. A summary of our approach and new way of working under the PSIRF as well as our local incident response plan is published on the Trust's website and available here [Patient Safety Incident Response Framework \(PSIRF\) - Oxford Health NHS Foundation Trust](#).

The four key aims of PSIRF are:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening how we learn and apply improvements

NHS England has developed standards in relation to the leadership and oversight of patient safety incident management and improvement under the PSIRF. The PSIRF programme board uses these standards to guide our work. The broad areas are listed below with the fuller guide available at [B1465-4.-Oversight-roles-and-responsibilities-specification-v1-FINAL.pdf](#).

- Engagement and Involvement of those affected by patient safety incident – patients, families and staff
- Safety actions and improvement – can we demonstrate we are using learning from incidents to make changes and improvements are sustained
- Policy, planning and guidance – focused on how we develop and use our incident response plan effectively
- Competence and capacity- developing and using expertise in patient safety science and engaging with those affected by an incident as well as having sufficient resource to implement our incident response plan
- Proportionate and timely responses

As part of embedding the changes we have a PSIRF programme board led by the Chief Nurse and Chief Medical Officer. Progress is going well and as we identify difficulties these are worked through by the programme board members. An update on progress and the impact we have seen so far with introducing PSIRF was shared at the Quality Committee in November. We have quarterly PSIRF reviews with the BOB ICB and NHS England who have been positive about our developments and progress, and we share learning regionally at regular BOB ICS patient safety forums and events. A 6 month update against the PSIRF programme work plan is being shared through the Annual Plan progress report also being presented to the Board of Directors in the November 2024 meeting.

2.0 Recent Patient Safety Reviews

Following the last report to the Board of Directors there have been eight patient safety reviews identified in September and October 2024 meeting our incident response plan and where we believe there is potential for significant learning.

- ❖ 2 thematic reviews have been identified to look at; podiatry service incidents, this was planned as part of our incident response plan and then a second thematic review following a number of deaths of patients who had accessed the ketamine treatment clinic
- ❖ 1 Unexpected unnatural death, this is a suspected suicide for a patient open to a community mental health team
- ❖ 1 Unexpected death of a forensic inpatient. The patient went on leave, did not return to the ward and was later found very unwell by the Police.
- ❖ 1 Sepsis death on one of the community hospital wards.
- ❖ 1 significant self-harm incident in the community, possible suicide attempt. The patient was open to a community mental health team
- ❖ 1 delayed diagnosis of subdural haematoma involving a number of agencies including the community therapy service, urgent care responses and the person's GP
- ❖ 1 Unexpected natural death for a patient recently open to a community mental health team

In total this takes us to 49 reviews identified/completed since we transitioned to work under PSIRF from 4th December 2023 to 31st October 2024. For each review we use a systems factor methodology (SEISP = Systems Engineering Initiative for Patient Safety) to better understand what happened ('work done') and why, against what we think or expect should happen ('work imagined') so that the learning we identify and the actions we take address the real issue. We have undertaken reviews covering 14 of the national/local safety areas identified in our incident response plan, spread across all clinical directorates. For the 49 reviews we have used 9 different types of learning responses demonstrating a proportionate approach and use of resources to maximise what we can learn and change. The different learning responses we have used include; thematic reviews, incident learning huddles, observational audits, system reviews, in-depth investigations, appreciative inquiry, and work using the Triangle of Care tool developed by the Carers Trust. We have found we have been able to identify and start learning quicker with 34 out of the 49 reviews already completed. These are some of the early benefits we have seen with the implementation of PSIRF. We continue to engage and involve patients/families in every review we undertake and are using our Patient Safety Partner (with lived experience) to help gather their experiences so we can keep improving our approaches.

We periodically review the ethnicity, age and gender of the patients affected by the patient safety incidents reviewed, this was last completed and shared in October. The data on ethnicity, age and gender does not indicate any significant disproportionate representation.

3.0 Learning and Changes as a result of Patient Safety Reviews

Learning is shared in various ways and formats with clinical teams, ward/team managers, senior clinicians, as well as through a series of Trust-wide forums using the quality governance framework. The actions in response to learning are signed off by the relevant clinical directorate senior management team and Executive Directors with progress monitored centrally and evidence reviewed as part of closing.

Some examples of actions from recently completed reviews are shared below.

There were also a number of good practice elements identified from our reviews, to note a few:

- The team went above and beyond supporting each other, returning after their shift had ended to ensure equipment was ordered and in place within one hour to ensure the patient was comfortable at his end of life.
- There have been a number of different incident reviews demonstrating positive engagement with and feedback from families.

Type of service	Improvement area	Action(s)
Physical healthcare services	A number of reviews have highlighted learning regarding recording and calculations NEWS, escalation and soft signs.	The QI team have been asked to support work into improvement around NEWS and escalation. One of the Community Hospital has been identified as first area to pilot changes.
Mental Health services	Communication/engaging with patients on waiting list	Check points being added for young people on a waiting list.
Mental Health services	Communicating progress on rolling out Primary Care Mental Health Hubs (PCMH)	Information regarding the progress of setting up PCMH Hubs sent across Oxfordshire mental health services, including which areas have a PCMH and what GP surgeries they are aligned with.
Mental Health services	Physical health provision on mental health ward	Increased the number of physical health champions for the ward to lead on weekly physical health clinics and monitoring of physical health needs. Recent audits show an increase in compliance with physical health measures since the change. Revised competency framework for physical health skills for inpatient nursing staff which is being rolled out across all mental health wards. The NEWS2 form on RiO has been updated to direct staff to consider 'soft' signs of a deterioration in a patient's physical health, plus it is more prescriptive in what actions staff should take in response to NEWS2 scores.

The priority areas highlighted across reviews completed in the last 6 months (April to September 2024) are listed below. For each of these areas the PSIRF programme board is reviewing the actions/changes that are happening so we can identify any further work needed.

- ❖ Service capacity/demand or lost to follow up care resulting in treatment delays/poor care coordination
- ❖ Communication with patients, making reasonable adjustments and considering communication needs
- ❖ Sharing information and engaging with family members
- ❖ Joint working with external agencies (GPs, care homes, police, private providers)– focused on how we communicate
- ❖ Communication between OHFT teams – unaware of other teams involved, not sharing key clinical information, unable to contact team, unable to access clinical IT systems etc..
- ❖ Quality of clinical documentation – risk assessments/formulations, capacity assessments, care plans etc..

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

(Agenda item: 12)

27 November 2024

**Buckinghamshire, Oxfordshire and Berkshire West (BOB) Mental Health
Provider Collaborative update
For: Information and discussion**

Executive Summary

An overview of the Buckinghamshire, Oxfordshire and Berkshire West Mental Health provider collaborative (BOB MHPC) was presented to the Board of Directors in July 2023. This report provides an update on progress in the development of the collaborative for the following 16 months.

The BOB MHPC was formed in 2022 as part of the NHS Provider Collaborative Innovators scheme which aimed to support sustainable improvement in the quality and efficiency of patient care across the country through collaboration and clinical leadership. This is a collaborative between Berkshire Healthcare NHS Foundation Trust (BHFT) and Oxford Health NHS Foundation Trust (OHFT), in partnership with BOB Integrated Care Board (ICB) and together with system partners. The aim of the collaborative is to improve the mental health of the BOB population through leading transformation at scale, tackling unwarranted variation and ensuring efficient use of resources. The scope of the Mental Health Collaborative includes non-specialized all age mental health services.

Following the first phase of development, the collaborative has refocused on four transformation programmes to be delivered jointly with BHFT and together with system partners:

- Programme 1: Mental Health Crisis and urgent Care
- Programme 2: Three Year Adult Inpatient Transformation
- Programme 3: Localising Mental Health Care

Programme 4: Co-Production

Governance

A delivery Board is in now place for three of the transformation programmes, co-production being an enabling programme rather than a delivery one, which then reports into the Partnership Programme Board. The membership of the Partnership Programme Board includes representation from all system partners and representation from governance at place (Buckinghamshire, Oxfordshire, West Berkshire). Mental health governance at place is represented both at the Mental Health Partnership Programme Board and at each programme delivery board, to enable a clear flow of information between system and place. The Provider Collaborative Executive Oversight meeting includes Board level representation from the ICB (Chief Delivery Officer) and each NHS provider organisation, including Chief Executive Officers. It supports the Partnership Programme Board by unlocking issues and steering the development of the BOB MH PC.

ACHIEVEMENTS AND RISKS

Achievements

Over the last sixteen months the BOB MHPC has matured and progressed into the delivery phase; this progression has been enabled by a number of achievements.

- The transformation portfolio of four programmes has been developed together with system partners and is now being jointly delivered by OHFT and BHFT and together with system partners.
- The governance structure has been reviewed in collaboration with system partners and a new structure that supports delivery of the transformation programmes has been operationalised.
- Supported by NHS England through a national scheme, an action plan has been developed with the BOB Voluntary, Community and Social Enterprise (VCSE) Health Alliance and BOB ICB to strengthen partnership working with smaller organisations in the VCSE sector.

- A data and analytics group has been established which is enabling programmes to be data informed with population health data supporting efforts to address health inequalities across BOB ICS

Risks

Risks to the development of the BOB MHPC have been identified and are being mitigated against.

- BOB ICB published a new operating model in October 2024. Discussions are ongoing with the ICB to develop the role of the BOB MHPC in relations to quality, performance, planning and commissioning in the context of new operating models being put in place both in the ICB and also nationally.
- Data availability and sufficiency across ICS may impact on the effective delivery of transformation programmes. This is being addressed through the Data and Analytics enabling group and together with BOB ICB.
- Given the scope of the transformation programmes, resource will be required to enable meaningful and sustainable change to service culture, delivery and patient experience. Service Development Funding (SDF) has been allocated to enable the three-year adult in patient transformation programme, existing resource within OHFT and BHFT will also be drawn upon.

Governance Route/Escalation Process

This report is based on an update which was presented at the Executive forum on 16th September 2024. Going forward a quarterly update on the development of the BOB Mental Health Provider Collaborative will be presented to the Executive team.

Statutory or Regulatory responsibilities

NHS England (NHSE) has required all trusts providing acute and/or mental health services, including specialist trusts, to join at least one provider collaborative from July 2022. The Transformation priorities identified by the BOB MH PC also align with national and local NHS priorities.

Recommendation

The Board is asked to discuss the report and confirm assurance with progress made.

Author and Title: Lisa Reynolds Associate Director Mental Health

Lead Executive Director: Amelie Bages Executive Director of Strategy & Partnerships

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. **Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** – *this report relates to or provides assurance and evidence against the following Strategic Objectives/Priorities of the Trust*
 - 1) *Quality - Deliver the best possible care and health outcomes*
Strategic risk themes: Utilising Digital, Data and Technology; Demand and Capacity (Mental Health inpatient and Learning Disabilities)
 - 2) *Sustainability – Make best use of our resources and protect the environment*
Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; Financial Sustainability; Governance and decision-making arrangements;

**Board of Directors
27 November 2024
BOB Mental Health Provider Collaborative update**

**Lisa Reynolds
Associate Director Mental Health**

BOB Mental Health Provider Collaborative

A Provider Collaborative between Berkshire Healthcare and Oxford Health, in partnership with BOB ICB and together with system partners.

Our Aim

To improve the mental health of our population in BOB ICS by leading comprehensive transformation of mental health services at scale, linking with and supporting the work of our Place-Based Partnerships. We will strengthen the joint working between our organisations to ensure that resources are used in the most efficient way possible, that unwarranted variations are tracked and tackled, and pathway redesigned, to improve the lives of our population with a focus on addressing health inequalities.

Services provided in scope

- Non-specialised, all age, Mental Health services

BOB Mental Health Provider Collaborative Core Principles

- Working in collaboration with VCSE partners to inform and improve service offers for all community groups
- Tackling Health Inequalities and avoidable variations in care
- Co-production with Experts by Experience at the heart of everything we do
- Using 'trusted' and agreed data to inform target areas for collaboration and quality improvement
- Building trust in partnership working and aligning system resourcing 'where it makes sense'

Highlights

Delivery

- Transformation portfolio agreed comprising of four programmes which are being initiated for joint delivery by OHFT and BHFT and together with system partners
- New governance structure in place to enable the delivery of the transformation portfolio
- Membership includes representatives from system partners including BOB Integrated Care Board (ICB), Local Authorities, Voluntary Community and Social Enterprise (VCSE), Primary Care
- All enabling sub-groups now in place

Stakeholder engagement

- Four workshops held to iteratively develop the transformation portfolio; two to shape priority programmes; one with experts by experience and another focussed on mental health crisis and urgent care
- An action plan for partnership working developed collaboratively with VCSE, BOB ICB and BHFT as part of the NHSE Embedding VCSE in Integrated Care Systems (ICSs) and Provider Collaboratives Programme.

Process of developing transformation priorities

An iterative approach was taken to identifying system transformation priorities and refining these to form the portfolio of transformation programmes

- Four workshops were held:
 1. Identifying system priorities with system partners
 2. Deep dive into transformation priorities with system partners
 3. Deep dive into transformation priorities with Experts by Experience (EbE)
 4. Deep dive into priorities for programme 1: mental health crisis and urgent care
- Two surveys were undertaken; following the first workshop to refine system priorities and following the fourth workshop to crystallise priorities for programme one: Mental Health Crisis and Urgent Care (Community)
- Priorities were aligned with NHS England national programmes of work and BOB ICB system priorities.

BOB Mental Health Transformation Portfolio

Programme 1: Mental Health Crisis & Urgent Care (Community)

Exec Sponsor: Tehmeena Ajmal (BHFT)
SRO: Natalie Cleveland (OHFT)

Programme 2: 3-Year Adult Inpatient Transformation

Exec Sponsor: Dr Rob Bale (OHFT)
SRO: Niki Cartwright (BOB ICB)

Programme 3: Localising Mental Health Care

Exec Sponsor: Grant MacDonald (OHFT)
SRO: Dr Guy Northover (BHFT)

Programme 4: Co-Production (in development)

Exec Sponsor: Jess Willsher (Oxfordshire Mind)
SRO: Kathryn MacDermott (BHFT) / Ashley Harvey (OHFT)

SCOPE OF PROJECTS (IN DEVELOPMENT)

Right Care,
Right Person
(S.136 handover)

Crisis
Response

Secure
Transport

Culture of Care

Four Adult Inpatient Workstreams:

1. Transition into adult services
2. Before admission
3. During admission
4. After admission

Out of Area Mental Health Care:

- Non acute and specialist placements
- Learning Disabilities
- Acute and PICU

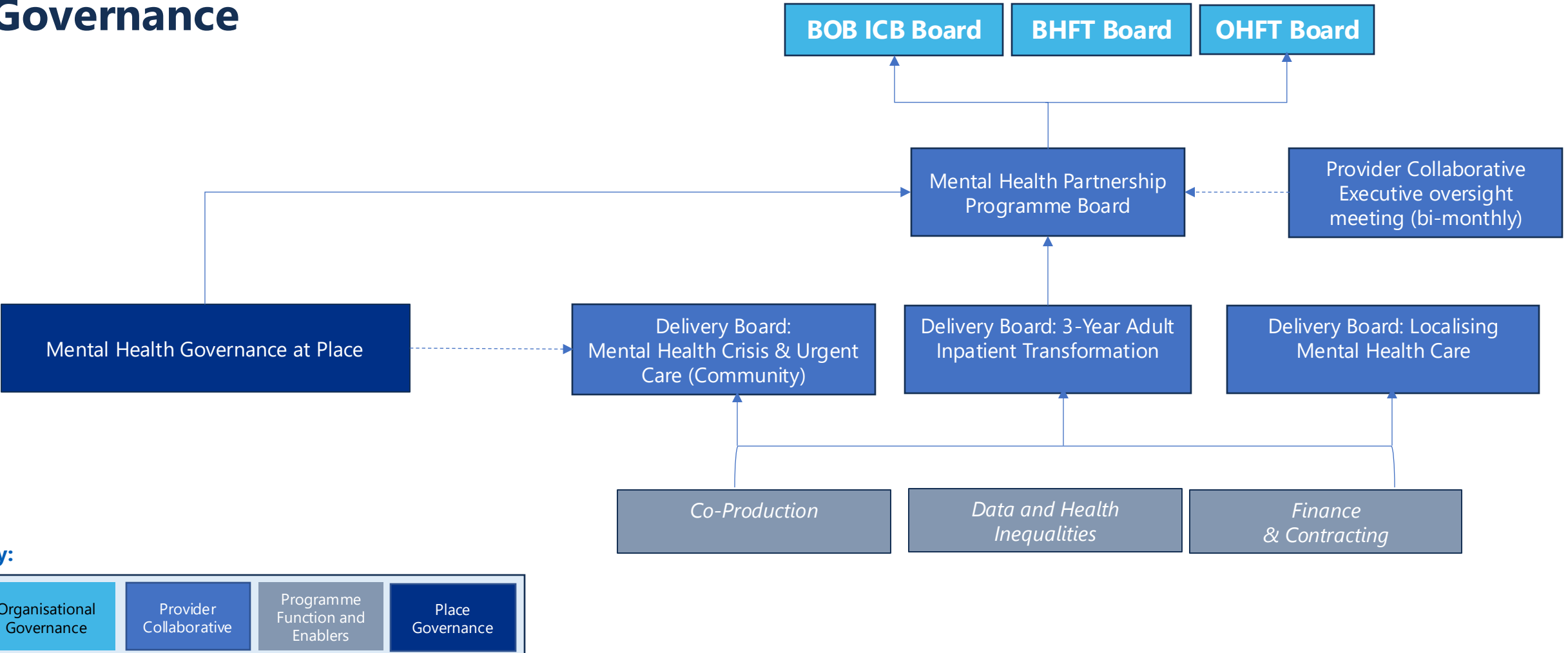
S.117 oversight:

- Mental Health
- Learning disabilities

Delivery through the BOB Mental Health Partnership structure

BOB Mental Health Partnership (July 2024)

Governance



Programme 1: Mental Health Crisis & Urgent Care (Community)

The aim of this programme is to ensure when people are experiencing mental health crisis, they need timely access to support that is compassionate and meets their needs.

There will be a focus on 3 areas of the crisis pathway that have been identified through our stakeholder engagement work as opportunities to make a difference as well as make efficient use of public funding:

1. Right Care Right Person: People of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.
2. Crisis Response: Crisis response services are designed and commissioned to ensure patients don't fall between the gaps of services and readily accessible.
3. Secure Patient Transport: secure patient transport services are commissioned across BOB to meet quality standards and deliver financial benefits through economies of scale.

Programme 2 : Three Year Adult Inpatient Transformation

- The three-year adult inpatient transformation is part of the national inpatient quality transformation programme.
- The national inpatient quality transformation programme was established in 2022 to support cultural change and a new bold, reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings.
- It encompasses culture of care and three-year adult in patient transformation. SDF funding is attached to this programme to enable delivery

BOB Mental Health Provider Collaborative

The BOB Mental Health Provider Collaborative enables OHFT and BHFT together with BOB ICB and system partners to work together.

- To implement the 3-year inpatient transformation programme
- To engage with and embed the national Culture of Care standards
- To develop plans to meet the national objectives set out in the Commissioning Framework for Mental Health Inpatient Services Guidance alongside system priorities.

Culture of Care Programme

One of five workstreams sitting underneath the National Mental Health Learning Disability and Autism Quality Transformation Programme.

- To improve the culture of the care in inpatient wards, supporting them to work to the forthcoming NHS England Culture of Care standards.
- Providing executive coaching and reverse mentoring to members of the executive.
- Doing all of the above through a trauma-informed, autism-informed and racial equity perspective.

Three Year Adult Inpatient Transformation

- Map current improvement projects and initiatives and connect them with governance support
- Engage patients and carers in support of co-production and within governance structure
- Undertake an initial assessment against the national roadmap and against the themes in the national programme
- Develop baseline comparators by ward/function
- Develop a baseline against national measures
- Create mechanism to report, review and track progress against key areas of delivery

Programme 3: Localising Mental Health Care

The aims of the programme are to:

- reduce the number of people receiving care outside of the BOB footprint
- optimise the care provided to mental health patients who are presently admitted to placements outside of the BOB footprint where it would not be possible to provide care closer to home.
- where possible to deliver financial efficiencies to the ICB; to achieve this through delivering high quality, effective services.
- develop system oversight and optimisation of adult and learning disabilities sec 117 packages of care.

A system overview of people receiving care outside of BOB is being developed to inform next steps.

Programme 4: Co-production

The aim of this programme is to enable development of pre-existing and new network and strategic models of involvement and co-production that interact with the BOB Mental Health Partnership to ensure that voices are heard and acted on promptly and effectively at all levels of the collaborative.

This is being achieved through:

- identifying system risks and obstacles to meaningful Involvement and influence of Lived Experience and make recommendations address these
- providing leadership in ensuring meaningful Lived experience and Involvement expertise is embedded in, and influences, structures and activity across the BOB MHPC
- ensuring all relevant stakeholder groups are engaged and consulted about the scale, shape and proposed areas of potential collaboration.
- ensuring appropriate involvement of all stakeholders in co-design of collaboration priorities in order to achieve objectives and realise benefits for patients and staff

Current work includes:

- collating examples of good practice, and championing co-production
- enabling engagement and co-production through aligning remuneration policies

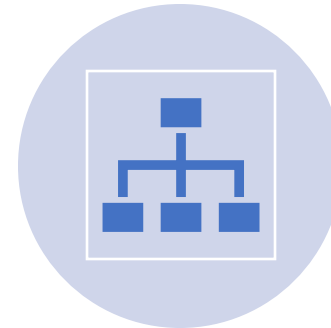
Highlight- Engaging smaller VCSE Sector organisations

- Working in collaboration with VCSE partners to inform and improve service offers for all community groups is a core principle for BOB MHPC
- Partnership working with VCSE sector is now well established; however, VCSE organisations may not have the capacity to engage with the work of BOB MHPC
- To further strengthen VCSE partnership and engage smaller VCSE organisations the collaborative the BOB MHPC joined the NHS England national programme: Embedding the VCSE Sector in ICSs and Provider Collaboratives Programme
- Together with BOB VCSE Health Alliance and BOB ICB an action plan was developed to enable smaller VCSE organisations to be active partners in the BOB MHPC
- The action plan includes:
 - Working in collaboration to sustain and grow VCSE representation across the BOB MHPC governance structure to include the voice of smaller VCSE organisations
 - developing a joint approach to information sharing across BOB Integrated Care System to meet the needs of all and in-particular smaller VCSE organisations

Key achievements



Four transformation programmes have been developed and being initiated in collaboration with system partners.



The BOB MHPC governance structure has been revised together with system partners to enable effective delivery the transformation portfolio

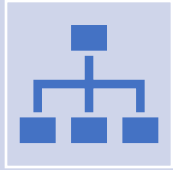


The development of an action plan in partnership with BOB VCSE Health Alliance and BOB ICB to engage and hear the voices of smaller VCSE organisations



Engagement of Experts by Experience in the development of the transformation portfolio

Risks to the success of the BOB Mental Health Provider Collaborative



The ICB has implemented a new operating model. Changes to roles and functions may impact on governance and the delivery of the transformation. This is being addressed through close working with BOB ICB



Data availability and sufficiency across BOB Integrated Care System may impact on the delivery of the transformation programmes. This is being addressed through the data and analytics enabling group and together with BOB ICB



Resource availability to enable the effective delivery of transformation programmes. Existing resource is being drawn upon to address this together with System Development Funding (SDF)

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

27 November 2024

(Agenda item: 13)

Mid-year review of Oxford Health Foundation Trust Annual Plan FY24/25

For: Discussion

Executive Summary

This cover note relates to the mid-year review of Oxford Health Foundation Trust's (OHFT) progress against its Annual Plan for FY24/25, and is accompanied by the following:

- Paper 1: Mid-year review of OHFT Annual Plan FY24/25
- Appendices: Supporting information on the delivery of the Strategic Programmes.

The [OHFT Annual Plan FY24/25](#) was approved by the Board of Directors in May 2024. OHFT produces an Annual Plan, to set out how it will deliver its vision of 'Outstanding care by an outstanding team'. The plan is tracked and monitored, to understand progress and allow for adjustments of priorities as required.

The mid-year review consolidates regular Annual Plan updates received by the Executive Forum during Quarter 1 and 2 FY24/25, which includes:

- Quarterly updates from the clinical directorates
- Bi-monthly reporting on strategic programmes and strategic enablers.

This represents the first of two review points for the Annual Plan, a second will be presented as an end of year update in May 2025.

As part of planning for 2025/26, we are reviewing our strategic programmes to identify which ones will be reported to the Board and prioritised as key deliverables for the next years.

Governance Route/Escalation Process

Prior to presentation at the Board of Directors, the mid-year review has been presented, in draft form, to the following forums:

- Extended Leadership Team on Monday 4th November
- Finance and Investment Committee (FIC) on Tuesday 12th November
- Executive Forum on Monday 18th November

Statutory or Regulatory responsibilities

The Board is responsible for reviewing progress made against the OHFT FY24/25 Annual Plan.

Recommendation

The Board is asked to review mid-year progress on FY23/24 plan.

Author and Title: Laura Carter, Head of Strategy

Lead Executive Director: Amelie Bages, Executive Director of Strategy and Partnerships

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors] OR: [the Trust Solicitors have been consulted and their recommendation is included within the report] (please delete/amend as appropriate)*
2. **Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** – *this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply] (please delete as appropriate):*
 - 1) *Quality - Deliver the best possible care and health outcomes*
Strategic risk themes: Utilising Digital, Data and Technology; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Sustainability (Community Oxfordshire).
 - 2) *People - Be a great place to work*
Strategic risk themes: Succession Planning, Organisational and Leadership Development; Culture; Retention; and Adequacy of Staffing.
 - 3) *Sustainability – Make best use of our resources and protect the environment*
Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.
 - 4) *Research and Education – Become a leader in healthcare research and education*
Strategic risk themes: Research and Development potential.

Mid-year review of Oxford Health's FY24/25 Annual Plan

Board of Directors
27th November 2024

Background and context

Strategy Delivery Plan update:

- Strategic objectives
- Principles
- Strategic programmes and enablers

Clinical directorate updates:

- Buckinghamshire Mental Health directorate
- Oxfordshire and BaNES (Bath and North East Somerset), Swindon & Wiltshire directorate
- Forensic Mental Health directorate
- Learning Disabilities directorate
- Primary, Community & Dental directorate

FY23/24 Financial position – summary of month 6 position

Capital Investment Programme

Appendices (see separate attachment)

- Strategic programmes updates
- Strategic programmes plan on a page
- RAG rating

[Oxford Health's Annual Plan for FY24/25](#) was developed by staff across the Trust, to bring to life our vision of **Outstanding care delivered by an outstanding team**. Our strategy delivery plan provided the framework for the Trust, setting out principles of how we work and identifying the large-scale programmes of change across the organisation. Clinical directorates identified their top priorities, based on the needs of the populations we serve across Buckinghamshire, Oxfordshire, Bath, North East Somerset, Swindon and Wiltshire.

The Annual Plan is tracked and monitored, to understand progress and allow for adjustment of priorities as required. This document represents the first of two review points for the Annual Plan, the mid-year review. An end of year update will be presented in May 2025.

This review consolidates regular updates received by the Executive Forum, a timeline view of which can be seen on the following slide:

- Quarterly updates from the clinical directorates
- Bi-monthly reporting on strategic programmes and strategic enablers.

This method of reporting has been chosen to build on existing meeting and reporting structures, enabling directorates to track and monitor plans and the forums and frequencies that work for them. The aim of this is to build on the engagement and ownership felt by teams.

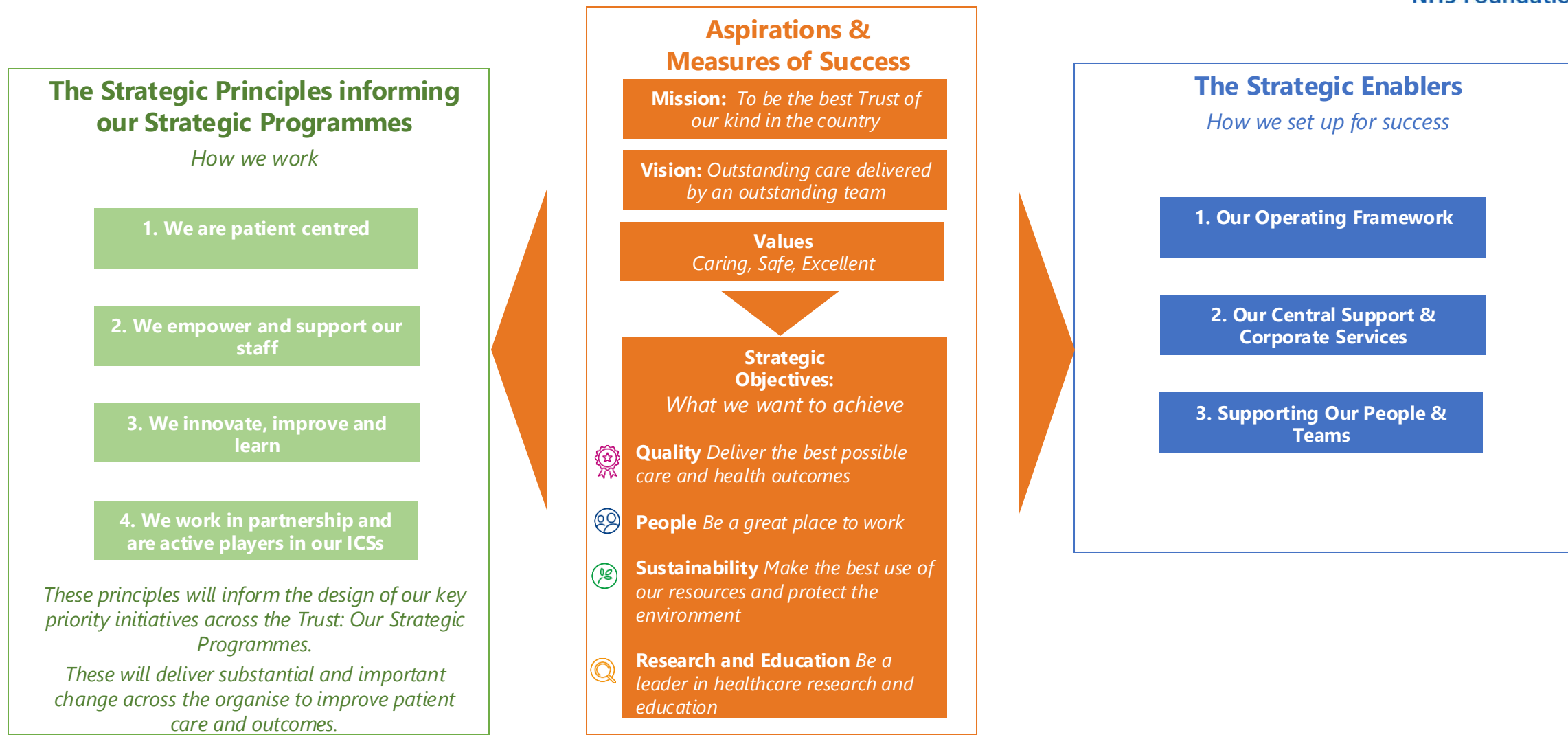
The Annual Plan is part of ongoing strategy delivery for the Trust. Our strategy delivery plan continues to evolve, as we embed our principles throughout the Trust's working, in particular via our strategic portfolio of programmes. The outputs of this mid-year review will be used to continually refine our strategic approach, and ultimately to inform the upcoming refresh of our strategy, as the current strategy reaches the end of its tenure in 2026.

The mid-year review is in two sections:

1. **Strategy delivery plan:** this contains an update on our strategic objectives and principles, as well as progress reporting on our portfolio of strategic programmes.
2. **Clinical directorate plans:** this section contains an update from each clinical directorate on progress against their priorities for the year.



To support the delivery of Oxford Health's strategy and objectives, a set of strategic principles and enablers have been identified to inform how we work and how we set up for success.



Strategic objective – Quality (Deliver the best possible care and health outcomes)



Oxford Health
NHS Foundation Trust

Strategic Ambition	Update
Care is planned and delivered around the needs of the patient	Work is ongoing as part of our patient experience and involvement strategy to deliver on our commitment to putting patients at the heart of everything we do, with an immediate focus on strengthening structures for peer support workers and developing standard processes for involvement of patients and use of feedback.
Patients are receiving effective care	Our Outcome Measures Strategic programme will enable us to monitor outcomes for patients across the Trust and drive improvement. In our Talking Therapies, recovery rate is consistently above the 50% standard with more work ongoing to reduce the gap of all ethnicities relative to White British recovery rates.
We provide timely access to care and when waits occur we will effectively monitor patients and minimise harm	• Work is ongoing to support improvement of waiting times across the organisation and continues to improve waiting list management to improve patient outcomes and minimise any potential harm related to waiting • In Mental Health, there is a specific focus on monitoring the new 4 week waits for Children and Young People (CYP) and Adults. • Autism and ADHD waits for CYP and Adults remain a challenge. Long-term solutions are being developed with partners as part of BOB ICB • In our Community Health, Primary Care and Dentistry services the gap between demand and capacity is creating pressures in our services, notably in community heart failure, children's therapy and district nursing services and dental anaesthetic services. The Trust will work with partners as part of FY25/26 system planning to support improving timely access to these services.
We are addressing health inequalities	Addressing health inequalities is a golden thread in our planning approach with all our teams asked to focus improvement, investments and services changes with a view to better address health inequalities within our population. The Trust will be working alongside BOB ICB to continue to improve its understanding of population health and approach to tackling health inequalities. The Trust is also implementing Patient Race Equality Framework and its Anti-Racist approach.
We consistently provide safe care, with a reduction in avoidable in-service harm	• The Trust takes our roles and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from death process ensures we identify and review all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact. • The Trust has a Suicide Prevention Group linked to national and regional priorities and the work of the Oxford Centre for Suicide Research. All suspected suicides are identified in real-time daily and reviewed. • The Trust is implementing the Patient Safety Incident Response Framework (PSIRF) with a focus notably on improving incident learning huddles, developing the role of patient safety partners, implementing new patient safety training and improving how learning is shared. • The Trust can demonstrate a sustained reduction in use of prone restraint since 2021. • An increase of seclusion is noted since August 2023, largely attributed to a patient with an individualised plan that includes the use of seclusion to feel safe and secure.
We have a safe and learning culture	In the 2023 Staff Survey 79% of staff said they would feel secure raising concerns about unsafe clinical practice vs 77% nationally. Our Trust keeps working to promote a safe and learning culture with the focus on the implementation of PSIRF, supporting the work of our Trust's Freedom to Speak up Guardian and awareness of our staff and the embedding of quality improvement throughout the Trust with local QI hubs supporting each directorate. Our Strategic Enabler "Our People and Teams" supports the development of how we do things in Oxford Health. It aims to shape our culture based on positive behaviours that are drawn from the overarching concepts of civility, respect and kindness alongside treating people fairly when things go wrong and building an improvement mindset.

Strategic Ambition	Update
We have a sustainable workforce	Significant progress has been made in reducing agency usage, with the Trust on track to meet its 2024/25 target, which was a significant stretch target for the Trust when it was agreed at the start of the financial year. Trends for labour turnover and early turnover are improving. Early turnover of Black, Asian and Minority Ethnic (BAME) is higher than turnover of white staff and is a specific area of focus. The Retention team has put in place a segmented approach focusing on hotspot areas and the People Promise Manager has identified 'flexible working' as a key area for improvement.
We have an engaged, well-led workforce	In 2023 our Staff survey engagement score was above average at 7.19, and our in-year pulse survey indicates that the staff engagement score remains above average. The work of our Strategic Enabler "Our People and Teams" aims to foster an inclusive culture in the Trust. This work will also inform the design of a leadership and management pathways linked to the NHS 'our leadership way'.
We have a skilled, learning workforce	Our Trust focuses on developing a learning culture with our Quality Improvement approach embedded throughout our organisation via our directorate-level QI hubs.
We foster a just work environment	Staff survey and workforce data reflecting the lived experience of NHS staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the NHS. Our Equality, Diversity and Inclusion Programme of work aims to create an equitable and inclusive workplace that celebrates and embraces diversity. This year in particular, our race equality projects focused on increasing workforce diversity, de-biasing the disciplinary process and improving equal opportunities in career development. Specific improvement plans are being implemented or developed in the field of Disability, LGBTQ+ and Gender Equality. Plans are now being created for how we as a Trust can develop an Anti Racist Programme of work.

Strategic Ambition	Update
We are spending and investing as efficiently as possible and sustaining our financial position over the medium term:	The Trust is forecasting to be on plan for FY2024/25. Our ability to set a breakeven plan for FY25/26 will depend on BOB ICB’s financial position. The Trust is actively supporting the BOB ICB’s planning process to support the system to achieve financial stability and align investment with population need and national policy. The Trust’s capital spend is currently forecasting an overspend with the capital plan having been reprioritised to improve our position and further mitigations being explored.
We are on track for net zero carbon emissions by 2045 as defined within the NHS Carbon Footprint plus:	The Trust Green Plan focused on the Trust’s direct emission is underway with a Green Plan 2 in development to cover emissions that can be influenced by the Trust. A key focus is to integrate sustainability considerations into the planning and decision-making of directorates.
Our digital systems work for us, providing and asking the right information to enable clinical care and population health management:	The Trust’s Frontline Digitisation programme in 2024/25 focuses on optimising our Electronic Patients Records to achieve level 4 of digital maturation, on the implementation of the outcome measuring tools to enable us to better improve care for patients, the roll out of electronic prescribing and supporting the creation of a robust digital innovation pipeline.
We will have moved towards a modern, efficient estates that enables access and wellbeing for staff and patients:	The Trust continues its work to modernise our estates, with a significant project to improve the delivery of our Primary Care and Community Services underway. The Warneford Park Programme seeks to create a major brain and mental health research and innovation campus preparing for submission of planning application in Spring 2025. An Estates Strategy will be developed to further support our strategic ambition with options to support development currently being considered.

Strategic Ambition	Update
We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation:	The Trust continues to actively recruit participants to Clinical Research Network (CRN) portfolio studies to continue to maximise the benefits of research for our patients and the running of our Trust. The process to capture the interest of staff becoming Principals Investigators is being improved with a focus on reaching staff across staff groups and directorates.
We will build our capacity to translate our research into services	Work is in train to increase the number of dual academic/ clinical roles across our geography with an emphasis on building in the requirement for research capacity at the job evaluation stage so this becomes systematically embedded in our organisation. Key projects are also in train to translate research into services in the field of dementia and mild cognitive impairment

We are patient centred

We look at the person rather than the condition

Highlights:

What we mean by this:

- Patients are at the heart of everything we do
- The care we provide and our care pathways are designed around the needs of our patients rather than around organisational structures and boundaries
- We proactively address inequalities in access, experience and outcomes
- We focus on early intervention and prevention supported by population health insights
- Kindness and respect in the way we deliver care, including reducing restrictive practice
- We enable self-management

- The **Mental Health Inpatient Improvement programme** is focused on improving the culture across our inpatient mental health wards. It will increase the delivery of trauma informed care and focus on ensuring that the purpose of admission is clear to the person, their carers, the inpatient team and any supporting services, as well as making sure people are discharged to a less restrictive setting as soon as the purpose of their admission is met
- The **Patient and Carer Race Equality Framework** focuses on addressing the unequal care access, experience and outcomes of ethnically and culturally diverse communities. We will put in place governance structures that enable patients, carers and families to hold the Trust to account on its commitment to anti-racism. Collection of ethnicity data will be improved so that we have a clear picture of inequality experienced by patients. We will examine and rewrite policies, for example the Advanced Statements and Advanced Decision-Making policy, to ensure that any implicit racial bias with the policies is addressed.
- The **Community Mental Health Framework** and **Outcome Measures programme** are working together to use Patient Reported Outcome Measures (PROMs) as part of a moving away from the existing care planning approach. Collaborative care planning will be introduced for adult and older adult mental health patients, underpinned by the use of PROMs to support a goal focused approach, where we measure progress towards personally meaningful goals for the patient. Across Oxfordshire and Buckinghamshire, we have introduced hubs for community mental health care, which bring together a range of healthcare professionals and support staff to provide proactive and responsive care in the patients' own community.
- The **Community Services Transformation Programme** has been set up to evolve our community-based services to better meet patient needs. We are currently relocating services to where they are easier for patients to access, developing resources that enable more care closer to home, and developing a co-ordinated and easy to access same day care pathway, built on a 24/7 single point of access.
- The **Frontline Digitisation programme** is developing digital functionality that will make it easier for patients to use our services, including piloting appointment text reminders, self-referral pathways and waiting list interaction.
- The **Patient Experience and Involvement Strategy** has been implementing changes to strengthen our action on feedback from patients. Standard processes for involvement of patients and use of feedback are being put in place and the structures to support peer support workers becoming embedded in mental health clinical teams are being strengthened. The **Patient Safety Incident Response Framework** will also improve the feedback collected from patients and families effected by patient safety incidents, supported by the development of a wider learning response and safety culture.

Areas to develop further: our approach to the coordination of care, our focus on prevention and early intervention, the prioritisation of needs within our limited resources, how we enable self-management, and developing an approach to segmenting our population.

We empower and support our staff

We focus on the retention and wellbeing of our staff

Highlights:

What we mean by this:

- We deliver on the NHS People Promise, focusing on the wellbeing of our staff
- We develop a clear operating framework through which staff are empowered to lead the change in our ways of working and take initiative to solve problems
- We focus on building strong, empowered teams, sometimes spanning organisational boundaries
- We tackle inequalities

- We are focusing on shaping our culture and supporting our teams with the **Enabler 3** programme, to build a culture centred on the needs of people who use our services. We will shape our culture based on positive behaviours that are drawn from the overarching concepts of civility, respect, and kindness, alongside treating people fairly when things go wrong and building an improvement mindset. The programme is currently in a discovery phase, and staff from across the organisation have been working together to define the areas of focus for the programme.
- The **People Plan** will also contribute to building the culture of Oxford Health, through delivery of the NHS People Promise. We have increased completion of PDRs to over 95%, are developing a leadership framework for the Trust and are focusing on improving our flexible working offering to staff, informed by the voices of employees and line managers from across the Trust.
- Through the **Enabler 1** programme, we are developing a clear operating framework which will enable our staff to feel empowered to lead the change in our organisation whilst operating in a framework.
- The **Equality, Diversity and Inclusion Programme** will tackle inequalities experienced by staff. This year we are focusing on increasing workforce diversity by de-biasing the disciplinary process and improving equal opportunities in career development and progression. Improvements required to achieve Disability Confident Leader 'level 3' accreditation are being implemented, and plans are under development to deliver the six pillars of the LGBTQ+ framework and the gender equality action plan. While primarily focused on patients, the **Patient and Carer Race Equality Framework** will also improve the experience of staff from ethnically and culturally diverse communities, by setting out a plan for how Oxford Health will become an ant-racist Trust.
- The **Frontline Digitisation Programme** will improve working conditions for by providing fit for purpose systems to support patient care. For example, Electronic Prescribing and Medicines Administration (EPMA) is live in all mental health inpatient wards with plans in place to implement into outpatients and community inpatients.
- The **Mental Health Inpatient Transformation Programme** is supporting staff to make improvements to how care is delivered, focusing on purposeful admissions and proactive discharge, therapeutic interventions and developing a culture of care. A celebration event will bring inpatient staff together in January.
- The **Patient Safety Incident Response Framework** will empower staff to discuss and tackle the root cause of patient safety incidents in a safe and supportive culture.

Areas to develop further: testing our appetite to develop a "break the rules" culture whilst maintaining a control environment.

We innovate, improve and learn

We generate new knowledge and ideas, apply existing knowledge, improve and learn continuously

Highlights:

What we mean by this:

- We focus on embedding research throughout the organisation and its translation into practice; we apply best-practice when available
- We encourage and support innovation and contribute to wider society by generating new knowledge that can be used by all
- We focus on improvement and continuous learning

- We continue to deliver our Quality Improvement approach via **Oxford Healthcare Improvement**. The team are supporting staff throughout the Trust with work on over 215 improvement projects on a wide range of areas and have trained over 600 staff in levels 1,2 and 3 of Quality Improvement, with level 1 now mandatory for all staff. A QI approach is being utilised to help the Trust outline and achieve the Green Plan, with the aim of incorporating sustainability training into all areas of improvement training. Our Oxford Health-wide improvement approach is being strengthened, with the aim of bringing together the different approaches to improvement and change under one banner, to support the continued development of an improvement culture within the Trust.
- **Research and Development** and the older adults community mental health team are collaborating with Neu Health to be the first Mental Health Trust using and reporting on acceptability and feasibility of the platform in patients with dementia and MCI. Neu Health are a spin out company from the BRC and this marks a significant milestone in a longstanding relationship and progression of translational research.
- A new pathway for dementia patients has been launched and will be hosted by the **Oxford Health Cognitive Clinical Research Facility (CRF)** in collaboration with Lilly, an international medical research and development company, and Oxford University Hospitals (OUH). This presents unique opportunities to offer lumbar punctures to patients, new diagnostic pathways, early diagnosis, identification of biomarkers and importantly an avenue for prescribing disease modifying drugs. This will be a clinic at the front line of translational research.
- New processes are being introduced to increase the diversity of professions acting as **principal investigators** within the Trust.
- The **Community directorate** has a growing R&D footprint with research as an embedded component in multiple different services from health visiting to end of life care. Emphasis has been upon embedding R&D at the point of care as opposed to an adjunct to the clinical services. This has led to a very significant increase in participation in research studies within the directorate in the last year. The directorate is an active participant in developing R&D partnerships with third parties including universities and wider community research networks and NIHR infrastructures.
- The **Warneford Park programme** includes designing space for research that will result in national and global learning. Laboratory space will be available for start-ups, enabling local research organisations to contribute to new developments. Planning permission will be sought in Spring 2025.
- The **Green Plan** is trialling new approaches to changing staff behaviour, for example working with Oxford Bus company to introduce a reduced-price bus ticket for staff and trialling electric pool cars for community nursing teams, to gather insight on how to reduce carbon emissions from staff travel.
- The **Frontline Digitisation programme** aims to introduce a digital organisational culture. Recent developments include trialling a new app approval process, to enable rapid decision making related to introduction of apps with new core clinical and non-clinical functionality, enabling staff to better perform their jobs.

Areas to develop further: supporting and enabling innovation – this is being started as part of our Frontline Digitisation Programme; creating a “one stop shop” approach for innovation and learning – this is part of our change management work. Continue to maximise the use of translational research.

We work in partnership and are active players in our ICSs

We work with partners in our ICSs to tackle challenges we cannot address alone and improve access, experience and outcomes in the populations we serve.

What we mean by this:

- We play an active role in the Integrated Care Systems that we are a member of
- We play a leadership role in our areas of expertise to improve working and outcomes for patients and the populations that we serve
- We prioritise partnerships with the voluntary sector, primary care and social care partners to design services around population and patients' needs rather than organisational boundaries, contracts and structures
- We work with others to influence and shape the wider prevention agenda, beyond the services that we provide
- We value the contributions of families, carers and partner organisations

Highlights:

- The **BOB Mental Health provider collaborative** brings Oxford Health and Berkshire Healthcare together with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and other system partners, to improve the mental health of the local population. The provider collaborative has now identified 4 key transformation programmes to be driven at scale across the ICB alongside an approach to embed partnership working with the VCSE sector.
- The **Buckinghamshire Community Mental Health Framework** is working with local statutory and voluntary sector partners to collectively tackle health inequalities.
- The **Patient and Carer Race Equality Framework** is working with local voluntary sector organisations who represent ethnically and culturally diverse populations who use our services. They are helping us to understand the impact of racism on our services and will be part of holding Oxford Health to account on delivery of its commitment to become an anti-racist Trust.
- The **Thames Valley Community Dentistry Partnership** is working with other local Trusts to develop a sustainable partnership arrangement that secures the Special Care and Paediatric Dentistry (SCPD) provision across Thames Valley for next ten years.
- The **Wameford Park programme** is working closely with the local community in Headington to ensure that developments in the site do not negatively impact neighbours, and that they are able to meaningfully comment on the development of the new hospital site.
- The **Community Services Transformation Programme** will seek to work with primary care networks, in support of the wider work within the programme to transform models of care for patients.
- The **Green Plan** is developing plans for reducing Oxford Health's carbon emissions in partnership with the BOB ICB. This enables Trusts to make the most of opportunities to scale up best practice across organisations and ensure consistency of implementation of sustainability initiatives.
- Areas to develop further: developing an approach to population health management; exploring the balance of focus between our system and provider role. Both areas are being explored via our provider collaborative work. Strengthening our partnership approach with Primary Care and developing our thinking about a neighbourhood MDT model.

The portfolio of strategic programmes is set out below, showing the areas of significant focus to deliver our strategic objectives. The table below gives a summary of delivery against key focus areas for FY24/25. A more detailed update and overview of each programme can be found in the appendices.

Strategic Programme	Executive Lead	Delivery status RAG (October 2024)	Programme defined?	Programme planned?	Summary updates on FY24/25 focus area
Patient Experience and Involvement Strategy	Britta Klinck				'Our Voices Forum' in place; Formal process now in place for involving experts by experience and carers, 'I Want Great Care' feedback loop has been strengthened and embedded.
Patient Safety Incident Response Framework (Learning Together for a Safer Tomorrow)	Britta Klinck / Karl Marlowe				PSIRF well embedded with 41 cases identified in past 9 months with positive feedback received; mechanisms to monitor safety action and share learning have been strengthened.
Patient and Carer Race Equality Framework	Britta Klinck / Rob Bale				Implementation plan for PCREF is under development, driven by the output of self assessments.
Journey To Excellence	Britta Klinck				CQC readiness work continues and is being embedded into 'Business As Usual' processes, and regular engagement meetings with the CQC are ongoing.
Equality, Diversity and Inclusion Programme	Charmaine Desouza				Progress continues to be made against delivery of the six high impact actions with project rigour around delivery. Specific focus on de-biasing disciplinary process
People Plan: Train, Retain, Reform & Temporary Staffing Programme	Charmaine Desouza				Progress continues with all areas, focus will remain on reducing reliance on temporary staff and revisiting the priority identified around workforce planning.
Green Plan	Heather Smith				The Green Plan 2, building on Green Plan 2022 – 25, sets out plans for carbon reduction from 2025 onward including indirect emissions. It is on track to be approved in February 2025.
Frontline Digitisation	Heather Smith				Focus on optimisation of Electronic patient records. Trust outcome measuring tool redeveloped and piloted. Roll out of electronic prescribing.
Warneford Park	Heather Smith				Significant engagement undertaken with influential stakeholders. Colleagues across the Trust are validating new designs. On track to submit planning applications by end of March 2025.
Community Services Transformation Programme	Ben Riley				Work on all pathways is developing. A new single telephone line for health care professionals to access same day community care services opens shortly; Single point of access for 0-19 services underway. Refurbishment work commenced to enable Oxford City Healthcare hubs.
Estates Strategy	Heather Smith				Options to support development of an Estates Strategy being considered.

Strategic Programme		Executive Lead	Delivery status RAG (October 2024)	Programme defined?	Programme planned?	Summary updates on FY24/25 focus area
Mental Health Inpatient and Community Improvement Programme	Mental Health Inpatient Transformation	Rob Bale				Scoping exercise complete, aligning service improvement work across adult and older adult inpatient wards.
	CMHF Oxon	Rob Bale				Keystone hubs in place across Oxfordshire. Therapeutic support workers recruited and eating disorder service further developed.
	CMHF Bucks	Rob Bale				Further integration with primary care achieved. Health inequalities projects underway across Bucks in partnership with voluntary sector.
Outcome Measures		Rob Bale				A first phase to roll out a set of patient reported outcome measures within mental health is underway. A stock take of outcome measure reporting across rest of Trust is underway.
Provider Collaboratives and Strategic Partnerships	BOB Mental Health Provider Collaborative	Rob Bale / Amelie Bages				Transformation programmes have been defined: Mental Health Crisis and Urgent Care, Localising Mental Health Care, and Mental Health Inpatient Transformation
	Oxford Health / Oxford University Health Partnership	Grant Macdonald				Two areas of focus identified and partnership work underway: community hospitals and heart failure / cardiac care.
	Thames Valley Community Dental Partnership	Ben Riley				Discussions on future contractual model and recommissioning of dental services ongoing; short term theatre access negotiated to reduce waiting lists.
Strategic Enablers						
Enabler 1 – Our Operating Framework		Amelie Bages & Georgia Denegri				First draft of operating framework document being finalised ahead of iteration; Performance framework and new IPR format in place supported by analytical work.
Enabler 2 – Our Central Support & Corporate Services		Heather Smith				Initial focus on recruitment and onboarding, and procurement. Working groups are being established to improve processes and establish shared corporate identity.
Enabler 3 – Supporting People & Teams		Grant Macdonald				Reference Group is in place and has met regularly. This has identified key areas of focus, and an in person event took place in November.

Clinical Directorate Plan Updates

- [Buckinghamshire Mental Health directorate](#)
- [Oxfordshire and BaNES \(Bath and North East Somerset\), Swindon & Wiltshire directorate](#)
- [Forensic directorate](#)
- [Learning Disabilities directorate](#)
- [Primary, Community & Dental directorate](#)

Please see Appendices for explanation of RAG rating on following slides.

Directorate: Buckinghamshire Mental Health

Priorities progressing broadly in line with plan, some risks in place which have mitigations and are monitored through Directorate governance structures. Key challenges meeting Key Performance Indicators (KPIs) in relation to Dementia Diagnostic Rates (DDR) and Memory Assessment Service have some remedial plans in place, but broader system challenges exist.

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The ask of the Exec/ Board if applicable
Developing and improving 1. Urgent Care Pathway: Crisis Resolution and Home Treatment 2. Inpatient services	1. Comms circulated to primary care in relation to referral process. Process mapping between Crisis and Patient Flow for ward gatekeeping function initiated. New Crisis Intranet page developed 2. Culture of care now aligned to broader in-patient programme. Reporting alignment being established across BOB. Agreement for Forensic services to join in-patient programme.	1. Complete process mapping – Crisis and Patient flow. Finalise date for Home Treatment Accreditation Scheme (HTAS) peer review and initiate self-review in October 2024. 2. Draft outcome measures for approval . Develop Project Initiation Document (PID) for purposeful admission workstream. Work to design celebratory event scheduled for January 2025.	Scale of inpatient improvement programme and interdependency with emergence of Provider Collaborative (PC) infrastructure. Risk of duplication due to the amount of activity already in place. Availability of resource due to operational demands.	Close working and alignment with PC lead. Regular project documentation and meetings with key Directorate leads.		N/A	None to note
Continuing community mental health transformation & integration with primary care	Bucks Talking Therapies (BTT) staff now working in 4 Primary Care Networks (PCNs) in Buckinghamshire with agreements in place. Severe Mental Illness (SMI) outreach team implemented working across PCNs targeting patients whereby access to primary care can be challenged.	Further embed BTT into PCNs . Continue to develop ongoing vision for hub in relation to delivery of care in the community. Consider options for strategic community locations for the hubs in line with review of vision.	SMI outreach funding (ICB Health Inequality budget) is non-recurrent Navigating complexities of working cross-organisationally into primary care including system interoperability.	Risks and mitigations held and discussed at transformation board. Options being explored around Trust use of Rio.		N/A	None to note

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The ask of the Exec/ Board if applicable
Advancing and embedding a directorate approach to tackling health inequalities and ensuring we achieve local and national ambitions	Health Inequalities lead started in post 2 days per week; September 2024. Celebration event held at Whiteleaf in September 2024. Working group scheduled with membership agreed. Project documentation in development.	Finalise project documentation including governance and approve via Directorate board . Undertake first 2-3 working groups. Identify priorities from each service.	None to note at present.	N/A		N/A	None to note
Improving the timeliness of access to assessment, diagnosis and treatment across the age range	Planning targets for both Talking Therapies (TT) and Dementia Diagnosis Rate (DDR) submitted to NHS England. Key performance for TT including health inequality measures is positive. Recruitment to posts funded by Mental Health Investment Standards (MHIS) in Memory Assessment Service (MAS) complete	Planned focus spotlight on dementia at an upcoming place board.	Dementia Diagnostic Rate (DDR) below national target - activity that contributes to this target sits across the healthcare system not just within MAS.	Wait times monitored through local harms minimisation group. DDR reported through to Health and Wellbeing Board and at place.		N/A	None to note
Delivering sustainability through reduction in agency staff & evolving service & workforce models	Children and Adolescent Mental Health project – Interventions for new model defined and work around assessment and clinical model in development. Agency panel in place having positive impact on reducing agency rate.	Continue to progress key actions for CAMHS project including comms and finalising demand and capacity exercise. Further work with Voluntary, Community, and Social Enterprise (VCSE) provider to finalise approach.	Staff engagement is key – risk therefore that change process may unsettle workforce .	Close collaboration with staff group. Regular updates on developments and changes.		N/A	None to note

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status
Reviewing models of care	Plan in development to fully integrate Crisis Resolution and Home Treatment Team (CRHTT) to be 24/7 and end the night team in its current format	Look at repurposing vacancies across the directorate to expand the service	There is a risk that the service will not be able to expand further due to current funding constraints	Continue to skill mix within the team to think creatively about how the service can move forward with different roles Look at repurposing vacancies across the directorate to expand the service	
	Mapped out all service improvement projects and quality improvement projects across all Adult and Older Adult wards and now understand what each of their governance support is	Organise and facilitate Inpatient Transformation event for all colleagues Over the next six months will be working through what the next three years will look like and create a roadmap to present to all key stakeholders and Board.	Linkage to BOB Mental Health Provider Collaborative and how the Collaborative will work within the current place-based governance structure.	Attendance at all meetings by SPM with regular updates to all quality and governance meetings for oversight and feedback.	
	Mapping of Oxon CAMHS pathway to outline and articulate the patient journey complete AnDY clinic is now live and seeing children and young people	Mobilisation of Getting Help and Getting More Help redesigned pathways New CTM post to go live for recruitment w/c 16th Sept GH staff made aware of wider changes, with positive feedback NDC training is being delivered Sept 24, which is part of the movement towards making all services NDC adapted Supportive steps has had a soft launch –first workshops to be delivered in October South GH/GMH continues huge data cleanse; which is leading to reduced numbers on waiting lists and overall caseload Sharon go –live Sept 2024	Delay in contract signing	Proposal to go ahead with MU	
	The following posts have been recruited to: 1 x wte B8b Principal Clinical Psychologist 2.6 wte x B7 / B8a practitioner Psychologists 4.0 wte x B4 Assistant Psychologist Final stages of developing Inpatient Psychology Provision Plan which included consultations and focus groups with key stakeholders including ward staff and Experts By Experience	Finalise Inpatient Psychology Provision vision. Develop plan (including timescales) for implementation of vision Onboarding of staff recruited (all except one due to start by end of October) Appoint B5 Research Assistant Advertise remaining vacancy	Currently no allocated desk / office space for psychology staff and very limited confidential space on wards to offer psychological assessments/ interventions.	Currently liaising with Estates regarding office space. Currently liaising with team managers about therapeutic space on wards.	

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status
Partnership Integration	Recruitment of 8 Link Workers across BSW (3 with OTR in BaNES and 5 with Barnardo's in Wiltshire)	Reporting and analysis of the VCSE Alliance activity to start being collected September 2024 onwards	Delays in link worker starting due to recruitment due to OHFT HR staff shortages	OHFT DBS Delays – Risk assessment to allow worker to start for those on Honorary Contracts.	
	Phased onboarding into BSW CAMHS teams started September 2024	VCSE contract meetings with Oxford Health, Barnardo's and Off the Record to begin January 2025	Lack of partnership agreements with some third sector partner organizations	Clarity about caseload management and supervision structure	
	Fortnightly VCSE Mobilisation meetings with Barnardo's and Off the Record. Strong working relationships been established.	Induction into CAMHS teams and collaborative thinking about roles and how they fit into existing teams.	Delays in link worker starting due to recruitment due to OHFT HR staff shortages	Phased implementation	
	Agreed that the ICB will direct award the new contract from 1 st April 2025 under the new PSR regulations	High level service specs to be developed Transformation plan for long term to be developed	Risk that quality of services provided by VCSE are not to standard after recent peer review	Relooking at contract principles and how this is managed going forward.	
Medical Workforce Review	Meetings continue to take place with Clinical Director and each Associate Medical Director to review the existing lines of work for respective areas		Not yet known	Medical Agency Reduction meeting- driving the reduction on medical agency expenditure across the Trust Oxon has been successful on appointing substantive medical staff to posts(particularly OA, crisis team, and Inpatients) Continued work by IDM and the Trust to reduce locum doctors fees(including DE) is proving good success	
Recruitment and Retention	Robust process developed within the directorate to focus on the reduction of agency staffing and costs with a positive trajectory	Incentive scheme agreed to encourage staff to move over to substantive posts to run until February 2025	Increased requirement to use agency workers due to issues with substantive recruitment	Working directly with inpatient leads to agree criteria and threshold for using agency workers	
	People plan is being revised to include directorate priorities and any outstanding initiatives from last year	Final version to be agreed by directorate SLT and through Transformation, Planning and Strategy board for final sign off in October.			
	Listening event process is being further developed to provide an improved feedback loop across the directorate.	Implement a quarterly thematic review of listening events to ensure these are being resolved or escalated where required	Lack of wider staff engagement if issues are not dealt with and/or actioned on the back of these events	Improved process will be in place going forward to monitor actions	
	Agreed project management support to establish a directorate wide group to work together to re-establish the directorate intranet pages in order to further improve communication.	Membership for group to be agreed Work with IT to get support and training on how to manage intranet pages internally	Lack of staff engagement and input to pages resulting in this being the work of one person	Agreeing commitment from the group (once established) to take this work forward – will require representatives from each area of the directorate.	

Priority area	Key achievements to date	Key upcoming activities	Key issues/risks for escalation and awareness	Planned mitigation against risks/ resolution for issues	RAG status & what's driving status/change	Prev RAG	The ask of the Exec/Board if applicable
Implementing Trauma Informed Strategy	Staff support . Trauma Risk Management (TRiM) Pilot, evaluation & roll out part of the TRiM priority have been completed. 244 conversations were offered, 103 completed or booked, representing a 42% uptake. TRiM conversations in Forensic directorate account for 52% of the total (471) offered to the Trust and accepted to date. 13 of the 25 colleagues signposted to the Staff Psychological Service have been from the Forensic Directorate also representing 52%	• TRiM practitioner training will be available through Learning and Development (L&D) from December. Staff can only sign up with Line Management approval. • The Trauma Strategy Group will hold an away day in Spring 2025 to agree on priorities for the FY25/26 financial year, ensuring that current projects from the FY24/25 are fully embedded and sustained within the available resources. • Identification of operational lead for trauma-informed debriefing process for patients following the use of force, or those witnessing incidents. (legal requirement around use of force already met, this is to ensure that such debriefing are trauma-informed) • Roll-out and evaluation of Trauma-informed case discussion • Roll out of trauma informed ward environmental survey. • Appoint to substantive TRiM Manager role in Forensics • Current research/Quality Improvement QI projects for trauma include:- - Evaluation of impact of Restorative practice interventions. - Experience of TRIM Practitioners and users - Experience of staff performing Level 3 observations • Restorative Justice (RJ) business case has been submitted and awaiting feedback from Provider Collaborative. If approved recruit an RJ practitioner on 2-yr fixed term contract with a view to them providing a lead on Restorative Practice within the service.	The majority of trauma informed work is being completed within existing job descriptions and roles, which may limit capacity. The business case for Restorative Justice may not be successful.	Recruitment into substantive TRiM Manager role in Forensic Directorate will provide some support. Already trained 49 staff in RJ, but our ability to fully assess its effectiveness in the service is limited. A small amount of time Psychology time (0.1 wte) can be provided to support the project, but this will impact on the overall effectiveness, sustainability and embedding. As a result we may not be able to fully capitalise on the current investment in time and training.			None to note
Review of Delivery of Care	Review of current approach to documentation and the impact on service transition. Agreed the high-level content of the core document.	Development of the core patient document, now in draft form, will be linked to the Care Programme Approach (CPA) process. Embedding the core clinical document into a process, including baseline assessments, consultations and a go-live plan.					None to note

Priority area	Key achievements to date	Key upcoming activities	Key issues/risks for escalation and awareness	Planned mitigation against risks/ resolution for issues	RAG status & what's driving status/change	Prev RAG	The ask of the Exec/Board if applicable
Neurodiversity	Started completing the SPELL framework across all inpatient services in the Trust to look at environmental changes. Further work is underway on the development of the neurodiversity passport. Review of Trust training resource has been completed.	The Environmental workstream is progressing and we are developing an audit to roll out. Review resources to share on the intranet. Meeting with clinical teams. Further work around sensory needs. Work is being undertaken around communication and assessment tools.	There is a general focus on autism, and the wider neurodiverse strategy requires further investment, in terms of understanding and training needs. The advanced clinical practice training provided by the reasonable adjustment team is not yet available to forensic staff due to commissioning.	Scoping current clinical needs across all wards in the Forensic service. Liaise with FIND (Focus on Inclusion and Neurodiversity Development)/ reasonable adjustment service to work towards a solution.			Trustwide understanding around neurodivergence, beyond Autism & support to embed structures & processes around this.
Embedding CCTV (Closed-Circuit Television) across inpatient wards	Funding has been confirmed within the capital funding plan for the next two years. CCTV has been installed at Thames House in the Intensive Care Unit (ICU).		Awaiting confirmation on the timeframe for the start of the project.	Funding has been agreed but start date for implementation has not been agreed			
Enhancing specialist Community Forensic Team (SCFT)	Implementation of the national service specification and integration of the Learning Disabilities cohort into the service. Review of process for monitoring patient flow and outcomes, including creation of a suite of Key Performance indicators (KPI's). Completed recruitment into the new SCFT team.	Embedding a process of monitoring patient outcomes and flow through meetings. Review of the referral process into the Adult Mental Health Team (AMHT) . Scoping the need for additional discharge facilitating resources (i.e., supported accommodation).	Responsibility for additional discharge facilitating resources sits outside the Forensic Service and is managed within local authorities.	Ensuring representation at system-wide meetings, including the BOB (Berkshire, Oxfordshire, and Buckinghamshire) collaborative meetings			None to note

Priority area	Key achievements to date	Key upcoming activities	Key issues/risks for escalation and awareness	Planned mitigation against risks/ resolution for issues	RAG status	Previous RAG	The ask of the Exec/Board if applicable
Contract negotiations to ensure sustainability of services	Conversations have now recommenced, and we've agreed to discuss linking with the Mental Health team, as the contract will need aligning.	The contract renegotiation will be led by a designated person. We have agreed to plan a workshop to scope the future contract, with the date to be confirmed but scheduled before the end of 2024.	Given the limited ICB resources available for contract renegotiation, we may need to explore additional support by coordinating with the Mental Health contract staff within OHFT	Service is still being funded via ICB under original contract terms and service is keeping a log to ensure financial alignment with service delivery costs			Request for access to project support
Good lives/good deaths	Implementing a health promotion project focused on healthy weight management. We have our 'Live Better, Live Longer' promotion event occurring in Nov 2024 with this year's focus on Mental Health	Acute admissions and discharges work. Development of respiratory pathway	Meeting with lead in OUH for LD services has taken place, and we have scoped terms of reference for support with admissions and discharge. Commenced audit of referrals to determine respiratory risk factors, marking phase one of this work				
All age pathway for learning disability and Autism Spectrum Disorder Provision across the Trust		Scoping meeting with fellow service and clinical directors from MH and community directorate to be rescheduled	Non identified at this point				

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The ask of the Exec/ Board if applicable
Safe and sustainable service development for Children and Young People's services	Commencement of new Children's Community Nursing senior lead. Continued close involvement and leadership input to Special Educational Needs and Disabilities (SEND) delivery plans.	Preparation for fully integrated Single Point of Access (SPA) for O-19 from Sept 24.	Change in funding commitment for Children's Integrated Therapies (CIT).	Revised CIT activity plan to be established.	0-19 on track	Green	Awareness of funding changes and impact
					ICB additional funding for CIT not awarded.		
Safe and sustainable service development for Adult Community Nursing (District & Specialist)	Deep dive at last quarterly executive helped to support some immediate initiatives including recruitment to key posts. ICB has confirmed it will support a BOB wide strategic review of community nursing BOB wide workshop was hosted in Oxfordshire on 25/9.	Mapping of service similarities and differences across BOB. Activity comparisons.	Exponentially growing demand exceeding capacity and current available resources. Workforce retention severely compromised.	Safe and effective management of the service whilst demand exceeds capacity. Appropriate workforce support plan.	Whilst the service continues to operate at the highest level of patient safety risk the programme of transformation work is on track.	Green	Input into the BOB strategic plan

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The ask of the Exec/ Board if applicable
Workforce plan for community medics & Specialists and Consultants in Special Care and Paediatric Dentistry and Advanced Care Practitioners (ACPs)	Transition planning with Oxford University Hospital (OUH) commenced for same day care service medical workforce. Continued dialogue with commissioners re alternative funding options.	Transition timeline with OUH for community rehab changes to medical workforce to be defined and agreed. Assessment of opportunities based on developing service specification.	Establishing an internal medical workforce model for this pathway involves changes in external contractual arrangements. National workforce issues within Dental Services. Challenges in recruitment. Reduced clinical leadership would impact patient care/waiting times and staff supervision/development.	Robust transition plan to an internal medical workforce model. Continue recruitment efforts. Assess alternative clinical models.	On track	Green	
					Additional funding is required for consultant posts (dental)	Amber	
Community rehabilitation pathway development (including community inpatients)	Significant progress in workforce reconfiguration plans to support financial efficiencies and reduced overspend. Short term operational plan mobilised.	Community Same Day Emergency Care (SDEC) escalation/step up pathway plan to be finalised commence in Q3 around process and practice improvements. Long term community rehabilitation project plan to be shaped and defined.	High profile nature of this pathway with the public.	Robust monitoring of pathway development plan against financial and quality metrics. Clear engagement and communications plan.	Long term financial plan to be developed	Amber	

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The ask of the Exec/ Board if applicable
Improvements to same day urgent and emergency care services, including development of a single point of access (SPA) and 24/7 home visiting	Better Care Fund (BCF) funding awarded to support SPA care co-ordination digital workstreams.	Access to community same day care services through a single health care professional line to 'go live' from week commencing 5/11/24.	Same day care demand may be in excess of capacity where the new care co-ordination centre model will for the first time capture systemwide demand.	Close system working to monitor impact of new SPA. Co-ordination of same day care community response services is anticipated to increase efficiency to support effective demand responses.	On track	Amber	
Develop a business plan for a research programme hosted in community service	Priority stood down due to no central resource allocation.	N/A	N/A	N/A	N/A	Red	Allocate central R&D resource/staff to support community research programme

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The asks of the Exec/ Board if applicable
Developing the Thames Valley Community Dental Services Partnership (TVCDs)	Feedback to commissioners on latest service specification. Data collection project commenced. Secured additional General Anaesthetic (AG) theatre space in Oxfordshire to support wait list reduction. Review of partnership structure.	Follow up meeting with commissioners for future contracting. Buckinghamshire and Berkshire data pull. Reporting on Oxfordshire data.	Contracting arrangements to be confirmed. Recruitment and retention challenges. Consistent access to theatre space for General Anaesthetic cases.	Clear dialogue with commissioners. Close working relationships with acute sector and commissioners.	Further meeting with commissioners to clarify commissioning intentions and process.	Amber	
Development of Oxford City Healthcare Hubs	The contractor to fit out Jordan Hill has been appointed and refurbishment work has commenced	Staff consultation including proposed travel plan for staff, patients and carers. Review of proposed South Hub in Blackbird Leys area and recommendation on whether to revise plan in light of recent highway restrictions decision.	Revised financial plan for Jordan Hill agreed by Trust Board where the original plan was no longer viable. Improved capital programme planning aligned to Royal Institute of British Architects (RIBA) processes to be established alongside services.	Capital programme reviewed and re-prioritised Trustwide to support additional funding request. Additional financial controls for project put in place.	Revised financial plan was required for project to progress	Green	

Directorate Financial Performance Summary



Oxford Health
NHS Foundation Trust

Directorate	Month 6				Year-to-date				Forecast			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Variance £m	Variance %
Oxfordshire & BSW Mental Health	10.5	9.2	1.3	0.0%	60.3	58.9	1.5	0.0%	121.8	120.0	1.8	1%
Buckinghamshire Mental Health	5.6	4.8	0.9	15.1%	29.6	28.1	1.6	5.3%	59.7	57.9	1.8	3%
Forensic Mental Health	2.6	2.8	-0.2	-8.4%	16.0	16.5	-0.5	-3.0%	31.7	33.1	-1.5	-5%
Learning Disabilities	0.5	0.6	-0.1	-16.5%	2.9	3.5	-0.6	-20.1%	5.8	6.7	-0.9	-16%
Provider Collaboratives	-0.8	-0.8	0.0	0.0%	-4.9	-4.9	0.0	0.0%	-9.8	-9.8	0.0	0%
MH Directorates Total	18.4	16.5	1.9	10.2%	103.9	102.0	2.0	1.9%	209.1	207.9	1.2	1%
Primary Community & Dental	7.8	8.0	-0.2	-2.7%	48.9	48.7	0.2	0.3%	97.6	98.6	-1.0	-1%
Corporate	5.8	5.7	0.2	2.7%	34.3	34.2	0.1	0.2%	71.1	72.0	-0.9	-1%
Oxford Pharmacy Store	-0.1	-0.1	0.0	-5.0%	-0.3	-0.5	0.2	-55.0%	-1.0	-1.1	0.1	-15%
Research & Development	0.1	0.0	0.0	40.0%	0.3	0.0	0.3	86.4%	0.7	0.4	0.2	31%
Covid-19 Costs	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
Reserves	0.9	1.9	-1.0	-112.7%	6.7	10.9	-4.2	-62.7%	10.1	8.1	2.0	20%
Block Income	-35.4	-34.5	-0.9	2.6%	-202.1	-201.5	-0.6	0.3%	-404.3	-403.0	-1.3	0%
EBITDA	-2.5	-2.4	-0.1		-8.3	-6.2	-2.2		-16.6	-17.1	0.5	
Financing Costs	1.3	1.0	0.3	20.0%	9.1	6.8	2.4	26.1%	16.6	13.7	2.9	17%
Adjustments	0.0	0.0	0.0		0.3	0.3	0.0		0.1	0.1	0.0	
Adjusted (Surplus)/Deficit	-1.2	-1.4	0.2		1.1	0.8	0.2		0.1	-3.3	3.4	
Amounts held for unknown risks										-3.4	3.4	
Forecast (Surplus)/Deficit										0.1	0.0	

Month 6 Financial Summary:

- Mental Health directorates are forecast to be £1.2m favourable to plan mainly driven by slippage on recruitment to new posts funded by investment in Oxfordshire and Buckinghamshire mental health.
- Primary, Community and Dental is forecasting to be £0.9m adverse to plan at year-end, mainly driven by pressures in Community Hospitals including not meeting a £0.6m CIP target.
- Corporate is forecasting an adverse variance of £0.9m due to cost pressures in Estates & Facilities and Medical Services.
- The adverse variance on Block income is due to not having agreement yet for all the expected income from Buckinghamshire, Oxfordshire and Berkshire West ICB.
- Financing costs are forecasting a favourable variance due to PFI interest costs in the plan that are no longer needed because of a change in accounting treatment (£1.4m) and lower than planned depreciation costs.
- The £3.4m amounts held for unknown risks signals that the Trust is expecting to end the year better than plan at the moment but will need to review performance over the next few months and emerging risks before committing to an improved forecast.

Capital Plan	Latest Budget £,000	Actual Expenditure £,000	System Commitments £,000	Actual + Commitments £,000	Variance (Bud vs Act + Coms) £,000	Estimated Forecast £,000	Variance (Bud vs Est Forecast) £,000
Estates - Transformational Projects	7,350	1,229	643	1,872	5,477	8,263	(914)
Estates - Operational	1,951	265	866	1,105	846	2,013	(62)
Oxford Pharmacy	117	(3)	-	(3)	121	112	5
Grand Total - All Estates	9,418	1,491	1,509	2,974	6,445	10,389	(971)
IT Capital	277	-	365	365	(88)	315	(38)
IM&T Clinical Systems	2,242	1,009	95	1,104	1,138	2,050	192
Grand Total - IM&T	2,519	1,009	460	1,469	1,050	2,366	153
PFI	-	-	-	-	-	-	-
Grand Total	11,937	2,500	1,969	4,442	7,495	12,755	(818)

The Trust spent **£2,500k** (£1,962k M1-5) on its core capital programme to the end of September, **£1,175k** behind plan.

£1,398k of leased assets were capitalised as 'Right of Use Assets' in the first 6 months of FY25.

The capital plan is forecasting a **£0.8m** overspend against budget and **£1.6m** overspend against all available funding.

Confirmed Funding Sources	Original Funding	Changes	Latest Funding
	£,000	£,000	£,000
ICS Allocation	9,459		9,459
Contribution towards CMHF Hub Wantage from Landlord		17	17
			-
PDC Allocation - Estates:			-
			-
PDC Allocation - IM&T:			-
Frontline Digitalisation		469	469
Network Upgrade (NHSE)		50	50
Total Confirmed Funding	9,459	536	9,995
Confirmed Funding vs Budget	(9,995 - 11,937) =		(1,942)
Confirmed Funding vs Estimated Outturn	(9,995 - 12,755) =		(2,760)

All Funding Sources	Original Funding	Changes	Latest Funding
	£,000	£,000	£,000
ICS Allocation	9,459		9,459
Contribution towards CMHF Hub Wantage from Landlord	-	17	17
	-	-	-
PDC Allocation - Estate s:	-	-	-
	-	-	-
PDC Allocation - IM&T:	-	-	-
Frontline Digitalisation	-	469	469
Network Upgrade (NHSE)	-	50	50
Potential Additional Funding:			-
PICU VAT Recovery estimate		1,000	1,000
Sale of Shrublands		200	200
Total Potential Funding:	-	1,200	1,200
All Funding	9,459	1,736	11,195
All Funding vs Budget	(11,195 - 11,937) =		(742)
All Funding vs Estimated Outturn	(11,195 - 12,755) =		(1,560)

The Estates team review of this year's capital programme and priorities has already reduced the net forecast outturn by **£1.4m** from M3, and this includes the **£1.6m** forecast overspend against the Jordan Hill project.

The Frontline digitisation funding shortfall and potential PFI exit payment also present a risk to the capital forecast.

Mid-year review of Oxford Health's FY24/25 Annual Plan Appendices

Board of Directors
27th November 2024

Appendices

1. Strategic programmes updates
2. Strategic programmes plan on a page
3. RAG rating

Appendix 1 – Strategic Programme Updates

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Patient Experience and Involvement Strategy	Executive Lead: Chief Nurse 	The Trust's Experience and Involvement Strategy will support us to hear and act on the voices of our patients and carers to enable the development and delivery of co-produced outstanding services for excellent patient experience and outcomes.	• Continue to develop 'Our Voice' forum across the Trust to improve involvement and experience of patients. • Strengthen pastoral support for experts by experience and carers. • Development of standard processes for involvement of patients and use of feedback. • Grow peer support embedded in mental health clinical teams.	• 'Our Voice' forums are in place; diversity of representation and service involvement in these groups are to be further developed. • Formal process now in place for involving experts by experience and carers, which includes strengthened pastoral support for them. • The 'I Want Great Care' feedback loop has been strengthened and embedded, which is increasing the usage and publication of information about improvements implemented following feedback.	N/A

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Patient Safety Incident Response Framework (previously known as Learning Together for a Safer Tomorrow)	Executive Lead: Chief Nurse 	We are changing how we respond and learn from patient safety incidents at Oxford Health – we will be more supportive, compassionate and engaging for patients, families and staff (this programme includes implementation of the Patient Safety Incident Response Framework).	• Embed changes from 2023 that improve our response to incidents. • Focus on meeting Duty of Candour requirements. • Strengthen the development and monitoring of safety actions. • Grow capability to apply a wide range of learning response techniques.	• Patient Safety Incident Response Plan (PSIRP) is being well embedded with 41 cases identified over the first nine months. Minor changes to the plan have been made and agreed with the Integrated Care Board (ICB). • Patient Safety training level 1 for all staff is at 87. A Board workshop was also held in May 2024 to embed the principles of PSIRF and changes to improve the patient safety culture. • Three staff in the Trust are identified as Patient Safety Specialists and all are on schedule to complete the 2024 national patient safety training levels 3 and 4. • Positive feedback continues to be received about experience of the new processes, with the numbers of Incident Learning Huddles (ILHs) taking place continuing to increase (n=77 April-Aug 2024). More staff are being trained to facilitate ILH to expand capacity further. External training has been delivered on different system methodologies underpinning our learning responses and on improving how we engage with patients/families as part of reviews. • The Patient Safety Partners (with lived experience) developed a mechanism from April 2024 to contact patients/families post completion of a learning response to gather their feedback to help improve processes as we go. • To strengthen how we share learning there are now 6-weekly Patient Safety webinars open to all staff - four webinars have been held to date, learning is also being fed into the Quality Improvement (QI) Hubs and the monthly Quality Insight Bulletin has been developed (four editions published so far). • The weekly Executive Director led Patient Safety Incident (PSI) panel have been strengthened to sign off all PSIRP cases and also helped to scrutinise/share learning and actions across the Trust. • A broader range of learning responses are being used, with nine different approaches used to date to improve engagement, use of resources and timeliness of learning including Appreciative Inquiry. • We have strengthened the involvement of Oxford Healthcare Improvement (OHI) in the creation of actions and currently working on using Trust-wide patient safety improvement plans across more complex areas and developing a model for reviewing the impact of actions once completed. • Work on improving how we demonstrate duty of candour for all significant incidents is ongoing. A QI project is being used to identify barriers and test change ideas. • We have had two quarterly reviews (March and July 2024) of our progress with implementing PSIRF with the ICB and NHS England. Both have been very positive about the changes made and initial benefits being seen. • We led a peer review of learning response outcomes in September 2024 across organisations in the BOB ICS to reflect on our practice and those elsewhere.	On schedule with work plan identified for programme. Work plan is overseen by the Programme Board that meets monthly.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Patient and Carer Race Equality Framework	Executive Lead: Chief Nurse 	We will implement the national Patient and Carer Race Equality Framework, which is the NHS first anti-racism framework for all NHS mental health trusts. We will co-produce and implement concrete actions to reduce racial inequalities within our services.	Develop and roll out of the implementation plan for Patient and Carer Race Equality Framework within the Trust, focusing on the three main domains below: • Leadership and governance of actions to reduce health inequalities. • Creation and publication of new data sets on improvements in reducing health inequalities including strengthening the ability to gather data and establishing some criteria to inform analysis on areas of deprivation • Establishing visible and effective ways for feedback to be received and acted on.	Implementation plan for PCREF is under development, driven by the output of self assessments for the following workstreams: • Governance and leadership • Policy and practice • Patient and carer feedback • Legislative and statutory compliance • Data and information	On track.
	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Journey to Excellence	Executive Lead: Chief Nurse 	This programme will focus on giving the Trust the ability to drive and maintain quality standards and have a consistent overview of how we are performing against these.	• Scope programme objectives and develop implementation plan. • Peer learning from how other Trusts have approached accreditation programmes. • Continue to deliver Care Quality Commission (CQC) readiness work to prepare Trust for future CQC inspections.	• CQC readiness work continues and is being embedded into 'Business As Usual' processes, and regular engagement meetings with the CQC are ongoing. Programme objectives are defined and planning is in progress. • Discussions are ongoing around peer learning from how other Trusts have approached accreditation programmes.	There have been challenges arising from inconsistency of CQC personnel.

Equality, Diversity and Inclusion Programme

Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Executive Lead: Chief People Officer 	The Trust Equalities programme has a number of components and we will review and develop our work in the context of the NHS Equality, Diversity and Inclusion (EDI) improvement plan.	• Deliver Race Equality and Disability Equality work programmes, focusing on increasing workforce diversity, de-biasing disciplinary processes and equalising opportunities for career progression. • Deliver the six high impact actions with the NHS EDI improvement plan. • Further development of staff networks and events.	• Regular training for managers on de-biasing the disciplinary processes in place. • The Trust's 'Level 2 Disability Confident Employer' re-accreditation has been awarded; plans are in place to work towards achieving Level 3 Disability Confident Accreditation (DCA). • Progress continues to be made against delivery of the six high impact actions with project rigour around delivery.	Slightly behind schedule for delivery of some of the six high impact actions.

People Plan: Train Retain Reform & Temporary Staffing Programme

Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Executive Lead: Chief People Officer 	This programme will implement the three main component parts of the NHS Long Term Workforce Plan and the People Promise, together with a focus on temporary staffing. Reduction in temporary staffing is one of the key strategic metrics for the Trust, in line with our ambition to have a sustainable workforce, and will form a key workstream of our People Plan Strategic Programme being embedded throughout Oxford Health. In addition, we will also strengthen our approach to Workforce Planning.	• Train: career pathways and modernised roles, education and training capacity, our leadership and management framework. • Retain: NHS People Promise, flexible working and staff wellbeing. • Reform: recruitment processes, data quality and systems and underpinning culture. • Temporary Staffing: continued focus to reduce agency expenditure and increase bank fill rates. • Development of Workforce Planning approach in the second half of the year.	• Train; gap analysis is being conducted looking at gaps in our current leadership and management offer. • Retain; a segmented approach has been proposed and agreed, which identifies 6 areas of focus; Turnover (BAME, Early, Directorate, Job role/Staff group, Team) & Reasons for leaving. • Reform: The resourcing team are currently undertaking a structural change to support the planned systemic changes required. • Temporary Staffing: overall as of end September we are £1.72million better than plan, however whilst there is an improvement, medics are behind plan by £372K. This will be the focus for the next quarter.	Development of Workforce Planning approach has been delayed due to competing priorities.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Green Plan	Executive Lead: Chief Finance Officer 	The Green Plan ensures that the Trust is supporting the NHS ambition to reach Net Zero for emissions we control by 2040 and Net Zero for emissions we influence by 2045, prioritising interventions that tackle climate change and wider sustainability issues.	• Build on the existing Trust Green Plan to develop the Green Plan 2. This will set out our three-year carbon reduction plan (2025/6 - 2028/9) and approach to achieve Net Zero for emissions we control by 2040. • Focus will be on the chapters within the NHS Green Plan, including procurement, medicines, travel, models of care and food. • Assessment of Scope 3 emissions to establish NHS 'carbon footprint plus'.	• 'Green Plan 2' in development and on track to be approved in February 2025, with aims and objectives defined for each chapter. • Guidance now received from NHS England on assessing indirect emissions; this assessment will be slightly delayed and is due for completion by Quarter 1 in 2025/26. • Additional secure cycle shelters have been installed in Oxfordshire and Buckinghamshire to promote and encourage active travel. • A 50% discount on bus travel in Oxford has been secured for staff. • Solar panels have been installed on the new Child and Adolescent Mental Health Services (CAMHS) unit at the Warneford Hospital site. • A programme to replace existing lighting with energy efficient lighting across the Trust is in development.	There has been a slight delay to the assessment of Scope 3 emissions.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Frontline Digitisation	Executive Lead: Chief Finance Officer 	This programme will introduce and improve systems that support the digital empowerment of people who use our service; embed a digital organisational culture and approach within the Trust; create a resilient digital foundation for the Trust and enable further development of our research and innovation capabilities.	• Optimisation of Electronic Patient Records. • Further development and implementation of the Trust's outcome measure and mood monitoring tool. • Removal of paper records. • Complete roll out of electronic prescribing. • System interoperability. • Single Sign On, Multi Factor Authentication, Cyber Security. • Device and network improvements.	• EPR optimisation is ongoing for RIO and EMIS at pace, with key deliverables achieved and planned for 2024/25. • Truecolours (app for recording Patient Reported Outcome Measures (PROMs)) is now redeveloped and live for pilot teams in CAMHS and Adult / Older Adult with planned roll outs. • Removal of paper from patient homes is in progress with the District Nurse suite of templates now live on EMIS and external partner access ongoing. • Electronic Prescribing and Medicines Administration (EPMA) is live in all mental health inpatient wards with plans in place to implement into outpatients and community inpatients. • A programme of system interoperability is underway and critical for our best of breed approach to clinical systems. • Multi Factor Authentication is being monitored to ensure the Trust is compliant with NHS England policy and Data Security Protection Toolkit (DSPT). • Cyber Security ongoing developments is key to provide the Trust with assurance. • A programme of network improvements is underway including internet breakout circuits and upgrading Health and Social Care Network (HSCN) lines. • I pads are being rolled out to support specific digital projects such as EMIS Mobile and eObs.	The Frontline Digitisation Programme has reduced funding this financial year from NHS England, a number of key project deliverables have been delayed due to technical issues, such as the integration between different cloud hosted solutions.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Wameford Park	Executive Lead: Chief Finance Officer 	We are designing a £500m world-class centre for mental health and brain sciences at Wameford Park in Oxford. Wameford Park will provide a new, fit for purpose mental health hospital surrounded by a research and innovation hub.	- Engage with HM Treasury, NHS England (NHSE) and other key stakeholders to highlight the importance and significant value of this programme with a view to prioritising it in the next spending review. - Prepare for submission of planning documents in Spring 2025. - Engage with clinical teams, staff and experts by experience to develop the hospital design.	- Significant engagement with influential stakeholders has been undertaken, including the Secretary of State for Health and Social Care, and the Director of Capital at the Department of Health and Social Care. - On track for planning application submission date target of 31st March 2025. - Significant engagement undertaken to validate designs with senior clinical directorate colleagues, and also with Estates and Facilities teams.	The key programme risk is around the availability of national capital funding for the hospital programme.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Community Services Transformation Programme	Executive Lead: Executive Managing Director for Community Health Services, Dentistry & Primary Care	The programme is structured through three key workstreams: Start Well; Live Well and Age Well. It will deliver more sustainable models of care that meet the changing needs of our population through a joined-up approach to care, providing the right care, in the right place and the right time, supported by the right resources.	• Safe and sustainable service development for children and young people's services and adult community nursing. • Improvements to same day urgent and emergency care services, including development of single point of access and 24/7 home visiting. • Community rehabilitation pathway development (including community inpatients). • Development of Oxford City healthcare hubs.	See directorate update.	Our workstreams across Start Well, Live Well and Age Well remain overall on track with delivery within agreed tolerances of timescales. 0-19 Children and Young People's SPA went fully live from September and same day community care referrals went live through the adult SPA from November, a key NHSE Winter Plan requirement. Our digital enabling workstream to support our Single Point of Access (SPA) development work for same day care kicked off in October following award of Better Care Funding. Our estates enabling workstream has experienced the greatest challenges with the need to significantly revise the financial plan for Oxford City Hubs North Hub (Jordan Hill) with additional investment in year to enable refurbishment works to take place and conclude by March 25 to ensure the programme delivers within the financial year and services can commence move in from Q1 25/26. The resultant impact of this additional investment has been to pause other capital improvement projects at Witney Community Hospital Minor Injuries Unit (MIU) and The Fiennes Urgent Care Centre (UCC)/ Primary Care Out of Hours joint waiting area space.
					

