

General Meeting of the Council of Governors

Thursday 12 June 2025, 17:30 – 19:30

The Spread Eagle Hotel, Cornmarket, Thame, Oxfordshire, OX9 2BW

AGENDA

Apologies to: nicola.gill@oxfordhealth.nhs.uk

No.	Item	Lead	Purpose	Paper	Time
Standing items					
1.	Introduction and welcome	Chair		N/A	17:30
2.	Apologies for absence and quoracy check	Chair		N/A	
3.	Declarations of interest on matters pertinent to the agenda	Chair		N/A	
4.	Minutes of meeting held on 06 March 2025 and matters arising	Chair	Approval	Enclosed	
New Governor Discussion					
5.	Welcome and Introduction to new governors	Chair/Lead Governor	Information	N/A	17:35
Update reports					
6.	Chair's report	Chair	Assurance	Enclosed	18:20
7.	Lead Governor's report	Lead Governor	Assurance	Enclosed	
8.	Chief Executive's report	CEO/HeS	Assurance	Enclosed	
9.	Committee Chair's 3A reports	Cttee Chairs	Assurance	N/A	
10.	Reflections of a Non-Executive Director See below link for Mohinder Sawhney's profile Board of Directors - Oxford Health NHS Foundation Trust	Mohinder Sawhney	Information	N/A	
11.	Staff Survey results	Chief People Officer	Assurance	Enclosed	
12.	Questions arising from papers in the Reading Room			N/A	
Questions from the public					
13.	Questions from the public	Chair		N/A	19:10
14.	Close of public meeting Confidential issues: Members of the public are excluded from the Council of Governors meeting in private having regard to commercial sensitivity and/or confidentiality and/or personal	Chair		N/A	19:15

	information and/or legal professional privilege in relation to the business to be discussed				
Session in private – Chair and Governors only					
15.	Minutes of meeting held on 06 March 2025 and matters arising	Chair	Approval	Enclosed	19:15
16.	Board Skills Matrix	ED of Corporate Affairs	Assurance	Enclosed	
17.	Process and Timeline for Appointment of a New Chair	ED of Corporate Affairs	Approval	Enclosed	
18.	Chairman’s 2024/25 Appraisal	Andrea Young/ Vicki Power	Assurance	Enclosed	
19.	Close of private meeting	Chair		N/A	19:30
20.	Date of next meeting – 18 September 2025				
Reading Room/Appendix [information provided for questions and debate]					
21.	Quarterly Trust Performance supporting papers <ul style="list-style-type: none">▪ Integrated Performance Report (RR/App_CoG 21(i)/2025)▪ Finance Report (RR/App_CoG 21(ii)/2025)▪ Quality Dashboard (RR/App_CoG 21(iii)/2025)				

Future Meeting dates:

Thursday, 18 September 2025	Council of Governors Meeting	In person, TBC	17:30-19:30
Thursday, 25 September 2025	AMM & AGM	Gateway Centre, Aylesbury	18:00-20:00
Thursday, 04 December 2025	Council of Governors Meeting	Virtual via MS Teams	17:30-19:30

**[DRAFT] Minutes of the Council of Governors meeting held on
06 March 2025, at 17:30
via Microsoft Teams**

Present:

David Walker (DW)	Trust Chair
Evin Abrishami (EA)	Staff governor, Mental Health Services Oxfordshire, BaNES, Swindon & Wilts
Juliet Hunter (JH)	Public governor, Oxfordshire
Carolyn Lewellyn (CL)	Appointed governor, Oxford Brookes University
Vicki Power (VP)	Staff governor, Buckinghamshire Mental Health Services (Lead Governor)
Joel Rose (JR)	Appointed governor, Buckinghamshire MIND
Paul Ringer (PR)	Appointed governor, Age UK Oxfordshire
Sri Sabapathy (SS)	Public governor, Oxfordshire
Jules Timbrell (JT)	Staff governor, Corporate Services

In attendance:

Amelie Bages (AB)	Executive Director for Strategy
Rob Bale (RB)	Interim Chief Operating Officer for Mental Health and Learning Disability
Simon Cook (SC)	Warneford Park Programme Director (item 12)
Geraldine Cumberbatch (GC)	Non-Executive Director
Charmaine De Souza (CDS)	Chief People Officer
Taff Gidi (TG)	Executive Director of Corporate Affairs
Chris Hurst (CH)	Non-Executive Director
Emma Leaver (EL)	Interim Chief Operating Officer for Community Health Services, Dentistry and Primary Care
Philip McGuire (PMc)	University of Oxford, Department of Psychiatry
Mohinder Sawhney (MS)	Non-Executive Director
Rick Trainor (RT)	Non-Executive Director
Lucy Weston (LW)	Non-Executive Director
Andrea Young (AY)	Non-Executive Director
Nicola Gill (NG) (<i>minutes</i>)	Corporate Governance Officer
Karl Marlowe (KM)	Chief Medical Officer (item 6)
Bill Tiplady (BT)	Director of Psychological Professions (item 5)
Hannah Smith (HS)	Assistant Trust Secretary
Heather Smith (HeS)	Chief Finance Officer