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Estates Strategy	Executive Lead: Chief Finance Officer 	This programme will support patient and staff wellbeing by developing our Estates Strategy and delivering hubs for Community Health Services, Dentistry & Primary Care in Jordan Hill, East Oxford Health Centre and Blackbird Leys to free up old estate and decrease cost and travel times while improving access and environment.	• Relocation of services to Jordan Hill hub. • Develop plans for Blackbird Leys hub. • Plan for the next phase of consolidation and improvement, focussing on Mental Health services in Oxford city (excepting inpatient services which are the focus of the Warneford programme). • Begin overarching Estates strategy for longer term challenges such as Community Hospital renewal and staff accommodation.	• Fit out contractor for Jordan Hill appointed and refurbishment works have commenced which are progressing well. • Review of the South Hub for Community Services is underway. • Plans for a new outpatient hub are in development. • Handback of Oxford Clinic and Springfield PFI has gone well operationally. • Options for how to write the Estates Strategy are under consideration, with an aim to start in year if possible.	

		Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Mental Health Inpatient and Community Improvement Programme		Executive Lead: Executive Managing Director for Mental Health & Learning Disabilities 	This programme comprises two parts: - One area will reflect the key components of the national mental health, learning disability and autism inpatient transformation programme by delivering an improved model of care for the future for our inpatient mental health services. - The other area will focus on the Community Mental Health Framework which was in place originally to deliver key ambitions of the NHS Long Term Plan (over a 3-year period) and focusses on developing and transforming community mental health services to improve the support offer available to people with a severe mental illness including physical health checks. Key focus has been on reducing health inequalities and integration with primary care to increase access and improve experience and outcomes for people with a personality disorder, eating disorder and rehab needs.	For the Inpatient Transformation Programme: • Set up the programme structure and governance. • Develop a clear oversight and support structure for services that is sustainable and transparent, where issues are identified early. • Explore and accelerate different therapeutic offers, including community-based alternatives to admission and a culture within inpatient care that is safe, personalised and enables patients and staff to flourish. For the Community Mental Health Framework: • Continued development of primary care mental health hubs in Buckinghamshire and Keystone hubs in Oxfordshire. • Dedicate resource to further develop the eating disorder offer and interface with primary care. • Continued development of voluntary sector infrastructure.	Mental Health Inpatient Transformation: • Programme delivery infrastructure and governance structure setup and signed off. • Projects and workstreams have now been identified and aligned with the national acute inpatient guidance focussing on the key stages: Purposeful admissions, Therapeutic Interventions and Proactive discharge. • Scoping exercise has been completed to understand what service improvement work is underway across all adult and older adult inpatient wards. Experts by experience (EbE) strategy in place with EbE's in place across all live projects and groups. • Culture of Care programme now embedded within the Inpatient Transformation Programme to support alignment and avoid duplication.	This is a large and complex programme with a significant amount of work still to be planned and implemented.
					For Oxfordshire Community Mental Health Framework: • Keystone hubs in Oxfordshire are in place, but there is currently an estates funding issue that means two mental health teams are yet to have secured sites on the high street. • Somerset and Wessex Eating Disorders Association (SWEDA) have recruited 3 of 4 Therapeutic Support Workers – hybrid model in City (Kidlington), Abingdon and Wantage hubs. Operational processes including risk management and escalation have all reached final agreement and SWEDA workers will record all activity on EMIS. • Working with voluntary sector organisations to develop joined up offer of services continues and is on track.	The funding issue is currently preventing two mental health teams having hub sites on the high street, and there is a delay in implementing the self-referral process to the hubs.
					For Buckinghamshire Community Mental Health Framework: • Further integration with primary care has been achieved by embedding Buckinghamshire Talking Therapies workers into four Primary Care Networks (PCNs) across the county. • The Serious Mental Illness (SMI) outreach team, funded by non-recurrent health inequality monies (from the Integrated Care Board (ICB)) was operationalised in Q1 24/25 supporting people with an SMI under primary care to access an annual physical health check. • Proposals are being developed for the offer for eating disorder services in the mental health hubs in Buckinghamshire. • Six health inequalities projects went live in Buckinghamshire in Q1 24/25, delivered by the Voluntary Sector. • Work in place with the voluntary sector to develop and expand the voluntary, community and social enterprise (VCSE) infrastructure around mental health in Buckinghamshire.	Good progress on VCSE Health Inequality projects but some challenges encountered around work to further develop local infrastructure. Some delays in implementing further integration of eating disorder (ED) services into primary care. However, work is in place to continue to develop the offer.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
 Outcome Measures	Executive Lead: - Executive Managing Director for Mental Health & Learning Disabilities 	This programme will build on existing work to review mechanisms for direct monitoring of clinical outcomes and set out actions needed to improve our ability to consistently report on and use outcome measures to deliver effective care.	- Set up the programme structure and governance. - Set the context and review the different types of outcome measures (Patient Reported Experience Measures, Patient Reported Outcome Measures, Clinician Reported Outcome Measures etc). - Review and summarise national best practice and any relevant guidance or policy in relation to outcomes measurement across the service areas operated by the Trust. - Undertake a stocktake of what we are doing now against the above, and set out a roadmap for outcome measures we intend to capture and why.	- The scope and governance structure of the programme have been confirmed. - A first phase focusing on roll out of the three recommended PROMs has been agreed. - Academic support has been agreed to transfer best practice from Talking Therapies. - A stocktake of current outcome measure reporting across the Trust is underway.	Programme on track.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
 Provider Collaboratives and Strategic Partnerships	Executive Lead: - Executive Managing Director for Mental Health & Learning Disabilities/ Executive Managing Director for Community Health Services, Dentistry & Primary Care/ Executive Director of Strategy and Partnerships	Provider Collaboratives are partnerships of trusts and independent providers which work together, at scale, to benefit their population. The following form part of this overarching programme: - Buckinghamshire, Oxfordshire and Berkshire West (BOB) Mental Health Provider Collaborative – working with partners to develop a collaborative for non-specialised mental health services. - Thames Valley Community Dental Partnership – working with partners to improve patient care, reduce inequalities and provide quality care within efficient use of resources. - Oxford Health and Oxford University Hospital Partnership - working jointly to support integrated work in some strategic areas.	BOB MH Provider Collaborative - Strengthen the infrastructure for the delivery of the BOB Mental Health Provider Collaborative and improve ways of working across all partners. - Enhance and embed co-production. - Make progress against key transformational priorities. Thames Valley Community Dental Partnership - Continue to recruit Special Care and Paediatric Consultants. - Continue the reduction of general anaesthetic waiting lists. Oxford Health and Oxford University Hospital Partnership - work is in train to identify areas of focus and joint working opportunities.	For BOB MH Provider Collaborative: - The Provider Collaborative continues to develop and mature. - Transformation portfolio and governance structure have been shaped in partnership with stakeholders and operationalised from September 2024. - Three transformation programmes have commenced and are being delivered jointly with BHFT and system partners: Mental Health Crisis & Urgent Care (Community); Three year adult inpatient transformation programme and Localising Mental Health Care. - A fourth transformation programme seeks to develop a model of strategic co-production with Experts by Experience being engaged in workstreams, projects and programmes. - The implementation of an action plan with VCSE partners to strengthen VCSE representation across the Mental Health Provider Collaborative governance structure.		Progress has been made in the development of the governance structure and transformation portfolio for the BOB Mental Health Provider Collaborative. However, additional work is needed to enable co-production; three transformation programmes have been initiated for joint delivery. The governance structure has been operationalised from September 2024, with an expectation that further revisions may be required. Changes to BOB ICB operating model and to the national NHS operating model mean that further work is required with the ICB to define the long-term ambition for the Provider Collaborative.
				For Thames Valley Dental Partnership: - Funding options to recruit Special Care and Paediatric Dental Consultants are being investigated. - Short-term additional theatre access for general anaesthetic treatments has been negotiated, which should reduce waiting lists. - There are ongoing discussions about the future contractual model of the partnership and the recommissioning of dental services.		The contractual model of the partnership and recommissioning process is under review, which is impacting on the ability to plan longer-term.
				Two areas of focus have been identified: - Community hospitals – SRO by Oxford Health. This work is progressing. - Heart failure/cardiac care workstream - SRO by Oxford University Hospitals. This work is now progressing with a kick off workshop scheduled for November.		Community hospital interface work is currently focusing on outpatients and the proposed new services to come into Wantage CH where refurbishment plans are on track to complete in Q2 25/26. A joint Heart Failure workshop between OH, OUH and ICS leads is scheduled for 15th November.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
 Enabler 1 - Our Operating Framework	Executive Lead: Amelie Bages & Georgia Denegri	A target operating framework is a high-level model of how an organisation can best be organised to more effectively and efficiently deliver and execute its strategy. It aims to provide a common, and easily communicable, understanding of the organisation.	- Set out the ways of working that will enable us to deliver our purpose - Enabler cross-silo working, avoiding duplication - Streamline ways of working and governance - Devolve decision-making and empower our people.	- First draft of the Targeted operating framework covering organisational structure and Governance being finalised ahead of iterations. - Performance framework now in place and new IPR format developed, work will continue to embed and develop this further. - Data and information requirements being developed to support operating framework.		N/A
	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
 Enabler 2 – Our Central Support and Corporate Services	Executive Lead: Heather Smith	We aim to improve central support services by simplifying, standardising, automating and co-ordinating processes and teams that have a direct impact on the delivery of clinical services.	- Review of end-to-end processes for recruitment, procurement and temporary staffing taking into account quality and value for money. - Events and ways of working that increase sense of shared responsibility between Central teams and responsiveness to users.	- Initial workstreams are being identified, and working groups set up - Analysis of data to understand impact of different processes underway - Reviews of key processes underway or completed - Programme board established - Corporate systems improvements in development		N/A
	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
 Enabler 3 – Supporting People and Teams	Executive Lead: Grant Macdonald	Our Trust supports our teams so that key decisions are made by teams and people working at the closest possible. We will shape our culture based on positive behaviours that are drawn from the overarching concepts of civility, respect and fairness.	Design and scope the programme of work to support our people and teams.	Reference Group is in place and has met regularly. This has identified key areas of focus, and an in person event took place in November.		N/A
	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary

Appendix 2 – Strategic Programmes on a Page

Background

Having a Patient Experience and Involvement Strategy is a core requirement for a provider of NHS services. Oxford Health is committed to putting patients at the heart of everything we do, and this strategy is in place to deliver that ambition. Historically, feedback from incidents and inquiries found that Oxford Health did not consistently involve patients in their care as much as we should, and this strategy aims to address that.

This programme exists to implement the remainder of the strategy until 2025.

Vision and Outcomes

The Patient Experience and Involvement Strategy (2023-25) was developed to support Oxford Health to hear and act on the voices of our patients and carers to enable the development and delivery of co-produced outstanding services for excellent patient experience and outcomes. The vision for this programme is to embed patient experience and involvement into 'Business As Usual' so that it becomes a non-negotiable part of decision-making when designing and improving services.

The following positive outcomes are expected:

- Improved patient experience of, and involvement in, their care.
- Increased awareness amongst patients about how to access out of hours crisis services.
- Increased number of paid lived experience roles and peer support workers.
- Reduction in complaints about waiting for treatment.

Programme Objectives

- 

Objective 1

Implement processes to ensure that care is co-produced at all levels, by embedding personalised care planning, delivering co-production training, and developing voice forums and peer support worker initiatives.

Which strategic objective(s) does this contribute to?

Quality / People
- 

Objective 2

Implement processes to ensure that the patient voice is part of everything we do and lived experience roles are heard at all levels of the Trust.

Which strategic objective(s) does this contribute to?

Quality / People
- 

Objective 3

Implement a system that ensures that patient experience and feedback information is collected, used to improve services, and the resulting improvements consistently published.

Which strategic objective(s) does this contribute to?

Quality / People
- 

Objective 4

Establish processes that promote recovery and inclusion to enable greater access to services, through ensuring accessibility of information about services and treatments, establishing a clear pathway to Recovery Colleges, and establishing easy access to employment support.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability

Key Deliverables

- 2024/25**

 - Continue to develop 'Our Voice' forum across the Trust to improve involvement and experience of patients.
 - Strengthen pastoral support for experts by experience and carers.
 - Development of standard processes for involvement of patients and use of feedback.
 - Strengthen support structures for peer support workers embedded in mental health clinical teams.
- 2025/26**

 - Develop experience and involvement champion roles.
 - Develop plans for lived experience involvement in staff recruitment panels.
 - Implement improved recruitment processes for people with lived experience.
 - Deliver quality improvement projects that are co-produced and using 'learning from' themes.
 - Re-launch patient survey with increased feedback from more diverse and vulnerable groups of patients.
 - Run campaign to publicise and increase access to Oxfordshire and Buckinghamshire Recovery colleges, and to Individual Placement and Support (IPS) service within mental health services.
- Future Years**

N/A
- Programme End Date:** July 2026

Background

Prior to the introduction of the Patient Safety Incident Response Framework (PSIRF), NHS Trusts' approach to responding to patient safety incidents was governed by the Serious Incident Framework (SIF). Developments were required in how learning from incidents was undertaken, as the same types of incidents were recurring both locally and nationally. The PSIRF was therefore introduced to fundamentally shift how the NHS responds to patient safety incidents and makes changes to improve care. With Trusts being empowered to determine their incident responses locally, and a shift to a system-based approach to learning.

The PSIRF is a contractual requirement under the NHS Standard Contract. Oxford Health implemented the framework from December 2023, and this programme remains in place to oversee the next phase of changes, which will continue to embed the PSIRF's principles and approach.

Vision and Outcomes

The vision for the next phase of the programme is to achieve a patient safety culture where staff report all incidents, there is openness to identify learning and make changes, and we can demonstrate the impact of this.

This will lead to the following positive outcomes:

- Increase in patient incidents reported with a decrease in moderate and severe harm incidents.
- Improved feedback from staff and patients/families affected by incidents about their experience.
- Increase in use of alternative learning response approaches, to enable tailored and richer learning.
- Improved timeliness of learning responses against expected timescales.

Programme Objectives



Objective 1

Improve how we Respond to Patient Safety Incidents by developing a range of learning responses, being proportionate and always compassionately engaging with all affected.

Which strategic objective(s) does this contribute to?

Quality / People



Objective 2

Improve how we Share Learning through developing the mechanisms we use to cascade learning and developing better ways to capture and use 'work done' versus 'work imagined' to equally learn from how our teams are adapting and providing good care.

Which strategic objective(s) does this contribute to?

Quality / People



Objective 3

Improve how we Make Sustainable Changes by evolving how we create/prioritise safety actions, having greater focus on improvements, particularly system factors, and feedback on the impact of changes for more complex actions.

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

2024/25

- Implement changes to improve Incident Learning Huddles.
- Implement new patient safety training.
- Develop the role of Patient Safety Partners (people with lived experience working with us).
- Continue improvement work on duty of candour for all moderate harm incidents.
- Grow capability to use a range of learning response techniques.
- Build on how we share learning both areas for improvement and positive practice.
- Strengthen the development and monitoring of safety actions.

2025/26

The workplan for 2025/26 will be set at the beginning of that financial year.

Future Years

N/A

Programme End Date: March 2026 (estimated)

Background

NHS England has launched its first ever anti-racism framework. The development of this framework has been necessary, because the data shows that people from vulnerable and racialised communities are far more likely to have trouble accessing mental health care, and have a poorer experiences and outcomes if they do. This includes greater use of crisis pathways, being more likely to be detained under the mental health act and higher rates of being restrained in mental health inpatient units.

A working group is currently understanding how racism is experienced at Oxford Health, so that this background reflects the experience of those working within and served by the Trust. This section will be updated accordingly.

Vision and Outcomes

In summary: Oxford Health becomes an anti-racist Trust, through the implementation of a plan co-produced with patients and carers from racialised communities. A fairer system of health care will exist, where people receive culturally appropriate care which is not influenced by racism. This will address inequalities in access, experience and outcomes.

A working group is currently defining the vision for Oxford Health as an anti-racist Trust. This section will updated when the vision has been agreed by the Trust.

Programme Objectives - DRAFT



Objective 1

Make a Trust wide commitment anti racism, by implementing PCREF and other mechanisms for advancing mental health equalities

Which strategic objective(s) does this contribute to?

Quality / People



Objective 2

Introduce governance structures that enable representation of racialised communities and holds the Trust to account on its commitment to anti-racism, as well as visible and effective feedback mechanisms for patients and carers.

Which strategic objective(s) does this contribute to?

Quality



Objective 3

Improve data collection to enable reporting on access, experience and outcomes of Oxford Health services by ethnicity and other demographics

Which strategic objective(s) does this contribute to?

Quality

Key Deliverables

2024/25

- Develop implementation plan for PCREF within the Trust.
- Confirm the Trust's understanding of and commitment to anti-racism in a statement
- Understand current state of ethnicity data reporting
- Develop an engagement plan

2025/26

TBC once implementation plan confirmed

Future Years

TBC once implementation plan confirmed

Programme End Date: TBC

Background

Journey to Excellence launched in 2021 to support teams and services in assessing their delivery of care and to support continuous improvement across all areas. The programme of work involved a set of tools devised for teams and services to identify opportunities for improvement and celebrate successes. The tools and resources were based on the Care Quality Commission (CQC) monitoring and regulatory approach.

The programme evolved to respond to the changes to CQC strategy, and with the need to refocus teams on CQC preparedness after the COVID pandemic, as CQC processes were significantly scaled back during that time. Since late 2023, the focus has been on supporting teams and services with their understanding of the regulatory approach and how to demonstrate continuous review and improvements to evidence compliance with the CQC quality statements.

Vision and Outcomes

The vision is for a process of continuous improvement that drives quality of care, which is owned and embedded in all services, based on a regular self-assessment and peer review process which involves patient and family input.

- The positive outcomes resulting from this would be:
- Areas of non-compliance are identified and services are supported to improve them.
 - Teams and services are confident and assured of the CQC framework and are empowered to use it to drive improvement, with teams equipped to deliver a collective ambition to deliver high quality care.

Programme Objectives



Objective 1

Implement and embed assurance processes for all services to enable the Trust to demonstrate how it takes into account and complies with CQC regulatory requirements, aligning with new CQC framework.

Which strategic objective(s) does this contribute to?

Quality / People



Objective 2

Implement and embed organisation-wide method of evidencing quality of services and demonstrating compliance.

Which strategic objective(s) does this contribute to?

Quality



Objective 3

Work is progressed from a centralised approach to re-energise and refocus colleagues' awareness of and responsibility of regulatory requirements to become embedded as 'business as usual' across the Trust.

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

2024/25

- Scope programme objectives and develop implementation plan.
- Peer learning from how other Trusts have approached accreditation programmes.
- Continue to deliver CQC readiness work to prepare Trust for future CQC assessments.
- Align assurance processes to new CQC framework.
- Develop framework for 'quality walkabouts.'
- Work to progress from a centralised approach to re-energise and refocus colleagues' awareness and responsibility of regulatory requirements to become embedded as 'business as usual' across the Trust.

2025/26

Not yet defined.

Future Years

Not yet defined.

Programme End Date: No end date.



Background

Staff survey and workforce data reflecting the lived experience of NHS staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the NHS. Oxford Health faces EDI challenges on many fronts, but this programme seeks to prioritise specific areas for improvement which include increasing diversity in bands and occupational groups where ethnic, disability and gender representation is low, increasing career development and progression routes to senior positions for under-represented groups, and reducing bullying, abuse and harassment of staff from minority groups.

The NHS EDI Improvement Plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The implementation of this improvement programme has started at OHFT.

Vision and Outcomes

The vision for this programme is to create an equitable and inclusive workplace that celebrates and embraces diversity. It aims to make Oxford Health the best place to work, where all staff feel they belong, can thrive, and – ultimately – deliver the best possible service for our patients. It will create a workplace culture where inclusive leadership is embedded and professional opportunities for are equal for all.

- The following positive outcomes are expected from this programme:
- Discrimination will be consistently addressed and reduced, enabling staff to use the full range of their skills and experience to deliver the best possible patient care.
 - Opportunities for progression will be equitable, which will result in increased diversity across the workforce and in leadership positions.
 - Development of a culture of inclusivity, which will result in improved staff engagement and retention.
 - Creation of psychologically safe work environments where people feel they are treated with dignity and respect, which will achieve more effective, safer patient care.

Programme Objectives

Objective 1

Review and update workforce policies and conditions of employment to ensure that their application do not result in differential outcomes for protected characteristic groups.

Which strategic objective(s) does this contribute to?

People

Objective 2

Improve recruitment processes that promote equal opportunities, to increase workforce and leadership diversity.

Which strategic objective(s) does this contribute to?

People

Objective 3

Define and deliver a specific action plan to address inequalities in relation to the protected characteristic of sexual orientation.

Which strategic objective(s) does this contribute to?

Quality / People

Objective 4

Define and deliver a specific action plan to implement a clear and consistent approach in how disability equality is led and managed in policies, practices and procedures via achieving ‘Disability Confident Leader Level 3’ accreditation.

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

2024/25

- Deliver the race equality projects that focus on increasing workforce diversity, de-biasing the disciplinary process, and improving equal opportunities in career development and progression (due for completion Jun-25).
- Implement improvements required to achieve Disability Confident Leader ‘Level 3’ accreditation (by Mar-25).
- Continue work to deliver the NHSE EDI Improvement Plan: Six High Impact Actions (due for completion by Jun-25).
- Develop plan to implement the six pillars of the LGBTQ+ framework (by Mar-25).
- Commence delivery of the gender equality action plan (by Mar-25).

2025/26

- Finalise completion of Six High Impact Actions.
- Commence delivery of plan to implement the six pillars of the LGBTQ+ framework.

Future Years

To be defined.

Programme End Date: No end date specified.

Programme Name: People Plan: Train, Retain, Reform & Temporary Staffing programme

Background

The NHS Long Term Workforce Plan was published in 2023. It sets out how the NHS plans to address existing and future workforce challenges by recruiting and retaining thousands more staff over a 15-year period with a focus on the domestic pipeline; improving the culture, leadership and wellbeing of staff to support retention, and working in new ways and with new technologies to enhance the patient experience. This programme aims to deliver this plan for Oxford Health.

At Oxford Health, although overall staff turnover rates are within target, there are high vacancy rates, with some professions such as nursing more affected than others. Hiring challenges due to low unemployment, an increasing number of budgeted posts across the Trust, talent market conditions, talent and skills shortages in key areas such as nursing, alongside the high cost of living and below inflation pay offer for some professional groups, are impacting staff recruitment. High vacancy rates can impact staff wellbeing and retention, agency spend, and the quality of care provided to patients.

Vision and Outcomes

The vision for this programme is to enable Oxford Health to become an employer that people want to join, stay and develop in their careers with. It aims to create a sustainable workforce that can deliver quality care to our patients.

The anticipated positive outcomes from this programme are:

- Creation of a sustainable workforce that can deliver high quality care to our patients.
- Improved staff retention.
- Financial savings resulting from reduced agency expenditure.

Programme Objectives



Objective 1

Grow the workforce through optimising supply for each profession by:

- Identifying entry route and having clear career pathways
- Increasing training capacity to support 'growing our own'
- Continuing work on expanded, enhanced, advanced and associate roles to offer modernised careers
- Define leadership and management framework.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 2

Improve retention of the workforce through:

- Implementing the NHS People Promise
- Delivering the NHS Equality, Diversity & Inclusion Plan
- Increase flexible working options at all career stages
- Providing additional ways of supporting our people for wellbeing.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 3

Implement process changes to work and train in different ways, through:

- Reforming how we source and acquire the best talent
- Planning for future technologies to support development of new skills
- Improving data quality and systems to support decision making and improve efficiency.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability / Research & Education



Objective 4

Deliver the recommendations from the South East Temporary Staffing Review, to reduce agency expenditure.

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

2024/25

- Train: career pathways and modernised roles, education and training capacity, our leadership and management framework.
- Retain: NHS People Promise, flexible working and staff wellbeing.
- Reform: recruitment processes, data quality and systems and underpinning culture.
- Temporary Staffing: continued focus to reduce agency expenditure and increase bank fill rates.
- Development of Workforce Planning approach in the second half of the year.

2025/26

None specified yet.

Future Years

None specified yet.

Programme End Date: No end date.

Background

Climate change threatens the foundations of good health, with direct and immediate consequences for patients, the public and the NHS. Climate change undermines the core foundations of good health, contributing to cardiovascular disease, asthma, and cancer. As the biggest employer in the country, the NHS has an important role to play in cutting emissions, and it has declared its ambition to reach 'net zero' for the emissions it directly controls by 2040 (and by 2045 for the emissions it can influence).

The Health and Care Act 2022 places duties on all NHS Trusts to contribute towards these statutory emissions and environmental targets, and the NHS Standard Contract sets out the requirement for all Trusts to develop a 'Green Plan' to detail their approaches to reducing their emissions in line with national trajectories. This programme will therefore develop and deliver Oxford Health's Green Plan.

Vision and Outcomes

The vision for this programme is to secure approval and commitment to a clear approach for the Trust to reduce its carbon emissions and achieve 'net zero' by 2040. It will put the necessary foundations in place for successful delivery of this long-term approach, as well as continuing to implement actions to reduce emissions as much as possible in the shorter term. The programme will also embed sustainable principles and practice across the Trust, so that considerations about sustainability are increasingly influencing factors in 'Business As Usual' decisions and plans that directorates make.

The anticipated outcomes are that the Trust will be taking evidence-based and comprehensive action to reduce carbon emissions and air pollution, which will contribute to improved environmental and public health outcomes.

Programme Objectives



Objective 1

Define and agree the Trust's long-term approach to achieving 'net zero' carbon emissions by 2040 ('Green Plan 2').

Which strategic objective(s) does this contribute to?

Sustainability



Objective 2

Develop and approve detailed plans to deliver the long-term approach to achieve 'net zero,' including required funding. This includes plans for the key areas of focus ('chapters'):

- Travel and transport
- Estates and facilities
- Adaptation
- Biodiversity and green space
- Workforce and leadership
- Digital transformation
- Food and nutrition
- Sustainable models of care
- Supply chain and procurement
- Medicines
- Air pollution

Which strategic objective(s) does this contribute to?

Sustainability / Quality / People



Objective 3

Integrate sustainability considerations into the planning and decision-making processes of directorates, through collaborative development of directorate-specific sustainability actions.

Which strategic objective(s) does this contribute to?

Sustainability / Quality / People

Key Deliverables

2024/25

- Develop final version of Green Plan 2 for approval at Green Task Force meeting by November 2024.
- Submission of Green Plan 2 for approval to Trust Board by February 2025 and to BOB Integrated Care Board by March 2025.

2025/26

- Commence implementation and embedding of Green Plan 2.
- Develop and implement communications and engagement plan.
- Assessment of indirect carbon emissions to inform future interventions by June 2025.

Future Years

To be defined.

Programme End Date: March 2029



Background

Following the Advanced Cyber attack in 2022, the Trust made the decision to move away from Carenotes and onto RIO and EMIS, initially with basic system configurations but with an agreed programme of optimisation to follow.

Alongside this the Trust had already started its Electronic Prescribing and Medicines Administration (EPMA) journey with the implementation in all mental health inpatient wards, with outpatients and community inpatients to follow. The Trust was also underway with its implementation of ICE, which is a solution to provide clinicians with the ability to view tests and scan results across our wide geographical area.

Truecolours has now been redeveloped and has been adopted as the outcome measure tool for the Trust with a programme of work to deliver. To support the Trust’s best of breed approach, a programme of system interoperability via the Trust Integration Engine and Shared Care Records is required to provision the right data to the clinical teams.

To enable the challenging system programme, network improvements, infrastructure and devices are critical enablers to delivery.

Vision and Outcomes

The vision is to deliver the Trust’s Digital Strategy, achieve Digital Maturity and become a true Digital First Organisation. The Digital Strategy underpins the Trust Strategy and is made up of 4 digital themes:

- Supporting the digital empowerment of people who use our services and their family and carers;
- Embedding a digital organisational culture and approach within the Trust;
- Building and maintaining an effective and resilient digital foundation; and
- Further developing our research, collaboration and innovation capabilities.

Programme Objectives



Objective 1

Optimisation and integration of core Electronic Patient Records (EPRs) to enable the Trust to achieve level 4 digital maturity on the ‘What Good Looks Like’ Framework, including core forms, contextual launches for easy navigation between systems, patient engagement portals, EPMA, viewing and ordering of tests.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability / Research



Objective 2

Truecolours implementation across the Trust as the outcome measure digital tool, resulting in the Trust utilising outcome measure data for insights, analytics, service improvement.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability / Research



Objective 3

Electronic prescribing implementation in mental health and community inpatient and outpatient settings, realising agreed benefits.

Which strategic objective(s) does this contribute to?

Quality / People / Research



Objective 4

Infrastructure, Device & Network Enablers to underpin the clinical system delivery programme.

Which strategic objective(s) does this contribute to?

Quality / People / Research



Objective 5

Digital Innovation pipeline enabling the Trust to approach digital innovations in an agile methodology.

Which strategic objective(s) does this contribute to?

Quality / People / Research

Key Deliverables

- 2024/25**
- Further optimisation of Electronic Patient Records RIO & EMIS.
 - Implementation of Truecolours as the Trust’s strategic outcome measure digital tool.
 - Removal of paper records in patients’ homes.
 - Further roll out of electronic prescribing.
 - Best of Breed System interoperability.
 - Enabling solutions - Single Sign On Launches, Cyber Security continuous assurance, Multi Factor Authentication.
 - Critical enablers – right device for tool and network improvements.
 - Digital innovations - AI projects, clinical apps.

- 2025/26**
- Further implementation and optimisation of RIO & EMIS, EPMA and Truecolours.
 - Best of Breed System interoperability.
 - Enabling solutions - Single Sign On, Multi Factor Authentication, Cyber Security.
 - Device and network improvements.
 - Digital Innovations – AI Projects, clinical apps.
 - Data analytics, insights, population health, research platforms
 - Patient engagement portal & NHS App

Future Years
N/A

Programme End Date: 2026 – delivery of digital strategy



Background

Oxford Health’s Warneford Hospital is the oldest inpatient unit still in use across the entire NHS estate. Staff continue to provide compassionate care in a Grade II listed building that has little changed from its origins 200 years ago.

The constraints of the buildings directly hinder the provision of therapeutic activity and Trust’s ability to provide suitable space for managing challenging behaviour which all creates a vicious circle contributing to increased patient distress. The constraints of the ward environment affect the access to and quality of therapeutic treatment which has a consequential impact on length of stay with OHFT.

The latent potential to develop a new brain science campus exists in Oxford with the presence, in one small geographical footprint, of clinical excellence, research and innovation. The cornerstone to unlocking the potential is the development of a state-of-the-art mental health hospital.

Vision and Outcomes

- The Warneford Park development will be a major brain and mental health research and innovation campus, providing:
- A new innovative mental health hospital offering the best treatment, care, and therapeutic environment.
 - A new research building - a modern scientific environment for the world-leading brain and mental health research taking place at the University of Oxford, with additional space for biotech, pharmaceutical and start-up companies.
 - A new post-graduate college for the University of Oxford - focused on medical sciences, bio-engineering and related disciplines.

We will bring together our hospital beds across Oxford into a purpose-built mental health hospital, doubling the number on the Warneford site, to provide a better experience for patients. We will increase the space for research four-fold and use the old buildings to create a college for postgraduate education.

Programme Objectives



Objective 1

Improve brain healthcare outcomes through research that is outstanding at a global level and world-leading in its output and impacts, including through translation and innovation.

Which strategic objective(s) does this contribute to?

Quality / Research / Sustainability



Objective 2

Create an outstanding environment for healthcare, research, innovation and education that attracts and retains talented staff and students from multiple different backgrounds and disciplines, and that increases the benefits from colocation.

Which strategic objective(s) does this contribute to?

Quality / People / Research



Objective 3

Provide simplified access to high quality mental health care through an exceptional new hospital complex that embeds the ‘least restrictive’ approach to care.

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

- 2024/25
- Engage with HM Treasury, NHS England (NHSE) and other key stakeholders to highlight the importance and significant value of this programme with a view to prioritising it in the next spending review.
 - Prepare for submission of planning documents in Spring 2025.
 - Engage with clinical teams, staff and experts by experience to develop the hospital design.
- 2025/26
- Approval of the Strategic outline Case
 - Planning consent from the Oxford City Council
 - Secure seed funding to develop the Outline Business Case (OBC)
- Future Years
- Outline Business Case approval (2026)
 - Full Business Case approval (2027)
 - Phase 1 - Construction of a new hospital and research centre (2028-2030)

Programme End Date: After 2030



Background

Oxford Health’s community-based services across Oxfordshire have developed over a long period of time and, in some cases, no longer reflect what is now known about how health and care are best delivered. Many of our community-based services need to evolve and deliver care in a more joined-up and sustainable way. There are several challenges and opportunities including:

- **Population needs** – community services are under increased pressure because of housing growth, health deprivation and an ageing population.
- **Patient experience of service** – concerns around access. In particular, there is a need to address transport barriers and to join up care between different services and partners.
- **Workforce pressures** – significant staff shortages and retention issues.
- **Funding** - real-term funding has decreased over a number of years while demand has significantly increased.
- **Community hospitals** - to meet the aim of providing more care closer to home, our hospitals need to develop as resources that support local communities and help people maintain their wellbeing and independence.

Vision and Outcomes

The vision for this programme is to *“deliver more sustainable models of care in primary and community services, using evidence-based and best practice that builds on national policy drivers for the NHS to treat and see more people in their own home, or as close to home as possible within their local community”*. Some of the positive outcomes expected from this programme are:

- Improved ability to deliver high quality care that meets patient needs, leading to improved health outcomes and improved patient and carer satisfaction, through delivering joined up, community-based services delivering care closer to home.
- Improved staff satisfaction, retention and recruitment through improved working environments that enable better patient care.

Programme Objectives 24/25

- Objective 1

Develop sustainable operating models for children and young people’s (CYP) services.

Which strategic objective(s) does this contribute to?

Quality and Sustainability
- Objective 2

Develop safe and sustainable service model for Adult Community Nursing (District & Specialist)

Which strategic objective(s) does this contribute to?

Quality and Sustainability
- Objective 3

Develop a community rehabilitation pathway, including community hospital inpatient care, that is sustainable, optimises length of stay and delivers improved outcomes

Which strategic objective(s) does this contribute to?

Quality and Sustainability
- Objective 4

Develop a co-ordinated and easy-to-access same-day care pathway, built on a 24/7 single point of access and a more cost-effective, integrated home visiting service.

Which strategic objective(s) does this contribute to?

Quality and Sustainability
- Objective 5

Deliver modern and fit-for-purpose estate for community-based services, initially focussing on development of Oxford City Healthcare Hubs and Wantage CH.

Which strategic objective(s) does this contribute to?

Sustainability and People

Key Deliverables

- 2024/25

Objective 1:

 - 0-19 CYP single point of access (SPA) across key pathways (Q3).
 - Deliver Children’s Community Nursing transformation plan (Q4).

Objective 2:

 - Complete a strategic review of community nursing within BOB-wide context (Q3-4).

Objective 3:

 - Define long-term plan for community rehabilitation (Q4).

Objective 4:

 - SPA Care Coordination Centre pathway and 7 day home visiting services for same day care referrals live (Q3).

Objective 5:

 - Acquire Jordan Hill and commence refurbishment (Q1).
 - Agree South City Hub option and plan (Q4).
- 2025/26 (in development alongside FY26 planning)

 - CYP with complex needs and linked care pathways.
 - Same day care – expand pathways through SPA Care Co-ordination Centre.
 - Implement new digital referral tools and intelligent scheduling for home visiting planned care and unplanned care teams (subject to investment).
 - Implement business case recommendations for district nursing (subject to investment/ resource reprofiling).
 - Scope specialist secondary care services for transformation and define new sustainable model for medium to long term.
 - Commence implementation of long term plan for community rehabilitation.
 - Move into North City Hub (Jordan Hill) and relinquish linked properties.
 - Commence South City Hub plan.
 - Commence identification of efficiencies for consumables and equipment with clinical and procurement expertise.
- Future Years

 - Implement community rehabilitation plan (2026-7).
 - Implement long-term Oxfordshire estates plan (2026-7).

Programme End Date: 2028 (TBC).



Background

[The Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme](#) was established at a national level in 2022 to support cultural change. Following on from the aftermath of the pandemic which was an increase in cost of living currently facing households. OHFT’s Inpatient mental health wards have experienced sustained rises in demand and acuity, which have been particularly challenging due to the current workforce pressures across both directorates.

Since 2023, Oxford Health have been developing a programme of work to address the above publication. This has been driven by our own understanding of the need for a more coordinated approach between our inpatient services and key enablers to quality assurance and improvement in our mental health inpatient services. As well as the need to meet the anticipated requirements of this national programme.

Vision and Outcomes

Creating a culture within inpatient care that is safe, personalised and enables patients and staff to flourish.

Sustain an inpatient environment in which patients and staff can flourish. Ensuring staff feel supported and proud of the work that takes place within inpatient settings.

- Outcomes:
- Timely access to high quality inpatient care
 - We are inclusive and value difference, promote equity across treatment
 - Reduce avoidable long lengths of stay in adult acute mental health inpatient settings (including for people with a learning disability and autism)
 - Patient focused outcomes – working with lived experience to understand what’s important to them.
 - Improved staff experience in our inpatient wards

Programme Objectives



Objective 1

To continue to improve the culture across our inpatient mental health wards for patients and staff. The wards are safe, therapeutic and equitable places to be cared for, and fulfilling places to work. Improvement to be visible within the 3-year programme through multiple projects focused on culture and sharing best practice.

Which strategic objective(s) does this contribute to?

Quality / People



Objective 2

Timely access to assessments, interventions, and treatments, so time in our hospitals delivers therapeutic benefit. Care should be delivered in a therapeutic environment and in a way that is trauma-informed. Over the next three-years we will support a pathway that will measure the timespan between treatments and increase trauma informed care.

Which strategic objective(s) does this contribute to?

Quality / People / Research



Objective 3

To ensure the purpose of admission is clear to the person, their carers, the inpatient team and any supporting services. People are discharged to a less restrictive setting as soon as the purpose of their admission is met and no longer require care and treatment that can only be provided in hospital.

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

2024/25

- Set up programme structure and governance.
- Develop a clear oversight and support structure for services that is sustainable and transparent, where issues are identified early.
- Explore and accelerate different therapeutic offers, including community-based alternatives to admission and a culture within inpatient care that is safe, personalised and enables patients and staff to flourish.

2025/26

Implement actions agreed in 2024/2025 against key identified workstream areas:

- Purposeful admissions and proactive discharge
- Therapeutic Interventions
- Culture of Care

Improvement culture should be underpinned by: Monitoring/Improving/Checking

Future Years

- Evaluate the change and what has been achieved.
- Develop framework that enables learning and structure to be embedded beyond the lifecycle of the programme.
- Produce end of project and programme reports detailing how the change will be maintained as continued improvement.

Programme End Date: March 2027

Background

Community mental health services play a crucial role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities. Generic Community Mental Health Teams (CMHTs) for adults were established over 30 years ago and in 2019 the Community Mental Health Framework (CMHF) was introduced to address the fundamental modernisation required to this model of care. CMHF set the framework for achieving radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined-up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services.

Oxford Health have been implementing across the community mental health services since 2021, and the last phase of this programme will conclude its implementation.

Vision and Outcomes

The CMHF set out the vision for a “new community-based offer that will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use... and proactive work to address racial disparities.”

Significant progress has already been made towards this vision, for example with the introduction of Community Mental Health Hubs, which bring together a range of healthcare professionals and peer support staff to provide more responsive and proactive care and treatment to individuals in their own communities. The remainder of this programme will further develop this offer, with the setup of pop up hubs to ensure Oxon-wide coverage and embedding the hubs into wider adult MH pathways to ensure full integration and partnership approach to mental health and primary care.

Programme Objectives



Objective 1

Seek solutions to support the set up of additional high street Keystone hubs in the Witney and Wallingford areas, and embed the role of the hubs across the wider Adult MH pathway.

Which strategic objective(s) does this contribute to?

Quality / People



Objective 2

Continue phased approach to implementation of True Colours and Collaborative Care Planning across Oxon and Bucks – phasing mapping has taken place and all directorates are scheduled to be live by September 2025 (including Forensics and Learning Disabilities).

Which strategic objective(s) does this contribute to?

Quality / Sustainability



Objective 3

Develop a Clinical Knowledge Base for professionals, outlining patient pathways and clinical information and a patient facing website. The CKB will provide advice and guidance to support clinicians to make more effective referrals and broaden understanding of specialist areas of MH while the patient website will clarify and simplify the patient journey and treatment understanding.

Which strategic objective(s) does this contribute to?

Quality / People

Key Upcoming Deliverables

2024/25 – Operational Business as Usual

- Continue development of PCMHs:
 - Agree short, medium and long term, biopsychosocial PD interventions to be offered via PCMHs, CMHTs and Crisis services, with clear step-up and step-down processes to ensure smooth patient journey; with additional focus on safe discharges (by Mar-25).
- Reporting – following a period of development reporting capability is now improving, and work to resolve data quality issues will continue. This will ensure more robust monitoring of hub activity and performance will be possible.
- Continue to work on strengthening partnership with VCSE to deliver community support via hubs model.
- Hubs to transfer from EMIS to Rio as main patient management and recording system, in line with community AMHTs.

2024/25 – MafCPA Project Team

- Implement PROMs and co-produced care plans to all community services (by Dec-25).
- Implement a key worker model (by end Mar-25).

2025/26

- MafCPA (PROMs and Collaborative Care Planning & Keyworker) will carry on in to 25/26.

Programme End Date: December 2025

Background

Community mental health services play a crucial role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic Community Mental Health Teams (CMHTs) for adults over 30 years ago. The Community Mental Health Framework (CMHF) was introduced to address the fundamental modernisation required to this model of care, and it set the framework for achieving radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined-up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services.

The framework was introduced in 2019. Oxford Health have been implementing it across the community mental health services since 2021, and the last phase of this programme will conclude its implementation.

Vision and Outcomes

The CMHF set out the vision for a “new community-based offer that will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use... and proactive work to address racial disparities.”

Significant progress has already been made towards this vision, for example with the introduction of Primary Care Mental Health Hubs (PCMHHs), which bring together a range of healthcare professionals and support staff to provide care and treatment to patients in their own communities, with the aim of delivering more proactive and responsive care. The vision for the remainder of this programme is therefore to further develop this offer, embedding the changes that ensure patients are active participants in making positive changes rather than passive recipients of disjointed, inconsistent, and episodic care. It will achieve a fully integrated partnership approach to mental health and primary care.

Programme Objectives



Objective 1

Strengthen the offer of high quality care for people that access community mental health services through implementation of Patient Reported Outcome Measures (PROMs), goal-based outcomes, co-produced care plans and a key worker model.

Which strategic objective(s) does this contribute to?

Quality / People



Objective 2

Continue to develop a strategic and sustainable Directorate wide approach to tackling health inequalities by improving access and experience for people that use mental health services.

Which strategic objective(s) does this contribute to?

Quality / People



Objective 3

Embed an enhanced & integrated offer with primary care meeting the needs of patients who are too complex for primary care but do not meet the secondary care threshold. Providing a flexible community based provision that is available in person in venues across Buckinghamshire.

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

2024/25

Continue development of PCMHHs:

- Agree short, medium and long term, biopsychosocial PD interventions to be offered via PCMHHs, CMHTs and Crisis services, with clear step-up and step-down processes to ensure smooth patient journey; with additional focus on safe discharges (by Mar-25).
- Implement PROMs and co-produced care plans to all community services (by Dec-25).
- Implement a key worker model (by end Mar-25).
- Continued development of the rehab service.
- Dedicate resource to further develop the eating disorder offer and interface with primary care.
- Embed Bucks Talking Therapies in four Primary Care Networks (by Nov-24).
- Deliver and evaluate Serious Mental Illness (SMI) outreach offer for patients in primary care (by Mar-25).
- Develop the Recovery college and increase patient access and options (by Mar-25).
- Continued development of voluntary sector infrastructure, increase contracts to the VS.

2025/26

N/A – programme ends March 2025.

Future Years

N/A

Programme End Date: March 2025

Background

Outcome measure support the delivery of care by identifying the impact of interventions at an individual patient and service level. Currently Teams are using various tools to measure Outcomes i.e. e-mails, PDFs, word documents all of which are unstructured therefore not easily reportable. Some have started to use True Colours as part of the Moving Away from CPA Roll out. This will give us the opportunity to streamline the process of how outcome measures are recorded across the Trust and then allow us to use the data for health analytics and usage of outcome measures in the Trust and drive service improvement and address gaps. We will achieve this by collecting current outcomes measures used across the Trust and enable the recording of the outcomes via True Colours to provide structured data entry of Outcomes measures. The measurement of outcomes should include both quantitative and qualitative aspects, as not all outcomes can be captured numerically. It is important to record and give equal importance to qualitative outcomes, which can vary for everyone accessing services.

Vision and Outcomes

Vision: The vision for the programme is to set out a full set of actions needed to improve our ability to consistently report on and use outcome measures to deliver effective care. This will include provision of effective and user-friendly systems to deliver outcome measures to patients and capture data in our clinical systems, to analyse this data and feed it back to teams to drive improvement, to embed outcomes data in trust governance structures at all levels and to allow external and public scrutiny. Actions will include technical development, staff engagement and communications, and service user involvement and coproduction.

The Programme aims to achieve the Trust's Strategic Objectives around the following:

- Improved ability to deliver high quality care that meets patient needs, leading to improved health outcomes and improved patient and carer satisfaction.
- Patient Centred Care – allowing patients to co-produce parts of their care i.e. care plans, remote monitoring
- Reduce Paper Usage by introducing True Colours and allowing patients to feed into True Colours
- Allow outcomes measures to be recorded using one platform- True Colours
- Improve Outcome Measures performance and national reporting including CQUIN targets
- Outcome data flows back to the clinicians and teams in a regular loop and drives service improvement

Programme Objectives



Objective 1

Stock take of outcome measures used in Mental Health and a clear plan to implement, deliver and engage stakeholders

Which strategic objective(s) does this contribute to?

People / Sustainability / Research / Quality



Objective 2

True Colours to be used across Community Services to allow for reporting on outcome measures to deliver effective care and allow co production between patients and clinicians

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability / Research



Objective 3

Engage clinical teams with recording and using Patient Reported Outcomes

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 4

Stock take of outcome measures used in Community Health and a clear plan to implement, deliver and engage stakeholders

Which strategic objective(s) does this contribute to?

People / Sustainability / Research / Quality



Objective 5

Scope and agree wider outcomes and develop plans to monitor- i.e. mortality, physical health measures etc

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 6

Do an analysis of the gaps and opportunities which will come out of the stocktake including setting targets for services and clinical review support – hearts and minds how do we know which outcome measures to use, what is missing etc

Which strategic objective(s) does this contribute to?

People / Sustainability / Research / Quality

Key Deliverables

2024/25

- Stock take of outcome measures currently being collected across community and mental health services- working with academics to ensure we capture key outcome measures outside of the core 3
- True Colours rollout plan for Adult MH, Older Adult MH and CAMHS services
- Rio to True Colours contextual launch
- EMIS/True Colours integration approach
- Establish a governance structure for the Programme, Working Group

2025/26

- True Colours rollout across all MH services
- EMIS/True Colours integration development
- True Colours rollout plan for community services
- Start True Colours rollout in community services
- Patient login to True Colours to view and complete outcome measures
- Start reporting matrix of reporting requirements – Analytics and insights from data collected
- Inclusion of VCSE in the collection of patient outcome measures along the MH pathway

Future Years

- Continuous development of True Colours functionality to enable effective collection of outcome measures digitally
- Onboarding additional questionnaires as per service requirements
- Creation of SOPs with each services
- Provision of data for research

Programme End Date: TBC

PROGRAMME ON A PAGE

Name: BOB Mental Health Provider Collaborative

Executive Sponsors: Amelie Bages / Rob Bale
SRO: Lisa Reynolds



Oxford Health
NHS Foundation Trust

Background

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Mental Health Provider Collaborative is a collaborative between Berkshire Healthcare (BHFT) and Oxford Health (OHFT), in partnership with BOB Integrated Care Board (ICB) and together with system partners, which aims to improve the mental health of the population of BOB integrated care system. This encompasses all non-specialised, all age, Mental Health services.

Vision and Outcomes

The aim of this collaborative is to improve the mental health of our population in BOB Integrated Care System (ICS) by leading comprehensive transformation of mental health services at scale, linking with and supporting the work of our Place-Based Partnerships. We will strengthen the joint working between our organisations to ensure that resources are used in the most efficient way possible, that unwarranted variations are tracked and tackled, and pathway redesigned, to improve the lives of our population with a focus on addressing health inequalities.

We will share what good looks like and where possible make efficiencies that can support the sustainability of effective service provision; grow and embed co-production.

Programme Objectives



Objective 1

Improve the mental health of our adult in patient population in Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) through co-producing and leading programmes that aim to reducing out of area placements, leading the 3 year adult in patient transformation programme and enhance our response to mental health crisis by 2027.

Which strategic objective(s) does this contribute to?

Quality



Objective 2

Lead a comprehensive transformation portfolio which will provide system oversight and enable collaboration for the delivery of the 3 year adult inpatient transformation programme, improve the experience of people experiencing mental health crisis and enable more people to receive care closer to home through transforming care pathways.

Which strategic objective(s) does this contribute to?

Quality



Objective 3

Through the development of a robust governance structure transformation will be delivered jointly by OHFT and BHFT, sharing good practice, enabling approaches such as joint procurement and aligning programmes delivered at place; strengthening partnership working and using resources more efficiently and duplication avoided.

Which strategic objective(s) does this contribute to?

Quality / Sustainability

Key Deliverables

2024/25

- Initiate transformation programmes.
- Establish governance structure with alignment to BOB ICB operating model to enable delivery of the transformation portfolio.
- Work with BOB ICB to improve cross system data sharing.
- Establish strategic co-production across all programmes.
- Oversee the adult in patient transformation programme ensuring agreed milestones are achieved.

2025/26

- To be developed

Future Years

TBC

Programme End Date: TBC

PROGRAMME ON A PAGE

Programme Name: *Thames Valley Community Dentistry Partnership*

Executive Sponsor: Ben Riley
SRO: Rosalind Mitchell



Oxford Health
NHS Foundation Trust

Background

The Thames Valley Community Dentistry (TVCDs) partnership has been developing over a number of years. It consists of Oxford Health (OHFT), Berkshire Healthcare Foundation Trust (BHFT) and Central and North West London NHS Foundation Trust (CNWL).

Contracts for Special Care and Paediatric Dentistry (SCPD) across the South East of England are due for recommissioning from April 2026. All three of the trusts within the partnership share similar challenges including those around workforce and data reporting. The new contract environment provides an opportunity to work as a collective to meet those challenges more effectively.

Vision and Outcomes

The vision for this programme is to have a sustainable partnership arrangement that secures the Special Care and Paediatric Dentistry (SCPD) provision across Thames Valley for next ten years. Economies of scales will be achieved through joint working practices and shared challenges across the community dentistry landscape will be met collectively.

From 2026 onwards the partnership development programme should be completed and be replaced by an annual planning process.

Programme Objectives



Objective 1

Secure the contract for Special Care and Paediatric Dentistry (SCPD) from April 2026 using the at scale benefits of the partnership arrangement.

Which strategic objective(s) does this contribute to?

Quality



Objective 2

Improve the partnership arrangement to add value to all partnership members with a robust partnership agreement and a value adding portfolio of collaborative projects by identifying and prioritising shared challenges. These include schemes to address workforce, data and General Anaesthetic (GA) access.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability / Research



Objective 3

Increase the health and social care system awareness of community dentistry across the wider health service and to patients through consistent messaging and a wider engagement

Which strategic objective(s) does this contribute to?

Quality / People

Key Deliverables

2024/25

- Reviewed partnership agreement between three providers Q3
- Agreed recommissioning approach Q4
- Communication plan Q3
- Completed review of TVCDS website Q4

2025/26

- Clinical Pathway improvement process across Thames Valley Q2
- Recommissioning response (tender/award) Q3

Future Years

Annual planning process based upon the identified priorities of the partnership.

Programme End Date: April 2026.

Background

Our central support services play a key role in the delivery of patient care, but colleagues working in these services can often be unaware of the importance of their role in this. Additionally, inefficiencies in some central support service processes have been identified – procurement processes have been identified as sometimes being over-bureaucratic, and recruitment processes can be lengthy, which has resulted in the Trust losing potential new staff as they seek employment elsewhere. Central support services can also work in 'siloes,' with guidance and communication about how to navigate these services not always being joined up. This can result in unnecessary time demands on colleagues, and ultimately reduces the amount of time clinicians have available to undertake patient care.

Vision and Outcomes

The vision is for streamlined central support services which are as simplified, standardised, automated and coordinated as possible. Central support teams will know each other, and have aligned working models with joined up communications and guidance for end users. The end-to-end processes that central support services use will be initially streamlined, and then continuously improved, which will result in central teams being accountable to (and appreciated by) users for their performance. In its first phase, the programme will initially focus on the three key areas of recruitment, temporary staffing and procurement.

The anticipated outcomes of this programme are:

- Corporate staff motivation increases measured by staff survey engagement scores, with particular focus on 'motivation and involvement' scores. Colleagues' sense of identity and value relative to their role in the primary task of improving patient care will be built.
- Reduction in recruitment and onboarding time.
- Removal of inefficiencies in the process of temporary staffing.
- Removal of inefficiencies in the process of buying things, freeing up clinical and corporate teams' time.
- A culture of continuous improvement in central teams will be built.

Programme Objectives



Objective 1

More joined-up and user-centred working in central support and corporate service teams arising from better communications and engagement.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 2

Introduce a performance dashboard for central support and corporate services teams.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 3

Establish the efficiency of central support and corporate services teams, through benchmarking against other NHS Trusts.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 4

Undertake process improvement for three core processes: hiring to onboarding; temporary staffing; procurement.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 5

Improve the intranet to provide clear guidance for users of central and corporate services.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability



Objective 6

Improve corporate systems to support more efficient digital processes and better use of data.

Which strategic objective(s) does this contribute to?

Quality / People / Sustainability

Key Deliverables

2024/25

- Analysis of data on quality and value for money of existing processes.
- Review of end-to-end processes for recruitment, procurement and temporary staffing, taking into account quality and value for money.

2025/26

- Develop ways of working that increase sense of shared responsibility between central teams and responsiveness to users.
- Develop plan to address inefficiencies, and commence delivery.
- Develop clear and user-friendly signposting to corporate services.

Future Years

- Review of end-to-end processes for other central support services.
- Develop and deliver plan to address inefficiencies in other central support services.

Programme End Date: 2027 (estimated)

Appendix 3 – RAG rating guidance

RAG Rating relates to Clinical Directorate Plan Updates

RAG Status	Timetable	Scope	Cost	Benefits	Risk / issues
Red	Schedule (plan) slippage of over 3 months	Major constraints to the delivery of agreed outputs in line with the business case	Project is expected to exceed anticipated costs by over 10%.	Project is expected to under deliver against minimum benefit target by more than 10%.	There are live risks / issues relating to the project that are not currently being managed and/or pose a major threat
Amber	Schedule (plan) slippage 1-3 months	Moderate constraints to delivery of agreed outputs in line with the business case	Project is expected to exceed anticipated costs by under 10%.	Project is expected to under deliver against minimum benefit target by up to 10%.	There are live issues relating to the project which are being actively managed and mitigated to an acceptable level
Green	Schedule (plan) expected to deliver on time, or with minor slippage of 2-4 weeks	Insignificant or minor constraints to delivery of agreed outputs in line with business case	Project expected to deliver to budget.	Project expected to deliver against minimum benefit target	All risks related to the project have sufficient mitigations in place

Blue

Priority complete.

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

27 November 2024

(Agenda item: 14)

Winter 2024 System Resilience - Planning Update for Oxfordshire

For: Information and Assurance

Executive Summary

The plan for ensuring the resilience of the Oxfordshire health system through winter is jointly developed as a whole system plan as a partnership between BOB ICB, Oxfordshire County Council and the main local health providers, including Oxford Health.

- A summary of the Oxfordshire system Winter Plan is provided for the Trust Board's information in the attached paper, which was reviewed discussed at Oxfordshire Joint Health Oversight & Scrutiny Committee in September 2024.
- A briefing of the priority issues and mitigating plans for the Trust-provided Community Services is given below.

To be as prepared as possible for the winter months the directorate have been reviewing and strengthening operational plans. These include:

- A review of service and Directorate on-call arrangements to ensure robust leadership 24/7 for staff working in services operating in the out of hours period. This includes the continuation of preparation calls each Friday and daily 'huddles' over the weekends. Two on-call rotas operate alongside each other- one for our Out of Hours service and one managing the rest of Community Services- these rotas each have a senior manager leading them.
- The Directorate has held an internal review of the MADE (Multi- Agency Discharge Event) process from last winter focusing on what worked well and areas for improvement- this included senior support for staff working in the Patient Flow team to enable them to be confident in multi-agency forums and a review of the Operational Matron function working 7 days in the Community Rehabilitation pathway. Additionally, the Directorate will be a key partner in the weekly system-wide MADE events. Representatives have been identified from our Patient Flow team who will attend with a directorate

- senior decision maker. The system MADE events will run from the beginning of December to the end of March.
- In order to respond to the system ask to open more community hospital beds during surges in Acute Hospital pressure, we have developed a standing operating procedure (SOP) to support the pathway as effectively as possible. Where we have a confirmed community hospital discharge for the following day and where staffing enables it to be safe to do so, we will temporarily open an additional bed. For sustainability, this will be done within planned ward staffing levels and we will not be putting in additional temporary staffing to facilitate this increase in bed numbers. As the identified patient is discharged home the bed will effectively close behind it, returning bed numbers to their original level. This means that any increase in bed numbers will usually be for only a few hours to relieve immediate safety issues. We have operated this system for the last two winters and the feedback from the Acute Trust, OUHFT, has been positive. We are in the process of formally including our Emergency Medical Beds (EMU) in this (SOP). We are regularly switching an EMU bed into a generic bed and wanted to standardise this practice to support decision making. Again, this will not increase staffing resource.
 - As previously reported, District Nursing (DN) teams remain under significant pressure with demand exceeding available capacity. There have been particular concerns in recent weeks with providing the capacity to deliver essential visits at weekends and we have developed a SOP to engage our Out of Hours service to support with some visits when required. Visits that have been clinically reviewed and considered appropriate for the OOHS service to deliver include:
 1. Blood glucose safety recheck (due to hypo or hyper earlier in the day)
 2. Blocked catheter
 3. End of life symptoms requiring PRN medicine administration.
 - A DN service review is now under review with BOB ICS and other Community Trusts. New ICS level meetings with new NHSE primary and Community Nursing lead to address national issues are underway. OH's DN senior matron attends as BOB ICB representative for Community Nursing and is liaising with BOB ICB leads on taking forward trials of some actions within BOB ICB
 - Plans the Trust is progressing to bolster the Oxfordshire DN service this winter include:
 - Merging locality duty desks into Single Point of Access (with digital investment funded by Better Care Fund (BCF))
 - Integrating same-day visiting into a 7-day Multidisciplinary Team (MDT) visiting service to better manage peaks in demand and optimise skill mix
 - E-scheduling Tool and Wound Care App implementation (subject to digital investment)
 - Progressing plans to increase clinical staffing by c.12 staff within this financial year

- The development of our Single Point of Access (SPA) has included the out of hours duty desk relocating to work in SPA, facilitating a far more collaborative triage process and a swifter response to patient need.

Governance Route/Escalation Process

The plan is developed and discussed by Oxfordshire Urgent & Emergency Care Board, which reports to Place Partnership Board, and independently scrutinised by Oxfordshire Joint Health Oversight & Scrutiny Committee.

The Trust-specific risks and plans have been reported to the Exec Team through the quarterly Performance Reviews and also to Quality Committee.

Statutory or Regulatory responsibilities

As a regulated NHS provider, the Trust is required to provide safe, caring, effective, responsive and well-led services in response to winter pressures, in line with its obligations as a CQC-registered provider.

Recommendation

The Board is asked to note the attached report for information and assurance.

Authors and Title:

- Emma Leaver, Service Director, Community Services
- Dr Ben Riley, Chief Operating Officer for Community Health Services, Dentistry and Primary Care

Lead Executive Director: Dr Ben Riley, Chief Operating Officer for Community Health Services, Dentistry and Primary Care

Buckinghamshire, Oxfordshire and Berkshire West Joint Overview and Scrutiny Committee Winter Plan, Oxfordshire

Introduction

1. This paper outlines the programme of work in Oxfordshire for the winter of 2024/2025
2. The paper covers:
 - Southeast Regional winter plan
 - Areas of achievement in Oxfordshire
 - Oxfordshire winter plan 2024-25.

Winter plan 2024/2025

3. Key Operational Focus Areas:

- **Supporting frail patients in the community**
 - delivering frailty transformation at scale – people are assessed in the right place to meet their needs
 - Maximising the number of people who can be assessed and treated in their own home, continue to increase in line with monthly trajectory for Hospital @ Home.
 - Adopt the ReSPECT model for personalised clinical care and to implement a consistent risk stratification approach for frail patients this winter.
- **Reducing Ambulance Handovers**
 - maximum handover time of 45 minutes - move to a mandated handover at 45 mins. Most handovers to take place within 15mins of arrival.
- **Capacity Management**
 - Reducing time spent in an emergency department and all assessments units across Oxfordshire, achieving at least 78% of the four-hour standard and 2% or less spending 12hrs or more in the department.
 - 95% of people discharged from the acute Trust directly to their own home
 - Review General & Acute core and escalation bed capacity plans to ensure sufficient beds are available throughout winter.
 - Review surge capacity across community services
 - Embedding the ReSPECT model for personalised clinical care
- **Mental Health**
 - Reducing inappropriate mental health placements
 - Reducing Length of stay across Mental Health inpatient beds

Challenges

4. Workforce and funding remain a challenge this winter.
5. In preparation for winter, we need to build on existing progress and develop the pathways further to create winter surge capacity.

Supporting frail people in the community - Hospital at Home

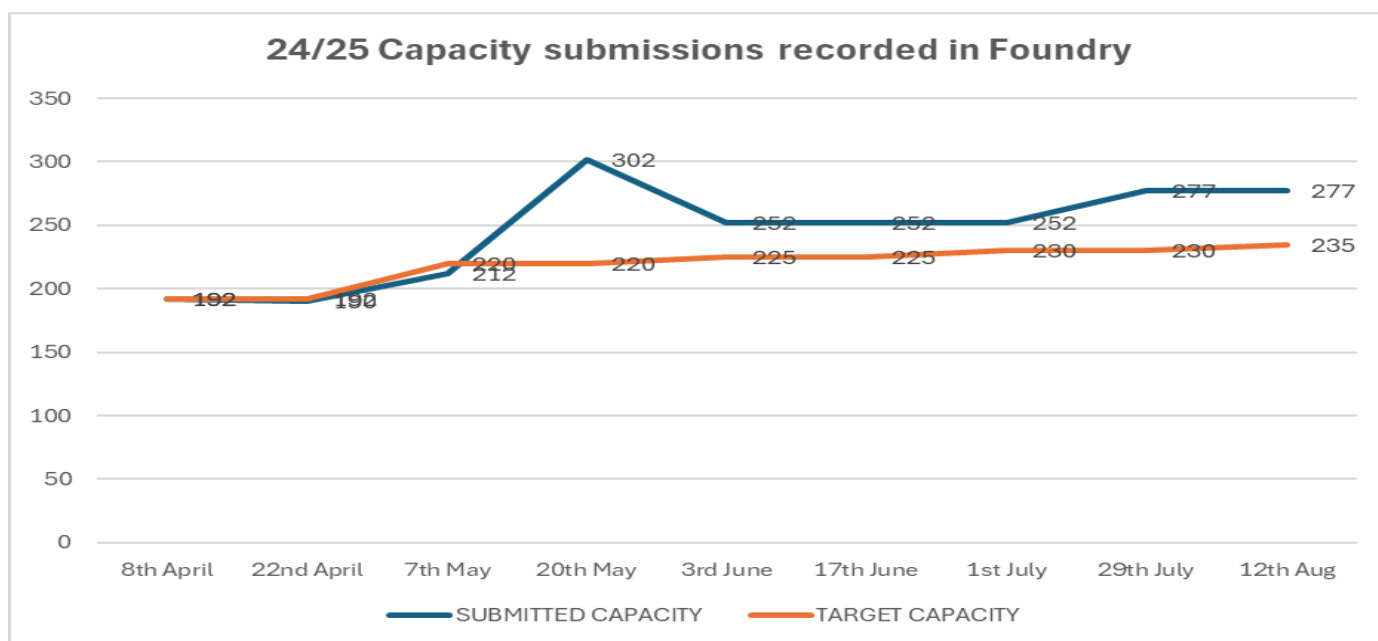
6. December 2023, Oxford Health and OUHFT merged the two Hospital @ Home teams into one team covering north, city and south Oxfordshire. This has resulted in an integrated team with single oversight of all people being cared for in the H@H service across Oxfordshire.

7. Figure 1.1 and 1.2 below shows that the service is above target since May 2024.

Figure 1.1 The number of patients the service(s) can see at any one time

	24/25 Capacity submissions recorded in Foundry								
Date	8th April	22nd April	7th May	20th May	3rd June	17th June	1st July	29th July	12th Aug
Children's VW	12	12	12	12	12	12	12	12	12
PML H@H	30	18	40	40	40	40	40	40	40
Oxon Acute VW*	150	160	160	250	200	200	200	225	225
SUBMITTED CAPACITY	192	190	212	302	252	252	252	277	277
TARGET CAPACITY	192	192	220	220	225	225	230	230	235
Difference (N)	0	-2	-8	82	27	27	22	47	42
Difference (%)	100%	99%	96%	137%	112%	112%	110%	120%	118%

8. Figure 1.2 The number of people cared for in Hospital @ Home services per months against trajectory.

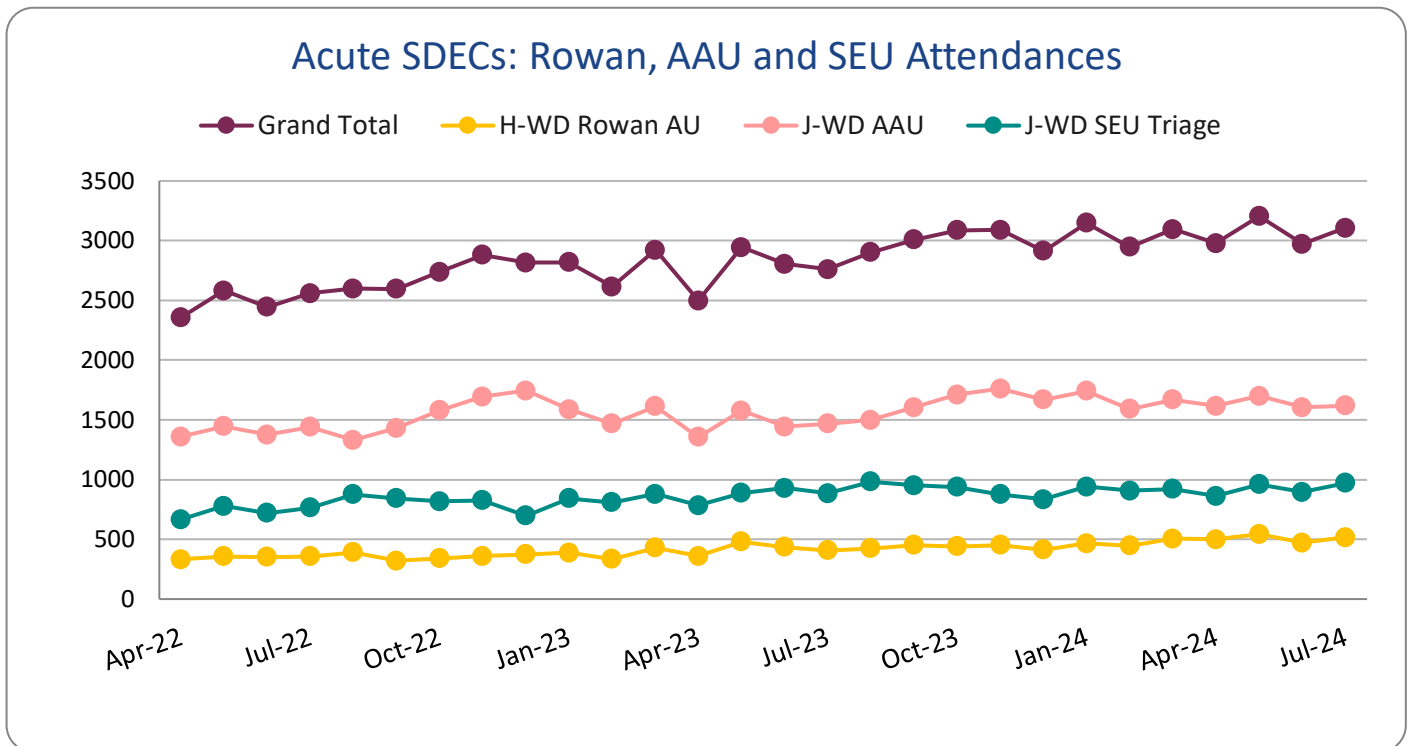


9. Over 2024/25, the Hospital @ Home team will move to extending their working hours from 20:00 to 22:00hrs across the whole county 7 days a week. This will create additional visiting capacity over the winter months.

10. The Same Day Emergency Care Units in the community and hospital setting support the referrals from healthcare professionals across Oxfordshire and the Hospital @ Home teams to see people who require further assessment and diagnostics. This avoids people requiring an Emergency Department attendance or admission to hospital.

11. Figure 1.3 on the next page, illustrates the increase in activity across the acute Same Day Emergency Services (SDEC) in the John Radcliffe and Horton General Hospitals. This creates capacity for people.

Figure 1.3 Increase in activity in Same Day Emergency Services (SDEC)



Supporting frail people in the community – Discharge to Assess

12. 2023/2024, Oxfordshire Social Care has continued to develop Discharge to Assess both supporting people returning directly home from hospital (figure 1.4) but also supporting people who require reablement to maintain them staying in their own home (Figure 1.5). Figure 1.6 illustrates how many people are returning to independence following reablement.

13. Figure 1.4 Outcomes for Discharge to Assess

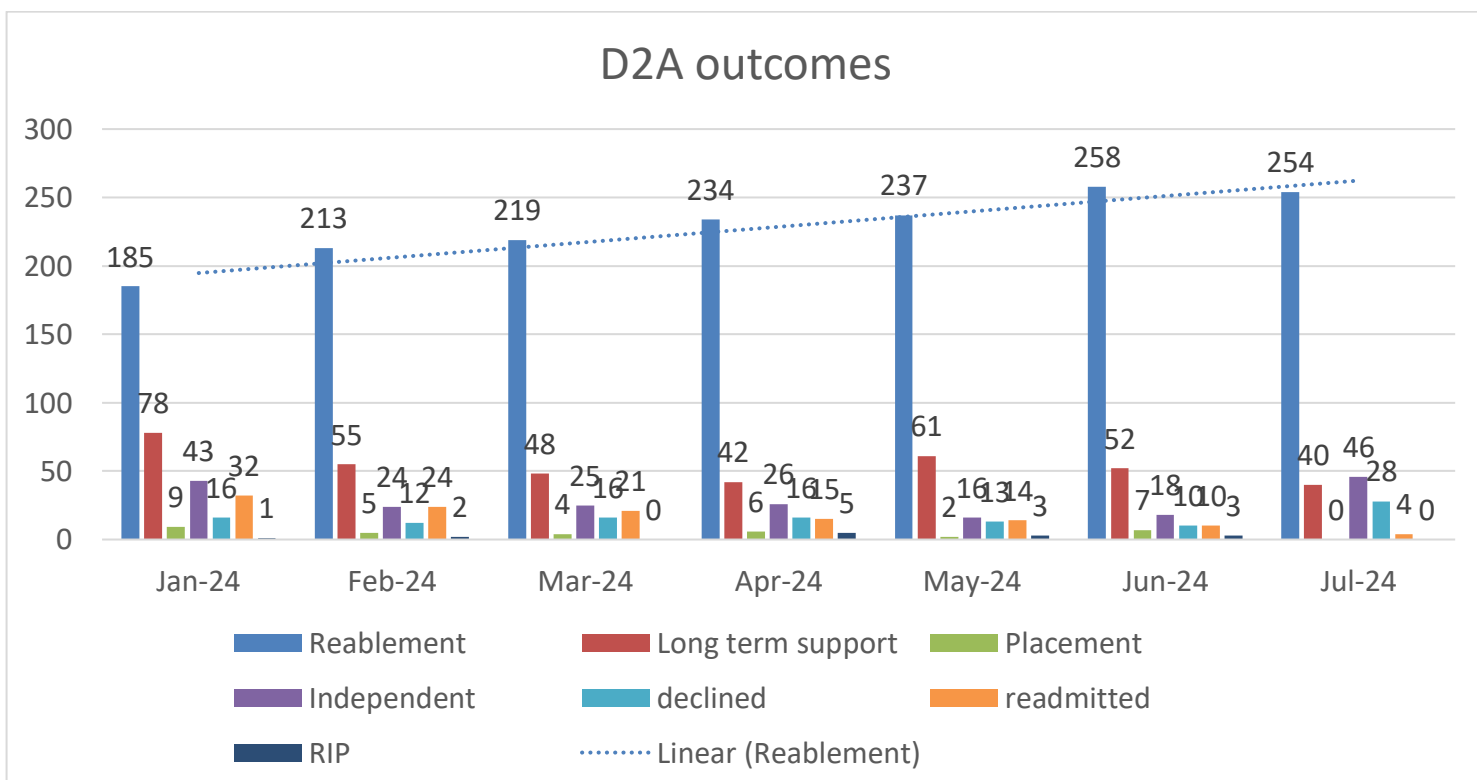


Figure 1.5 Increase in the number of people per month who have been maintained within their own home.

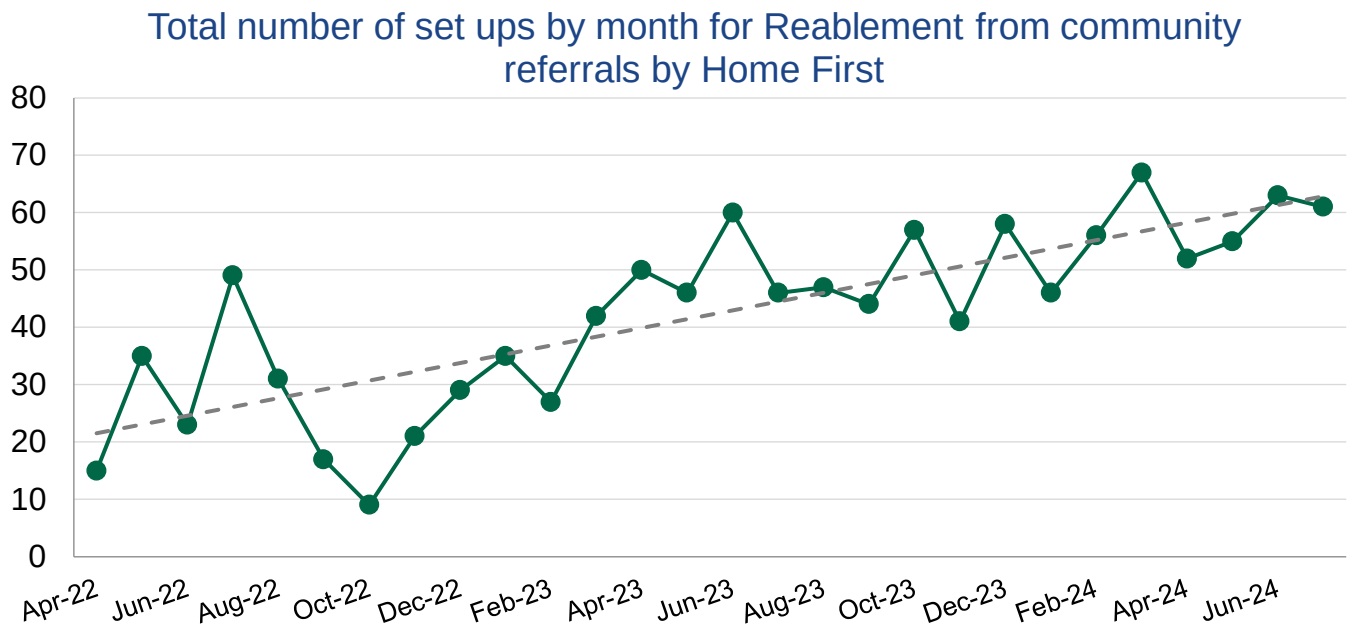
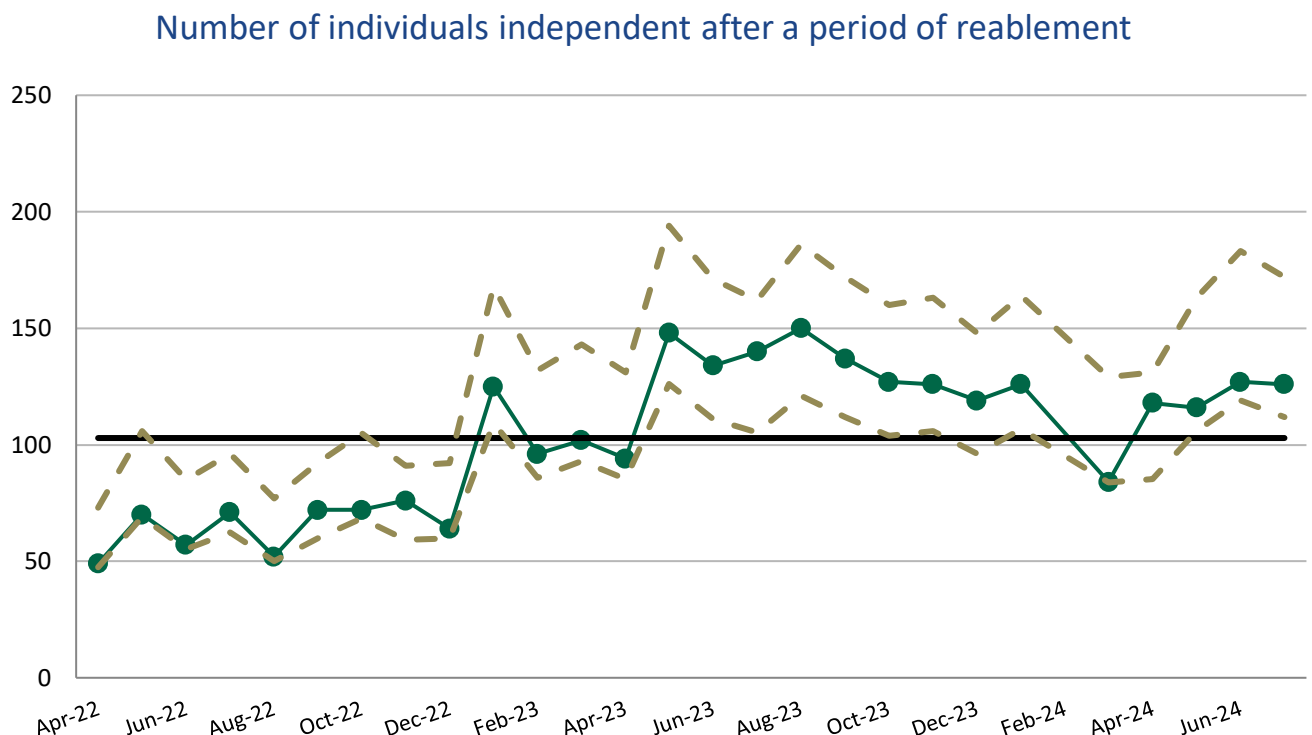


Figure 1.6 Increase in the number of people per month who are independent after reablement



14. Discharge to assess also supports people who have high needs such as those recovering from delirium and who need 24/7 care for a short time. This short-term intensive support with D2A, has meant that more people can now be supported in their own home with a quicker recover, instead of transferring to a step-down bed.

15. The Discharge to Assess team are reviewing how addition surge capacity can be delivered during the winter months, when there is an increase in the number of people requiring larger reablement packages of care.

Winter Plan

Supporting frail people in the community

16. Develop Single Point of Access (SPA) to support all health care professionals to refer people who can be assessed and cared for in their own home.
17. Expand capacity within Hospital @ Home teams to provide consistent cover until 22:00hrs 7 days a week.
18. Hospital @ Home working closely with Integrated Neighbourhood teams with a view to discharge people earlier to them but to support remotely.
19. Integrating Urgent Community Response with the overnight visiting service to delivery service that provides more home visiting capacity in the evening and overnight.

Supporting frail people in the community – Integrated Neighbourhood teams (INTs)

20. Oxfordshire has integrated Neighbourhood teams across Banbury, Oxford City, Bicester, Wantage and Witney. During the winter months these will continue to be developed to address the following.
21. To reduce health inequalities by reducing morbidity and mortality in areas of concern, stroke, heart failure and respiratory disease.
22. Continue to develop an integrated approach across Primary Care, Community and acute services for those with the highest need and based on the local population needs.
23. Local population health data has dictated some INTs need to focus on people with Mental Health, alcohol and substance misuse or the needs of children.
24. Coordinated care mainly for those who meet the frailty criteria – especially those just discharged from hospital where additional assessment and support will maintain them safely in their own home.

Supporting frail people in the community – ReSPECT

25. The ReSPECT process can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. Some people will want to record their care and treatment preferences for other reasons.
26. ReSPECT and decision-making conversations happen between a person, their families, and their health and care professionals. These conversations help create an understanding of what is important to the person.
27. Patient preferences and clinical recommendations are discussed and recorded on a non-legally binding form which can be reviewed and adapted if circumstances change.
28. The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.
29. Implementation will start within the community and then the acute Trust.

Reducing Ambulance Handover delays

30. Focus on referring people from the ambulance stack in the control room directly to Single Point of Access (SPA) to avoid an ambulance being deployed where another team can access and treat the patient.
31. Ambulance crews to refer appropriate patients to SPA where they can discuss the person with a clinician to see if Urgent Community Response or Hospital @ Home can carry out further assessments or treatment.
32. Reducing ambulance handovers, the majority of which to be achieved within 15 mins.
33. Maximum handover time of 45 minutes: prepare to move to a mandated handover at 45 mins
34. Improve process for signing off ambulance handovers in real time to improve data quality

Increasing capacity - Acute Care

35. Improving streaming, direction and initial assessment of people as they arrive in the Emergency Department.
36. Continue to focus on reducing the length of time people spend in the Emergency Department, 2% or less with a length of stay 12hrs and over.
37. Achieving at least 78% of the 4hr standard.
38. Further development of the children's Emergency pathways to improve flow and quality of care.

Transfer of Care HUB

39. Continue to reduce the number of days people are away from their own home and increase the number of people returning directly home from the acute Trust to 95%.
40. Expand cover from 6 days a week to 7.
41. Focus on reducing Length of Stay across all Oxfordshire bed bases.
 - Improve communication with people and their carers pre and post hospital discharge
 - Digital integration to improve information sharing
 - Working closely with Integrated teams to ensure all those who can be supported at home do so at the earliest opportunity.

Discharge flow

42. Referring people who require support to return home at the earliest opportunity.
43. Improving communication with people and their carers prior to discharge and within the first 48hrs post discharge.
44. Intense approach to reduce length of stay across all Oxfordshire step down beds.
45. Improve approach and timely access to step down care across community hospital and short stay HUB beds

46. Review the impact of discharge to assess on Oxfordshire residents.
47. Social Care reviewing plans to deliver surge capacity for the expected increase in double handed care over January to March 2025.
48. Hospital @ Home and Urgent Community Response reviewing how to create additional capacity to support Health Care professional referrals for people who require assessment in their own home.

Mental Health – Reducing Length of stay

49. Embed new BCF schemes agreed for 24/25 (additional embedded housing workers).
50. Continue to realise value from 23/24 BCF / ADF schemes (step-down housing/embedded housing workers, discharge liaison support into care homes; inpatient personality disorder intervention/discharge team; one-off flexible use fund).
51. Design and implement national requirements for 'purpose of admission' and '72-hour assessment' within inpatient care with the aim of further LOS improvements and decreased delays.
52. Implement revised national MH OPEL triggers and actions.
53. Improved integration of Mental Health into the TOC Hub to assist with discharge pathways and admission avoidance to older adult MH inpatient care.
54. Introduction of enhanced MDT / senior oversight process for adults with LOS over 60 days and older adults with LOS over 90 days.
55. Inappropriate out of area placements- trajectory to reduce to 2 people at any one time in out of area inappropriate placements.

Future work and next steps

56. The progress across the various Urgent and Emergency Care pathways will continue to be sustained and developed further over the winter.

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

27 November 2024

(Agenda item: 15(a))

**Integrated Performance Report (IPR)
For: Information & Assurance**

Executive Summary

The Integrated Performance Report (IPR) report provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People.

The Integrated Performance Report (IPR) has been re-designed for an improved alignment with Trust strategic ambitions, national and local reporting performance requirements. The Board is receiving IPR containing September 2024 data unless stated otherwise. The report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures.

As part of this development the Board reviewed the first draft of this format at a development day at the end of June 2024 and has made suggestions for improvement that will be included in the end of November 2024 six-monthly review for incorporation from the following financial year where appropriate.

IPR - Performance Summary

(1) Delivery of the NHS National Oversight Framework (NOF)

The Trust continues to perform well against the reportable targeted NOF metrics with the exception of Inappropriate Out of Area Placement (OAP) bed days.

In September 2024 locally reported total bed day usage was 87 days (87 inappropriate OAP bed days in Buckinghamshire, and 0 inappropriate OAP bed days in Oxfordshire) – an increase of 55 bed days compared to August 2024. The directorates continue their focus on reducing the use of OAPs to improve the quality of patient care and improve cost control. The use of

inappropriate OAPs remains lower than the previous year, however numbers continue to fluctuate based on clinical demand and acuity.

NHS England is currently reviewing the NHS Oversight and Assessment Framework with the view to publish and implement the new framework later in 2024. As a result of this, the currently reported NOF metrics to the Board may change accordingly.

(2) Clinical performance

The Trust has developed a new set of metrics to monitor clinical performance derived from nationally reportable metrics, national objectives and locally agreed metrics. Reporting against some of the metrics is still in development and will be introduced to the Board on a phased approach – detailed information can be found in summary dashboards throughout the IPR.

Service area	Total number of indicators	Total number of indicators reported in September 2024	Total number of indicators with reporting mechanism in development	Comments
Child and Adolescent Mental Health Services (CAMHS)	11	9	2	- Four-week wait (interim metric – one meaningful contact within episode) – Buckinghamshire CAMHS remains above national average (61%) with 68.36% in September 2024 whilst Oxfordshire and Bath & North East Somerset, Swindon and Wiltshire CAMHS services under national average with 50.56% and 54.05% respectively. - Trust CYP Eating Disorders services have not achieved the national target (95%) for routine and urgent cases in September 2024 apart from Bath and North East Somerset, Swindon and Wiltshire CYP Eating Disorder service (seeing 100% of urgent cases within the 7-day timeframe). 50% of the routine waiting time breaches are attributed to patient choice, remaining 50% are attributed to a variety of factors, but mainly due to first appointments being offered outside of the 7- or 28-day timeframe.
Talking Therapies	14	14	0	Buckinghamshire & Oxfordshire Talking Therapies continue performing generally well with majority metrics achieving set targets. In September 2024, the following four (4) metrics out of total fourteen (14) were below target: Number of adults and older adults completing a course of treatment for anxiety and depression was 554 vs

				target of 597 – this is deemed to be natural variation. - Reliable improvement rate for those completed a course of treatment (adults and older adults combined) in Buckinghamshire was 0.66% below target of 66%. - Recovery rate for Ethnically and Culturally Diverse communities has been lower than the target of 50% with 49.65% in Buckinghamshire and 43.92% in Oxfordshire.
Adult and Older Adult Community Mental Health Services	11	6*	5	Four week wait (interim metric – two contacts within episode) – Buckinghamshire and Oxfordshire adult and older adult community services performed above national average (32%) in September 2024 with 55.63% and 64.72% respectively. *This includes metrics that are reportable nationally, but there is a delay in publishing data nationally
Mental Health Urgent Care Services	8	8	0	Urgent Mental Health Services across Oxfordshire and Buckinghamshire performed above national average across majority of standards (Psychiatric liaison response within 1 or 24 hours and Crisis service response within 4 or 24 hours) except for Oxfordshire's Crisis Service responding within 4 hours in 44.44% of cases vs the national average of 69% in September 2024. To note: not all activity undertaken in the urgent care pathway is represented in the Mental Health Urgent Care waiting standards reported in the IPR due to specific national definitions.
Adult and Older Adult acute/inpatient services	30	26	4	• Acute admissions with no prior contact with community services in year prior to inpatient admissions remain higher than the national average across both Oxfordshire and Buckinghamshire inpatient services in September 2024. • More than 80% of those discharged from mental health wards were followed up within 72 hours of discharges across both Oxfordshire and Buckinghamshire in September 2024. There is a selection of indicators that are being baselined with a view to either set a target or a trajectory after few months of monitoring within this IPR sub-section.

Community Health Service, Primary Care & Dentistry	7	5	2	89.51% of patients attending Minor Injury Units in September 2024 were seen within 4 hours (national target – 78%). Urgent Community 2-hour response rate was 88.69% in September 2024 (target – 70%)

(3) Delivery of Strategic Objectives

The Trust has 40 strategic metrics to track performance against set strategic objectives and ambitions. A six-month position for each metric for FY 24/25 is included in the IPR and as part of the Mid-Year Review of the Annual Plan presented at the November Board meeting. Full commentary on each strategic objective is included in the Mid-Year Review document.

Patient Activity and Demand and Recovery of Reporting:

This project has now concluded and all reporting that was available prior to the outage is now available again. On this basis this section will be removed from future reports.

Recommendation

The Board of Directors are asked to note the contents of this report and provide further feedback for continuous development.

Author and Title: Vicki Bull
Head of Business Services

Lead Executive Director: Amelie Bages, Executive Director of Strategy and Partnerships



Integrated Performance Report (IPR): November 2024

September 2024 data unless stated otherwise

- Guide to the Integrated Performance report
- Section 1.1 – Clinical Performance (Mental Health Services)
- Section 1.2 – Clinical Performance (Community Health Service, Primary Care and Dentistry)
- Section 2 – Quality and People (inc. In-Year Strategic metrics)
- Section 3 – Strategic Dashboard
- Appendices

The Integrated Performance report (IPR) provides an overview of the performance of the Trust. The report is designed to give the Board a comprehensive summary of the Trust's performance, areas of celebration & challenge and the key actions being taken to address these challenges in the areas of quality, sustainability, people and operational management.

The report monitors performance against the key targets the organisation has set in line with strategic and clinical objectives. The IPR will be used at all levels of the organisation to ensure that we are consistently tracking performance from Ward to Board. The report can be produced at Board, business unit and service level to support performance discussions across the Trust.

The Key Performance Indicators included in the IPR are divided into two categories - [strategic](#) and [clinical](#) metrics.

Strategic - these are aligned to the Trust's Strategic Objectives and have been selected as the highest priority to the Trust.

- [Strategic Dashboard](#) – set of overarching strategic measures supporting the delivery of the Trust strategy to 2026. Grouped into four themes – Quality, People, Sustainability, and Research & Education. Progress against the Dashboard will be assessed on a 6-monthly basis in Section 3 of the IPR
- [In-year strategic metrics](#) – strategic measures allowing focused and/or more frequent evaluation of specific aspects tied to strategic dashboard. Metrics reported on a monthly basis, where possible, for information only in Section 2.

Clinical - these acknowledge business as usual activities to maintain performance. These are monitored against set thresholds, which will determine when further action should be taken. Reported on a monthly basis where applicable in Sections 1.1 and 1.2 of the IPR.

[Types of metrics:](#)

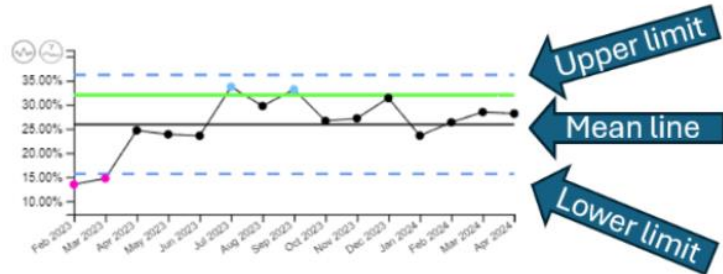
- National Measure – defined NHS Long Term plan metric with a national target or an agreed system plan
- National Objective – metric linked to NHS Long Term Plan with no agreed national target
- NOF – National Oversight Framework -NHS England's approach to oversight of Integrated Care Boards and Trusts. The metrics are under review and subject to change.

Guide to the Integrated Performance Report

The below legends explain Variation and Assurance icons and Statistical Process Charts (SPCs) used throughout this IPR.

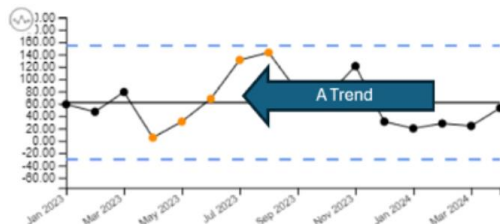
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

The SPC chart has three lines on it: central line (mean line; black) is the average of data and blue are upper and lower control limits. If data points are within the control limits, it indicates that the activity is within normal range. If the data points are outside of these control units, it indicates that the activity is out of control.

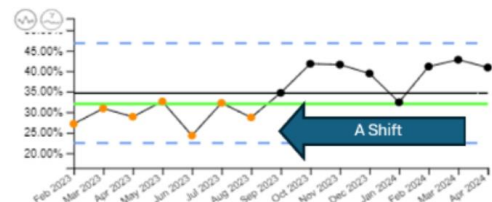


Green is the metric target line – only added to those graphs where target is applicable. Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).

A Trend is defined as five or more consecutive data points all going up or all going down – orange indicates a deteriorating trend and blue indicates an improving trend.



A Shift is defined as seven or more consecutive data points all above or all below the centre (mean) line. Orange indicates a deteriorating shift and blue indicates an improving shift.



Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: orange indicates concerning special cause variation requiring action; blue indicates where improvement appears to lie, and grey indicates no significant change (common cause variation).

Assurance icons: Blue indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Section 1.1

Clinical performance (National Mental Health Standards)

Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (1/2)

Narrative provided only for metrics under target or national average (value coloured in red below)

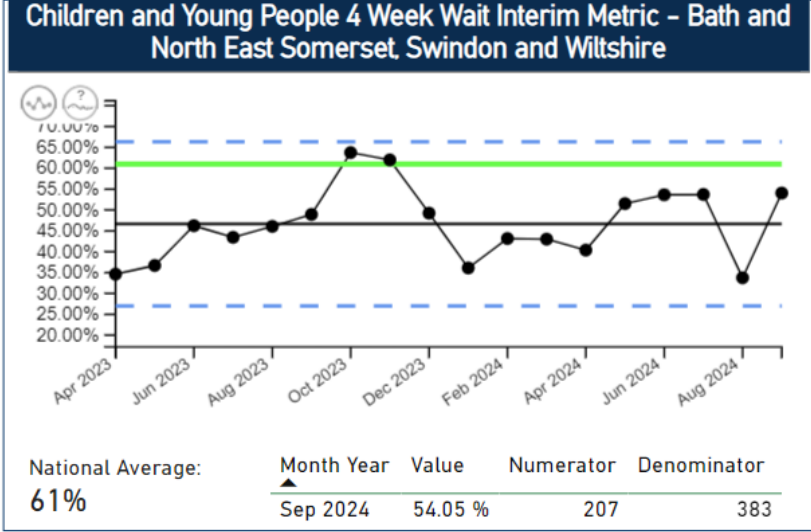
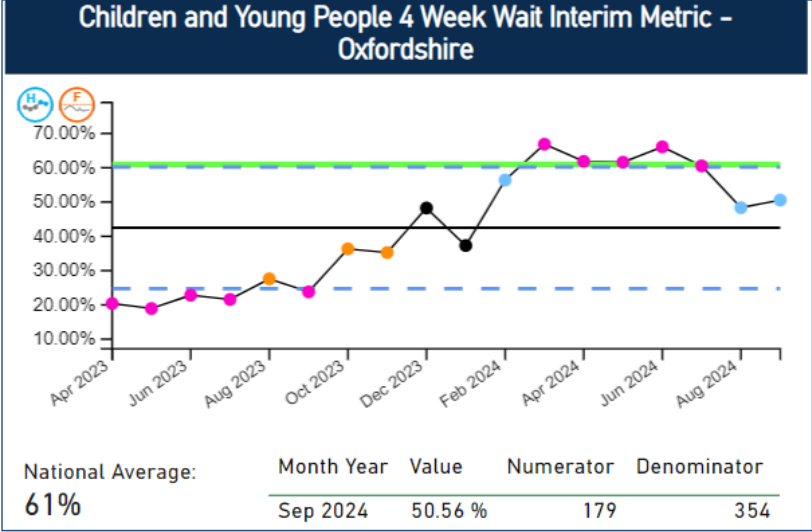
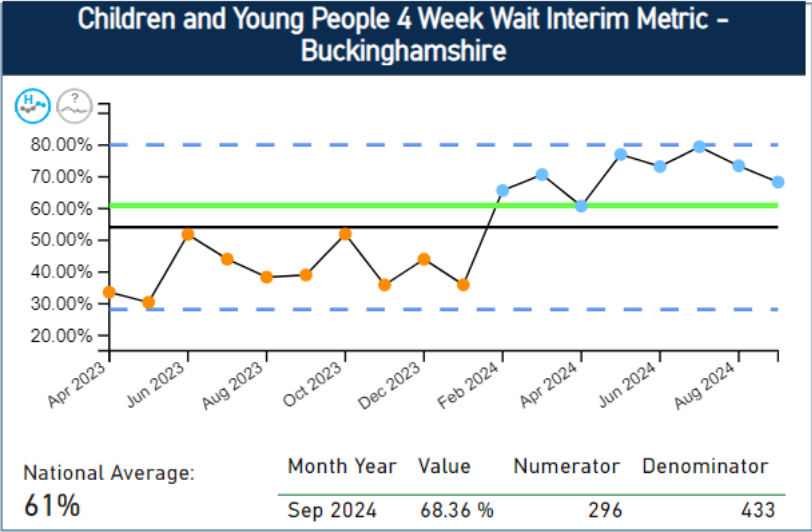
Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Child and Adolescent Mental Health Services (CAMHS)						
National measure	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	<i>In development (revised estimated completion – Q3 2024. Status: technical development in testing)</i>				
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Buckinghamshire	61% National average	Sep-24	68.36%	↓	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Oxfordshire	61% National average	Sep-24	50.56%	↑	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Bath & North East Somerset, Swindon and Wiltshire	61% National average	Sep-24	54.05%	↑	↑
National Objective	Waiting time standard for a meaningful contact & outcome measure	<i>In development (estimated completion - FY25. Status: technical development initiated; operational action needed to record in Electronic Patient Records -phased approach for roll out.)</i>				

Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (2/2)

Narrative provided only for metrics under target or national average (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Child and Adolescent Mental Health Services (CAMHS)						
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	95%	Sep-24	91.67%	↑	↑
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	95%	Sep-24	81.25%	↓	↑
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position)	95%	Sep-24	85.71%	↓	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	95%	Sep-24	85.71%	→	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	95%	Sep-24	80.00%	↑	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position)	95%	Sep-24	100%	→	↑

Mental Health Services – Child and Adolescent Mental Health Services



Summary

This is an interim metric, which measures one meaningful contact* within a care episode within the four (4) week period. Following on from the national 4 week wait pilots and the clinically led review of mental health standards, new non-urgent waiting time standards are being introduced for Child and Adolescent Mental Health Services (CAMHS). The Trust will be working to align existing models of care where possible to the new standards during this financial year, reporting will be updated in line with national changes to include the full metric (one contact, SNOMED** intervention or care plan, and baseline outcome measure recorded within the CAMHS pathway within the four (4) week period). There are currently no national targets set and the Trust will be baselining against the national average position. Buckinghamshire CAMHS achieved national average in September 2024 whilst Oxfordshire and Bath & North East Somerset, Swindon and Wiltshire CAMHS are working towards achieving the national average.

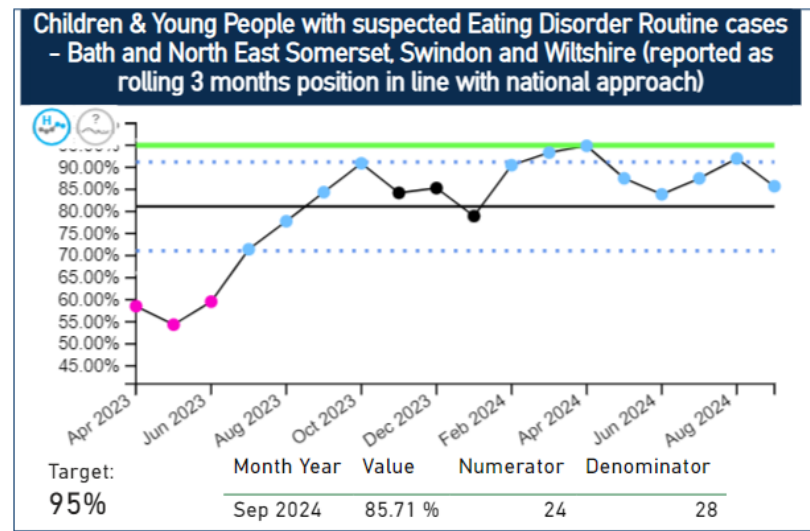
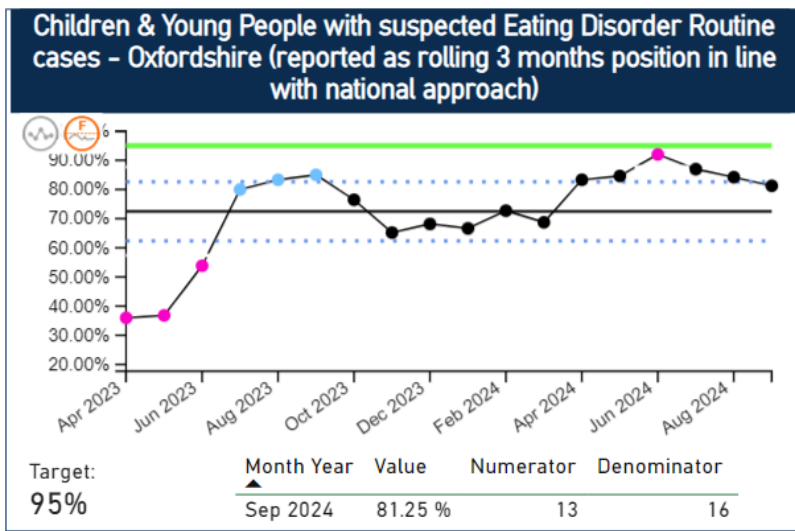
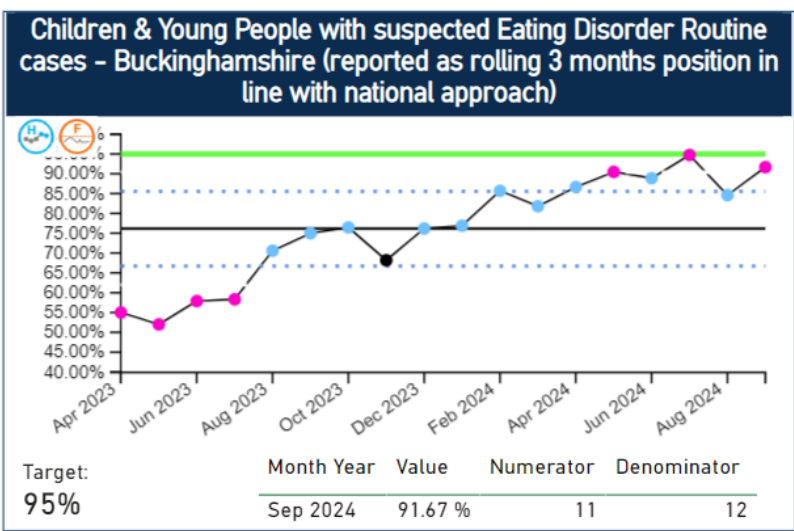
*Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.

**SNOMED is a structured clinical vocabulary for use in an electronic health record.

Actions

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Reporting will be updated in line with national full metric during this financial year.

Mental Health Services – Child and Adolescent Mental Health Services



Summary

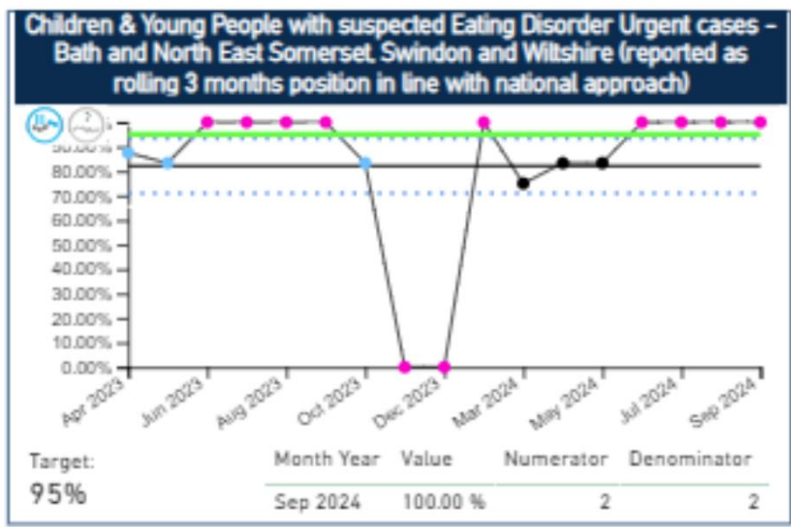
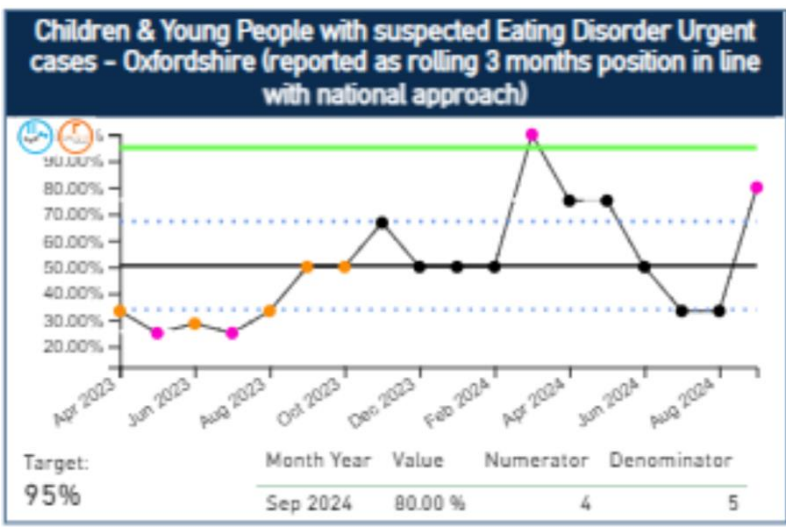
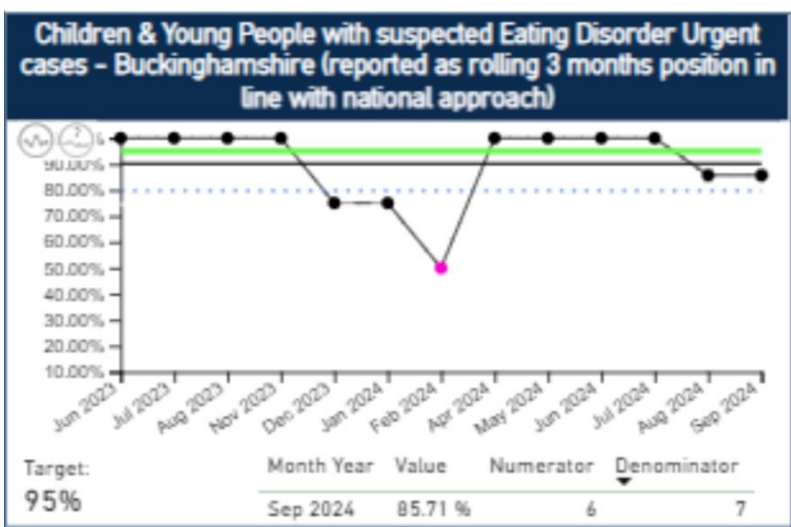
This metric measures routine referrals seen within 28 days where the referral reason is “Eating Disorders” and age of patient is between 0 – 18 years. In order for the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED* intervention recorded. All providers are measured on a rolling 3-month position, so September 2024 performance includes July, August and September 2024 performance. Patients who choose to be seen outside of the 28-day timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

The national target for routine Eating Disorders to be seen within 28 days is 95%. None of the Oxford Health’s CYP Eating Disorders services have achieved the national target in September 2024. Four (4) out of eight (8) breaches were attributed to patient choice – all four (4) first appointments were offered within 28 days. One (1) breach is being investigated for data quality accuracy and three (3) breaches were due to first appointment being offered outside of the 28-day timeframe.

**SNOMED is a structured clinical vocabulary for use in an electronic health record.*

- Actions**
- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
 - Every patient record indicating a breach is investigated to ensure appropriate intervention has been recorded.

Mental Health Services – Child and Adolescent Mental Health Services



Summary

This metric measures urgent referrals seen within 7 days where the referral reason is “Eating Disorders” and age of patient is between 0 – 18 years. In order for the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED* intervention recorded. All providers are measured on a rolling 3-month position, so September 2024 performance includes July, August and September 2024 performance. Patients who choose to be seen outside of the 7-day timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

The national target for urgent Eating Disorders to be seen within 7 days is 95%. Bath, North East Somerset, Swindon and Wiltshire CYP Eating Disorder service met the national target in September 2024 while CYP Eating Disorder services in Buckinghamshire and Oxfordshire have not. Two (2) out of two (2) patients were offered appointments outside of the timeframe (both on day 7) and seen on day 7.

**SNOMED is a structured clinical vocabulary for use in an electronic health record.*

Actions

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Every patient record indicating a breach is investigated to ensure appropriate intervention has been recorded.

Mental Health Services – Talking Therapies – Summary dashboard (1/2)

Narrative provided only for metrics under target (value coloured in **red** below)

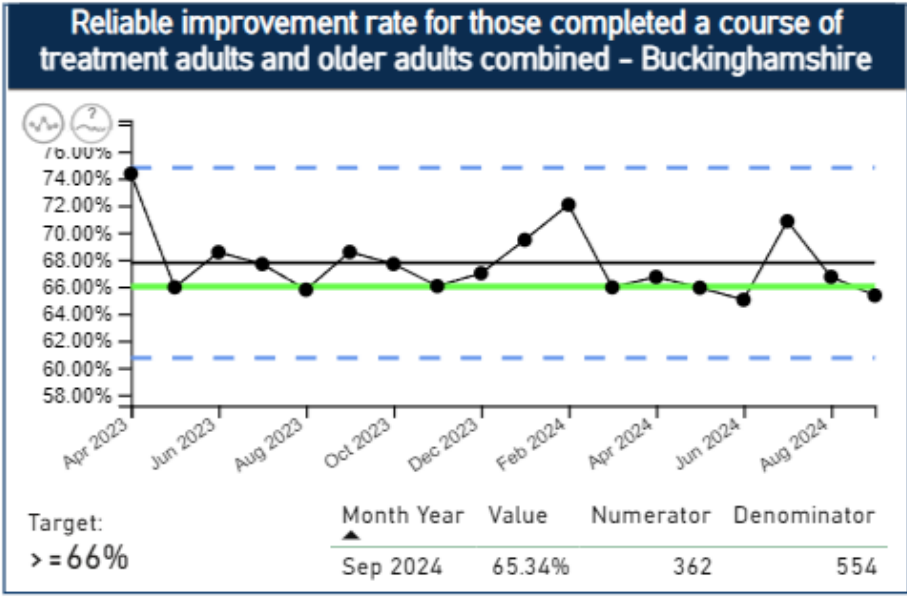
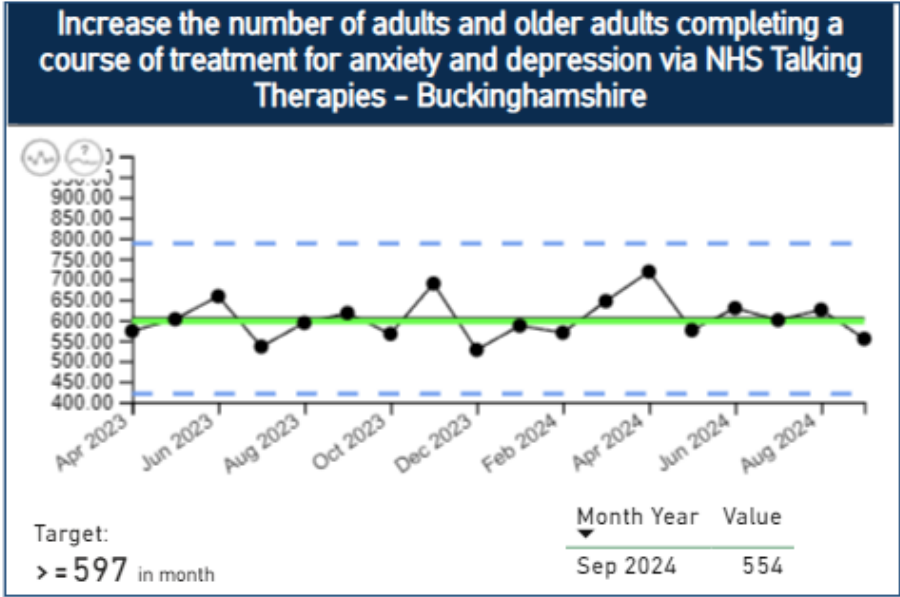
Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Talking Therapies						
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	597	Sep-24	554	↓	↑
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	617	Sep-24	732	↑	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	Baselining	Sep-24	9.39%	↓	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	Baselining	Sep-24	8.06%	↑	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	66%	Sep-24	65.34%	↓	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	65%	Sep-24	67.62%	↑	↑
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	75%	Sep-24	96.75%	↓	↑
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	75%	Sep-24	99.73%	↓	↑
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	95%	Sep-24	100%	→	↑
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	95%	Sep-24	99.86%	↓	↑
National measure	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	10%	Sep-24	1.97%	↑	↓
National measure	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	10%	Sep-24	4.10%	↓	↓

Mental Health Services – Talking Therapies – Summary dashboard (2/2)

Narrative provided only for metrics under target (value coloured in **red** below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Talking Therapies						
<i>National measure</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	48%	Sep-24	49.41%	↓	↑
<i>National measure</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	46%	Sep-24	48.20%	↑	↑
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Buckinghamshire	50%	Sep-24	53.52%	↓	↑
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Oxfordshire	50%	Sep-24	51.08%	↑	↑
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire (reportable quarterly)	50%	Sep-24	49.65%	↑	↑
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire (reportable quarterly)	50%	Sep-24	43.92%	↓	↑
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire (reportable quarterly)	50%	Sep-24	55.87%	↓	↑
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire (reportable quarterly)	50%	Sep-24	54.26%	↑	↑

Mental Health Services – Talking Therapies



Summary

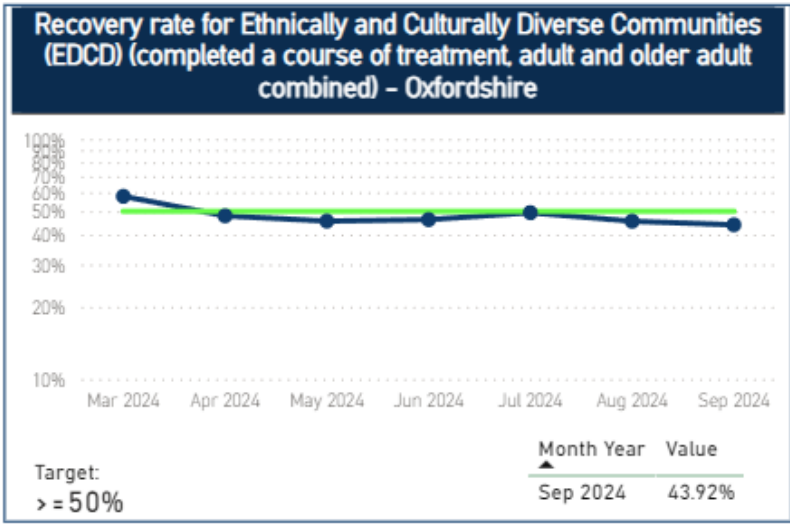
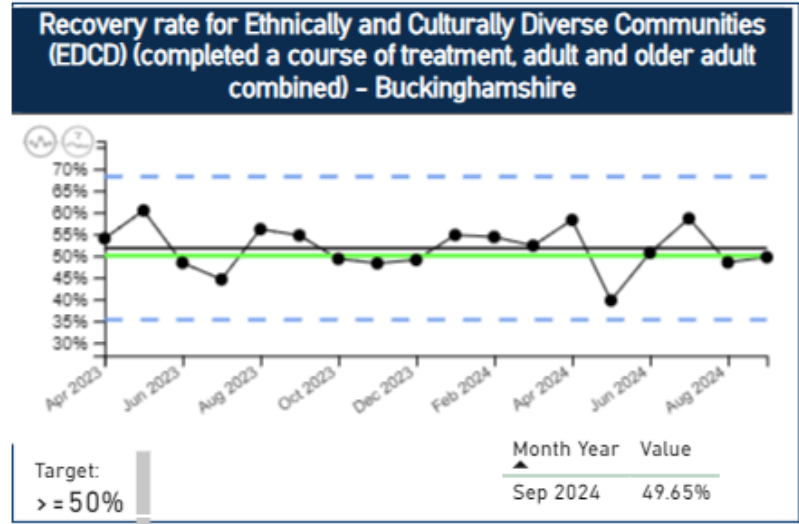
First graphs monitors the number of adults and older adults completing a course of treatment for anxiety and depression via Talking Therapies in Buckinghamshire. Each Place has a local set target – Buckinghamshire Talking Therapies service is expected to have at least 597 adults and older adults completing a course of treatment for anxiety and depression. Number of patients completing course of treatment in September 2024 was lower than planned, however, this is deemed to be a natural variation attributable to seasonal affect following summer period. The average for the year to date is above plan.

Second graphs monitors reliable improvement rate for those adults and older adults completed a course of treatment. Each Place has a local target set – Buckinghamshire Talking Therapies is expected to achieve 66% reliable improvement rate monthly. In September 2024 reliable improvement was below plan, but the average for the year to date is above plan.

Actions

- Service to continue regularly monitoring performance at internal team level performance monitoring and improvement meetings.

Mental Health Services – Talking Therapies

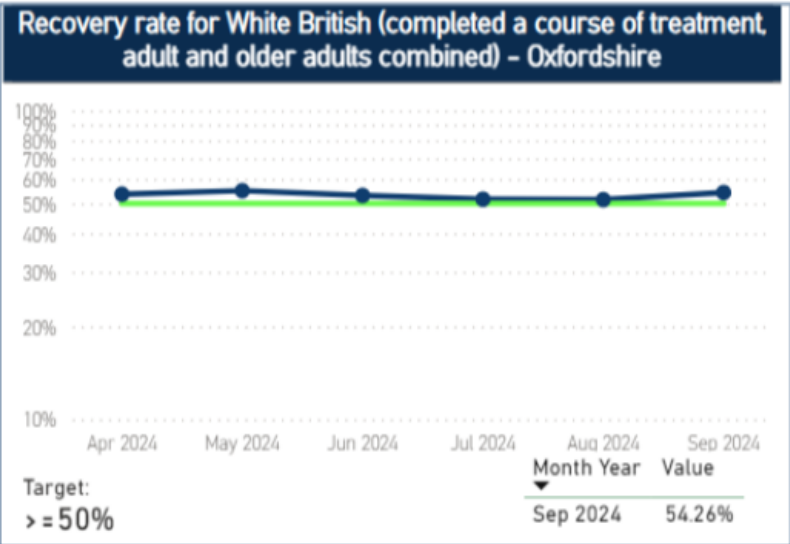
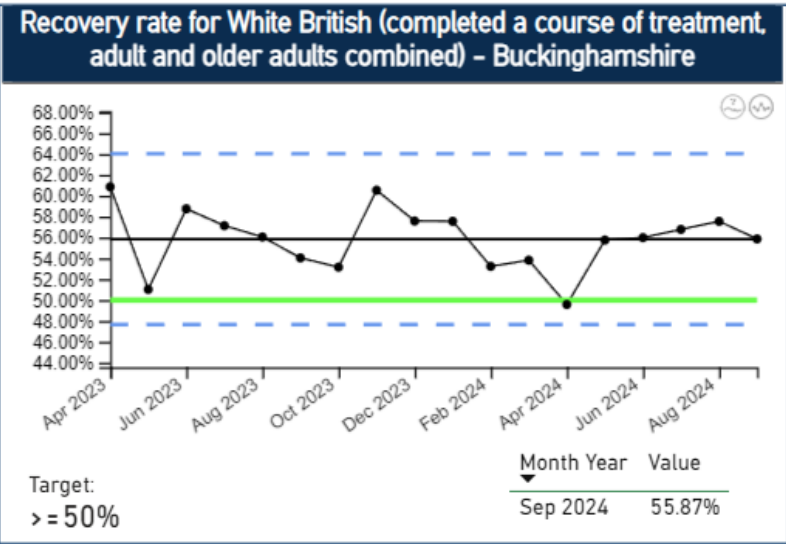


Summary

Combination of these metrics is used to monitor the gap in recovery rates between White British and Ethnically and Culturally Diverse Communities (ECDC) with the aim of reducing mental health inequalities. Nationally, different groups receiving the same treatment has different recovery outcomes.

Data for these metrics is reported and monitored monthly; however, progress will be reported to the Board on a quarterly basis enabling appropriate evaluation of impact of any initiatives both Buckinghamshire and Oxfordshire Talking Therapies services undertake addressing the gap.

In September 2024, the gap in recovery rate between ECDC and White British was 6.22% in Buckinghamshire with a higher proportion of White British achieving recovery. In Oxfordshire, the gap in recovery rate between ECDC and White British was 10.34% with a higher proportion of White British achieving recovery.

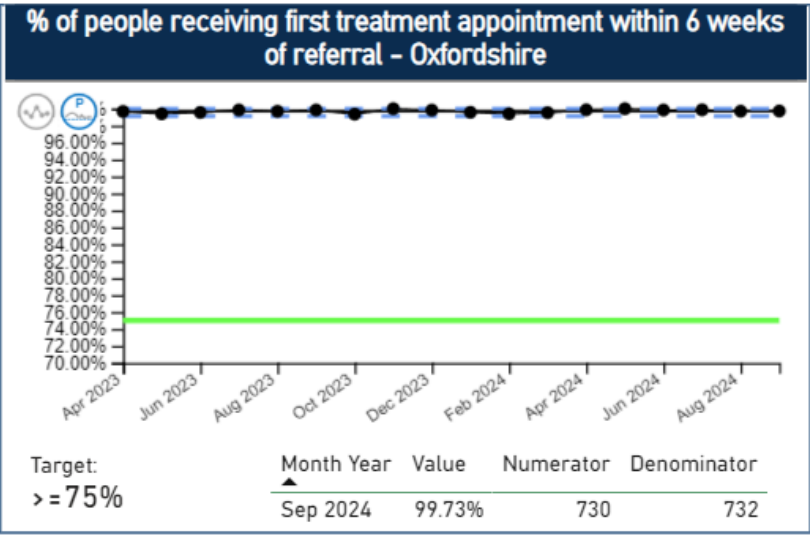
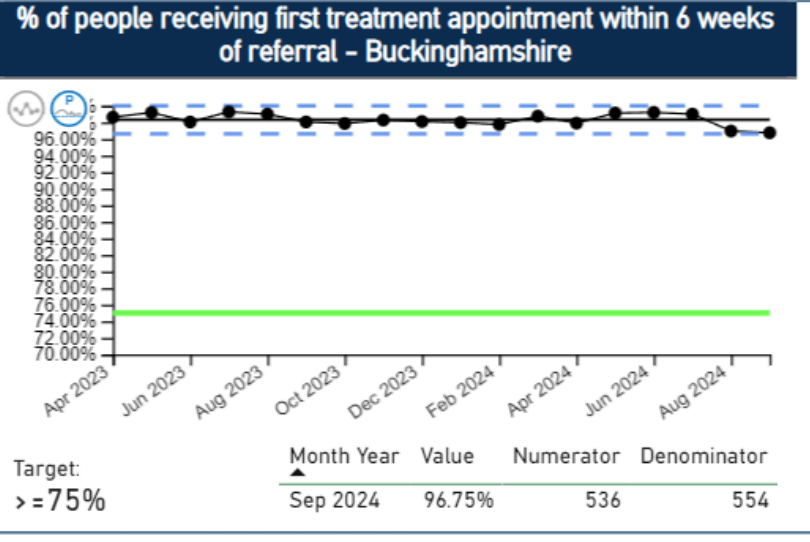
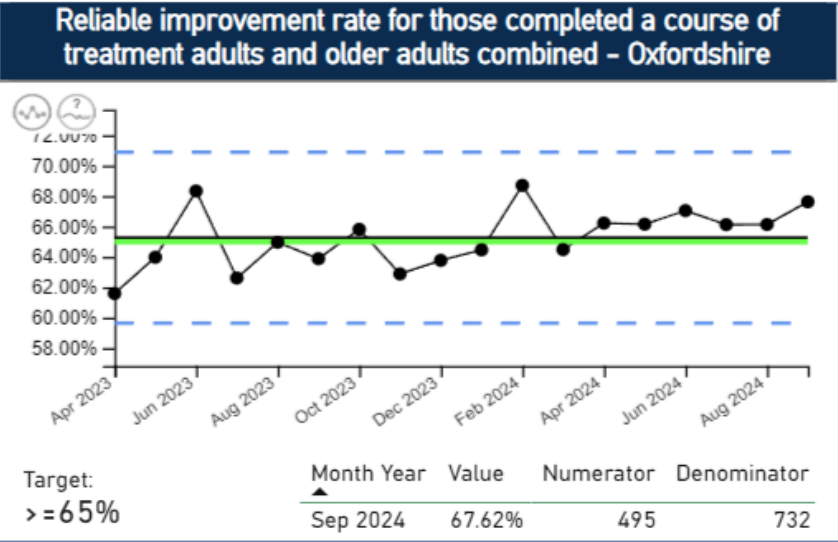
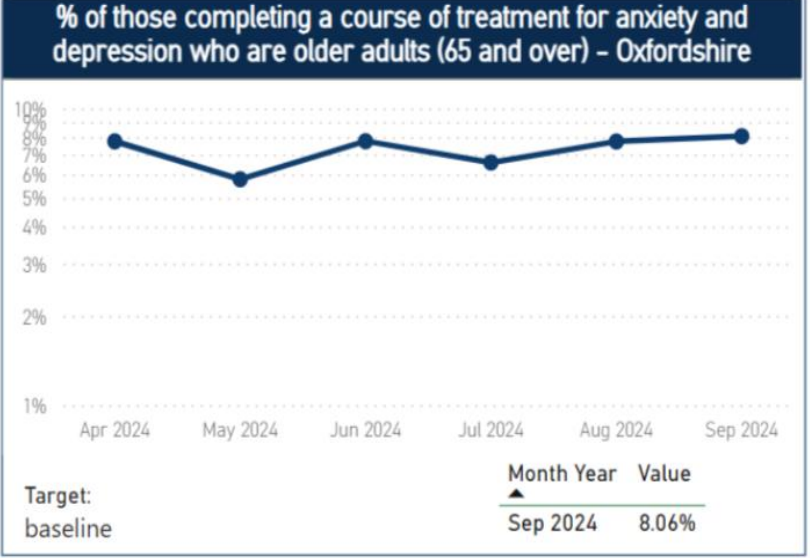
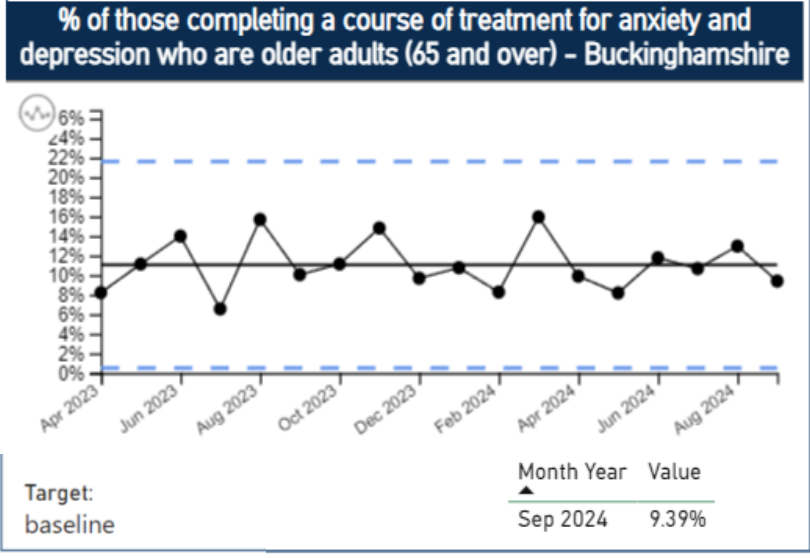
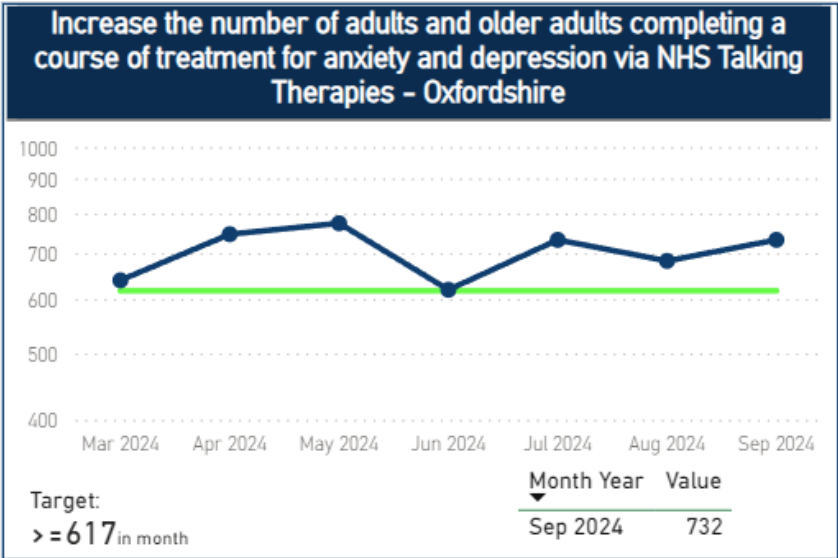


Actions

- Work underway to identify reasons for gap in recovery rates between Ethnically and Culturally Diverse communities and White British in both Oxfordshire and Buckinghamshire Talking Therapies services.

Mental Health Services – Talking Therapies

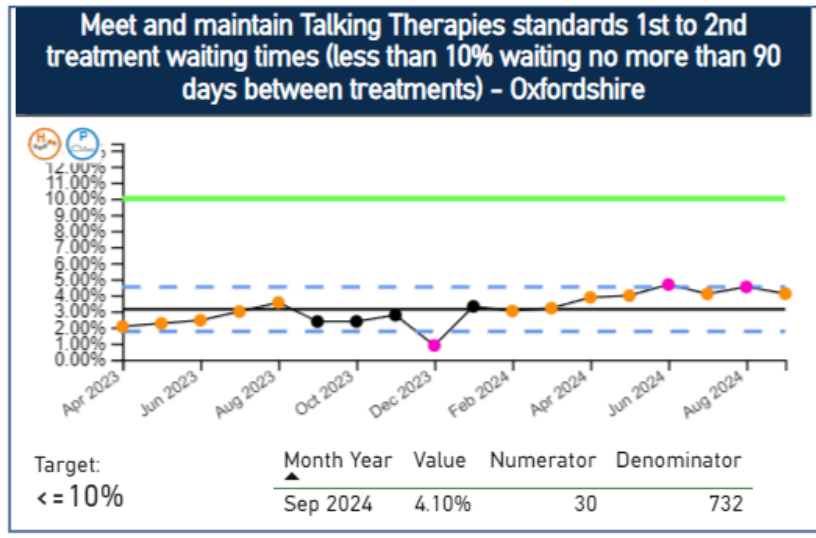
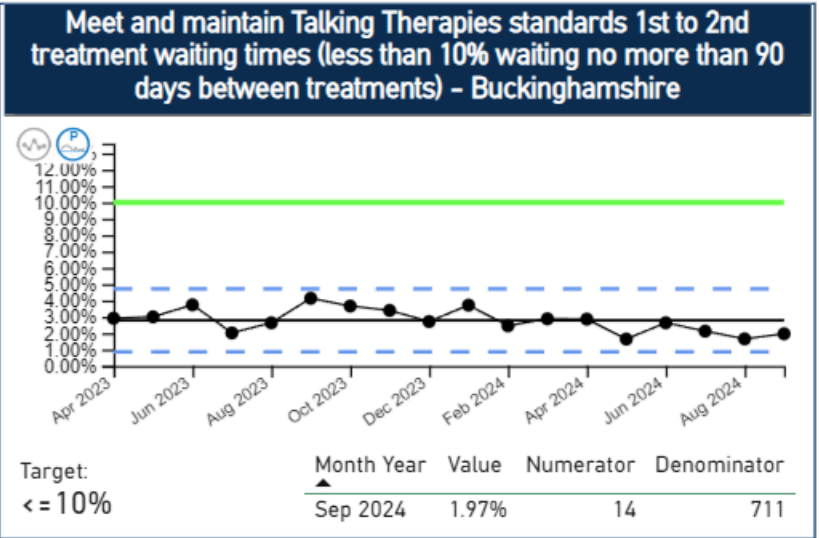
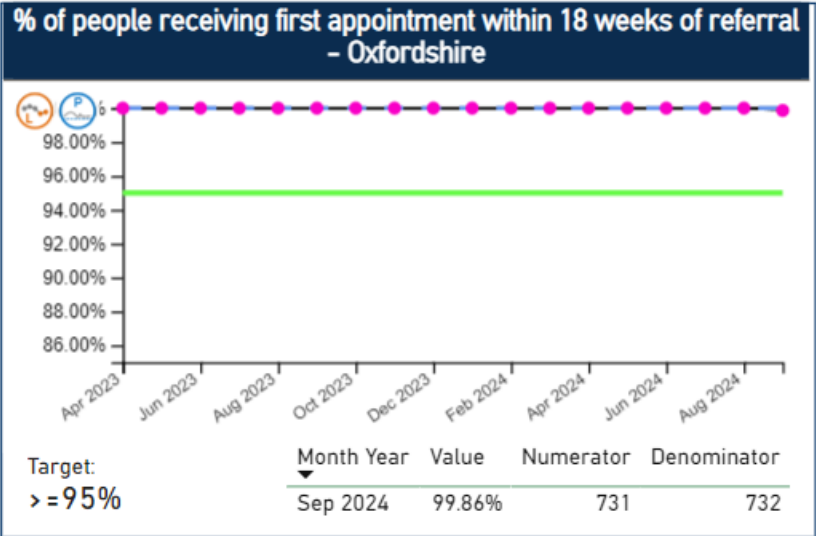
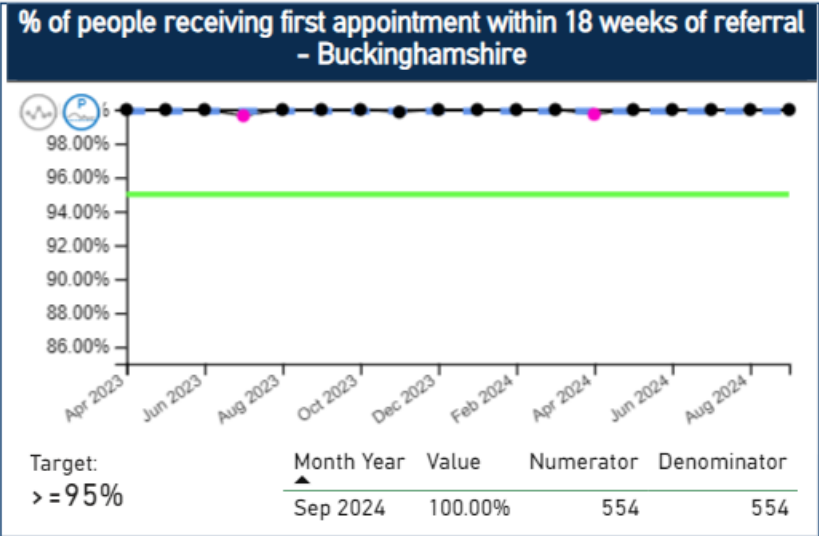
Metrics meeting target/being baselined:



Caring, safe and excellent

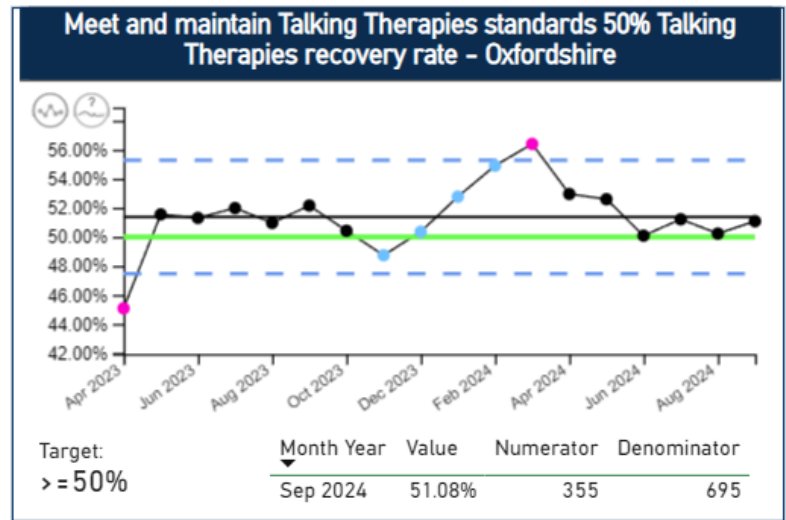
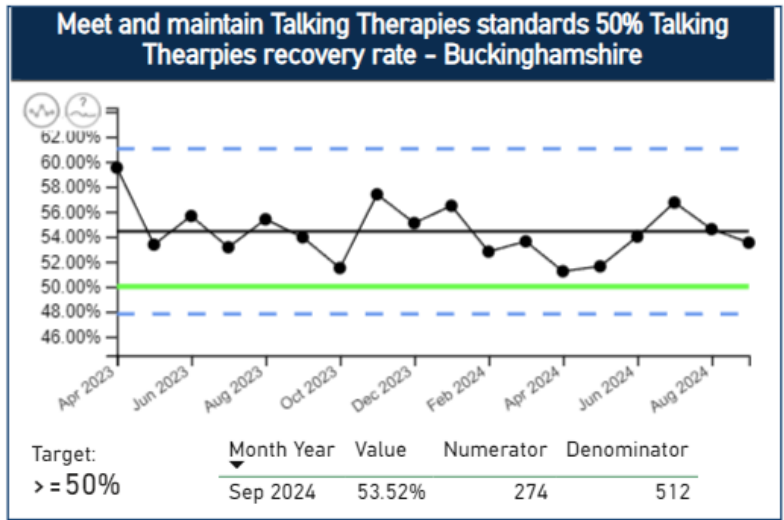
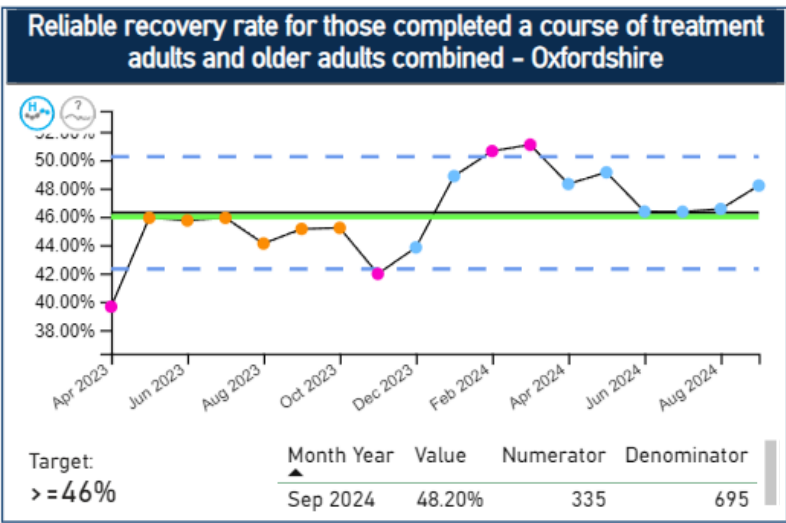
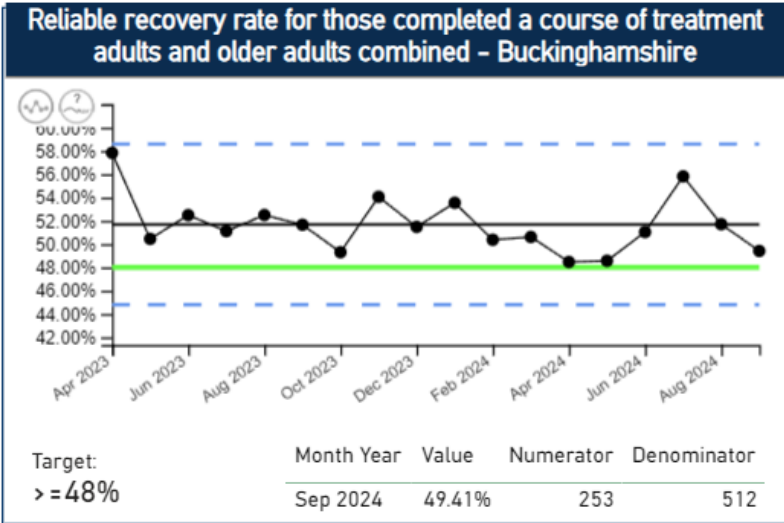
Mental Health Services – Talking Therapies

Metrics meeting target/being baselined:



Mental Health Services – Talking Therapies

Metrics meeting target/being baselined:



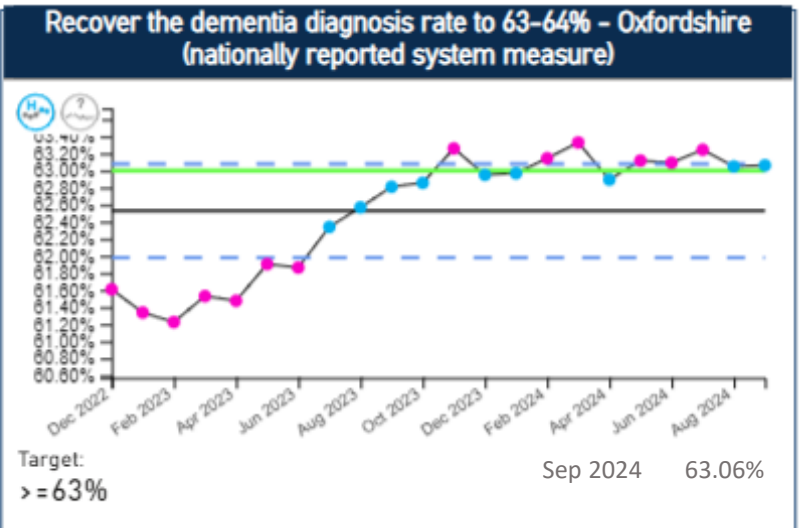
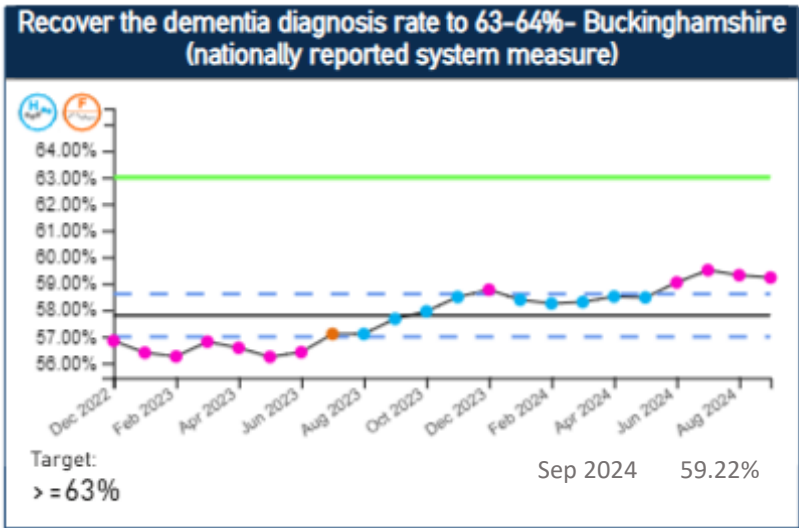
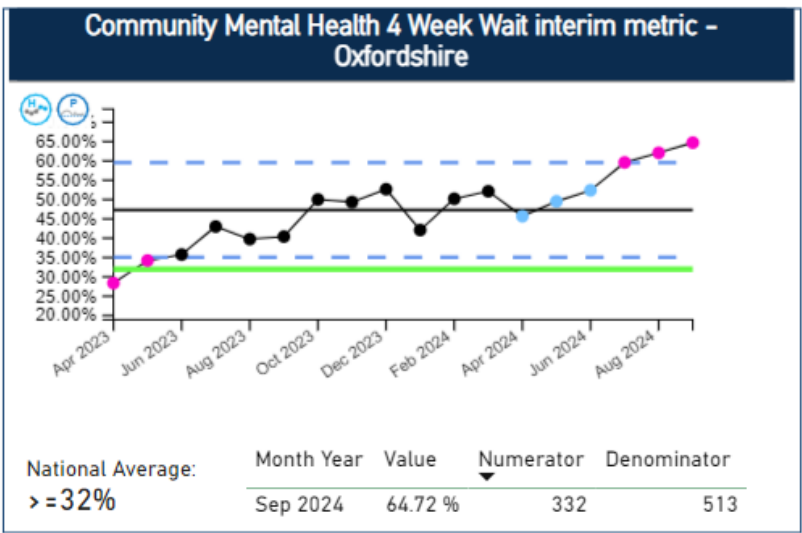
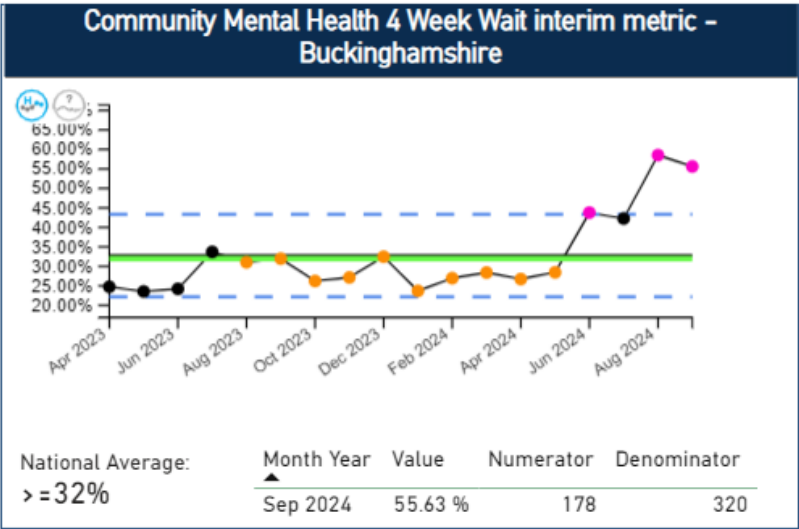
Mental Health Services – Adult and Older Adult community – Summary dashboard

Narrative provided only for metrics under target or national average (value coloured in red below), narrative not provided for system measures:

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Adult and Older Adult Community						
National measure	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode) - Buckinghamshire	32% National average	Sep-24	55.63%	↓	↑
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode)- Oxfordshire	32% National average	Sep-24	64.72%	↑	↑
National Objective Strategic Metric - Quality	Waiting time standard, care plan, outcome measure	In development (estimated completion - FY25. Status: technical development initiated; waiting for national team to release code)				
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	60%	Quarterly measure - Q2 performance will be reported once published nationally			
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)	60%				
National measure	Improve access to perinatal mental health services	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	In development for Q3 2024 (revised timeline)				
National measure	Number of people accessing IPS	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National measure	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	63-64%	Sep-24	59.22%	↓	↑
National measure	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	63-64%	Sep-24	63.06%	↑	↑

Mental Health Services – Adult & Older Adult Community

Metrics meeting national average & System metrics:



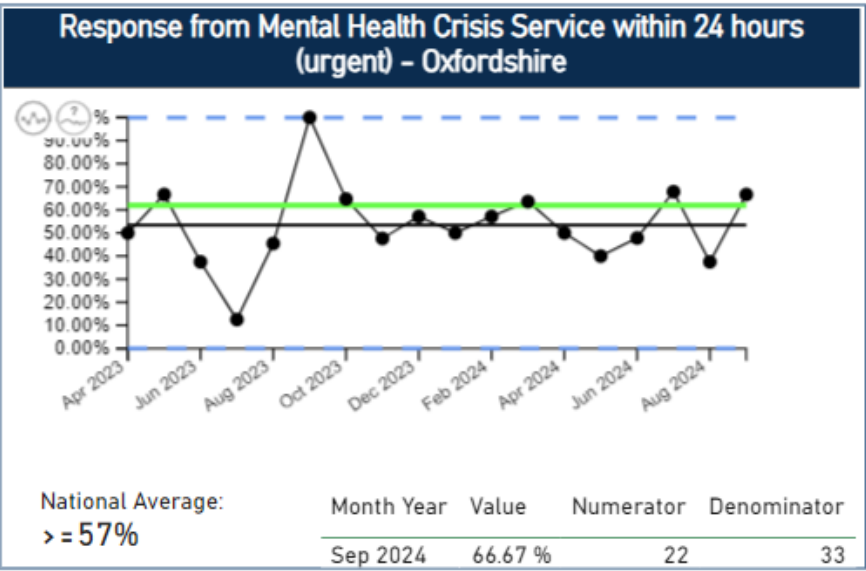
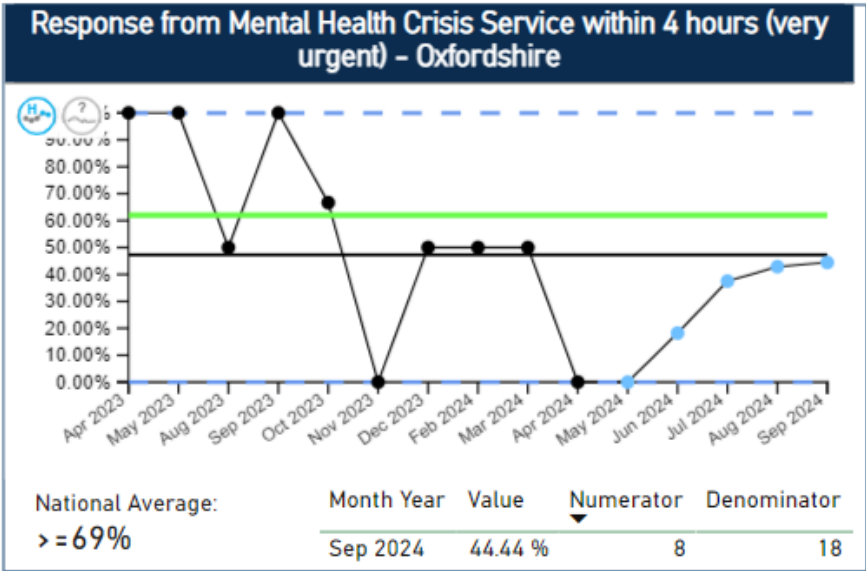
Mental Health Services – Urgent Care – Summary dashboard

Narrative provided only for metrics under national average (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Urgent Care						
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	62% National average	Sep-24	87.84%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	62% National average	Sep-24	91.75%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	74% National average	Sep-24	95.83%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	74% National average	Sep-24	100%	→	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	69% National average	Sep-24	80.00%	↑	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	69% National average	Sep-24	44.44%	↓	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	57% National average	Sep-24	65.35%	↑	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	57% National average	Sep-24	66.67%	↑	↑

* National average over April – December 2023

Mental Health Services – Urgent Care



Summary

New standards are being introduced for Mental Health Urgent Care Services. The trust will be working to align existing models of care where possible to the new standards during this financial year, reporting will be updated in line with national changes. There are currently no national targets set, and the Trust will be baselining against the national average position.

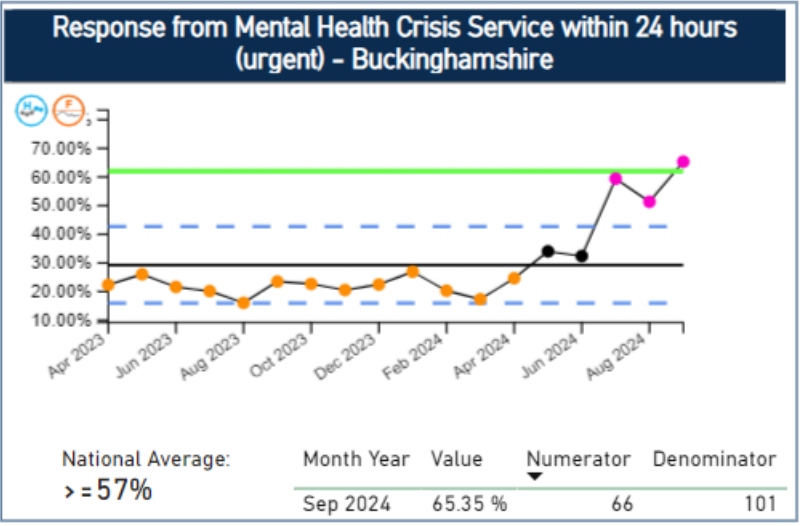
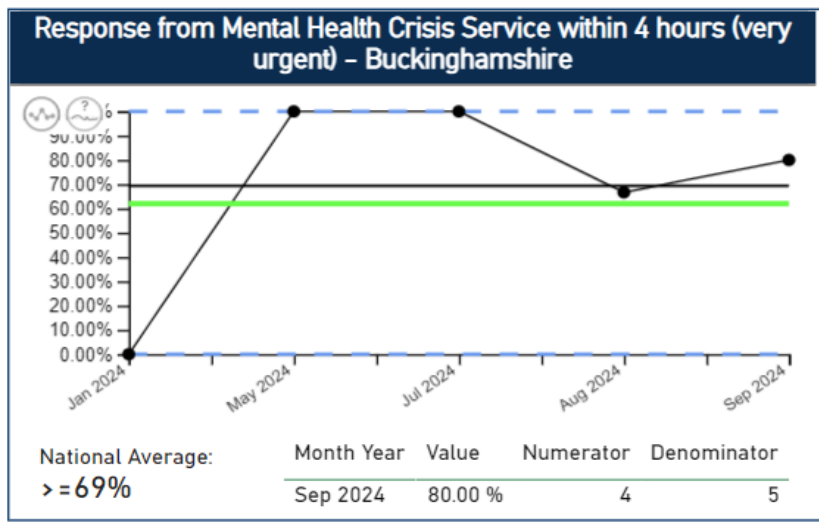
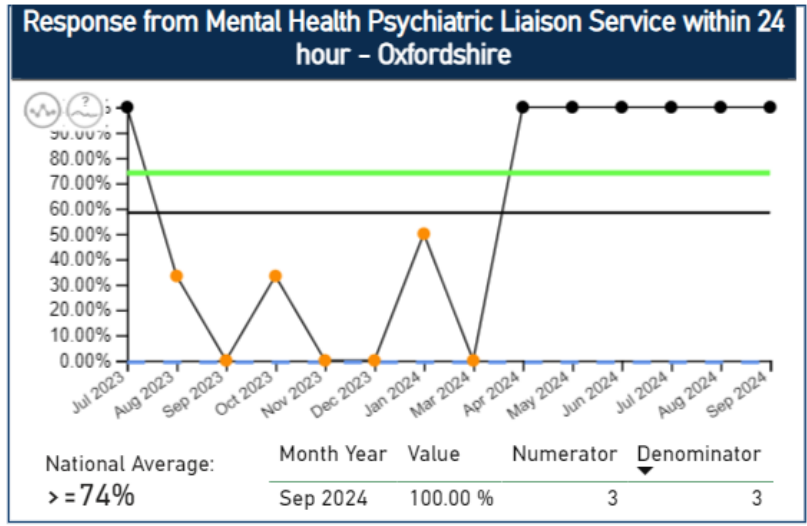
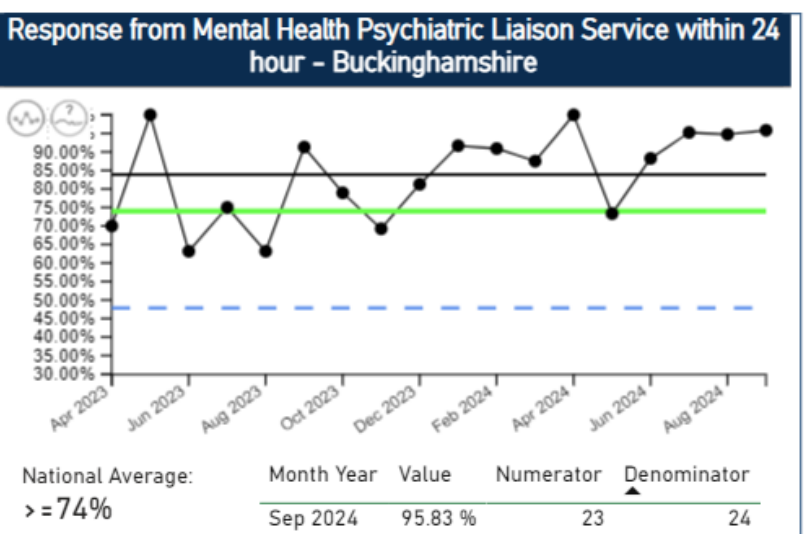
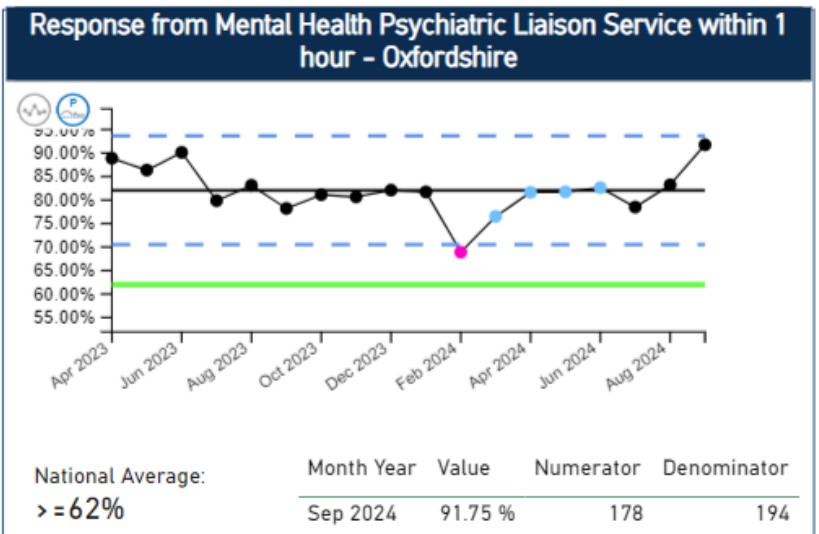
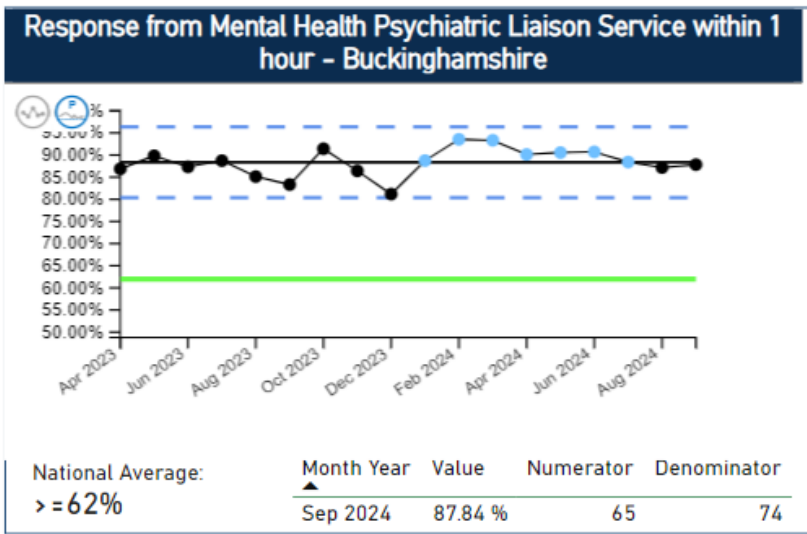
Two graphs represent the Mental Health Crisis Service in Oxfordshire, which only operates full crisis service within Oxford City and North-East Oxfordshire and Home treatment service in North and West Oxfordshire; the rest of the county is covered by Community Adult and Older Adult Mental Health Teams. In September 2024, Oxfordshire Mental Health Crisis Service saw 44.44% of very urgent patients within the 4-hour standard. There is more activity undertaken within the Urgent Care pathway, however, due to specific national definitions such activity is not represented in Mental Health Urgent Care waiting standards.

Actions

- Data recording guidance being rolled out across teams with the aim of improving data input and quality
- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement

Mental Health Services – Urgent Care

Metrics meeting national average:



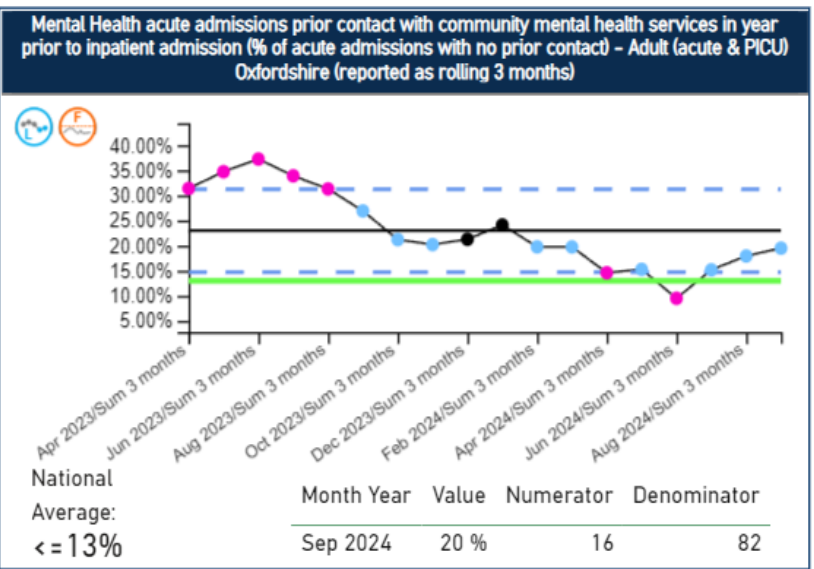
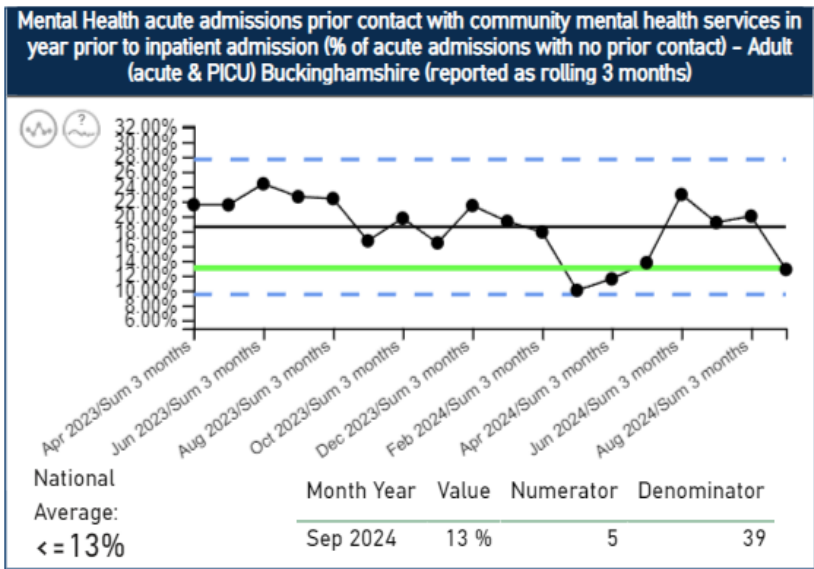
Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (1/2)						
Narrative provided for metrics under target (value coloured in red below)						
Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Acute / In-patients (Adults & Older Adults)						
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	13% National average	Sep-24	13%	↓	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter- Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	13% National average	Sep-24	20%	↑	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Buckinghamshire	13% National average	Sep-24	15%	↓	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Oxfordshire	13% National average	Sep-24	9%	↓	↓
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Buckinghamshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Oxfordshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Buckinghamshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Oxfordshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National measure	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	80%	Sep-24	81.25%	↓	↑
National measure	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	80%	Sep-24	83.87%	↓	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	80%	Sep-24	100%	↑	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	80%	Sep-24	92.31%	↓	↑

Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (2/2)

Narrative provided for metrics under target (value coloured in red below)

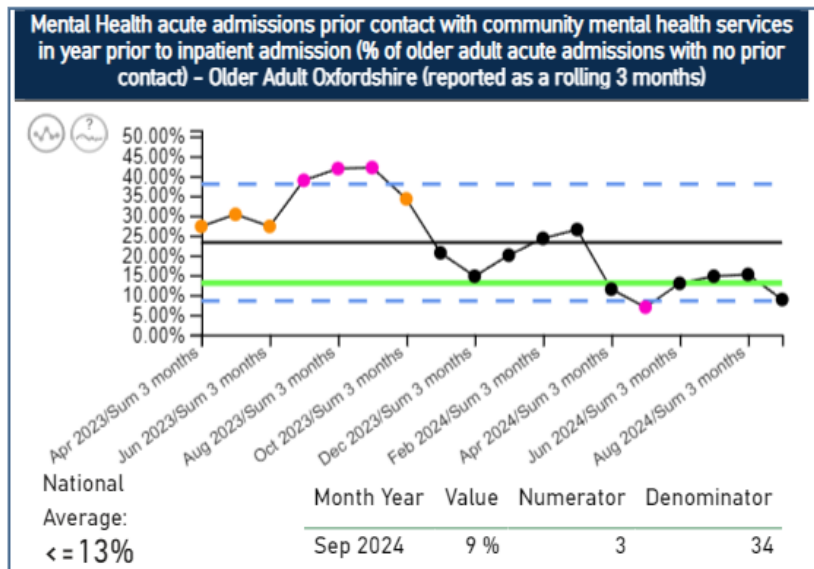
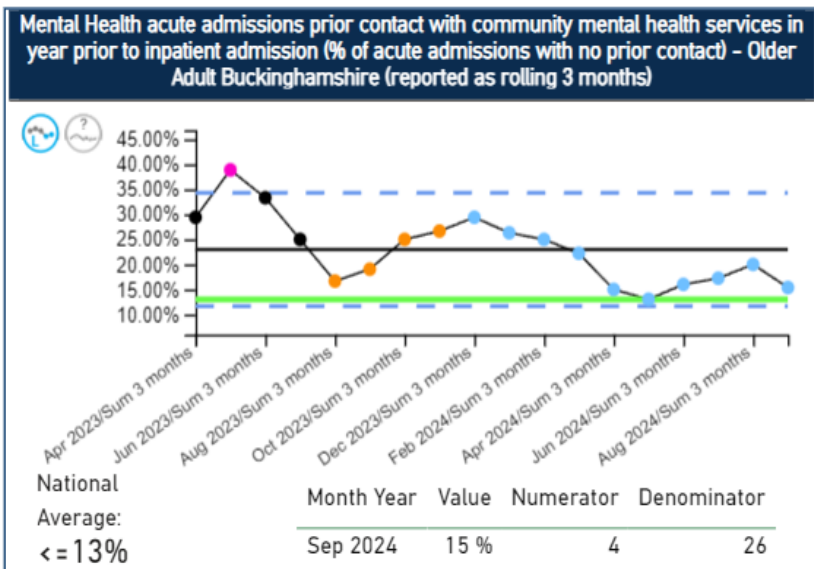
Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Acute / In-patients (Adults & Older Adults)						
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	3	Sep-24	6	↑	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		Sep-24	0	→	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		Sep-24	0	→	↓
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	5	Sep-24	0	→	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Sep-24	0	→	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Sep-24	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Sep-24	87	↑	↓
NOF	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Sep-24	0	→	↓
National Objective	% adult readmission within 30 days for mental health - Buckinghamshire	n/a	Sep-24	0%	→	↓
National Objective	% adult readmission within 30 days for mental health - Oxfordshire	n/a	Sep-24	0%	↓	↓
National Objective	% older adult readmission within 30 days for mental health - Buckinghamshire	n/a	Sep-24	0%	→	↓
National Objective	% older adult readmission within 30 days for mental health - Oxfordshire	n/a	Sep-24	0%	→	↓
National Objective	Average number of clinically ready for discharge patients per day - Buckinghamshire	n/a	Sep-24	8	↑	↓
National Objective	Average number of clinically ready for discharge patients per day - Oxfordshire	n/a	Sep-24	6	↑	↓

Mental Health Services – Acute / In-patients (Adults & Older Adults)



Summary

This metric monitors the rate of acute admissions with no previous contact in the reporting period (as per national definitions contact 48 hours prior to admission is excluded from this measure). Acute admissions are defined by the type of hospital bed used in the admission; the Trust monitors Adult Acute & Psychiatric Intensive Care Unit (PICU) and Older Adult admissions separately. All providers are measured on a rolling 3-month position, so September 2024 performance includes July, August and September 2024 performance. Nationally on average 13% of acute admissions are of patients who have not had prior contact with community mental health services in a year prior to an admission to an inpatient unit. Such admissions were at a higher rate than the national average in the month of September 2024.

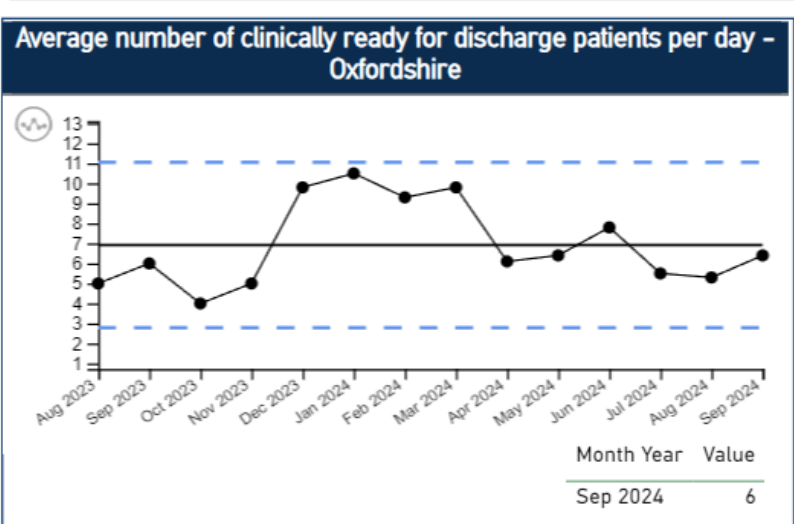
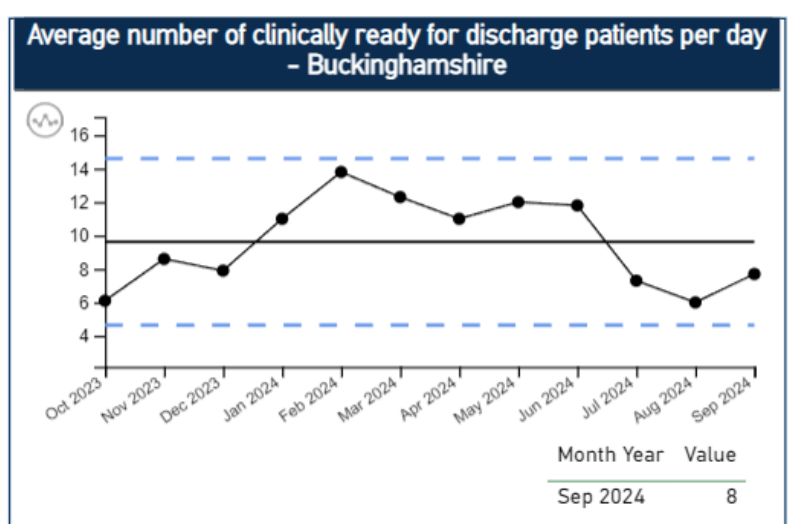
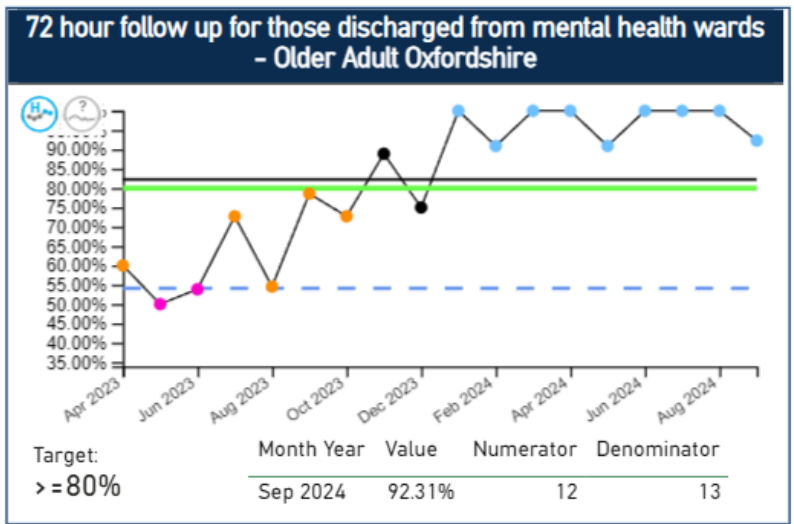
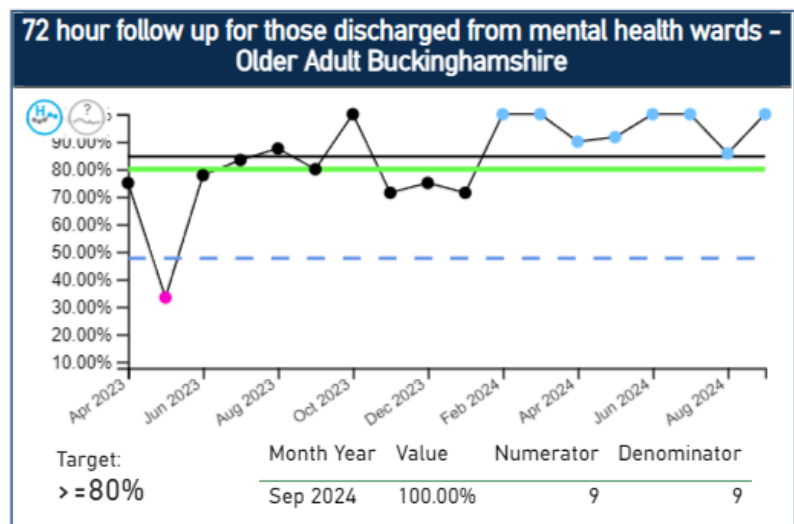
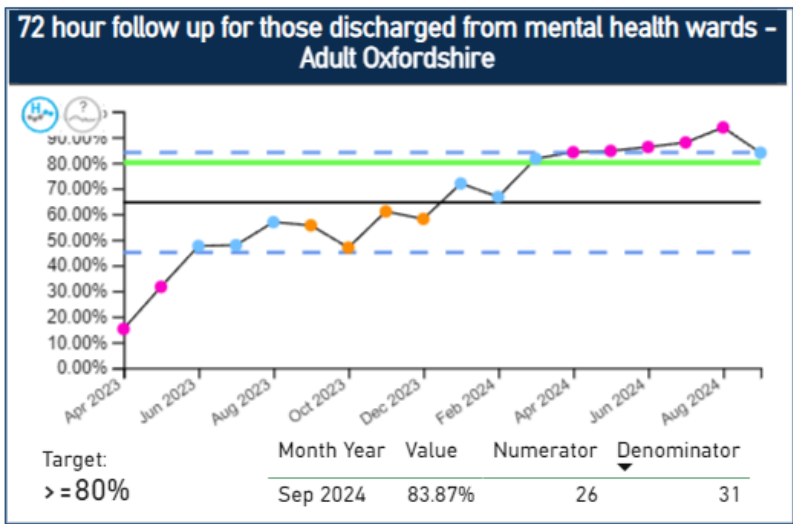
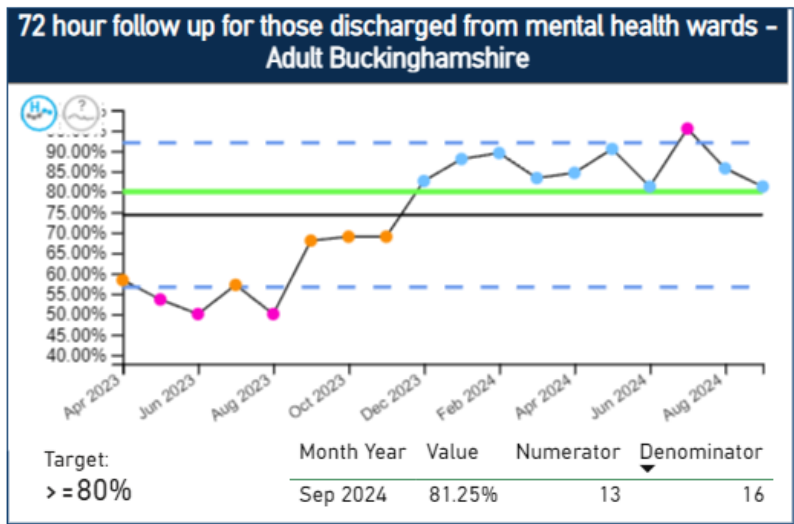


Actions

Continuous review of patients admitted without prior contact to establish whether such patients represent an unmet need within the community.