1.	Introduction and welcome from the Chair	Action
a	The Trust Chair welcomed everyone present to the virtual Council of Governors' (CoG) meeting. He reminded governors that a meeting in private will follow the meeting in public.	
2.	Apologies for absence and quoracy check	
a	Apologies were received from the following Governors: Emma Short, Julien FitzGerald, Kate England, and Zahir Mohammed.	
b	Absent without formal apology: Tim Bearder; Martyn Bradshaw; Benjamin Glass; Nyarai Humba; Benjamin McCay; Petr Neckar; and Graham Shelton.	

c	Apologies received from the Board: Grant Macdonald, Chief Executive; Britta Klinck, Chief Nurse; and Ben Cahill, Deputy Director of Corporate Affairs.	
d	The Chair noted that Georgia Denegri, Interim Associate Director of Corporate Affairs had now left the Trust and replaced by Taff Gidi, permanent Director of Corporate Affairs; and Emma Leaver's new role of Interim Chief Operating Officer for Community Health Services, Dentistry and Primary Care.	
e	The meeting was confirmed to be quorate.	
3. a	Declaration of interests on matters pertinent to the agenda None raised.	
4. a	Minutes of last Meeting on 5 December 2024 and Matters Arising The minutes of the last meeting held on 5 December 2024 were approved as a true and accurate record, and there were no matters arising.	
b	The Council approved the minutes and noted there were no matters arising.	
5. a	Patient Story Bill Tiplady (BT) the Director of Psychological Professions, looking after the Trust's psychology and psychological therapy workforce and has now taken on responsibility for lived experience involvement activity in the Trust, sitting that alongside the peer support workforce which relates to this agenda item.	
b	BT explained that the peer support workforce was a group of NHS staff specifically trained inhouse to use their own lived experience of accessing NHS services and experiencing physical and mental health problems to then help those who are using the Trust's services. The story today brings together two important areas, the personal journey of becoming a peer support worker alongside a personal experience of psychosis and how they set the foundation of wanting to become a peer support worker.	
c	The Peer Support Worker spoke about their journey from being a service user to becoming a peer support worker. They explained that in 2017 aged 17 they were admitted to the Warneford Hospital on the Highfield Unit where they spent six months during which time they were diagnosed with psychosis. For them this meant experiencing hallucinations, delusions, and abnormal thoughts. During their time with Oxford Health, they received an amazing amount of support, and the staff reached out to them. Upon reflection of their recovery, they realised how the staff had taken step by step actions to get them better during which time they found their love of art.	
d	Through self-reflection they managed their symptoms and were able to take that step out into life and get a job. Their first job was for four and a half years and then they had various jobs all of which had a care element to them. Proudly, today, they are a peer support worker with Oxford University on one of the brand-new clinical trials where they work closely with Oxford Health and patients. The clinical trial is for those patients who are experiencing persecutory delusions for whom they provide support. Although the role is very new for them, they have received an overwhelming amount of support and alongside the other peer support worker they wear their vulnerability as a badge to show others the steps they have taken to get better and suggest new ways to support people and show there is a day where the life you want can come.	

e	The Chair thanked them for their courage. He asked them how they were managing their condition now.	
f	The Peer Support Worker responded that recovery was not linear and there had been spikes. They used various techniques and hobbies to help them along with reflection and journaling.	
h	Joel Rose asked from their experience and insight, what the big lesson to be learnt for the Trust would be. They noted that one of the lessons they had learnt was just taking it step by step as a lot can be confusing and take time but noticing the little wins helps.	
i	Gerladine Cumberbatch (GC) asked what other aspects they had found helpful in terms of their treatment and helping their recovery. The Peer Support Worker spoke about not being allowed off the grounds at first for their own safety but being told that they could work towards this which gave them light at the end of the tunnel. They particularly enjoyed 'Sandwich Club' as they went out shopping to choose what they wanted in their wraps and would then go back and make them together. They found this a good bonding experience.	
j	The Council noted the presentation.	
6.	Development of mental health medication – a presentation by the Chief Medical Officer	
a	The Chair introduced Karl Marlowe, Chief Medical Officer and Professor Philp McGuire, based in the Department of Psychiatry in the University of Oxford.	
b	The CMO provided an update on how Oxford Health in combination with the University and Research partners were developing a number of new treatments in terms of medication over the last 15-20 years. He highlighted the Pax D study which was looking at treatments for people with depression.	
c	Professor Philip McGuire (PMc) spoke about the progress made within the NHS in service organisation, the creation of new types of services which are helpful to people with mental health disorders. For example, the UK is the world leader in early intervention for psychosis which did not exist when he started in psychiatry. We were now getting to the stage where there were not only services for early intervention but prevention of mental health disorders, this was due to reorganising existing services in a way that allows people to get care at an earlier and more useful stage. A personalisation of care has also happened, the idea is you get the right treatment for the right person at the right time. Recently there has been a number of new specific treatments which looking interesting and are currently being evaluated in Oxford.	
d	The Chair asked if there was a problem with the commercial dimensions of developing better therapies for mental health patients. PMc responded that commercially it was more difficult to produce treatments for mental health conditions than say for cancer just empirically, it costs about a billion dollars to develop a new treatment and takes about 15 years in mental health whereas its much less expensive and much faster in other conditions. For mental health there is not the dependence on big pharma to produce new treatments a lot of it can come from a ground up level either by academics or small enterprises.	