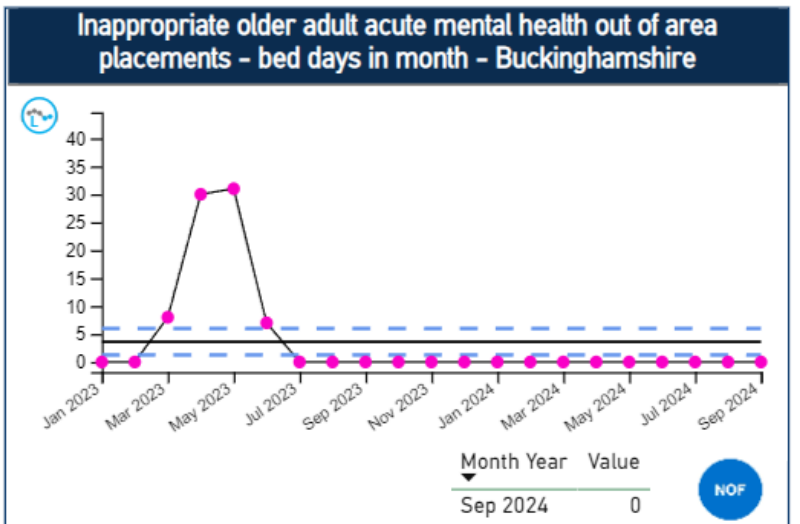
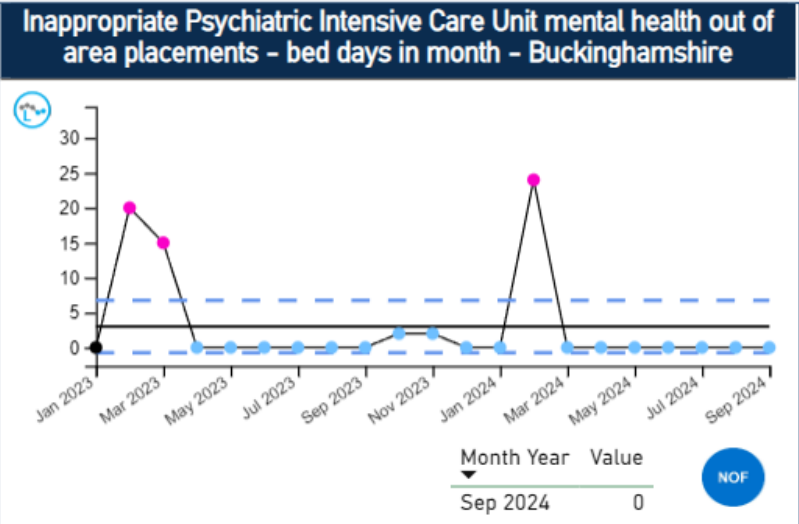
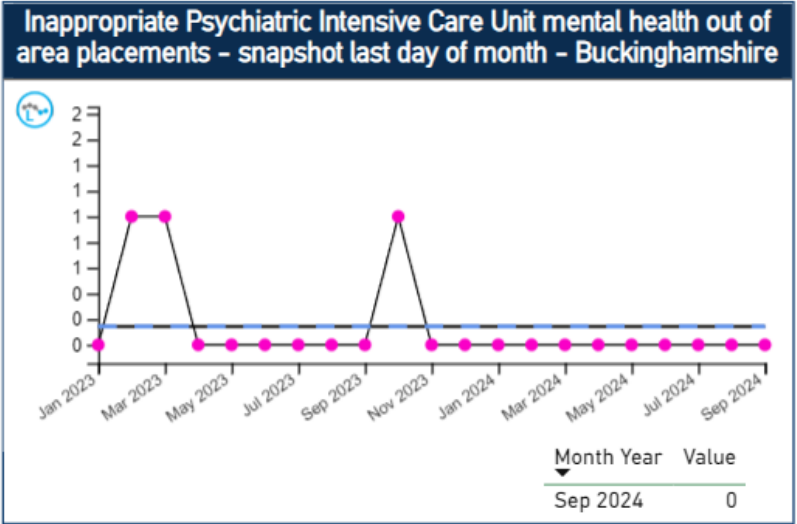
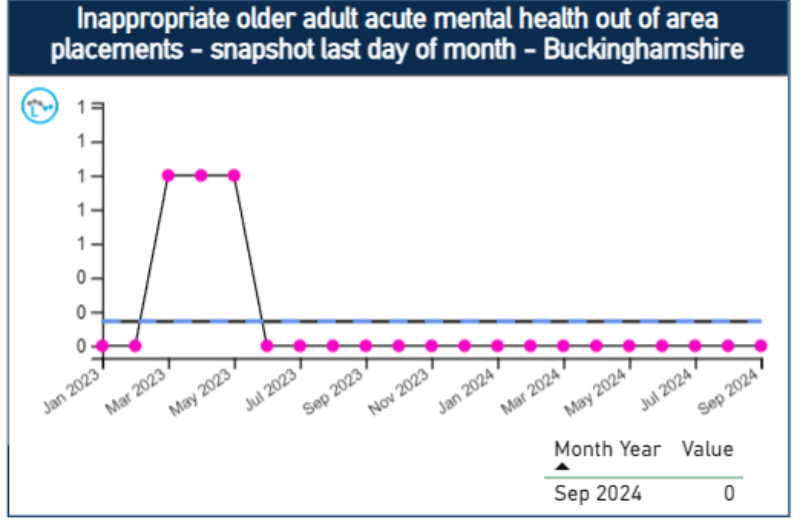
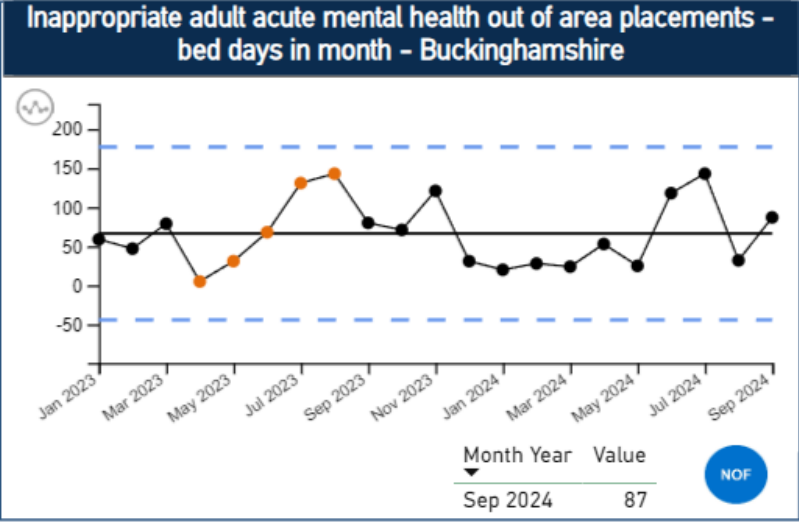
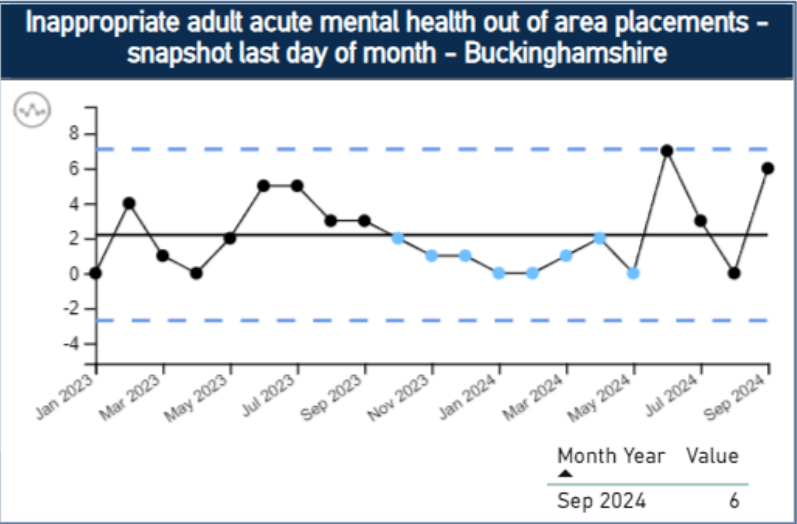
Mental Health Services – Acute / In-patients (Adults & Older Adults)

Metrics meeting target, being baselined or with target yet to be confirmed:



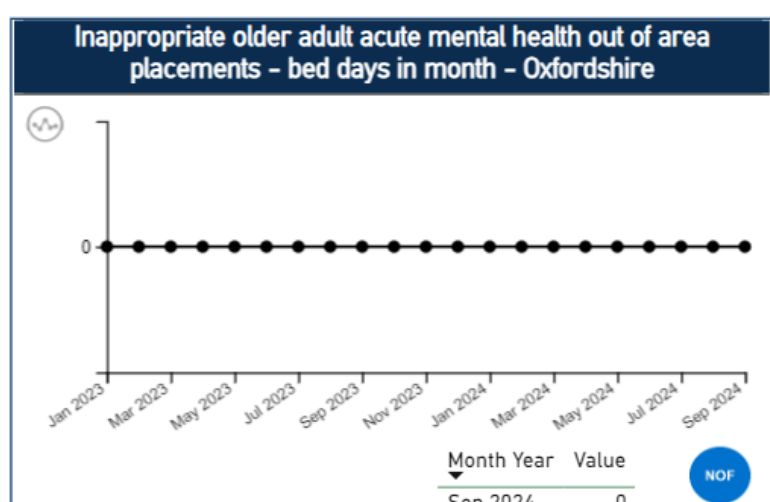
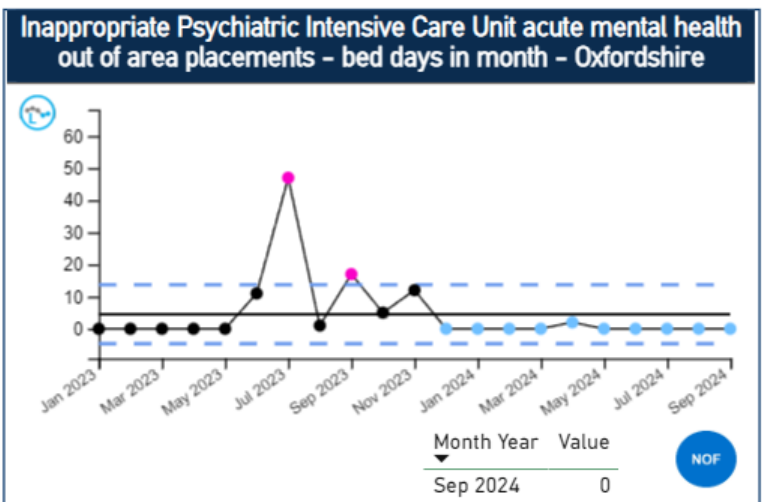
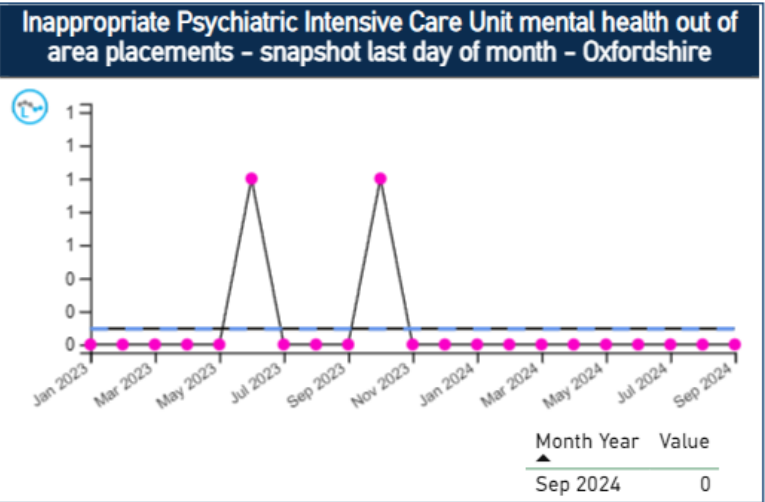
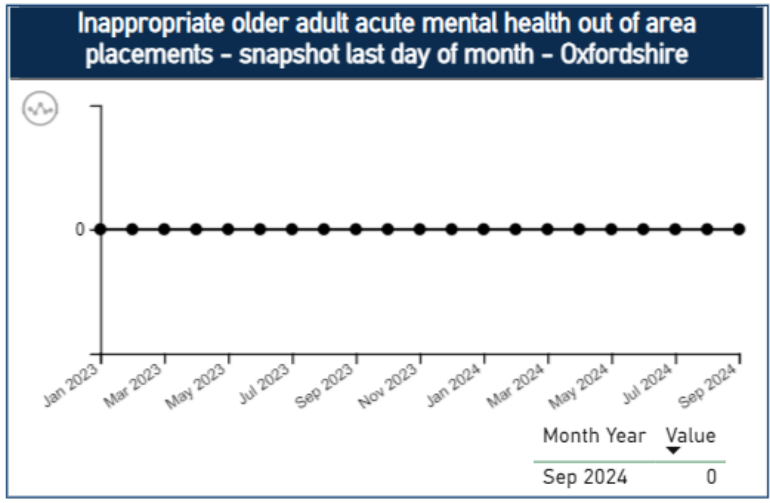
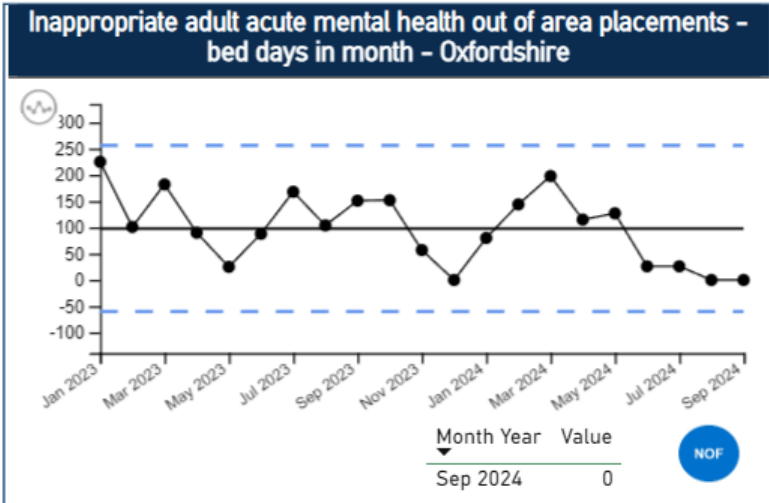
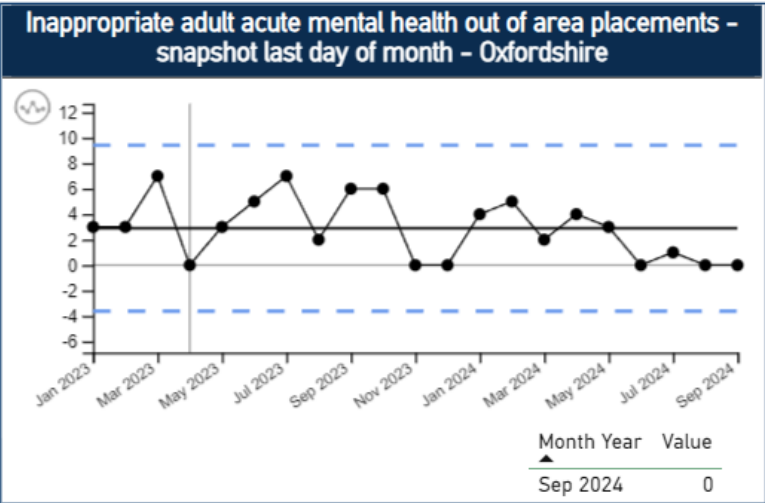
Mental Health Services – Acute / In-patients (Adults & Older Adults)

Metrics meeting target, being baselined or with target yet to be confirmed:



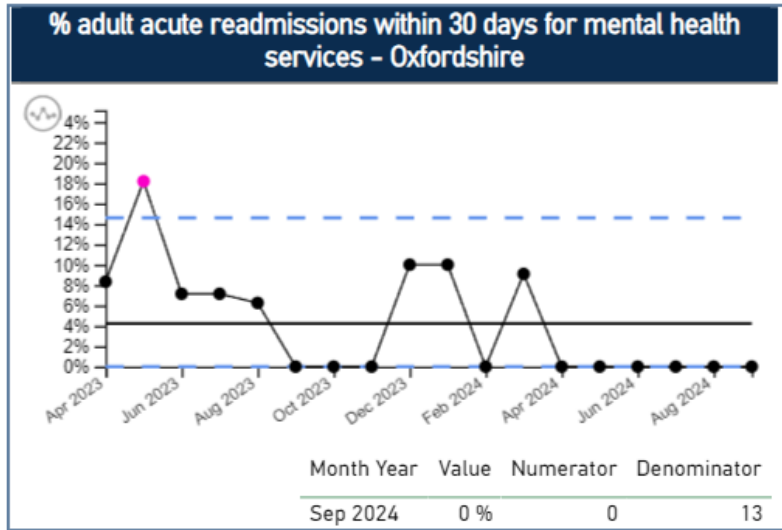
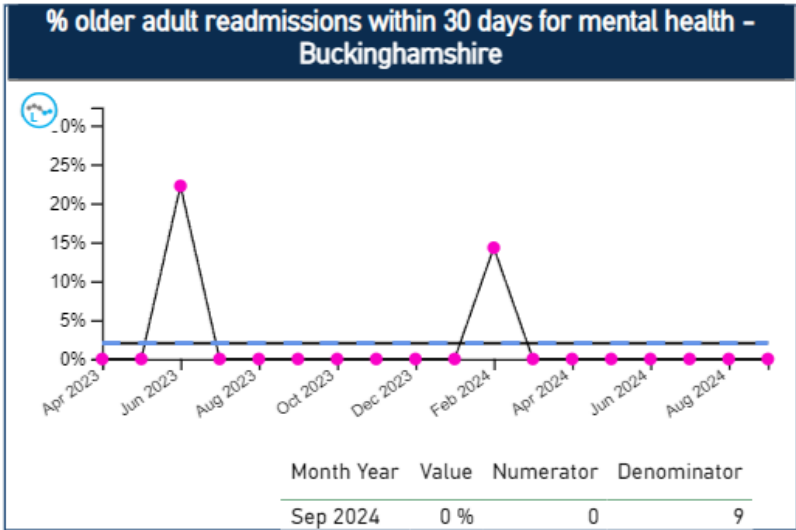
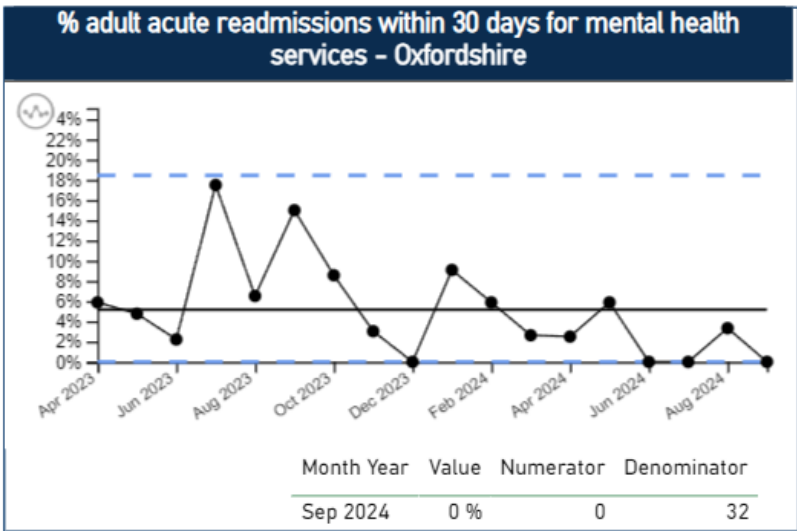
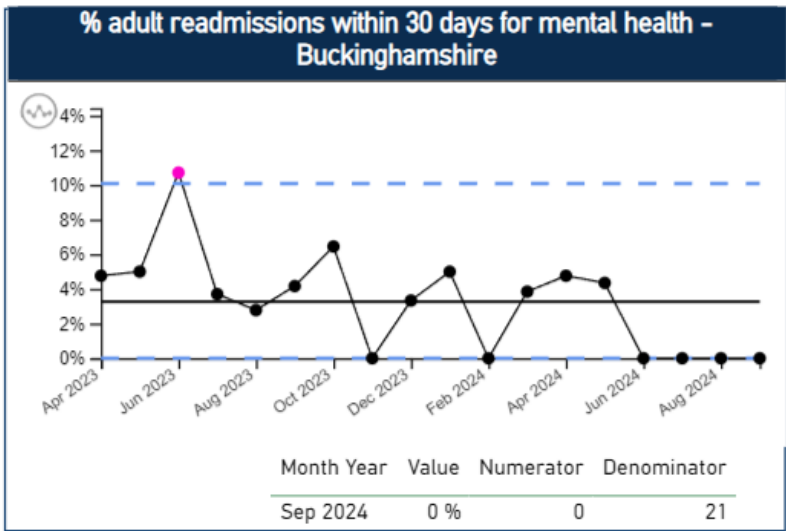
Mental Health Services – Acute / In-patients (Adults & Older Adults)

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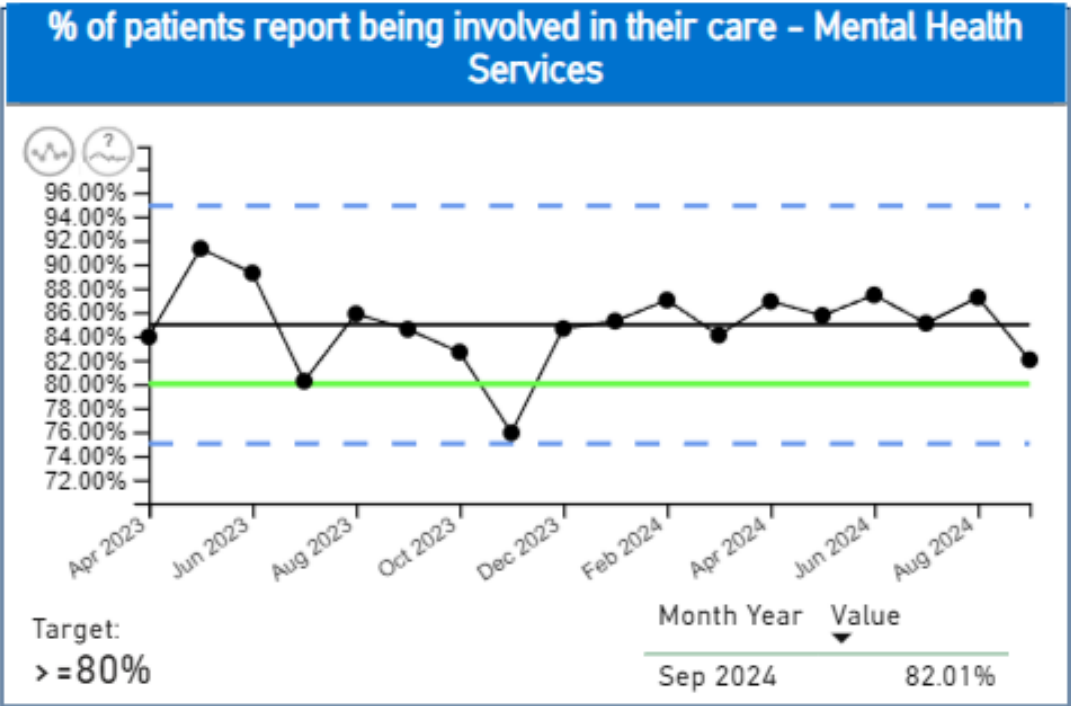
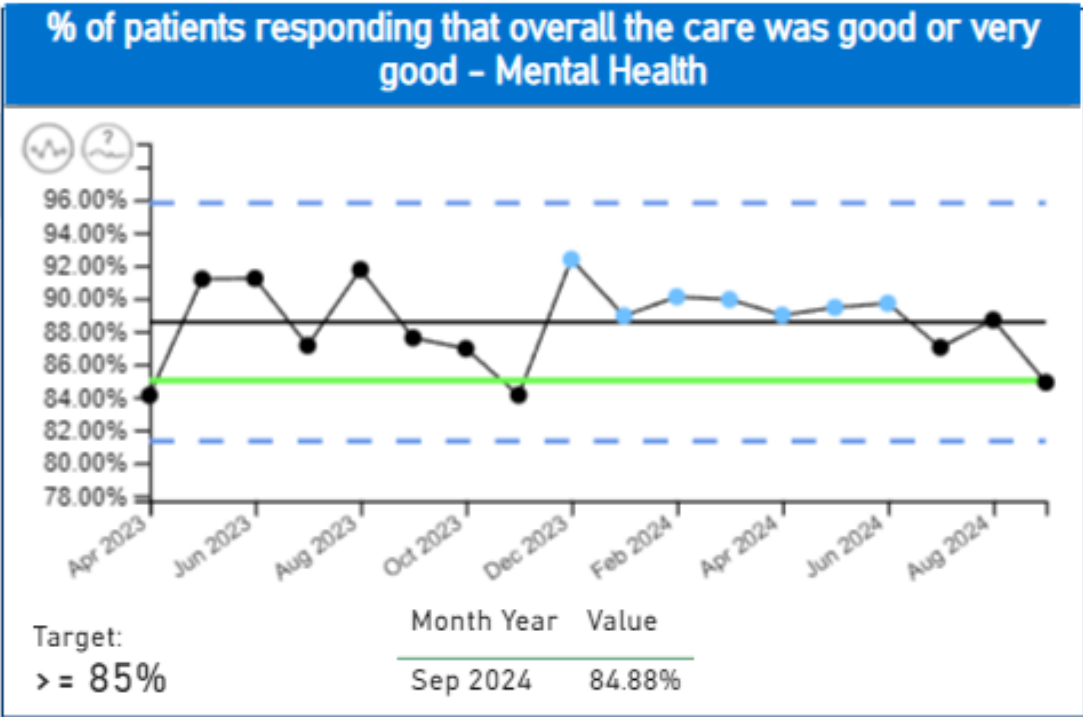


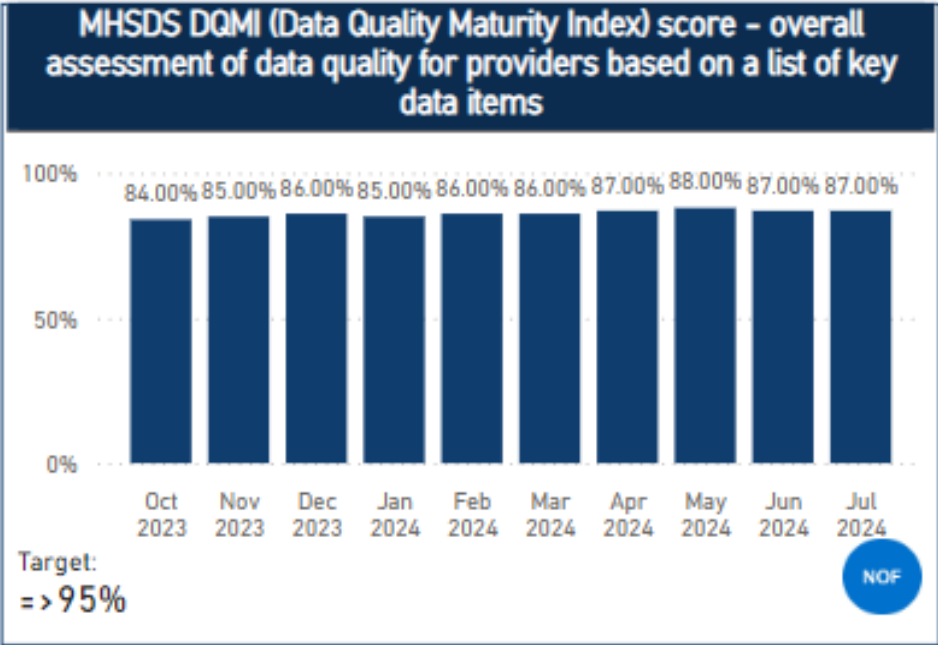
Mental Health Services – Acute / In-patients (Adults & Older Adults)

Metrics meeting target, being baselined or with target yet to be confirmed:



Mental Health Services – In-Year Strategic metrics – For Information only





Summary

The Trust’s Data Quality Maturity Index (DQMI) position has been impacted by the reporting outage and move to new clinical system. Additionally, a new version of Mental Health Services Data Set (MHSDS) was introduced in June 2024. The Performance & Information team are now reintroducing systems to routinely review DQMI performance and identify areas for improvement.

Actions

- Following a review of MHSDS DQMI Performance & Information have identified those actions which can be addressed by configuration/dataset changes and those that need service improvements. These actions will be taken forward as appropriate.

Section 1.2

Clinical performance (Community Health Service, Primary Care & Dentistry)

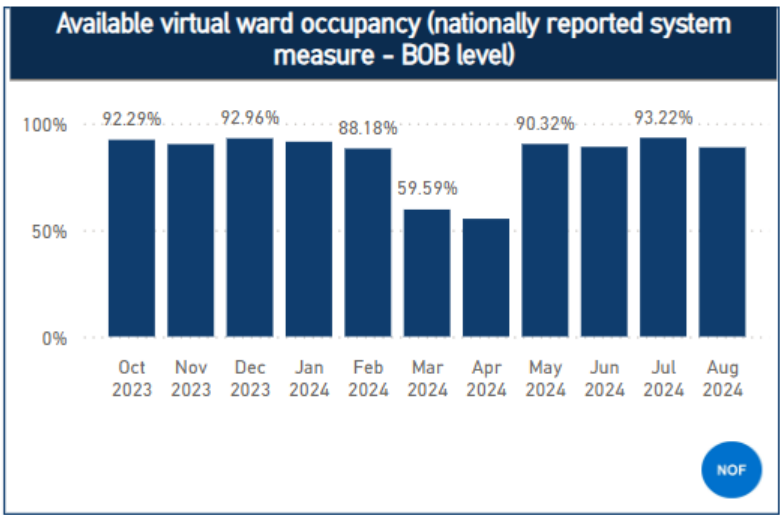
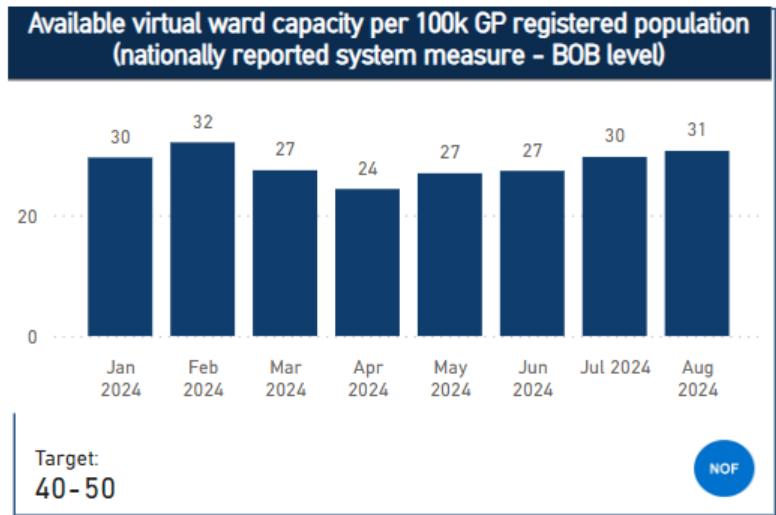
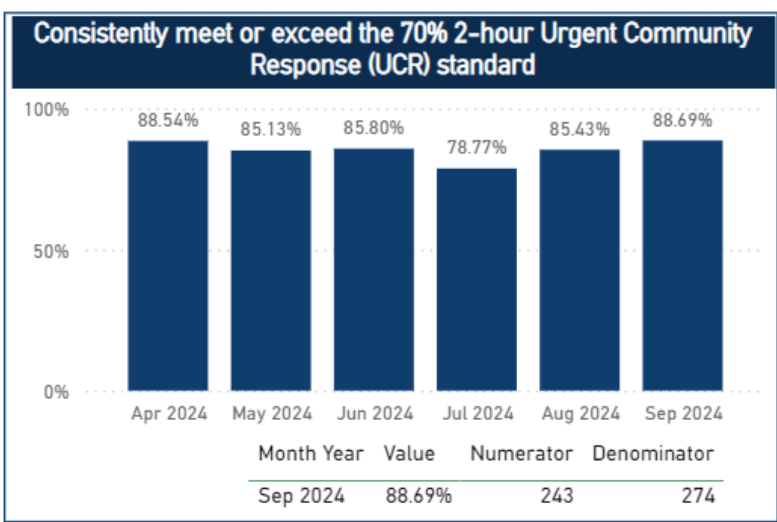
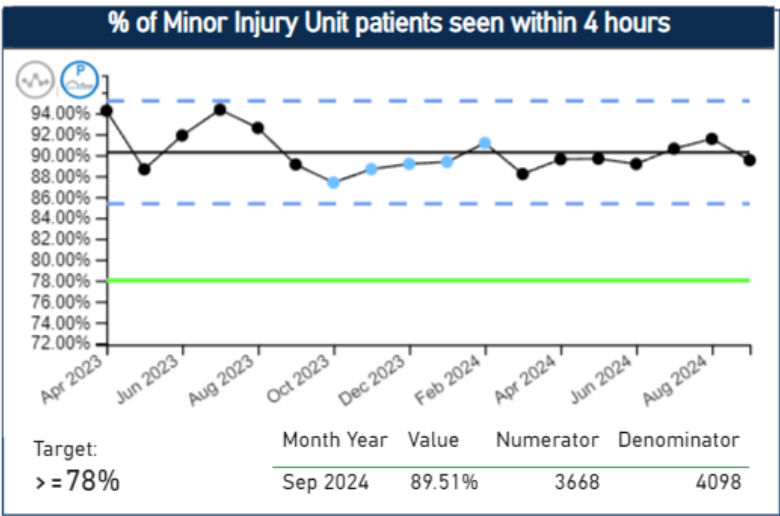
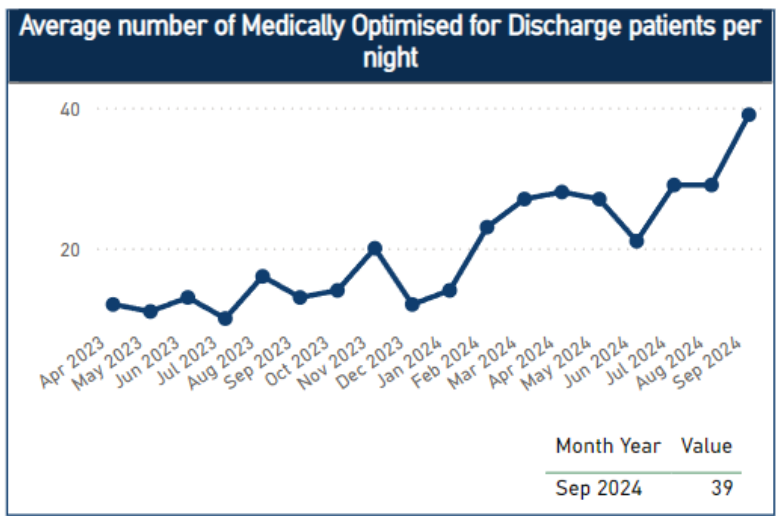
Community Health Service, Primary Care & Dentistry – Summary Dashboard

Narrative provided only for clinical metrics under target (value coloured in **red**) – none in September 2024. Please note that narrative for system measures will not be provided as these are monitored at Integrated Care Board (ICB) level and figures are provided to Trust Board for information only.

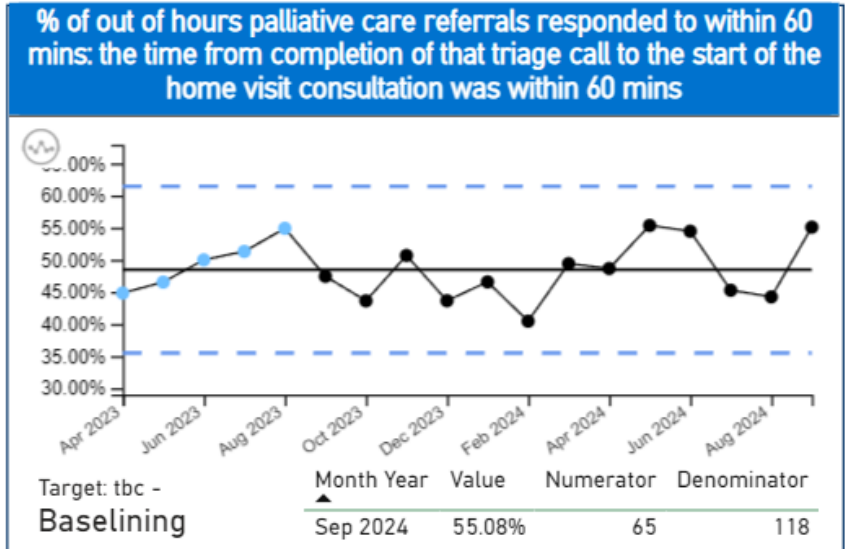
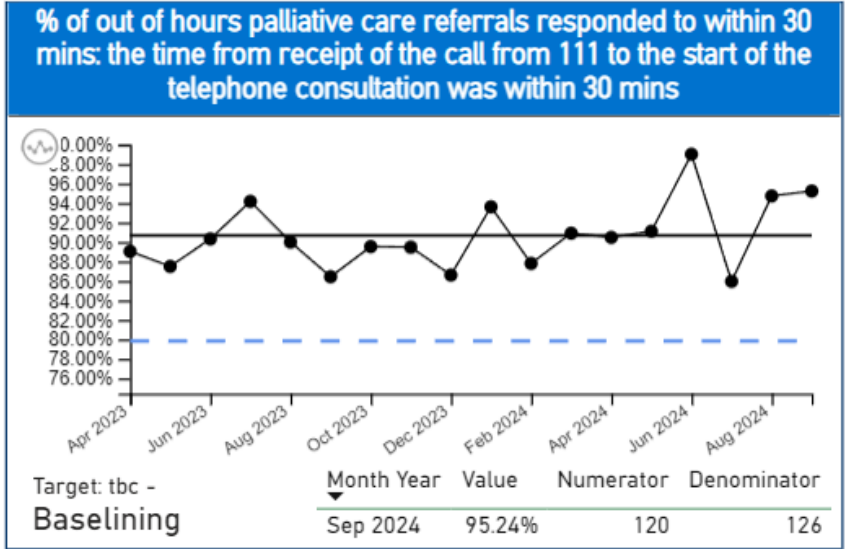
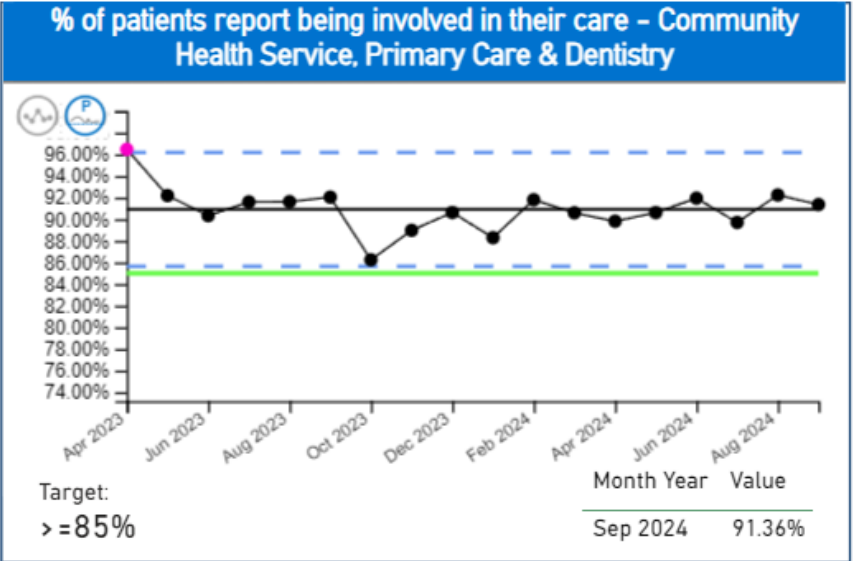
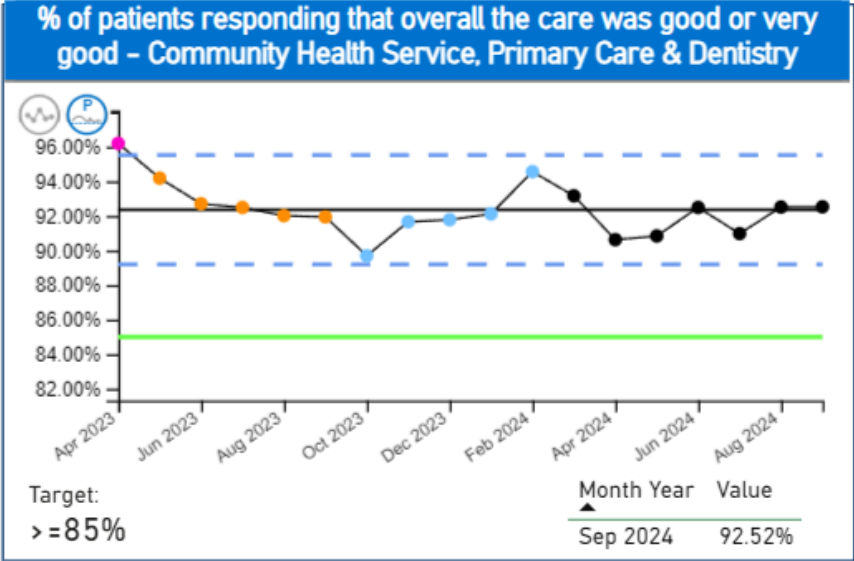
Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Average Length of Stay in Community Hospitals by basket of care	<i>In development for FY25</i>				
	Average number of Medically Optimised For Discharge (MOFD) patients per night	Baseline	Sep-24	39	↑	↓
National measure	% of Minor Injury Unit patients seen within 4 hours	78%	Sep-24	89.51%	↓	↑
National measure	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	70%	Sep-24	88.69%	↑	↑
NOF National Objective	Proportion of patients discharged from hospital by pathways	<i>In development for FY25</i>				
NOF	Available virtual ward capacity per 100k head of population (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	40-50	Aug-24	31	↑	↑
NOF National Objective	Virtual ward occupancy (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	TBC	Aug-24	88.71%	↓	↑
Strategic Metric - Quality	% of patients responding that overall care was good or very good	85%	Sep-24	92.52%	→	↑
Strategic Metric - Quality	% of patients report being involved in their care	85%	Sep-24	91.36%	↓	↑
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 30 minutes: time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	Baseline	Sep-24	95.24%	↑	↑
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 60 minutes: the time from completion of that triage call to the start of the home visit consultation was within 60 minutes	Baseline	Sep-24	55.08%	↑	↑
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) escalated appropriately	90%	Q2	74%	↑	↑
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) completed where applicable	90%	Q2	81%	↓	↑
Strategic Metric - Quality	% of breastfeeding prevalence at 6 - 8 weeks old	60%	Q2	59%	↓	↑
Strategic Metric - Quality	% of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	<i>Reporting in development for FY25 subject to operational implementation</i>				

Community Health Service, Primary Care & Dentistry

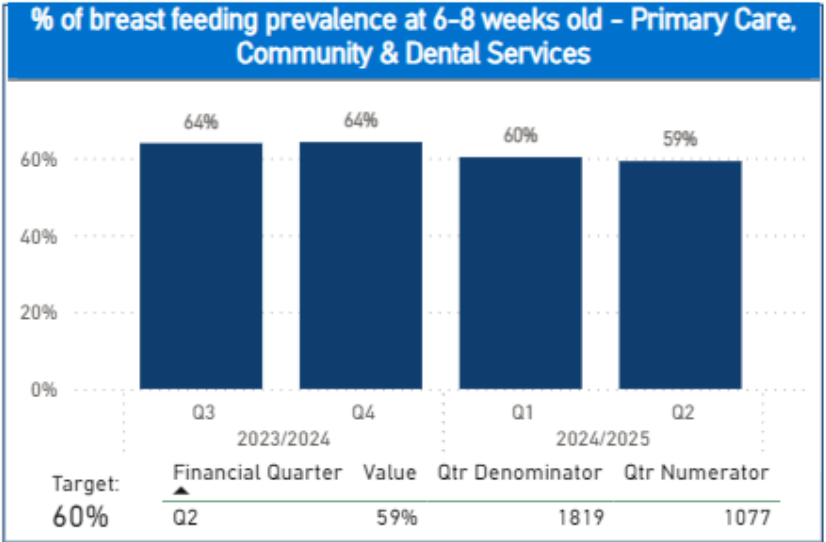
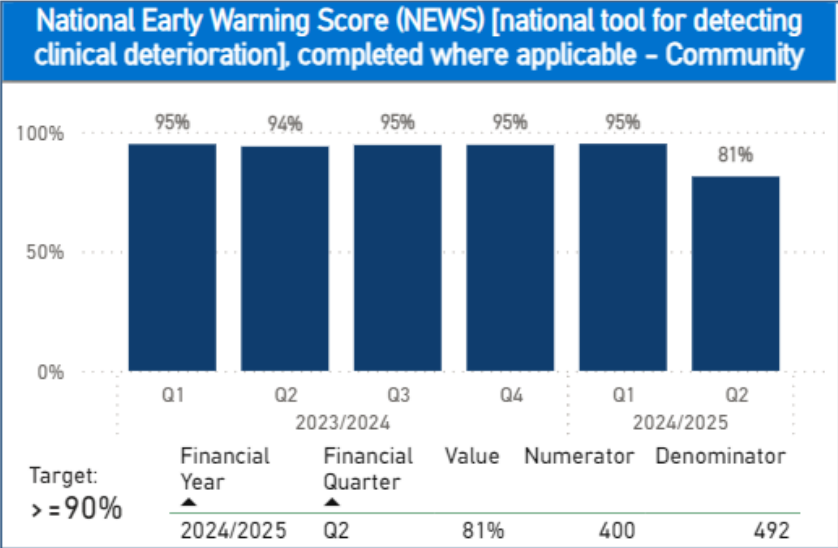
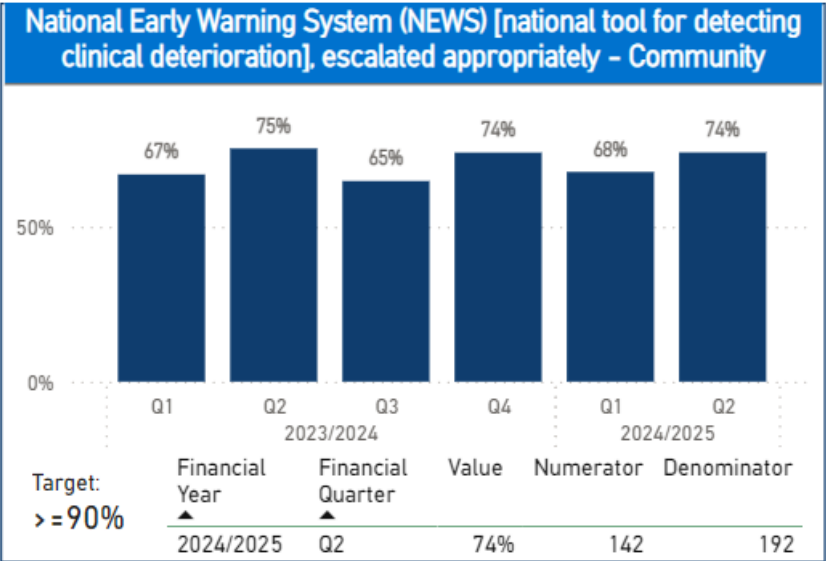
Clinical metrics meeting target, being baselined or with target yet to be confirmed:



Community Health Service, Primary Care & Dentistry In-Year Strategic metrics – For Information only



Community Health Service, Primary Care & Dentistry In-Year Strategic metrics – For Information only



Section 2

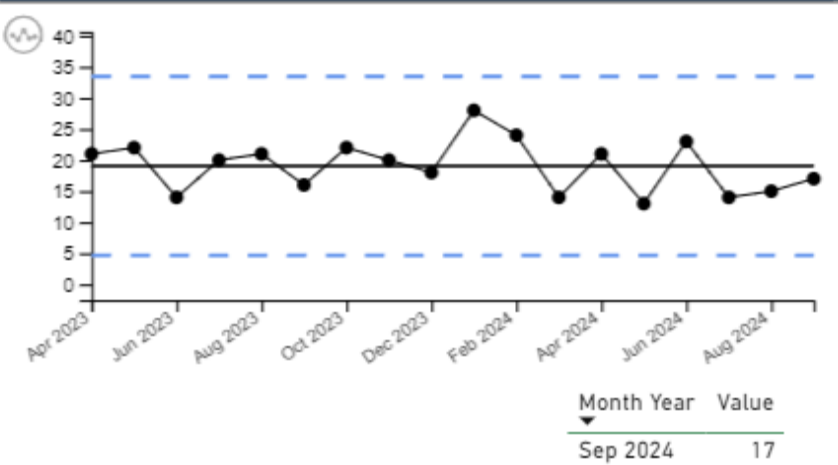
Quality People

Quality - Deliver the best possible care and health outcomes

Quality – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Total number of patient incidents (all levels of harm)	TBC	Sep-24	1422	↑	n/a
	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	TBC	Sep-24	17	↑	n/a
	Number of suspected suicides	TBC	Sep-24	3	→	n/a
	Total number of incidents involving physical restraint	TBC	Sep-24	278	↑	n/a
	Total number of complaints and resolutions	TBC	Sep-24	78	↑	n/a
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	TBC	Sep-24	330	↑	n/a
Strategic Metric - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 16 per month	Sep-24	10	↓	↓
Strategic Metric - Quality	Reduction in use of seclusion (number of incidents involving seclusion)	Less than 48 per month	Sep-24	29	↑	↓
Strategic Metric - Quality	% of community mental health patients with "My Safety Plan" completed where suicide is identified as a risk within assessment	In development for FY25. Status: Definition of reporting work in progress				
Strategic Metric - Quality	Rate per 100,000 population of detentions on admissions to hospital of black or black British patients in relation to all other ethnic groups	In development for FY25 (revised timeline). Status: Technical development in progress				

Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural).



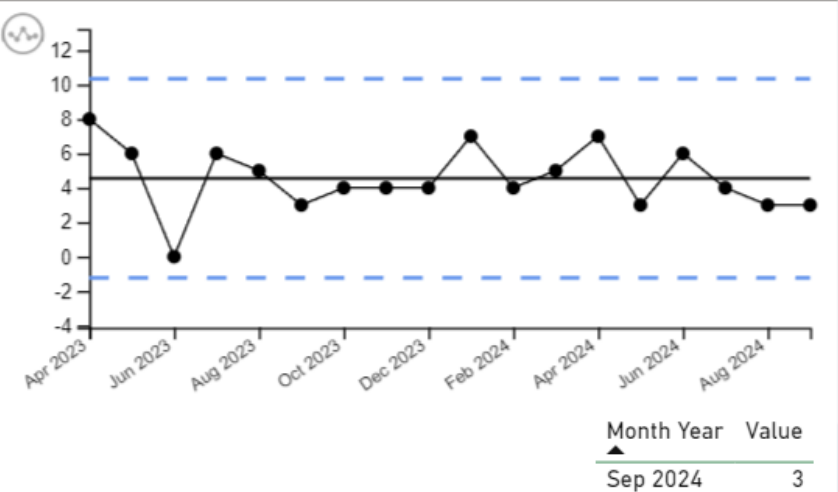
Summary, highlights, actions

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from deaths process reviews all known patients against a national database to ensure we identify and review all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact. The oversight of key themes and learning is led by the Trust's Mortality Review Group chaired by the Chief Medical Officer.

Our internal process involves 2 senior clinicians screening every known patient death and then depending on the outcome of this initial review and/or the circumstances of the death this is then reported onto Ulysses (graph based on deaths reported onto Ulysses – both patients open and discharged at time of death). All unexpected deaths are then scrutinised by the Directorate senior management team through their weekly safety meeting, which will identify any actions and if further scrutiny is required. Alongside this we link into multi-agency reviews for all deaths of children, people who are homeless, and people with a diagnosis of autism and/or a learning disability. As well as coroner inquests and share learning through the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System learning from deaths network.

In line with the national programme, we have started to roll out the medical examiner role from Sept 2024 to expand the independent review of cause of death for all non-coronial/ expected deaths.

Total number of suspected suicides

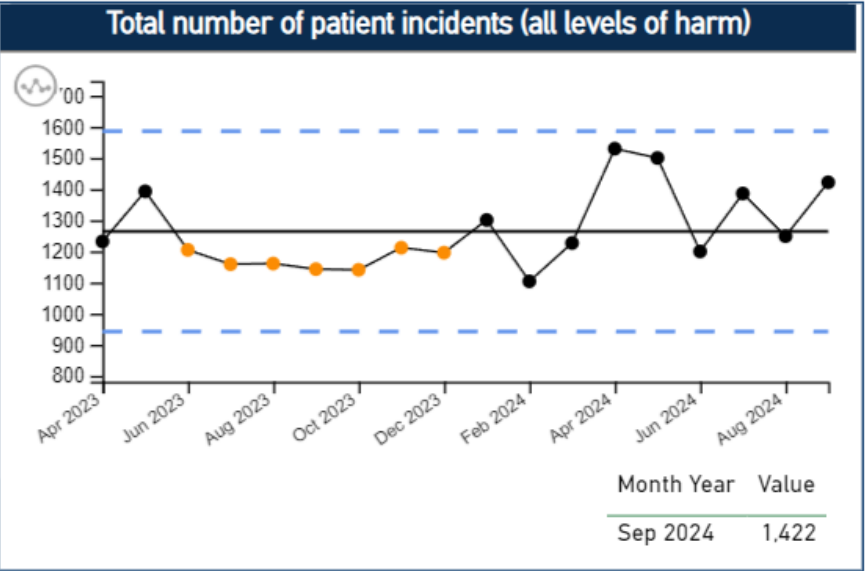


Summary, highlights, actions

All suspected suicides are identified in near real-time daily and reviewed. Most will have an incident learning huddle completed with the clinicians involved in addition to the offer of psychological support to staff and family liaison support/Amparo to bereaved relatives.

There have been 37 suspected/confirmed suicides for open and discharged patients in the last 12 months, of which 20 were open at the time to mental health services. There were a higher number of male suspected suicides (25 males/12 females). In Q2 (July-Sept 2024) there were 7 suspected suicides. We have seen a lower number of deaths by month than the average between Feb-Sept 2024. The Thames Valley Real Time Surveillance System shows that for about half of suicides in the population the person was known at some time to OHFT services.

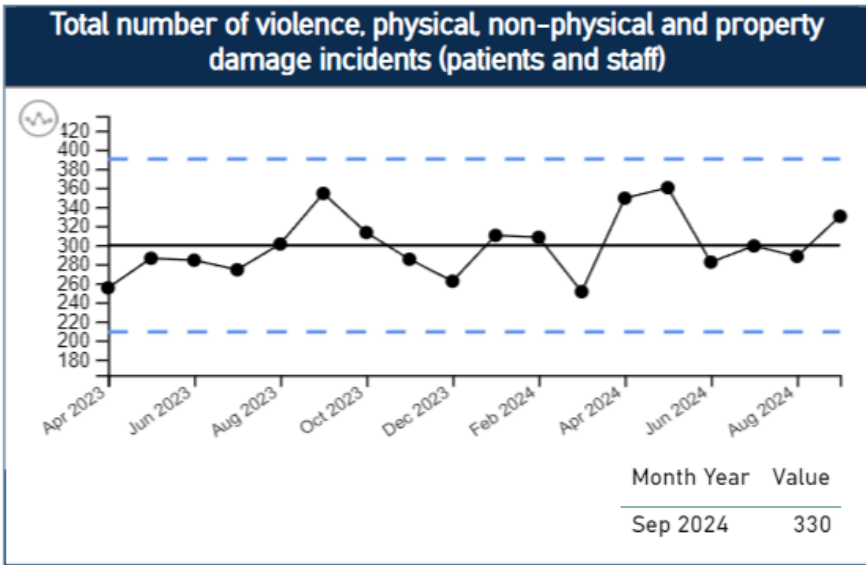
The Trust has a Suicide Prevention Group to steer our work linked into national and regional priorities and also the work of the Oxford Centre of Suicide Research. There has been lots of work in the last year on training/education around suicide risks and prevention. The regional Suicide Prevention and Intervention Network (SPIN) continues to meet quarterly, which enables regional oversight of data, actions, sharing of information and progress against national strategy.



Summary, highlights, actions

The slight increase in number of patient incidents in the last 4 months relates to incidents with no harm or minor harm. The number of moderate/severe harm incidents has remained the same or marginally reduced.

During September 2024, most incidents related to patients self-harming on mental health wards, particularly patients striking themselves. This is followed by verbal abuse/violence from patients towards staff and then medicine administration. Most incidents were reported by the 3 Child and Adolescent Mental Health (CAMHS) wards, including the Psychiatric Intensive Care Unit, followed by 2 forensic mental health wards. 55% of incidents resulted in no harm/near misses and 39% minor harm. The 5 severe harm incidents related to 1 forensic inpatient who did not return from leave and died unexpectedly whilst AWOL (Absent Without Leave), 2 serious self-harm incidents in the community and a rapidly deteriorating patient at home where the following services were struggling to manage her needs- the community therapy service, urgent community response and GP. We also identified and reviewed 2 suspected/confirmed sepsis cases in the community; 1 patient was known to a mental health team and 1 patient known to a district nursing team.

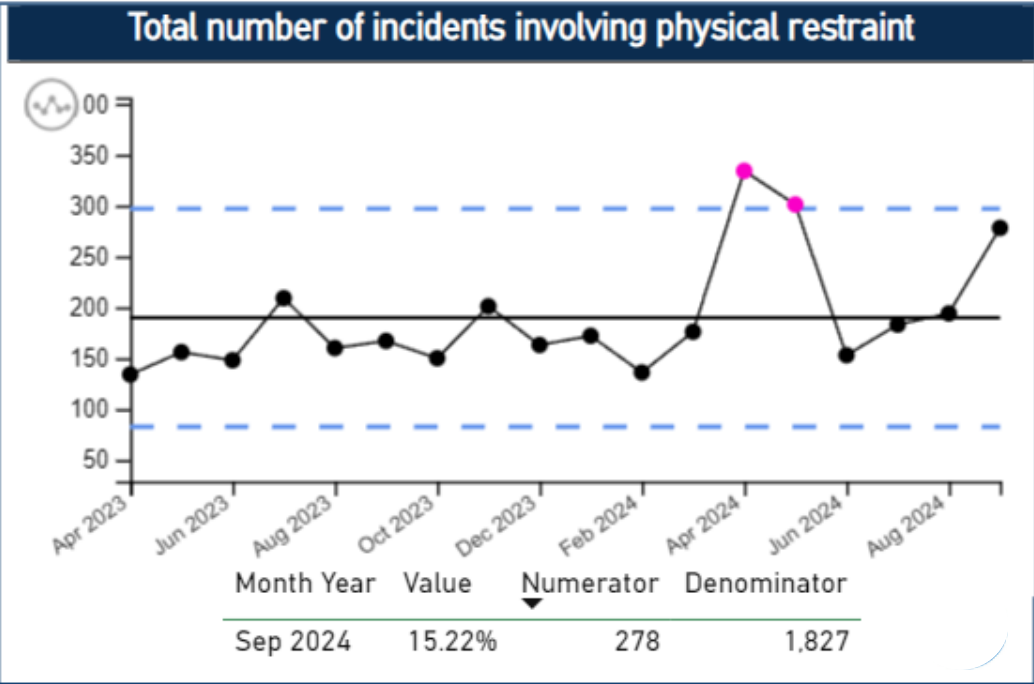


Summary, highlights, actions

There is no substantial change over time in the number of violent incidents reported. The majority relate to patient incidents. Most incidents occur on our mental health inpatient wards, particularly the forensic wards and the 2 Psychiatric Intensive care Units (adults and CAMHS). The type of violence is prominently verbal abuse from patients towards staff or physical violence no injury from patients to staff. About 10% of the violence had a racial element.

2 of the 330 incidents (both forensic wards) in Sept 2024 met the criteria for a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and were reported externally to the Health and Safety Executive (HSE) as a significant staff injury during the course of their work.

There is a new steering group on reducing violence and aggression in the workplace which includes developing an anti-racist statement, reviewing our approach to zero tolerance and identifying other initiatives. This is coupled with work to increase the safety and security of inpatient environments and work within the Positive and Safe Committee to continue the reduction in the use of restrictive practice.



Summary, highlights, actions

There has been an increase in restraint month on month since June 24 from 153 to 277 in September. There was a significant increase from August (194). The number of patients involved has remained the same with 52 patients across 23 wards in August to 51 patients across 19 wards in September.

The course group for incidents involving restraint is mainly Self harm (n=109), Violence (n=88) followed by Health (n=57). There were 21 incidents of restraint for administration of intramuscular injection (IM) medication and 27 for nasogastric (NG) feeding.

The areas with the highest use in September 2024 were across the Child & Adolescent pathway. Meadow (Child and Adolescent Mental Health, CAMHS Intensive Care units) with 92, CAMHS Marlborough House with 48, Highfield with 25. Sandford ward (older adults) had 22 incidents of restraint.

The use of physical restraint significantly increased in April and May 2024 compared to the previous 12 months, this was largely attributable to two Child and Adolescent Mental Health services, Highfield and Meadow wards. Both units saw a reduction in June, July and August 2024, however as outlined above there was an increase in September, particularly on Meadow and CAMHS Marlborough House.

Reduction in the use of prone restraints (number of incidents involving prone restraint)



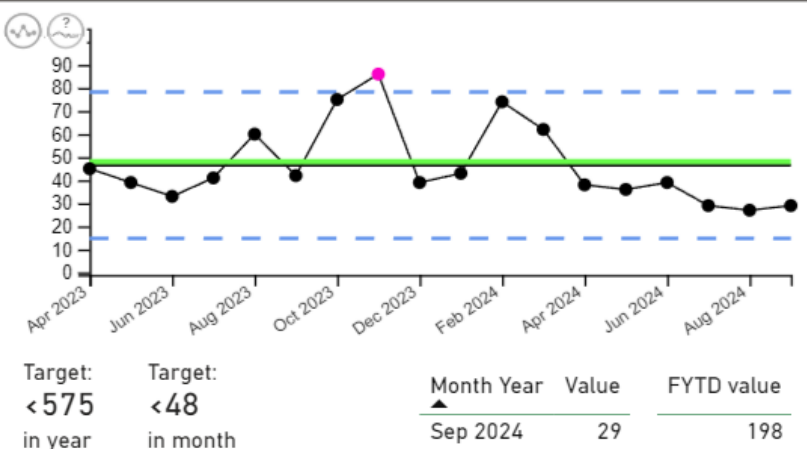
Summary

Reduction in the use of restrictive practices remain as key priority for the Trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018. Use of prone restraint (being held in a face or chest down position) carries increased risks for patients and should be avoided and only used for the shortest possible time. The prone position is used mostly to administer medication via intramuscular injection (IM) followed by seclusion exit procedure. In September 2024, the most common reasons were administering IM medication (6) Planned care/ patient preference (2) unintentional led by patient (1) and seclusion exit (1).

Highlights

The graph shows the use of prone by month for all wards over the last year. The Trust can demonstrate a sustained reduction is use of prone restraint since 2021. However, during April 2024 this increased above the trend line with 31 uses of Prone. The reduction since May has been maintained with further reduction in September to 10 episodes of prone restraint. The 10 episodes of Prone in September involved 7 patients and were spread across 7 wards. 6 episodes were to enable administration of IM medication and 2 planned Care /Patient preference, 1 unintentional led by patient and 1 for seclusion exit. The Positive and Safety Strategy work is focusing on quality improvement projects around the use of prone for IM medication and for seclusion procedures.

Reduction in use of seclusion (number of incidents involving seclusion)



Summary

Reduction in the use of restrictive practices remains as a key priority for the trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018. Seclusion is only utilised when all other options to manage the situation without the use of restriction have been considered and exhausted. In very rare situations individual patients may have bespoke care plans that include access to seclusion as a therapeutic option. The most common reason that seclusion is utilised is to support the management of violent and aggressive behaviour.

Highlights

September 2024 saw the reduction in seclusion being maintained with 28 episodes of seclusion across 9 wards, involving 20 patients. The highest use of seclusion within the month was on Sapphire (6 episodes involving 4 patients), CAMHS Meadow (6 episodes involving 3 patients) and Ashurst PICU (5 episodes involving 4 patients). The increase early in the year was largely due to one patient on Evenlode who required frequent episodes of seclusion. This has reduced in number but with longer periods of seclusion with one extended seclusion episode currently.



Note: Recent changes to the Complaints procedure introduced the following terms: rapid resolution complaint (previously known as concern) and low/high level complaint. The above graph shows a combined figure of early resolution, rapid resolution complaints and low/high level complaints since the change was introduced in April 2024.

Summary, highlights

The Trust continues to value all complaints and concerns raised to use these as opportunities to make improvements. We monitor key themes identified within complaints, alongside information from other sources of feedback such as Patient Safety Incidents, Legal Claims, Inquests and HR investigations. Discussions to triangulate the information takes place on a weekly basis at the Trust-wide Clinical Weekly Review Meeting and monthly at the Trust-wide Quality and Clinical Governance Sub-Committee. The Trust introduced the new national complaints standards at the beginning of April 2024.

In September 2024 there were forty-five (45) rapid resolution complaints, eleven (11) low level complaints and one (1) high level complaint. The top teams with three or more complaints were GP OOH, AMHT Bucks Aylesbury Team and CAMHS Oxon Neuro. There were twenty-three (23) early resolutions in September.

During September 2024, the Trust received two-hundred and seventy-five (275) compliments across services.

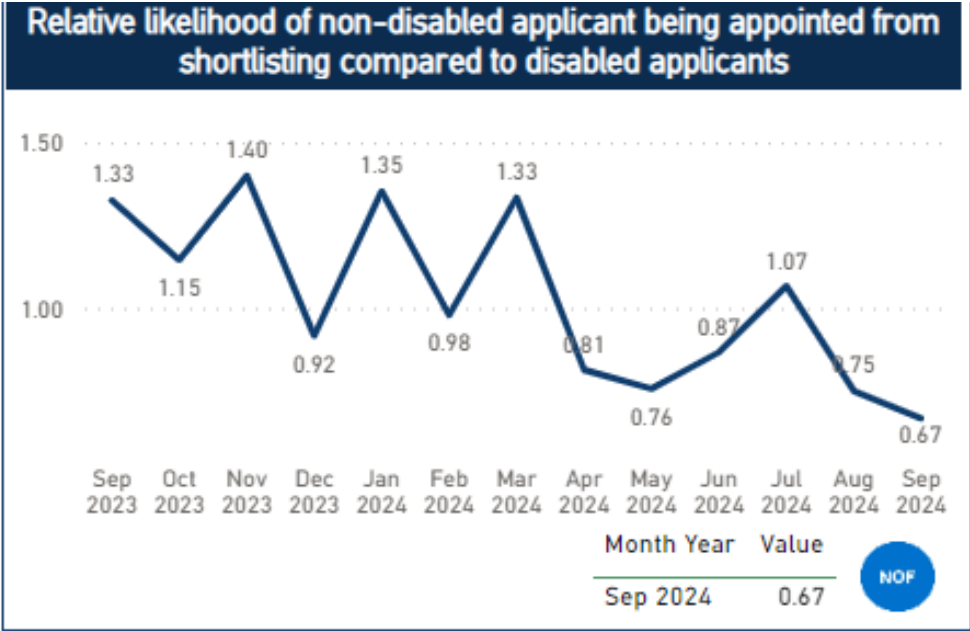
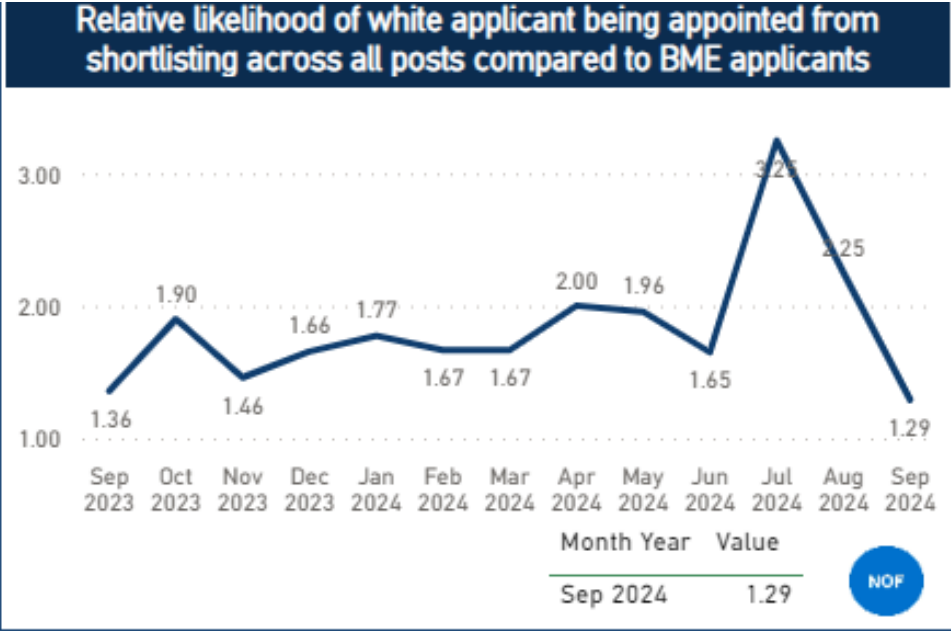
Actions :

- Early resolution: - work with teams to ensure service and team manager are contacting individuals within 72 hours to try to resolve issues at this stage.
- Rapid Resolution: - continue to engage with services to work towards completing these cases within the 15 working day deadline and responding to complainants in writing.
- Extensions process; continue to strengthen the process within Directorates with a greater oversight for clinical directors by introducing some KPIs and auditing of standards.
- Learning from complaints and sharing learning: - reintroduction of complaints panels to provide a greater overview of current situation within services, review quality and focus on learning.

People - Be a great place to work

People metrics – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
NOF	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	TBC	Sep-24	77.54%	↑	↑
NOF	Reduce staff sickness to 4.5%	4.5%	Sep-24	4.97%	↑	↓
	PDR compliance	95%	Sep-24	97.06%	↓	↑
NOF	Reduction in vacancies	9%	Sep-24	12.72%	↓	↓
	% of early turnover	14%	Sep-24	14.35%	↓	↓
	Statutory and mandatory training compliance	95%	Sep-24	90.49%	↓	↑
	Clinical supervision completion rate	95%	Sep-24	76.76%	↑	↑
	Management supervision rate	95%	Sep-24	71.63%	↑	↑
NOF	Staff leaver rate	n/a	Sep-24	7.52%	↑	↓
NOF	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	n/a	Sep-24	1.29	↓	↓
NOF	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	n/a	Sep-24	0.67	↓	↓
Strategic Metric - People NOF	Reduce agency usage to meet target (% of agency used)	6.50%	Sep-24	5.89%	↓	↓
Strategic Metric - People	Reduction in % labour turnover	14%	Sep-24	12.34%	↑	↓
Strategic Metric - People	% of staff completing Quality Improvement Training Level 1	% reporting in development for FY25. Interim measure - 857 staff completed in September 2024				
Strategic Metric - People	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	19%	Sep-24	24.46%	↑	↑
Strategic Metric - People NOF	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	19%	Sep-24	12.77%	↓	↑

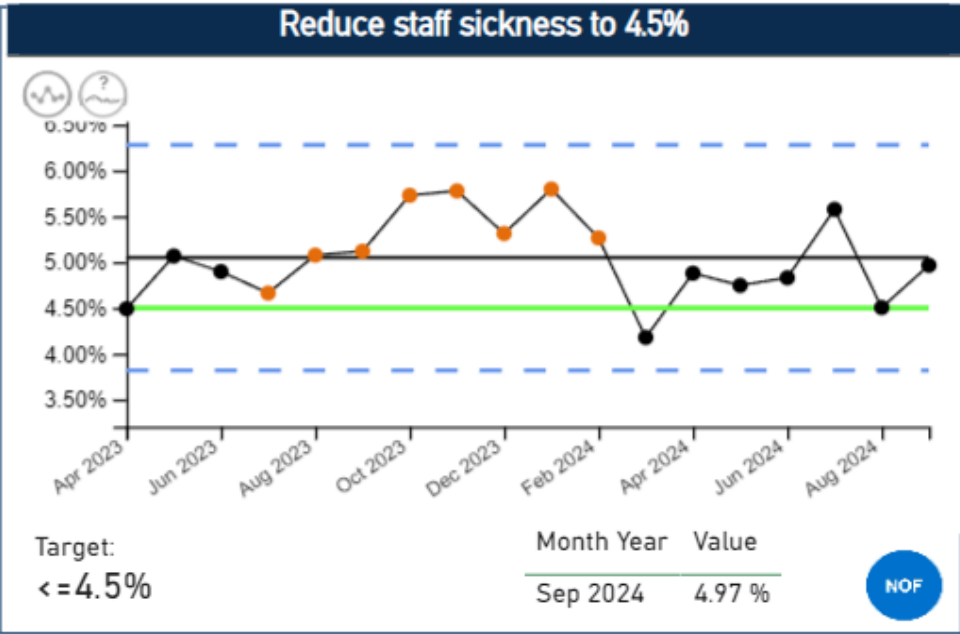


Summary

- The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic (BAME) applicants has decreased by 0.9 from 2.25 in August 2024 to 1.29 in September 2024. The higher the ratio, the more likely White applicants are to be appointed than BAME applicants. A ratio under 1 indicates that BAME applicants are more likely to be appointed than White applicants and vice versa. A ratio of 1 indicates equal likelihood for both groups.
- The relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants has decreased by 0.08 from 0.75 in August 2024 to 0.67 in September 2024. The higher the ratio the more likely Non-Disabled applicants are to be appointed than Disabled applicants. A ratio of 1 would indicate equal likelihood for both groups.

Actions

- Race Equality:
- Proposal to recruit Inclusion Reps from all the directorates to sit on all interview panels for Band 8c and above under consideration and the training package for staff is being developed with L&D. The recruitment will start in Q3 and training in Q4. In the meanwhile, resources have been allocated to support interviews from within the EDI team.
- Disability Equality:
- The re-accreditation of the Level 2 Disability Confident submission to the DWP was completed on 13/08/24. The Trust has been re-accredited at Level 2. Work now begins on Level 3 with the aim of submitting end of Q4.



Summary

The sickness absence increased from 4.5% to 4.97%, slightly above target.

The proportion of long term versus short term cases remains broadly consistent with the previous month. The most common reasons for absence based on number of cases were Cough/Cold, Headache/Migraine, Gastrointestinal, Covid 19 confirmed and Anxiety/Stress non-work related.

Actions Sickness Absence

The Human Resources (HR) Operational teams continue to regularly review the management of individual sickness absence cases where individuals have been identified as having higher levels of absence. The HR Operational Teams also focus on the areas with the highest levels of absence and work closely with line managers to support the management of short term frequent and long-term absence.

Stress/Anxiety non-work-related sickness continues to be one of the key reasons for absence, we continue to ensure that return to work and wellbeing conversations are taking place after every absence event between line managers and employees. We also continue to signpost to the various support/assistance programmes that are available (e.g. our Employee Assistance Programme).

Training sessions have been run for managers throughout September and October to upskill them on the new processes for reporting and recording absence with the Goodshape service no longer being used from 1 November. The training includes guidance regarding the importance of conducting Return to Work Interviews and monitoring absence triggers.

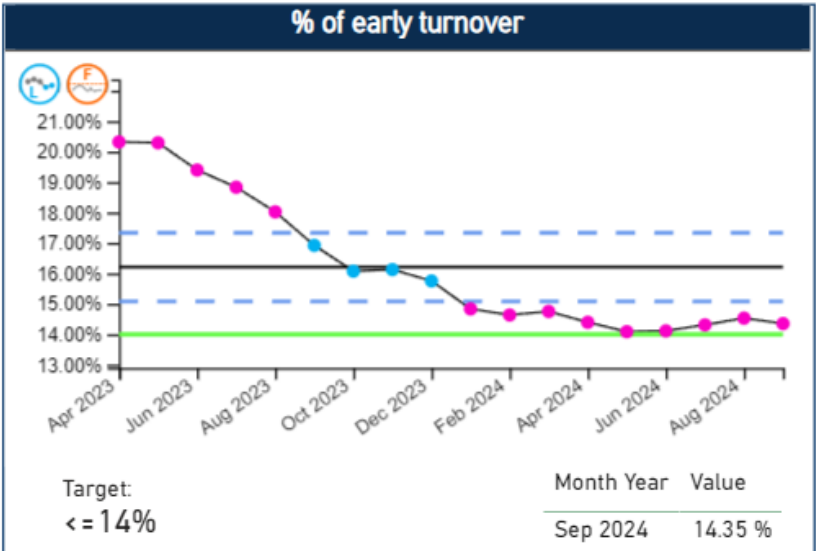
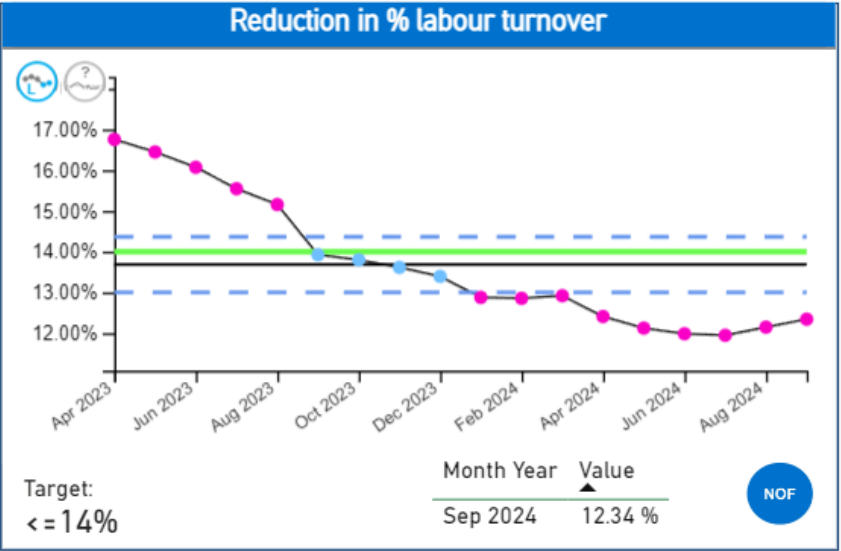
Focus on upskilling managers, including manager briefings and bespoke absence management training continues. Absence management training is being delivered in larger services where there are new line managers. We are also working on virtual e-learning sessions to make accessing training modules and materials easier for managers. Work to ensure a smooth transition from Good shape to managing absence through the E-rostering system is almost complete with training sessions for managers well underway and the transition occurring on 1 November.

Actions Occupational Health/ Well being

The Occupational Health team undertook 204 management referrals, 18 self-referral, 1 ill health retirement application and 76 reviews during August. Of the 36 management referrals relating to Musculo-skeletal (MSK) causes, 16 were attributed to work-related issues and 10 were referred on for physiotherapy. From a stress perspective (both attributed to work and non-work-related causes) 39 referral appointments were completed (32 for perceived work stress), 7 were referred on for Staff Psychology Service assessment.

Other activities included processing 176 work health assessment questionnaires, 52 of which needed a follow-up appointment, 4 case conferences, 7 workstation specialist advice/assessment and 2 management of blood borne virus incidents. The Staff Psychology Service received 9 new referrals during September and completed 11 initial consultations plus 53 ongoing treatment sessions. Waiting times have reduced to 12 working days day on average for initial consultation.

A New Occupational Health system is being implemented between November and January, which will result in some disruption. Risk has been added to Trust risk register and mitigations are being put in place.



Summary

Staff turnover increased from 12.15% to 12.34% and remains below the 14% target. Early labour turnover has decreased from 14.53% to 14.35%

The early turnover of Black, Asian and Minority Ethnic (BAME) staff (17.1%) is considerably higher than turnover of white staff (14.2%) leaving within 12 months of start date.

High levels of turnover impact on vacancies, agency spend, quality of patient care and staff experience so the Trust has put in place several interventions to improve the staff experience, and these are ongoing.

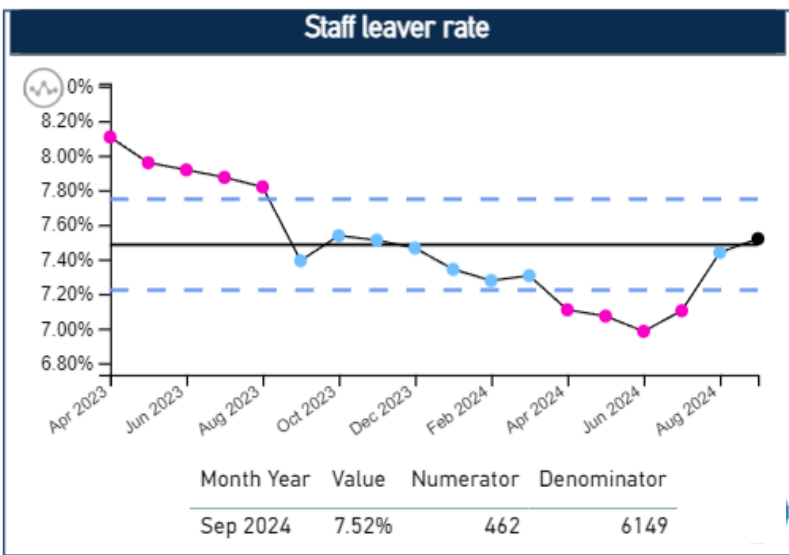
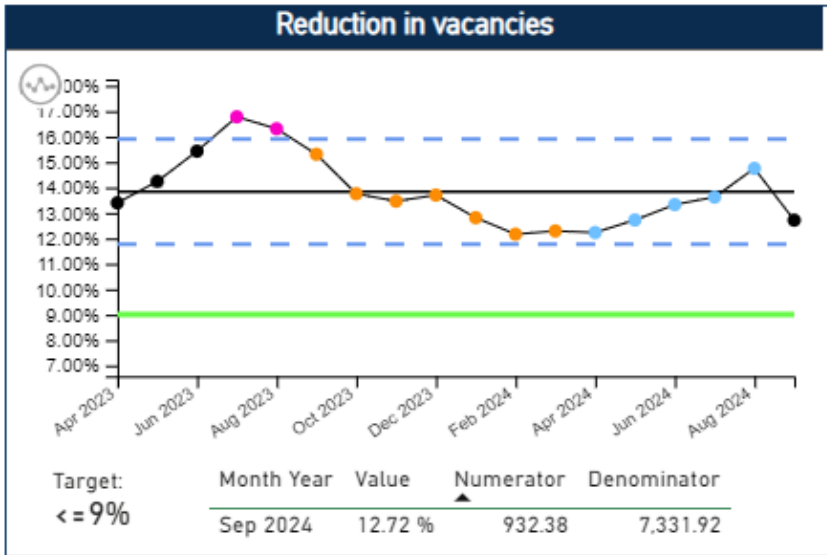
Actions

As a result of the deep dive and the hotspot areas identified the retention team have setup multiple workstreams as a direct response to reduce turnover in these areas.

- The two priority areas are:
- BAME turnover – particularly band 3 males, clerical workers, health care support workers and staff nurses
 - Early Turnover

Below is a summary of some of the actions and ongoing work being undertaken:

- Full review and relaunch of a new and improved local Induction to support managers through the process resulting in an improved new starter experience
- New starter experience monthly drop ins sessions setup and advertised, and comms strategy created to increase awareness of new starter experience questionnaires
- PDR improvements feedback review carried out to understand how staff feel about the quality of PDR's. This will inform future improvements (due to be presented at PSG 29th oct)
- 1:1 career coaching is on-going; the retention team receives 5+ requests every week
- OD support package for high turnover teams and a process for deploying support in design phase
- Retention Team attending one regular meeting for each directorate to update on retention work and to keep in touch with what is going on for each directorate
- Careers workshop in design phase – the aim of this will be to fill the current gaps and offer much needed support to staff, this should also replace some of the 1:1 career coaching sessions provided currently



Summary

The vacancy rate has decreased from 14.75% to 12.72%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The length of time that it is taking to hire an employee results in candidates withdrawing from recruitment process or securing roles in other organisations.

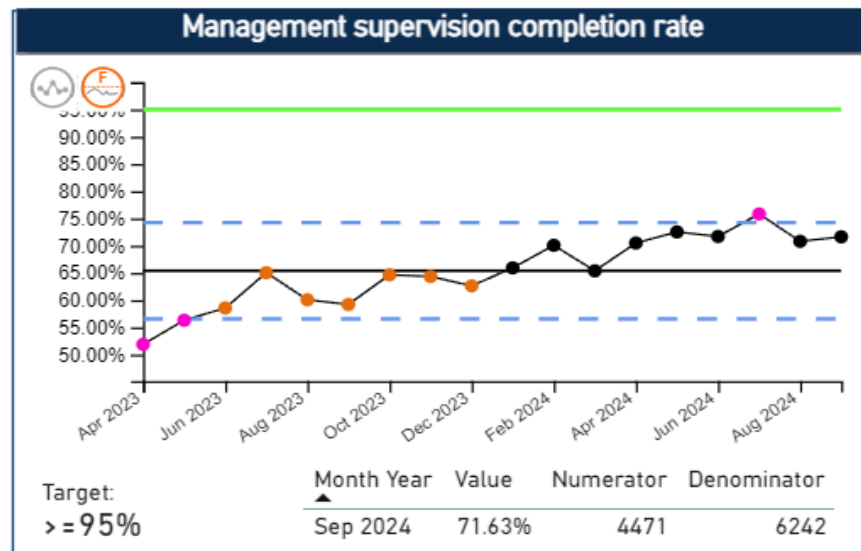
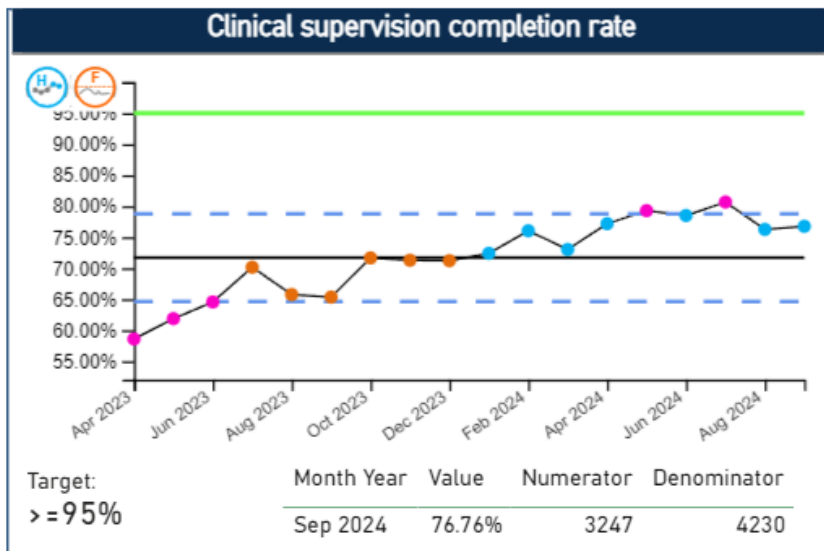
Hiring challenges remain due to low unemployment, talent market conditions, talent and skills shortages in key areas such as nursing alongside high cost-of-living and lower compensations in our geographical regions.

Actions:

Recruitment events have started again after the summer break, Saturday 28th September saw the first District Nursing event of the season, with 15 nurses attending, at this stage 8 offers have been confirmed. Recruitment Roadshows are booked for throughout November, these will be held in Oxford, Aylesbury, Banbury and Swindon. The team held their first assessment centre event for Forensic Healthcare Assistant (HCA) recruitment with 29 HCAs in attendance and 14 candidates offered, appointing to all current Forensic HCA vacancies on the day. The calendar for the rest of the year also includes numerous University events, the first at Buckinghamshire New University was last week, and a number of local external recruitment events. The Swindon Roadshow is also scheduled for November.

Priorities:

- A re-organisation of the Resourcing team has now been completed, the proposed new structure will be in place by the end of 2024 and will move the Trust towards a Talent Acquisition model.
- New technology developments required to allow this structure to be successful will include on-line ID checking platform meaning most candidates will no longer need to attend Littlemore to conduct an identity/right to work check and a TRAC upgrade allowing forms to be complete and signed online (on any device). This is currently paused while we undertake a wider assessment of HR system change to allow for work to be planned and for this to be budgeted.

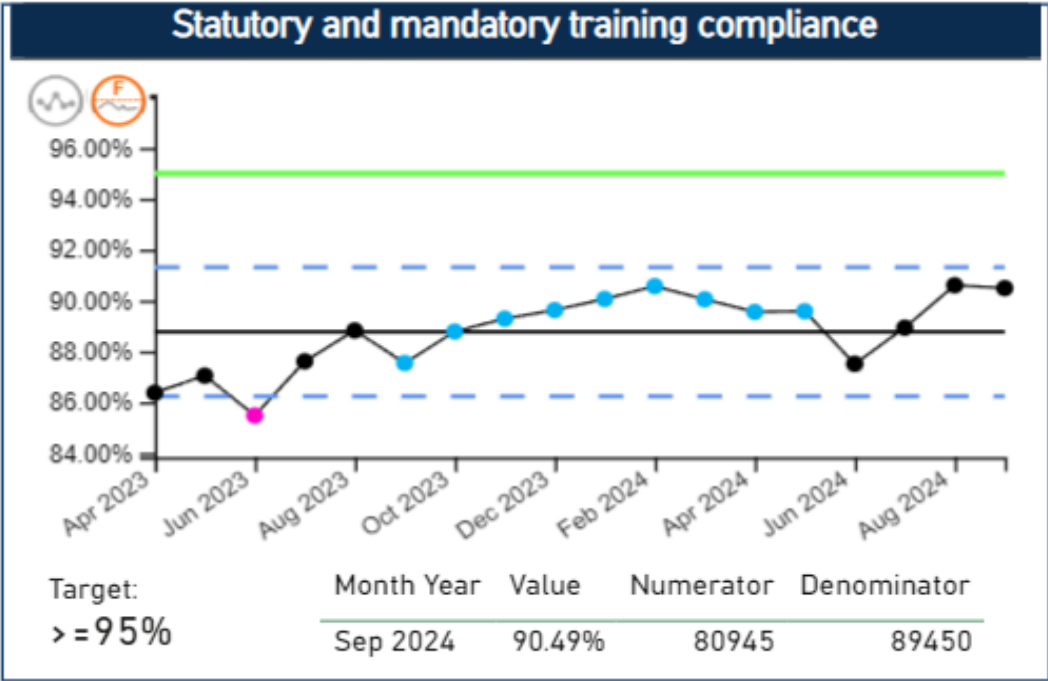


Summary

Good quality and regular management and clinical supervision is essential for ensuring that we provide high quality patient care and that we support staff in relation to their professional development and wellbeing. This Clinical supervision has increased from 76.3% to 76.8%. Management supervision rate has also increased from 70.8% to 71.6%.

Action

- The Supervision steering group has now stopped, and oversight of supervision has been moved to the Education Strategy group – updates from the initial stages of the Quality Improvement (QI) project to be presented for discussion/decision in next meeting on October 22nd.
- The Head of Learning and Development and the Deputy Chief Nurse have started a QI project with current actions being completed:
 - review of other Trust supervision policy to determine best practice/approach to take.
 - review of other Trust compliance rates to determine if Oxford Health are in line with what other Trusts consider to be achievable compliance rates.
 - review staff survey questions relating to supervision to ensure that all changes are in line with these.



Summary

Although monthly variation can be noted, the overall position for Statutory and Mandatory training continues to improve and all the directorates in the Trust are circa 90% completion which demonstrates the continued commitment to supporting staff to complete this. There is currently focused work within the trust to improve the compliance for the Corporate Directorate as well as ensure our medical staff have access to the right training and that passporting of training from other organisations is smooth.

Work continues to correct anomalies in job roles to ensure accurate training is allocated to each staff member as this remains an issue. There is focused work on those pieces of training that are below 90% which includes Conflict resolution training, Fire safety training, Infection, Prevention and control training, Resus and the L1 Oliver McGowan training on autism and learning disability as well as work within the trust to improve the compliance for the Corporate Directorate.

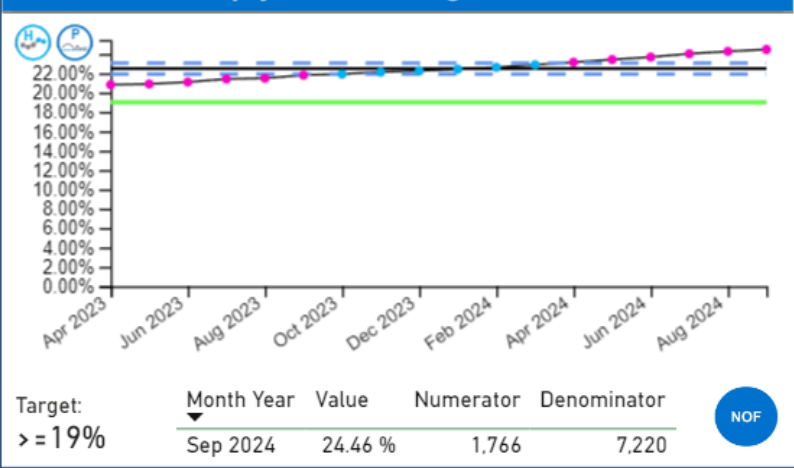
The Head of Learning and Development is engaged with the National NHS England (NHSE) project to align all Statutory & Mandatory (S&M) training for easy passporting. Trust has submitted mapping against Core Skills Training Framework (CSTF) for approval through NHSE programme and has been identified as Trust of progressive practice in their approach to Statutory and Mandatory training.