e	Juliet Hunter asked if the availability of research funding was similarly different, was there less money out there to do research. PMc responded that relative to physical health conditions there was much less funding for mental health and was a factor.	
f	The Council noted the update.	
7. a	Chair's report The Chair noted that he was proud to have taken part in an event on 4 March in the House of Commons sponsored jointly by the University of Oxford to present to MPs and civil servants some aspects of the developing work is being done in Oxford, both clinical and research and underlining that the psychological and psychiatric were very much in tandem. The evening conveyed a very exciting sense that we were on new frontiers and Oxford is very well placed to push the frontiers forward for the sake of translating research into better clinical practice for the sake of patient care.	
b	The Council noted the Chair's report.	
8. a	Lead Governor's report The Lead Governor took her report as read.	
b	The Council noted the Lead Governor's report.	
9. a	Chief Executive's report The Chief Executive took his report as read.	
b	The Council noted the Chief Executive's report.	
10. a	Reflections of a Non-Executive Director Andrea Young gave an update to the Council on her work as a Non-Executive Director noting this was her second term, noting her role included being Chair of the Board Quality Sub-Committee; Freedom to Speak Up champion; Patient Safety NED lead and recently the Senior Independent Director. On reflection of her time to date she noted: <ul style="list-style-type: none"> • It takes a long time to get to know how things work and to understand what matters in mental health; • Being a board member is a team sport and felt the board worked well together, data helps but meeting staff and patients provides real insights; • Also important to understand the system, how we can influence and what can we do to improve health for wider community; and • Lots of opportunities to network, learn, grow, and develop. 	
b	The Chief Finance Officer asked from a quality perspective what Andrea thought was the biggest improvement made during her time here and what was secret to achieving that. Andrea responded that having the data available had helped. She felt the Trust had tightened up its focus, prioritised, improved the way it does things. She noted that Pharmacy was outstanding. One area the Trust needed to take assurance on was how do we do that easily, effectively, and diligently. She commented that the Quality Committee had worked hard to harness quality improvement and shine a light on it and create a psychologically safe space to talk about things that might be going wrong.	
c	The Interim Chief Operating Officer for Mental Health and Learning Disability highlighted that much of Andrea's career had been in the acute sector and asked what the Trust could learn from that going forwards. He also asked Andrea with what she knew about mental health now what she would do	

d	<p>differently in an acute setting to support the needs of people with a mental health diagnosis. Andrea noted it would be wrong to say she had never worked in mental health because every patient who comes through an acute hospital has a mental health need whether it be an express need or not. She was fortunate that they invested a lot in psychology services. On what she would do differently, Andrea felt you learnt more and were more effective the more you knew and understood so more visits, more time in services and leaning into the system.</p> <p>The Council noted the update.</p>	
<p>11.</p> <p>a</p> <p>b</p> <p>c</p>	<p>Questions arising from papers in the Reading Room</p> <p>Paul Ringer raised his concern about non-compliance with statutory and mandatory training, effectively what the stats are saying is compliance is getting worse and one in ten members of staff are not compliant with their statutory and mandatory training. The CPO responded that from an operational perspective the Trust knew which of its learning development modules was below 90%; these are Infection and Prevention Control at 89%; Resus and lastly PEACE training which has risen to just above 90%. There has been an upward trajectory since Summer 2024 but there is still work to do to achieve the 95%.</p> <p>Juliet Hunter asked for some background on the completion of clinical and management supervision. The CPO responded that there had been a significant increase in both since August 2023 and that there was an upward trajectory. She noted that there were some system issues, where historically staff had been asked to log whether it was management or clinical supervision. This amount of detail is not needed, and this will be combined from the end of April which should help.</p> <p>Sri Sabapathy mentioned a specific question in the NHS task survey which directly asks if staff have been discriminated by colleagues, managers and patients based on their ethnicity. He asked if during the planning there was any work being undertaken on this as the data was being bunched together and not specifically being taken to the Board. Mindy Sawhney responded reassuring Sri that at People and Leadership Committee all data was seen including staff survey data and was cut by protected characteristic and do examine each question of the survey. The CPO noted that last year's results were looked at by the People Promise Indicators by race broken down by type, this data was taken to the Board and examined at the People, Leadership and Culture committee and was included in the priorities in the Annual Plan.</p>	
<p>12.</p> <p>a</p> <p>b</p>	<p>Warneford Park Programme update</p> <p>Simon Cook provided an update on the Warneford Park programme noting this was a tripartite partnership between Oxford Health NHS Foundation Trust, the University of Oxford, and Anonymous University Partner & Donor. It will deliver a new mental health hospital for Oxford and Oxfordshire; new research facilities; and a new graduate college. Simon outlined a timeline with the next steps being focussed around planning application, seeking consent and business case development.</p> <p>Rick Trainor commented, as the Chair of the Joint External Board on this project, how impressed he had been to the extent the trust, university and joint partner had been working together to promote this important project.</p>	

c	The Council noted the update.	
13.	Oxford Health Annual Plan – Draft of FY 25/26 Plan	
a	The Executive Director for Strategy provided an update on the draft FY 25/26 Plan noting that the Trust was working on a daily basis with the Integrated Care Board (ICB) to support the planning.	
b	The Executive Director for Strategy highlighted that this year a plan had been developed with a clear view of the financial context and asked the team to assume there would be no significant increase if any funding and to focus on improving our services and our care.	
c	<p>She highlighted the following points that were coming through the directorate plans:</p> <ul style="list-style-type: none"> • Focus on thinking about what neighbourhood working would mean for our services both mental health and community; • Focus on health inequalities and thinking about how the needs of our population are best addressed but also of working with partners; • On Mental Health, the three key themes to focus on are impatient improvement programme, developing crisis services in line with planning guidance; and also looking at what the Trust is doing in the children and young people's space; and • Community Services will be focussing on delivering the Trust's transformation. 	
d	<p>Last year, the Trust introduced 14 strategic programmes and three enablers highlighting key areas of focus during FY 24/25. These have been revised to develop a refreshed Strategy delivery plan for the next two years. This plan will guide the Trust's work as it transitions from its current strategy to its new strategy. These priorities are:</p> <ul style="list-style-type: none"> • Contributing to improving the health of the populations in the neighbourhoods we serve; • Improving access and waiting times; • Listening and responding to the voice of patients, families, and carers; • Developing and empowering our teams and leaders; • Building an anti-discriminatory organisation; and • Prioritising staff safety and minimising violence and aggression. 	
e	The Council was invited to provide feedback on the OHFT FY25/26 draft Annual Plan before it was reviewed by the Board of Directors at the March Public Board of Directors Meeting.	
f	The Council noted the update.	
14.	Nominations and Remuneration Committee (NRC)– Committee membership	
a	<p>The Chair noted that the membership of the NRC is kept under review dependent on governor numbers and the balance of available governor constituencies represented on the committee. Over recent months, Anna Gardner and Bernice Hewson stood down as governors along with Vicki Power taking up the role of lead governor. Given these changes, the NRC discussed at its meeting on 19 February 2025 the need to add governors to its membership and recommends to the Council that the following three governors are appointed to the membership of the NRC:</p> <ul style="list-style-type: none"> • Juliet Hunter – Public governor – Oxfordshire • Srikesavan Sabapathy – Public governor - Oxfordshire • Evin Abrishami – Staff governor - Oxfordshire, BaNES, Swindon, and Wiltshire Mental Health Services 	

PUBLIC

b	The Council APPROVED the appointment of Juliet Hunter, Srikesavan Sabapathy, and Evin Abrishami to the Council of Governors' Nomination and Remuneration Committee.	
15. a	Questions from the public None received.	
16. a	Close of meeting Meeting closed at 19:21	
Date of next meeting: 12 June 2025		

Meeting:	Council of Governors Meeting
Date of Meeting:	12 June 2025
Agenda item:	06
Report title:	Trust Chair's Report
Executive lead(s):	n/a
Report author(s):	David Walker, Trust Chair
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Council:	For information
Public or confidential:	Public

Report

Every four weeks or so I enjoy whatever you'd call the opposite of blue Monday – gold, red, whatever. The trust holds a regular induction session for staff who have recently joined us. Because we are a big trust, with some 6,500 staff, there is a fair turnover. We'd like to retain more but it's inevitable that some staff will move on, find other opportunities. It's usually a buoyant occasion, held at the Unipart Business Centre, where I make the same joke, offering to all staff who stay with us for 25 years one of the Minis being made in the Cowley plant adjacent.

Then, after the induction session, we usually have a short ceremony at our Littlemore headquarters for the Trust's exceptional people awards. With governors' help, we invite staff and service users to nominate a colleague who has gone above and beyond what is expected – they get a plaque and certificate. It's always a great occasion. Most recently awards went to the team promoting oral health on behalf of our community dentistry service, to the team in Bucks leading on patient involvement, to a pharmacist who has specialised in monitoring and reviewing the drugs taken by children and adolescents in our care and to Tendai Mugariri, the clinical lead in the emergency multi-disciplinary assessment unit at the Witney Community Hospital.

Alongside those exceptional people, colleagues go on doing their jobs, day in, day out, come shine or (something we've not seen much lately) rain. That's a fact worth savouring as, recently, noise levels around the NHS have been deafening. Its superstructure has been demolished, with the planned abolition of NHS England, and requests for significant reductions in the integrated care systems that have been operating formally since July 2022. Controls of spending have tightened, led by the new temporary head of NHS England, Sir Jim Mackey. Money matters as does efficiency and effectiveness – all Trust's

regularly review how they can operate more efficiently and effectively using valuable insight on the experience of NHS services from patients, carers and staff.