Actions

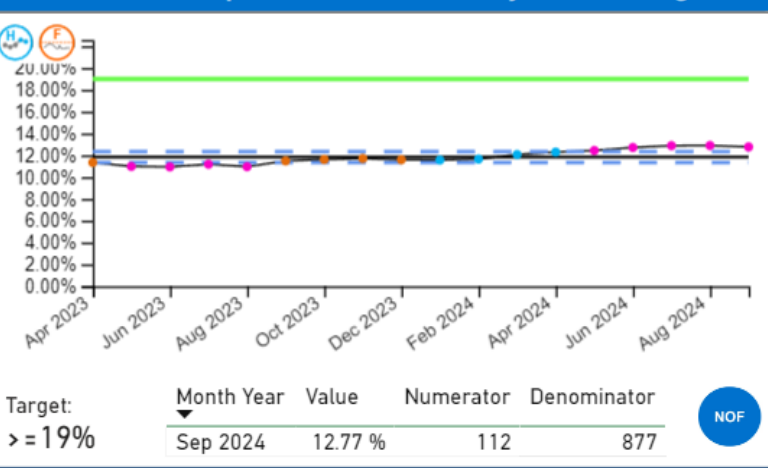
Assurances for training modules below 90%:

- Conflict Resolution – PEACE team continue to offer regular Virtual and face-to-face sessions to enable staff to complete recertification of training that was recently corrected. There is continued improvement in overall compliance – it is currently 88.83%, current trajectory suggests compliance will be above 90% by end of November.
- Fire safety (now including fire awareness and fire response) - Additional training sessions supporting improvement in compliance – current compliance 89.24%.
- Infection Prevention and Control – Non-clinical staff continue to be reminded to complete recertification of IPC training that had affected overall compliance. Compliance steadily improving – current compliance 88.93%
- Resus – Deep dive complete. Scheduling of additional training to address the backlog of outstanding staff caused by high non-attendance rates underway. Additional resourcing under review. Level 1 Oliver McGowan – newly introduced training this financial year – compliance rates steadily improving – current compliance 88.69%. L&D are hosting delivery of pilot training planned by BOB ICB during November and December 2024. Trust has been awarded prioritised places for this provision.

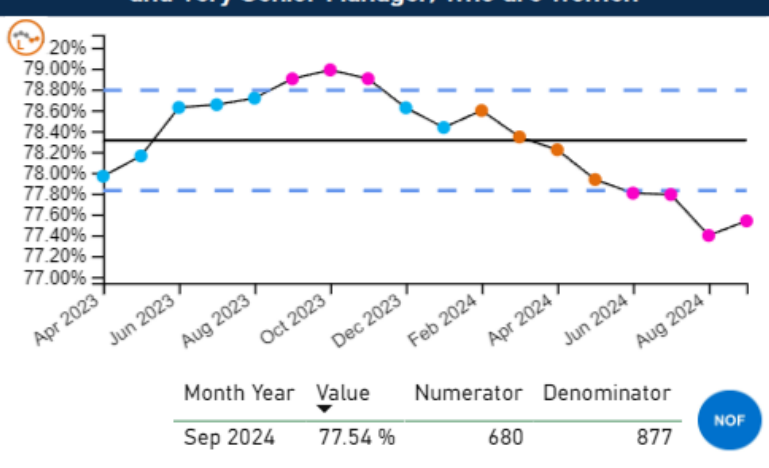
% of BAME (black, Asian and minority ethnic) representation across all pay bands including board level



% of BAME (black, Asian and minority ethnic) representation in senior leadership roles (8a -8d, B9 & Very Senior Manager)



Proportion of staff in senior leadership roles (bands 8a -8d, 9 and Very Senior Manager) who are women



Summary

- There has been an increase of +0.2% in the representation of Black, Asian and Minority Ethnic (BAME) staff across all pay bands in September 2024 reporting period.
- There has been a decrease of -0.13% in the representation of Black, Asian and Minority Ethnic (BAME) staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in September 2024 reporting period.
- There has been an increase of 0.14% in the representation of Female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in September2024 reporting period.

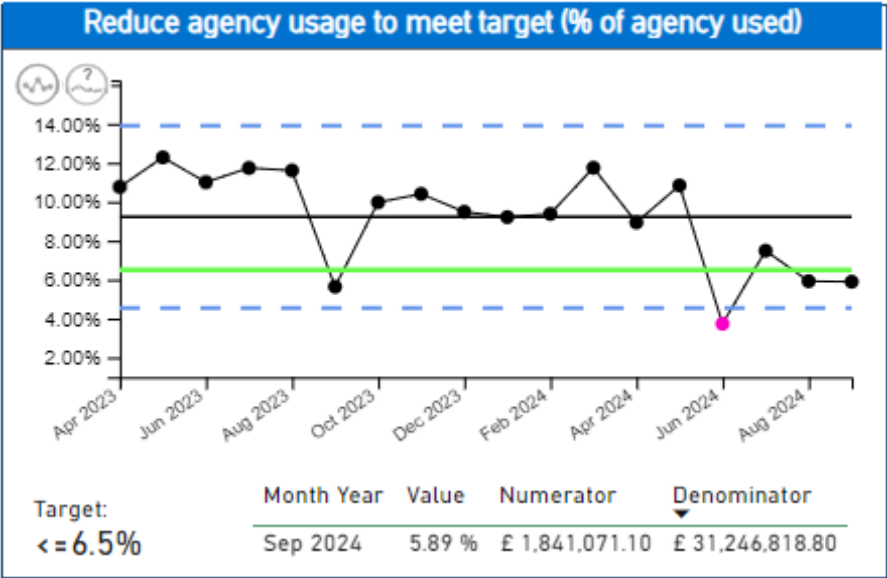
Actions

All three above metrics will be worked on under High Impact Action 2 to secure diverse and fair representation of staff in the workforce in line with inclusive recruitment and talent management principles. We will also draw on the analysis of the NHS Workforce Race Equality Standard (WRES) 2024 data and the Gender Pay Gap Report 2024 to understand how we improve representation for race and gender as this cannot be examined separately to the equality agenda.

High Impact Action 2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity

Update:

- Proposal to recruit Inclusion Reps from all the directorates to sit on all interview panels for Band 8c and above under consideration.
- Work underway within the Human Resources and Learning & Development functions to define talent and succession planning more clearly to understand what interventions are a priority.
- Ongoing discussions with BOB ICB and partners about sharing best practice and learning to support progress in this area.



Summary

Overall, total agency spend in September 24 was £1,841K (5.9% of total pay bill) or 13.9% below September Agency budget of £2,138k.

Agency Spend as a % of Temporary Staffing was 38.7% (£1,841K) and Bank was 61.3% (£2,911k).

Fill rates :
NHSP shifts only (excl Medical & Dental): In September, 70.8% of our temporary staffing shifts (based on hours) were filled by bank workers; 26.8% were filled by agency workers and 2.4% were unfilled

Medical & Dental (ID Medical, Allocate and Patchwork): In September, 42.2% of our temporary staffing shifts (based on hours) were filled by bank workers; 48.3% were filled by Agency workers and 9.5% were unfilled

Highlights, updates, actions

NHS Professionals (Agenda for Change):

NHS Professionals (NHSP) have implemented a new training platform during September / October, which unfortunately took longer than anticipated to be rolled out, resulting in workers being unable to complete training for both existing roles and on boarding. NHSP put extensions in place and communicated with Bank Members to keep them informed. A meeting has now been arranged for 7th November between Trust’s Learning & Development team and NHSP Governance team, the first of monthly meetings to align training requirements thereby reducing issues arising from differing compliance matrices. NHSP needed to delay payments for the agreed Pay increases, due to some Trusts not deciding until late October on what, if any, payment they were willing to agree to pay from the award date of 1st April. This has now been finalised and, all workers will be paid the new rates from Monday 4th November 2024. Bespoke communication has gone out to all Bank Members advising them on Trust decisions. Oxford Health will be back dating the award to 1st April. Back dated payments will be made on Friday 29th November 6th & 13th December, for all shifts released for payment by Sunday 17th November. Invoices to Trusts will be raised Friday 24th January 2025.

ID Medical (AfC):

There are currently 100 lines of work in place across the Trust which has reduced by 150 from 250 since 1 January 2024. The number of lines of work at price cap are 56, phase 1 has reduced from 40 to 38 and phase 2 have reduced from 4 to 3. The temporary staffing team are continuing to support teams in migrating agency workers to the bank and substantive roles, to date 30 agency workers have migrated to the bank, 24 agency workers and 47 bank members have joined the Trust on a substantive basis. There are 12 agency and 11 NHSP workers who are currently being onboarded to substantive roles with the Trust. In September retrospective shifts accounted for 6.43% of shifts filled compared to 15.19% in September last year, the monthly target is 3%. The top 5 users of retrospective shifts in September have been identified and the temporary staffing team are working with these teams to understand the reasons for this use which will inform the development of their action plans.

ID Medical (Medical):

The Mental Health directorate continues to be the main area of focus for rate reductions through ID Medical. Further meetings are being undertaken with Clinical Directors, to target high-cost Locums for replacement. The work to move Non-DE to DE has had some success, however not all Locums have agreed to move so whilst rate reductions have been achieved these are not reflective of the savings we need to report and therefore replacements will be sourced to on-board a more cost-effective DE Locum or replace with a substantive worker. Further rate reductions of Emergency Practitioners in the GP Out of Hours service has stalled due to availability and rates being paid elsewhere. This will be raised with SETS Collaborative to see what can be done to address rates collectively.

Section 3

Strategic dashboard

Strategic objectives



Oxford Health
NHS Foundation Trust

Strategic objectives guide the priority setting and decision-making. Each objective has a set goal and overarching ambitions, which are then linked to specific measures and targets. Full Strategic Dashboard will be first reported to the Trust Board in November 2024; in-year strategic metrics, where possible, are reported monthly.

Quality	People	Sustainability	Research
Deliver the best possible care and health outcomes	Be a great place to work	Make the best use of our resources and protect the environment	Be a leader in healthcare research and education
To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes. To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.	To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount. To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment	To make the best use of our resources and data to maximise efficiency and financial stability and inform decision-making, focusing these on the health needs of the populations we serve, and reduce our environmental impact	To be a recognised leader in healthcare research and education by developing a strong research culture across all services and increase opportunities for staff to become involved in research, skills and professional qualifications
• Care is planned and delivered around the needs of patients • Patients are receiving effective care • We provide timely access to care and when waits occur, we will effectively monitor patients and minimise harm • We are addressing health inequalities • We consistently provide safe care, which a reduction in avoidable in-services harm • We have a safe and learning culture	• We have a sustainable workforce • We have an engaged, well led workforce • We have a skilled, learning workforce • We foster a just work environment	• We are spending and investing as efficiently as possible and sustaining our financial position over the medium term • We are on track for Net Zero Carbon emissions by 2045 as defined within the NHS Carbon Footprint plus • Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management • We will have moved toward a modern, efficient estate that enables access and wellbeing for staff and patients	• We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation • We will build our capacity to translate our research into services

Strategic Dashboard – Mid-year review - Quality

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
Quality	Care is planned and delivered around the needs of the patient	% of patients responding that overall the care was good or very good - mental health	> =85%	88.68%
		% of patients responding that overall the care was good or very good - Primary, Community and Dental	> =85%	92.35%
		% of patients report being involved in their care - mental health	> =80%	86.42%
		% of patients report being involved in their care - Primary, community and dental	> =85%	91.90%
	Patients are receiving effective care	% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice	Baselining	For FY25 subject to phased operational implementation
		% of children and young people accessing mental health services, having their outcomes measure recorded at least twice	Baselining	For FY25 subject to phased operational implementation
		% of women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice	Baselining	For FY25 subject to phased operational implementation
		% of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	tbc	For FY25 subject to phased operational implementation
	We provide timely access to care and when waits occur we will effectively monitor patients and minimise harm	% of children and young people, carers/families receiving meaningful contact within 4 weeks from request for mental health service – Interim metric (measures one meaningful contact* within a care episode within the four (4) week period)	61% National average	60.87%
		Average response time for out of hours palliative care referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=30mins)	Baselining	92.67%
		Average response time for out of hours palliative care referrals: the time from completion of that triage call to the start of the home visit consultation (<=60mins)	Baselining	50.72%
	We are addressing health inequalities	% of breastfeeding prevalence at 6-8 weeks	60%	59.70%
		Rate per 100,000 population of detentions on admissions to hospital of black or black British patients	tbc	Reporting in development for FY25
	We consistently provide safe care, with a reduction in avoidable in-service harm	National Early Warning Score (NEWS) [national tool for detecting clinical deterioration], completed correctly where applicable – Community	> =90%	87%
		Outcome of National Early Warning Score (NEWS) [national tool for detecting clinical deterioration] escalated appropriately – Community	> =90%	71%
		Reduction in use of prone restraint	<188 per year	90
		Reduction in the use of seclusion	<575 per year	198
		% of patients with 'My Safety Plan' completed, where suicide is identified as risk on Risk Assessment Form	Baselining	For FY25 subject to phased operational implementation
	We have a safe and learning culture	Response to staff survey question-I would feel secure raising concerns about unsafe clinical practice	79% (2023 OHFT score)	79% in 2023 (annual metric)

Strategic Dashboard – Mid-year review - People

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
People	We have a sustainable workforce	Reduce agency usage to meet target	<=6.5%	7.17%
		Reduction in % labour turnover	<= 14%	12.16%
		Develop approach to workforce planning (Process Measure)	Narrative	The approach to workforce planning will be informed by the outcome of the review into temporary staffing and will be addressed in Q3.
	We have an engaged, well led workforce	Staff survey staff engagement score	>=7.19	7.19 in 2023 (annual metric)
		Confirm Trust's approach to leadership development (Process Measure)	Narrative	Work is underway to design a leadership and management pathway for managers and leaders, linked to the NHS 'our leadership way'.
	We have a skilled, learning workforce	% of staff completing Quality Improvement Training Level 1	95%	857 staff completed (interim metric until % reporting enabled)
	We foster a just work environment	Black, Asian and Minority Ethnic representation across all bands including Board level	>=19%	23.83%
		Black, Asian and Minority Ethnic representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Manager)	>=19%	12.67%
		Develop our approach to mitigating the intersectional impacts of disadvantage, discrimination & bias (Process Measure)	Narrative	Work is underway across the Trust, including via the Equality, Diversity and Inclusion (EDI) programme. There are also areas of specific work e.g. a programme to support international nurses in their experiences.

Strategic Dashboard – Mid-year review - Sustainability

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
Sustainability	We are spending and investing as efficiently as possible and sustaining our financial position over the medium term	Set and meet plans to deliver a balanced or surplus budget each year in revenue	Within Budget	The FY25 revenue plan is a deficit of £2.7m. This will improve by £2.6m to a small deficit of £0.1m with non-recurrent deficit funding received from NHS England. The Trust is forecasting to be on plan. Work on the medium-term financial plan has been shared with Finance & Investment Committee on the options to enable to Trust to set a breakeven plan for FY26. This will also be dependent on the ICS financial position and the contract value agreed with BOB ICB
		Set and meet plans to deliver a balanced or surplus budget each year in capital	Within Budget	The capital plan is for £11.9m of spend in FY25 which agrees to the Trust's capital allocation. Capital is forecasting an overspend of £2.5m before any potential PFI exit payments. To address this, the Digital team are seeking additional funding, and the Estates team are stopping or slowing down projects to bring the spend back into balance.
		Achieve National Cost Collection of 100 or below	<=100	83 for FY22/23 (annual metric)
	We are on track for net zero carbon emissions by 2045 as defined with the NHS Carbon Footprint plus	By 2026, achieve 29% reduction in direct carbon emissions compared to 2019 baseline.	22%	18.44% for FY23/24 (annual metric)
		Confirm the baseline for supply chain carbon emissions and update the Trust Green Plan to show how carbon reductions will be delivered.	Baseline/ Narrative	The Trust Green Plan update is underway via the production of Green Plan ii which will be signed off by the end of the FY. This includes calculation of 'scope 3' (supply chain + other) emissions, guidance for which has recently been published by NHS England.
	Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management	Achieve an average score of 4 out of 5 in sections "ensuring smart foundations" within the Digital Maturity Assessment	>=4	2.8 in FY23-24 (annual metric)
		Achieve an average score of 4 out of 5 in section "improved care" within the Digital Maturity Assessment	>=4	2.2 in FY23-24 (annual metric)
	We will have moved towards a modern, efficient estate that enables access and wellbeing for staff and patients	Develop a strategy for our estates (Process Measure)	Narrative	Options for how to write the Estates Strategy are under consideration, with an aim to start in year if possible.

Strategic Dashboard – Mid-year review - Sustainability

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
Research	We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation	Participants recruited to Clinical Research Network (CRN) portfolio studies by directorate	Narrative	3170 participants were recruited in FY 23/24. An example is the PPIP2 study, to which 52 patients were recruited and received a blood test to identify antibodies. The methodology for this test is highly accurate using live cell-based assays which is currently unavailable on the NHS. The alternative NHS test, using fixed assays, is available at a significant costs and shown to be less accurate. The recruitment to the PPIP2 study represents savings to the NHS and a speedy diagnostic route for our patients, thus potentially avoiding lengthy admissions.
		Number of active or aspirational principal investigators by directorate	Narrative	There are 87 principal investigators in the Trust across 7 professional groups. A new form will shortly be released to capture the interest of aspirational PIs. A previous version of this form enabled the first member of the nursing profession to become a PI, leading a successful study.
	We will build our capacity to translate our research into services	Number of dual academic/clinical role	Narrative	On average there are 70.2 whole time equivalents funded to work on research. Within the scope of this report the salient points to highlight are a significant percentage of these posts are in the Oxford area representing research "hotbeds", such as the Oxford Early Intervention Service. Projects are in the planning stage to grow the number of dual roles outside of Oxford to ensure equality of access for our staff and patients, with an emphasis of building in research capacity at the job evaluation stage
		Develop infrastructure to translate research into services and demonstrate impact (Process Measure)	Narrative	Oxford Health is collaborating with Neu Health to be the first Mental Health Trust using and reporting on acceptability and feasibility of the platform in patients with dementia and mild cognitive impairment. Neu Health are a spin out company from the BRC and this marks a significant milestone in a longstanding relationship and progression of translational research. A new pathway for dementia patients has been launched and will be hosted by the Oxford Health Cognitive Clinical Research Facility (CRF) in collaboration with Lilly, an international medical research and development company, and Oxford University Hospitals (OUH). This presents unique opportunities to offer lumbar punctures to patients, new diagnostic pathways, early diagnosis, identification of biomarkers and importantly an avenue for prescribing disease modifying drugs. This will be a clinic at the front line of translational research.

Appendices

ICB BOB performance

Extract from BOB ICB Integrated Performance Report presented to BOB ICB Board in November 2024 ([20241119-bob-icb-board-item-11-performance-and-quality-report.pdf](#)) ; please note that Children and Young People and Out of Area Placement metrics reported below are impacted by Carenotes outage and data flows to the Mental Health Services Data Set hence may not be reflecting an accurate position.

Children and Young People Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Children and Young People with an Eating Disorder Urgent cases that wait 1 week or less from referral	Mar 24	95.0%	71.0%		
	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Feb 23	26,531	17,195		

Dementia and Out of Area Placement (OAP) Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) - Commissioner	Aug 24	0	10		
	Estimated Diagnosis rate for people with dementia	May 24	66.7%	62.0%		

Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Aug 24	75.0%	95.3%		
	Talking Therapies: Treated within 18 weeks	Aug 24	95.0%	100.0%		
	Talking Therapies: Moving to reliable recovery (national)	Aug 24	50.0%	51.4%		
	Talking Therapies access (total numbers accessing services)	Apr 24	3,914	5,630		

Severe Mental Illness Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	People with severe mental illness receiving a full annual physical health check and follow up interventions	Mar 24	60.0%	67.8%		

Glossary of metrics (in continuous development)

Area	Metric/theme	Definition	Why is it important?
Child and Adolescent Mental Health Services	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Long term plan measure to monitor expansion of mental health services to ensure additional capacity for children and young people to receive mental health services	Additional capacity to meet growing demand with the aim of addressing mental health needs early and potentially reducing long-term impact on the individual, improving overall health outcomes
	Four (4) week wait (interim metric - one meaningful contact within episode)	Interim proxy measure measuring the time from referral to first meaningful contact. Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.	To monitor number of children and young people waiting for support from mental health services as longer waiting times may lead to development of more intractable problems and worse patient outcomes.
	% referred cases with suspected Eating Disorder that start treatment within 7 days or 4 weeks	Proportion of routine and urgent referrals starting treatment within 7 days for urgent cases and within 4 weeks for routine cases.	To monitor number of children and young people who have accessed or are waiting for treatment following a routine or urgent referral for suspected eating disorder. Offering evidence based, high quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.
Talking Therapies	Increase the number of adults and older adults accessing Talking Therapies treatment	Long term plan measure monitoring expansion and accessibility of Talking Therapies services	To ensure those suffering from depression and anxiety can access effective psychological therapies as first choice interventions and those who are seen by Talking Therapies services receive a course of NICE recommended psychological therapy from an appropriately trained and supervised individual and have their clinical outcomes monitored and reported,
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000		
	Reliable recovery rate	The proportion of patients who start treatment with a score for anxiety and depression which meets the threshold for a clinical case, whose score at the end of treatment has reduced to below the clinical threshold.	The Talking Therapies Recovery Rate measures the effectiveness of Talking Therapy services and can also be used to identify different outcomes of the service for different patient groups – thereby providing useful intelligence to help reduce health inequalities.
	Reliable improvement rate for those completed a course of treatment adult and older adults combined;	A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measure by the difference between their first and last scores on questionnaires tailored to their specific condition.	The Talking Therapies Recovery Rate measures the effectiveness of Talking Therapy services and can also be used to identify different outcomes of the service for different patient groups – thereby providing useful intelligence to help reduce health inequalities.
	% of people receiving first treatment appointment within 6-18 weeks of referral	One of the stated targets of the NHS Talking Therapies for anxiety and depression programme is that for referrals finishing a course of treatment in the month, 75% access services within 6 weeks, and 95% within 18 weeks. These are based on the waiting time between the referral date and the first attended treatment appointment.	Monitoring of Talking Therapies waiting times ensures that patients receive timely access to treatment (early intervention can prevent conditions from worsening and improve outcomes), helps to identify disparities and potential delays or capacity issues in the system.
	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments)		
	Meet and maintain at least 50% Talking Therapies recovery rate with improvement to 52% by end of Financial Year 24-25	Recovery in NHS Talking Therapies is measured in terms of ‘caseness’ – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment (‘at caseness’) and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition. The Government target is that 50% of eligible referrals to NHS Talking Therapies services should move to recovery.	The Talking Therapies Recovery Rate measures the effectiveness of Talking Therapy services and can also be used to identify different outcomes of the service for different patient groups – thereby providing useful intelligence to help reduce health inequalities.

Glossary of metrics (in continuous development)

Area	Metric/theme	Definition	Why is it important?
Adult and Older Adult Community mental health services	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Long term plan measure to monitor expansion of mental health services to ensure sufficient capacity for adults and older adults to receive mental health services	Additional capacity to meet growing demand with the aim of addressing mental health needs early and potentially reducing long-term impact on the individual, improving overall health outcomes
	4 week wait (28 days) standard (interim metric - two contacts within episode)	Interim proxy measure measuring two meaningful contacts within a care episode within the four (4) week period. Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.	To monitor number of adult and older adults waiting for support from mental health services as longer waiting times may lead to development of more intractable problems and worse patient outcomes.
	Deliver annual physical health checks to people with Severe Mental Illness (System Measure)	Number of people on the General Practice Severe Mental Illness register at the end of each quarter and how many of these have received a comprehensive physical health check in the 12 months to the end of the reporting period. This is an ICB metric combining data from GP practices and other providers of primary care services.	Annual physical health checks are a key level to address the reduced life expectancy both people with Severe Mental Health Illnesses.
	Improve access to perinatal mental health services	Long term plan measure monitoring expansion and accessibility of Perinatal Mental Health services	To monitor support available for women with moderate to severe or complex mental health needs support (including on how to develop the relationship between parent and baby)
	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	The Access and Waiting Time Standard for Early Intervention services requires that at least 50 per cent of people experiencing a first episode of psychosis will be seen by an early intervention team, allocated a care coordinator and have started treatment with a NICE approved package of care, within two weeks of referral. The standard is aimed at people aged 14-65.	Monitoring is important in ensuring that care is robust and early intervention services work alongside primary care services to support recovery
	Number of people accessing IPS (Individual placement and support)	IPS is an evidence-based model of supported employment. Part of the Long Term Plan for mental health improvement.	Monitoring the number of people accessing IPS supports tackling unequal outcomes and access challenges, improved population health and helps the NHS to support broader social and economic development.
	Recover dementia diagnosis rate (System measure)	Two thirds of the estimated number of people with dementia should have a diagnosis.	Monitoring dementia diagnosis rate supports Systems and provider making informed choice about how to plan services around patient needs.
Mental health urgent care services	Face to face response time from Mental Health Urgent care services	Measures face to face response time from Psychiatric liaison service (1 hour) and Crisis services (4 and 24 hours)	Monitoring response times in a Mental Health Crisis circumstances helps to prevent escalation of situations that may threaten the life, long-term health or safety of an individual or others.

**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

27th November 2024

(Agenda item: 15(b))

**Quality and Safety Dashboard
For Information**

Executive Summary

The information in the Quality and Safety Dashboard is up to 30th September 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support. The key issues and risks raised by clinical directorate have also been included in this months report.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in September 2024 and a review of any trends from the last 3 months (July-September 2024).

See the accompanying excel sheet for the full detailed dashboard for the inpatient wards. For the community teams a range of indicators are also reviewed with any teams identified by exception. The inpatient quality dashboard has been automated in TOBI and went live in October 2024. A similar community team dashboard is in development.

The following wards/community teams have been highlighted, split into 2 groups; Enhanced Support and Early Warning. The teams highlighted in **BLUE** were identified in last month's Dashboard.

The report includes further details with the mitigations and actions being taken.

Highlighted wards/teams by exception:

	Enhanced Support (previously known as alert status)	Early Warning (previously known as to keep a watching eye)	
Inpatient Wards	• Kestrel • Kingfisher • Cotswold House Oxford (was in early warning) • Meadow Unit CAMHS (was in early warning) (see table 5 for detail)	• Allen • CAMHS Highfield • CAMHS Marlborough House • Cherwell • Sandford • Ruby • Sapphire • Amber • Bicester community hospital ward	• Abbey community hospital ward • Didcot community hospital ward • Watling • Glyme • Wenric • Evenlode (details in section 7)
Community Teams	• Oxon North and West AMHT • District Nursing (see table 6 for detail)	• Oxon South AMHT • Oxon City and NE AMHT • Bucks Memory Clinic service • Bucks OA South CMHT • Bucks Aylesbury CMHT • Bucks Chiltern AMHT, East and West	• Podiatry • Children's Integrated Therapies: SLT • Heart failure service • Special Care and Paediatric Dentistry (details in section 8)

In addition, to the teams/wards highlighted above there are a number of areas with a significant number of vacancies (30% and above), although for the majority the quality indicators reviewed are not showing any concerns. The teams with high vacancies are detailed in the Dashboard. The Trust is actively working on recruitment and retention initiatives.

Governance Route/Approval Process

The Dashboard is a regular paper, developed with input from the Clinical Directorates. It is presented monthly to the Quality and Clinical Governance Group and Quarterly to the Quality Committee.

Statutory or Regulatory responsibilities

We are required to report on the inpatient staff fill rates to Trust Board members which has been delegated to the Quality Committee, see accompanying excel sheet for detail at ward level.

Recommendation

The Board is asked to note the report and the actions being taken to support the teams highlighted.

Author and title:	Jane Kershaw, Head of Patient Safety
Lead Executive Director:	Brita Klinck, Chief Nurse

1. Introduction

The information in the Quality and Safety Dashboard is up to 30th September 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in September 2024 and a review of any trends from the last 3 months (July-September 2024).

See the accompanying excel sheet for the full detailed dashboard for the inpatient wards. For the community teams a range of indicators are also reviewed with any teams identified by exception. The inpatient quality dashboard has been automated in TOBI and went live in October 2024. A similar community team dashboard is in development.

Table 1: The thresholds and expected response are detailed below, these are used as a guide.

Escalation level	When is a Team/ward Identified (Escalation Threshold)	Response
Early Warning	1 indicator is red rated, and 1 indicator is amber rated across at least 2 of the 4 domains. This is a guide, and a clinical Directorate might identify a team for Early Warning from soft intelligence. - A red rating of high vacancies on their own without concerns in fill rates will not identify a ward/team. - A red rating of fill rates will be considered in relation to safe staffing levels across reg/unreg staff and bed occupancy. This will not automatically lead to a ward/team being identified. - A team/ward at Enhanced Support level can be stepped down to Early Warning if agreed by the Directorate Clinical Director/Associate Director of Nursing.	- Monitoring led by the clinical Directorate level through their clinical governance structure. - If a ward/team has been at Early Warning level for 3 consecutive months they will be moved to Enhanced Support unless there is an explanation which will be shared in the Dashboard with the Quality and Clinical Governance (QCG) sub-group. (this starts from June 2024)
Enhanced Support	2 indicators are red rated across at least 2 of the 4 domains. This is a guide, and a clinical Directorate might identify a team for Enhanced Support from soft intelligence. - A team/ward at Early Warning level for 3 consecutive months unless there is a clear reason (starting from June 2024).	- Clinical Directorate to identify actions being taken. - Actions being taken to be reported in the Dashboard and reviewed by the QCG sub-group. Additional support can be requested. - There may be a request for a more detailed presentation/deep dive at the next QCG meeting to look at the impact of the actions being taken.

2. Interactive Contents Page

As the dashboard has grown the below links allow you to move around the sections in the dashboard more easily.

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3. Overall summary of highlighted wards/community teams

The following wards/community teams have been highlighted, split into 2 groups; Enhanced Support and Early Warning. The teams highlighted in [BLUE](#) were identified in last month's Dashboard.

Table 2.

	Enhanced Support (previously known as alert status)	Early Warning (previously known as to keep a watching eye)	
Inpatient Wards	• Kestrel • Kingfisher • Cotswold House Oxford (was in early warning) • Meadow Unit CAMHS (was in early warning) (see table 5 for detail)	• Allen • CAMHS Highfield • CAMHS Marlborough House • Cherwell • Sandford • Ruby • Sapphire • Amber	• Bicester community hospital ward • Abbey community hospital ward • Didcot community hospital ward • Watling • Glyme • Wenric • Evenlode {to see reason for highlighting go to section 7)
Community Teams	• Oxon North and West AMHT • District Nursing (see table 6 for detail)	• Oxon South AMHT • Oxon City and NE AMHT • Bucks Memory Clinic service • Bucks OA South CMHT • Bucks Aylesbury CMHT	• Bucks Chiltern AMHT, East and West • Podiatry • Children's Integrated Therapies: SLT • Heart failure service • Special Care and Paediatric Dentistry (to see reason for highlighting go to section 8)

4. Directorate Key Issues and Risks as of October 2024

This is a new section to the Dashboard and details the key issues and risks raised from the clinical directorates.

Buckinghamshire MH Directorate

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	Memory Assessment Clinical Demand and Capacity Sept 24 avg wait 243 days	Cause: Demand for service outweighing capacity Effect: Increased waiting list Impact: Risk of patient deterioration whilst waiting, unsatisfactory patient care journey	NHS demand and capacity tool used with new staffing numbers- hopeful team will reach 60 day target by Dec 2025. Recruitment drive to service. We have now finished induction and started assessments for 2 x Band 7 (providing 10 assessments), a start date for 1 x Band 6 has been booked for end of Oct 24 (providing 5 assessments), and we have 1 x Band 6 vacancy out to advert (providing 5 assessments), we also have the return of Mat Leave due in Jan 25 (providing 3 assessments) it is hoped that by Feb 2025 we will have increased our assessment slots by up to 18 per week. Consultation with ICB. Monthly meetings to occur with Alzheimer's society to discuss any issues and try to increase uptake to their service- currently around 60% uptake. Review of service highlighted the need for under 65 pathway. Scoping to be done on potential functionality of pathway	For awareness	Reviewed at monthly harm min group with monthly report from service

Oxfordshire/BSW MH Directorate

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	Concerns Response accommodation: General concerns about the poor quality of provision	Evidence of lack of support for patients, severe self-neglect, poor environments which	Quality assurance visit and report summary shared with Response and action plan developed to address.	For awareness	Weekly meetings with providers to address ongoing quality

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
	delivered by Response for people with severe and enduring mental health illness.	present significant health and safety risks to patients. Complaints and safeguarding alerts raised in specific cases.	Implementation of Quality Assurance of accommodation checks being completed by OHFT staff and fed back to Response on a weekly basis with 'Log of Concerns' and the expectation that action is taken against each concern with photographic evidence also provided. Development of a Quality Assurance framework with Response and Mind to improve service provision in a systematic way.		assurance checks at an operational level Weekly senior leader meetings within the directorate to provide assurance of the action being undertaken 6 weekly meetings to deal with wider remedial action plan
2	ADHD Service – lack of capacity/extended pause to new referrals since April 2024: .	Long waiting list for assessment/delays in offering reviews. No one commissioned to provide annual reviews with risk GPs may stop prescribing medication. Impact on CAMHS as well as adult services, 6 GPs surgeries are refusing to engage with the shared care protocol for prescribing ADHD medication for under 18yr olds.	• Harm minimisation plan in place including plan to start psychoeducation group for patients on the waiting list. • Service being reviewed with input from ICB. • Increased support to staff. • GP commissioner has said that GPs are paid £26 per year, per under 18yr old to prescribe within the shared care protocol.	Support the local CAMHS management and clinical team to request that GPs engage with the shared care protocol for under 18year olds.	List of GPs not engaging in the shared care protocol is being monitored and discussed with ICB. Managing Director overseeing plans for Oxon and Bucks.

Forensic MH Services

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	Thames House – • Enhanced monitoring from commissioners following areas of concern about culture and some areas of practice.	Impact on staff experience at work. Impact on patients though reduced safety and standards of care that result from low morale and un-cohesive team.	A full action/ support plan is in place covering a range of areas which is monitored via trust governance processes and directly with commissioners weekly.	For awareness	Weekly by the Directorate SMT.

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
	- Whistleblowing Investigation into concerns raised about team culture - Safeguarding strategy meetings being held in relation to a complex patient and the high number of safeguarding referrals.				
2	Acuity across the service. Specifically with complex patients with long term high dependency and acuity needs.	Impact on staff of working with high complexity and high levels of violence and verbal abuse including racial and sexual. Also an impact on the ability to admit patients who have been assessed as requiring admission.	Managing admissions across the Provider Collaborative network. Additional support for teams. Clinical case reviews for complex patients.	For awareness	Weekly through clinical activity group and network equivalent.

Primary, Community and Dental Services Directorate

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	Demand is exceeding capacity in a number of services, impacting on the ability to deliver planned and urgent care services. Services especially affected: - District Nursing - Special Care and Paediatric Dentistry - Heart failure - Podiatry - Children's integrated therapy service	Delays in treatment, increased waiting time for new referrals and follow up appointments; Increased risk of poor patient outcomes and poor patient experience; Increased patient safety concerns; Increased negative impact to staff morale.	Mitigations are in place for each service affected, however many of the risks remain. See detail in section 8.	Further resource for EMIS optimisation.	Daily District Nursing STIPREP report. At least bi-monthly Service Review meetings for each pathway. Monthly Performance Board meeting.

5. Teams with High Vacancies 30% or above

In addition, to the teams/wards highlighted there are a number of areas with a significant number of vacancies, although for the majority the quality indicators reviewed are not showing any concerns.

For all wards the minimum staff fill rates are being met, there are daily and weekly sitreps for staffing in place, and clear escalation plans for inadequate staffing, in addition a monthly report is compiled to give an overview of staffing levels across inpatient areas – this is summarised on the following page. In community teams agency/locums are being used to maintain safe staffing levels,

There are a series of recruitment and retention initiatives being taken to tackle those teams with higher vacancies. Many of the teams have seen small improvements and a reduction in vacancies from last month.

Table 3: The teams with high vacancies, 30% or above, are listed below for oversight across all clinical teams.

Areas with High Vacancies - 30% or above	
• Data source Finance based on cost centre • Text with “improved, same, worse” in brackets indicates position against last month • In addition there are a number of separate medical/doctor professional cost centres across the learning disability service, adult and older adult mental health teams and wards with very high vacancies. Locums are being used whilst recruitment initiatives are being used.	
Inpatient Wards	Community Teams
• Kestrel 30.1% (same) • Sandford 29.6% (worse) • CAMHS Meadow PICU 32% (same) • Ruby 32.7% (worse) • Bicester community hospital ward 33.2% (same) See accompanying excel sheet for the full detailed dashboard for the inpatient wards which includes fill rates by shift.	<u>Forensic MH Services</u> • Mental health in reach service into Prisons Bullingdon (46%, same). <u>Oxon/BSW MH Directorate</u> • City and NE AMHT 32% (same) • Oxon mental health hubs –City East 31% and Banbury 41% • Maternal mental health 39% (same) • Interventional psychiatry 34% (improved) • CAMHS getting help South 37% (improved) • CAMHS Crisis 35% (improved) • Mental health support team into schools – Abingdon 46%, City 34% and West 35%. • CAMHS LD/ASD Hospital@Home 60% (same) <u>Buckinghamshire MH Directorate</u> • Aylesbury AMHT 31% (same) • Aylesbury CRHT 34% (same) • PIRLS 38% (worse) • Chiltern East AMHT 41% (improved) • Chiltern West AMHT 35% (same) • OA South CMHT 55% (worse) • CAMHS LD 37% (same) • CAMHS ED 30% (same) • CAMHS Getting More Help 31% (worse) <u>Oxfordshire Primacy, Community and Dental Services</u> • Podiatry 37% (same) • 0-19 City North 37% (improved) • Rapid Access Care Unit 31% (same)

Safer Staffing report summary:

The monthly Safer Staffing report aims to provide an overview of the staffing levels across Oxford health inpatient areas for the month of September 2024, focusing on the adequacy of staffing to ensure patient safety and quality of care delivered. The data refers to the basic number of nursing and healthcare assistant staff required to run the ward, there are number of staff such as matrons, managers, medics and therapy staff who are not counted in these numbers but also provide care to patients.

September data reveals that during that month no wards fell significantly below their planned CHPPD (Care Hours Per Patient Day). A number of wards were significant above their planned CHPPD which is consistent with the specific clinical challenges in those areas requiring a higher than usual level of staffing due to patient acuity.

CHPPD is calculated by taking the actual hours worked by registered and unregistered staff on the roster divided by the number of patients present at midnight (presented by occupancy).

The data demonstrates that skill mix is not always achieved as planned, Nursing associates are now reported separately and where they are not available unregistered staff will be higher than planned.

The report gives a further breakdown of staffing levels across each directorate by ward and context of the increased temporary staffing levels along with current recruitment and retention work in each area.

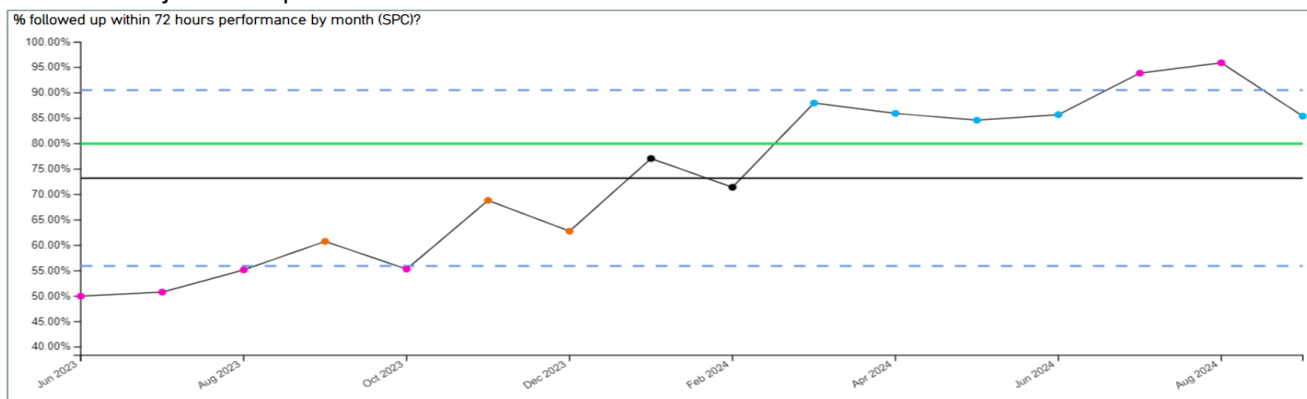
6. Performance on inpatients followed up within 72 hours of discharge

In September 2024 **88%** of eligible discharges (n=72) the patient was followed up within 72 hours (national indicator) and 85% within 48 hours (local indicator). The 72 hour follow up performance overtime by directorate is below. Note the beginning of the time period on the SPCs in early 2023 is based on incomplete data due to the IT outage when the Trust was working under business continuity followed by a data recovery period.

The information is based on nationally set rules for reporting, described in previous reports. There are daily mechanisms in place to monitor patients discharged for follow up by the community team and oversight of performance.

Oxfordshire (based on Directorate)

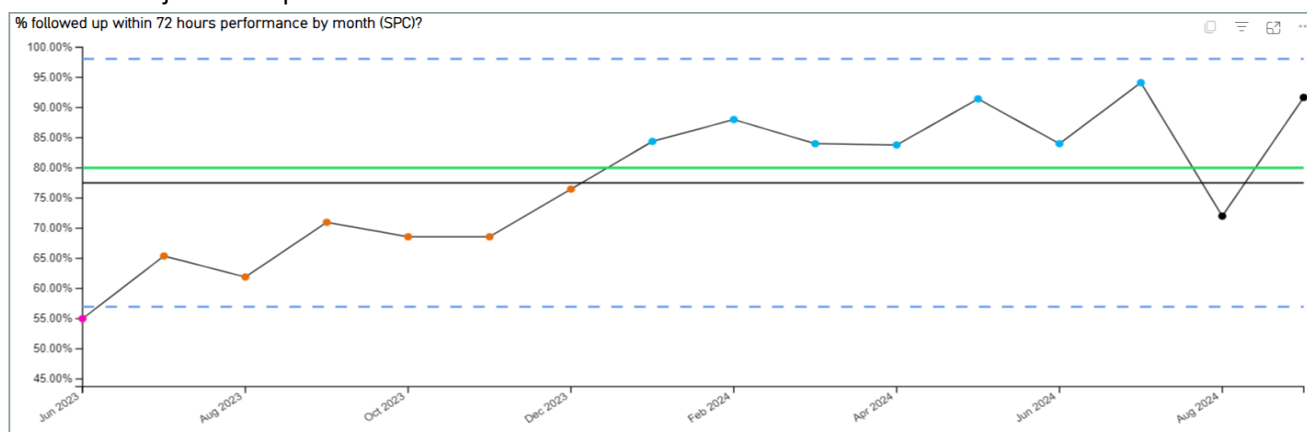
From April-September 2024 there were 304 eligible discharges with performance for 72 hour follow up **87%**. Performance just for September 2024 was 85%.



Ward	Eligible Discharges	Follow up 72 Hour Compliant	Follow up 72 Hour Compliant %
AMHO Allen Ward	58	53	91.38%
AMHO Ashurst PICU	10	8	80.00%
AMHO Phoenix	45	36	80.00%
AMHO Vaughan Thomas	53	46	86.79%
AMHO Wintle	61	49	80.33%
O Older Adult Cherwell	39	39	100.00%
O Older Adult Sandford	38	35	92.11%
Total	304	264	86.84%

Buckinghamshire (based on Directorate)

From April-September 2024 there were 180 eligible discharges with performance for 72 hour follow up **84%**. Performance just for September 2024 was 92%.



Ward	Eligible Discharges	Follow up 72 Hour Compliant	Follow up 72 Hour Compliant %
AMHB Ruby Ward	63	53	84.13%
AMHB Sapphire Ward	61	47	77.05%
B Older Adult Amber Ward	56	51	91.07%
Total	180	151	83.89%

7. Detail about Wards Highlighted

There are four wards identified at Enhanced Support;

- Kingfisher
- Kestrel
- Cotswold House Oxford
- Meadow Unit CAMHS

Further details are on the next page, table 5, with the mitigations and actions being taken.

In addition the following teams/services are identified at an Early Warning level (see accompanying excel sheet for the full detailed dashboard for the inpatient wards);

Table 4.

Directorate	Ward	Reason for highlighting
Oxon and BSW Mental Health	Allen	High vacancies, sickness, use of physical restraint and no patient feedback gathered via IWGC in month
	CAMHS Highfield	High vacancies, use of restraint, low clinical supervision and mandatory training (related to new starters).
	CAMHS Marlborough House	High vacancies and agency use, high sickness, high moderate harm incidents, use of physical restraint, and low clinical supervision.
	Cherwell	High vacancies, sickness, high restraints, low clinical supervision and no patient feedback gathered via IWGC in month.
	Sandford	High vacancies and high use of restraint.
Bucks Mental Health	Ruby	High vacancies, sickness, number of early resolution concerns.
	Sapphire	High vacancies, sickness, number of seclusions, low clinical supervision rate and number of early resolution concerns.
	Amber	High vacancies and number of early resolution concerns.
Primary, Community and Dental Services	Bicester Community Hospital ward	High vacancies and low clinical supervision.
	Abbey Community Hospital ward	High sickness, turnover and low clinical supervision.
	Didcot Community Hospital ward	High vacancies, turnover and sickness. Low clinical supervision.
Forensic Mental Health	Watling	High sickness related to significant incident on the ward. 1 AWOL. 2 rapid resolutions and no patient feedback gathered via IWGC in month.
	Glyme	High vacancies and sickness. Low clinical supervision.
	Wenric	High vacancies and sickness. Low clinical supervision and no patient feedback gathered via IWGC in month.
	Evenlode	High sickness (vacancies reduced) and no patient feedback gathered via IWGC in month.

Wards identified as needing Enhanced Support

Table 5.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Kestrel and Kingfisher (Thames House)	Yes	- Concerns raised by the Provider Collaborative following a quality visit to 5 forensic wards on 5th July 2024. Summary of key concerns; challenges within the nursing team dynamics and MDT working, senior leadership presence on the ward, reflective practice is not fully embedded, coordinated safeguarding arrangements, impact on therapeutic timetable for patients, care plans not person centred, medication administration and storage, gaps in physical healthcare. - High vacancies, 30% Kestrel and 25% Kingfisher. Staff fill rates good on Kestrel and lower on Kingfisher, but this is intentional due to lower bed occupancy. Clinical supervision low on Kestrel, 79%. - High use of restrictive practice on Kestrel, predominantly involving 3 patients.	A full action/ support plan is in place covering a range of areas which is monitored via trust governance processes and directly with commissioners weekly. Deep dive requested to come to QCG group in Nov 2024.
Cotswold House Oxford	No	- Series of concerns raised by patients, VoiceAbility and external commissioners from May-Sept 2024. - High vacancies (19%, although fill rates maintained) and turnover (19%), use of restraint, low clinical supervision (44%) and no patient feedback gathered via IWGC in month.	Improvement plan in place and being monitored weekly with input from the Provider Collaborative. Deep dive requested to come to QCG group in Nov 2024.
Meadow Unit, CAMHS PICU	No	- High vacancies, 32% - agency staff being used. Fill rates ok except for skill change for day shift with more unregistered staff. Turnover 22%. Low clinical supervision - High number of moderate incidents and staff injuries. - High use of restrictive practice - No patient feedback gathered via IWGC in month	Supervision is at 65% with local data indicating higher compliance. Ward have multiple group and peer supervision sessions. Recruitment on-going, skills mix review taking place to support team. Restrictive practice project in place to support staff team. Daily learning from incidents and MDT review of care.

8. Detail about Community Teams Highlighted

Reported on by exception from a review of key activity, quality and workforce indicators, as well as soft intelligence.

There are two teams identified at Enhanced Support;

- Oxon North and West AMHT
- District Nursing

Table 6 provides further details with the mitigations and actions being taken.

CAMHS waiting times

Metrics monitored by the trust Integrated Performance Report continue to monitor waiting times for CAMHS Services across trust locations based upon national objectives:



This is an interim metric, which measures one meaningful contact* within a care episode within the four (4) week period. Following on from the national 4 week wait pilots and the clinically led review of mental health standards, new non-urgent waiting time standards are being introduced for Child and Adolescent Mental Health Services (CAMHS). The Trust will be working to align existing models of care where possible to the new standards during this financial year, reporting will be updated in line with national changes to include the full metric (one contact, SNOMED** intervention or care plan, and baseline outcome measure recorded within the CAMHS pathway within the four (4) week period). There are currently no national targets set and the Trust will be baselining against the national average position.

**Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.*

***SNOMED is a structured clinical vocabulary for use in an electronic health record.*

Actions & Mitigations:

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Reporting will be updated in line with national full metric during this financial year.
- Bath & North East Somerset, Swindon and Wiltshire CAMHS continue reviewing their model of care with the aim of aligning it with the new non-urgent waiting time standards and will carry out a focused piece of work to reduce waiting times in Mental Health Support Teams in schools and colleges.

In addition the following teams/services are identified at an Early Warning level;

Oxfordshire/BSW MH Directorate

- Oxon South AMHT (reason: 5 moderate harm incidents in last 3 months, reduction from Aug to Sept 2024. 2 suspected suicides across last 3 months 2 complaints, 3 rapid resolutions and 1 early resolution received in the last 3 months no particular trend. 9% sickness in Sept 2024)
- Oxon City and NE AMHT (reason: high vacancies 32% resulting in some patients with no allocated worker. However incidents with moderate harm have reduced in Sept 2024 from Aug. 1 PSRIP case identified in Sept 2024 relating to access to treatment. 3 suspected suicides across last 3 months. 1 complaint, 2 rapid resolutions and 3 early resolutions received in the last 3 months no particular trend)

Buckinghamshire MH Directorate

- Bucks OA South CMHT (reason: high vacancies 55% and sickness 5.4% in Sept 2024. 12 incidents in the last 3 months mostly relating to medication administration)
- Bucks Aylesbury CMHT (reason: high vacancies 31%. 1 low complaint, 8 rapid resolutions and 6 early resolutions received in the last 3 months, with an increase in Sept 2024 – mostly relating to insufficient care or communication. 10 incidents in the last 3 months, 2 relating to a delay in treatment. 1 unexpected death relating to sepsis)
- Bucks Chiltern AMHT (East and West) (reason: high vacancies East 41% and West 35%. 1 complaint, 3 rapid resolutions and 3 early resolutions raised over the last 3 months with no particular trend. 6 incidents in the last 3 months, no themes or serious harm.

Primary, Community and Dental Services Directorate

- Podiatry (reason: high vacancies 37% due to local/national recruitment challenges. Waits for treatment including urgent patients waiting beyond required thresholds to be seen. 11 incidents in last 3 months, July-Sept 2024 related to delays in treatment of which 10 no harm or minor harm). There is a podiatry improvement plan with multiple workstreams that are looking to increase capacity. This includes a review of skill mix (e.g. podiatry assistants) and looking at options for operational optimisation (e.g. triage via EMIS and deferral reporting). A safety netting letter is pending sign off.
- Children's Integrated Therapies; SLT (reason: patients waiting, average 2 year waiting time for assessment, although reducing with 150 of the longest waiters being seen as part of some focused work in the summer), OT and PT. Significant increase in waiting numbers and times to access CIT with demand continuing to outstrip capacity. Service has received no additional investment in recent years – the commissioning review is in process, with stakeholders attending a System Board and is part of the SEND inspection Priority Action Plan. Based on current funding (as of Sept 2024):
 - Physiotherapy has a clinical capacity of 7143 hours, the required capacity to meet the demand is 16,160 hours (shortfall of 126%)
 - SLT has a clinical capacity of 17,747 hours, the required capacity to meet the demand is 22,747 hours (shortfall of 28%)
 - OT has a clinical capacity of 7590 hours, the required capacity to meet demand is 11,188 hours (shortfall of 47%)

CIT have moved to develop new evidence-based pathways and implementation of the balanced model of Universal, Targeted and Specialist intervention. CIT has also adopted an episodic model of care to increase throughput when the school and family are able to support with current strategies and children can be re-referred when their needs have changed. CIT are now exploring the impact of stopping certain pathways through QIA prior to presentation to commissioners at the CIT System Board.

- Heart failure service (reason: waits for treatment/unable to meet 2-week target, current waiting time is 3-4 months due to demand exceeding community capacity; none of the Community heart Failure teams across

BOB are able to see patients within 2 weeks; benchmarking demonstrates Oxon has the lowest community nurse establishment for HF despite having the largest population. The ICB rejected a Business Case submitted to increase HF capacity due to a lack of funding. Mitigations are in place, including a clear Triage SOP; an agreed safety netting letter goes out to any patients on the waiting list; work underway with the EMIS team to optimise reporting from the system.

- Special Care & Paediatric Dentistry (reason: waits for treatment under GA, Children: 230 on waiting list for up to 15 months. Adults: 20 on waiting list for up to 6 months, an additional 39 patients are awaiting an OUH consultant anaesthetist led pre-assessment prior to adding to GA list. 62% of patients are waiting over 18 weeks for treatment. Some additional weekend theatre sessions available from Sept 2024 which will help to reduce the waiting list and time.) Mitigation The service has completed 2 weekend all-day lists (4 sessions). A total of 17 patients were treated utilising these 2 lists. Further all-day weekend lists are planned but OUH is now having difficulty staffing the lists with Advanced Practitioners and Theatre staff due to reduced NHSP rates at weekends OUH has cancelled 2 of the all-day lists which were previously planned.

Community teams identified as needing Enhanced Support

Table 6.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Oxon North and West AMHT	Yes	- Vacancies high 26.9%, worse than last month. Higher in the Witney team for clinical staff at about 56%. Risk with reliance on agency staff who can leave with no notice leaving patients unallocated and pressures on existing staff. Risk in relation to delays in treatment. - Sickness in Sept 2024 was at 8.3%, compared to 6.8% the previous month. - Clinical supervision in Sept 2024 77% improvement from last month. 1 PSIRP case (July 24) in relation to involving families and delay in treatment. 0 complaints, 5 rapid resolutions and 3 early resolutions in the last 3 months relating to insufficient care.	No real changes in recruitment, adverts currently out. Recent loss of agency staff unexpectedly has further impacted on the team meaning caseloads need reallocating to existing staff who already have high caseloads. Reviewing caseloads within MDT. QI work due to start to focus on review of FACT board model. Support effective allocation. Incidents and complaints discussed in leadership meetings, and action shared. Ongoing service development work within one part of the team (Witney) due to some challenges within the MDT and cultural dynamics. This is the team that is holding more vacant posts and loss of agency workers. Senior leadership team members are joining the weekly local leadership team meetings to offer support.
District Nursing	Yes	- Growing demand is exceeding capacity and current available resources. The service carries a caseload of around 7,000 patients at any one time. (0 vacancies and sickness 6.9%) - Over 8,000 visits a month have been delayed/rolled over each month for the last 3 months. There is a 28%+ gap between funded capacity and demand for the service, and referrals are increasing. The impact of the delays is partially demonstrated in the incident data (n=15 incidents reported in Sept 2024), 2 with moderate/severe harm of which 1 related to capacity and not being able to carry out a visit. The ratio of incidents to visits/patients is low.	Unable to meet demand on the service, urgent care services supporting essential daily visits (particularly at weekends). The service benchmarks the lowest establishment per population across BOB and at 80% of the national average. Proposals to increase DN capacity were discussed at executive board including increased weekend capacity and roll out of scheduling tools and wound care apps; these will require investment which cannot be delivered at this time. A clinical prioritisation framework is in place to prioritise care. Series of QI projects to improve capacity and manage demand as much as possible.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		• In the last 3 months (July-Sept 2024) the majority of incidents relate to category 2 pressure damage (developed in service) n=46, medicines administration/supply n=38 and category 3 pressure damage (developed in service) n=22. Out of the 70 incidents with moderate/severe harm 54 related to pressure damage developed in service. Every incident is reviewed to identify if there have been any lapses in care and any learning to share. Most incidents were reported by the South West locality (130 out of total of 374 incidents for the service over the 3 months). • 1 low complaint and 10 rapid resolutions raised in the last 3 months mostly in relation to insufficient care or communication with carer/patient.	Engagement with ICB and CQC e.g. DN service now agreed as one of the top 5 priorities for BOB ICB – comparison work underway and roundtable review.

For Information

Finance Report

September 2024 (Month 6), FY25

Report to Board of Directors

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3. Forecast Risks & Opportunities
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7. Provider Collaboratives Financial Performance Summary
8. Agency Analysis
9. Cost Improvement Plan
10. Statement of Position
11. Cash-flow
12. Working Capital Indicators

Annexes (private report only)

- A. Directorate Financial Performance Detail
- B. Block Income Variances
- C. Provider Collaborative Financial Performance
- D. New & Existing Business Opportunities
- E. Detailed Directorate Financial Performance (in separate file)
- F. Pay Expenditure analysis
- G. Non-Pay Expenditure analysis
- H. Out of Area Placements
- I. Pay Trends Analysis

A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.

Executive Summary



Income & Expenditure position

- YTD £0.8m deficit – £0.2m favourable to plan
- Forecast £0.1m deficit – on plan



Capital Expenditure

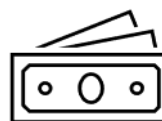
- £1.2m underspend YTD
- £1.6m funding overspend



Risks £7.3m

Opportunities £14.4m

Net £7.2m upside



Cash

- Actual £92.8m, £9.2m ahead of plan

Key messages:

1. In month 6 the ICS received non-recurrent deficit funding from NHS England. The Trust's share of this is £2.6m which has improved the full year plan to a deficit of £0.1m.
2. The Revenue forecast remains on plan but now includes £3.4m held for unknown risks. This signals that the Trust is expecting to end the year better than plan at the moment but will need to review performance over the next few months and emerging risks before committing to an improved forecast.
3. Financial risk remains around the PFI exit payment until a final agreement is reached, with a likelihood any impact crystallises in capital rather than impacting the Trust revenue position. An independent valuation arbitrator has been appointed but it will be several months for this process to run its course.
4. Capital is forecasting an overspend of £1.6m against all funding. To address this, the Digital team are seeking additional funding, and the Estates team are stopping or slowing down projects to bring the spend back into balance. Finance are also considering whether any Digital spend budgeted as capital can be covered in the revenue position.

1. Income Statement

	INCOME STATEMENT											
	Month 6				Year-to-date				Forecast			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Variance £m	Variance %
Clinical Income	45.9	44.4	-1.5	-3.3%	262.9	258.0	-4.9	-1.9%	526.4	516.7	-9.6	-2%
Other Operating Income	10.4	11.3	0.9	8.8%	59.7	67.0	7.3	12.3%	125.5	134.9	9.4	7%
Operating Income, Total	56.3	55.7	-0.6	-1.0%	322.6	325.0	2.4	0.8%	651.9	651.6	-0.3	0%
Employee Benefit Expenses (Pay)	32.1	31.2	0.8	2.5%	193.6	186.8	6.8	3.5%	387.8	381.9	5.9	2%
Other Operating Expenses	21.7	22.0	-0.3	-1.4%	120.6	132.0	-11.5	-9.5%	247.5	252.7	-5.2	-2%
Operating Expenses, Total	53.8	53.2	0.5	1.0%	314.2	318.8	-4.6	1.5%	635.3	634.6	0.8	0%
EBITDA	2.5	2.4	-0.1	-2.8%	8.4	6.2	-2.2	26.1%	16.6	17.1	0.5	
Financing costs	1.3	1.0	0.2	16.8%	9.1	6.8	2.4	35.2%	16.6	13.7	2.9	17%
Surplus/ (Deficit)	1.2	1.4	0.1	11.2%	-0.8	-0.6	0.2	25.5%	0.0	3.4	3.4	
Adjustments	0.0	0.0	0.0	0.0%	-0.3	-0.3	0.0	0.0%	-0.1	-0.1	0.0	0.0
Adjusted Forecast Surplus/ (Deficit)	1.2	1.3	0.1	11.7%	-1.0	-0.8	0.2	18.7%	-0.1	3.3	3.4	
Amount held for unknown risks										-3.4	-3.4	
Forecast Surplus/ (Deficit)									-0.1	-0.1	-0.0	

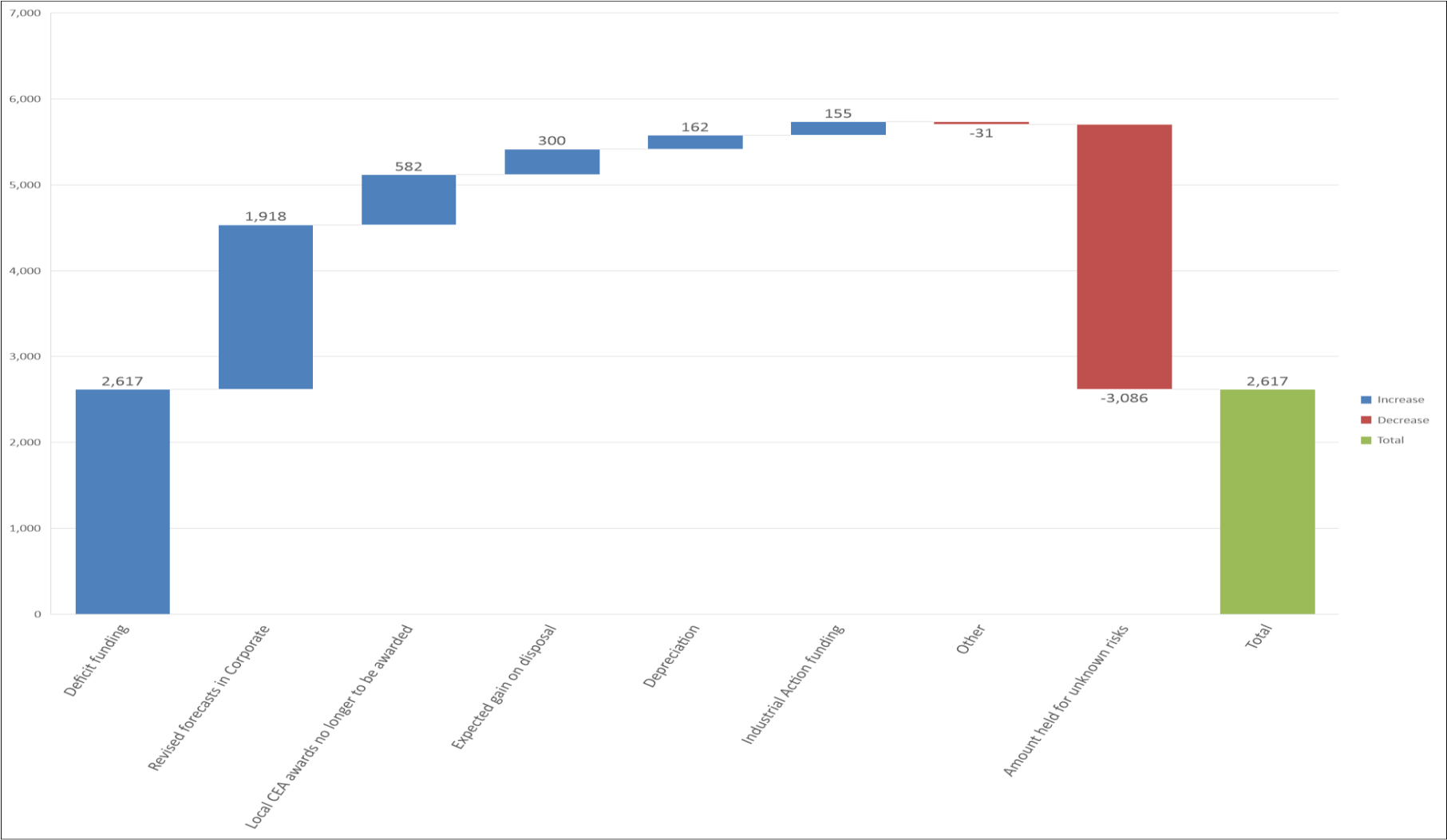
The YTD position at month 6 is a deficit of **£0.8m** which is **£0.2m** better than plan. EBITDA is **£2.2m** adverse to plan, offset with a favourable variance of **£2.4m** on Financing cost, due to higher than planned interest receivable (**£0.4m**) and lower than planned PFI interest costs following the decision to change the accounting treatment for the PFI exit settlement from a prior period adjustment to a provision (**£1.4m**) and lower than planned depreciation costs (**£0.9m**). These are offset with an adverse variance due to an expected profit on disposal in the plan but the sale of the asset has not yet happened.

The YTD favourable variance on income (**£2.4m**) is driven by **£5.0m** higher than planned sales in Oxford Pharmacy Store. This is offset by a **£1.4m** adverse variance on Provider Collaboratives where income has been matched to spend, a **£1.0m** adverse variance on SDF income where it has been matched to spend (higher spend in the 2nd half of the year) and a net **£0.2m** adverse across other areas.

The YTD adverse variance on expenditure (**£4.6m**) is due to higher cost of sales in Oxford Pharmacy Store (**£4.8m**) and an overspend on mental health out of area placements (**£1.6m**). These are offset with a favourable variance on Provider Collaboratives (**£1.4m**) and a net favourable variance of **£0.4m** across other areas.

The forecast is a **£0.1m** deficit which is on plan. This includes **£3.4m** on top of the base forecast held for unknown risks.

2. Forecast movement from previous month



3. Forecast Risks & Opportunities

Risks	£'000	Likelihood
Audit/Balance Sheet year-end risks	3000	Medium
Increase in agency	2000	Medium
Mental Health OAPs	1000	Medium
Learning Disabilities OAPs	500	Medium
Energy increase due to cold winter	100	Medium
SDF income	688	Low
	7,288	

Opportunities	£'000	Likelihood
Meadow Unit Income	500	High
SDF income	3,504	Medium
Audit/Balance Sheet year-end opportunities	3,000	Medium
Modern Equivalent Asset Valuation	1,000	Medium
VAT on IT licenses	1,000	Medium
Provider Collaborative underperformance gain share	750	Medium
Extension of Forensic EPCs	596	Medium
Release of bad debt provision	300	Medium
Income in Oxford Institute of Clinical Psychology Training	200	Medium
Discharge of Learning Disabilities OAPs	193	Medium
L&D income	180	Medium
Further agency reductions	100	Medium
Release of Wellbeing Day provision	1,169	Low
Release ED NHSE loan	850	Low
Review of old accruals	700	Low
Discharge of Learning Disabilities OAPs	341	Low
R&D improvement	65	Low
	14,448	

The Trust's Forecast Outturn is for a **£0.1m** deficit, which is on plan.

There are **£7.3m** of risks and **£14.4m** of opportunities to the forecast. This gives a forecast range of between **£14.4m** better than plan and **£7.3m** worse than plan.

There is one high likelihood opportunity of £0.5m relating to income for the Meadow Unit from the CAMHS provider collaborative.

£3.0m has been included as a risk and opportunity for any requirement to adjust balance sheet values with an effect on the revenue position.

Forecast range - all risks and opportunities			
	£'000	Full Year	Full Year
			Forecast Outturn
Upside Forecast	83	14,531	14,448
Downside Forecast	83	-7,205	-7,288

Forecast range - high likelihood risks and opportunities			
	£'000	Full Year Budget	Full Year Actual
			Forecast Outturn to Plan
Upside Forecast	83	583	500
Downside Forecast	83	83	-0

4. Capital Investment Programme

Capital Plan	Latest Budget £,000	Actual Expenditure £,000	System Commitments £,000	Actual + Commitments £,000	Variance (Bud vs Act + Coms) £,000	Estimated Forecast £,000	Variance (Bud vs Est Forecast) £,000
Estates - Transformational Projects	7,350	1,229	643	1,872	5,477	8,263	(914)
Estates - Operational	1,951	265	866	1,105	846	2,013	(62)
Oxford Pharmacy	117	(3)	-	(3)	121	112	5
Grand Total - All Estates	9,418	1,491	1,509	2,974	6,445	10,389	(971)
IT Capital	277	-	365	365	(88)	315	(38)
IM&T Clinical Systems	2,242	1,009	95	1,104	1,138	2,050	192
Grand Total - IM&T	2,519	1,009	460	1,469	1,050	2,366	153
PFI	-	-	-	-	-	-	-
Grand Total	11,937	2,500	1,969	4,442	7,495	12,755	(818)

The Trust spent **£2,500k** (£1,962k M1-5) on its core capital programme to the end of September, **£1,175k** behind plan.

£1,398k of leased assets were capitalised as 'Right of Use Assets' in the first 6 months of FY25.

The capital plan is forecasting a **£0.8m** overspend against budget and **£1.6m** overspend against all available funding.

Confirmed Funding Sources	Original Funding £,000	Changes £,000	Latest Funding £,000
ICS Allocation	9,459		9,459
Contribution towards CMHF Hub Wantage from Landlord		17	17
PDC Allocation - Estates:			-
PDC Allocation - IM&T:			-
Frontline Digitalisation		469	469
Network Upgrade (NHSE)		50	50
Total Confirmed Funding	9,459	536	9,995
Confirmed Funding vs Budget	(9,995 - 11,937) =		(1,942)
Confirmed Funding vs Estimated Outturn	(9,995 - 12,755) =		(2,760)

All Funding Sources	Original Funding £,000	Changes £,000	Latest Funding £,000
ICS Allocation	9,459		9,459
Contribution towards CMHF Hub Wantage from Landlord	-	17	17
PDC Allocation - Estates:	-	-	-
PDC Allocation - IM&T:	-	-	-
Frontline Digitalisation	-	469	469
Network Upgrade (NHSE)	-	50	50
Potential Additional Funding:			-
PICU VAT Recovery estimate		1,000	1,000
Sale of Shrublands		200	200
Total Potential Funding:	-	1,200	1,200
All Funding	9,459	1,736	11,195
All Funding vs Budget	(11,195 - 11,937) =		(742)
All Funding vs Estimated Outturn	(11,195 - 12,755) =		(1,560)

The Estates team review of this year's capital programme and priorities has already reduced the net forecast outturn by **£1.4m** from M3, and this includes the **£1.6m** forecast overspend against the Jordan Hill project.

The Frontline digitisation funding shortfall and potential PFI exit payment also present a risk to the capital forecast.

5. PFI Exit Settlement Risk

A PFI agreement terminated on 6th September 2024, the 25th anniversary of the PFI (PFI is a 125yr lease and 25yr Facilities Management contract).

PFI is off the national balance sheet therefore a capital charge will be incurred on settlement, against system capital envelope, up to the net book value of the asset.

If the settlement value is in excess of the net book value, any element above will score to the Trusts revenue position.

Valuation work has been completed and shared by both parties and the PFI provider has approached RICS (Royal Institute of Chartered Surveyors) to appoint an arbitrator.

Extra work has been requested by OHFT in relation to conditions surveys and due diligence as both expected to impact, and reduce, the final settlement value.

6. Directorate Financial Performance Summary

Directorate	Month 6				Year-to-date				Forecast			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Variance £m	Variance %
Oxfordshire & BSW Mental Health	10.5	9.2	1.3	0.0%	60.3	58.9	1.5	0.0%	121.8	120.0	1.8	1%
Buckinghamshire Mental Health	5.6	4.8	0.9	15.1%	29.6	28.1	1.6	5.3%	59.7	57.9	1.8	3%
Forensic Mental Health	2.6	2.8	-0.2	-8.4%	16.0	16.5	-0.5	-3.0%	31.7	33.1	-1.5	-5%
Learning Disabilities	0.5	0.6	-0.1	-16.5%	2.9	3.5	-0.6	-20.1%	5.8	6.7	-0.9	-16%
Provider Collaboratives	-0.8	-0.8	0.0	0.0%	-4.9	-4.9	0.0	0.0%	-9.8	-9.8	0.0	0%
MH Directorates Total	18.4	16.5	1.9	10.2%	103.9	102.0	2.0	1.9%	209.1	207.9	1.2	1%
Primary Community & Dental	7.8	8.0	-0.2	-2.7%	48.9	48.7	0.2	0.3%	97.6	98.6	-1.0	-1%
Corporate	5.8	5.7	0.2	2.7%	34.3	34.2	0.1	0.2%	71.1	72.0	-0.9	-1%
Oxford Pharmacy Store	-0.1	-0.1	0.0	-5.0%	-0.3	-0.5	0.2	-55.0%	-1.0	-1.1	0.1	-15%
Research & Development	0.1	0.0	0.0	40.0%	0.3	0.0	0.3	86.4%	0.7	0.4	0.2	31%
Covid-19 Costs	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
Reserves	0.9	1.9	-1.0	-112.7%	6.7	10.9	-4.2	-62.7%	10.1	8.1	2.0	20%
Block Income	-35.4	-34.5	-0.9	2.6%	-202.1	-201.5	-0.6	0.3%	-404.3	-403.0	-1.3	0%
EBITDA	-2.5	-2.4	-0.1		-8.3	-6.2	-2.2		-16.6	-17.1	0.5	
Financing Costs	1.3	1.0	0.3	20.0%	9.1	6.8	2.4	26.1%	16.6	13.7	2.9	17%
Adjustments	0.0	0.0	0.0		0.3	0.3	0.0		0.1	0.1	0.0	
Adjusted (Surplus)/Deficit	-1.2	-1.4	0.2		1.1	0.8	0.2		0.1	-3.3	3.4	
Amounts held for unknown risks										-3.4	3.4	
Forecast (Surplus)/Deficit										0.1	0.0	

Block contract income is reported in a separate directorate. Clinical Directorate positions reflect the expenditure position less non-clinical income (mainly Education & Training income) and some specific income streams such as Sustainability & Development Funding (SDF).

The Reserves full-year plan includes budget that will be allocated to services when costs start being incurred. For example, pay inflation and budget for Service Development Funding schemes.

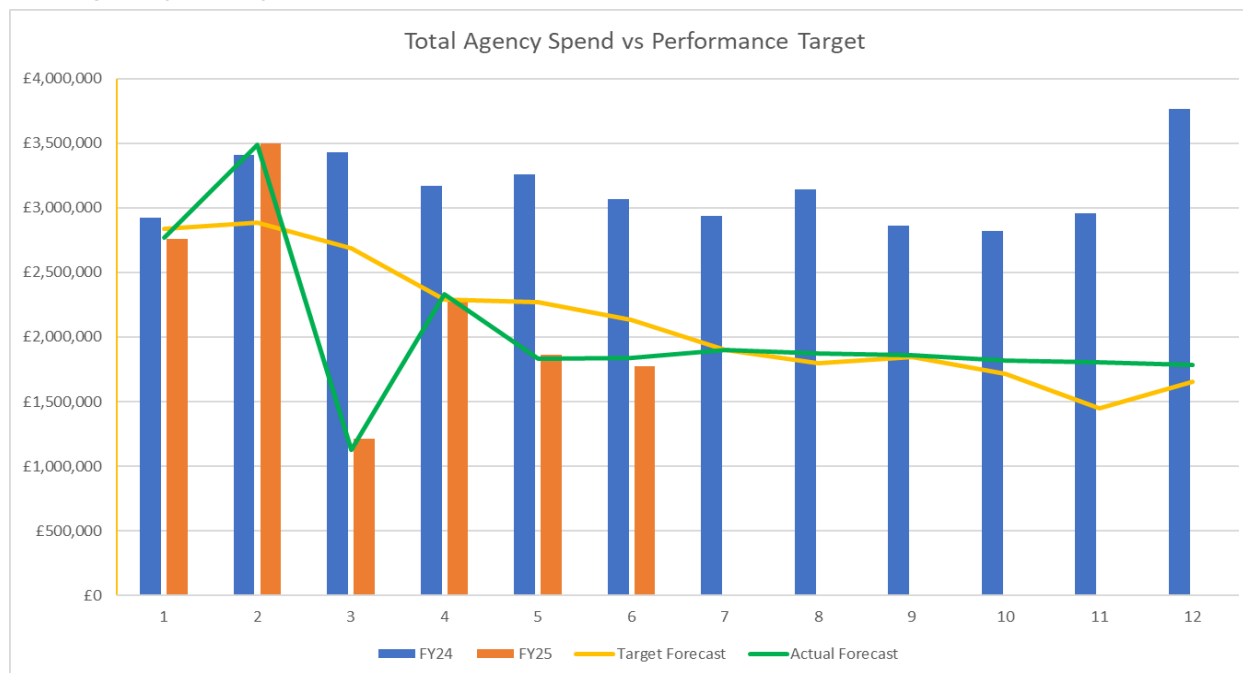
7. Provider Collaboratives Financial Performance Summary

	Month 6				Year-to-date				Forecast		
	Plan £m	Actual £m	Variance £m		Plan £m	Actual £m	Variance £m		Plan £m	Forecast £m	Variance £m
Secure	7.9	7.8	0.1		47.6	47.0	0.6		95.2	94.0	1.2
CAMHS	2.4	2.2	0.2		14.5	13.1	1.3		29.0	26.3	2.7
Adult AED	0.8	0.9	0.0		4.6	4.7	(0.1)		9.3	9.6	(0.3)
Provider Collaboratives Total	11.1	10.8	0.4		66.7	64.9	1.8		133.4	129.9	3.5

For the Provider Collaboratives income is deferred in the YTD position to match spend. The table above details the expenditure position.

The Provider Collaboratives (PC) position is **£1.8m** favourable to plan YTD and forecast to be **£3.5m** favourable to plan. It is reported as breakeven in the Trust overall position in line with the principles of the PC to reinvest savings into services.

8. Agency Analysis



	FY24 Apr - Sep	FY25 Apr - Sep	Change from FY24
Medical	£7,495,592	£6,506,820	-£988,772
Nursing	£10,037,700	£5,920,129	-£4,117,571
AHP/HSS	£1,239,924	£770,498	-£469,426
Admin & Clerical	£393,190	£79,712	-£313,478
Estates	£42,204	£2,445	-£39,759
Total	£19,208,610	£13,279,604	-£5,929,006
FY24 VC's & FY25 Retros	£27,379	£111,692	£84,313
Prior year/Finance adjustments	-£91,704	£0	£91,704
Total Reported	£19,144,285	£13,391,296	-£5,752,989

YTD Target Forecast vs Actual Spend M6			
Staffing Type	FY25 Target Apr - Sep	FY25 Actual Apr - Sep	FY25 Variance Apr - Sep
Agenda for Change	£8,978,954	£6,884,477	£2,094,477
Medical	£6,134,169	£6,506,820	-£372,651
Total	£15,113,122	£13,391,297	£1,721,826

In Month 6 temporary staffing was **15%** of the Trust total pay bill with Agency at **6%** and Bank at **9%**.

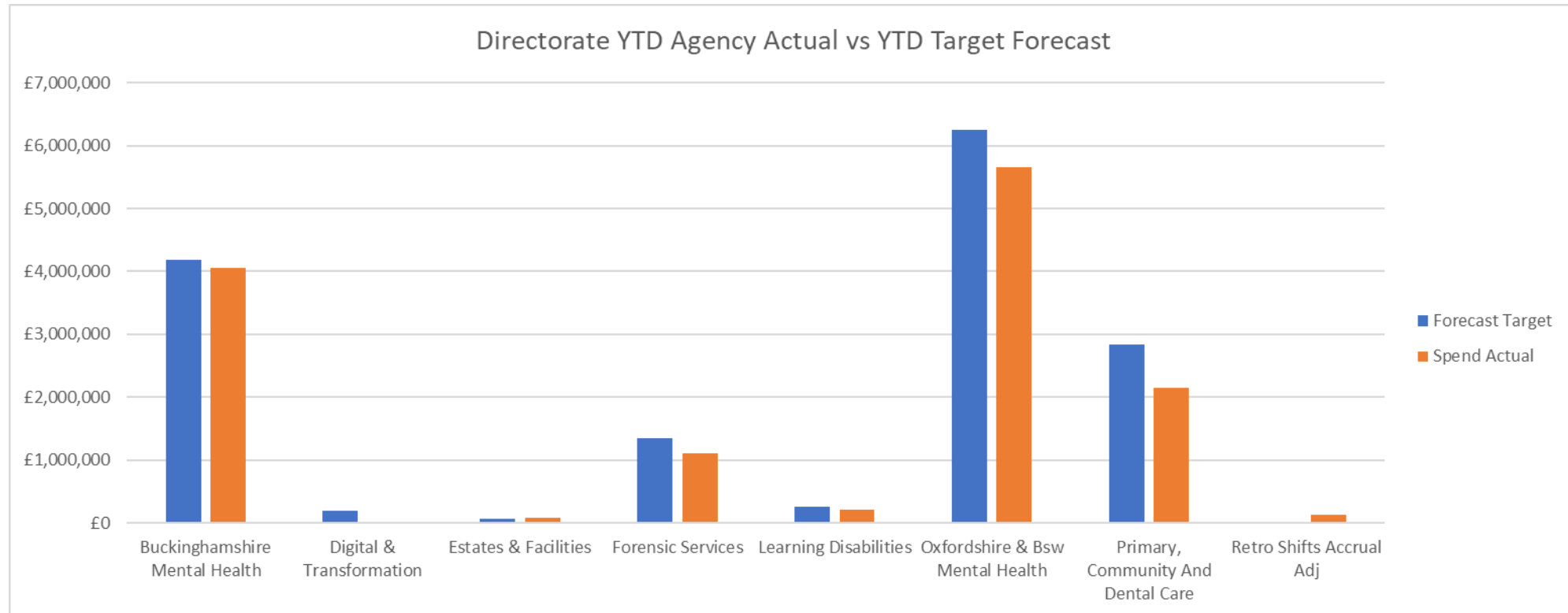
Included in the month 2 figures is **£1m** of agency cost related to FY24 which was reversed in month 3 as the FY24 accounts have been amended to reflect this.

The Trust has submitted a plan to BOB ICB and NHS England to spend a maximum of **£25.4m** on Agency in FY25.

Year to date agency spend, is **£1.7m** better than plan and **£5.8m** better than the same period in FY24.

The total Trust forecast spend is **£24.4m** which is **£1m** better than the target.

Agency Analysis Continued



Directorates have been allocated targets to reduce agency spend in line with the submitted plan of **£25.4m**.

An additional **£0.1m** was accrued in month 6 to account for any retrospective shift bookings related to this period.

All Directorates have delivered spend levels within the target forecast year to date at month 6.

Directorate targets were revised in month 4 to reflect all submitted plans for Agency WTE reductions in FY25.

9. Cost Improvement Programme (CIP)

The Trust's external CIP target as reported to NHSE is **£40.2m** made up of a **£6.2m** efficiency from FY25 contract requirements (CIP) and **£34m** cost management. The Trust is reporting a full delivery of the **£40.2m** to NHS England on the assumption that any shortfall in these programmes has been mitigated by other non-recurrent benefits in the Trust's position.

Table of Planned Efficiencies							
n Recurrent	Efficiency Programme Area	YTD Plan M6 £000	YTD Actual M6 £000	YTD Variance M6 £000	Full Year Plan £000	Full Year Forecast £000	Full Year Forecast Variance £000
Non-Recurrent	Non-Pay - Digital transformation	788	446	-342	1,575	891	-684
	Non-Pay - Estates and Premises transformation	0	924	924	0	1,848	1,848
	Pay - Agency - reduce the reliance on agency	2,505	2,505	0	5,068	5,068	0
	Non-Pay - Service re-design	5,208	5,178	-30	10,416	10,356	-60
	Pay - Establishment reviews	7,542	7,062	-480	15,084	14,124	-960
Total Non-Recurrent		16,043	16,115	72	32,143	32,287	144
Recurrent	Income - Non-Patient Care	354	354	0	708	708	0
	Non-Pay - Corporate services transformation	42	42	0	84	84	0
	Non-Pay - Digital transformation	143	485	342	285	969	684
	Non-Pay - Estates and Premises transformation	1,176	252	-924	2,352	504	-1,848
	Non-Pay - Fleet optimisation	6	6	0	12	12	0
	Non-Pay - Service re-design	84	114	30	168	228	60
	Pay - Establishment reviews	546	1,026	480	1,092	2,052	960
	Pay - Service re-design	1,614	1,614	0	3,372	3,372	0
Total Recurrent		3,965	3,893	-72	8,073	7,929	-144
Grand Total		20,007	20,007	0	40,216	40,216	0

Cost Improvement Programme (CIP) Cont.

Internally, as well as the **£6.2m** FY25 contract requirement, the Trust has an additional **£1.8m** CIP for FY24 CIPs that were not delivered recurrently last year, making the total internal CIP target **£7.9m**.

£6m of the **£7.9m** CIP target has been delivered through CIPs including upfront savings from investment, staffing establishment reviews and includes a non-recurring benefit of **£0.7m** within Corporate. The remaining balance for the year is being met through non recurrent vacancies while recurrent plans are being developed.

There is a risk of **£1m** on the delivery of CIP target in the Primary, Community & Dental directorate primarily due to delays in the planned CIP schemes. The directorate is trying to mitigate this in year as much as possible.

£'000							
Directorate	CIP Target	Fully Developed	Plans In Progress	High Risk	No Plans	Expected Slippage	Total
Primary Community & Dental	2,548	688	20	2,618	0	-778	2,548
Oxon & BSW MH	2,038	2,038	0	0	0	0	2,038
Bucks MH	983	983	0	0	0	0	983
Forensic MH	526	526	0	0	0	0	526
Learning Disabilities	199	199	0	0	0	0	199
Corporate	1,636	684	704	0	248	0	1,636
Total CIP	7,930	5,118	724	2,618	248	-778	7,929
		65%	9%	33%	3%	-10%	100%

10. Statement of Financial Position

Statement of Financial Position at 30 September 2024					
31 Mar 24		31 Aug 24	30 Sep 24	Movement	
£'000		£'000	£'000	In-Month £'000	YTD £'000
Non-current assets					
7,013	Intangible Assets	7,063	7,059	(3)	46
216,328	Property, plant and equipment	214,507	214,317	(190)	(2,011)
33,133	Finance Leases	32,373	31,937	(437)	(1,196)
1,125	Investments	1,125	1,125	0	0
412	Trade and other receivables	412	412	0	0
651	Other Assets	653	653	0	2
258,662	Total non-current assets	256,134	255,504	(630)	(3,158)
Current Assets					
3,184	Inventories	4,979	4,675	(304)	1,491
21,722	Trade and other receivables	23,149	24,213	1,064	2,491
200	Non-current assets held for sale	200	200	0	0
85,628	Cash and cash equivalents	87,534	92,792	5,258	7,164
110,734	Total current assets	115,861	121,880	6,019	11,146
Current Liabilities					
(77,857)	Trade and other payables	(77,911)	(83,278)	(5,367)	(5,421)
(2,614)	Borrowings	(2,453)	(2,212)	242	402
(4,019)	Lease Liabilities	(4,061)	(4,061)	0	(42)
(16,518)	Provisions	(16,358)	(16,342)	16	176
(24,222)	Deferred income	(30,064)	(30,471)	(407)	(6,249)
(125,230)	Total Current Liabilities	(130,847)	(136,362)	(5,516)	(11,132)
Non-current Liabilities					
(12,049)	Borrowings	(12,049)	(11,381)	669	669
(21,814)	Lease Liabilities	(20,688)	(19,842)	846	1,972
(6,545)	Provisions	(6,604)	(6,604)	0	(59)
(1,500)	Other Liabilities	(1,500)	(1,500)	0	0
(41,908)	Total non-current liabilities	(40,841)	(39,326)	1,515	2,582
202,258	Total assets employed	200,308	201,695	1,388	(563)
Financed by (taxpayers' equity)					
113,336	Public Dividend Capital	113,336	113,336	0	0
83,359	Revaluation reserve	83,360	83,360	0	1
1,125	Other reserves	1,125	1,125	0	0
4,438	Income & expenditure reserve	2,486	3,874	1,388	(564)
202,258	Total taxpayers' equity	200,308	201,695	1,388	(563)

- Non-current assets have decreased by £3.2m YTD. This is represented by capital additions of £3.9m (including £1.4m of leased assets – mainly Unipart) less cumulative depreciation of £7.1m
- Inventories have increased by £1.5m YTD and decreased by £0.3m in-month. The initial increase was due to a new infusion drug line being sold by OPS following a distribution agreement with NHSE/Sandoz. Inventory levels of c£5m expected to be steady state going forward.
- Receivables have increased by £2.5m YTD and by £1.1m in-month. The increase in year is due to an increase in prepayments of £2.5m. The in-month increase is largely driven by a net increase in receivables of £1.7m less a £0.6m reduction in prepayments.
- The cash balance has increased by £7.2m over the year and by £5.2m in-month. The increase in-year is largely driven by deferred income of £6.2m, and the in-month increase can be largely attributed to an increase in payable balances of £5.4m.
- Trade and other payables have increased by £5.4m in year and in-month. This is due to a net increase in trade payables and accrued expenditure. This increase in accruals and payables is not an untypical monthly movement and often reflects the timing of the payment run. There were £6.9m of invoices approved for payment at the end of the month (up from £3.3m in the previous month).
- Deferred income has increased by £6.2m in year and by £0.4m in month. Most of the increase can be attributed to the Provider Collaborative £1.5m, SDF income £1.1m, Learning Disability & Autism £0.6m, NHSPS £1.0m, R&D income £0.6m, Adv Settlement deferral £0.5m and other £0.9m
- Borrowings have decreased in-month and in-year by £0.7m due to the capital repayment against the outstanding DHSC loan (that funded the Whiteleaf Centre).
- Non-current lease liabilities have decreased in year and in-month. YTD capital repayments against existing and new leases of £3.4m have been offset by new leases totalling (£1.4m).