But, amid the national plans for change, services continue. Our chief executive Grant Macdonald often makes the point that, for most colleagues, what matters most is their team and their immediate colleagues, how well they are managed and supported. In many ways the wider trust exists to sustain and help them. Many staff have only a sketchy awareness of the existence of the board, let alone the structure of the national NHS above and beyond us.

This is a key reason why governors are such an important link, between the day by day experience of staff and patients and those who care for them and the world of 'governance'. Accountability is vital. We spend huge amounts of public money and how well we do it and how safely need constant vigilance. But, going back to the monthly induction sessions, I find it salutary to meet staff whose focus is the day job, their ward, their team, their function the people they care for.

Report history / meetings this item has been considered at and outcome
N/A

Recommendation(s)
The Council is asked to note the report.

Meeting:	Council of Governors Meeting
Date of Meeting:	12 June 2025
Agenda item:	07
Report title:	Lead governor update
Executive lead(s):	N/A
Report author(s):	Vicki Power, Lead Governor
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Council:	For information – update report from lead governor
Public or confidential:	Public

Report

Following a recruitment campaign for new governors, we received 25 applications from the community from individuals interested in volunteering for the Trust as governors. From these applications and further voting, we now have ten new and three returning governors beginning their term with us. We look forward to working with them and our existing governors to collaborate with our non-executive directors in supporting the Trust's strategic objectives and goals.

In recent months, our staff colleagues have faced uncertainty due to news regarding NHS England and the Integrated Care Boards (ICB's), particularly concerning the announcement of a 50% reduction in the ICB's operational costs. The Trust has been actively working to provide reassurance, explanations, and updates to teams about any new developments reported in the press through webinars and staff discussions.

As noted in my previous report, in partnership with the corporate governance team, we have aimed to improve communication channels between Governors, Non-Executive Directors, and the Board. This effort began with the issuance of a refreshed newsletter shortly after the Council of Governors (CoG) meeting in March, with another scheduled to be released after the CoG meeting in June. The newsletter summarises updates and meetings from the past three months and outlines upcoming meetings, visits to Trust sites, and events where there will be opportunities to meet staff and patients.

To further strengthen relationships, we will be issuing a skills mix questionnaire to all governors in the coming weeks. This will help us capture the various skills our governors can offer the Trust, allowing us to apply these skills when working with non-executive directors and Board members moving forward.

Additionally, I would like to highlight the 3A reports, which are included as part of the Council of Governors meeting. These reports, authored by our Non-Executive Directors, highlight areas from each of the committees held by the Trust and identify:

- Three key items for advice to be discussed,

- Three items of assurance
- Three alerts

The reports provide insight into what our Non-Executive Directors have noted and challenged the Board on. Should you have any questions regarding the updates provided, please feel free to reach out to me.

Report history / meetings this item has been considered at and outcome
This report has been produced for 12 June 2025 Council of Governors

Recommendation(s)
The Council is asked to note the report

Meeting	Council of Governors
Date of Meeting	12 June 2025
Agenda item	08
Report title	Chief Executive Officer's report
Executive lead(s)	N/A
Report author(s)	Grant Macdonald, Chief Executive
Action this paper	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
Reason for submission to the Council	For information
Public or confidential	Public

Report

I'd like to start my report by welcoming the thirteen new and retuning governors to the Trust's council of governors following the election process held over Spring. On behalf of the board of directors and of the Trust, I'd like thank you for your time and interest in the work of Oxford Health. It is an important time to be involved in the NHS and now, as much as any time in the past, we need to hear the experiences of Trust's key stakeholders – patients, the public, staff and partner organisations - many of who are represented by the governor constituencies and to take these into account with the future plans of the Trust. With the lead governor and chair, I look forward to meeting you over the coming months.

Mental Health awareness week

Over May the Trust marked Mental Health awareness week (12-18 May 2025). The theme of this year's awareness week was 'community' focusing on the importance of social connections and local communities in keeping good mental health and, in particular to the work of Oxford Health, in supporting recovery. The Trust marked the week with a number of events, including promoting the importance of patient-centred care where patients work with a mental health practitioner to set out their own care goals using objectives defined through patient reported outcome measures (PROMS). This new approach, known as collaborative care planning, is being gradually introduced in adult mental health services and also seeks the involvement of carers and family members.

Exceptional people awards

The Trust holds regular internal staff awards to recognise the commitment and achievements of individuals and teams across the organisation. It is always rewarding to attend these and to meet colleagues. For the recent awards, I'm pleased to let governors know that Tendai Mugariri (Clinical Lead at Witney Emergency Multi-Disciplinary Assessment Unit) and Rachel Hogan (Child and Adolescent Mental Health Consultant Pharmacist) won the individual awards, and the Communications team and the Buckinghamshire Experience & Involvement team won the team awards.

Volunteers' week

At the start of June it was national volunteer's week (2-8 June 2025) - the week is a great opportunity to recognise the contribution and work of Oxford Health's volunteers. The Trust currently has about 140 active volunteers, supported by the charity and involvement team, in a variety of roles across services at the Trust. Many volunteers are considering employment in the NHS and volunteering is a good stepping stone towards that - there are a number of substantive staff who began their connection with the Trust as a volunteer. My thanks to all our volunteers for the great work they do.

Murray House opening for community physical health teams

In late April, I was pleased to see the opening of a new hub for community physical health teams serving north Oxford. Murray House, which is located on the Jordan Hill Business Park, is a new home for several teams, ranging from district nurses, health visitors and podiatrists to specialist community dentists. While some teams will visit patients in their homes, others will be providing clinic appointments at Murray House. The building has been fully refurbished to meet the needs of modern healthcare and I look forward to hearing about how the new hub is helping to support and improve patient experience and the working lives of colleagues. The site will also be able to host Trust meetings, and will be the venue for the 1 July Finance & Investment Committee meeting.

Supreme court ruling on the Equality Act 2010

Following the Supreme Court judgment on the definition of sex under the Equality Act 2010 made on 16 April, I wanted to take a moment to reaffirm Oxford Health's commitment to fostering a respectful, inclusive and safe environment for everyone.

At Oxford Health, we recognise the diversity of views in our workforce, and we are clear that our values: *caring, safe and excellent* must underpin everything we do. We must show care by listening with empathy and treating one another with kindness and compassion; we must ensure safety by creating an open environment where everyone feels safe, protected and able to speak up without fear; and we must strive for excellence by holding ourselves to the highest standards of inclusion, professionalism and integrity in how we work across diverse communities.

Further national and legal guidance is expected over the summer, including what the ruling means for health and care services, and we will review relevant policies in line with these. I shall be providing further updates to board as available on this work.

Grant Macdonald, Chief Executive

Report history / meetings this item has been considered at and outcome

N/A

Recommendation(s)

The Council of Governors is asked to note the report.

Meeting:	Council of Governors Meeting
Date of Meeting:	12 June 2025
Agenda item:	11
Report title:	2024 Staff Survey Results
Executive lead(s):	Charmaine De Souza, Chief People Officer
Report author(s):	Beth Macgregor & Jo Whall, Organisational Development Consultants, Zoe Moorhouse Head of OD (Interim)
Action this paper is for:	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the Council:	Assurance
Public or confidential:	Public

Executive summary

The Board are asked to note the 2024 Staff Survey results, specifically:

Response Rates

Analysis of Trust Staff Survey Response Rates – 2021 – 2024 (slide 3 of Appendix A). The response rate improved from 51.4% in 2023 to 53.2% in 2024, with an increase of 328 respondents compared to 2023. Of those surveyed, 151 were from Buckinghamshire Mental Health. The OD Team is investigating the reasons behind this increase and considering applying similar approaches to support increases in response rate across the Trust. An additional 32 more teams have results in 2024 – approximately 179 teams in total (77.8% of all teams that are 10 or more compared to 72.4% in 2023). During the 2024 Staff Survey, various new engagement strategies were implemented to support more staff in completing the survey.

Benchmarking

The Trust's staff survey scores are compared against national and local BOB ICS benchmarks (Slide 5, Appendix A). The National Comparator Benchmark Report is included for reference in the Reading Room (Appendix B).

Eight of the nine People Promise elements/themes have surpassed the national average when compared with the benchmark. The theme "we work flexibly" is now aligned with the national average, showing an improvement from 2023 when it was below the national average.

The Trust People Promise scores were higher than the BOB scores in all elements.

Directorate level reports are included in Slides 7-14, and these are now being taken forward by Directorate leads for specific actions and focus.

Highest and Lowest Scoring Scores

Analysis of highest and lowest scoring questions compared to the national average including a specific focus on Q25c 'Would recommend organisation as a place to work' (Q25c). **The result for this question ranks the Trust as 10th nationally out of 51 providers in our sector** (slide 14-18).

Protected Characteristics

Analysis of the results using the lens of **protected characteristic data** by the 9 Elements and Themes of the People Promise including outline of the Staff Survey Indicators for the WDES and WRES (slides 19 – 35 of Appendix A).

Disability - Since 2023, 8 out of 9 elements/themes for individuals declaring a disability have slightly improved, with 'we work flexibly' showing the highest increase (0.14). 'We are compassionate and inclusive' remained unchanged. However, all elements scored lower compared to the Trust score and national average, with 'we are safe and healthy' scoring the lowest against both benchmarks.

Scores for **white and Asian/British** employees have increased across all nine elements compared with 2023.

Race - For **Black/African/Caribbean/Black British** staff, all scores decreased from 2023, notably 'we are always learning' at -0.51, but still scored favourably compared to both the Trust score and national average. Six out of nine elements scored higher than the Trust score and seven out of nine compared favourably to the national average.