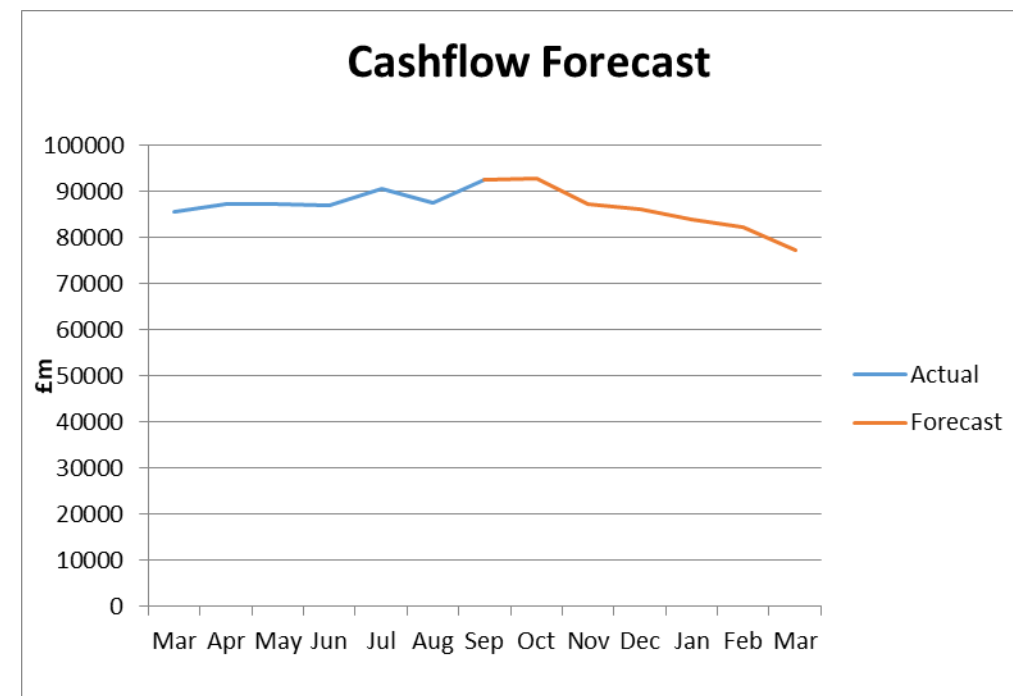
11. Cash Flow

STATEMENT OF YEAR TO DATE CASH FLOWS

	Actual £'000	Plan £'000	Variance £'000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations	(873)	(2,331)	1,458
Operating surplus/(deficit)	(873)	(2,331)	1,458
Non-cash income and expense:			
Depreciation and amortisation	7,069	7,709	(640)
(Increase)/Decrease in Trade and Other Receivables	(1,867)	0	(1,867)
(Increase)/Decrease in Inventories	(1,491)	(2,415)	924
Increase/(Decrease) in Trade and Other Payables	7,491	6,119	1,372
Increase/(Decrease) in Deferred Income	6,249	0	6,249
Increase/(Decrease) in Provisions	(129)	(31)	(98)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	16,449	9,051	7,398
Cash flows from investing activities			
Interest received	2,869	2,614	255
Purchase of Non Current Assets	(6,083)	(6,804)	721
Sale of PPE	0	300	(300)
Net cash generated from/(used in) investing activities	(3,214)	(3,890)	676
Cash flows from financing activities			
Loans repaid	(669)	(669)	0
Capital element of lease rental payments	(3,329)	(4,600)	1,271
Capital element of Private Finance Initiative Obligations	(201)	(430)	229
Interest paid	(266)	(268)	2
Interest element on leases	(226)	(126)	(100)
Interest element of Private Finance Initiative obligations	(14)	(18)	4
PDC Dividend paid	(1,366)	(1,539)	173
Net cash generated from/(used in) financing activities	(6,071)	(7,650)	1,579
Increase/(decrease) in cash and cash equivalents	7,164	(2,489)	9,653
Cash and Cash equivalents at 1st April 2024	85,628	86,148	(520)
Cash and Cash equivalents at 30 September 2024	92,792	83,659	9,133

Summary Notes

- The cash flow movements are consistent with the comments made on the Statement of Financial Position.
- The closing cash position at the end of September was **£92.8.m** (£87.5m in August).
- The cash forecast is for £77.3m at the 31 March.



12. Working Capital Indicators

Working Capital Ratios			
Ratio	Target	Actual	Risk Status
Debtor Days	30	13	
Debtors % > 90 days	5.0%	13.9%	
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	81.0%	
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	91.7%	
Cash (£m) - per year-end forecast	77.3	92.8	

Summary Notes

- Debtor days ahead of target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £339k, Salary overpayments £312k, Central & NW London £117k, NHSE £79k, Connect Health £112k, University of Oxford £149k and other £193k.
- NHS BPPC (Better Payments Practice Code) below target (2 Southern Health invoices for £4.4m not paid in time in August). 89.9% in-month .
- Non-NHS BPPC (Better Payments Practice Code) marginally below target. 94.9% in-month
- Cash better than year-end target.

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

(Agenda item: 16(a))

Board of Directors

27 November 2024

**Report from Mental Health & Law Act Committee on matters to Alert,
Advise or Assure**

Executive Summary

The Mental Health & Law Act Committee continues to meet quarterly and has considered an agenda, which covers Trends and updates on the Patient Participation Group, mental health Advocacy, the Use of Force Act and the Mental Capacity Act & DOLS. The minutes of the last meeting are in the Reading Room.

For Alert (may require discussion)

The Committee wish to alert the Board that:

1. The Committee was provided with an update on Associate Hospital Managers, following appeal decision in *Lancashire and South Cumbria NHS Foundation Trust Appellant - and – R Moon*. The decision determined that *"... the Tribunal had made no error of law in concluding that the claimant, who had been appointed as an Associate Hospital Manager, ... had been a worker under section 230(3)(b) of the Employment Rights Act 1996 and employed under a contract personally to do work.*

A panel of solicitors is being consulted to consider the impact of this decision on the Trust, and the advice should be available by the end of November 2024.

To Advise (to monitor)

The Committee wish to advise the Board that:

1. Mental Health Bill – Was introduced to the House of Lords on 6 November 2025, and is currently progressing through its second reading. Questions have been raised in the press as to whether the Mental Health Investment Standard will be retained. It will be important to monitor the Bill's passage and the changes arising therefrom.
2. The Committee awaits the results of the inpatient mental health survey.
3. Although Community Treatment Orders (CTOs) have not reduced in number, but instead have increased slightly. The Committee is monitoring the marginal increase CTOs, which are used for individuals who are considered a high risk to themselves or others; as there is the potential that there may be a decrease in the use of the Orders due to the reluctance of clinicians to issue them as a result of events in Nottingham and the resultant public concerns.

This may also have an impact on tribunals and mental health managers hearings, due to a potential reluctance to take the potential risk of violence from patients.

The Committee will continue to monitor the use of CTOs and detentions, to observe any patterns.

For Assurance (to note)

The Committee wish to assure the Board that:

1. I am pleased to confirm that we have seen an increase in mandatory training rates from 54% to 95%. As such, Trust Risk 1033 has been removed.
2. A series of activities targeted at improving the relationship between Independent Mental Health Advocates (IMHAs). Measures include an IMHA Opt-out pilot settings managed by Oxford Health Trust, as agreed by Buckinghamshire inpatient services. Steps are also being taken to improve IMHA access to the ward.
3. The Trust has written to the CQC regarding the capacity to consent to treatment.

Recommendation

The Board is asked to discuss the items for alert and note the items for advice and assurance.

- Geraldine Cumberbatch - Non-Executive Director

1. **Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** – *this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply] (please delete as appropriate):*

- 1) Quality - *Deliver the best possible care and health outcomes*

Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).

- 2) People - *Be a great place to work*

Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.

- 3) Sustainability – *Make best use of our resources and protect the environment*

Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.

- 4) Research and Education – *Become a leader in healthcare research and education*

Strategic risk themes: failure to realise Research and Development potential.



**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Oxford Health
NHS Foundation Trust

Board of Directors

27 November 2024

(Agenda item: 16(b))

**Report from People Leadership & Culture Committee on matters to Alert,
Advise or Assure**

Executive Summary

The Committee continues to meet every quarter and last met 16 October 2024 and considered the agenda attached (minutes attached). There were no matters for Alert to the Board from the July Committee meeting and thus no updates.

For Alert

No new matters for Alert.

To Advise

- 1. Temporary Staffing** The Committee was encouraged by the Trust's full engagement with the review undertaken by the SE Temporary Staffing Programme (SETSP). The review commends the pace and efficacy of the Trust's efforts this financial year to address deficits in the design, planning and implementation of NHSP and other measures under the IQRA umbrella, and the attendant delay in realising the full benefits of efforts to address the Trust's Agency staffing challenge. It proposes several measures to accelerate and amplify the Trust's progress all of which have been accepted by the Executive. Members discussed the factors contributing to the delay in engaging with SETSP and received reassurance that these are being addressed. Meanwhile, progress is significant although the Trust is still some way from being able to target NHSE's national target of 3.2% of total paybill on temporary staffing (this year's target is 7%). At M5 the Trust is £1.4M better than plan YTD on Agency spend (a total of £11.6M vs £13M. Overall temporary staffing fill rates for AfC staff is 96.8% (and Bank fill rate of 72%). Excellent work continues to be done to migrate Agency to Bank/ direct

engagement and to substantive roles. It is particularly encouraging to see the Trust reduce reliance on very longstanding Agency staff and there are now no Agency staff who have been with the Trust more than 5 years. The Trust continues its efforts to move rates to those compliant with the SE Temporary Staffing Collaborative ratecard with 73% of all shifts within these limits.

2. **BAF 2.4 Culture** The Committee has intended to do a deepdive on this risk for some time but has held off in light of work planned under Annual Plan Enabler 3. However, this work has moved more slowly than hoped and the Committee cannot yet be assured this risk is being adequately managed.
3. **BAF 2.6 Adequacy of staffing** Some of the mitigations for this risk are too narrowly defined to operational HR measures and the Committee has asked the team to consider the broader implications as identified in the Long Term Workforce Plan.
4. **Transformation & Change capability** The Committee heard from Sue Butt, Transformation Director for the Community Transformation work about the people implications of the significant programme of change she is leading. She identified a number of factors which have facilitated the transformation including senior clinical advocacy, alignment with BOB themes and programmes, matrix working for some corporate resource (eg HR), and the engagement of community and MH stakeholders both locally and across the system in the development of design principles at the outset. Factors which have inhibited the programme include:
 - Engaging middle-level clinical colleagues who found the changes more challenging
 - The difficulty in drawing down some corporate resource and the workaround of employing expertise directly
 - The absence of an Oxford Health model of change encompassing architecture, language, and methodology
 - Lack of alignment between QI and transformation efforts.

To Assure

5. **Annual Education Quality Report** The Trust as provider of education is required to submit a Quality Report to OFSTED. The Committee received the report and was assured the Trust is meeting its obligations and noted the strong offer to learners.
6. **Training & Development Budgets** The Committee received an account of how NHSE funding for CPD for Nurses and AHPs is allocated. The Trust is gradually adopting a more strategic approach to the use of this funding through the establishment of Training/Education fora within each Directorate

which help to identify x-team/x-organisational training needs. The team are aware of past education investments which have not fully translated into benefits to the Trust (eg Nurse prescribers and Nurse coaches) due to gaps in scoping and recognising when there may be an organisational or cultural change required. The Committee asked for an extended view to be taken of all Trust expenditure on training and development and for this to be brought to the next meeting.

- 7. Workforce Transformation** The Committee has further framed the discussion regarding the Trust's approach to hard-to-recruit roles that considers novel approaches to the design of work or roles, in addition to ongoing efforts to improve recruitment, retention and pipeline. The Committee noted again that these considerations would form part of a Workforce Strategy which in turn should be shaped by Clinical Transformation Strategy or Strategies. This discussion will take place at January 2025 PLC.
- 8. Statutory and Mandatory Training Compliance** In testament to colleagues' tenacity and determination to unpick the root causes of non-compliance, the Trust continues to progress towards achieving its target 95% compliance rate with almost all elements and Trust teams above 90%. Priority work is underway to support corporate teams where compliance continues to lag and in Resus with the aim of achieving above 90% compliance by end FY24/25.
- 9. Health and Wellbeing** The Committee received a report on the updated guidance including the clarification of the Health and Wellbeing Guardian role to challenge, seek assurance and hold to account the senior leaders of the organisation. The report was able to provide some assurance on the Trust's work through benchmarking performance with Model Hospital data which shows the Trust at or just above national average. It also includes a summary of work on the 12 sub-actions relating to three Guardian responsibilities.

Author and Title:

Mindy Sawhney

Chair of People Leadership and Culture Committee

- 1. Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** – this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply] **(please delete as appropriate):**

1) Quality - Deliver the best possible care and health outcomes

Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).

2) People - Be a great place to work

Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.

3) Sustainability – Make best use of our resources and protect the environment

Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.

4) Research and Education – Become a leader in healthcare research and education

Strategic risk themes: failure to realise Research and Development potential.

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

(Agenda item: 16)

27 November 2024

Report from Quality Committee on matters to Alert, Advise or Assure

Executive Summary

The Quality Committee met on 7th November and considered an agenda which is attached, and the minutes of the last meeting.

For Alert (may require discussion)

At the meeting a paper was tabled reporting on the **Safety of the Physical Estate**. A manager spoke to the headlines and data contained within the report. Members were concerned to be told that there were 1,000 high risk fire safety alerts requiring remedial action. After the meeting a memo was circulated by the lead Executive Director, Heather Smith, clarifying the position, which is attached to this report.

To Advise (to monitor)

The Committee wishes to advise the Board that we continue to monitor **the impact on service/care quality of high levels of vacancies (30%) in some teams**, and the mitigating actions in place. The numbers of teams, or services with 30% or over vacancy rate is stabilizing, but some areas remain stubbornly high. See the Quality and Safety Dashboard in the reading room for a detailed breakdown. Three wards are receiving enhanced support: Thames House (Kestrel and Kingfisher), Cotswold House, Oxford, and Meadow Unit, CAMHS PICU. Two community teams are receiving enhanced support: District Nursing and the Oxfordshire North and West AMHT.

We also continue to observe **long waits in some services**, as reported in the Integrated Performance Report. Non urgent waits for Child and Adolescent Services (meaningful contact within four weeks) are improving in Buckinghamshire with 68.53% seen against a national average of 61%. Oxfordshire is at 44.66% and BSW at 54.09%.

Thames Valley Forensic Services Provider Collaborative has placed Thames House (Kestrel and Kingfisher wards) on enhanced monitoring following concerns raised after visits in July 24. An action plan is in place, the Committee received a verbal update from the Clinical Director and noted weekly governance meetings are in place. The concerns relate to teamwork, patient activity and high use of restraint. It was also noted that recent leadership changes were having an impact.

The Thames Valley Provider Collaborative for Eating Disorder services has raised concerns about Cotswold house in Oxford which provides inpatient care for patients with extremely complex needs. Admissions have been paused whilst improvement work is underway, with weekly monitoring.

The Committee considered the **reporting of supervision rates** and felt this would benefit from review as there may be underreporting generated by splitting managerial and clinical supervision. Low rates of supervision are bringing more services into enhanced scrutiny – this may not be required if supervision activity is taking place that is appropriate to the team's role and responsibilities. The Chair will discuss with the Chair of PLC.

Finally, the Committee was concerned by a verbal report on **Covid and Flu vaccination rates amongst staff**, which at the time of the meeting was around 17%. It was agreed that this posed serious safety concerns to patients and staff and that the Trust would redouble effort to improve uptake. A verbal update will be available at the Board meeting on 27 November.

For Assurance (to note)

The Committee wish to assure the Board that we undertook our **annual review of Services for People with a Learning Disability**. We noted a significant reduction in waiting times over the year, from below 50% in April to 95% in September of patients seen in six weeks. A cohort of long waiters (42) are being intensively reviewed. Non-attendance is also being scrutinized to ensure there are no

safeguarding concerns. Following restructuring of community teams January 24, the Service has made excellent progress in recruitment, utilizing different approaches and will be at funded level by January 2025.

We noted and were assured of **strengthened governance arrangements of the Oxford Pharmacy Store**, and the appointment of an additional Responsible Pharmacist, which provides greater resilience.

An update on work on the **Patient, Carer and Race Equality Framework** indicated a more structured approach than hitherto, with identifiable milestones and indicators of success.

Finally, we received a verbal update on **winter resilience, specifically in the emergency care pathway**. The Committee supported the decision to proceed at risk financially in bolstering District Nursing services at the weekend. We also noted the proposal to flip assessment beds to inpatient intermediate care should the acute system be overwhelmed. We were pleased to hear that the GP out of hours service is now fully staffed.

Recommendation

The Board is asked to confirm it is assured with action underway to manage clinical risk and to note improvements made in services for people with Learning Disabilities, emergency care resilience, and the governance of the Oxford Pharmacy Store.

The Board is also asked to endorse the call to action to address staff vaccination rates this winter.

Author and Title: Andrea Young, Non-Executive Director and Chair of Committee.

1. **Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** – *this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply] (please delete as appropriate):*

1) Quality - Deliver the best possible care and health outcomes

Strategic risk themes: Utilising Digital, Data and Technology; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Sustainability (Community Oxfordshire).

2) People - Be a great place to work

Strategic risk themes: Succession Planning, Organisational and Leadership Development; Culture; Retention; and Adequacy of Staffing.

3) Sustainability – Make best use of our resources and protect the environment

Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.

4) Research and Education – Become a leader in healthcare research and education

Strategic risk themes: Research and Development potential.

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

(Agenda item: 16(d))

27 November 2024

**Report from Finance and Investment Committee on matters to Alert, Advise
or Assure**

Executive Summary

The Finance and Investment Committee met on 12 November and has considered an agenda, which is attached (minutes to follow at next meeting). Updates on matters previously alerted to the Board, namely BOB ICS financial position, FY25 capital spend and Warneford Park Programme phasing are addressed below.

To Advise (to monitor)

The Committee wish to advise the Board that:

M6 FY25 financial performance

- £2.6m of additional non-recurrent deficit funding received by the ICS was allocated to Oxford Health, reducing our planned deficit to £0.1m.
- Underlying performance is £3.4m ahead of original plan (driven by vacancy factors and some non-recurring benefits) with any savings covering spending pressures.
- Capital spending remains forecast to be £1.6m overspent.
- The Trust has offered to return £2.7m to the ICS to bring the Trust back into break even position (in effect returning the non-recurrent deficit funding) to help the overall system position. A further £1.3m revenue saving has been offered to offset some of the expected capital overspend (funded by c. £3.4m set aside for unknown risks in the forecast, since forecast opportunities are considered to outweigh risks for the remainder of the year).

- PFI exit costs remain unknown and exit negotiations are not expected to resolve until Q4 FY25 or Q1 FY26.
- The committee noted the imperative of advocating for our patients in funding discussions and the potential for any return of funds to undermine our evidence based position of mental and community health service underfunding. That has been balanced on this occasion by a responsibility to break even as part of the wider system, with plans being expedited in tandem to consider how we might work with partners to reduce risk and/or waits should further savings materialise.

Q2 progress against Annual Plan

- Significant progress has been made although analysis sometimes suffered from an optimism bias
- Further clarity is needed on specific objectives at risk of remaining incomplete against the original plan

ICB Investigation and Intervention (I&I) process

- External reporting has highlighted a number of areas requiring improvement at both system and individual trust levels. One of the key improvement areas identified for this trust was the CIP process.
- It remains to be agreed how/where Board oversight of the content of this report and our response to identified improvements might sit.

25/6 planning and budgeting

- Both the planning and budgeting processes and associated funding allocations will broadly mirror those of last year, although greater system involvement is likely given the financial context.
- Planning - FIC suggested that the number of priorities/objectives be reduced next year, to allow better Board focus on successful delivery of those with most strategic importance (with other important, but less strategic programmes being captured in Directorate plans instead).
- Funding allocation for FY26 retains the risk of being reduced by the removal of 'non recurrent' funding awarded to cover recurrent costs this year (as previously highlighted). This will place significant additional burden when combined with higher expected cost improvement programme (CIP) targets arising from Tier 3 oversight requirements. Further, any recurrent CIPs not delivered this year, or delivered by non-recurrent measures, will roll forward as additional pressures next year (Board attention is drawn to CIP performance in the financial reporting on this agenda).

- Poor progress on joint commissioning approaches limits our opportunity to allocate funding more strategically, outside historical contract streams, despite broad consensus that some areas remain underfunded. This misses a fundamental opportunity afforded by the introduction of integrated care systems.

FIC Major Project oversight – is currently limited to capital projects. In line with findings of the ICS I&I recommendations, this might usefully be expanded to cover revenue major projects such as CIPs and transformation programmes to ensure the same rigour of controls and oversight are applied. Exec will consider proposals in January, aligned with committee TOR review.

Warneford Park Programme

- Remains on track to submit planning by 31 March 2025. The second public consultation will take place in early December after the final design review panel with the Council and architects.
- One significant concern arising from consultations is the lack of plans to reprovide facilities for Highfield and Meadow Unit CAMHS services, in line with the COA agreement to sell the that part of the site at by 2100. This area will not be part of the planning application, so provides an opportunity to consider and validate current assumptions about future CAMHS provision and any consequential impact on estates planning before any COA option is exercised.

Green Plan 1 FY24 update and Green Plan 2 development

- Carbon emissions have reduced by 17% since 2020 (just short of SE regional targets).
- Green Plan 1 lacks SMART targets against which successful delivery can be meaningfully measured which will be addressed in Green Plan 2, currently under development.
- Green Plan 2 Is currently under development, setting out how we will achieve Net Zero by 2040 And will feed into a BOB ICS Green Plan by March 2025. An expected paper outlining the Green Plan 2 draft and development was not presented to this meeting, so will be picked up in January. The associated BAF risk will also be updated and reviewed subsequent to this.

For Assurance (to note)

The Committee wish to assure the Board that:

Central Teams and Corporate Services Enabler Workstream – work has been delayed due to additional system-level workload, but is now moving ahead around reviewing and reforming three cross-cutting processes: i) hiring and onboarding; ii) temporary staffing and iii) buying things. Each is designed to reflect their organisation-wide nature (rather than as the sole responsibility of a specific central directorate), with a compelling objective to enhance patient care by making people's lives easier and freeing up their time. This work will come back to FIC once outcomes/deliverables have been agreed by Exec.

Cotswold House Marlborough anti-ligature capital works – £0.6m capital spend was approved despite not being included in the current year capital budget (which in itself is already overspent) due to the urgent need to address high ligature risks identified in the current estate. Works are mostly scheduled to be undertaken early in FY26.

Banbury OPS warehouse post project evaluation – identified useful learning points around the need for a strategic approach to estates procurement (allowing the Trust to engage with a wider supplier base for construction contracts), emphasis on upfront project planning, management of contingencies and budget phasing and hard wiring of a consistent approach to benefit realisation into PIDs. An outstanding action to educate the Board about their pharmaceutical licencing responsibilities will be picked up by the Chief Finance Officer.

Information Management Governance

- The committee was informed of the recent toolkit changes shifting the focus to evidencing robust decision making. A risk was identified in the Deputy Director of Corporate Affairs chairing the Information Management Group rather than the Trust Senior Information Risk Owner (SIRO). It was acknowledged that this risk would be resolved once the substantive Director of Corporate Affairs was in post in early 2025, when both of those roles would reside in that single post and that the risk was mitigated until then by effective oversight of the Interim Director of Corporate Affairs.
- The updated Integrated Information Governance Policy was approved.

Major Projects BAF Risk - an update was received and risk ratings challenged. Since work to improve controls were still in progress, it was agreed to leave ratings unchanged for now and to review target dates.

Procurement Report - a standing procurement report was received and noted. The committee requested feedback from the Head of Procurement on the ICS I&I procurement recommendations in her next report.

Impact of Capital Plan revision – the committee requested a report on the impact assessment of the capital plan revision which significantly reduced the scope of work estates work in FY25. Assurance was received from Directorate leadership that risk had been mitigated with services and that all schemes were expected to be reprovided in the FY26 plan.

Reference Cost Anomalies - two services flagged some concern in our previous reference cost submission due to significant cost increases without corresponding increases in activity. The committee requested an update from directorates to contextualise finance data, with identified issues now being addressed. There was broad consensus that getting services involved in understanding this data would improve efficiency if tied in to the broader conversation around value delivery, currently under development.

Recommendation

The Board is asked to note this report and confirm that it is assured with updates and any actions set out.

Author and Title: Lucy Weston
Chair, Finance and Investment Committee

Report to the Meeting of the Oxford Health NHS Foundation Trust

(Agenda item: 17)

Board of Directors

27 November 2024

Research and Development/Innovation Report

For information

This report covers recent activity related to the Research and Development (R&D) Senior Management Team (SMT) and Research Office under the direction of Professor Vanessa Raymont, R&D Director. The National Institute for Health and Care Research (NIHR) Oxford Health (OH) Biomedical Research Centre (OH-BRC) is reported separately, and a detailed OH-BRC update was submitted to the Board in July 2024.

NIHR BRC: Preparations are ongoing for the OH-BRC mid-term review, to be held on 10 and 11 March 2025.

NIHR Oxford and Thames Valley Applied Research Collaboration (OTV ARC): Professor Kam Bhui has been appointed as Director to lead the Applied Research Collaboration (ARC) re-application for funding for Thames Valley, with OH as a partner. Further details of this will be provided in the next Board report. Professor Richard Hobbs will remain as Director of the Oxfordshire and Thames Valley ARC for the remainder of the ARC's current funding period.

Digital: The NIHR has launched a new [competition](#) for £3m funding over a 3 period to establish a Secure Data Environment (SDE) to receive, store, link and analyse patient data generated by the NIHR Mental Health Translational Research Collaboration (MH-TRC). The MH-TRC SDE aims to ensure that pre-existing data and data generated by the MH-TRC can be seamlessly federated with the NHS Research SDE Network as it develops, building on existing SDE/TRE investments and capabilities rather than creating a new standalone SDE. The MH-TRC SDE will link routinely collected NHS data with other health and health-related data, including molecular phenotypes, omics and other data generated by the MH-TRC. Given the call's specific focus on mental health data, OHFT will be well-positioned to submit a bid as the call aligns with the OH-BRC's vision, the TRC's and that of the whole Mental Health Mission (all currently hosted by OHFT).

OHFT's bid will be led by Professor Andreas Cipriani, Director OH-CRF, Data Science Theme Lead of OH-BRC and Honorary Consultant Psychiatrist at OHFT. If successful, OHFT will host the MH-SDE and be responsible for the governance of the project, while OH-BRC Data Science will take charge of the oversight of the project, including providing clinical and content knowledge. Akrivia, a commercial company and partner in the bid, who currently work with the OH-BRC within the data science theme would act as the service provider and be responsible for the SDE.

RiO Data: RiO data is now available via the Trust's Clinical Record Interactive Search (CRIS) platform. This allows access to up-to-date de-identified mental health data taken from the Trust's Electronic Patient Record (EPR) system, thereby improving support for research, clinical audit and service evaluation work. Now that an initial extract has been successfully processed, the Research Informatics (RI) Team plan to move to monthly extracts of RiO data to ensure that data remains up to date. The RI Team is also working to add historic Carenotes documents to the CRIS platform. As these documents contain information relevant to research, this will enhance the data available to researchers. The team continues to engage in work to advance a federated data model across CRIS network Trusts and is attending a workshop in November to share their view on how this might look moving forwards.

Count Me In: OHFT R&D and OH-BRC are preparing for the relaunch of an updated Count Me In (CMI) in late 2024. Following a successful pilot using Carenotes, the system has since been developed to incorporate data from RiO. CMI aims to increase the number of patients available to approach about participating in research studies within OHFT, maximising their opportunity to access cutting edge research and increasing research inclusivity and generalisability of findings. The team is currently updating operational processes and documents to adapt to RiO and developing its Communications strategy in earnest to ensure both staff and patients are fully informed of the system ahead of its launch. A research facilitator is being recruited to support with the implementation of the new process, which will be overseen by a senior R&D manager and the Oxford Health Clinical Research Facility (OH-CRF) project manager. The team plans to roll the programme out across Mental Health, Older Adults and Forensic services initially, with the inclusion of additional groups, including Specialist Services and Community in the new year.

Psychedelic Studies: A small portfolio of interventional psychedelic studies is being set-up/is up and running within the OH-CRF. Common to each of the studies is the requirement for a period of post-dosing monitoring, with supportive therapy for the participant, facilitated by either a psychologist or a psychiatrist. As these trials aim to assess not only the efficacy of the drug, but also the feasibility of delivering the drug within the NHS, OH-CRF staff have advised commercial partners of the financial and workforce implications of utilising qualified professionals for this monitoring for over 6 hours per patient visit. Following lengthy discussion with the sponsors and a rigorous training programme, a novel pilot will be conducted within the unit utilising Research Assistants and Assistant Psychologists to conduct the post-dosing monitoring / therapy for the studies. This approach has been successfully implemented within the OH-CRF for the COMPASS trial and is likely to inform delivery models for similar trials nationally. Should the drug be found effective, this approach is likely to be adopted by other Trusts as part of a more pragmatic and cost-effective translational pathway within the NHS.

Research Clinic Update: As previously reported, Professor Philip MacGuire has developed a small portfolio of research clinics. These include: **Oxford Prevention and Early detectionN (Open)**, for people at clinical high risk of psychosis (detailed in September's Board report); the **Baseline Biomarker Check (BBC)** clinic, for people with first episode psychosis, serving as an adjunct to the OH Early Intervention Service (detailed in July's Board report); and **Tune Up**, for people with psychosis who do not benefit from standard care (an adjunct to AMHS). The pathway of these clinics is designed in such a way that patients are treated in the referral clinical or moved to clinics that better meet their needs further along the pathway depending on their clinical outcome or response (see Figure 1).

Here we update on progress of the BBC clinic, which operates as part of the Oxford Early Intervention Service. All new patients recently diagnosis with psychosis are offered a baseline assessment that includes all of the measures needed for a comprehensive clinical evaluation. These include detailed assessments of the mental state, physical health, cognition, an MRI scan, blood tests and a substance use screen, all of which are completed in a single session. This permits the early identification of the 16% of patients in whom their

psychosis is secondary to an underlying condition, such as a brain tumour or auto-antibodies to NMDA receptors. This subgroup can then be referred for medical or surgical treatment, rather than providing them with mental health care, which will be ineffective. Among the majority of patients with a 'Primary' psychosis, the BBC clinic carefully evaluates their response to initial treatment, so that the 25% of people who do not benefit from standard care can be identified as early as possible. The BBC clinic thus conducts further detailed clinical assessments after the first and second courses of treatment (at around 1 and 2 months) to determine whether treatment has been effective. The clinic has been running for 6 months. During this period, 24 patients have received a baseline assessment.

These assessments have already led to major changes in clinical management. Two patients have been found to have secondary psychoses due to treatable 'organic' causes. One had a tumour of the thymus (a thymoma), after blood tests revealed the presence of auto-antibodies to brain receptors produced by the tumour. In another patient, an MRI scan detected a prolactinoma, a cerebral tumour producing excessive levels of prolactin. The first patient has had the tumour surgically removed and their psychosis since improved, while the second is currently being investigated by colleagues in endocrinology. These cases illustrate one of the benefits of the clinic – without a comprehensive assessment at baseline, these individuals would have received standard psychiatric treatment, and their underlying medical problem would not have been detected until a later stage. Provision of the BBC assessment has improved their clinical outcomes and reduced the costs of their clinical care.

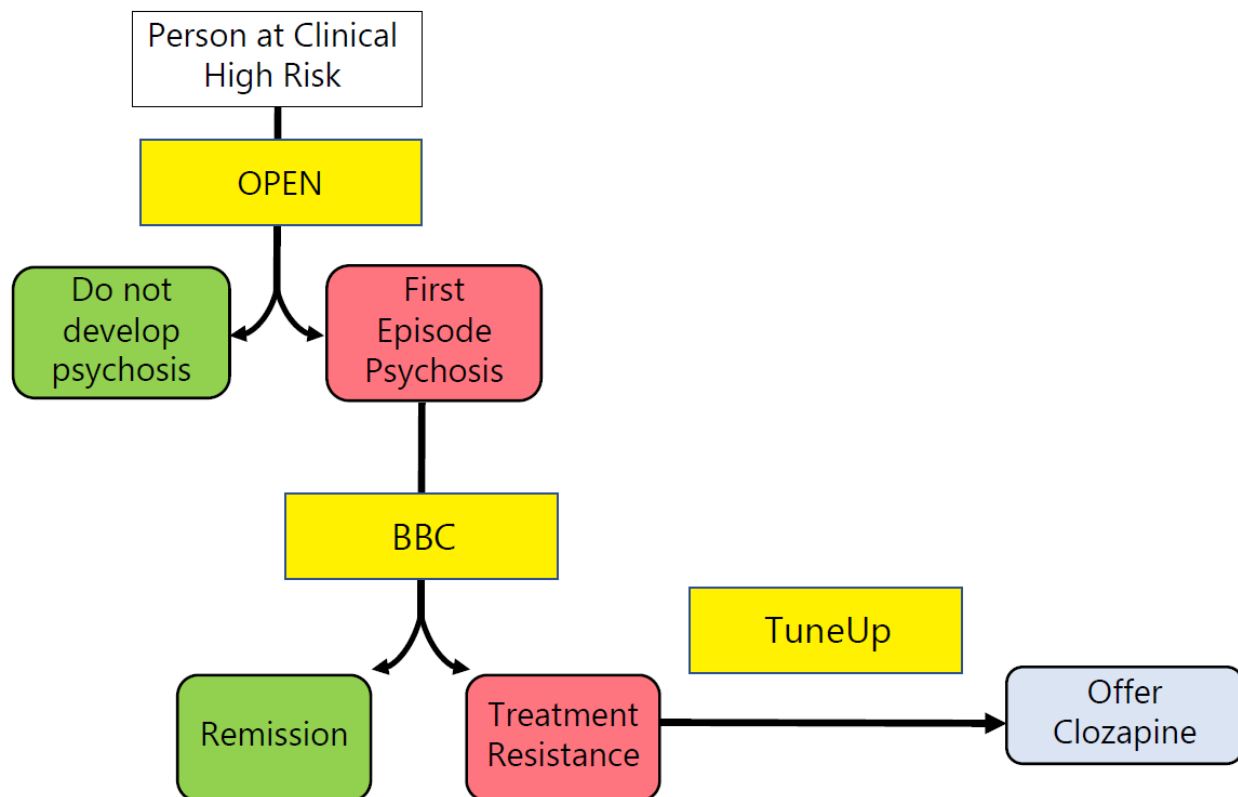


Figure 1: Research Clinic Pathway

The key issue affecting all three research clinics is that, to date, they have been entirely supported by research funding and by academic staff providing their clinical time at no cost. While this approach has worked well

during the pilot phase, it is not sustainable in the long term. All of the clinics are providing clinical care that the NHS and NICE regard as mandatory, such as the early detection of people at high risk for psychosis and offering clozapine to patients with treatment resistance. They also allow OH to meet the vision of a more proactive approach to health care set out in the NHS Long Term Plan, with an emphasis on prevention and minimising hospital admissions.

The OPEN and TuneUp services have recently submitted proposals to OH for their further development, and the BBC clinic plans to do this in the near future, as longer term NHS funding is the rate-limiting factor in the further development of these clinics. There are clear cost savings provided as a result of these clinics, for example, the TuneUp service has been able to reduce long delays for clozapine initiation treatment by providing a means to start treatment without inpatient admission (so far >30 patients that have been waiting for years have avoided admission). However, because of uncertainty about its long term future, the clinic has had to stop offering this service and academic staff are becoming reluctant to become involved. R&D is therefore keen to share oversight of research clinics with Directorates to enable R&D to drive identification of other medium and long term funding, given the current situation with NHS funding locally and nationally, and the massive opportunities research clinics provide in terms of reputational and clinical benefits for OHFT.

Author: Professor Vanessa Raymont

Lead Executive Director: Dr Karl Marlowe

BAF SUMMARY Contents of this summary table (p.1-4) are hyperlinked to full BAF (at p.5 onwards).						
REF.	LEAD EXEC. DIRECTOR (ED)	RISK	CURRENT RATING	TARGET	MOVEMENT	REVIEW Date
	MONITORING COMMITTEE					
1. Quality - Deliver the best possible care and outcomes						
<u>1.1</u>	Chief Finance Officer	Utilising digital, data and technology to drive quality, efficiency, economy, research, and innovation A failure to utilise and engage with digital, data and technology to drive quality, efficiency, economy, research, insights, analytics and innovation, resulting in poorer patient outcomes and experience, lack of insights to support decisions, lower return on investments, lack of insights driving quality improvements, lack of innovations.	12	6	↔	29/10/24
	Finance & Investment Committee					12/11/24
<u>1.5</u>	Interim Chief Operating Officer for Mental Health & Learning Disability	Unavailability of beds/demand and capacity (Mental Health inpatient and Learning Disability) Lack of local admission beds due to demand outstripping capacity and/or absence of support services in the community to prevent admissions and/or facilitate prompt discharge could lead to: (i) increase in Out of Area Placements (OAPs) further from home, (ii) inappropriate inpatient placements; (iii) patients being unable to access specialist care required to support recovery; (iv) patients and carers/families having a poor experience; and (v) services falling below reasonable public expectations.	16	8	↔	29/10/24
	Quality Committee					07/11/24
<u>1.6</u>	Chief Operating Officer for Community Health Services, Dentistry & Primary Care	Sustainability of the Trust’s primary, community & dental care services There is a risk that the inability to progress, with key partners, the re-design and re-commissioning of primary, community and dental care services across Oxfordshire threatens the medium- and long-term sustainability of these services. In this scenario, waiting lists/delays will continue to grow, quality and safety of care will be increasingly compromised, the financial position will deteriorate, the needs of the service users will be insufficiently met and there will be poorer health outcomes and experiences. The successful mitigation of this risk requires the Trust to work effectively with a wide range of ICB partners and stakeholders to deliver a number of priority strategic actions and enablers (set out below), which in turn will enable the successful transformation of key primary and community care pathways.	12	9	↔	29/10/24
	Quality Committee					07/11/24

2. People - Be a great place to work						
<u>2.3</u>	Chief People Officer	Succession planning, organisational development and leadership development Failure to maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change.	12	4	↔	24/09/24
	People Leadership and Culture Committee					16/10/24
<u>2.4</u>	Chief People Officer	Developing and maintaining a Culture in line with Trust values A failure to develop and maintain our culture in line with the Trust values and the NHS people promise which includes being compassionate and inclusive, recognition and reward, having a voice that counts, health, safety & wellbeing of staff, working flexibly , supporting learning & development, promoting equality, diversity & inclusivity and fostering a team culture. The absence of this could result in; harm to staff; an inability to recruit and retain staff; a workforce which does not reflect Trust and NHS values; and poorer service delivery.	9	4	↔	13/09/24
	People Leadership and Culture Committee					16/10/24
<u>2.5</u>	Chief People Officer	Retention of staff A failure to retain permanent staff could lead to: the quality of healthcare being impaired; pressure on staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust's reputation as an employer of choice.	12	9	↔	19/09/24
	People Leadership and Culture Committee					16/10/24
<u>2.6</u>	Chief People Officer	Adequacy of Staffing Inability to plan for, attract and secure sufficient numbers of appropriately trained staff may lead to inadequate levels of staffing to provide: i. safe and/or quality patient care; or ii. the range of services which the Trust aspires to. If the Trust cannot secure adequate levels of permanent staffing, then it may turn to planned bank staff or temporary agency staffing which may be unsustainable in the medium to long term and could, without adequate controls, have financial and quality of care implications.	16	9	↔	03/10/24
	People Leadership and Culture Committee					16/10/24

3. Sustainability - Make the best use of our resources and protect the environment

3.1	Executive Director of Strategy & Partnerships	Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level.	12	8	↔	28/10/24
	Quality Committee	Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level. Such failure would lead to ineffective planning and unsuccessful delivery and transformation of services in the Systems we operate in, and in turn impact both the sustainability and quality of healthcare provision in these Systems and in the Trust.				07/11/24
3.4	Chief Finance Officer	Delivery of the financial plan and maintaining financial sustainability	16	12	↔	31/10/24
	Finance & Investment	Failure to deliver financial plan and maintain financial sustainability over the short (1-2 years) or medium-term (3-4 years), including, but not limited to: through funding reductions; non-delivery of CIP savings; budget overspends; and constraints of block contracts in the context of increasing levels of activity and demand, could lead to: an inability to deliver core services and health outcomes; financial deficit; intervention by NHS England; and insufficient cash to fund future capital programmes.				12/11/24
3.6	Director of Corporate Affairs & Co Sec	Governance and decision-making arrangements	8	4	↔	19/03/24
	Audit Committee	Failure to maintain and/or adhere to effective governance and decision making arrangements, and/or insufficient understanding of the complexities of a decision may lead to: poor oversight at Board level of risks and challenges; (clinical or organisational) strategic objectives not being established or achieved; actual or perceived disenfranchisement of some stakeholders (including members of the Board, Governors and/or Members) from key strategic decisions; or damage to the Trust's integrity, reputation and accountability.				23/04/24
3.7	Executive Director of Strategy & Partnerships	Ineffective business planning arrangements	12	6	↔	30/10/24
	Finance & Investment	Ineffective business planning arrangements may lead to: the Trust failing to achieve its strategic ambition; problems and issues recurring rather than being resolved; reactive rather than pro-active approaches; decision-making defaulting to short-termism; and inconsistent work prioritisation, further exacerbated by the challenge of limited resources, impacting upon staff frustration and low morale.				12/11/24

3.10	Chief Finance Officer	Information Governance & Cyber Security Failure to protect the information we hold as a result of ineffective information governance and/or cyber security could lead to: personal data and information being processed unlawfully (with resultant legal or regulatory fines or sanctions), cyber-attacks which could compromise the Trust’s infrastructure and ability to deliver services and patient care, especially if loss of access to key clinical systems; data loss or theft affecting patients, staff or finances; reputational damage.	12	9	↔	29/10/24
	Finance & Investment					12/11/24
3.12	Director of Corporate Affairs & Co Sec	Business continuity and emergency planning Failure to maintain adequate business continuity and emergency planning arrangements in order to sustain core functions and deliver safe and effective services during a wide-spread and sustained emergency or incident, for example a pandemic, could result in harm to patients, pressure on and harm to staff, reputational damage, regulator intervention.	9	9	↔	16/02/24
	Emergency preparedness, resilience and response committee (sub-group to Executive Management Committee) and Audit Committee					23/04/24
3.13	Chief Finance Officer	A failure to take reasonable steps to minimise the Trust’s adverse impact on the environment , maintain and deliver a Green Plan, and maintain improvements in sustainability in line with statutory duties (Health & Care Act 2022), and national targets, for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2032, for the emissions we can influence (our NHS Carbon Footprint), net zero by 2045) could lead to: a failure to meet Trust and System wide objectives, reputational damage, loss of contracts with commissioners, contributing to increased air pollution within the wider community, and loss of cost saving opportunities.	9	3	↔	07/11/24
	Finance & Investment					12/11/24
3.14	Chief Finance Officer	Major Programmes Insufficient capacity and capability to deliver major programmes effectively or to support a necessary control environment and adherence to governance and decision-making arrangements may lead to: poorly planned and ultimately compromised projects; inability to proceed with projects; failure of projects to complete or to deliver against preferred outcomes; non-delivery of required savings, unplanned expenses, delays and wasted resources.	16	6	↔	05/11/24
	Finance & Investment					12/11/24
4. Research & Education - Become a leader in healthcare research and education						
4.1	Chief Medical Officer	Not maximising the Trust's Research and Development (R&D) potential. Not fully maximising the potential to fully realise the Trust's academic and Research and Development (R&D) potential may adversely affect its reputation and lead to loss of opportunity.	6	3	↔	29/10/24
	Quality Committee					07/11/24

Risk rating matrix and scoring guidance appears at [Appendix 1](#)

Strategic Objective 1: Deliver the best possible care outcomes

1.1: Utilising digital, data and technology to drive quality, efficiency, economy, research and innovation

Date added to BAF	10 February 2022				
Monitoring Committee	Finance & Investment Committee		Impact	Likelihood	Rating
Executive Lead	Chief Finance Officer	Gross (Inherent) risk rating	4	5	20
Date of last review	29/10/24	Current risk rating	4	3	12
Risk movement	↔	Target risk rating	3	2	6
Date of next review	February 2025	Target to be achieved by	March 2026		

Risk Description:

A failure to utilise and engage with digital, data and technology to drive quality, efficiency, economy, research, insights, analytics and innovation, resulting in poorer patient outcomes and experience, lack of insights to support decisions, lower return on investments, lack of insights driving quality improvements, lack of innovations.

Key Controls	Assurance	Gaps	Actions
	Level 1: reassurance		
Implementation of the Trust Digital Strategy	Digital Strategy Implementation Plan review to ensure delivery by 2026.	GAP: Due to the cyber-attack on the clinical systems supplier and subsequent 5-month outage in 2022, clinical data was captured outside of clinical systems in an unstructured format.	ACTION: Optimisation of core clinical systems to ensure data captured at point of care and can be used for insights into population health, service transformation, quality improvements. Data recovery programme overseen by Trust CEO.
Revised improved Governance across Digital, Data and Technology within the Trust and across the ICS.	Right governance to facilitate clinical engagement in the digital programme of works.	As the new systems were implemented, they were only basic systems initially capturing basic clinical data. Therefore, there are 2 data gaps – the data from the outage and the data which is not captured until the new system optimisations take place.	Business Continuity Working Group to ensure any future data gaps are relevant and agreed
Programme and project management of Frontline Digitisation strategic programme.	Exec oversight of Frontline Digitisation programme.		
Embedding the development and use of TOBI (Trust Online Business Intelligence) data from ward to Board level.	Integrated Performance Report to Board to provide assurance around Trust performance and data		
Engagement with Data Platforms for direct care, insights, including population health insights and analytics.	Utilisation of data for insights and analytics to support direct care, service improvements and population health analytics.	GAP: Lost opportunities to develop data insight, population health analytics, system interoperability, health innovations due to the focus being on recovery from the outage.	ACTION: Ensure the Trust engages to focus on realising the benefits of the data analytics platforms with links to the optimisation programme and Truecolours.
Collaboration with Oxford University and other health research organisations and	Digital Data and Technology Governance pulling together all		

networks to support innovation, quality improvements and commercial development. Utilisation of Oxford Healthcare Improvement (OHI) Centre skills and resources to support data insights, analytics and service improvements. Optimisation Programmes of Trusts new EPRs to ensure the right data is captured at the point of care. Data Quality Programme to ensure good quality data is captured at the point of care. Co-production and user engagement in all developments, optimisations and implementations. Horizon scanning to ensure right choices are being made.	elements into the Digital, Data and Technology Strategy Board meetings, feeding into the Executive Committee and Board. Innovation Pipeline to facilitate oversight, prioritisation and resources for Trust digital innovations. Digital Clinical Safety Group supported by CCIO to provide assurance re clinical data. Digital Leadership Team now including CNIO to facilitate clinical engagement and oversight. Artificial Intelligence (AI) Strategic Group to facilitate innovative AI projects leveraging efficiencies. Digital, Data and Technology Skills and Workforce Group within the Trust, ICS and Regional to focus on upskilling the digital data and technology champions and wider digital skills. Data, Analytics and Research Group within the Trust and ICS to facilitate use of data platforms.	Outcome measure data lacking. GAP / OPPORTUNITY: Interdependency on other NHS organisations for data platforms such as Federated Data Platform, Shared Care Record, Secure Data Environment. GAP: Potential funding shortfalls to realise benefits of available digital capabilities. GAP: Digital skills and capabilities of the Trust workforce to realise the benefits of the digital tools available. GAP: Outcome data not collected in a structured way from the clinical services. GAP: Research opportunities lost due to data not being available for the research team. GAP: Digital innovations within the Trust need more oversight and support. GAP: Target architecture not set out, to identify any Technology and Infrastructure gaps.	ACTION: Ensure resources are applied to engage with the programmes around external data platforms. ACTION: Working with NHSE to ensure all relevant funding opportunities are realised. ACTION: Digital, Data and Technology Group to facilitate and have oversight of improving the workforces' digital skills and capabilities alongside the ICS and regional groups. ACTION: Focus on facilitating the digital recording of patient outcome measures across the Trust. ACTION: Engage with patients and research team around "Count me in". ACTION: Engage with BRC Data Science Theme team ACTION: Support digital innovations from idea to implementation using agile methodology.
	Level 2: internal		
	Digital programme highlight reports for Digital Data and Technology Board.	GAP: Transparency over support, service and availability and relationship management.	ACTION: Enabler 2 work on corporate services transparency and responsiveness, to include digital and technology.

	Data Quality Group focussing on key data quality issues. Information Management Group Digital Update. Finance and Investment Committee oversight of Frontline Digitisation Programme. Integrated Performance Report to Board. Internal Trust Digital Assurances – Cyber Security, Infrastructure Assessment, Clinical Safety, Information Governance. Level 3: independent NHSE Mandatory Clinical Data Reporting. CQC Inspections. Patient/carer feedback, incl. 'I Want Great Care' results. Use of NHSE Digital Maturity Framework "What Good Looks Like" to measure Trusts Digital Maturity improvement aligned to the Digital Programme of works. Internal audit reviews KPMG assurance of Frontline Digitisation programme governance. Knowledge sharing with Berkshire Healthcare digital teams as part of Mental Health Provider Collaborative and with ICS counterparts.	GAP: Lack of strategic approach to ensure the value of the Trust's data is being realised and to drive data insights.	

	NHSE digital assurance framework DTAC [for assessing products]. Performance against national NHS Oversight Framework indicators [for services].		

Strategic Objective 1: Deliver the best possible care outcomes

1.5: Unavailability of beds/demand and capacity (Mental Health inpatient and LD)

Date added to BAF	Pre-Jan 2021
Monitoring Committee	Quality Committee
Executive Lead	Interim Chief Operating Officer for Mental Health & Learning Disability
Date of last review	29/10/24
Risk movement	↔
Date of next review	February 2025

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	5	20
Current risk rating	4	4	16
Target risk rating	4	2	8
Target to be achieved by	July 2025		

Risk Description:

Lack of local admission beds due to demand outstripping capacity and/or absence of support services in the community to prevent admissions and/or facilitate prompt discharge could lead to: (i) increase in Out of Area Placements (OAPs) further from home, (ii) inappropriate inpatient placements; (iii) patients being unable to access specialist care required to support recovery; (iv) patients and carers/families having a poor experience; and (v) services falling below reasonable public expectations..

Key Controls	Assurance	Gaps	Actions
1) Lead organisation for CAMHS single point of access for provider collaborative network beds. Roll out of Hospital at home to prevent admission and support earlier discharge.	Level 1: reassurance	1) Newly commissioned opened PICU not working to capacity due to lack of staff.	1). Monitoring by the collaborative, and the directorate to develop directorate action plan to ensure adequacy of staffing includes working with the Retention and Recruitment workstreams and the Improving Quality Reducing Agency programme (monitored through the People, Leadership & Culture Committee). Ongoing Development of hospital at home CAMHS.
	- Staffing reports performance reports via oversight with collaborative IPR as well Clinical oversight via Directorate monthly Senior Management Team (SMT) meetings and Exec, daily monitoring SITREP reviews.		
	Level 2: internal		

2) Adult eating disorder collaborative. 3 Timely access to beds for patients with Learning Disabilities - 4) Adults and older Adults: Clinical oversight and review of patients considered to be in an inappropriate bed via Clinical Directors; - Proactive management of flow and OAPs; - Care Planning; - System partner calls to improve discharge; - Roll out of Crisis Resolution, Home Treatment, Early Intervention, Intensive Support and Hospital at Home teams to prevent admission and support earlier discharge; National review and roll of MH Operational Pressures Escalation Level (OPEL) framework which has clear set of	- Monthly Integrated Performance reports. - Review of incidents, restraints, seclusions and inappropriate use of s.136 by Heads of Nursing and through Weekly Review Meeting; - OAPs trajectory monitoring internally through Directorate OMT and Executive; Level 3: independent NHSE reporting and monitoring of progress against OAPs trajectories. Regional monitoring of CAMHs acute pathway metrics	2) Staffing level challenge, delays in accessing. 3) Intensive support team in community has a finite capacity, combined with a lack of, local beds that LD team can utilise. National reduction in Assessment & Treatment Unit (ATU) beds and estate hinders support for individuals with LD or autism that require reasonable adjustments or a single person placement. 4) Shortage of substantive nursing and therapy staff across the Trust (and in some team's difficulties in recruiting medics e.g. CAMHS community, adult acute mental health and Adult Eating Disorder services) i.e. vacancies continue to result in capacity pressures and increased reliance on agency staffing at a time when demand is increasing. Ultimately can reduce capacity to see patients and families. Waiting lists and access to some services are rising as a result of increased demand, pressures in the wider system i.e., housing, shortage of staff and the aftermath of COVID-19. Some mental health community teams are also managing high numbers of	2) Adult Eating Disorder (ED) service to extend and develop Day Hospital and Hospital at Home offerings; with aim to reduce need for T4 admission for ED treatment. 3) Vacancies details will continue to be reported in the Quality and Safety Dashboard provided to the Quality Committee (and to the Board), as well as in highlight reporting from the Quality & Clinical Governance Sub-Committee to the Quality Committee. Routine monitoring of OAPS by LD team which has dedicated case manager role who has oversight of all admissions 4. Monitoring arrangements and mitigations are in place at a team level overseen by each Directorate SMT. Operational risks also monitored through the Trust Risk Register at 1068 (mental health waiting times) Directorate Harm Minimisation Groups well established and will report findings to Directorate SMTs to inform Transformation Programme Demand and Capacity projects, 1024 (reporting on waits) Work with operational services has been undertaken to identify and document clinical waiting time standards re emergency, urgent and routine referrals to develop waits reporting to 'red flag' patients waiting longer than agreed standard as captured in TRR 1001 (OAPs).

escalation to support access to local beds MH provider collaborative working across Buckinghamshire, Oxfordshire and West Berkshire to support and transform services, 3 key work programs: 1: Mental Health Crisis & Urgent Care – Community 2.3 Year Adult Inpatient Transformation 3. Localising Mental Health Services		patients unallocated to a care coordinator due to demand being higher than capacity. This impacts inpatient areas and creates the need to use Out of Area Placements (OAPs).	Directorates will continue to focus on reducing use of OAPs to improve the quality of patient care and improve cost control. LD services to continue to provide specialist LD support to mainstream MH health wards to facilitate reasonable adjustments. OWNER: Executive MD for Mental Health & Learning Disabilities Vacancies continue to be high. Details reported in the Quality and Safety Dashboard provided to the Quality Committee (and to the Board), as well as in highlight reporting from the Quality & Clinical Governance Sub-Committee to the Quality Committee. Mitigations via Retention and Recruitment workstreams and the Improving Quality Reducing Agency programme (monitored through the People, Leadership & Culture Committee). Monitoring arrangements and mitigations are in place at a team level overseen by each Directorate SMT. Operational risks also monitored through the Trust Risk Register at 1068 (mental health waiting times) Directorate Harm Minimisation Groups well established and will report findings to Directorate SMTs to inform Transformation Programme Demand and Capacity projects, 1024 (reporting on waits) work with operational services has been undertaken to identify and document clinical waiting time standards re emergency,

		urgent and routine referrals to develop waits reporting to 'red flag' patients waiting longer than agreed standard. 1001 (OAPs). Monitoring also through highlight reporting from the Quality & Clinical Governance Sub-Committee to the Quality Committee. The directorates have been focused on reducing the use of OAPs to improve the quality of patient care and improve cost control. Review of OEPL framework undertaken, once finalised nationally to be implemented across services Directorate SLTS engaged with Provider collaborative programme. Work commenced on all programmes, monitored by PC board

Strategic Objective 1: Deliver the best possible care outcomes

1.6: Sustainability of the Trust's primary, community & dental care services

Date added to BAF	Pre-Jan 2021
Monitoring Committee	Quality Committee
Executive Lead	Chief Operating Officer for Community Health Services, Dentistry & Primary Care
Date of last review	29/10/24
Risk movement	↔
Date of next review	February 2025

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	5	20
Current risk rating	4	3	12
Target risk rating	3	3	9
Target to be achieved by	July 2025		

Risk Description:

There is a risk that the inability to progress, with key partners, the re-design and re-commissioning of primary, community and dental care services across Oxfordshire threatens the medium- and long-term sustainability of these services. In this scenario, waiting lists/delays will continue to grow, quality and safety of care will be increasingly compromised, the financial position will deteriorate, the needs of the service users will be insufficiently met and there will be poorer health outcomes and experiences.

The successful mitigation of this risk requires the Trust to work effectively with a wide range of ICB partners and stakeholders to deliver a number of priority strategic actions and enablers (set out below), which in turn will enable the successful transformation of key primary and community care pathways.

Key Controls	Assurance	Gaps	Actions
Delivery of the Oxfordshire community services transformation programme, incorporating these steps across adult and children's services: 1. Pathway review and re-design 2. Re-commissioning and re-contracting 3. Implementation of changes Daily system working and collaboration processes amongst providers embedded, with step-ups during periods of peak pressure, such as OPEL 4 status, Demand and Capacity App and other data analysis and reporting to visualise patient demand based on previous activity. Deployment of system for the management and rostering of staff. This enables operational managers to plan shift patterns and to identify and resolve gaps in staffing. Reporting on activity and waiting times (with revised metrics agreed with services) Monitoring of key mitigating actions through Directorate and Trust reporting	Level 1: reassurance		<i>Short-term:</i>
	Level 2: internal		
	- Integrated Performance Report to the Board (standing item) includes reporting on performance against National Oversight Framework, delivery of strategic Objective Key Results and Directorate highlights and escalations At Trust level, the community services transformation programme will report into the Trust Strategy Delivery Group. At Directorate Level, it will be coordinated by and report into a Directorate Transformation Board.	• Limited capability and capacity in Community Services for innovation and quality improvement. • Senior Clinical Leadership gaps in some services. • Quality and Risk issues in some services linked to insufficient capacity to maintain urgent care and non-urgent planned care (e.g., pressure-related harms, podiatry, CTS/district nursing, specialist heart failure service). • Limited workforce planning and high staff vacancy rates in specific services linked to local or national workforce shortages (e.g., podiatrists, dieticians). • Fragmentation of care pathways across siloed service management and support structures (e.g., H@H, OOH services, IT systems).	Daily system calls are held 7-days-a-week on how to balance the risks across different provider organisations, including ambulance and acute services, and how to free up space to provide for patient discharge or flow through the system. The challenge of balancing demands on staff, finances, and achievement of longer-term strategic goals are regularly discussed and monitored through Trust Weekly Review Meetings (safety / complaints / incidents review) • Monthly Directorate Quality SMT Board • Monthly Finance Review meetings with each Head of Service • Monthly Directorate Performance Board • Quarterly Executive Performance Review To manage unexpected surges in demand, Mutual Aid arrangements have been put in place across the BOB ICS to help manage capacity challenges. Staffing risks are being managed via a people plan (workforce & wellbeing meeting) reported to PLC. A Trust pay framework for substantive GP roles is being developed and will be discussed with LNC colleagues shortly.
	Level 3: independent		
	At Place level, the work will report into the Oxfordshire Integrated Leadership Board (OILB). ICB-level governance is still being finalised but will likely include a Place Partnership Board constituted of the Trust CEOs and GP	• Change management capability gaps – limited mid-tier experience in change management and QI. • Substantial need for re-design of costed service models and consequent contract and finance re-negotiation – many service contracts contain irrelevant	A Transfer of Care hub operates daily to deliver the nationally recommended Discharge-to-Assess process, jointly with Adult Social Care (Oxfordshire County Council) and Oxford University Hospitals NHS FT (OUH) colleagues to develop a jointly managed Transfer of Care team to facilitate more effective and timely hospital discharges and best use of community bed resources.

processes (including monitoring of relevant Directorate Plan objectives) Delivery and monitoring of Frontline Digitisation Plan	leadership representatives. Some components of the change programme report into ICB or regional/national governance structures (e.g., NHSEI virtual ward and urgent community response programmes).	KPIs, commissioning gaps or duplications, and some have seen no income uplift for over 10 years, despite significant expansions in provision due to legislative and population changes. Other core services, such as the Urgent Community Response, have continued to operate as extended national pilots since the pandemic, without a secured service contract, which limits long-term planning. • Lack of suitable premises to collocate the staff and deliver sustainable service models. There have been unexpected delays to the FY24 Estates work programme delaying on our ability to increase the capacity and sustainability of services in the UEC pathway into FY25. This has impacted particularly on:	The performance data for this Hub, and the other services in the acute admission and discharge pathway, is reviewed regularly at Oxfordshire UEC Board. A second programme of work has started. This is focusing on improving the sustainability of the UEC pathway to be delivered during 2024. <i>Longer-term:</i> A community service transformation programme is underway with system partners at Oxfordshire Place to improve patient outcomes and service sustainability, supported by external programme management team. This will align closely to the Frontline Digitisation Programme which will also improve sustainability. Resources have been identified by the Trust to establish a community services transformation team to deliver this work, and support its implementation in services, led by the Transformation Director role within the Directorate Leadership. An Oxford City estates plan and business case to develop a new North and South city hub was approved by Trust Board in autumn 2023. The Estates and Operational Directorate Teams are reviewing the sites and services affected by the delays to the works programme at The Fiennes and Witney CH to agree a mitigation plan. This will manage any short-term service delivery risks until the works can be completed next financial year. The financial impacts of the City Hubs project and timeline changes largely fall on the Trust's capital programme and have been considered within this programme and reviewed at CPSC and FIC. There will be a modest impact on revenue which will be managed through usual financial monitoring and planning processes.

		The Oxford City Community Services Hub project – a rescheduling of the expected Jordan Hill development completion date to March 2024 has in turn delayed the service transformation timeline to bring together multiple children's and adult's service teams into a single North Hub	A more sustainable delivery model for the Oxfordshire 0-19 healthy child services, which have been reproposed by Oxfordshire County Council, went live on the 1st of April 2024; performance data should be available in the next few months. At Place level, regular meetings are held with the ICB Oxfordshire Place Director to progress work on local stakeholder engagement for transformation work (focusing on Wantage CH services initially) and at a county level with system Exec leads at the Oxfordshire Integrated Leadership Board.
		The works to expand the Minor Injuries Unit at Witney Community Hospital have been delayed until FY26 due to insufficient capital funding in FY25 to complete the works. A review is underway to identify and manage immediate pressures on the MIU clinical space and patient waiting areas, to mitigate the increased patient attendances. NB. This issue impacts on the ability of the service to meet the national 4-hour ED performance target reported to Board.	This issue impacts on the ability of the service to meet the national 4-hour ED performance target. Performance against the 4-hour ED targets and the implementation of agreed mitigations plans will be reported to Board This will be monitored and managed through the usual financial and planning processes May 2022, the Trust and OUH signed a Memorandum of Understanding (MoU) to support closer working for Oxfordshire residents, with a focus on community urgent and planned care. This has facilitated the delivery of a joint OH-OUH Hospital at Home service, launched in winter 2023 The MoU was reviewed in December 2023 and an updated programme of work is being developed.
		The works to develop a single expanded reception, waiting area and improved patient flow for the Urgent Care Centre and GP OOH clinics at The Fiennes Centre, Banbury, have been postponed until FY26 due to insufficient capital funding in FY25 (the Trust's UEC capital funding bid to NHSE for this site was declined).	The Trust is also leading development of the Thames Valley Dental Services provider partnership with Berkshire Healthcare and CNWL NHS Trusts to improve sustainability of these services and secure future funding. A steering board regularly meets, and a partnership agreement has been developed. Commissioners have written to the partnership expressing their intention to extend the contract until 2026.

		This will in turn delay proposals to operationally integrate these services to reduce duplicated existing costs and improve patient experience and service sustainability.	

Strategic Objective 2: Be a great place to work

2.3: Succession planning, organisational development and leadership development

Date added to BAF	Pre-Jan 2021			
Monitoring Committee	People Leadership and Culture Committee		Impact	Likelihood
Executive Lead	Chief People Officer			Rating
Date of last review	24/09/24	Gross (Inherent) risk rating	4	4
Risk movement	↔	Current risk rating	3	4
Date of next review	December 2024	Target risk rating	2	2
		Target to be achieved by	July 2025	

Risk Description:

Failure to maintain a coherent and co-ordinated structure and approach to **succession planning, organisational development and leadership development** may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change.

Key Controls	Assurance	Gaps	Actions
- Service model review and modifications of pathways across Operations (cross-reference to 1.2 and the risk against failure to deliver integrated care); -Investment in the Affina Team journey – an all-in-one assessment and development tool for team leaders - multi-disciplinary leadership trios within clinical directorates to support and develop clinical leadership; - the Organisational and	Level 1: reassurance	a. Staff do not have access to the correct Statutory and mandatory training due to ESR errors.	a. L&D to focus work on training with the poorest compliance and therefore are completing a deep dive report into Resus compliance which will be presented to the Board in October 2024 as this is the training with the lowest compliance. Directorate leads have also been asked to identify any concerns relating to this training and together this will form an action plan to address compliance. Following this, there will also be the completion of deep dive reports on both fire awareness and Conflict resolution training.
	-6 weekly Compliance reporting board within L&D monitoring all training compliance.		
	- Monthly report to Executive Leadership Team on key workforce metrics – currently focuses on Stat and Man training but opportunity to include other metrics		
	- Education Strategy Group (ESG)		
	Level 2: internal		
	- People, Leadership & Culture Committee;		
	- Analysis and use of annual staff survey to measure		

Leadership Development Strategy Framework (approved by the Board, October 2014) – aims to maximise effectiveness of staff at every level of the Trust by coordinating a range of activities which will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effective delivery. - Clearly defined development pathways for all professional groups including clinical and non-clinical staff. - Delivery of a Masters’ framework offering relevant development opportunities for all staff including both registered and unregistered professionals. - Inspire Network (replaced Linking Leaders conferences) event focused on Organisational Development on 10 March 2022 and considered Staff Survey results; and - Implementation of a Trust wide approach to Leadership development under the NHS Leadership Academy ‘Our Leadership way’ framework	progress and perception of leadership development; - Yearly staff appraisals; PDR compliance rate was 91% in year 1 following successful implementation of PDR season. The 2nd year currently underway. - Monitoring of Clinical supervision rate was 80.39% in July 2024 compared to 77.39% in June 2024. - Monitoring of Mandatory training compliance rate was 88.94% in July 2024. -Monitoring of Resus and PEACE training compliance at Quality and clinical governance sub-committee Level 3: independent -Internal audit completed by PWC in May 2023 identifying 5 key areas for improvement. With agreed action plan to deliver improvement. Trust have completed all actions and created internal quality assurance processes to ensure changes upheld. -National NHSE Statutory and Mandatory training alignment to the Core skills training framework underway enabling centralised oversight. -National Retention Self-assessment tool against the seven elements of the NHS people Promise.	b. The priority for 2024 is to ensure mandatory training figures achieved to date remain consistently strong. Aggregated compliance reporting of statutory and mandatory training mask success and risk areas. c. The Trust have responded to the need to ensure all staff have access to a PDR by implementing a new ‘PDR Season’ delivery style. There is a need to measure its continued success as well as measure the effectiveness of the PDR process in providing staff with the appropriate development opportunities. d. Unclear response to staff development for areas of high risk in relation to staffing levels. e. Unclear progression routes for non-clinical progression pathways	b. Trust to write Statutory and mandatory training policy once National alignment is complete to ensure maintenance of recorded success in approach to delivery of training. Alignment due to be completed by end of FY 2024/25 but subject to change dependent on progress. c. The second PDR season had a 97% compliance rate in September 2024. OD teams to analyse staff survey response results relating to ‘we are always learning’ elements. L&D team to analyse the uptake of CPD and developmental opportunities following PDR to measure effectiveness of appraisal process. d. Podiatry service highlighted as an area of high risk in relation to current short-term staffing levels and longer-term succession planning. L&D to explore the option to deliver Podiatry apprenticeship locally including possible accelerated routes from existing professions such as Registered Nursing Associates from Jan ’25. This is a long-term project supported by the BOB ICB with an aim to start delivery in September 2025. e. L&D to support the development of apprenticeship opportunities in Estates and other non-clinical departments to support staff development and succession planning. This is to include apprenticeship posts in plumbing, electrical, and carpentry. Advertising of posts

		f. There is a need for a clear segmented retention plan created in response to People Promise self-assessment – this is now being formulated. g. There is a need for clear representation of Leadership development training for all staff including opportunities to develop skills and access Coaching and mentoring. Initial analysis of current offer identified gaps in New/Aspiring Leader programme. h. Equality and Diversity. The WRES and WDES are monitored against national benchmarks and areas variation are reviewed and action plans developed.	to start January 2025. Trust has taken on first Degree Solicitor apprentice in the legal team. f. Trust has successfully appointed People Promise manager and complete the national retention self-assessment tool which identified 'We work flexibly' as area most important to staff to focus retention plan. g. L&D Leadership team to undertake initial review of current Leadership training offer to ensure it is accessible to all staff and meets the standards outlined by the Our Leadership way framework. Team to engage with other NHS providers, NHS Elect and NHS Leadership academy about new areas of development for consideration. Team to create proposal of training offer to be presented at PLC in October 2024. h. work of the Equality & Diversity Lead. NHS Workforce Race Equality Standard reporting. Focus at Board level. Ongoing work with HR to develop routine statistical analysis to identify key areas for actions and follow-up. Development of Quality Improvement Race Equality programme. The EDI team have adopted the QI approach to deliver organisational change and have 3 QI Race Equality programmes and 3 QI Disability programmes ongoing, these are evidenced based programmes based on the needs identified in the WRES and WDES. The QI programmes for Race have all delivered outcomes and considerations

		i, No formal succession planning/talent process in the Trust for clinical and non-clinical staff j, Leadership	are now being given to what future QI race programmes will look like in light of the March 2024 WDES and WRES data. OWNER: Head of OD i, Phase one of a QI project was completed in Feb 2024 and was sent back to 'Design' following review of People Steering Group The Trust is adopting the national 'Scope for Growth' model with target completion December 2024. OWNER: Head of OD Phase one of a QI project was completed in Feb 2024 and was sent back to 'Design' following review of People Steering Group j, The Trust is adopting the national 'Scope for Growth' model with target completion December 2024. National support for this model has been removed and instead NHSE are encouraging Trusts to design a model that works for them. The HR SLT had an in depth round table on Talent on the 24 September 2024 and Head of OD doing some scoping with regional and national teams on the core requirements which will impact on the model that will be developed.

Strategic Objective 2: Be a great place to work

2.4: Developing and maintaining a culture in line with Trust values

Date added to BAF	19/01/21			
Monitoring Committee	People Leadership and Culture Committee		Impact	Likelihood
Executive Lead:	Chief People Officer	Gross (Inherent) risk rating	4	3
Date of last review	13/09/24	Current risk rating	3	3
Risk movement	↔	Target risk rating	2	2
Date of next review	December 2024	Target to be achieved by	August 2025	

Risk Description:

A failure to develop and maintain our culture in line with the Trust values and the NHS people promise which includes being compassionate and inclusive, recognition and reward, having a voice that counts, **health, safety & wellbeing of staff, working flexibly**, supporting learning & development, promoting equality, diversity & inclusivity and fostering a team culture.

The absence of this could result in: harm to staff; an inability to recruit and retain staff; a workforce which does not reflect Trust and NHS values; and poorer service delivery.

Key Controls	Assurance	Gaps	Actions
- HR Policies & strategies, include Workplace Stress Prevention & Response, Equal Opportunities, Dignity at Work, Flexible Working, Grievance and Sickness policies; - Freedom to Speak Up Guardian; - Health & Wellbeing Strategy, groups, services and Intranet site & resources; - Employee Assistance Programme; - Occupational Health Service; - Signed Sexual Safety Charter and EIDA Charter	Level 1: reassurance	Need to improve staff experience and respond to issues identified in the Enabler 3 Programme – Supporting our People and Teams. The broad issues identified include: - Disconnect between leadership and those on the “shop floor”. - Lack of autonomy. - Poor communication. The quarterly People Pulse consistently identifies gaps in communication as well. - Leadership / Managers not demonstrating values of ‘caring, safe and excellent’.	Enabler 3 Programme – Supporting our People and Teams Two reference groups have taken place. The project is in the design phase. Plan is to consult on the project design at the November 2024 reference group with view to move to delivery stage early 2025. Expected to be a 2–3-year programme of work.
	– Learning Advisory Group (LAG) Group (now called Education Strategy Group (ESG)); - Equality & Diversity Steering Group; (all reporting to People Steering Group – which has oversight from the People Leadership and Culture Committee); - H&S group SEQOSH accredited -Analysis of completed H&W Framework. -Completed analysis of Sexual Safety 10 principles.		
	Level 2: internal - People, Leadership & Culture Committee (quarterly);		

- Equality, Diversity and Inclusion team, plans, training and groups, Staff Equality Networks; - Delivery of the NHS equality, diversity and inclusion (EDI) improvement plan by delivering all 6 of the High Impact Actions (HIA) - Health & Safety Policies, and H&S Team; - Zero-Tolerance of Violence and Aggression to Staff Policy; - Training, supervision and Performance and Development Review (PDR) processes; - Communications bulletins & intranet resources and news.	- Quarterly People Pulse checks (measures of staff engagement) Level 3: external - National Staff Survey results; - External endorsement of the Trust's wellbeing work via take-up of Trust's model through BOB ICS.	Need to improve staff experience and respond to issues identified by both the Staff Survey and quarterly People Pulse. The Staff Survey identifies a gap in flexible working with the Trust score for this People Promise element being below the national median. The score for 'we are safe and healthy' is in line with the national median.	Flexible working The Trust is taking part in Cohort 2 of the national NHSE Retention Exemplar Programme. In addition, a dedicated People Promise Manager has been appointed for 12 months from June 2024 to review and develop a project to support flexible working (and remove the barriers to it) across the Trust. Health & Wellbeing Ongoing promotion of a Wellness culture taking a proactive and preventative approach. Five working groups are in place to embed Civility & Respect, including Restorative Just & learning Culture as part of cultural change. Kindness into action modules have been purchased – these will enable the Trust to develop “The OHFT Way” through training. Commenced process to make Kindness into Action Essential training with the aim to have it in place in September 2024. Policy work will include implementation of a new Respect, Civility & Resolution Policy (Disciplinary Process). Publication in July 2024. Collaborative working with EDI QI project 2 is exploring this Policy through a race lens.

		Sexual Safety Charter 10 principles analysed, and gaps identified. EDI Recurring work to embed EDI following the Quality Improvement 'Plan Do Study Act' Cycle – priorities for the Race Disability and Gender to be identified through analysis of WRES and WDES and pay gap data.	Annual Stress Survey took place in May 2024. Analysis of results will take place in July 2024. REACT training is promoted to support uptake of wellbeing conversations. Violence & Aggression Working Group includes Sexual Safety/Domestic Abuse and Sexual Violence as a specific pathway. Mental Health First Aid training for managers; Enabling safe spaces and confidential support to all staff. EDI The Race Equality Work Programme's three Quality Improvement (QI) Projects concluded their first PDSA cycle in April 2024. Following the submission of the Workforce Race Equality Standard (WRES) 2024 in May 2024, engagement and consultation is underway with relevant stakeholders, such as the Race Equality Staff Network to co-produce and develop the Race Equality Action plan for 2024/25 which will reflect the Trust WRES priorities and align with the BOB ICB Equality Objectives and the 6 High Impact Actions. The draft Race Equality Action Plan is to be presented for approval to the EDI Steering Group on 2nd July 2024. Considerations and thinking are also being given to how we could potentially learn from other Trusts such as

			Berkshire who have committed to being “anti-racist” organisations. Project Approach to delivery of the High Impact Actions which are monitored by the EDI Steering Group. On the 5th of September meeting the latest results are: 18 High Impact Actions are due to be completed, and the current status is: • 9 are complete • 9 are pending • All HIAs have owners and estimated delivery dates

Strategic Objective 2: Be a great place to work

2.5: Retention of staff

Date added to BAF	May 2021				
Monitoring Committee	People Leadership and Culture Committee		Impact	Likelihood	Rating
Executive Lead	Chief People Officer	Gross (Inherent) risk rating	4	4	16
Date of last review	19/09/24	Current risk rating	4	3	12
Risk movement	↔	Target risk rating	3	3	9
Date of next review	December 2024	Target to be achieved by	July 2025		

Risk Description:

A failure to retain permanent staff could lead to: the quality of healthcare being impaired; pressure on staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust’s reputation as an employer of choice.

Controls	Assurance	Gaps	Actions
- Director of Clinical Workforce Transformation to lead quality improvement, to review in reducing.	Level 1: reassurance	Not currently reporting on areas flagging as hotspot areas to senior management or Exec. Work now planned to take	– The early turnover rate remains just over the 14% target. We will continue to monitor and highlight hot spot areas within reports to senior
	- Quarterly review of leavers exit interview data by HR SMT.		
	Level 2: internal		

- delivering career development pathway for HCAs; - Learning from Exit Questionnaires / Interviews; - Health & Wellbeing, Equality, Diversity and Inclusivity, and Occupational Health strategies, groups, services and initiatives; - Freedom to Speak Up Guardians to support identifying factors driving staff leaving and sharing these with Executives and Board - Training, supervision and Performance and Development Review (PDR) processes to provide a process for line manager and staff interaction on career aspirations; - Monthly multi-disciplinary meeting; review community and mental health hotspots	- Reports to Executive Management Team (monthly); - Reports to People Leadership and Culture Committee (quarterly); - Performance data reports to Board: - Turnover was 11.93% July 2024 (target <14%); - Vacancy rate was 13.62% in July 2024 (target < 9%); - Quarterly People Pulse checks (measures of staff engagement)	a more segmented view in relation to retention. Not currently offering any career conversations via L&D which could impact on staff leaving due to promotion. No specific work focusing on BAME early turnover/turnover.	management and Executive teams. Early Turnover QI The Retention team have launched the discovery phase of a QI project with the aim of gathering intel from multiple sources to start to understand why staff are leaving in their first 12 months. There is a particular focus on BAME staff and staff in Admin and Clerical roles. BAME male clerical workers are of particular concern
	Level 3: independent - National Staff Survey results (annual process) - National – BOB ICS recognition for R&R with Enhanced Occupational Health & Wellbeing Pilot - Regionally - H&W key group member of R&R planning and new national resource.	Not currently able to capture true leaver reasons from the current form due to lack of available reasons to choose from and managers using other/unknown option. Not currently able to target leavers that are of interest due to leaver forms not recording ethnicity or length of service	Local Induction Project The local induction project group membership has been agreed and the kick of meeting has been scheduled for 1st October. The aim of this project is to support managers with the first 6 months of a new starter joining to improve staff experience and reduce early turnover Analysis of leavers' data has highlighted some pressure points that we will look to address. The Retention team is focusing activity in hot spot areas; community nursing, clerical workers and health care support workers. In future, hotspot areas brought to the MDT meeting will be reported on and shared with Senior management or the Executive team to highlight areas of high turnover. Onboarding QI project identified issues with

		Managers signing off training completed externally, Induction booking confirmations not being received by new starters, and no telephone line for recruitment. These are just some of the issues that have been identified and resolved as part of this project. There are a number of other improvements that are being worked on such as additional support for new starters who cannot access systems or need training. The Career Conversations QI project, 1:1 coaching has been dropped in favour of L&D sessions. These have been poorly attended so a decision was made not to run them anymore. L&D is working on a Comms strategy to make information about learning opportunities more accessible. A review of the staff survey around the quality of PDRs will take place to see if this is still an issue. The Talent Management project has been paused whilst a decision is made by the executive team about how they would like to proceed. The compliance at the end of the PDR season was 97%. The focus has now moved to 'how meaningful' staff find the PDR. A survey was sent out in August receiving 129 responses were received. A series of focus groups have been setup

		throughout October to gain further feedback from staff and managers. The feedback will be collated, and areas of improvement identified for implementation in time for the 2025 PDR season. QI project – Leaver Process A QI project has been launched to review the current leaver process with a view to making improvements to help the retention team better understand the reasons why staff are leaving and allow for BAME staff and staff leaving early to be identified from the leaver form so that supportive stay conversations can be had. Staff Survey 2024 32 site visits were undertaken. Teams were prioritised due to low response rates in the 2022 Staff Survey and a further 2 teams where a visit was linked to their 'one action'. In addition to the site visits, colleagues from EDI, Wellbeing, Retention and Core OD Team organised and held 4 Roadshows with one of the objectives to promote the staff survey engagement-

Strategic Objective 2: Be a great place to work

2.6: Adequacy of Staffing

Date added to BAF	17/01/24			
Monitoring Committee	People Leadership and Culture Committee		Impact	Likelihood
Executive Lead	Chief People Officer (& potentially Chief Nurse)	Gross (Inherent) risk rating	5	4
Date of last review	03/10/24	Current risk rating	4	4
Risk movement	↔	Target risk rating	3	3
Date of next review	December 2024	Target to be achieved by	August 2025	

Risk Description:

Inability to plan for, attract and secure sufficient numbers of appropriately trained staff may lead to inadequate levels of staffing to provide:

- i. safe and/or quality patient care; or
- ii. the range of services which the Trust aspires to.

If the Trust cannot secure adequate levels of permanent staffing, then it may turn to planned bank staff or temporary agency staffing which may be unsustainable in the medium to long term and could, without adequate controls, have financial and quality of care implications.

This is a current, live risk and the scale of the challenge could increase in the future, further to national challenges outside of the Trust's immediate control around cost of living, national pay scales, industrial action, education and training, and available supply of key professions. We accept, and plan for a tolerance of temporary staffing usage to enable flexibility in our workforce to respond to ebbs and flows in demand, but the current levels of temporary staffing usage places the Trust under increased financial pressure and additionally potentially impacts upon the quality of care to patients. Our strategic plan for the medium and longer term incorporates measures to reduce temporary staffing usage, such as development of more sustainable workforce models, working with universities on clinical training, better demand and capacity modelling, career, and organisational development interventions to link to retention and linking with national and regional teams to maximise learning from other Trusts and national exemplars. We are also continuing our work to more closely align the Annual Planning process for 24/25, the OHFT People Plan and the NHS Long Term Workforce Plan.

Even if the Trust succeeds in Recruitment, if it fails at Retention then it jeopardises those gains. Recruitment and Retention in proportion will be key to mitigating the risk, with a focus upon:

- Recruitment: Trust to be seen as employer of choice, marketing, induction, rewards and benefits; and
- Retention: organisation culture, personal and leadership development, training, appraisals, staff support and wellbeing, and rewards and benefits.

Controls	Assurance	Gaps	Actions

The priorities and actions set out within our updated OHFT People Plan are the key controls to mitigate the impact of this risk. Our People Plan links to the NHS wide Workforce plan with 3 themes of a. TRAIN; b. RETAIN; c. REFORM. A summary of the themed key actions (train, retain, and reform) are set out below. The assurance routes are broadly consistent across each element, and so are consolidated. Train theme: The NHS LTWP includes the expansion of apprenticeships, our role as an anchor institution, recruitment and supply, and leveraging the impact of volunteers within this section. This relates to how we grow the workforce in the Trust and strengthen our pipelines for the professions where we are carrying the	Level 1: reassurance consistent and regular updates to staff via whole staff communication, support to managers to deliver key messages, and easily accessible intranet resources. Level 2: internal – 6 monthly updates on Trust People plan Progress to PLC and its sub committees, including Learning Advisory Group, EDI Steering Group, HR Policy Group etc. – Targeted quarterly updates on specific topics (e.g. retention, recruitment, people policies) to People Steering Group (PSG) and Extended Leadership Team (ELT) – specific updates to full Board on people related issues as and when they arise (e.g. FTSU arrangements). Regular updates on key measures are included within the Integrated Performance Report Level 3: independent -provision of information to external sources (e.g. CQC, Ofsted, external auditors) as required for external assurance and validation and outcomes from Internal audits	Elements of the OHFT People plan will remain challenging to deliver. Examples of where this is the case are set out in the subsequent sections. Not enough capacity to deliver as many places as could be utilised by OHFT Staff (both in internally provided programmes, and for places within programmes provided by external providers) Vacancies make it very difficult for clinical teams to release staff to undertake education programmes. However, inability to enable this release in the short term exacerbates the issue in the medium and longer term. Lack of sufficient centrally understood data on learning needs (training needs analyses) and aspirations for career development.	Development of non-clinical career pathways Establishment of other clinical apprenticeship offers including pathways in dental, pharmacy and social work. Complete Training Needs Analysis based on information gathered from a variety of sources (PDRs, individual feedback, discussions with leaders and managers) Hold Workshops for Managers and Staff to promote L&D opportunities prior to PDR season. Refreshed Study Leave Policy (particularly to make expectation of release clear) Educational experience programme to review effectiveness and impact. Improved engagement with school/colleges - development of Trust work experience policy. With a continued focus on

highest vacancies. There is a focus in the NHS Workforce Plan on increasing the supply of domestic education and training and therefore reducing our reliance on internationally educated staff. Enhanced Education and Training initiatives, including Apprenticeship programmes, and career development pathways from HCA to Advanced Practice.		Lack of assurance that all OHFT leavers in critical roles felt adequately supported during their employment, and therefore that leavers could be avoidable. Dedicated support for those in the first 6-12 months of employment leading to early turnover.	our development offer to staff who wish to join the Trust which can be highlighted at recruitment fairs. This helps to cement our role as an anchor institution. Development of Education career pathway for all staff including L3 – L7 qualification offer in response to the newly published Educator workforce strategy. Development of IT Functional skills offer. Launch of Podiatry assistant apprenticeship addressing vacancy gaps in Podiatry service. NHSE incentive payment support also allows for 12month fixed term AHP apprenticeship support post. Review of other pathways for professionals which are hard to recruit to. Establishment of Peer support worker apprenticeship offer including gaining agreement for PSW role to be included in team establishments and budgets in line with expansion of role in NHS workforce plan. Increase uptake of Nursing Associate apprenticeship programme to ensure consistent pipeline to Nurse degree as well respond to NHSE workforce plan to increase overall numbers in NHS workforce. Launch of 'Braver than before' Leadership programme

Retain Theme The NHS LTWP incorporates each of the seven elements of the NHS People Promise within this section. This relates to embedding the right culture and improving retention and in particular reducing the leaver rate which is the numbers of staff who leave the NHS (as opposed to moving internally within the NHS sector). With a continued focus on making the NHS People Promise a reality for staff utilising tools such as the NHS EDI Improvement Plan and High Impact Actions: publicising pension reform changes and continuing investment in wellbeing. Ongoing and consistent work to ensure that our people recognise OHFT as a good place to work and choose to stay working with us.		Lack of assurance that all possible efforts were being made to ensure that OHFT is the employer of choice in our field for critical roles. Gaps current relate to resource to undertake Trust wide Workforce Planning - work has been done on a medium-term workforce plan for inpatient nursing but a wider view is required to understand our workforce needs.	Launch of 'Our Leadership way' Leadership behavioural framework and development of Leadership training offer. Development of a just and restorative culture through which people feel supported and enabled to do their best work. Use of the externally funded NHS People Promise exemplar programme cohort 2 support to better embed the People Promise across the Trust, utilising the best practice support and examples We have created a segmented Retention plan for 24/25 and beyond that focus on particular areas through the lens of profession; location; protected characteristics. We now have two permanent postholders within the OD team focused solely on retention. Further expansion of Psychological professionals including EMHPs who will be working in Mental health support teams in schools. Enhanced health and wellbeing offer including the promotion of the new resource that in Occupational health to support psychological wellbeing for staff. Targeted support to deliver actions relating to outcomes from the annual staff survey (and ongoing regular pulse surveys) with a focus on year-on-year improvement. Refreshed annual awards approach from 23/24 which will be continued for 24/25 to recognise exceptional individual

			and team achievements and contributions. Better local induction and candidate and new starter experience to ensure our people have the best start. Embedding Flex working into 'Delivering the People Promise' Training for managers. TRiM business case being reviewed pending Trust wide roll out. Investment in marketing and branding to position the Trust and ongoing its offer (including the broad and extensive L&D opportunities which are a USP) as an employer of choice. Refreshed approach to design of job descriptions to reduce duplication and any delays in the transactional approach to recruitment. Work with clinical leaders to identify, understand, and define opportunities to introduce different workforce models (e.g., ACPs, PAs etc). Reduce time to hire by simplifying and modernising the offer and contract process. Unblock the application and selection process, making it simpler, faster, more reliable, inclusive and seamless. Talent Attraction and Hiring - Create a proactive, Talent Acquisition and Compliance team by redesigning resourcing. Deliver the 6 High Impact Actions as set out in the NHSE EDI

Reform Theme - working and training differently. This section of the NHS LTWP includes shifting skills and capacity into community, digital and technical innovations, bringing people into the workforce more efficiently, education and training expansion and reform, optimising multi-disciplinary teams, and upskilling the workforce. We have a new approach to recruitment and onboarding to better attract and secure talent to the Trust. This sits together with planning for future technologies and a focus on data quality and systems that enable and empower staff to make better decisions.			Improvement Plan as part of a wider programme of EDI work. Invest and grow staff membership of equality networks so that we support employee voice. Maximise the impact of Executive Director sponsorship and identify training offer for Execs in relation to the Sponsorship role. Continue to invest in Employee Assistance Programmes. One of our 4 Enabling Workstreams will focus on the “Supporting Our People and Teams” and will aim to put in place interventions that shape our culture based on positive behaviours that are drawn from the overarching concepts of civility, respect and fairness. Improved access to HR services through: • Implementation of HR Service Desk for all HR queries • Rebuild of HR and L&D Intranet • Implementation of new Document Management system and transfer of data Increased workforce efficiency through: • Implementation of E-Rostering system • Inpatient E-Rostering Improvement work • Implementation of medics E-Rostering • Closer links with TOBI and SQL to improve visibility of workforce information via the TOBI workforce dashboard. This

			allows managers and leaders to make informed decisions Continued system optimisation and efficiency through: • Expenses system review • Implementation of new Occupational Health system • Transition of absence management from Goodshape to E-Rostering system • Continued advancement of Learning & Development system • Roll out of ESR developments, e.g. manager self service Continue the work on reforming our HR policies and guidance (including development of employee handbook) in line with national policy templates and frameworks, and our restorative, just and learning culture principles. HR procedures will be underpinned by an overarching Civility, Respect and Resolution policy and framework. Incidents and Complaints working group – focused on safety, learning & patient care. Continue to work with ICB on Scaling People Services to understand if automation and process redesign at system level can bring about efficiencies across provider boundaries. New learning space at Unipart will enable more innovative education and learning interventions to be delivered. A review of our current Workforce Planning requirements has been completed by the Director of S&P and Executives agreed we need a

			Trust wide approach to workforce planning that considers supply and demand and current workforce model. This is to be taken forward by the Chief People Officer and will draw from best practice models such as those published by the CIPD. It will also be one of our 4 Enabling Workstreams – whereby we will develop our approach to workforce planning with attention to effective clinical models and we will develop clinical models with attention to the available workforce. Discussions about the introduction of new roles in extremely hard to recruit areas, and greater use of MDTs are held in the appropriate forums – e.g. MARG which includes representation from all Clinical Directors for hard to recruit to medical roles. This work will be expanded to incorporate high level discussions with other Clinical Leaders, e.g. Chief Nurse, Chief AHP. Managed Service Providers – Continue to work closely with our MSP. NHSP Improvement plan now in place and requirement to deliver actions as set out in the Internal Audit of NHSP bookings processes. SE temporary staffing programme have been commissioned to undertake a review of OHFT Temp Staffing arrangements with a view to making recommendations to the CNO and CPO. This will focus on how we build on the progress already made in relation to agency savings.