Eight out of nine scores for **Mixed multiple ethnic groups** decreased from 2023, with seven scoring worse than the Trust score and six lower than the national average. 'We are recognised and rewarded' showed the greatest drop and adverse comparison.

Harassment, bullying, or abuse from patients towards ethnic minority staff has worsened, reflecting a national trend. The percentage experiencing such behaviour from other staff rose by nearly 2%, and from managers by 2.19%, though both remain below the national average.

Staff from other ethnic groups seeing equal **career opportunities** increased by 2.65% from 2023 to 57.13%, above the national average.

Sexuality - **Heterosexual/Straight and Gay/Lesbian** scores improved in all 9 themes compared to 2023, surpassing both national and Trust averages. **Bisexual** respondents' scores also improved but remained below the Trust average for all 9 elements, and 6 were below the national average, with 'we work flexibly' scoring the lowest at -0.45. Encouraging staff to self-declare remains challenging, but it will be a priority for communications in the 2025 Staff Survey to improve data quality.

Gender - Female respondents saw improvements in 8 of 9 elements and themes compared to 2023, with scores favourably comparing with Trust and national averages. Male respondents also improved across all 9 elements and themes, most scores being favourable compared to Trust and national averages.

Religion –Muslim: 7 out of 9 elements/themes decreased compared with 2023 by 0.02 to 0.25, but all scores are better than the national average, and 8 out of 9 compare favourably with Trust scores. **Christianity**, no religion, and Hindu: All increased

compared with 2023. However, 'no religion' has 5 out of 9 elements/themes slightly adverse compared with Trust scores. **Buddhism**: 5 out of 9 elements/themes decreased slightly compared with 2023, but 8 out of 9 compare favourably with Trust scores and all 9 are better than the national average.

Professions

The Trust will share protected characteristics scores for each Directorate in April to aid local discussions and guide actions.

Analysis of the results using the lens of **profession data** by the 9 Elements and Themes of the People Promise (slides 36 – 41 of Appendix A).

Medical and Dental – All People Promise scores improved from 2023. Eight out of nine People Promise Elements were below the Trust score, ranging from -0.17 to -0.58. 'We are recognised and rewarded' was +0.21 above the Trust score. Four elements were above the national average, four were below, and 'Morale' was equal to the national average.

Nursing & Midwifery - 5 People Promise scores improved from 2023. Three declined with a range of -0.03 to -0.04. Four were above the Trust score (+0.07 to +0.12), while four were below (-0.15 to -0.33). Six scores were above the National average (+0.02 to +0.29) and three were below (-0.13 to -0.31).

Allied Health Professionals - All People Promise scores improved in 2023. Seven out of nine themes scored above the Trust score (+0.17 to +0.41), except for 'We are safe and healthy' (-0.04) and 'morale' (-0.02). Eight out of nine themes scored above the National average (+0.04 to +0.49), with 'We are safe and healthy' being the only one below at -0.02.

Additional Clinical Services - 'We are always learning' was the only People Promise element to improve. 'We work flexibly' remained unchanged, while the other 7 elements declined by -0.03 to -0.11. Three elements scored above the Trust average by +0.06 to +0.16. Six elements were below the Trust average by -0.02 to -0.33. Seven elements were above the National average by +0.04 to +0.33. 'We work flexibly' scored the lowest at -0.33.

Additional Scientific, Professional, and Technical - All scores have improved from 2023. Five of the People Promise Elements/Themes exceeded the Trust Score, with improvements ranging from +0.03 to +0.32. Four of the People Promise Elements/Themes fell below the Trust Score, with decreases ranging from -0.04 to -0.17. Eight of the People Promise Elements/Themes were above the national average, showing an increase between +0.01 to +0.49. The only People Promise element that scored negatively compared to the national average was 'We are safe and healthy', with a score of -0.15.

Administrative and Clerical - All scores have improved since 2023. Eight out of the nine People Promise Elements/Themes exceeded the Trust score, with improvements ranging from +0.03 to +0.40. However, 'We are always learning' is 0.20 below the Trust average. Similarly, the same eight People Promise Elements/Themes were above the National Average. Yet, 'We are always learning' falls 0.03 below the national average.

Raising Concerns

Analysis of the **Raising Concerns** Sub Score / Freedom to Speak Up scores Trust wide compared with our national and local BOB ICS comparators (slide 42 of Appendix A).

The raising concerns People Promise sub score increased from 6.94 in 2023 to 6.99 in 2024. Three out of four questions improved, with Q20b showing the largest increase from 65.62% to 67.67%. All four questions scored higher than the National Average and BOB score, with Q20b and Q25f being the top scorers.

Agreed Actions

Actions are being taken in response to staff survey feedback at Organisational, Directorate and Team level.