			L&D now reviewing our approach to the pastoral care and support given to all international new joiners and will make recommendations in Q3. Further detail to be added once objectives for 24/25 are confirmed.

Strategic Objective 3: Make the best use of our resources and protect the environment

3.1: Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level

Date added to BAF	Pre-Jan 2021 Refocused and revised in July 2022				
Monitoring Committee	Quality Committee		Impact	Likelihood	Rating
Executive Lead	Executive Director of Strategy & Partnerships	Gross (Inherent) risk rating	5	5	25
Date of last review	28/10/24	Current risk rating	4	3	12
Risk movement	↔	Target risk rating	4	2	8
Date of next review	February 2025	Target to be achieved by	Q1 2024/25		

Risk Description:

Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level. Such failure would lead to ineffective planning and unsuccessful delivery and transformation of services in the Systems we operate in, and in turn impact both the sustainability and quality of healthcare provision in these Systems and in the Trust.

Key Controls	Assurance	Gaps	Actions
Governance and joint-decision-making: - Active participation in shaping emerging BOB and place-levels governance; - Development of Provider Collaborative arrangement in Mental Health. BOB Mental Health Partnership recognised as key governance for Mental Health in BOB ICS in the ICS Joint Forward Plan; - Joint work / operational processes with local authorities and other partners including PCNs; - Development of alliances and partnerships with	Level 1: reassurance	Performance and planning: Absence of system-wide data sets and aligned reporting. ICS and Place-level governance BOB Mental Health Partnership Governance has been reviewed and updated to reflect agreed transformation priorities this will need to be fully embedded and operationalised to enable collaborative working and joint decision making. No additional resourcing agreed at system-level to support this work.	Performance and planning: Work progressing to agree performance reporting at System, Place and Trust levels, aligned with Internal Planning process. Owner: Executive Director of Strategy and Partnerships ICS and Place-level governance Working with Place-based and local partners to ensure place and system governance. Resourcing requests for BOB Mental Health Provider Collaborative sent to ICB. Oxon MH LD&A place-based board is currently being reviewed alongside the Outcomes Based Contract. Strategic partnership approach for Community Services still to be developed as part of new Community Services Transformation Programme.
	- Reporting through Directorate SLTs and BOB MH Provider Collaborative Executive Oversight Meeting		
	Executive steering group in place for Community Dental Partnership		
	Level 2: internal		
	- Reporting through: Executive Management Committee; Strategic Delivery Group and Trust Board.		
	Level 3: independent		
	- ICS-level and Place-level emerging governance for Mental Health, Learning Disability and Autism (MH, LD&A) and Community		
	- Partnership and Alliance arrangements		

other organisations, including the voluntary sector, to deliver services into the future e.g. Oxfordshire Mental Health Partnership. - Exec to Exec engagement with partner organisations. Partnership Group in place for community Dental Services including membership from BHFT, CNWL. Resourcing: - Role of Associate Director to lead work on the BOB Mental Health Provider Collaborative on behalf of the Trust has been appointed to and role commenced; - Service development lead for each Mental Health directorate now in post. Director of Transformation for Community Services leads on OHFT Community input into Oxfordshire's Improvement Programme (urgent care) and partnership working with Oxford University Hospital's Trust (OUH) joint working arrangements; - new Executive Director role of Executive Director of Strategy &	with other organisations, including the voluntary sector; - Provider Collaborative Governance - Oxfordshire's Place Based Partnership board (CEO attendance) - Oxfordshire's Urgent and Emergency Care (UEC) Board for the cross-system Oxfordshire Improvement Programme - Southeast Planning Group for Community Dental Services in place to oversee overall commissioning process	Lack of oversight and governance for Community services at ICS and Place-level. Unclear decision-making impeding collaborative working with partners. Learning Disability governance being developed by ICS. Investment Financial pressure on ICSs, County Councils and Social Care impacting adversely on required MH & LD investment. Arrangements outside of urgent care funding that is managed at Place level lack a clear forward planning engagement mechanism. No growth funding awarded to community services in 24/25. Approach to system working. No systematic approach to support partnership working in Place.	Collaborative arrangements for community services in Oxfordshire the most developed through urgent care pathways through the systemwide Oxfordshire Improvement Programme. Special Education Needs and Disabilities (SEND) emerging partnership working but still embryonic. Other areas of focus with the ICS to be developed including. OWNER: Executive Managing Directors, Executive Director of Strategy & Partnerships and Chief Executive Investment Continued engagement in funding dialogue with ICSs for system clinical and financial planning. For Mental Health, enable this via Provider Collaborative arrangements. Finance (OH Director of Finance) is represented at the BOB Mental Health Partnership Board. Continued development of Provider Collaborative transformation programmes with ongoing discussions with ICB regarding resourcing. CEO representation and engagement at the ICB led System Recovery Transformation Board. To raise and influence through Place Based Partnership Board OWNER: Chief Finance Officer, Executive Director of Strategy & Partnerships and Executive Managing Directors Approach to system working. Embedded resources now in place within operational Directorates, and role of Associate Director of Mental

Partnerships from April 2022. - Head of Strategy in post from Oct 2023 to support coherent response and process in place national planning from ICB to Trust to Place level. - Senior Programme Manager in place to manage Thames Valley Dental Partnership			Health leading on the BOB Mental Health Provider Collaborative has been recruited to and commenced. Ways of working and internal governance for this work are being established. NHSE supported and funded workshops being held with VCSE partners to develop an action plan to strengthen partnership working between BOB Mental Health Provider Collaborative and VCSE sector. OWNER: Executive Managing Directors, Executive Director of Strategy & Partnerships Strategy development work ongoing and will help clarify the ambition for partnership working in the organisation. Assessment and mapping of our key Principle 'We work in partnership and are an active player in our ICS' underway for all Strategic Programmes. This will show (and give assurance on) to what extent our programmes align to this principle and what the gaps to address are. OWNER: Executive Director of Strategy & Partnership. Engagement with the BOB ICS led system review of 24/25 planning round. This will inform the 2025/26 planning being clear on the principles, processes, and ways of working the system will sign up to. OWNER: Executive Director of Strategy & Partnership & Chief Finance Officer

Strategic Objective 3: Make the best use of our resources and protect the environment

3.4: Delivery of the financial plan and maintaining financial sustainability

Date added to BAF	11/01/21
Monitoring Committee	Finance and Investment Committee
Executive Lead	Chief Finance Officer
Date of last review	31/10/24
Risk movement	↔
Date of next review	February 2025

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	5	25
Current risk rating	4	4	16
Target risk rating	4	3	12
Target to be achieved by	2027		

Risk Description:

Failure to deliver financial plan and maintain financial sustainability over the short (1-2 years) or medium-term (3-4 years), including, but not limited to: through funding reductions, non-delivery of CIP savings; budget overspends; and constraints of block contracts in the context of increasing levels of activity and demand, could lead to: an inability to deliver core services and health outcomes; financial deficit; intervention by NHS England; and insufficient cash to fund future capital programmes.

Controls	Assurance	Gaps	Actions
- Financial culture, meaning the skills and ownership, systems and incentives to manage budgets over the medium term across the Trust; - Annual Financial Plan and Budget produced, and approved by FIC and the Board; - Medium-Term Financial Plan produced annually and reviewed by FIC and the Board. - Monthly cash-flow and Balance Sheet reports; - Established Finance and Business Services teams and recently deepened Procurement team capability; - Standing Financial Instructions and Financial Policies;	Level 1: reassurance	a) Funding pressures – BOB system faces significant shortfalls and financial capability challenges and Oxfordshire community services contract is known to be under-funded. Although there appears to be commitment to the Mental Health Investment Standard, there is uncertainty on the level of new funding for mental health going forward. b) Agency spend – the Trust's workforce challenges have led to excess agency usage and spend which puts pressure on ability to remain within budget. Workforce planning is not universally well-	a) Financial challenges escalated to the ICS and NHSE. Offer support to ICB financial capability building and improved cross system-working. Handed back loss-making contracts (CHC and s117). <u>FY25 plans currently remain a deficit.</u> Owner: Chief Finance Officer b) Deliver plans to reduce agency spend further in FY25. Improve workforce planning capability. Owner: Chief People Officer
	- Monthly finance review meetings within Finance team and with directorates; - Monthly analysis of forecast, run rates, risks and opportunities; - Reconciliations of ledger accounts; - Monthly Capital Programme Sub-Committee review.		
	Level 2: internal		
	- Monthly Exec scrutiny of overall financial position with Quarterly Deep Dives; - Quarterly Exec scrutiny as part of Service Directorate performance reviews. - Finance and Investment Committee (every 2 months);		

- regular reporting on Financial position and impact of wider financial system risks to FIC and Board; - temporary-staffing programme; - active management of Capital Programme.	- Monthly Finance reporting to the Board to provide assurance on progress and recovery actions. -Monthly Directorate agency review panels	supported across the Trust.	
	Level 3: independent - Internal Audit reviews including annual review of financial controls; - External Audit review of financial statements; - Monthly reporting to, and monitoring by, NHSE and the Integrated Care Board (ICB).	c) Cost Improvement Plans process does not yet capture all efficiencies or look ahead to future years. More use of costing data, benchmarking and challenge of underlying cost base is required. Better linkage of costs to activity, and in due course to outcomes, is needed as is improved analysis of gross over and underspends and intentionality of resource allocation decisions.	c) Use Community Transformation programme, Mental Health Improvement programme and the Corporate Services and Central Teams enabler work to determine medium-term CIP programmes informed by regularly reported costing analysis. Embed and develop CIP reporting process begun in FY24. Better link workforce, activity and resources in Annual Plan FY26 and factor in time for early analysis of resource analysis. Assess value for money implications of outcome measures as they become available. Owner: Chief Finance Officer Due to system moving into investigation & Intervention (NHSE's I&I process) the Trust is engaged in various external reviews undertaken by PWC on behalf of the ICB. This involves reviewing potential improvement suggestions and reviewing the Trusts grip and control which may also strengthen the Trusts finances. Owner – Chief Finance Officer

Strategic Objective 3: Make the best use of our resources and protect the environment

3.6: Governance and decision-making arrangements

Date added to BAF	Pre-Jan 2021			
Monitoring Committee	Audit Committee		Impact	Likelihood
Executive Lead	Director of Corporate Affairs & Co Sec			Rating
Date of last review	19/03/2024	Gross (Inherent) risk rating	4	4
Risk movement	↓	Current risk rating	4	2
Date of next review	June 2024	Target risk rating	2	2
		Target to be achieved by		

Risk Description:

Failure to maintain and/or adhere to **effective governance and decision making arrangements**, and/or **insufficient understanding of the complexities of a decision** may lead to: poor oversight at Board level of risks and challenges; (clinical or organisational) strategic objectives not being established or achieved; actual or perceived disenfranchisement of some stakeholders (including members of the Board, Governors and/or Members) from key strategic decisions; or damage to the Trust's integrity, reputation and accountability.

Controls	Assurance	Gaps	Actions
In accordance with the NHS Code of Governance, the delivery of good governance is controlled through an effective Board of directors, with an appropriate balance of skills and experience to enable them to discharge their respective duties and responsibilities effectively. The purpose of the organisation and the vision set by the Board are the starting point for the system of governance which is set out in the Integrated Governance Framework (IGF). 2024 'spring clean' of IGF and reframing so as to simplify description of the governance architecture and include clarity of	Level 1: reassurance	GAP (Controls): Not resolving longer term issues around operational performance management or taking a longer view of achievement of Strategy (rather than fire-fighting issues). Potential gap in governance structure and not yet being plugged by improved Integrated Performance Reporting to the Board since 2021/22 – discussion can still focus on way the data is presented rather than what it says in terms of issues or sub-optimal performance. Lack of Board discussion on long-term operational impact upon services of performance issues or risks may lead to lack of decision around whether	Risk rating increased to 12 in November 2021, pending assurance that capital project (PICU) gaps resolved. Finance & Investment Committee (FIC), Audit Committee and Board) during 2022 received assurance that programme and project governance strengthened Major Projects is now a separate risk included on the BAF at 3.14 to monitor major projects e. g. Warneford redevelopment (see 3.14 for more detail). PICU learning presented to Audit Committee and embedded in project oversight process. Action closed. Consequently, overall risk Likelihood is agreed to be reduced back to 2 from 3. However, risk rating to remain under review if
	The Nominations, Remuneration and Terms of Service Committee (NEDs) and Nominations and Remuneration Committee (Governors) review the composition, balance, skills and experience annually as per minutes of meetings and Board refresh.		
	Jan 2024 reshuffle of Committee Chairs / members to protect independence of judgement. Board self-assesses (and CoG) against various statements and declarations with evidence of compliance to include – AGS, Corporate Governance Statement (2022).		

accountabilities (individuals and committees). Systematic approach to strategic planning, risk management and performance management – enhanced through Enabler 1 – visualising the organisational structure, governance and assurance framework and performance management framework – collectively, the ‘Operating Framework’. Board and Executive Team Development programme to ensure balanced and collaborative relationship and to question status quo. Honest self-reflection through such as ‘True for Us’ curiosity and Well Led Framework self-assessments. Policy and Procedure frameworks to include: - Trust Constitution and Standing Orders for the Board and Council (CORP01) (next review due 2025); - Standing Financial Instructions and Scheme of Delegation. (next reviews due Sept 2024) - Integrated Governance Framework (IGF); reviewed as above; - Engagement Policy (significant transactions);	Annual Report declarations, Code of Governance comply or explain, EPRR statement and various Annual Reports – H&S, Infection Control, Safeguarding, Quality Accounts, Modern Slavery Statement etc	or how to continue to run certain services. Risks could cycle and stall on risk registers. Gap remains relevant in February 2024 until IPR developments complete and strategy and risk better integrated.	clinical outage gap not closed by the next review date. ACTION: review after April IMG meeting and return rating to 12 if not resolved and our ability to govern performance confidently not restored.
	Level 2: internal - Annual Governance Statement reviewed by Audit Committee and Auditors annually, next review due Apr-Jun 2024; - Strategic Objectives approved by Board, with progress against objectives reported to Board Committees and Board; - Quality Committee, Finance & Investment Committee, People, Leadership & Culture Committee and Audit Committee at every meeting review management of significant risks and key governance issues; - Escalation reports from the Sub Committees to Board Committees and on to Board (3 As reports); - Annual Report and reports for Council of Governors to demonstrate engagement with Governors and FT members.	The gap has been exacerbated by the clinical outage from which the Trust has not yet fully recovered - report due to April IMG meeting. Until recovered there is an ongoing reliance on manual interventions to collect full suite of data which compromises timely data collections for national reporting and local intelligence	Enabler 1 – Operating Framework – simplifying description of governance architecture – Governance Framework to be approved by Board, and description of organisational structure. OWNERS: Director of Corporate Affairs & Co Sec (Governance Framework) Director of Strategy and Partnerships (Delivery/Op F TARGET: first phase March 24 Governance Framework Executive Director of Strategy & Partnerships in post from April 2022 and has refocused BAF risk 3.7 on ineffective business planning arrangements which may lead to the Trust failing to achieve its strategic ambition etc. Next Annual Plan 24/5 due to Mar CoG and BoD - Bringing together draft Directorate service priorities and financial position. Once finalised by the end of March 2024, the Annual Plan will provide a single view of the Trust’s key priorities for 2023/24 to inform internal decision-making and better influence the healthcare systems in which the Trust operates.
	Level 3: independent - Internal Audit review of governance		

- Procurement Policy (CORP04) and Procurement Procedure Manual; Investment Policy (CORP10), Treasury Management Policy (CORP09) review dates monitored through policy oversight process; - Annual Planning process linked to strategic delivery; - Maintenance of key Trust registers (e.g. declarations of interest, receipts of gifts / hospitality); - Processes for capturing meeting minutes to log: consideration of discordant views, discussion of risks, and decisions; - Risk Management Strategy/Policy; - Board Assurance Framework; - Trust Risk Register and local risk registers at directorate and departmental levels; - Business continuity planning processes and emergency preparedness; - Council of Governors (COG), COG Working Groups and development sessions and involvement in Trust forward plans and CoG agendas. - Speak up systems embedded – whistleblowing policy, F2SUG, Wellbeing Guardian (NED), PALS & Complaints and policies,	arrangements; Internal Audit reviews have included reviews of Quality Strategy & Governance, Clinical Audit, Electronic Health Record Programme Governance, the Research Governance Framework, Information Governance, the Board Assurance Framework, Risk and Quality Governance and the Feb 2024 Counter Fraud review of conflicts of interest – minor improvements; - Annual External Audit (including review of risk management /governance) informing the Head of Internal Audit Opinion; - Well Led inspection (CQC) March 2018/19; and - Positive Well Led review focused on Quality Governance, conducted by the Good Governance Institute (reported in December 2022, presented to the Board in December 2022-January 2023) (semi 'independent') – Reports from F2SU Guardians directly to the Board of Directors to include Annual Report	GAP (Controls): Risk Appetite Statement agreed by Board to support sound decision making and avoid inopportune risk taking or overly cautious approaches stifling growth/development. GAP (Controls): COG working groups paused for COVID-19 pandemic. Gap closed. GAP (Controls): Effectiveness of processes	The finalisation of the strategic planning work with the Board will drive reviews of the BAF and the IPR including the focus of the Board on variance/exception. Feb 2024 Audit Committee – supported following finalisation of annual plan a review as to whether the Trust's business cycle appropriately aligned with and attuned to the system (e.g. winter pressures, system strategy/planning etc) OWNERS: Director of Corporate Affairs & Co Sec, and Executive Director of Strategy & Partnerships. TARGET DATE: April 24; BAF review against agreed strategic plan Feb 2024 Risk Appetite considered with Board and Audit Committee (last in March 21). Latest version shared with ExELT Feb 2024 and Feb 2024 Board workshop. OWNER: Director of Corporate Affairs & Co Sec/Board of Directors TARGET DATE: approval to Board in Q1/Q2 FY25. COG working groups reinstated and now reestablished. <i>Gap & Action Closed</i>. Invitations to observe Board Committees will continue with ongoing potential to make old subgroup structures redundant. Effectiveness of Speaking up arrangements to be 'tested'

compliments, surveys, IWGC, governors. SID role attached to NED lead role for Whistleblowing processes. F2SU Guardians in place and report frequently to Board on trends/themes		in identifying if systems have failed an individual thereby being compelled to use F2SU Guardian or whistleblowing routes – impedes opportunities to improve management /leadership systems.	with Board to include how well the Board ‘listens up’ Discussed at Board workshop on 28 February 2024.

Strategic Objective 3: Make the best use of our resources and protect the environment

3.7: Ineffective business planning arrangements

Date added to BAF	Risk description revised July and September 2022				
Monitoring Committee	Finance and Investment Committee		Impact	Likelihood	Rating
Executive Lead	Executive Director of Strategy & Partnerships	Gross (Inherent) risk rating	4	4	16
Date of last review	30/10/24	Current risk rating	4	3	12
Risk movement	↔	Target risk rating	3	2	6
Date of next review	February 2025	Target to be achieved by	July 2025		

Risk Description:

Ineffective business planning arrangements may lead to: the Trust failing to achieve its strategic ambition; problems and issues recurring rather than being resolved; reactive rather than pro-active approaches; decision-making defaulting to short-termism; and inconsistent work prioritisation, further exacerbated by the challenge of limited resources, impacting upon staff frustration and low morale.

Potential enablers in order to mitigate the risk:

- develop a strategic plan and an integrated business plan for the organisation;
- realign performance management metrics to these plans; and
- monitor and align the delivery of strategic programmes across the Trust.

Controls	Assurance	Gaps	Actions
- Strategic Framework including 5-Year Strategy 2021-26 and Digital Health and Care Strategy 2021-26; First iteration of Strategy Delivery Plan finalised for use by Trust Leadership Team to guide delivery of current strategy and as	Level 1: reassurance 1 year cycle of strategy development completed with Trust Board resulting in first iteration of Strategy Delivery Plan now finalised. Trust Strategy Governance to oversee the progress of	a) Service Change and Delivery (SCAD) Team disestablished (Oct 2023) following consultation process and resources now embedded in directorates.	a) Following disestablishment of SCAD team, develop new reduced central approach for Change and Programme Management oversight and implement. Change Management Group continues to develop a central model to change

basis for engagement process with staff, patients, carers and partners to develop next Trust's strategy. Strategy team fully resourced as of April 2024 and is implementing and embedding the strategic delivery approach for the Trust. Annual Planning process for FY24/25 (jointly led by Finance and Strategy and involving: Performance & Intelligence, HR, Capital, and Business Services team) is now completed. Final draft of the 24/25 Annual Plan to be submitted to the Trust Board in May 24 for sign off. Annual Plan 24/25 formally signed off at the Board of Directors in May 24. Mid-year report on progress against the Annual Plan 24/25 to be submitted to the Board of Directors in November 24.	the Strategy Delivery Plan. Level 2: internal Integrated Performance Report to the Board in public revised with focus on delivery against the strategic objectives via the strategic dashboard and performance against key performance measures. Integrated Annual Planning Process co-lead by Finance and Strategy and reporting to Executive Management Committee. Bi –annual reporting to the Board to provide oversight of Trust Annual Plan. Board strategy workshop held on October 24 to develop strategic planning and set strategic priorities for the coming year. Level 3: independent	b) Data outage means that planning work for 2024/25 did not include a robust and systematic trajectory-setting process for all directorates and objectives are not as SMART as	identification and management. Project and Programme best practice frameworks reviewed for Trust wide approach. Change management approach and project and programme framework to be presented to the Executive Leadership Team in October 24. Strategic PMO manager recruited as of April 2024 to provide a strategic portfolio management process and project and programme framework to support delivery of the Trust's strategic objectives. OWNER: Exec Director of Strategy & Partnerships and relevant Executive Leads for each delivery area. b) An annual Plan has been finalised for 2024/25, with limited quantitative measures included. The process has been further reviewed and iterated for 25/26 with further work required to make the 25/26 plan more quantitative. OWNER: Exec Director of Strategy & Partnerships and Chief Finance Officer. Track delivery of 2024/25 Annual Plan and report to the Board (bi-annually). Progress against trajectories will be included in the IPR. Board to be updated on the progress of the 24/25 Annual Plan in November 24. Strategic Delivery approach in place to identify and align

		strategic programmes of work to current Strategy Delivery Plan and report to Trust's Leadership and Board. Corporate Strategy Governance now established. Strategic Programmes have been identified and are being aligned to the delivery plan. Regular reporting is in place through the Strategic Delivery Group (SDG), Executive Forum and Board OWNER: Exec Director of Strategy & Partnerships and Chief Finance Officer. c) Support development of an ICS Planning process Collaborative process was in place for National planning 24/25 (Mental Health activity. Continue to work collaboratively with ICB to track and review (on a monthly basis) the alignment of priorities, MH trajectories and support to system goals. (link with BAF risk 3.1). Engagement in the ICB led 24/25 planning review to improve collaborative planning for 25/26. (link with BAF risk 3.1). OWNER: Exec Director of Strategy & Partnerships. d) Workforce Planning approach and leadership to be identified. OWNER: Executive Team e) Proposal for Performance processes, resourcing and
		c) ICS Planning process established but not well developed over 2024/25 planning round which limited the ability to progress national planning quickly and effectively.

		d) Workforce Planning function and leadership is a gap. e) Need to clarify performance processes, resources, and leadership. f) Trust could benefit from medium term (3 year) plan to tie together finance and service improvement /sustainability, workforce planning etc. (particularly in the context of operating within ICS) more clearly and create an implementation for the Trust strategy.	leadership is being developed. IPR iterated to reflect Strategy development and performance work- f) Strategic Dashboard developed to show strategic ambition and outcome measure for each strategic objective as well as performance against key performance measures. This will be signed off as part of the 24/25 Annual Plan.
Strategic Objective 3: Make the best use of our resources and protect the environment			

3.10: Information Governance & Cyber Security

Date added to BAF	12/01/21
Monitoring Committee	Finance & Investment Committee
Executive Lead	Chief Finance Officer
Date of last review	29/10/24
Risk movement	↔
Date of next review	February 2025

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	4	20
Current risk rating	4	3	12
Target risk rating	3	3	9
Target to be achieved by			

Risk Description:

Failure to protect the information we hold as a result of ineffective information governance and/or cyber security could lead to: personal data and information being processed unlawfully (with resultant legal or regulatory fines or sanctions); cyber-attacks which could compromise the Trust's infrastructure and ability to deliver services and patient care, especially if loss of access to key clinical systems; data loss or theft affecting patients, staff or finances; and reputational damage.

Controls	Assurance	Gaps	Actions
- Mandatory IG training for all staff Trust wide, plus ad hoc training with clinical focus on sage info sharing; - Information assets and systems are risked assessed using standard Data Protection Impact Assessment (DPIA) tool; - 'Third Party Cyber Security Assessment' (checklist & questionnaire) developed, to provide a systems requirement specification and to ensure any new Information Systems being procured adhere to DSPT Cyber Security standards; Systems access control and audit managed by way of: programme of penetration testing (annually from 2020); cyber security assessed and tested prior to 3rd party contracts being awarded; Implementation of new Security information and event management system (SIEM) has taken place. Event logs are now being automatically monitored for suspicious activity. Microsoft Defender for mobile has been applied to mobile devices managed by InTune. Those devices	Level 1: reassurance - Information Management Group (IMG); - Monthly Cyber Security activities review via Oxford Health Cyber Security Working Group	In August 2022, IT failure with patient record systems provided and externally hosted by a third-party supplier led to staff being unable to access patient record systems and clinical information, thereby leading to risks to staff and patient harm. Trust internal operational and cyber security not compromised. The clinical system outage, which resulted from the failure with third party supplier-hosted patient record systems, has prevented the Trust from submitting mandatory data-set information and contractual information to commissioners, which could lead to contractual and reputational consequences. R&D Trials are also facing delays due to gaps in data. Penetration testing undertaken in Feb 2024 identified several risks which are being remediated as a priority by the operational IT teams involved. With the rise of AI, there is an increasing reliance on staff proficiently handling suspicious Web, Teams, and Email	Major incident response set up to manage contingency plans, resolve the technical issue and provide alternative access to clinical information. Patient safety risk and more detailed incident-related risks maintained at Trust Risk Register level. Cyber assessments for alternative solutions fast tracked. The Trust has achieved 95% attendance of mandatory IG training (Aug 2024). Mandatory training is supplemented by specialist training for subject matter experts such as DPO and cyber consultants. The Trust has initiated a project working with a third party to support the recovery of reporting (project runs May 2023 - January 2024); the priority is to enable prompt recovery of reporting whilst ensuring that robust processes are in place when restarting automated data reporting. The recovery work will report on the data available but some gaps in data will continue because: (i) whilst mitigations have been put in place to ensure that the data that was captured during the outage is accessible to clinicians, it will not be possible to use this data for external reporting; and (ii) reduced functionality of the new systems RIO and EMIS, due to the pace at which these needed to be implemented, means that some data will not be available for reporting and analysis purposes until the full functionality is implemented. OWNER: Head of Clinical Systems Funding and approval to recruit to enhance the cyber security team has been secured and recruitment is ongoing. A cyber security team consisting of 4 members of staff has been created enhancing the Trust's
	Level 2: internal Finance & Investment Committee receives reports from IMG - Monitoring of IG training attendance; - Incident management and response process (enhanced to meet DSPT requirements) - NHS Digital Data Security and Protection Toolkit (DSPT) annual self-assessment. - Programme of Phishing simulation/testing of all staff and subsequent report (annual from 2023)		
	Level 3: independent - Improved NHS Digital's BitSight cyber rating, which exceeds peers in benchmarking and is in top 30% of organisations globally. - VMS Vulnerability Scanning, and NCSC WebCheck Service, with identified vulnerabilities monitored and remediated or mitigated; -Independent, annual penetration test planned for Q1 annually; - Independent DSPT annual audit for external assurance;		

now have malware and web filtering applied. Privileged Access Management (PAM) has been implemented which controls and constrains access to elevated administrative accounts on the network. USB device controls; use of external cyber security scoring and scanning tools and services (e.g. NHS Digital's BitSight, VMS Vulnerability Management Service, Nessus Vulnerability Scanning, Microsoft Defender Advanced Threat Protection); - Mail filtering system to flag or block suspicious, malicious or unsafe communications, to limit the flow of phishing emails, malware and/or unsafe URLs. - Implementation of Multi-Factor Authentication (MFA) has significantly reduced Office 365 user compromises. - Cyber Security Awareness and Cyber Security SharePoint sites	-Microsoft Defender ATP Threat & Vulnerability Management (TVM) tools and process. - Secure messaging accreditation achieved/maintained (NHS Digital DCB1596);	content, Staff awareness of such threats is only partially mitigated via existing guidance. The Trust needs a dedicated mandatory customisable targeted Cyber Security Awareness Training solution, providing audited participation, knowledge validation and success metrics and reporting, to significantly mitigate the risks from poor cyber security behaviours. Desktop Third Party Software Patch Management is currently reactive only via ATP and internal resource fails to keep pace with the requirements. IG Data Security Awareness Training and awareness. Maintenance of 95% training completion. As Cyber Security hardening such as assessments, penetration testing, and other enhancements continue to be developed.	ability to prevent, manage and respond to cyber threats. The Trust achieved Standards met in the 2023/24 Data Security & Protection Toolkit cycle. The Trust achieved Significant Assurance status in the June 2024 KPMG audit assessment. A few remediations of findings in Q2's cyber assurance (pen test) continued into Q3 but are progressing well, with hardened password recommendations for legacy accounts being implemented via service delivery team in association with cyber team due in September. Consideration for lengthier passwords for all to be enforced are being discussed in Q3 2024 and could be implemented via the same methods as the legacy account hardening, making use of any operational lessons learnt. Cyber Team awareness of the adoption of National Cyber Security Centre's Cyber Assessment Framework (CAF) based DSPT is being achieved via attendance of several NHSE webinars through summer 2024 to ensure they understand the content, approach and expectations of the CAF-aligned DSPT ready for its start in September 2024. Review of the likely significant changes related to this are due from September onwards, in association with IG and operational IMT teams and are likely to consume resource in late Q3 into Q4. Lack of Cyber Security specific awareness training has been raised at ICS level to explore the potential for a joint approach and will be a subject covered by the ICS collaborative working group. Direction and guidance are being sought from the SIRO before any work begins on an awareness training solution, which would

		likely need to be a collaborative effort between L&D and Cyber. Phishing Simulation Report (Aug 2023) produced for the SIRO and next steps being discussed for IMG, Execs and Audit Committee awareness. A further Phishing exercise planned for Q3 into Q4 2024 to retest staff who were phished by the last exercise and presented with a static awareness training page. To measure improved awareness. Phishing exercise (different to the Aug 2023 exercise) is planned for Q4 2024/Q1 2025 for all staff to raise and measure awareness of phishing emails and feed into wider awareness training needs analysis. OWNER: Head of IT User account deletion process is being strengthened to ensure timely disablement and deletion of leavers accounts. A new process ensuring NHSP provided resources are known and all have end dates supplied at the beginning of their assignments has been created. Further analysis and actions to ensure all leavers are identified and removed is taking place. A robust process is in place, working closely with HR to ensure leavers are identified and processed in a timely manner. The introduction of a 'tell us once' form designed to notify all interested parties is in operation for ESR based Staff. OWNER: Head of IT All Trust managers ensure mandatory Training completed. OWNER: Head of IG

Strategic Objective 3: Make the best use of our resources and protect the environment

3.12: Business continuity and emergency planning

Date added to BAF	19/01/21			
Monitoring Committee	Emergency preparedness, resilience, and response (EPRR) committee (sub-group to Executive Management Committee) and Audit Committee		Impact	Likelihood
Executive Lead	Director of Corporate Affairs & Company Secretary	Gross (Inherent) risk rating	5	3
Date of last review	13/02/2024	Current risk rating	3	3
Risk movement	↔	Target risk rating	3	3
Date of next review	August 2024	Target to be achieved by	July 2025	
				Rating
				15
				9
				9

Risk Description:

Failure to maintain adequate business continuity and emergency planning arrangements in order to sustain core functions and deliver safe and effective services during a wide-spread and sustained emergency or incident, for example a pandemic, could result in harm to patients, pressure on and harm to staff, reputational damage, regulator intervention.

Key Controls	Assurance	Gaps	Actions
- Accountable Emergency Officer (currently Director of Corporate Affairs & Company Sec), supported by a clinical director; - Designated Emergency Planning Lead, supporting the executive in the discharge of their duties; - EPRR committee 3 x per year oversees emergency	Level 1: reassurance		
	- Emergency Preparedness Resilience and Response (EPRR) Committee 3 x per year; - Psychosocial response group (sub-group of EPRR committee); - Service Business Continuity Plans signed off by heads of service via relevant directorate/corporate committee.		
	Level 2: internal		

preparedness work programme with representation from directorates, HR, and estates & facilities. - Psychosocial Response Group (subgroup reporting to EPRR committee. - Trust wide Pandemic Plan first approved 2012, updated annually, and updated multiple times in 2020 to reflect Covid-19 workstreams, operational changes and learning from Covid-19 pandemic; - EPRR Response Manual incident response plan - (updated February 2024) provides emergency response framework; - On call system; - Directorate/service specific Business Continuity Plans (BCPs) in place for services, in respect of: Reduced staffing levels (for any reason e.g., pandemic); evacuation; technology failure; interruption to utility supplies (gas & electricity); severe weather; flooding/water leak; water supply	- Annual EPRR report (most recently to the Audit Committee and the Board in Nov 2023); - EPRR Committee ensures that learning from EPRR Exercises, and live incidents, are incorporated into policy / procedure / practice. This is in addition to learning being incorporated into major incident plans, business continuity plans and shared with partners; - Self-assessment against NHS EPRR Core Standards. 2023 Full compliance Based on the quality of response to the following, reputation and resilience have been safeguarded through 'no surprises' - No serious harms from Major Incident of IT clinical systems outage; from Industrial Action; from COVID response, from OOH business continuity incident, from locality floods etc Level 3: independent - 2023 Self-assessment (as set out in annual report to the Audit Committee and the Board in November 2023) examined and accepted by BOB ICB on behalf of NHSE		

disruption; fuel shortage; lockdown; infection control; food supply; pharmacy supply; - Completion and updating of BCPs supported and monitored by Emergency Planning Lead, with register of BCPs held centrally; - BCPs are reviewed annually or following an incident; - Training for directors on call (strategic and tactical), heads of service (tactical), key staff with operational responsibility for hazmat/CBRN response - Undertaking of exercises (live exercise every three years, tabletop exercise every year and a test of communications cascades every six months (NHS England emergency preparedness framework, 2022)). Lessons incorporated into incident response plans, business continuity plans and shared with partner organisations; - training scenarios on intranet for services to use to	- There is no formal mechanism in place to obtain assurance from any independent third parties that take place in EPRR exercises. If the Trust participates in a multi-agency exercise, then other participants can make comment during any verbal or written debrief process. In June 2023, KPMG governance risk and compliance services inspected a total of 13 assertions from a total of 33 mandatory assertions in the data security and protection toolkit. All four assertions relating to EPRR were rated as substantial.		

exercise business continuity plans; - Engagement with Local Health Resilience partnerships, and Membership of Oxon & Bucks Resilience Groups; - Horizon scanning and review of National and Community Risk registers by Emergency Planning lead.			

Strategic Objective 3: Make the best use of our resources and protect the environment

3.13: The Trust's impact on the environment

Date added to BAF	09/02/21				
Monitoring Committee	Finance & Investment		Impact	Likelihood	Rating
Executive Lead	Chief Finance Officer	Gross (Inherent) risk rating	3	4	12
Date of last review	07/11/24	Current risk rating	3	3	9
Risk movement	↔	Target risk rating	3	1	3
Date of next review	March 2025	Target to be achieved by	2023		

Risk Description:

A failure to take reasonable steps to minimise the Trust's adverse impact on the environment, maintain and deliver a Green Plan, and maintain improvements in sustainability in line with statutory duties (Health & Care Act 2022), and national targets, for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2032, for the emissions we can influence (our NHS Carbon Footprint), net zero-by 2045) could lead to: a failure to meet Trust and System wide objectives, reputational damage, loss of contracts with commissioners, contributing to increased air pollution within the wider community, and loss of cost saving opportunities.

Key Controls	Assurance	Gaps	Actions
Trust Green Plan/Strategy 2022-25; (Green Plan 2	Level 1: reassurance	GAP1: Trust direct carbon emissions in FY 24 were 17% below the F10 baseline year but here was	1). Review Annual Business Mileage and consider long term plan to transfer mileage into
	Monitoring deliverables by Sustainability Manager-		

2025-28 to be developed for sign off Jan 25) Executive Lead for Sustainability Chief Finance Officer; Commitment by Board to Zero Carbon Oxford Charter (Jan 2021); Full time Sustainability Manager post within Estates & Facilities Team; Green Task Force Benchmarking and annual Green Plan reporting; Procurement Policy – sets out sustainability commitments required by suppliers; Green Energy Supplier for electricity via CCS, New Developments in accordance with NHS Net Zero Buildings Guidance	Level 2: internal	a 2.5% increase in consumption in year, primarily driven by increased business mileage. GAP2: current resource may be insufficient to implement Green Plan 2 in particular a Heat Decarbonisation plan for the estate GAP3: Green Plan Capital & Revenue Budget to achieve Net Zero targets	more sustainable modes of travel. QI Project OWNER Sustainability Manager 2). Complete analysis of resource requirements to implement Green Plan 2 Action Plan OWNER Sustainability Manager 3). Development of Green Plan 2 which will set out the Trusts approach to achieving Net Zero carbon by 2040. OWNER: Director of Estates and Facilities / Sustainability Manager.
	Green Task Force Group to deliver Green Plans 2 chaired by Chief Finance Officer, attended by Estates, Pharmacy, Procurement, Communications Team and some Services; meets Quarterly. Estates Buildings & Transport Sustainability Group meets quarterly; Travel & Transport Strategy Group now in place and chaired by CFO		
	Level 3: external BOB ICS Net Zero Program Board Total Carbon Footprint Plus now reported by NHS England (54,000Tco2) Trust is leading on the BOB ICS Sustainable Travel Group and the Estates Group. The Trust is also part of ZCOP sprint group with Oxford University to review how to adapt our building estate to climate change risk e.g., extreme heat, floods.		

3.14 Major Programmes

Date added to BAF	20/09/22			
Monitoring Committee	Finance and Investment Committee		Impact	Likelihood
Executive Lead	Chief Finance Officer			Rating
Date of last review	05/11/24	Gross (Inherent) risk rating	5	4
Risk movement	↔	Current risk rating	4	4
Date of next review	February 2025	Target risk rating	3	2
		Target to be achieved by	December 2024	

Risk Description:

Insufficient capacity and capability to deliver major programmes effectively or to support a necessary control environment and adherence to governance and decision-making arrangements may lead to: poorly planned and ultimately compromised projects; inability to proceed with projects; failure of projects to complete or to deliver against preferred outcomes; non-delivery of required savings, unplanned expenses, delays and wasted resources.

Key Controls	Assurance	Gaps	Actions
Programme Boards in place for most strategic programmes and for key projects. Standing Financial Instructions and Scheme of Delegation. Senior teams' leadership of change and focus on ensuring delivery. - Improved internal programme leadership capability within service directorates complemented where needed by external resource. Strategic PMO manager providing a strategic portfolio management process and project and	Level 1: Reassurance Programme governance has been mapped out for Trust's highest priority strategic programmes. -Warneford Park Programme Board with partners chaired by Non-Executive Director of Trust Level 2: Internal Portfolio management of Strategic Programmes and enablers for Execs (bi-monthly), FIC and Board (bi-annually); Strategy Delivery Group introduced to support delivery of the portfolio and to consider impact of changes in the round.	a) Portfolio oversight now in place but this will take time to become embedded. b) User engagement in change and change load management not always well-managed. c) Patient voice and experience are not yet routinely embedded in programmes. d) Specific challenges in Estates resourcing and model.	a) Board, Committee and Exec to continue to feedback on and help develop new portfolio management approach. b) The Trust is engaging staff across the Trust on our approach to change management. In addition, the newly established change management group has representation across the Trust. c) Patient Experience and Involvement strategic programme to be implemented. d) First draft of Estates model has been prepared. To be completed, communicated and implemented.

programme framework to support delivery. Project and Programme Management Reference Group established with representation across the Trust to co-design and implement the programme and programme framework. Templates and methodology for major capital programmes investment appraisal published in Summer 2024. Change management group established to review how change is managed and to set up clear and consistent process to manage change across the Trust.	Capital Programme sub-committee (reviews capital project progress, attended by Services, IM&T and Estates leaders) and reports to FIC; and FIC receives specific updates on Major Projects including the Warneford programme. Non-Exec Digital Champion appointed. Executive Sponsors in place for all strategic programmes across the Trust. Level 3: Independent Internal audit reviews. KPMG assurance over Frontline Digitisation programme. CB representation at Digital and Data Strategy Board.	e) Capacity and skills in the Financial Management team to support major projects	e) Development of the Finance Business Partner roles to be able to provide financial support to major projects

Strategic Objective 4: Become a leading organisation in healthcare research and education

4.1: Not Maximising the Trust's Research and Development (R&D) potential

Date added to BAF	Pre-Jan 2021			
Monitoring Committee	Quality Committee		Impact	Likelihood
Executive Lead	Chief Medical Officer			Rating
Date of last review	29/10/24	Gross (Inherent) risk rating	3	3
Risk movement	↔	Current risk rating	3	2
Date of next review	February 2025	Target risk rating	3	1
		Target to be achieved by		

Risk Description:

Not fully maximising the potential to fully realise the Trust's academic and Research and Development (R&D) potential may adversely affect its reputation and lead to loss of opportunity.

Controls	Assurance	Gaps	Actions
	Level 1: reassurance		

- Director of R&D; - NIHR Infrastructure Managers meetings provides an opportunity for managers of the OH hosted NIHR awards and the R&D Director to meet regularly to ensure alignment and discussion future opportunities. On a quarterly basis these meeting will be augmented by the OUH BRC and CRF Managers. - Clinical Research Facility (CRF) steering committee - Biomedical Research Centre (BRC) Steering Committee and Partnership Board; - Oxford Applied Research Collaboration Oxford and Thames Valley (OxTV) (ARC); - ARC Management Board; - The R&D Director sits on the OUH Joint R&D committee (JRDC). - Toronto – Oxford Psychiatry Collaboration under a Memorandum of Understanding between the Trust, University of Oxford, the University of Toronto and the Centre for Addiction and Mental Health in Toronto - Joint Research Office (JRO) - is a collaboration between Oxford Health NHS Foundation Trust (OH), Oxford University (OU), Oxford University Hospitals NHS Foundation Trust OUH), and Oxford Brookes University (OBU).	Level 2: internal - Research updates and R&D reporting into the Quality Committee; - R&D reports to Board (at least twice a year), - BRC reports to Board on a regular basis Toronto - Oxford Psychiatry Collaboration also provided to the Board	GAP:-Following the clinical system outage in August 2022 the issues with migration and recording of diagnosis within RIO have now resolved and RI now have the ability to produce accurate recruitment lists. are also resolved. GAP: The Trust 'Count me in (CMI)' programme paused following the CareNotes outage. Recruitment reverted to a consent model and direct clinician referrals. This remains on hold as a Trust research recruitment strategy, awaiting new research forms in RIO and the ability for appointment letters with CMI leaflet attached, to be sent direct from RIO. When CMI service resumes, it will require a relaunch to staff and patients. We have no date for this to be resolved. CMI is being led by a Hon Consultant Psychiatrist • Research and Development and an Academic Clinical Fellow - Forensic Inpatient Ward via the BRC Data Science Theme. This project is ongoing. R&D are considering an additional senior project management role to support the delivery of this project. GAP: CMI forms have been built and are now being tested. These will allow patients research contact preference details and approaches and participation in research to	RIO 'Research contact preference' form and 'Research approaches and participation' form are in the final stages of development and testing, expected to go live by September 2024. A new team is being added to RIO teams pick list named 'Research team'. The addition of the 'Research team' to the RIO teams pick list will facilitate the documentation of clinical trial activities for participants who do not have an existing RIO record. This enhancement allows for the inclusion of a progress note, the uploading of essential documents such as consent forms and participant information sheets, and the recording of activities in the newly created 'research contact preference' and 'research approaches and participation' forms. Monitoring through reporting into the Finance & Investment Committee (FIC) and the Board. FIC also monitoring BAF risk 3.14 on delivery of Major Projects, such as the Warneford. The R&D operational plan will be developed as part of the OH Planning process.

It brings together the teams responsible for supporting clinical research across both NHS Foundation Trusts and both Universities in Oxford, as part of an initiative supported at the highest level in all organisations and by the Board of the Oxford Academic Health Partners The JRO reports into the JRDC. OH have recently been in conversation with the BOB ICS to discuss how research with the 5 NHS Trusts OH has links with OBU in relation to the development of the research element of NMAPS.		be recorded in RIO. This will also support 'Count me in' (CMI) when relaunched. GAP (Controls): Warneford redevelopment – to progress. Complicated capital project and is being carefully monitored by the Finance & Investment Committee and with regular updates to the Board in private session. GAP (Controls): R&D Strategy in development. Includes Monitor and Improve study set-up times, support early adoption of innovation to reduce waiting lists and increase productivity, Review / re-launch "Count me in". Develop a future proof strategy to sustain, grow and support the development of Research Focused Clinics. Facilitated by clinical academic posts, this work will feed into the wider growth of such post throughout the Trust. A scoping report of Research Focused Clinics' opportunities has been conducted and disseminated. For example, the ARMS (OPEN) clinic provides a unique opportunity to provide early intervention, treatment and route into research for a large group of patients, with potential cost saving benefits to the	Further work is being conducted to establish the clinics' ongoing needs in relation to both clinical and research databases. This work is being carried out with the CIO to support clinics in ensuring they are meeting national and internal Information Governance guidelines. The clinics present a unique opportunity to develop new patient pathways, facilitate translational research and support the Trust's strategy. R&D have established communication routes to update relevant stakeholders of progress. R&D are assisting with developing a business case to secure ongoing funding for a vital service.

		Trust. There is a gap in funding provisions for this service.	

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

Table 1a: Risk Matrix

		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
Impact/severity	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

Table 1b: Likelihood scores (broad descriptors of frequency and probability)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might/does it occur	This will probably never happen/recur	Do not expect it to happen/recur but it is possible	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	<0.1%	0.1-1%	1-10%	10-50%	>50%

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

Table 1c - Assessment of the impact/severity of the consequence of an identified risk: domains, consequence scores and examples

	Consequence score (severity) and examples				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment No time off work	Minor injury or illness requiring minor intervention Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Incident resulting serious injury or permanent disability/incapacity Requiring time off for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident resulting in fatality Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ Complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major safety implications if findings are not acted upon	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints / independent review Low performance rating Critical report Major patient safety implications	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective / service due to lack of staff Unsafe staffing level or competence (>1 day)	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing level or	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

			Low staff morale Poor staff attendance for mandatory/key training	competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory / key training	Loss of several key staff No staff attending mandatory training / key training on an ongoing basis
Statutory duty / inspections	No or minimal impact or breach of guidance / statutory duty	Informal recommendation from regulator. Reduced performance rating if unresolved.	Single breach in statutory duty Challenging external recommendations / improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage– long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives / projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget Schedule slippage of a week	5–10 per cent over project budget Schedule slippage of two to four weeks	10–25 per cent over project budget Schedule slippage of more than a month Key objectives not met	>25 per cent over project budget Schedule slippage of more than six months Key objectives not met
Finance including claims	Negligible loss	Claim of <£10,000 Loss of 0.1–0.25% of budget	Claim of between £10,000 and £100,000 Failure to meet CIPs or CQUINs targets of between £10,000 and £50,000 Loss of 0.25–0.5% of budget	Claim of between £100,000 and £1million Purchasers fail to pay promptly Uncertain delivery of key objective / Loss of 0.5–1.0% of budget	Loss of major contract / payment by results Claim of >£1million Non-delivery of key objective/loss of >1% of budget

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss / interruption of >8 hours Minor impact on environment	Loss / interruption of >1 day Moderate impact on environment	Loss / interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Additional examples	Incorrect medication dispensed but not taken Incident resulting in bruise/graze Delay in routine transport for patient.	Wrong drug or dosage administered with no adverse effects Physical attack such as pushing, shoving or pinching causing minor injury Self harm resulting in minor injury Grade 1 pressure ulcer Laceration, sprain, anxiety requiring occupational health counselling (no time off work)	Wrong drug or dosage administered with potential adverse effects Physical attack causing moderate injury Self-harm requiring medical attention Grade 2/3 pressure ulcer Healthcare acquired infection (HCAI)	Wrong drug or dosage administered with adverse effects Physical attack resulting in serious injury Grade 4 pressure sore Long term HCAI Loss of a limb Post-traumatic stress disorder	Unexpected death Suicide of patient known to the service in the last 12 months Homicide committed by mental health patient Incident leading to paralysis Rape/serious sexual assault Incident leading to long term mental health problem

Audit Committee
[DRAFT] Minutes of the meeting held on
03 September 2024 at 13:30
via MS Teams

Present¹:

Chris Hurst	Non-Executive Director (the Chair/CMH)
Mohinder Sawhney	Non-Executive Director (MS)
Rick Trainor	Non-Executive Director (RT)

In attendance:

External Audit - Ernst & Young LLP (EY)

Claire Mellons	External Audit - Partner, Ernst & Young (CM) – <i>part meeting</i>
Michael Mason	External Audit, Ernst & Young (MM) – <i>part meeting</i>

Internal Audit and Counter Fraud – KPMG

Jack Stapleton	Internal Audit – KPMG (JS) – <i>part meeting</i>
Adam Makda	Counter Fraud – KPMG (AM) – <i>part meeting</i>

Oxford Health NHS FT

Attending Board members

Heather Smith	Chief Finance Officer (the CFO/HeS)

Other Trust staff in attendance

Ben Cahill	Deputy Director of Corporate Affairs (BC)
Peter Milliken	Director of Finance (the DoF/PM)
Hannah Smith	Assistant Trust Secretary (HaS) (Minutes)

The meeting followed private pre-meetings between: (i) the Committee members; and (ii) the Committee members and Auditors and Counter Fraud.

¹ The quorum is 3 members (all Non-Executive Directors) and may include deputies.

1.	Welcome and Apologies for Absence	
a	The Chair welcomed attendees to the meeting.	
b	Apologies for absence for the main meeting were received from David Clark, Non-Executive Director.	
c	Apologies from non-Committee members were received from: Georgia Denegri, Associate Director of Corporate Affairs; Grant Macdonald, Chief Executive; and Neil Thomas, Internal Audit – Partner, KPMG	
2.	Minutes of the Meeting on 19 June 2024 and Matters Arising a The minutes of the Audit Committee meeting on 19 June 2024 were approved as a true and accurate record. Matters Arising b The following actions were noted as complete (with supporting detail in the Summary of Actions document) or on the agenda: - item 9(c) gender references in ‘Oxford Health in Numbers’; - item 12(a) references to risk workshops in the Audit Committee annual report; 21 November 2023 - item 14(f) Audit Committee workshop on self-assessment and impact of updates to the Healthcare Financial Management Association’s (HFMA) NHS Audit Committee Handbook taking place after the formal meeting on 03 September 2024; and - item 15 update on agency fee structures. c The following actions were noted as in progress for the next meeting: - item 9(d) Accounts closure process – the Chair confirmed that External Audit and the Chief Finance Officer would report to the next meeting in December on opportunities for further improvements to the closure process; 16 June 2023 - item 6(a) Risk Management policy; and 23 April 2024 - item 12(c) Clinical Audit update report.	
3.	Committee workplan	
a	No comments.	
EXTERNAL AUDIT, INTERNAL AUDIT AND COUNTER FRAUD		
4.	External Auditor’s annual report (final) to support the 2023/24 External Audit process and including commentary on Value For Money (VFM) arrangements a Claire Mellons presented the report which summarised the findings of the 2023/24 External Audit and included the commentary on the VFM arrangements, which were consistent with the previous year. The financial statements gave a true and fair view of the financial position of the Trust (an unqualified opinion had been issued) and there were no matters to report by exception on the VFM arrangements. No significant risks or weaknesses in arrangements were identified in relation to the reporting criteria of: financial sustainability; governance; or improving economy, efficiency and effectiveness.	

b	Recommendations and observations were as set out in the report and were not material. Based on the External Audit work performed, the Trust had proper arrangements in place to make informed decisions and properly manage its risks.	
c	The Chief Finance Officer commented positively upon the process of working with External Audit and expressed confidence in the testing of controls. She referred to the decision made to include NHS and government debts within the bad debt provision in the Annual Accounts and confirmed that the Trust believed this to be an appropriate inclusion in the bad debt provision and that it was not of a material amount. The Chair added that it was useful to confirm that this had been a conscious decision and also to reflect upon it, as part of the Accounts closure process action referred to at item 2(c) above, before the FY25 process.	
d	The Committee noted the report and that External Audit and the Chief Finance Officer would report to the next meeting in December on opportunities for further improvements to the Accounts closure process, as per the action referred to at item 2(c) above.	
5.	Internal Audit progress report	
a	Jack Stapleton presented the report and highlighted that the Health & Safety review had been delayed due to availability and resourcing constraints within the Health & Safety team which had impacted access to some information held at ward level. Delays had been discussed with the Chair and scoping and fieldwork for other scheduled reviews were progressing.	
b	The Chair asked: (i) for the Chief Finance Officer's comments on the delay to the Health & Safety review; and (ii) whether the delay would impact upon External Audit's work in due course. The Chief Finance Officer replied that although the Health & Safety team had tried to meet the timetable, there had been resourcing pressures and this had unfortunately not been possible especially this early in the month after seasonal leave. Claire Mellons confirmed that the delay to this review should not cause an issue for External Audit's work.	
c	The Chief Finance Officer provided an update on the other reviews which were progressing and within timescales for Cyber Security, Core Financial Controls, Data Quality and Assurance and Patient Experience. The Chair emphasised that he and Audit Committee members should be alerted to further delays or unforeseen circumstances impacting Internal Audit reviews, ahead of the next meeting in December.	
d	Mohinder Sawhney referred to the completed Internal Audit actions, from the FY24 Internal Audit review on the Bank Booking Process, relating to pre-employment checks and appraisals for temporary staff (pages 8 and 12 of the report) which were the responsibility of the temporary staffing provider. She reflected upon the transfer of risk to the temporary staffing provider and asked what assurance may be available as to the adequacy of their systems to manage this risk. The Chief Finance Officer acknowledged that this was a consideration for any outsourced provider used by the Trust and in this case the provider had started to deliver regular reports.	
e	The Committee noted the report and that the Chair and the Committee should be alerted to further delays or unforeseen circumstances impacting Internal Audit reviews.	

6.	Counter Fraud progress report	
a	Adam Makda presented the report and highlighted progress against the FY25 Counter Fraud Plan including on the Reporting Culture review, which was on track for presentation to the next meeting in December, and the Secondary Employment review for which fieldwork would commence in January. Scoping work was also progressing on the joint reviews with Internal Audit on Core Financial Systems and Cyber Security. He also provided an update on fraud prevention and awareness activities and reactive referrals (of the four referrals received this quarter, three had been closed and one was ongoing – themes related to secondary working and timesheets).	
b	Further to a query from Mohinder Sawhney on actions in place to reduce risks of timesheet fraud in temporary staffing, and links with the findings of the previous FY24 Internal Audit review on the Bank Booking Process, Jack Stapleton confirmed that relevant controls had been reviewed and samples tested however it was assumed that managers would also undertake a basic level of scrutiny before signing-off timesheets.	
c	Further to a query from Rick Trainor on fraud prevention actions to alert and train staff to respond appropriately to the heightened risk of phishing being seen across the sector, the Chief Finance Officer confirmed that the IT team conducted awareness testing and implemented software which challenged staff on opening weblinks.	
d	The Chair referred to page 7 of the report and the closed case relating to cancellation and re-booking of alternative agency staff. Management would be implementing various actions to improve controls and avoid repeats of these cases, including Standard Operating Procedures for booking agency staff and timesheets for agency staff being signed off by staff also working out-of-hours so as to better verify the hours worked. He noted that it would be useful if the People, Leadership & Culture (PLC) Committee stayed alert to and monitored these themes; Mohinder Sawhney, in her capacity as PLC Committee Chair, agreed.	MS
e	The Committee noted the report and that the PLC Committee would stay alert to and monitor themes around temporary staffing, including booking and timesheets for temporary staff.	MS
GOVERNANCE & ASSURANCE		
7.	Single Action Tender Waivers report – April to June 2024	
a	The Director of Finance took the report as read and summarised that the volume and value of waivers was slightly more than for the equivalent period last financial year but still less than in previous years. Estates and Facilities remained the area with the highest number of waivers, especially retrospective waivers which had been submitted towards the end of FY24 and their approvals provided at the start of FY25; all retrospective waivers had been processed with agreement of the Procurement team and related to extensions or continuations of existing contracts. As more active work was also taking place with the Procurement team, this may have led to more identification and reporting of cases than previously. All waivers were checked by the Procurement team and challenged where necessary prior to sending for approval. Going forwards, Procurement Category Leads would work more closely with Directorates to help support them in meeting requirements in a compliant manner to further reduce the number of waivers.	

b	The Chair noted that although waivers may be appropriate or occasionally necessary, the Committee needed to be confident that controls and processes in place were effective, especially as high levels of waivers could indicate underlying issues with controls. As the relatively high level of waivers in Estates had been flagged before, it was helpful to have received further information and reporting on the ways in which the Procurement team was extending its influence and expertise. However, it was important not to be complacent and he commented upon his experiences as a signatory to forms and how he would not sign these if earlier expected signatures were missing; he emphasised the importance of due process and ensuring that necessary steps as part of that had been taken. The Committee therefore needed to take reporting on waivers seriously as part of maintaining an appropriate culture of compliance with governance requirements, as recommended in the recently updated HFMA NHS Audit Committee Handbook.	
c	The Committee noted the report and the ongoing work of the Procurement team in supporting an appropriate culture of compliance.	
8.	Losses & Special Payments report	
a	The Director of Finance took the report as read and highlighted: the final car damage claims which were part of write-offs previously approved by the Board in 2024; one ex gratia payment relating to legal costs; and stores and food losses.	
b	Further to a request from the Chair, the meeting considered the canteen food losses. The Chief Finance Officer explained that the reliability of the current payment mechanisms were being reviewed. The Chair suggested that a benchmark could also be set for an acceptable level of food losses as some may be expected if products exceeded their use by dates and needed to be disposed of and written off; it would be helpful to be able to distinguish between acceptable and unacceptable or unexpected levels of food losses.	PM/ HeS
c	The Committee noted the report.	
9.	Agency fee structures update	
a	The Chair took the report as read and noted that it had been provided at the Committee's request regarding agency fee structures and clarified the charges applied by a particular provider for agency staff across two contracts covering Nursing and Care Service Workers, Allied Health Professionals and Health Science Service Workers, Medical Locums and GPs. There were no questions on the report.	
b	The Committee noted the report. <i>External Audit, Internal Audit and Counter Fraud representatives (Claire Mellons, Michael Mason, Jack Stapleton and Adam Makda) left the meeting.</i>	
CONTRACTS REVIEW		
10.	Internal and External Audit contracts review	
a	The Chief Finance Officer presented the report on the current Internal and External Audit arrangements and the procurement options for when the contract periods would come to an end.	

b	The meeting discussed performance under the contracts, quality of work, working relationships and added value from the providers including proactive warnings of delays and provision of wider sector comparative/benchmarking data. The meeting noted the importance of constructive, but not cosy, working relationships with both sets of audit providers. The Committee would continue to monitor how proactively updates included comments upon findings in the context of wider sector practices. The Committee supported the recommended option in the report to extend the existing contracts, recognising the opportunities this could provide in maintaining and further improving upon good service.	PM
c	The Finance and Procurement team would consider the timetable for a future full procurement exercise (which could take around 6 months to complete) for after the conclusion of the extended contracts.	
d	The Committee supported the recommendation to extend both the Internal and External Audit existing contracts by 24 months each and RECOMMENDED APPROVAL of the extension of the External Audit contract by 24 months to the Council of Governors. <i>The Director of Finance left the meeting.</i>	
Any Other Business and Workshop		
11.	Any Other Business, Questions and Workshop	
a	The Committee considered recent correspondence on the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) financial recovery plan and the wider system risk that the ICS financial position represented. As set out in the recently updated HFMA NHS Audit Committee Handbook, with the introduction of ICSs, system risks were a key area of development and the Committee should consider how the organisation engaged with ICS risks, particularly those with which it had an interest, any associated risks or where the ICS may rely upon the organisation to take action. The Chair emphasised the usefulness of reaching out to system providers, taking a collegiate approach and ensuring that system assurances were aligned and avoided unnecessary or costly duplication. Mohinder Sawhney commented upon the ways in which community and mental health provision intersected with acute health provision and the balance and risk sharing between them. The meeting noted that this may be discussed further by the Board in private session.	
b	The formal meeting was closed at 14:34. The Committee, including David Clark, then convened for a Workshop at 14:55 to review the contents of the recently updated HFMA NHS Audit Committee Handbook, further to a summary and comments prepared by the Chair, and to reflect upon the Committee's last self-assessment. The Committee: - thanked the Chair for his useful and comprehensive summary and comments upon the HFMA NHS Audit Committee Handbook; - reflected upon the three different types of committee described in the Handbook and agreed that the Committee operated as an Audit & Risk Committee taking more active oversight of the system of risk management. Although at times the Committee took the more active role of an Audit & Risk Assurance Committee, it could risk losing oversight if it spent much time undertaking deep dives into individual risks. It more consistently operated as an Audit & Risk Committee; and - considered areas for potential development in: - consistent formulation and assessment of risks across committees;	

PUBLIC

	○ general committee/operating framework coverage of innovation and transformation, with appropriate balance between digital safety and digital innovation; ○ links between the operating framework and the culture of compliance; and ○ system focus upon cyber security and opportunities for a cyber advisory group, as well as how cyber security and information governance was monitored through the organisation.	
	Meeting Close: 14:34 Workshop Close: 15:58	
	Date of next meeting: 03 December 2024	



Oxford Health
NHS Foundation Trust

FIC 78(i)/2024
(Agenda item: 09)

**Meeting of the Oxford Health NHS Foundation Trust
Finance and Investment Committee**

**Minutes of a meeting held on
Tuesday 17 September 2024 at 09:00
Via Microsoft Teams Virtual Meeting**

Present:

Core members and attending Board members included in quorum

Lucy Weston	Non-Executive Director (LW) (the Chair)
Rob Bale	Executive Managing Director for Mental Health & Learning Disability Services (RB)
Amélie Bages	Executive Director of Strategy and Partnerships (AB)
Georgia Denegri	Associate Director of Corporate Affairs (GD)
Dr Ben Riley	Executive Managing Director for Primary, Community & Dental Care (BR)
Philip Rutnam	Non-Executive Director (PR)
Heather Smith	Chief Finance Officer (HeS)
David Walker	Trust Chair (DW)

In attendance:

Grant Macdonald	Chief Executive (GM)
Brian Aveyard	Risk, Assurance and Compliance Manager (BA) - <i>part meeting</i>
Simon Cook	Warneford Park Programme Director (SC) - <i>part meeting</i>
Ali Corfield	Programme Director Clinical Systems & Interim CIO (AC) - <i>part meeting</i>
Nicola Gill	Corporate Governance Officer (NG) (minutes)
Alison Gordon	Head of Financial Management (AG)
Stacy Hennessy	Finance Business Partner (SH) – <i>part meeting</i>
Neil McLaughlin	Trust Solicitor and Risk Manager (NMcL) – <i>part meeting</i>
Peter Milliken	Director of Finance (PM)
Jeremy Philpot	Interim Director of Estates and Facilities (JP)
Hannah Smith	Assistant Trust Secretary (HaS) – <i>part meeting</i>
Paul Vincent	Head of Costing (PV) – <i>part meeting</i>

Governor Observers:

Vicki Power	Staff Governor

1.	Apologies for Absence	
a	No apologies were received.	
b	The Chair welcomed all to the meeting and confirmed it was quorate.	

2. a b c	Minutes of the Meeting held on 23 July 2024 and Matters Arising The minutes at FIC 50/2024 of the Finance and Investment Committee meeting held on 23 July 2024 were approved as a true and accurate record. Matters Arising The Committee noted that the following action was complete: • 5(p) & (q) – Review of National Reference costs – draft return: on the agenda at Item 5. The Committee noted that the following actions were still in progress: • 4(c) – Annual Planning – Associate Director of Corporate Affairs and Chief Finance Officer to produce a list showing what Board and sub-committees oversee in the Annual Plan; • 4(d) – Request for a deep dive into the Oxford Pharmacy Store (OPS) licence – to be brought to an autumn meeting and include a post implementation look at the warehouse move and benefits realisation; and • 12(d) – Warneford Park Programme deep dives – update to include benefit realisation and revenue sustainability to be brought to November meeting.	
3. a b c d e	Estates Deep Dive The Interim Director of Estates and Facilities shared his presentation at paper FIC 51/2024 highlighting that the year-to-date variance at M4 was £557k adverse. The current run rate was likely to extend to £2m at the end of FY25. He explained the reason for the predicted overspend being lower than forecast in the original deep dive was due to several contracts where work was yet to be undertaken which may increase the adverse variance. These were being identified as part of the compliance review that was currently ongoing. He also noted the figures did not include the Warneford Park Development cost. He went on to explain that in due course, contracts would be costed as part of an overall procurement strategy to reduce the number of contracts that currently exist which should provide cost and activity efficiencies through economies of scale. A zero-based budgeting would be conducted as part of the planning for FY26. He noted that the CIP target of £438k had been achieved and had started to look at plans for next year. The Chief Executive spoke about non-patient emergency transport as he thought a significant saving had been made and asked if we were projecting a deficit at the end of year because that saving had not been made for the full year or because there had not been enough money in the budget. The Interim Director of Estates and Facilities responded that they were expecting to make the savings and explained that the new contract begins in November 2024 and savings will start to be realised following this but they these would not be as large as were predicted. The Chief Executive also questioned the amount of expected spend on PPE distribution. The Chair commented on the PPE figure and asked about budgetary control and understanding how that quantum of overspend happened and how Corporate Management had become overspent. The Interim Director of Estates and Facilities responded that as part of the staff restructure pay budgets would be reviewed. He noted that the new structure would ensure accountability and ownership of budgets within the team. The intention was to have the new structure in place for the start of FY26, the first workshop having been held on 11 September 2024. A full business case would be developed with the support of HR to demonstrate the requirement and rationale.	

f	The Interim Director of Estates and Facilities spoke about the capital budgets noting that a review meeting had taken place on 20 August with Estates, Ben Riley, Rob Bale and Britta Klinck to discuss the PCDC Directorate Transformation programme. The programme was oversubscribed by approximately £3.7m when including Murray House. It was agreed that several projects would be delayed from FY25, following CPSC ratification in September 2024. It was agreed that some planning spend on the Sue Nicholls Centre; Swindon HDU; Rowan House; and Saffron House Security would continue this financial year. This has resulted in the adverse variance being reduced to £830k. Reductions will continue to be looked at through strong contract management and via VAT reclaims.	
g	The Chief Executive asked if any safety works had been deferred. The Interim Director of Estates and Facilities responded that they had continued to deliver safety works. The Chief Executive asked about the Savernake Community Hospital works as there had been an agreement on the works and the goal had been to complete them this financial year. Action: The Interim Director of Estates and Facilities agreed to review this to see if it could be delivered this financial year.	JP
h	The Chief Finance Officer noted the Savernake timings had not come from an affordability concern but that it would more likely have been a breakdown in the engagement with the landlord and that could be picked up again. She provided background to the capital budgets situation and highlighted their aim was to bring it back to budget. She commented that any contribution to the Oxford Clinic PFI exit had not been in their original budgets for the year and was not included in these forecasts.	
i	The Chair commented that it was particularly helpful to see the financial position had been recovered but felt the bit of assurance that was missing was around the impact and on both the Trust's operational plan and its risk profile in delaying this spend.	
j	The Chief Finance Officer commented that anything with high level safety implications had been prioritised, but that anything that could be stopped or rephased had been. There was not a series of choices within that. Basically, anything not considered fundamental for health & safety, already underway or time critical, like Jordan Hill, had been removed. This had been co-designed with the services and impacts had been acknowledged.	
k	The Chair commented the risk arose when we describe having 'no choice' but to delay and that the cut off point for what is essential is subjective. Such drastic financial decision making can often drive adverse safety or quality implications further down the line. She felt an opportunity to document decision making rationale and make sure everyone has sight of where that line had been drawn and therefore the knock-on implications for future years would be helpful.	
l	The Interim Director of Estates and Facilities highlighted the planned improvements on restructure; training; estates strategy; and capital plan explaining work that was being undertaken.	
m	Philip Rutnam asked if there was any way that the Committee could help the Interim Director of Estates and Facilities deliver the transformation within the timeframe needed. The Interim Director of Estates and Facilities commented that he would take this away and think about how support might be needed.	
n	David Walker noted the importance of embedding the voice and experience of those who work in the buildings in the governance of an estate's strategy and in plans for the	

o p q r	physical structures we are considering improving. The Interim Director of Estates and Facilities acknowledged this point. The Chief Executive commented that he was not convinced the work on Estates Strategy could be undertaken this financial year and be done properly but some work could be undertaken and done well. He did not think we should rush to provide a glossy strategy but need a real plan. The Chair noted this was something for The Interim Director of Estates and Facilities to take away and consider, focusing on delivering the strategy well rather than quickly. The Chair asked about the internal control environment and things which have bubbled up over several years suggesting financial control or safety and compliance risk. We have sometimes seen evidence that those internal controls are not hard wired, that they are instead dependent on individuals taking the initiative or individuals with sufficient knowledge being in specific roles. The strengthening of a system of control which provides both assurance and escalation should something go wrong, is essential. She referenced issues that were recurring and warranted review with a view to strengthening the control environment. The Interim Director of Estates and Facilities noted the point. The Committee noted the report.	
4. a b c d	Green Plan/Sustainability Strategy – progress reporting The Chief Finance Officer presented the paper at FIC 52/2024 noting that the report looked back at the last year in achievements to date on the Green Plan along with setting out initial thinking for Green Plan 2 which will be shared with NHSE in the Autumn and then published before the new financial year begins. The Chief Finance Officer highlighted that the story so far was a mixed one with improvements in our buildings and transport efficiency of carbon emissions over time but last year we saw an uptake in business travel, whilst essential, is in the opposite direction of where we want to be with achieving a net zero target. In terms of achievements to date both the Executive Managing Director for Mental Health & Learning Disability Services and the Executive Managing Director for Primary, Community & Dental Care have taken away the action of engaging their teams about analysing the data at a more detailed level and what is driving this and ensuring the correct messaging is given. The Chief Finance Officer noted the summary of recommendations in the paper which were: • complete Estate Decarbonisation Plan, this to provide road map to net zero carbon by 2040; • continue to explore funding opportunities within the public sector to decarbonise the estate; • complete staff engagement sessions as part of Green Plan 2 implementation; and • develop Sustainable Travel Strategy by 2026. The Chair commented that she was expecting a review of Trust progress against the existing strategy and a separate draft strategy looking forward. The Chief Finance Officer confirmed that progress against the current strategy was due to go to the Extended Executive and would then be brought to the Committee in November.	

e	Philip Rutnam asked whether achieving the targets listed in the papers was feasible. He also commented on the active travel plans and questioned whether this would be expanded on in the detail plan.	
f	The Chief Executive noted the need for proportionate discussions at extended leadership as to where we pay our attention including how we can incentivise people moving to electric and could we subsidise staff electric cars.	
g	The Chair felt there was a lot of work to do to understand what the strategy should be, starting with an understanding of where our emissions come from and clarity on what the opportunities are. Undertaking a piece of work that looks at the intersection of impact, cost technology trajectory and the push versus pull levers over behaviour change would assist this process, noting that the housing sector was taking a fabric first approach as a result of this analysis. The Chair also questioned the decision to not apply for current waves of NHS sustainability funding.	
h	The Interim Director of Estates and Facilities stated they were considering applying for the November funding along with other funding routes. He commented on the thermal efficiency of buildings, noting that this was key as it was not only about heat loss but also about thermal gain, which the review would be looking at.	
i	Action: Green Plan 1 FY24 progress and Draft Green Plan 2 to be brought to the November meeting.	HeS/ JU/JP
j	The Committee noted the report.	
5.	Financial Management	
	Financial Report M4	
a	The Chief Finance Officer took the papers at FIC 53/2024 as read noting that at M4 the Trust was reporting very close to plan both YTD and as a forecast. This was because any improvements against plan were being held in reserves in case of the need to contribute to any PFI exit settlement for the Oxford Clinic. Early indications for M5 were that the amount available for PFI contribution would remain of the same magnitude and that many of the risks had been mitigated or opportunities had been realised so that the revenue position is likely to continue to improve.	
b	The Chief Finance Officer highlighted that Capital expenditure was a £0.3m underspend YTD and a £2.2m forecast overspend. Several projects will slow to offset the approved overspend on Jordan Hill, as highlighted in the Capital Programmes Sub-Committee (CPSC) alert. Forecasts had already been reduced and budgets would be transferred at M6. However, given the scale of slippage from FY24, IM&T pressures due to reductions in Frontline Digitisation funding, and the Jordan Hill approved overspend, a total overspend was still forecast at a time when the Region/System were seeking an underspend to help offset the costs of the PFI exit. Alternative funding routes were being considered for the Digital spend. The intention was to bring expenditure back to the capital limit or even to contribute £1-2m towards any costs of a PFI exit payment which was now expected to be in the range of £0-£13.5m capital.	
c	The Chair felt the important point now was how we respond to the likely year end surplus position, which put the Trust in the fortunate position of having choices to make and what principles we might use in making those decisions.	
d	The Chief Executive noted as an organisation the minimum target should be to get to break even. A simplistic approach to the primary target would be how do we help people	

	concentrate on getting value and delivering good care, not getting too diverted by attention on moving money around to present CIPs and protecting the financial position for future years as much as possible. The key principle was the sustainability of the organisation, our ability to focus on continually improving care and not being diverted, as many colleagues are across England, by chasing targets. We need to have a clear plan, we can hit our target, we do, and we are getting value for money.	
e	The Chief Finance Officer spoke about the culture and controls and the importance of messages being provided around this. She noted the importance of focus on meeting your budgets and the focus on staff agency reduction were crucial to ensure the Trust did not go backwards on culture improvement and would be thought about around M6.	
f	Philip Rutnam asked if there were choices to make that could involve essentially an investment choice in non-recurrent expenditure, from experience the kind of thing that tends to work were things that built capability within the organisation but involve one-off spend. In particular capability to manage within tight financial constraints.	
g	The Chair spoke about her personal reflection being the priority of the narrative around under funding of mental health care.	
h	The Director of Finance noted that it was not a coincidence that we and Berkshire Healthcare were the financially stable organisations in the ICS, a position repeated across other ICS.' There was therefore a need to recognise that our ability to manage our finances was easier than in acute trusts due to their funding flow. Helping the system in a way that does not concede resourcing going forward is something the Trust needs to think about. The System needs help from everyone, even those organisations that are on plan and achieving against it. The Chair acknowledged this noting that the funding mechanisms were perverse, but nonetheless those funding mechanisms were designed to drive down their waiting lists while we also had waiting lists that were important.	
i	The Director of Finance flagged that our agency was ahead of plan with medical agency being lower than last year. This shows the work that finance and HR have completed over the last year and was the first time we had met our agency targets. The Chair acknowledged this excellent work and requested her thanks be passed on to the teams.	
j	Discussions regarding being part of a wider regional system took place and the implications of this for the Trust.	
k	The Chief Finance Officer noted that our confidence requesting funding and resources in the system was very much endorsed by the Darzi review and the arguments we have been putting into the future of the approach to planning which is we must get out of just adding to where problems emerging in an acute way and getting into prevention and trying and ensure the services that can mitigate the impact on the acutes are properly funded is important. Having the Service and Financial Sustainability Group beginning to be up and working helps set us up more to being a strategic thinking, Trust.	
l	The Chair requested that some thought be put into the presentation of financial information and more importantly the analysis that the Committee needed to have appropriate oversight for a Trust of our size and complexity and would welcome thoughts on this. Capital Programme Sub Committee 3As report	

a	The Chief Finance Officer took the paper at FIC 54/2024 as read. The Chair mentioned the Sandford Road property and that it would be a mistake to not think about opportunities at Littlemore in the round. Analysis of reference cost variances	
a	The Head of Costing presented the paper at FIC 57/2024 noting the report detailed changes to Accident and Emergency (MIU); IAPT; CAMHS; and Learning disabilities.	
b	The Chair asked about the MIU and noted that overall, it gave a clearer picture, but that even after adjustment Out of Hours (OOH) had increased by activity by 20% yet its unit cost had decreased and vice versa for MIU. The Head of Costing responded that this was uncorrected data and would not be updated until he had received the new figures for the split.	
c	The Head of Costing noted that with IAPT costs had increased by 15%. 14% was due to increased direct costs (Buckinghamshire £500k, Oxfordshire £1.9m) which included a 30 WTE increase in permanent staff. This was an area which had received investment funding through MHS and SDF, but activity had not increased. The increase in staff related to MIND staff that had been Tupe transferred.	
d	The Chair asked if he had a sense that the service appreciate what this data tell us, where the issues might sit and whether they are putting things in place to address it. The Head of Costing responded that he had spoken to Bucks who had requested further data.	
e	The Chair commented on the danger of looking at costs in isolation from efficacy and asked how we might triangulate this with outcome data is where the real value lies.	
f	Action: The Chair requested that analysis from Directorates was brought to the November meeting. Medium Term Financial Plan	RB/BR
a	The Director of Finance took the paper at FIC 55/2024 as read highlighting the differential between the base case financial plan and the stretch financial plan. His expectation would be that this was something that played out in the planning round over the next six months. Opportunities included current run-rate; provider collaborative reserves; PFI; and agency.	
b	The Director of Finance spoke about the sustainable position we had this year as a run rate which had been discussed during the M4 report and that going into next year. He noted that through this paper they wanted to flag was that some or all of this would be expected of us going into planning for next year and some has an impact in terms of the flexibility the Trust to invest in the areas it wants to. The flip side of this is setting ourselves up to be break even and therefore financially sustainable over the medium term.	
c	Philip Rutnam felt the document was helpful from a financial control perspective, how can we make sure we achieve financial sustainability. He hoped that moving forwards this could be brought closer to the Trust's strategic planning and think about what sorts of business/service transformations we might engage with. He noted the following areas the Trust may want to think about: • Change programmes that could potentially improve outcomes and reduce cost, technology related changes are typically more likely to be in this category; and • Change programmes that may not reduce cost but nonetheless could significantly improve outcomes.	

d	The Chair endorsed this and felt the alignment of strategic and business planning with financial planning would be helpful.
e	David Walker agreed that CIPs should be banned in the sense that this phrase, as meaningful as it might be to us was not meaningful to our staff. If what we are asking our staff to do is work, behave, do things differently then we need to have a way of communicating this beyond this mantra. What are we asking our exceptional people to do differently? The messaging to staff is important to help motivate staff and encourage them to be involved.
f	The Chair acknowledged this was a conversation to be continued understanding how we need to invest to deliver long term strategic change.
	<i>The articulation of our ambition around value</i>
a	The Chief Finance Officer presented the paper at FIC 56/2024 and recognised the irony of co-creating something that already existed. Did the Committee want to use the existing definition or work on something else.
b	The Chair commented that this was something that sets out an ambition or gave context to what might be co-created rather than re-write it.
c	Discussions regarding budgets within directorates ensued and the differences between them. The Chair asked if it was the strategic context that was missing which meant it was not applied consistently. The Executive Managing Director for Primary, Community & Dental Care noted that they had a clear directorate plan/transformation plan so were doing it quite strategically, but this was not the case in different services. He would support the opportunity to step back and look at whether we were spending money in the correct services.
d	The Executive Managing Director for Mental Health & Learning Disability Services noted that there were a range of challenges from a mental health perspective as some of the strategic spend is mandated, it is about how we maximise those resources that do become available without just chasing new pots and build up a longer-term plan against this. The Chair agreed commenting that the point of a strategic context was being clear about what care you want to deliver and chase the money that supports this delivery, rather than the other way around.
e	The Chair felt the paper captured the conversation that took place at the workshop in July but there was the need to capture a QI approach that is both strategically and grass roots led. The Chair commented that it would be good to capture the whole person versus the condition treatment approach and where we sat on that continuum.
f	The Chief Finance Officer noted that the HFMA definition of a good outcome, which she was suggesting we adopt was not explicit, so being clear that we should think about the patient in the round and as an individual who may have different preferences about what their outcomes should be, and the trade-offs associated with their care should be clearer. The attraction of using an existing definition is the consistency so she would want to focus on how we co-create with our clinical colleagues, so it is expressed in a way that resonates with them.
g	The Chair felt we needed to be clearer on what we want to do differently/radically change with respect to data and analytics. What information do we value and why? This includes engaging staff, being clear on what data is necessary and why we value it.

h	The Chief Executive noted the need to be careful about which of our services are transactional and can be just that and which of our services the value comes in its broader social role that is marginal and worth doing. He commented that value was a broader concept than just our money and our spend.	
i	The Chair concurred and the Chief Finance Officer agreed to update the paper as discussed.	
j	The Committee noted the reports.	

Break 11:15-11:20 (10 minutes)

6.	Major Projects	
a	Warneford Park Programme Update The Programme Director took the report at paper FIC 58/2024 as read noting the focus of the paper was the budget update and a request that the Committee recommend to the Board of Directors a £0.9m increase in FY25 budget (to £3.4m) and that the Chief Executive and Chief Finance Officer are given delegated authority to make a decision in October on the final tranche of spend that is necessary to achieve the planning application submission in March.	
b	The Programme Director highlighted the following developments since the paper was submitted: • in terms of the programme, they are aiming for the end of March for the planning submission, which is a very tight programme and does assume that they have a successful engagement with the design review panel in November. It also assumes they can accommodate the changes that come out of the first consultation along with resolving the remaining design and cost issues over the coming months. Currently there is a significant risk this may go beyond March; • there has been some engagement with SANE, their CEO attended the recent consultation on a personal basis and was introduced to the proposals for replacing the POWIC; • since the paper was written there have been several events taking place with the public consultation including a staff engagement event and attendance at the AGM, in total approx. 290 people attended in addition to staff. There has also been a lot of online engagement, to date approx. 1270 individual contacts on the website along with 70 people completing the survey.	
c	The Chair noted no significant issues arising out of the consultation in terms of barriers and enquired whether the red risk around near neighbours and stakeholders could be reduced. The Programme Director felt the risk would be able to be reduced but the challenge for the programme was the bandwidth and engaging in a meaningful way. Nothing came out of the consultation that was insurmountable but there is the need to be realistic about the bandwidth needed for meaningful engagement and responding. The Chair noted the need to consider involving other teams.	
d	The Chief Finance Officer noted that local residents had been supportive and take pride in the project. A tactical decision was made stating the meadow was off limits for this whole consultation, but we will receive feedback about the meadow, and this will help inform our future decision making. She mentioned a concern from staff regarding the long-term plan to transfer from the Highfield Unit and Meadow Unit to the University and the fact that we have not set out a plan to re-provide those facilities. As a Board we	

	have been clear that this is an implication, but it is important to be respectful and understanding of these concerns. The Health Oversight Scrutiny Committee have given their report which supports the project and do not need to go to public consultation regarding health impacts as a view has been taken and put in writing.	
e	David Walker commented that in early January after the budget along with some indication of the fiscal stance of this government as well as the new NHS 10-year plan we would need to think about the reality of capital financing in the NHS and specifically capital financing for mental health projects and the importance of meeting the March deadline if possible.	
f	The Programme Director noted that there had been overwhelming support for the scheme in terms of what it is trying to achieve along with genuine excitement for it. In terms of the programme, the timing of the decision around the final tranche of £0.9m at the end of October is dependent on whether or not we go for the second consultation in December or move it into the start of the next calendar year. There is a judgement call about pace versus rigour and being complete.	
g	The Committee supported the recommendation.	
h	Action: The Chair requested that a benefits realisation and revenue sustainability report be brought to a future meeting.	SC/ HeS
a	<i>Oxford Clinic PFI Exit – Sept 24</i> The Interim Director of Estates and Facilities presented the paper at FIC 59/2024, Oxford Clinic PFI Exit – Sept 24 which was taken as read.	
a	<i>Frontline Digitisation Update inc data gaps assurance</i> The CDIO took the report at paper FIC 60/2024 as read.	
b	The Chair welcomed the report and asked about progress against strategy milestones (for which the committee had delegated responsibility for oversight). The CDIO responded that they produce highlight reports for the lower-level programme boards all the way up to Digital and Data strategy boards which include dates, rag ratings, benefits and risks so could provide those to the committee. The Chair suggested a 3As approach for these reports as a way of providing concise yet complete information.	
c	Philip Rutnam noted the digital maturity assessment had been completed and asked for the headlines on what were the key areas to be focussed on. The CDIO noted the gaps were like those last year around digital skills, patient portals, self-help/self-referrals, and there were gaps around test results and ordering tests. A lot of the areas were being addressed and plans put in place. Once the negotiations over funding with NHSE had been completed she would consider the implication of any funding cuts on our digital strategy. The Trust volunteered to do an early EPR usability survey, 3 or 4 years ago resulting in some Oxford specific analytics that will be launched in October and will provide insight.	
d	The Chair reflected on an underlying tension around how we fund the necessary scale and pace of digitisation work and felt it would be good to have a conversation about our ambition for digital and how it can meet wider Trust ambitions within the strategy.	
a	<i>BAF Risk 1.1</i> The CDIO noted that this risk had been rewritten to reflect the risk around utilisation of digital, data and technology to drive efficiency, research, and innovation. It has also been agreed that this risk should report to the FIC rather than the Quality Committee.	

b	The Chair felt this was a helpful reframing but that the impact rating for the current risk was too low. She also asked if there was a gap that had not been articulated around a lack of strategic approach to data and its value understanding what it is we want to know and why, the insights it could provide and the decisions it might influence.	
c	The CDIO responded acknowledging that this was a gap that she would add, noting that it had been challenging for the Trust to articulate what data was needed to support it going forwards.	
d	The Chair asked if the committee was happy for it to stay at Amber 9.	
e	The Assistant Trust Secretary noted a discrepancy between their report and this one in the target risk rating. When this risk was looked at previously the target risk rating was 8, orange. The iterations over August took the impact rating down from 4 to 3 and this latest draft reduces the impact rating to a 2 which would mean the target would be yellow rated.	
f	Action: The Chief Finance Officer suggested looking at both impact and likelihood scores and whether they need to be higher.	CDIO
	BAF Risk 3.10	
a	The CDIO noted this has been updated to reflect the status of cyber security, Data, Security & Protection Toolkit (DSPT), audit.	
b	The Chair asked the perennial question of whether we were capturing third party risk sufficiently, acknowledging that the Chief Finance Officer had been considering how to address this.	
c	The Chief Finance Officer responded that it covers the third-party work that we do in terms of taking on new systems and staffing of the teams to undertake regular accreditation checks, so our plans cover it. The risk was losing availability of our systems for extended periods of time or in a way that impacts patient care. We will evolve this to ensure we do not overly focus on cyber.	
d	Philip Rutnam asked if in the cycle of the committee whether there was time planned to undertake a deep dive into cyber. The Chief Finance Officer responded that if this was the committee managing that risk then it probably should be deep dived on occasion. She felt we should be explicit on which committee would lead on this and behave accordingly.	
e	Action: The Chair noted the need for clarity on where this risk sits.	GD
f	The Committee noted the reports.	
7.	Operational & Strategic Risks	
	Update on BAF risks 1.1 & 3.10	
a	The report at paper FIC 61/2024 was taken as read. The Chair highlighted the committee was asked to approve the closure of TRR 2028 Oxford Pharmacy Store Trading risk and the Inclusion of TRR 1239 PFI Oxford Clinic Hand-back risk. Discussions ensued regarding the rating of this risk as the Chair felt this could be reduced due to the controls in place.	
b	Philip Rutnam suggested that the committee look at the rating of the achievability of our goals for the impact of the environment in the Green Plan are right.	

c	Action: The Chair requested this be picked up at the November meeting. The Committee noted the report.	
8.	Information Governance, Financial Governance & Other Matters <i>Treasury Management annual report</i> a The Chair took the annual report at paper FIC 63/2024 as read noting it was coming slightly late in the cycle. b The Committee were happy to receive the report. c The Chief Finance Officer noted that to date no working capital loans had been made to Oxford University Hospitals, this might still happen in September. <i>Inquests and Claims (Legal) annual report</i> a The Trust Solicitor & Risk Manager took the report at paper FIC 63/2024 as read. b Philip Rutnam commented that it was interesting that the cost to the Trust of the Clinical Negligence Scheme for Trusts (CNST) had risen by 16% compared to an NHS Resolution average of 7% and asked if that was something to be concerned about, did it signal we had a rising trend in clinical negligence claims which was above the sector average. The Trust Solicitor & Risk Manager did not think it was an acute problem but was something that did need reviewing. It was a pay as you go scheme so ultimately the NHS and members of the CNST scheme must make up what the scheme pays out during any year. Each trust over a period must pay in what it takes out, historically we made low contributions, over a period of the 5 years from 2014 to 2018 (calendar years) we paid 27 clinical negligence cases and since 2019 we have paid 36 so the numbers are not hugely different. What has changed over the 5 years is the value of the claims, looking at 2014 to 2018 the data shows we had 4 claims that settled in six figures whereas from 2019 to date we have had 16 claims that have settled in six figures and this is the primary driver for the increase because NHS Resolution are seeking to claw back amounts they have paid out on our behalf that are more than we have contributed historically. In short there will be significant rises seen over the next few years whilst that amount is clawed back. c Philip Rutnam asked how this compared with the rest of the sector. The Trust Solicitor & Risk Manager could not answer directly, the data he saw suggests we were still a relatively modest contributor in the overall scheme. d The Chief Executive noted it was hard to benchmark was the case mix that costs the Trust money and therefore might be worth looking at the data more comprehensively. e The Chair reflected that the report was excellent in the data and information provided, but felt the assurance side was missing and would be helpful. The Trust Solicitor & Risk Manager confirmed that the report goes to both the Quality and Clinical Governance Sub Committee and Quality Committee. f The Chair asked if Directors Liability covered NEDs. The Trust Solicitor & Risk Manager confirmed it did. <i>FIC Draft Annual Report/Workplan/ToR</i> a The Chair took the report at paper FIC 64/2024 as read.	

b	The Chair commented on the ToR and that discussions had taken place about whether the committee TOR should include performance (insofar as budgets are predicted upon delivery) and value for money but could not see this in the current version. Action: The Chief Finance Officer agreed to propose some wording offline with any revisions coming to the November meeting.	
c	The Committee noted the reports.	
9.	Policies Treasury Management Policy a The Director of Finance took the policy at paper FIC 65/2024 as read noting it had been reviewed as part of the annual review process and had been updated to reflect the latest Treasury guidance on 'Managing Public Money'. b The Committee APPROVED the policy.	
10.	Any Other Business (AOB) a The Chair noted that this was the last meeting for Philip Rutnam and thanked him enormously for his contribution to the Committee.	
11.	Brief reflections on today's meeting a The Chair asked for any feedback to be emailed to her. She proposed the meeting on 12 November be in person.	
Meeting close: 12:44 Date of next meeting: 12 November 2024 09:00 -12:00 in person at Wallingford/hybrid via Microsoft Teams		

Meeting of the Finance and Investment Committee

Tuesday, 12 November 2024

09:00 – 12:00

Room HKG109, Wallingford Community Hospital, Reading Road, Wallingford, OX10 9DU

Apologies to nicola.gill@oxfordhealth.nhs.uk

AGENDA

		Start time	Allocated time (mins)
1. Apologies for Absence, ¹ and quoracy check	LW	09:00	
2. Annual Planning & Budget setting			
• Annual Plan and oversight arrangements (paper – FIC 64/2024)	AB/HeS	09:05	20
• Annual Budget setting approach (paper – FIC 65/2024)			
3. Financial Management			
• M6 Financial Report (incl CPSC 3As) ² (paper – FIC 66/2024)	HeS/PM	09:25	30
4. Financial culture and capability			
• Enabler: Our Central Teams and Corporate Services PID (paper – FIC 67/2024)	HeS	09:55	35
• Update on articulation of value and costings analysis (paper – FIC 68/2024)	HeS		
Break 10:30 – 10:40 (10 minutes)			
5. Programmes & Projects			
• Projects oversight summary (paper – FIC 69/2024)	HeS	10:40	40
• Warneford Park Programme update ³ (paper – FIC 70/2024)	SC/HeS		
• Cotswold House Marlborough business case (paper – FIC 71/2024)	RB/SB/ GD		
• OPS Banbury Warehouse post project evaluation (paper – FIC 72/2024)	HeS/MB		
• Green Plan 1 FY24 update (paper – FIC 73/2024)	HeS/JU/ JP		

¹ The quorum for the committee is three members to include at least two non-executive directors (which could include the Chair of the Trust) and at least one executive director to be the Chief Finance Officer or nominated Deputy.

Apologies: None received

² Supporting information: Capital Programme Sub-Committee minutes and agenda – see Reading Room/Appendix (papers – RR/App 17/2024)

³ Supporting information: Warneford Park Internal Programme Board minutes and agenda – see Reading Room/Appendix (papers – RR/App 18/2024)

6. Operational & Strategic Risks (paper – FIC 74/2024)			
• BAF risk update: Sustainability	JU	11:20	10
• BAF risk update: Major Projects	HeS/AB		
7. Information Governance			
• Information Management Group 3As report ⁴ (paper – FIC 75/2024)	MU	11:30	10
• Integrated Information Governance Policy (paper – FIC 76/2024)	MU		
8. Financial Governance			
• Procurement Report incl Single Action Tender Waiver (paper – FIC 77/2024)	JL		
9.			
• Minutes of Meeting held on 17 September (paper – FIC 78(i)/2024)	LW	11:40	15
• Actions and Matters Arising (paper – FIC 78(ii)/2024)	LW		
➤ Impact of FY25 capital plan revision (paper – FIC 79/2024)	JP		
➤ Operational analysis of reference cost variances (verbal update)	RB/BR		
➤ Jordan Hill - financial case review (FIC 80/2024)	BR		
➤ Revised Terms of Reference (paper – FIC 81/2024) TO FOLLOW	GD		
10. Any Other Business: <i>to include matters referred to FIC from other sub committees</i>	LW	11:55	
11. Brief reflections on today's meeting	LW		
Meeting Close		12:00	

Date of next meeting: 14 January 2025 09:00 - 12:00 via Microsoft Teams virtual meeting

⁴ Supporting information: IMG Minutes and agenda – see Reading Room/Appendix (papers – RR/App 19/2024)

READING ROOM/APPENDIX

- supporting reports to be taken as read and noted -

12. Capital Programme Sub-Committee minutes and agenda: July 2024 (to note) (papers – RR/App 17/2024)

13. Warneford Park Internal Programme Board minutes and agenda: September 2024 (to note) (papers – RR/App 18/2024)

14. Information Management Group minutes June 2024 and agenda October 2024 (to note) (papers – RR/App 19/2024)

FIC Attendance 2024/25

FIC - Core members (Quorum)	May-24	Jul-24	Sept-24	Nov-24	Jan-25	Mar-25
Rob Bale	✓	Apols	✓			
Amélie Bages*	Apols	Apols	✓			
Philip Rutnam	✓	Apols	✓			
Ben Riley	✓	✓	✓			
Heather Smith	✓	✓	✓			
Lucy Weston	✓	✓	✓			
Attending Board members (voting & non-voting included in quorum)						
Georgia Denegri*	✓	✓	✓			
Grant Macdonald	✓	✓	✓			
David Walker	✓	✓	✓			
Regular Attendees (non-voting)						
Brian Aveyard	✓	x	✓			
Peter Milliken	✓	✓	✓			
Priya Thompson	✓	✓				
Hannah Smith		x	✓			

* = non-voting

Meeting of the Mental Health & Law Committee

Tuesday, 15 October 2024
14:00-16:00 hours

Microsoft Teams Virtual meeting (invitation only)

Apologies to Leanne Dunkley, Leanne.dunkley@oxfordhealth.nhs.uk and
Nicola Gill, Nicola.Gill@oxfordhealth.nhs.uk

AGENDA

1. Welcome, apologies for absence and quoracy check <i>(defined as 4 of the membership to include at least one Non-Executive Director and at least one Executive)</i>	Chair	14:00
2. Minutes of the Previous meeting (paper MH&LC 18/2024)	Chair	14:00
3. Trends in Mental Health Act (paper MH&LC 19/2024) <i>To include updates on:</i> • Mental Health Act Managers • CQC Activity/Compliance • Adequacy of guidance/training on MHA legislation	MU	14:05
4. Trust Risk Register update	KM/BA	14:30
5. Patient Participation Group & Pals update	DM	14:50
6. Mental Capacity Act & DOLS update (paper MH&LC 21/2024)	Amy Allen	15:00
7. Mental Health Managers Story (oral update)	MU	15:10
8. Recent adjudication affecting AHM's (oral update)	MU/KM	15:30

Any Other Business

11. Any Other Business (oral discussion)	All	15:45

Meeting close 16:00

Date of next meeting: to be confirmed

Mental Health & Law Committee
Member Attendance 2024 - 2025

Name	18 April 2024	16 July 202	15 Oct 2024	2025
Geraldine Cumberbatch (Chair)	✓	Apol		
Amy Allen	✓	✓		
David Walker (Trust Chair)	✓	✓		
Britta Klinck	Apologies			
Karl Marlowe	✓	✓		
Georgina Denegri	✓	✓		
Mark Underwood	✓	✓		

Regular attendees

Rose Hombo	✓			
Leah Awi				
Brian Aveyard	✓			

People Leadership and Culture Committee
Minutes of a meeting held on
Wednesday 10 July 2024 at 09:30
Via MS Teams

PLC 55(i)/2024
(Agenda item: 03)

Present:	
Mindy Sawhney	Non-Executive Director (Chair) (MS)
Geraldine Cumberbatch	Non-Executive Director (GC)
Charmaine De Souza	Chief People Officer (CDS)
Grant Macdonald	Chief Executive Officer (GM)
Rob Bale	Interim Managing Director for MH and LD Services (RB)
Georgia Denegri	Associate Director of Corporate Affairs (GD)
Andrea Young	Non-Executive Director (AY)
Emma Leaver	Service Director Community (EL)
In attendance:	
Joe Smart	Head of Organisational Development (JS)
Brian Aveyard	Risk Assurance and Compliance Manager (BA)
Kezia Lange	Deputy Chief Medical Officer, Professional Standards (KL) <i>(part-meeting)</i>
Alison Bourne	Head of HR Policy, Reward and Projects (ABo)
Jane Blacklock	Programme Improvement Manager - Temporary Staffing (JB) <i>(part-meeting)</i>
Laura Bartlett	Retention Programme Lead (LB)
Angie Fletcher	Deputy Chief Nurse (AF)
Emma Fergusson	Consultant, CAMHS Community Services (EF)
Stacy Hennessy	Finance Business Partner (SH) <i>(part-meeting)</i>
Mohamed Patel	Head of Inclusion (MP)
Rebecca Elsworth	Head of Learning and Development (RE) <i>(part-meeting)</i>
Heather Daw	Head of Medical Workforce and Education (HD) <i>(part-meeting)</i>
Beth Macgregor	Organisational Development Consultant (BM) <i>(part-meeting)</i>
Hannah Smith	Assistant Trust Secretary (HSm)
Nicola Gill	Corporate Governance Officer (NG) <i>(note taking)</i>
Apologies:	
Britta Klinck	Chief Nurse (BK)

1.	Introductions and apologies The Chair welcomed the Committee members.	Action
2.	Declarations of Interest No interests were declared.	
3.	Project to use machine learning to triage and process assessments for young people with neurodiversity	
a.	Purpose – to provide a better understanding of the experience of colleagues who are bringing about change in the organisation.	
b.	Emma Fergusson, Child and Adolescent Psychiatrist and Associate Medical Director for CAMHS Oxfordshire provided the Committee with an update on the Neurodiversity service noting it had a good neurodevelopmental team who were undertaking assessments. She explained that over the last 10-15 years our understanding of autism and neurodivergence had changed and the number of young people and families requesting assessments had increased extraordinarily. When the team are	

	working well, they can manage 40 assessments per month, since Christmas they had been receiving 160 referrals a month. Resources had been set up for those on the waiting list, but these were not being accessed.	
c.	As a result of this and a lecture attended with her son given by a woman who was using Artificial Intelligence (AI) to work out which women with breast cancer would respond to chemotherapy by putting their genetics into the AI at the beginning. She thought if this could be done then could it be used to assess for autism and neurodivergence. Along with computer scientists from the University they took the decision to use AI initially to triage the data to see if it could be used to identify the main problems were for a young person and offer them tailored help immediately thus maximising the clinical time they had. They also took the decision to not call it AI but machine learning as this did not cause so much panic.	
d.	Having explored how this could be clinically implemented they thought about triaging young people and their families into three groups – the complex group; intermediate group and a straightforward group. An electronic form was created based on one being used in Fife it would first mean that AI could access of all that data but would also speed up the process.	
e.	Problems experienced through the process. Whilst the senior people in the organisation were supportive and the clinicians were excited and happy to move forward the problem was in-between. Initially this was around funding as they needed to employ a person to work with the computer scientists to undertake programming and whilst this was agreed it was not agreed which budget this would come from, and this kept changing. In the end it came from the CAMHS budget. On reflection she felt that the anxiety regarding Information Governance was sensible as there was the need to be careful with people's data, but it was in the context of all our electronic notes at the time being shut down due to the national cyber-attack. The anxiety was so great that it prevented the project going ahead. Having to use True Colours had also proved an issue and had slowed the process. Problems had also arisen around IT and having to source out the form development and then our systems not talking to each other which meant clinicians were unable to access the form.	
f.	She concluded by commenting that she felt there was anxiety in the organisation where it worries about the risk of making change but does not worry about the risk of not making change. She noted that the bureaucracy and systems were quite rigid and slow processes down.	
g.	Discussions ensued about what support the Board could offer to assist in projects such as this. EF responded that funding specifically for projects such as this both internally and nationally alongside enough good project managers would help the process.	
h.	The Chief People Officer (CPO) asked what her perception of colleagues in other trusts facing the same problem was and were there people replicating this time and time again around the country. EF was aware of some other groups trying to do this with ADHD specifically and there were various things happening around the country, different approaches. One thing which was key for EF was clinically 70% of children with autism have another diagnosis so did not make sense to separate this out into ADHD, autism or Tourette's to make it manageable which is what other trusts do. She was very committed to assess the whole child and not expecting them to get into the right pathway. They did a search two years ago and did not find anyone else doing this.	
i.	The Interim Managing Director for MH and LD Services (MDMH) commented on the need to balance systems requirements such as True Colours for all services. The CEO agreed that supporting and resourcing innovation was something for the Trust to consider and would be reflected in the work we are doing to produce an Operating Framework for the Trust.	

j.	The Chair thanked EF for her presentation which had been thought provoking and helped the Committee understand better the reality of trying to bring about change. Given the findings of the Internal Audit report on SCAD last year, it was interesting to reflect on what capabilities and capacities are in place and what might need further development. There was some thinking about how we look at the 'middle bit' of the organisation and balance autonomy with the transmission belt of strategic requirement. Her last observation was about the balance between compliance and service orientation, again picked up in an Internal Audit report on the Bucks service, about how do staff get the help from corporate services they need.	
4.	Minutes of the meeting 30 April 2024	
a.	The Chair proposed the minutes of the previous meeting were noted as an accurate record.	
b.	The Chair handed over to the CPO to update on the open actions on the log,	
c.	4.f/8k Risk Workshop on Culture and deep dive on culture risk. Discussion to decide way forward.	CDS/MS/ GD
d.	12.d Draft Wellbeing Strategy. Discussion to decide way forward.	CDS/MS/ GD
e.	12.h/12.m Medics – update on engagement and leadership development. These will be discussed under Agenda item 19.	KZ
f.	IA 2.1 – IA 2.9 Temporary Staffing. Working time policy and temporary staffing: a mitigation has been put in place regarding 6.z. These will be discussed under Agenda item 17.	CDS/JB/ DW
g.	18.d Education Strategy Group. The MDMH confirmed this was covered within directorates. RE noted that she attended each of the meetings and provided feedback assuring the committee there was a mechanism in place.	RB/RE
6.	Establishment update:	
a.	Purpose - To provide total figures by role type and separate non-clinical roles. To provide assurance that growth in staff numbers is fully funded.	
b.	The CPO gave reassurance that since 1 April there was a recruitment control panel in place which acted as a secondary level of assurance to the Executives that posts are funded. This is being reviewed on a weekly basis and its impact to recruitment and managers would be reviewed at the end of Q2.	
c.	The Chair asked whether we were seeing the intended benefits in patient and colleague experience and productivity noting the 50% increase in clinical support and other support roles; and moving forward we need to think about the future model of care and whether workforce strategies that will deliver this were being built.	
d.	The CEO clarified that these roles were administrators for teams and people who do clinical triage in an administrative role. The Service Director, Community (SDC) commented that from a community directorate perspective it absolutely did make a difference. Part of the challenge for the next iteration of this needs to be what the professional development structure for those staff is, how do we keep them, grow them and ensure they are well supported. The MDMH felt the roles need to continue to be developed so that people want them. He noted it was moving in the right direction.	
7.	Guardian of Safe Working hours	
a.	Purpose – To provide an update with clarification on where/to whom the issues raised in the report go and to receive a response from them on these issues. To provide assurance.	

b.	The Chair commented that it had been helpful to see the process highlighting the following for the committee to consider: • Provide assurance that concerns raised had been adequately responded to by the Trust; and • As the Guardian had been unable to attend the last few meetings with someone else presenting the report on their behalf and noting that the report that goes to Board was more informative, she wondered what the added value was of it coming to PLC as well as Board. Offline could the committee think how this could be more adequately dealt with at PLC.	
8. a. b. c.	EDI HIAs Purpose – To provide assurance that the Trust was on track to implement the High Impact Actions, including a confirmation summary that all 7 recommendations of Mend the Gap have been completed as suggested in the meeting. Additional columns for improvement and meeting of the requirement to be added to the tracker document. The Chair noted that the paper set out that the Trust had implemented all the Mend the Gap recommendations and asked HD if we could be assured, they had been implemented as required. The Head of Medical Workforce and Education (HMWE) acknowledged they had and highlighted that the local clinical excellence awards would be removed in relation to the changes to the consultant contracts. This will reduce the gap around bonuses. There is a commitment to continue to pay the pre-2018 awards which were derived from a competitive process over previous years prior to 2018, that gap will slowly close as those consultants retire.	
9. a. b.	HR Operations Casework report (CDS/ZM/JC) Purpose – To provide assurance that the Trust understood what was driving increases in Disciplinary & Grievance cases. The Committee received an analysis of drivers. The Chair thanked the team and confirmed going forwards this analysis to be included in the standard report.	
10. a. b. c.	Retention update (CDS/LB) Purpose – To provide assurance that the Trust was developing and delivering a more strategic approach to Retention. To include: • Update on the design principles that will be used by the Trust in relation to a more targeted approach to retention e.g. protected characteristics, locations, professions. • To advise the committee on the performance against the Trust improvement plan. • Updated analysis to see comparative data within Trust against national and BOB data. • To advise on key topics of concern and any units of concern and how we are addressing / supporting these areas, as well as local and national comparators. • Update on coaching of corporate teams • FTSU comparators The Chair took the report as read and asked for any comments/questions. GC asked for clarification on the head count point, was it those who had left or those left behind in those respective sectors. The CPO responded that it was those who had left. The Chair commented on Appendix E noting it was worth thinking about what is hardest to replace. When thinking about where to focus discrete efforts, one of the factors to consider is which roles are hardest to replace. In due course it would be good to see	

	this referenced with the Workforce Strategy, once this is in place and additionally it would be good to take a segmented approach to recruitment activity as well as to retention.	
d.	The Chair concluded by flagging that we should avoid the term 'non-white' in reports and should use either BAME colleagues or ethnic minority colleagues.	
11.	Staff Survey analysis	
a.	Purpose – To provide additional information relating to the 2023 staff survey results, and our organisational response, further to the previous paper summarising our results. This paper focusses specifically on areas identified as requiring additional detailed discussion during the April PLC before the committee could feel fully assured that robust measures were in place to act on the results accordingly.	
b.	The Chair sought assurance from the MDMH and SCD that they had the team level data they wanted to have. The MDMH responded that in brief yes and that the team were working to support further requests for data. The SCD concurred.	
c.	The Chair noted that as we were in a good place of analysis it would be good to reflect on the process in readiness for next year.	
d.	The Organisational Development Consultant (ODC) thanked the directorates for engaging with the results and acting in response. The ODC highlighted the latest analysis in the paper which included comparative data. She noted the team were there as a team to support directorates to act and respond.	
e.	The CEO noted that his direction for this year was that the most important measures were how people had done compared to themselves as we commit to continuous improvement as an organisation. He wanted to check that people were aligned to this and if not why. He expressed concern at staff sides response to this approach and wanted to check with the committee that the Trusts' commitment to a culture of continuous improvement was the correct primary objective.	
f.	AY endorsed the CEO's comments and felt you had to hold your own internal sense of progress, direction and ambition. The Chair agreed and noted that operationally it seemed wise to place emphasis on improvement and it will be good in due course to see how this emphasis translates into improved colleague experience. She observed it was interesting to note that managers themselves had asked to see their data compared to the rest of the Trust and hoped it demonstrated professional curiosity rather than a league table mentality. She also noted that assurance requirements were different to those of operational leadership and this included assessment of intra- and inter-Trust comparative data.	
g.	The ODC noted that coaching on staff survey data is provided and from the managers they have coached they are asking for the comparators out of curiosity to enable them to sense check and hoped this provided some assurance.	
h.	The SCD asked if there was a sense of teams that we might be worried about in relation to other indicators such as casework, retention figures, freedom to speak up guardian, escalations etc and the staff survey results. Are those teams coming forward for coaching, and if not, do we need to do something to help them think about that differently. The ODC responded that last year the decision was made to proactively offer that support whereas this year the decision had been made to take a less hands-on approach. This can be revisited if required. She noted that those teams who undertook coaching last year saw an increase in the areas where action had been taken.	

i.	The Interim Associate Director of Corporate Affairs (IADCA) asked if the data around Q13, physical violence had been incorporated. The ODC confirmed it had.	
j.	It was agreed that the emphasis for next year would be on continuous improvement along with intra- and inter-Trust benchmarking and this would be communicated.	
12.	People Insights Report (AB)	
a.	Purpose – To provide assurance on key people performance activities, and to be assured the Trust can identify and respond to emerging and current issues.	
b.	The CPO presented the report noting that Part 1 of the report, the overview of the operating context was a useful exercise in that it gave a picture at committee level how much is asked of us in different ways from the National, Regional and ICB context and the interplay between those. She commented that with the new government there could be a change in direction, a change in ask and emphasis in what is asked of us which would be monitored.	
c.	The Chair asked about improving the lives of junior doctors in training (slide 4) and the reference to a requirement to appoint a senior leader to drive this and have a project plan against this. She asked if in due course this would come to the committee for assurance. The Head of HR Policy, Rewards and Projects (HHRPRP) responded that they were currently working with the junior doctor's forum to set the structures and they would factor this in. The CPO confirmed that the extended leadership had been briefed recently and understood what was being asked of them. No risks or issues had been flagged. Action: to be added to PLC workplan.	
d.	The Chair spoke about the Letby case and having read the reports had been struck by the relationship between professional groups and questioned whether as an Exec any time had been spent reflecting on the relationship between professional groups. The CEO asked if the Chair meant professional groups or managers and doctors. The Chair responded both. The CEO confirmed they had discussed this on numerous occasions, at exec meetings, but not in a formal way and was ongoing. The MDMH commented that the work happening around the Trust Operating Framework, the focus on leadership and communication is where that work is being undertaken.	
e.	The Chair felt the Train, Retain, Reform section of the Report contained the key actions from the annual plan this year, particularly under REFORM which seemed a sensible place to report against the operating framework. Action. On the REFORM section, the way it had been interpreted was quite narrow 'HR function' and the Chair requested it was looked at more strategically, building on the conversations that have already taken place re the BAF Workforce risk.	ABo
f.	The CPO acknowledged that the REFORM chapter did not sit together as neatly as the other two chapters. She felt it was right to flag both here and in BAF 2.6 that the risks being set out for that section need to be updated more clearly to link back to what the long-term plan was asking of us.	
13.	Workforce Report	
a.	Purpose – the suite of workforce reports are to provide analysis of "lead" data and early warnings of issues.	
b.	The Chair advised that a meeting had taken place following the PLC in April where it had been discussed what the structure of this report should look like. What was tabled was the latest iteration of the dashboard and the Chair requested comments/questions and to ascertain if it was responding to some of those design requirements.	

c.	The MDMH felt the broad construction was correct and the requirement now was to ensure it was embedded into directorates, so they utilised it. He felt it was helpful for the teams and noted that initial feedback had been positive. The SDC agreed and commented it was a work in progress. She noted they had re-set their People Committee in the directorate. She felt the HR structure was supporting the operational structure which was helpful.	
d.	AY noted the increase in agency over the last few months, and asked whether this was this due to increased establishment from the 1 April in some of the teams, establishment staying the same and we have a problem filling posts or the target had got harder. The CEO commented that this had been looked at in depth but no clear reason for this had been found. He confirmed that the variables had not moved. The CPO noted they had now started to track retrospective shifts and felt this may be playing its part.	
e.	The Chair commented that whilst this was a significant step forward, it was about continually improving our understanding of what it is that needed attending to in order to anticipate problems before they get difficult to sort out. PLC would like to work towards receiving assurance that we are learning how to do that. PLC need to deal with the data that looks at the areas and teams most focused on and what we are doing to help manage what is manifesting. Action to move some space for coordinating work to be undertaken and for Exec colleagues to take a view of what would be helpful and most efficient in terms of use of our resources and energy and come back with further development. Also to think about the set of metrics to support reporting against the annual plan. Action to consider whether all Data packs are required at PLC.	All MS/CDS
f.	The Chair asked for comments or concerns on the data provided.	
g.	AY queried whether junior doctors were being included in the medical and dental data. The MDMH acknowledged the need to ensure the medical data was clear.	
h.	The MDMH noted his concern about the challenge of getting Band 6 level staff across the services, those with some experience who could work autonomously. We are doing better around Band 5, but the Band 6 is problematic. He also expressed concern regarding the spend on doctors.	
i.	The SDC noted concerns on early turnover, district nurse caseload work and how challenging this was along with specialist teams having challenge around demand and capacity. The overall staff experience was an issue, in terms of what it looks and feels like to work for this organisation. In some teams in the directorates this had been achieved but others it was harder to achieve. The Chair asked what the determining factor was. The SDC felt it was a range of factors; but was about the quality of leadership and the focus that is placed on supervision and enabling people to be flexible at work – this was easier to achieve in some teams but not others.	
j.	Discussions ensued regarding supervision and benchmarking and the need to ensure that targets set for the Trust are functional and meaningful. The Chair noted she was keen to start looking at quality and using the staff survey and pulse survey data to inform their PDRs. Do people feel they are being well managed and well led.	
Break 1130 (10 mins)		
14.	EDI Race QI Programme updates	
a.	Purpose – To provide assurance on 3 EDI Race focussed QI programmes of work.	
b.	The Head of Inclusion (HOI) requested feedback on the proposed Action Plan for 24/25. The recommendation is to re-run another PDSA cycle once or twice before, but it also	

	makes sense to benefit from the programmes of work and priorities at the BOB ICB system level as well and the three highlighted areas are the key areas they are focussing on for the next 18 months to two years. We are seeing a shift and hopefully some of the improvements will take root if we execute another cycle of the race equality work programme. He felt the process of engagement had helped changed people's perception regarding our attitude towards EDI and makes sense to focus our attention not just on clinical delivery and services but also on our staff who are the key agents of delivering these services.	
c.	The CPO noted that discussions regarding the QI projects had taken place at the EDI Steering Group recently and felt the focus now needed to shift more to delivery, how are these going to change our policies and what timeframe and to what degree. The EDI Steering Group had agreed it would now have Inclusion representatives on all interview panels for 8c and above and will be meeting to scope out the need and requirements of how many we need for all 8a and above posts. Directorates will be requested to identify staff who can then be trained. She did not think another PDSA cycle was necessary. The HOI confirmed he was not referring to a brand new PDSA cycle, it would now be to elevate what had previously been done. The CPO felt that the 24/25 plan needed to be looked at through the lens of delivery rather than repeating a cycle which may not be necessary. Action. Analysis piece of work needed prior to another QI cycle.	MP/JS
d.	The CEO thanked the HOI for his work. He asked how we create the context in which this work can be successful. How do we frame a useful campaign around the organisation about being anti-discriminatory and anti-racist within that.	
e.	The Chair thanked the team for their work and welcomed the emphasis on moving to delivery. She observed that a stocktake before another PDSA cycle seemed wise. It would also be helpful to refer to the Race Observatory's work and think about language, in due course. The CPO confirmed this was on the agenda for the EDI Steering Group in September.	
f.	GC asked about feedback for those candidates who interview and are not successful. She felt it was important that feedback was given by those who had been on the panel rather than a group of set nominated people. What would this look like. The HOI responded that this was part of a bigger piece of helping our BAME staff in the role and journey to development after being unsuccessful during a recruitment exercise and then receiving the appropriate level of feedback was crucial. We know that many times the experiences of white and BAME staff is that they do not receive adequate feedback. He has picked up these very intricate development issues for managers during the inclusive recruitment training programme for managers. The feedback from managers is they are concerned by saying the wrong thing and particularly if relating to a particular characteristic. There is a knowledge element and an information element to support our managers to understand how they can provide constructive feedback.	
15.	WRES and WDES reports	
a.	Purpose – To provide an update on the analysis of the latest WRES and WDES data – the areas of improvement, areas where there has been no change and areas where our position has worsened. To receive assurance regarding when we will have in place a Race Equality Action Plan and Disability Action plan for 2024/25.	
b.	The CPO was pleased to see some of the improvements as it reflected collective action across the Trust, what she could not be confident of is that the QI programmes that have been running for about a year correlate specifically with the improvements that are being seen on the race equalities standards. She was not sure that correlation would ever be seen, it was about creating an environment and a culture where people feel that they are equal and there is equity and a lot of WRES data comes from staff survey data. The same goes for the Disability metrics.	

c. d. e.	The Chair was encouraged to see some of the improvements in both the WRES and WDES, some of which is a product of the Trust improving its culture generally. She observed that it felt like the QI projects had taken a long time to move into delivery and as we move into the next cycle of planning is there something to consider about capacity and perhaps making sure we take on less but are able to deliver it quicker. The Chair requested that all papers coming to the committee were clear about what metrics were anticipated to move as result of any given intervention along with the anticipated trajectory to enable the committee to gain assurance rather than an operational account. GC felt the WRES data overall was becoming more encouraging although she was concerned about the disparity in the percentage of staff that were experiencing abuse from patients or relatives which needed to be tackled as this fed into some of the potential retention issues amongst BAME staff. AY asked the HOI if it was his view that inclusion representatives on interview panels at 8a/8b was the biggest impact on change. Did he feel this was the most important thing as a Trust we could do or were there other things. The HOI responded that the CIPD had carried out research around the importance of diversifying interview panels which had shown that the diversity of panels had limited or inconclusive impact on gender equality however it did show it had an impact on race equality. For our organisation it was important to have diverse interview panels. Secondly the inclusion representative is an initiative to engage with our managers around EDI and it is working.	
16. a. b. c.	Temporary Staffing update Purpose – To ensure the committee is assured that: • Confirmation of the ceiling target set by NHSEI and the directorate agency targets that have been set to comply with the ceiling target • underlying dynamics of Agency use increasingly understood and improving strategies to address • Performance against plan being managed and course corrected • Interdependence with other Trust initiatives identified • Focus on reduction of long lines of Agency and related actions • Overview of NHSP Improvement plan The CPO noted that an independent review had been commissioned from the Southeast Temporary Staffing Collaborative who will report back at the end of August in relation to the Trust's temporary staffing arrangements so that they can help us to understand how we can improve the current resources we have attached to this piece of work, is our governance right. There is some learning we can share with other southeast trusts and there may be things we can learn from them. The Chair felt it was encouraging to get the input from the collaborative and to share experiences. She noted that it was encouraging to see that fill rates are improving, and we are migrating from agency to bank and bank to established staff. The Finance Business Partner (FBP) presented the papers providing an understanding of the components of temporary staffing and the financial position. She noted that as part of M2 there was £980,000 of old year agency cost which had been adjusted into last year's accounts before we finish the audit. This has been removed and our normalised position at M3 against our phased plan for agency is £1.0m better than plan year to date. All of this is against Agenda for Change, the medical profile is on plan currently. Any risk would be against medical as the rate changes are moving slower than we had anticipated when the forecast and plan were set. This should be mitigated by the fact that community services and Buckinghamshire Mental Health services have now submitted plans to reduce WTE within their directorates around agency. Key to achieving our plan will be the work being undertaken with ID Medical around the rate savings.	

d.	The Chair noted that from the paperwork provided it was difficult to discern the picture as described by the FBP and requested that this be improved along with the current slide showing key components to include key trajectories i.e., project phasing, this would help the committee take assurance where needed. The FBP asked if it would be helpful to have a high trust level split between Agenda for Change and medical as opposed to directorates. The Chair responded this could be by both. The CEO requested a simplification of the data. Action: Updated report format.	CDS
17. a. b. c. d. e.	E-Rostering improvement plan Purpose – to provide assurance on the progress of e-rostering generally and with specific reference to supporting the reduction of agency usage and a bank first approach. The Chair noted that a very comprehensive report describing our diagnosis of the problem and our plan of action of address it. The Chair advised that it would be useful to be clear about the final position we were aiming for and the trajectory for getting there to enable us to take assurance we are on track. The CEO expressed concern about the need for this be made as real and as practical as possible and that those staff doing the work understand it. The Chair invited colleagues when mapping out the final destination that quality considerations are included.	
18. a. b. c. d. e. f.	Medical Appraisal & Revalidation Report Purpose – • To assure the Committee that the statutory functions of the Responsible Officer are being appropriately and adequately discharged. • To report on performance in relation to those functions; to update on progress since the 2022/23 annual report; to highlight current and future issues and to present action plans to mitigate potential risks. The Deputy Chief Medical Officer (DCMO) noted there was an ongoing project to tighten up our processed and make sure they are assured properly. She highlighted that their electronic system introduced this year had gone well and provided some interesting data. The Chair confirmed the committee were happy to submit the report. The Chair requested at the next meeting the wellbeing metric be looked at. She also requested that the axis be labelled on the report. She sought clarification on the 18 incomplete appraisals and whether it included the 15 delayed ones. The DCMO confirmed it did. The Chair asked for this to be laid out in a tabular form. The Chair spoke about the Appraisal and Revalidation Policy and asked about from whom and when the feedback and ratification was expected. The DCMO explained there was a slight problem as the Local Negotiating Committee (LNC) needed to look at this but there was a delayed programme of work going through our LNC consultation currently. The Chair noted the impact into the number of appraisers and the work undertaken to set appropriate incentives is starting to be seen. The Chair felt it would be good to get a sense of how many more appraisals they wanted and by when did they want them in place. The DCMO noted this was a moveable piece of work.	

g. h.	AY thanked the DCMO for the excellent piece of work that had been undertaken. The CPO asked what the DCMO's view was on where the Trust was with doctors and supervision, what was their aim of where they wanted to get to on this as this needed reporting back to the committee in the supervision data both for Agenda for Change and medics. The DCMO commented that supervision had a different meaning for medics, she helps write the medics section of their Supervision Policy as there is no requirement for supervision in the sense of a line management supervision. All substantive doctors have a requirement for peer supervision, or line supervision depending on seniority which are recorded and checked in annual appraisals. Their version of PDRs is the appraisal system where one of the requirements is to ensure that the supervision is taking place. She felt there was something about the way doctors are line managed and was interested in the NHS Framework on online management and how we need to professionalise this and utilise the skills in our newly appointed managers. The DCMO spoke about how we support medical managers to undertake the necessary job, HR, sickness, absence, and those meetings around wellbeing and they probably need more admin support as they have so little time to do it.	
i. j. k.	The CEO commented that many organisations would give some of the management tasks to the team leader and there was a matrix to be had. He felt the tasks could be shared out more as well as resource other things. The DCMO agreed. The Chair noted that the committee would like to take assurance and have some visibility around line management/appraisals for medics and requested that thought was given to how we might do this offline. The DCMO concluded noting that NHS England's reporting requirements had changed and from next year they have requested submissions by the end of October and asked if this could be brought to the September/October meeting in future. Action: Kezia Lange and Alison Bourne	KL/ABo
19. a. b. c. d.	International Nurses Recruitment – review of the centralised programme to recruit Intl Nurses Purpose – to review the achievements and challenges of the IR programme over the last three years with reference to retention and promotions that have been achieved. The Head of Learning and Development (HLD) noted this was a starting point with lots of work still to do. On writing the report and earlier comments around metrics, she reflected that for her the biggest metric would be our turnover of this group of nursing staff as this is at 19.5% which is significantly higher than the 12.46% for nurses in the trust which has dropped. For her this would be the metric by which the project would be measured. She noted the importance of looking at this metric nationally to determine whether all were struggling or a localised issue for southeast region. Understanding this would help steer the next step. The CPO commented that when she looked at this back in January her understanding was the average turnover for international nurses was around 20% nationally. This information was difficult to get from the national team and she noted it may be worth still doing this to see if they that data now and to see if they are doing a report on the effectiveness of the funding nationally. The CPO informed the committee that they were clear about how they could support directorates in the forward look for the recruitment and support this to ensure it is a smooth process and can onboard nurses in an effective way. The CEO noted the importance to understand the turnover rate and specifically to compare turnover rate by band/service to understand any difference. Action: Becky Elsworth to provide comparison data	BE

e.	The Chair asked about the Objective Structured Clinical Examination (OSCE) noting there is not a process in place from NHS England if a nurse fails a 2 nd type OSCE. She asked if our nurses passed first time in line with the national rate and did, we have any nurses who do not managed to pass their OSCE on the 2 nd attempt and if so, what do we do. The HLD responded by firstly clarifying it was the 3 rd attempt not 2 nd and noted that our first time pass rate were higher than the national average. So far, we had not had anyone fail their 2 nd attempt so has not been an issue. However, this is something that should not be ignored and is an important risk. This causes them the most stress as they are aware that this gets them onto the NMC register, moves them from a Band 3 to a Band 5 and keeps them in the country longer term. An answer regarding what happens when people have failed their OSCE on the 3 rd attempt is needed and if NHS England do not provide one nationally then locally, we will need an answer.	
f.	The Chair concurred with the need to have a Plan B in place before it was needed.	
20.	Strategic and Operational Risks	
a.	Purpose: - To provide an update on revised Workforce risk. - To provide an update on the BAF Retention Risk	
b.	The Chair advised there were 3 risks to look at that had been updated and one where the committee was being asked to support the proposal of moving BAF 2.4 from a high rated risk to a medium rated risk. Due to time restrictions, she proposed that BAF 2.4 be covered today, and the others be taken to the October meeting.	
c.	The Chair asked for the rationale for proposing this risk rating was reduced. The Assistant Trust Secretary highlighted that the change proposed by the CPO and her team was to alter the likelihood rating not the impact rating which remains at Level 3. The proposed shift is to take the likelihood rating from a Level 3 – Possible to a likelihood rating of Level 2 – Unlikely. If the committee disagree with this then it would stay at Level 3 and stays at orange rating.	
d.	The CPO felt it was a fair reflection and noted that the ADCA had advised that they needed to update the BAF quarterly for every PLC meeting, hence they have all been done and will be done again and felt this was a better discipline to work to. The team have brought into this update holistically all the work being done over the last year and the work on enabler 3. She supports the impact element of the risk as outlined by the Assistant Trust Secretary but if this was being updated on a quarterly basis then they would want to see the evidence of this holding at the next PLC meeting.	
e.	The Chair asked the committee if they felt this was reasonable given the information on the controls in place. The CEO noted that as the paper had arrived late, he had not had time to read it thoroughly enough to comment. The Chair suggested that the conversation be deferred to allow colleagues to reflect properly on the content. This was supported by all and agreed to defer to the October PLC meeting.	
f.	The Assistant Trust Secretary asked if considering this whether it would be safer to leave as it is for the published BAF to the Board. It was agreed to leave as is.	
21.	PLC Workplan (CDS)	
a.	This paper was available in the reading room.	
22.	Highlight / Escalation Reports	
a.	a. People Steering Group Nothing to escalate.	

b.	b. Education Steering Group Nothing to escalate.	MS
c.	c. EDI Steering Group Action. The Chair will report to the Board the progress on the 6 high impact actions and to note they were outstanding on several actions that were due firstly at the end of March and then July this year. Offline the team will equip the Chair with the detail around what is on, and off track and she will put this through the 3As report to the Board. She was satisfied that there was good reason for where those actions are not yet compliant.	
d.	d. People Systems Programme Board Nothing to escalate.	
e.	e. Health & Safety Committee Nothing to escalate.	
23.	ER Casework review Report	
a.	Not discussed.	
24.	HR Whistleblowing Policy	
a.	Not discussed.	
25.	AOB	
a.	The Chair noted that one of the themes from discussions was around consistently ensuring that the 'final destination', particularly in terms of outcome and mapping the trajectory to achieving it would help the Committee be focussed on taking assurance rather than getting stuck in too much operational conversation. Action: CDS and all	
b.	The Chair would welcome feedback on the workplan which was available in the Reading Room.	
c.	The Chair proposed that the October meeting be in person.	
d.	The Chair thanked the Committee and closed the meeting at 13:10 hrs.	

People, Leadership and Culture Committee
Wednesday 16 October 2024, 13:30-17:00, Therapy Room 5, The Whiteleaf Centre
Bierton Road, Aylesbury, HP20 1EG

Agenda

Item no:	Item:	Action: (for approval/ information/ assurance)	Paper / Reading Room/ verbal	Presenter:	Time:
1	Welcome, introductions, apologies and quoracy Apologies: None received Observers: None		Verbal	MS	13:30
2	Declaration of Interests	For assurance	Verbal	MS	
3	Minutes of previous meeting on 10 July 2024	For approval	PLC 55(i)/2024	MS	13:35
4	Action tracker and matters arising from the minutes	For assurance	PLC 55(ii)/2024	CDS	
Matters arising - actions/updates from previous meeting					
5	Managers & People budget (Assurance of Managers discharging their budgetary responsibilities) - Financial culture - Integration with Enabler 3 - How managers operate within their delegations	For assurance	PLC 56/2024	HS	13:40 10m
6	Update on the Enabler 3 programme of work related to Supporting our People and Teams To assure the Committee of: Target state the programme aims to bring about is identified and Work programme is adequately resourced	For assurance	PLC 57/2024	JS	13:50 10m
7	Deep dive into the People implications of the Community Transformation Programme To assure: - How does the Trust identify priority areas for transformation/what design principles are selected - What are we learning about our capability and capacity to bring about change - How well do we support our change agents	For assurance	PLC 58/2024	SBu	14:00 20m
8	Leadership development Progress update to include a timeline for anticipated review of work	For assurance	PLC 59/2024	BE	14:20 10m
9	Staff Safety – quarterly update	For assurance	PLC 60/2024	HS/CF	14:30 5m

10	Workforce transformation & pipeline: To seek assurance: - What roles/services do we anticipate needing transformation either because of recruitment challenges, demand, etc - What's our timeline for developing some options - How do we continue to identify such targets - What are the design criteria	For assurance	Verbal	RB/EL	14:35 15m
11	Deep dive: Training & Development. How is budget allocated. How is it aligned to Trust Strategy. To incl. corporate staff training.	For assurance	PLC 61/2024	BE/AW	14:50 15m
12	FTSU. Detriment and Impact update	For assurance	PLC 62/2024	RBS/LB	15:05 10m
13	Deep dive: Stat and Man training – Outliers specific updates • Specific areas of focus – directorates and types of training still not at 95%	For assurance	PLC 63/2024	BE	15:15 10m
People insights					
14	People Insights Report Associated risks: -Succession planning, organisational development & leadership development (BAF 2.3) -Workforce planning (BAF2.1 / TRR1020) • To provide assurance on key people performance activities, and to be assured the Trust is able to identify and respond to emerging and current issues.	For assurance	PLC 64/2024 RR/App 26(i)-(ii)/2024	AB	15:25 10m
Equality and Diversity					
15	Employee Relations Annual Report • To provide annual assurance on actions and interventions in relation to HR casework	For assurance	PLC 65/2024	JC/ZM	15:35 5m
16	Wellbeing Guardian Responsibilities Report To provide annual assurance to the Guardian and to the Board that: • The Organisation understands its Wellbeing obligations • there is a plan of action to deliver these obligations • progress is monitored and corrective action undertaken where necessary • current and target levels of staff wellbeing are monitored within the Trust and how these compare with sister Trusts	For assurance	PLC 66/2024 RR/App 27/2024	JS	15:40 10m
BREAK 15:50 (10m)					
Risk management					
17	Strategic and Operational Risks • To provide an update on revised Workforce risk. • To provide an update on the BAF Retention Risk	For assurance	PLC 67/2024	HSm/BA	16:00 15m

18	Temporary Staffing update Associated risks: -Retention of Staff (BAF 2.5 / TRR 1146) -Recruitment (BAF 2.2/TRR 1019) To ensure the Committee is assured that: - Confirmation of the ceiling target set by NHSEI and the directorate agency targets that have been set to comply with the ceiling target - underlying dynamics of Agency use increasingly understood and improving strategies to address - Performance against plan being managed and course corrected - Interdependence with other Trust initiatives identified - Focus on reduction of long lines of Agency and related actions - Overview of NHSP Improvement plan	For assurance	PLC 68/2024 RR/App 25/2024	CDS/ DW/ JB	16:15 15m
19	Education Quality Report To provide annual assurance OFSTED statutory requirements as OHFT is a provider of education. Also required by partner HIE.	For assurance	PLC 69/2024	BE	16:30 10m
20	Vaccinations update (Flu/COVID) To provide annual assurance of arrangements that are in place	For assurance	PLC 70/2024	BK	16:40 5m
For information only – Papers in Reading room					
21	PLC Workplan	For assurance	RR/App 14/2024	CDS	
22	Highlight / Escalation Reports a. People Steering Group (ZM) b. Education Strategy Group (prev. LAG) (BE) c. EDI Steering Group* (MP) d. People Systems Programme Board (SB) *EDI H&E Report to include full HIA update	For information	RR/Apps 15/2024 16/2024 17/2024 18/2024		
23	ER Casework review Report (papers PLC(i)+PLC(ii)/2024) Associated risk: -Staff Wellbeing (TRR 1018) To ensure that PLC has sight of numbers of staff currently suspended; and that their wellbeing is being supported	For assurance	RR/App 19/2024	JC/ZM	
24	Workforce Report – Data packs - Summary data - HR & L&D - Whole Trust - Mental Health - Community Services	For assurance	RR/App 20/2024 21/2024 22/2024 23/2024 24/2024	SB RB EL	
Closing					
25	AOB		Verbal		16:45 10m

26	New risks identified and actions for other Committees and the Board	For assurance	Verbal		16:55
37	Date of next meeting 21 January 2025 Timings TBC				
	Meeting close				17:00

Meeting of the Oxford Health NHS Foundation Trust Quality Committee

**Minutes of a meeting held on
Wednesday, 28 August 2024 at 09:00**

QC 64(i)/2024

(Agenda item: 02)

virtual Microsoft Teams meeting

Present¹:

Andrea Young	Non-Executive Director (Committee Chair) (AY)
Britta Klinck	Chief Nurse (BK)
Karl Marlowe	Chief Medical Officer (KM)
David Clark	Non-Executive Director (DC)

In attendance²:

Leanne Dunkley	Corporate Governance Officer (LCD) (minutes)
Rose Hombo	Deputy Director of Quality (RH)
Angie Fletcher	Deputy Chief Nurse (AF)
Michael Marven	Chief Pharmacist and Clinical Director for Medicines Management (MM)
Ben Riley	Executive Managing Director of Primary, Community and Dental (BR)
Katrina Anderson	Service Director Oxon & BSW Mental Health (KA) deputising for Lola Martos
Tina Malhotra	Clinical Director, Buckinghamshire Mental Health Services (TM)
Ben Cahill	Deputy Director of Corporate Affairs (BC) deputising for Georgia Denegri
Martin Batty	Head of Research and Development (MB)
Simon Kumar	Clinical Audit and NICE Guidance Manager (SK)
Neil McLaughlin	Trust Solicitor and Risk Manager (NM)
Daniel Mercier	Associate Director of Social Work and Social Care (DM)
Vicki Power	Senior Programme Manager MH Inpatient Transformation Programme (VP)

¹ Members of the Committee. The membership of the committee will include executive director members and at least two non-executive directors. The quorum for the committee is five members to include the chair of the committee (or the vice chair of the committee in their absence), one non-executive and one executive director. Deputies will count towards the quorum and attendance rates. Deputies for the chairs of the quality sub-committees (the named vice chair of the sub-committee) will attend in an executive's absence. Non-executive director members may also nominate a non-executive deputy to attend in their absence.

² Regular non-member attendees and contributors.

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Rosalind Mitchell	Deputy Chief Medical Officer and Clinical Director for Dental (RM)
Daniel Bowie	Service Manager Forensic Services (DB) deputising for Rami El-Shirbiny
Bill Tiplady	Director of Psychological Professions (BT)

1.	Apologies for Absence	Action
a	Apologies for absence were received from David Walker, Trust Chair, Rob Bale, Executive Managing Director for Mental Health and Learning Disabilities, Georgia Denegri, Associate Director of Corporate Affairs and Lucy Weston Non-Executive Director.	
b	Apologies for absence were noted from the following regular attendees: Grant Macdonald, Chief Executive, Lola Martos, Interim Clinical Director Older Adult Mental Health Teams OXBSW, Jane Kershaw, Head of Patient Safety, Hannah Smith, Assistant Trust Secretary, Brian Aveyard, Risk Assurance and Compliance Manager, Vanessa Raymont, Director of Research and Development, Matthew Edwards, Director of Clinical Workforce Transformation, Rami El-Shirbiny, Clinical Director for Forensic services and Pete McGrane, Clinical Director for Community Service.	
c	The Chair confirmed the meeting was quorate.	
2.	Minutes of the Quality Committee on 16 July 2024 and Matters Arising	
a	The Chair welcomed all to the meeting.	
b	The minutes at QC 50(i)/2024 Minutes of the Quality Committee (QC) on the 16 July 2024 were confirmed as a true and accurate record.	
	Matters Arising	
c	The Action Log was reviewed and updated, the Committee agreed that the following actions could be closed and removed from the action log:	
d	6(a) Discharge Arrangements -paper submitted to today's Committee meeting, which outlines OHFT's approach to the guidance released by NHS England, which is managed by the ICB. It asks to provide assurance to the ICB that people are not discharged due to non-attendance and to undertake a self-assessment against the guidelines, which is due to be submitted at the end of September. Work is underway across the mental health directorates, and a summary of this to be brought to the next meeting in November. The Chief Medical Officer added that directorates need to be aware that this guidance and ongoing work is following historical areas of concern, and this will have a huge impact on how services are run and delivered, through policies, procedure and clinical interface. A statement from the Board was issued to all consultant Psychiatrists following the Panorama documentary, supporting their continued complex decision making that he will share with this Committee. A public discussion needs to take place	

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	at Board to show how the trust is supporting clinical staff to make decisions in this complex group of patients. The Chair agreed that this is significant and the checklist for the self-assessment is very detailed, and asked whether the Trust is sighted on potential gaps and risks. The Chief Nurse replied that the risks are known, which are often in the crisis response and the transfer of care. Patients are not being discharged due to non-attendance, there is a varying degree of assertiveness in following people up, so need to standardise this across teams. KA added that this is an important exercise that clarifies where the gaps are, a desktop review is underway in OBSW against the high-level recommendations in preparation for the NHS England guidance. There are some issues around how some cohorts of patients are being discharged and potential risks around cases that are being team worked, which will be addressed. TM added that thematic reviews are taking place where gaps have been identified, initially during the assessment phase when patient's move between teams, they occasionally get lost and work is underway in the crisis team and the CMHT where the caseloads have been high. It is the level of engagement required when an individual is requiring intensive support and input, which is due to understanding and capacity. A small rehab team is being set up to help address some of those issues. The Chair summarised that there is a process in place with a good understanding of our gaps and issues, and plans to address these. The Chief Medical Officer commented that this needs to be discussed at Board, potentially after the November Quality Committee meeting along with Inpatient Transformation Programme. The Chair will include this as part of the 3A's report to September Board, flagging the key themes, to make sure the Board is aware that this is happening and recommending wider awareness at public Board.	
e	3(e) An update is provided on Resus training, as part of the Quality and safety Dashboard today and the Quality and Clinical Governance Subgroup has good oversight of the progress being made.	
f	5(d) An update on the M/H and LD Transformation Programme is on the agenda for today so can be closed here.	
SAFETY		
3.	Quality and Clinical Governance Group (QCG) 4 July 2024 - escalation report	
a	The Chief Nurse took the report at QC 51(i)/2024 as read and highlighted the key issues and escalations from the QCG group meeting on 30 July.	
b	In response to a question raised by DC, the Chief Nurse noted that evidence suggests that organisations with high levels of Quality Improvement (QI) projects and research, have higher levels of staff retention. DC then challenged whether services with recruitment issues should have more QI projects to support staff retention. The Chief Nurse noted that there are several local and national reasons for the difficulty in	

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c d	recruitment, which is improving, and all services have QI projects running, with local leadership and support structures in place. The Chair noted that resus training figures are improving and sought clarity as to what the target for resus training is across the organisation. The Chief Nurse explained the target is 95%, which allows for staff sickness. Resus training is complicated, trying to keep up to date with doctors coming in and ensuring that staff have the correct training matrix. Changes are coming following changes in regulations from the resus council and the organisation will be adopting passport systems for training. The Chief Medical Officer added that it would be useful to invite the resus leads to attend this Committee to provide a clear direction that passporting is ok in this Organisation. The Chair noted ongoing staffing difficulties and long wait times. The committee noted the report and assurances provided.	
a b c d e f	a) Quality and Safety Dashboard The Chief Nurse took the report at QC 51(ii)/2024 as read, highlighting key points and escalations and noting that work continues to refine the dashboard further at directorate level. DB commented that there are a lot of things that have accumulated at the same time, with both Kestrel and Kingfisher wards under pressure currently, mitigations are in place. The terms of reference for the section 42 raised against Thames house have not yet been received from the local authority, this is a large investigation with lots of things being added to it, however there is a flavour of what it is likely to be looking at. The Chief Nurse noted that this is a difficult time for the staff, managing very complex patients in terms of behaviours and self-harm, so the organised approach of the Section 42 is helpful in addressing this. In response to a question by DC, The Chief Nurse noted that vacancies could be one element that could affect quality, however some areas are less than you would imagine due to the use of longline agency staff. The data around vacancies is looked at in People Leadership and Culture (PLC) Committee, in terms of this report the purpose is to trigger our alert to any changes in quality that might be occurring and identifying any support required. Vacancies is one of the indicators we consider in the quality of services being offered, but it does not necessarily trigger quality concerns. The Chair asked in relation to vacancies, one of the lowest staffed areas is HMP Bullingdon, what is the impact on the service provision here. The Chief Nurse responded by saying these teams tend to be very small, which are historically difficult to recruit to. DB added that there is the use of longline agency staff, which will continue to be used until the position can be improved and there has been some recruitment so this will start to improve. The Contractual obligations are being met.	

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	The Chief Nurse in response to a question from DC noted that the QI plan for Kestrel and Kingfisher wards has been submitted to the provider collaboratives. The Committee noted the report.	
	b) Patient Safety Incident Report (PSI): a The Deputy Chief Nurse took the report at QC-52(i) and appendix at QC-52(ii) as read and highlighted key areas to the Committee including the Deep Dive in CAMHS restrictive practice use, noting that this is a quarterly report not an annual report as titled. b The Chief Nurse added that this is a helpful report that demonstrates how Trust wide data can be skewed by particular patient's and drew the Committee's attention to the cause groups of restraint with the leading cause being self-harm particularly driven by patients on Highfield and Meadow unit. The emergence of head banging in children and young people, was a particular concern due to the potential damage this could have over time to their development. Sometimes restrictive practice is reported, but it may be as brief an intervention as to putting your hand up to prevent someone doing damage to their head. c The Chief Medical Officer added that positive and safe actions are related to self-harm as opposed to violence and aggression. The last part of the report, which refers to the Use of Force Act, also known as Seni's Law, and the requirements as an organisation and Board to ensure that the use of force act is followed, which requires certain procedures to be followed, including a debrief and having a responsible officer to make sure that it is implemented and that all staff are aware that there is an act that governs their actions beyond common law in any situation, including in mental health inpatient use. d The Deputy Chief Nurse added that there was a focused piece of work that took place last year around the use of force Act, whereby policies and procedures were reviewed to ensure that the Trust was aligned with the Act and to ensure that there was the appropriate monitoring in place. Posters were also created for staff to raise awareness and patient information leaflets were created for inpatient environment, which is being monitored through the Positive and Safe Committee. On Ulysess a senior management review section has been created when prone restraint has been used to take a learning huddle approach with teams to understand why it was used, and to consider could an alternative strategy have been used, and this is ongoing to ensure that we are compliant with the Act. e The Chair summarised that the paper is helpful to provide some context to the situation and to identify what is happening in terms of service developments to impact on the inpatient caseload, including the potential consequences with more complex patients being managed at home as well as a reduction in overall beds. She asked whether there was a view on the 2 different models of managing patients with eating disorders who require naso-gastric feeding, the Swindon model and the Trust's attempts to manage peoples physical and mental health at Highfield, in one place.	

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f	The Chief Nurse commented that it is a good point, that could benefit from a QI diagnostic review as to whether people who must be transferred to a general hospital for an NG feed, come off it quicker compared to when it is available on the unit. Historically Highfield unit has taken a higher level of complexity of patients, so will have a higher incidence of this.	
g	The Deputy Chief Nurse added that a lot of the work around this is looked at in terms of patient experience and how the patients' feel being transferred out of service for that treatment, but it does pose the question regarding whether the longevity of treatment is different for those individuals who leave the unit for treatment compared to those who receive treatment on the unit.	
h	The Chair summarised that the resources required to transfer people to acute hospitals is greater. It is a helpful paper, as there is an improvement plan in place for the 3 different services, when should this be brought back to see the impact of those plans. It appears to be that when there is a real focus on these areas there has been some significant improvements, which can be difficult to sustain.	
i	The Chief Nurse commented that tracking this through the positive and safe committee quarterly reports to look at the high use areas is likely to be the best way to track the improvement plan and improvement plans are monitored through the directorate SLT.	
j	The Chair agreed the Committee would receive a quarterly report. The committee noted the report.	
4	Service Deep Dive, Update on Strategy (2022-2027) and service developments in Learning Disability service and Learning Disabilities & Autism Services-access to healthcare Annual Report 2023-2024	
a	The Chief Nurse informed the Committee that a deep dive was presented to Executives and that this item has been deferred until the November meeting due to challenges in the team.	
5	Safety of the Physical Estate report	
a	The Chief Nurse provided an oral update, noting this report has been deferred. A highlights report from the Trust's Safe and Secure Environments group which is largely responsible for the inpatient environments with reference to anti ligature work will be presented to the sub-group tomorrow. The Safety of Physical Estate report includes several other things including water safety, which are still assured through the ICP committee, this report will come to the sub-group in September and then QC in November. The anti-ligature report provides a good overview of all the work taking place to make environments as ligature safe as possible. It is worth noting that non suspended ligatures are sitting around 600 and suspended ligatures is less than 20, which when put into context shows that safe environments are as much about the	

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	relationship between patients and staff and the psychological support they receive as it is about the actual environment, they are cared for in. b The Executive Director for Primary, Community & Dental Services noted that a programme of fire drills across the different sites has been taking place, including Witney Community Hospital where there are 2 wards, Wenrisc Ward upstairs and Linfoot ward downstairs, which has bariatric beds. As a result, of these drills and following some fire safety building works to compartmentalise the building better, the bed distribution has been changed with less beds upstairs and more beds downstairs to improve evacuation should a fire occur, and ongoing training is being provided to improve response to such an event occurring. There is a difference of one less bed since the distribution was changed. c The Chair summarised that a full report would come to the Committee in November and noted that the psycho-social context and work between staff and patients is as important as the physical estate itself. The Committee noted the update	
6	Inquest and Claims annual report 2023-2024	
a	The Trust Solicitor and Risk Manager took the report at QC 54/2024 as read, noting any key highlights and escalations, explaining that over half of the report relates to finance and will be presented to the Finance and Investment Committee in September. The Trust is a low generator of claim numbers compared within the NHS resolution family and have visited two of the local acute trusts to exchange ideas around processes. The specific detail of each claim has not been included due to possible breach of confidentiality but the Trust Solicitor and Risk Manager would be happy to discuss with individuals offline. Previously assaults on staff was the single biggest reason for a claim arising, which has reduced this year. Claims for this financial year is currently running at 13, so we may have an increase at the end of the year compared with 2023-2024. In relation to inquests, there is a back log from Covid, which coroners have been trying to clear and are now trying to hear inquests more promptly. The 2 local Coroners are extremely helpful and sensible, and we have formed good relationships. In relation to the Court protection cases, the Trust's Mental Capacity Act lead, has been hugely beneficial in taking the lead on these. At present there is not clear data on the number we are involved in, however this is being worked on to review how much time court of protection orders are taking for the Trust.	
b	In response to a question from DC the Trust Solicitor and Risk Manager noted that costs of building insurance has increased significantly following the Grenfell disaster, however was unsure why the PES has increased by 31%, will take back to NHS Resolution to enquire, however suspect it is because the Trust is at such a low base that may well account for it, which would be a modest increase but amounting to bigger percentage when compared with other trusts, who have had bigger absolute increases but equating to smaller percentage of their larger contribution.	

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c	The Chief Medical Officer thanked him for the clear report and the complete overview, the table of learning around clinical risk and communication is very helpful, which could be pulled from the report to share with colleagues for learning for all within the organisation.. This could be taken to Positive and Safe for further triangulation. The Trust Solicitor and Risk Manager added that following two inquests, one that concluded in February and one April, where following questioning of our witnesses as a Trust we agreed that the CMHT SOP needed to be amended, which we were not asked to complete by the Coroner, since we have done this we have written to the Senior Coroner and informed them that following his very sensible questioning, the Trust felt that a light had been shone on this point and changes needed to be made. This did not get recorded as an action on Ulysess like a PSI would, so considering how this can be done either on the inquest module or the incident module.	
d	The Chief Medical Officer noted that there seems to be a system error in our mental health inpatient settings, that the time stamp of the observations is not correct, which needs to be rectified as inaccurate or falsification of observations has been identified in Coroners inquests in other counties, this is then forcing our staff to record a time that is not accurate. The Chief Nurse agreed that there is a system error, and, in the past, we have had missing observations. There are other digital solutions that could be considered which are being investigated which would be much better. The exact timing of observations is unlikely with the systems we have as cannot be inputted in real time. The Deputy Chief Nurse added that there is a national project underway looking at therapeutic observations utilising digital technology which is being led by the nurse director's forum to consider how technology can support this and to develop practice guidelines. The Trust Solicitor and Risk Manager noted that from his experience the timing of observations has not been as big an issue as the quality of the observations and the knowledge about the patient the individual had.	
e	The Chief Nurse commented that as an organisation we are lucky to have helpful and supportive coroners. Appearing at an inquest can be traumatic for the staff involved, which can feel like it goes against the no blame culture of the Trust, however the feedback from staff about the support and guidance received from the legal team is positive and helpful.	
f	The Chair summarised that it is important that the Trust carries out its responsibilities in a professional manner, remembering that there is a family in distress at the end of this. It requires staff to be diligent, effective and empathetic. She noted that there are potential trends, such as increasing numbers of death by suicide, identified within the report, however, will need to wait another year to assess whether they are trends or not. The Committee noted the report.	
7	Safeguarding annual report 2023-2024	
a	The Head of Safeguarding took her report at QC55/2024 as read, identifying to the Committee any highlights and escalations to be aware of.	
b		

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c	The Chair thanked the team for a clear and easy to read report, noting that it would be easy to be overwhelmed with the volume of work taking place. The Chief Nurse commented that it was an excellent report, which shows the volume of work underway, noting that the service is going through considerable change in terms of safeguarding boards. We need to continue to ensure that the Trust is at the centre leading and influencing those changes, as a robust safeguarding service within the ICB. There are serious challenges with multiagency working ensuring that providers are all doing their bit which takes time to build and maintain those relationships.	
d	DC commented that for next year's report it would be useful to have an executive summary at the beginning.	
e	The Chief Medical Officer noted that this is an excellent report and it was good to see that mental capacity act is at the forefront of learning.. He also welcomed the focus on domestic abuse in the forthcoming year. . Domestic abuse is also being looked at in the suicide prevention strategy. Child deaths also have a triangulation within the mortality review, picking up a linkage across the organisation.	
f	In response to a question on training from the Chair the Head of safeguarding clarified that the Level 3 children's safeguarding has nearly achieved the right level, adult safeguarding level 3 is catching up and there is a plan to provide more training and remove some of the barriers that prevent people from completing the training. A joint workshop has been set up for level 3 and 4 safeguarding training, which will help to achieve the target of 95% this year, which has been well received and evaluated.	
g	The Chief Medical Officer added that one of the barriers is the classroom setting it will require a hybrid approach with both face to face and online, so need to link with the learning and development department to come up with models for delivering the training, the process and the training may have to be iterated to help achieve the 95%. The Head of Safeguarding confirmed there is a blended model of training.	
h	The Chair asked what the one take home message would be to reflect on, there is a lot of work that has been undertaken in the last 12 months, demonstrating that we are a leading partner. The Head of Safeguarding responded that it would be the learning and recommendations identified from the safeguarding adult and children's reviews and how that links into the PSIRF system and how we use that. Have been doing some work looking at the QI projects and learning from the PSIRF incidents to look for themes. Identifying the learning and trying to make change to translate into practice.	
i	The Associate Director of Social Work and Social Care thanked the team for the great work reflected in the report, noting that there is a real opportunity to influence development of systems in the ICB balanced with ensuring learning is being embedded internally.	
i	The Committee noted the update.	

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	Effective	
8	a) Clinical Effectiveness Group (CEG) report	
a	The Chief Medical Officer noted that Simon Kumar, Clinical Audit and NICE guidance manager, is observing today's meeting who will support the CEG in clinical audit, and is a very welcome addition to the clinical governance team.	
b	RM took the report at QC 56/2024 as read, noting any key highlights and escalations. She noted that there is great support from the ICB on the CEG, with the clinical effectiveness lead from the ICB attending every meeting along with the audit and quality improvement lead.	
c	The Chair thanked the team for a great summary, noting that it was good to see the innovations coming through that group.	
d	In response to a question posed by DC in relation to the menstrual and menopausal health clinic item, The Chief Medical Officer explained that a specialist clinic would not be able to meet the demand so the clinic is disseminating training, to promote wider understanding amongst clinicians and the clinic will disband in due cause.	
	The Committee noted the update.	
e	b) Medicines Management update	
f	The Chair introduced the Chief Pharmacist & Clinical Director for Medicines Management to present the report at QC 57/2024, congratulating them on achieving authorisation for OPS, the Committee took the report as read, highlighting any issues or escalations to the Committee.	
g	In response to a question from the Chair the Chief Pharmacist and Clinical Director for Medicines Management explained that controlled drugs are currently managed using carbon paper books and registers that clinical staff must complete. There are 3 potential digital options that have been identified, and being reviewed by the digital medicines team. Once implemented this will resolve some of the outstanding deficiency that has been identified through audit, which are themes around paper-based processes. Huge progress has been made in controlled drugs compliance and assurance; however, the paper-based practice is where the Trust falls down, there is not a timeframe for this at present, but it is a priority now following the roll out of ePMA.	
h	The Chief Medical Officer asked in relation to the ePMA is there any learning or balancing issues that have come to light. The Chief Pharmacist and Clinical Director for Medicines Management responded by explaining that there are some benefits reports that have been written, they are just being collated at present and can be included as part of the next update. This shows that this system in terms of medicine safety and reducing incidents has been of benefit. It has had a huge impact in terms of efficiency	

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	in saving time, however it makes it easy for ward staff to order medicines, which has created additional work and the potential for waste, which has been mitigated. There is a suspicion that clinical staff are putting too much faith in the system that there is an element of not using clinical judgement, and there are some QI projects lined up to address this. This is an ongoing transformation project so will take time to embed and realise the full benefits.	
i	In response to a question from the Chief Medical Officer, The Chief Pharmacist and Clinical Director for Medicines Management explained that there was a business contingency plan in place should the system fail which has been tested and work well.	
The Committee noted the report		
CARING & RESPONSIVE		
There were no items to report		
QUALITY IMPROVEMENT		
9	Mental Health Inpatient Transformation Programme a. Quality Improvement annual oversight and spotlight presentation.	
a	The Chair introduced the item, noting that this is planned update on this NHS England programme and we would consider how Oxford Health will implement the changes..	
b	The Director of Psychological Professions took the report as read, noting any key highlights and escalations.	
c	In response to a question from DC the Director of Psychological Therapies commented that the 40 Service improvement projects, have been streamlined following the rationalising exercise, as some will be pulled together. VP commented that one of the completed actions was around local induction days in Buckinghamshire and another around rapid assistance pathway in Oxon. Closure reports are being completed for these, which will identify the learning to be shared. The scoping exercise has shown that there is a need for additional project support to ensure the service improvements have the correct documentation and that learning is being taken forward . The Director of Psychological Therapies added that the project around the local induction days was identified following the scoping exercise, although very valuable for that ward, it may not have been more widely disseminated. There is some filtering taking place as to which of the projects are meaningful transformative QI projects and which are business as usual small-scale improvements.	
d	The Deputy Chief Nurse added that there is probably some further thinking in terms of how the information in this update is presented to include reference to the learning that has taken place. The local induction improvement work has transferred into business as usual, after exploration of what would be helpful for a flexible workforce and how we induct people into local wards. The revised induction programme has been shared across all inpatient teams. The Chief Nurse added that we need to consider this as a long-term framework for how we manage improvement across inpatient areas, there is so much taking place and we	

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e	need to continue to empower staff to improve and ensure that the learning can be extrapolated and shared across the organisation. This is a longer-term framework for managing transformation and improvement and shines a light on inpatient services to consider what excellent inpatient care looks like.	
f	The Director of Psychological Therapies commented this is best thought of as rather a continuous process, where there is ongoing improvement work, that provides an energy and an interest particularly when that is accompanied with appreciation and celebration of the work taking place, whilst also paying attention to the incidents. There is the need to ensure that we are clear on what the objectives are and how they are measured along with the effectiveness, ensuring that there are clear structures in place for closing a project and sharing the learning, so that we are pooling energy to make sure that we are doing this in a thorough and meaningful way. There are other structures that are starting up so ensuring that we are linking with all these groups, broadening the voice in inpatient care, as often nurses are left wrestling some of these difficulties without much support.	
g	The Chief Medical Officer reflected that this has been driven by national paper and has a degree of political proxy to it. There has been a significant reduction in inpatient beds over a number of decades. It could be argued that inpatient mental health beds are heterogenous, however they are there to protect the individual and the public, therefore the mental health act is utilised when coercive measures are being used. To be deluded that there will not be a need for coercive measures is a paradox. In terms of CAMHs and adolescent inpatient beds, they are very coercive as the number of beds has been reduced by 100 in our local area, which therefore increases the complexity of patients on the wards. Treatment provided in the inpatient setting tends to be coercive in terms of NG feeding, protecting from self-harm and harming others, one of the cohorts of people that go into hospital are for medication and the therapeutic and talking therapies which is part of the rehabilitation could be done outside of the inpatient setting. This is based on the context of where we are with the reduction in beds, with the response from SANE, saying that we should not be deluding ourselves that a therapeutic inpatient environment is being created, for longer term therapy, but a process of continuum which includes the crisis and home treatment teams.	
h	The Chair noted that this is helpful discussion regarding the therapeutic place of inpatient care now and going forward, as the role has changed significantly.	
i	The Deputy Chief Nurse added that the Trust is working closely with ICB colleagues on this as this is a national piece of work that the Trust has really thought about what it means for the Trust and BOB as a system in terms of how we best serve our population. One of the key workstreams is purposeful admission, considering what is the purpose of the admission and what needs to be done to be able discharge patients back to the community to make best use of our inpatient resources and what can be offered in the community. The crisis teams and community teams' involvement are key to best address patients' needs at the most appropriate time possible.	

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j	The Director of Psychological Professions commented that the Trust needs to be very clear about the challenge of providing inpatient care now when there is such a concentration of acuity coming onto the wards and need to be clear about why we are admitting someone, having good multidisciplinary care helps to maximise the chance of success and need to consider how these discussions take place at different levels of the organisation. This is something that should be debated within the clinical teams, and have the teams got their heads around that admission needs to be for a shorter period of time to get the individual on the road to recovery and then provide person centred care in the community wherever possible. Need to consider what can be done to make sure that the stay on the ward is as dignified and effective as it possibly can be in this new era, of highly acute distressed and unwell patients.	
k	The Chair noted that this has been a helpful discussion on the context of how inpatient care is changing and the vision for the future, this is a valuable report that should be reported to Board as it is a large significant change programme, , and resources need to be protected to devote to this along with PCREF and the work around discharge. To be discussed with the Trust Chair offline. There is a lot of process and inputs into this transformation that is being joined up to make more sense for staff. Like all good QI we need to know what to measure to know that this has made a difference, which is not clear in this report. This deserves a lot of resource, effort and focus as inpatient care is an area that flags on the dashboard in terms of vacancies and restraint use, we need to be clear on how we will assure ourselves that we are making a difference to patients and staff.	
l	The Director of Psychological Services responded that clear outcomes are needed so that effectiveness can be measured, which we have not wanted to specify too early in the process because we need to home in on a finite number of things that would have a meaningful impact that we can focus on achieving.. There is a possible risk that we could get confused with the different matrices and then not deliver as much as we could.	
m	The Chair noted that November Board may be a bit early, but as part of the Committee's 3 A's report we can flag that an initial review of the work has happened and may benefit from a fuller discussion. It may be December Board that it goes to. On the governance slide the Quality Committee is showing as reporting to Executive Board, which is an error, it reports to the Trust Board.	
n	The Chair summarised that it is important to spend time making sense of the current environment as a good plan takes as much time to design and consider as it does to implement it. When it comes to Board it will be helpful to have identified some impact measures. The Committee noted the update report.	
RESEARCH		

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10	Research and Development update report (Governance aspects)	
a	The Chair introduced Martin Batty the new Head of Research and Development and thanked him for a very clear report.	
b	The Chief Medical Officer took the report at QC 59/2024 as read noting any key highlights and escalations and noted that today's report is purely around the governance of processes and structures. A significant improvement has been made in the financial sign offs for research, which has taken some time. The team hold lots of contracts, which equates to financial money flowing through with Oxford Health hosting the Applied Research Collaborative (ARC), the Health Research Centre (HRC), the BRC and the National Mental Health Mission, which requires the Trust to process those contracts with financial money passing through Oxford Health to the Mental Health Mission with collaborators in Manchester, Liverpool and Cardiff. Due to the size of money the financial process was slow, which has now been delegated. Conversations have been taking place with colleagues as to how the Trust can support the community directorate as it was identified during the analysis that there are 70 research projects going through the community directorate, and they will be hosting more Non-Medical Allied Health Professional (NMAP's) so need to make sure that it has a light shone on it as they are doing a lot more of end stage delivery of translational research through the Applied Research Collaborative. As often NHS research does not translate to changes in care, in the community directorate they are looking at utilising digital wound management which significantly reduces District Nurses time and make care safer, with dedicated oversight and a process in place.	
c	The Chair thanked the team for the comprehensive report.	
	The Committee noted the Report.	
Strategies and Policies		
11	Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF)	
a	The Deputy Director of Corporate affairs took the reports at QC 60/2024 as read, noting any key changes and escalations.	
b	The Chief Medical Officer commented in relation to BAF risk 4.1 (not maximising the Trust's Research and Development potential) the reason this risk has stayed on was due to concern that we would not be able to have cohorts involved in delivering the research grants which has now been mitigated, there was also a concern as there was not a Head of Research and Development in post, so would suggest that the risk attached to this is now reduced. The Deputy Director of Corporate Affairs noted that this is being considered and will take back to Executives and recommend a revised risk score.	BC
c	The Chair confirmed that when the BAF comes to the next Committee meeting there will be a recommendation of a revised rating and noted that additional controls and mitigations have been added to BAF 1.5 (unavailability of beds/demands and capacity (Mental Health inpatient and LD) and BAF 1.6 (Sustainability of the Trust's primary,	

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	community and dental services). For the next QC meeting BAF risk 1.5 should be reviewed as it remains at a score of 16.	
d	The Chair asked in relation to the Trust Risk Register (TRR) ref 1199, there are a lot of outstanding actions on harm relating to staff and whether there are any updates. The Deputy Director of Corporate Affairs agreed to take this away to be reviewed and updated for the next meeting.	BC
	The Committee noted the updates and additional controls.	
12	Provider Collaboratives	
a	The Chair introduced the item, noting that it was important to recognise this important role the Trust has of leading oversight of complex and important services across the Thames Valley area.	
b	The Chief Nurse took the paper at QC 61/2024 as read, noting any key highlights and escalations. In relation to the Meadow PICU unit the team have been asked to review and understand what the grounds are for declining or refusing patients are, given that there is bed availability It remains a difficult balance to ensure that the staff have the skills to care for those young people and that we are able to provide what we should be providing to the system as a provider for the PC.	
c	DC commented that at present the Trust is trying to raise money for the new hospital and the government is junking a lot of its new hospitals programmes which makes it a difficult time for the organisation, so considering the cost attached to the Medow PICU unit, it is important for the Trust to show that it is being used well, therefore the question as to why someone may be refused admission is an important one and do we need to consider taking out of area referrals. The Trust has been successful in leading provider collaborative work, , but in taking on more system responsibilities we need to be clear that we can provide outcome monitoring. . The Chief Nurse agreed that this will be expected in the future as still in the infancy stage at present.	
d	In response to a question from the Chief Medical Officer, the Chief Nurse noted that within the Thames Valley provider collaborative we have 6 patients in Rampton, and they have case managers who are regularly reviewing. Concerns were raised in relation to individual needs of one patient and the case managers have good oversight of this.	
e	The Chair noted that this specialised commissioning oversight used to be managed by NHS England, however with the provider collaborative the Trust has better oversight of the market and how we sustain capacity and improve quality. The overview at a regional level of how capacity is being used and the quality of care is much more detailed than previously, and the next step is quality impact measures. The Chief Nurse added that this provides more opportunity for the teams to support one another to improve, it is a collective responsibility looked at through a patient's lens.	
	The Committee noted the report	

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13	Trust Policy Register a The Chair noted the Trust Policy Register which is a formal ask of this Committee to provide oversight of the policy register and to approve the Governance of Policies and Procedural Documents Policy and note the Blanket Restrictions policy which was approved at the Quality and Clinical Governance Sub-Group. b The Chief Nurse highlighted that clinical policies are approved at the sub-group and then come here for information. The Committee Approved the Policy and note the Trust Policy Register	
	Governance and Risk Management	
14	Ensuring Quality and Safety in Pressured UEC Services a The Executive Managing Director for Primary, Community and Dental took the paper at QC 63/2024 as read noting the key highlights and actions for the Trust. He noted that there remains an issue with data following the outage and the roll out of EMIS has not developed to the same point as mental health data has, there is planning to catch up on this. There remains a financial pressure as community services did not receive any growth this year and have a cost improvement programme of £2.5 million to deliver. If you consider the District Nursing service, who have lots of QI work going on and are fully staffed doing everything they can but are having to roll around a third of their visits each day, a further set of savings would be very difficult to achieve this year. . It was proposed that the Board take a focussed view of our urgent care services via a Board site visit to the EMU/Ambulatory care units, and a patient story with experience in this service. b The Chair endorsed the visit to an urgent care setting and asked would there be the opportunity to arrange an urgent care pathway visit that would allow both Boards to walk in each other's shoes. c The Chief Medical Officer added that we must report on the quality impacts of no investment to the ICB ensuring incidents are reported as the current position will have an impact on quality. He then commented on the integrated care and neighbourhood teams in PCN's, who have committed in our systems to be a delivery mechanism and GP's are talking about how they develop same day services that do not require secondary care, which would have a massive impact in terms of people waiting in emergency department, so it would be fantastic to hear from the integrated neighbourhood teams are in delivering this. d The Executive Managing Director for Primary, Dental and Community responded that an update could be provided on the integrated neighbourhood teams who are subject to the same financial pressures as part of the better care financial reduction squeeze. They are low in patient numbers at present as still in a pilot phase and it is difficult at present to see how that will develop at scale given the current financial situation, as this is extra work shifting out of hospital.	BC

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e	The Chair noted that a joint workshop would be beneficial with PCN's to consider how to collaborate better in the light of the resource provision.	BK/KM/BR
f	The Chief Nurse noted that there is a lot of work happening across the system, however the Trust is not resourced enough to meet the growing need. Would a deep dive be beneficial into this, as harm is monitored weekly but consider looking at over time, as there is longer term harm happening. As we are going to have to consider how we manage with the resource we have.	
g	The Chair agreed that a meaningful deep dive early next year would be helpful to consider how we use that information and the lens that we have to influence, shape and improve for the future, not just for ourselves, and will flag this in the 3A's report to Board. It was agreed to be discussed offline and scheduled along with a deep dive into Palliative care. The Committee noted the report	
15.	AOB	
a	The Chief Nurse noted that there were 2 clinical policies out of date, Advanced Statements and Dual Diagnosis which would be brought to the sub-group over the next two months. She then went on to thank Rose Hombo, Deputy Director of Quality for her contributions within the Trust and wished her the best of luck in her new role in Berkshire. The Chair congratulated her and noted she would be missed at the Committee.	
16.	Review of the meeting	
	Meeting closed at 12:18 Date of next meeting: Thursday, 7 November 2024 09:00-12:00 hours in person	

Meeting of the Quality Committee

Thursday, 07 November 2024

09:30 - 12:30

In Person POWIC room, Warneford

(live video streaming – invitation only)

Apologies to leanne.dunkley@oxordhealth.nhs.uk

AGENDA

			Indicative Time
1. Apologies for Absence and quoracy check ¹		AY	09:30
Minutes and Matters Arising			
2. Minutes of the meeting of the Quality Committee on 28 August 2024 and Matters Arising (paper – QC 64/2024)	<i>To confirm & report matters arising</i>	AY	09:35
Safety			
3. Quality and Clinical Governance Sub-Group (QCG-SG) escalation reporting including: a. Quality and Safety Dashboard (paper – QC 65/2024) b. Patient Safety Incident report including mortality and homicide reviews (paper – QC 66/2024) c. Quality Account (paper-QC 67/2024)	<i>For assurance</i>	JK/BK	09:40
4. Service Deep Dive a. Update on Strategy (2022-2027) and service development in Learning Disability service (oral update) b. Learning Disabilities and Autism Services-access to healthcare annual report (2023-2024) (paper-QC 68/2024)	<i>For assurance</i>	BK/RB	10:00
5. Quality Compliance & Regulation update a. CQC Compliance & Regulation-well led guidance.(paper-QC 69/2024)	<i>To note</i>	CF/BK	10:30
6. Safety of the Physical estate (paper-QC 70/2024)	<i>To Approve</i>	JP/HS	10:40
7. Oxford pharmacy store (paper-QC 71/2024)	<i>For assurance For assurance</i>	MB/HS BR	10:50

¹ Apologies received from Committee members: No apologies received.

Apologies received from regular attendees: Amèlie Bages, Director of Strategy and Partnerships,.

The quorum for the committee is five members to include the Chair of the Committee (or the vice chair of the Committee in their absence), one Non-Executive Director and one Executive Director.

8. Winter Preparedness/resilience (oral update)			11:10
Break -10 minutes			11:20
Effective			
9. Clinical Effectiveness updates:			11:30
a. Clinical Effectiveness Group (CEG) report (paper – QC 72/2024)	<i>For assurance</i>	KM/RM	
b. Clinical Audit update Report (paper – QC 73/2024)			
c. Medicines Management report (paper – QC 74/2024)	<i>To Approve</i>	AF/CF	
• For supporting detail: CEG minutes & action log in the Reading Room/Appendix (papers – RR/App 10/2024)		MM/K M	
Caring & Responsive			
10. PCREF (paper-QC 75/2024)	<i>For Assurance</i>	DM	11:50
Annual Plan Strategic Programmes			
11. Provider Collaboratives (paper-QC 76/2024)	<i>For Assurance</i>	BK	12:00
Strategies and Policies			
12. Learning from Patients, Family and Carers (oral update on strategy)		BK	12:05
13. Policies to approve -Epilepsy Policy (paper-QC 77/2024)	To Approve	JK	12:10
Governance and Risk Management			
14. Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF) (paper – QC 78/2024)-BAF 1.5 review	<i>To discuss & for assurance</i>	BA/ GD	12:15
15. Operating Framework (clinical Governance structures) (paper-QC 79/2024)		GD/BC	12:25
Any Other Business			
16. Any Other Business and summary of matters of interest for the Board, any key risks to escalate or actions agreed, any items to add to the plan for the next meeting.		AY	12:30
17. Review of the meeting		AY	
Meeting Close		AY	12:30
Date of next meeting: TBC February 2025			

READING ROOM/APPENDIX

- supporting reports to be taken as read and noted –

Attendance 2023/24

QC - Core membership (Quorum)	May-23	Jul-23	Sep-23	Nov-23	Feb-24
Andrea Young	✓	✓	✓	✓	✓
Rob Bale	N/A	N/A	x	✓	✓
Marie Crofts	✓	<i>Britta Klinck deputised</i>	<i>x (Britta Klinck deputised)</i>	✓	<i>Britta Klinck</i>
Geraldine Cumberbatch	✓	✓	✓	x	✓
Grant MacDonald	✓	✓	x	✓	✓
Karl Marlowe	✓	✓	✓	✓	✓
Ben Riley	✓	✓	x	✓	✓
Heather Smith	✓	✓	✓	✓	✓
Kerry Rogers*	✓	✓	✓	✓	✓
Attending Board members (voting & non-voting included in quorum)					
Amelie Bages*		✓	x	x	✓
Charmaine DeSouza	x	x	x	x	x
David Walker	✓	✓	x	✓	✓

QC - Core membership (Quorum)	May-24	Jul-24	Sept-24	Nov-24	Feb-25
Andrea Young	✓				
Rob Bale	✓				
Britta Klink	✓				
Geraldine Cumberbatch	x				
Grant MacDonald	✓				
Karl Marlowe	✓				
Ben Riley	✓				
Heather Smith	✓				
Georgia Dengei	✓				
Attending Board members (voting & non-voting included in quorum)					

Amelie Bages*	<i>Mat</i>				
Charmaine DeSouza					
David Walker	✓				

Quality Committee – overview plan for 2024 - 2025, mapped against Quality Domains

Key: ✓ on agenda
x item planned
x deferred

Item	Owner(s) or function	Q1 May 2024	Q2 July 2024	Q2 Sept 2024	Q3 Nov 2024	Q4 Feb 2025	
SAFETY							
Quality and Clinical Governance Sub-Committee escalation report including Quality and Safety Dashboard <i>(to include positive and safe each month and May meeting to include ToR and work plan)</i>	Jane Kershaw/Britta Klinck	x <i>(ToR & workplan included)</i> ✓	x	x	x	x	
Directorate/Service area 'deep dive' <i>(Presentation)</i>	Britta Klinck/Grant Macdonald/Ben Riley	x <i>0-19 service</i> ✓	x <i>Learning Disabilities</i>	x	x	x	
Quality Account (quality priorities) <i>(May meeting includes annual report)</i>	Rose Hombo	x ✓			x		
Patient Safety Incident Report (PSIs) <i>(Learning from Deaths Report, to include mortality and homicide reviews)</i>	Jane Kershaw/Britta Klinck	x ✓	x	x	x	x	
Safe Staffing	Britta Klinck		x			x	
Quality Compliance and Regulation update <i>(CQC, NHSE/I etc - report as and when required)</i>	Britta Klinck	x ✓	x <i>Well led guidance</i>	x	x	x	
Director of Infection Prevention & Control (IPC) – IPC annual report	Helen Bosley/Britta Klinck	x ✓					
Safety of the physical estate – annual report <i>Ligature update (BK/MC)</i>	Britta Klinck/Heather Smith		x				

Item	Owner(s) or function	Q1 May 2024	Q2 July 2024	Q2 Sept 2024	Q3 Nov 2024	Q4 Feb 2025	
Learning Disabilities & Autism Services – access to healthcare annual report	Kirsten Prance/Rob Bale			X			
Inquests & Claims – annual report	Neil McLaughlin/ Hannah Smith/ Georgia Dengei			X			
Safeguarding Service annual report	Lisa Lord/Britta Klinck			X			
Oxford Pharmacy Store (OPS) <i>(quality assurance report around the governance and quality of medicines regulation in OPS)</i>	Natasha Arif/Nicola Mayes/Mark Byrne/Heather Smith/Karl Marlowe	X <i>(review of programme)</i> ✓			X		
EFFECTIVENESS							
Clinical Effectiveness Decision Group (CEDG) <i>(RR minutes from CEDG group, new NICE guidance)</i>	Ros Mitchell/Karl Marlowe	X ✓	X	X	X	X	
Clinical Audit updates	Angie Fletcher/Karl Marlowe	X ✓	X	X	X	X	
Clinical Audit annual plan and annual report	Angie Fletcher/Karl Marlowe	X ✓					
Medicines Management	Michael Marven/Karl Marlowe	X ✓	X	X	X	X	
Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF) <i>review each one at each meeting</i>	Ben Cahill/Brian Aveyard/Hannah Smith/Neil McLaughlin	X ✓	X	X	X	X	
Health Inequalities-Quality Improvement <i>(smoking cessation/SMI Health checks/ dashboarding waiting list for Index of Multiple deprivation/ethnicity data)</i>	Karl Marlowe		X				
QUALITY IMPROVEMENT							
QI Spotlight presentation <i>(developing capability and the impact on staff and patients)</i>	Angie Fletcher/Britta Klinck		X <i>Plan for the year</i>		X <i>(projects)</i>	X <i>(projects)</i>	

Item	Owner(s) or function	Q1 May 2024	Q2 July 2024	Q2 Sept 2024	Q3 Nov 2024	Q4 Feb 2025	
Mental Health Inpatient transformation programme	Britta Klink			x			
CARING & RESPONSIVE (patient & carer experience)							
Learning from Patients, Family & Carers <i>(Experience and involvement) update on strategy</i>	Donna Mackenzie-Brown/Rose Hombo/Britta Klinck	x ✓			x		
Experience and Involvement report <i>(update on strategy)</i>	Donna Mackenzie-Brown/ Rose Hombo / Britta Klinck				x		
PCREF Framework <i>(update on strategy)</i>	Rose Hombo/Britta Klinck		x		x		
Complaints & PALS annual report	Claire Price / Jane Kershaw / Britta Klinck	x ✓					
RESEARCH							
R&D update (Governance aspects)	Vanessa Rayment/Karl Marlowe			x			
POLICIES & STRATEGIES							
Nursing Strategy	Britta Klinck				x		
Friends, Family and Carers Strategy	Britta Klinck		x				
AHP Strategy	Britta Klinck					x	
Learning Disability Strategy (2022-2027)	Kirsten Prance/Britta Klink		x				
Trust Policies <i>(as and when – new policies for approval and certain policies for review)</i>							
Legal Proceedings Policy	Neil McLaughlin/Georgi a Dengie		x				
GOVERNANCE							

Item	Owner(s) or function	Q1 May 2024	Q2 July 2024	Q2 Sept 2024	Q3 Nov 2024	Q4 Feb 2025	
Minutes of the Quality Committee	Georgia Dengie/Ben Cahill	X ✓	X	X	X	X	
Quality Committee annual report	Georgia Dengie/Ben Cahill	X ✓					
Integrated Governance Framework (Including Quality Management system)	Ben Cahill	X ✓		X			
Provider Collaboratives	Britta Klinck	X ✓	X	X	X	X	
Partnership update	Amélie Bages				X		
Trust Policy Register	Britta Klinck/Georgia Dengie	X ✓		X			
Annual Planning Process	Amelie Bages					X	
OTHER REQUESTED ITEMS							
2024-2025 Developing Quality Governance (being clear ward to board and testing its effectiveness)	Georgia Dengie/Ben Cahill/Britta Klink	X ✓					
Number of Items on Agenda		21	17	15	18	15	

Note

NHSEI – issues for QC oversight *(Dec 2021)*

- Children & Young People
- Learning from Deaths
- Resuscitation
- Security Management – Violence & Aggression
- Palliative and End of Life Care
- Safeguarding
- Sexual safety
- Well-Led Guidance