Key actions include:

- **Flexible Working** - Since 'We work flexibly' is below the National Average, we will continue focusing on this theme. A project is in progress to support and remove barriers to flexible working across the Trust.
- **Retention** – to continue the positive work which has already started to reduce turnover and improve staff experience.
- **Race Equality** – The Executive Team has acknowledged the need for an anti-racist initiative, the staff survey data will be reviewed to support this initiative. An Anti-Racist Programme Lead has been hired to oversee this work. Part of this initiative will focus on reducing obstacles to reporting violence, harassment, bullying, and abuse. Insights will be gained from other Trusts who have implemented similar projects, such as Berkshire's Unity Against Racism programme.
- **Team Development** – Effective team working significantly impacts staff experiences and survey responses. We will continue our current programme to support team effectiveness and develop our culture at Oxford Health. Reviewing the 'We are a team' survey data will help us track progress and provide proactive team development support through the Directorate/Corporate SLT's.
- **Proactive coaching** at team level to support 36 teams who have 60 or more of the 100 positively scored staff survey questions 3% or more below the Trust average score.

Directorate level actions reflecting local results will feed into directorate people plans.

• Report history / meetings this item has been considered at and outcome

- **3rd February 2025**, Extended Leadership Committee. Initial staff survey results were presented, pre embargo. Outcomes of that meeting included:
 - Offer survey coaching to 36 teams with results below the Trust average on 60+ questions.
 - Share Directorate staff survey results with Senior Leadership Teams for action upon embargo lift.
 - Agree to organisational actions within the 2-year improvement plan/strategy.

- 7th April, Extended Leadership Committee. The staff survey results were presented including benchmarking data. The update and outcomes were:
 - The Extended Leadership team recognized overall progress but noted variations at directorate and team levels that require further improvement. A key discussion point was Q10c, which scored 41.23% for not working additional unpaid hours beyond contracted ones (slide 18). They agreed to review free-text comments for more insights and assess 'Morale' theme questions for context.
 - Directorate leaders will continue local team improvements based on the survey, supported by a pilot rollout of the Affina team diagnosis tool.
- 29 April, People Leadership Committee. The staff survey results were presented including benchmarking data. The outcomes were:
 - The report was well received, in particular the format and attention that had been paid to the various levels of data.
 - The committee asked the trust to look at what more could be done in increasing response rates for the survey
 - The Chair asked that the action plan attached to this years results comes to a future PLC meeting
 - The report was accepted by the committee for reassurance.
- 25 May, Public Board of Directors meeting. The staff survey results were presented including benchmarking data. The report was accepted

The results, with a focus on equality, have also been presented and noted at the Equality, Diversity & Inclusion (EDI) Steering Group on 10th April and will be shared with the various EDI staff networks in the coming weeks.

Recommendation(s)

The Council is asked to note the content of the report and confirm that it is assured of the Trust meeting its mandated requirement to survey its staff and has taken adequate and necessary action based upon the results.

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	<input type="checkbox"/>
People (Workforce) - Be a great place to work	<input checked="" type="checkbox"/>
Sustainability - Make the best use of our resources and protect the environment	<input type="checkbox"/>
Research & Education - Be a leader in healthcare research and education	<input type="checkbox"/>



Integrated Performance Report (IPR): May 2025

March 2025 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, Dentistry & Primary Care)
- 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:

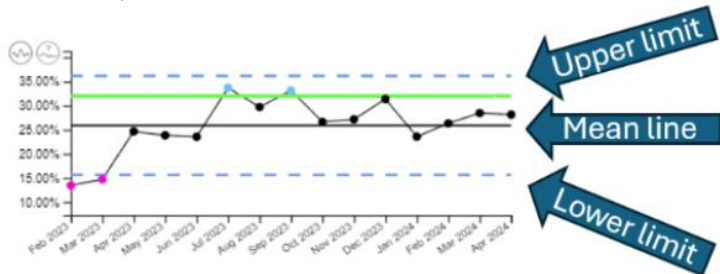
- National Measure – defined NHS Long Term plan metric with a national target or an agreed system plan
- National Objective – metric linked to NHS Long Term Plan with no agreed national target
- NOF – National Oversight Framework -NHS England's approach to oversight of Integrated Care Boards and Trusts.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

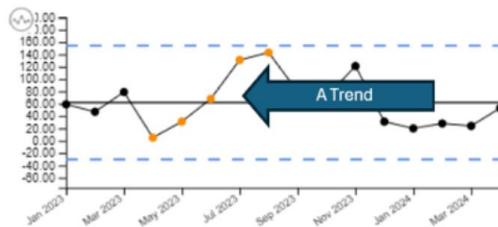
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

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.

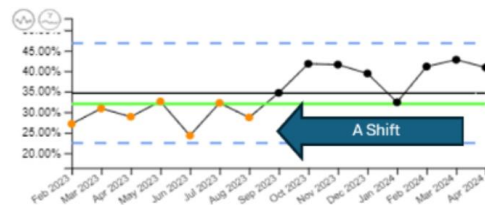


Green is the metric target line – only added to those graphs where target is applicable. Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).

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.

Guide to the Integrated Performance Report – interpreting the Data Quality Indicators (for clinical metrics)

The indicator provides an effective visual aid to quickly provide analysis of the collection, review and quality of the clinical data associated with a group of metrics. Group of metrics are rated against the three domains described below and overall assessment (red, amber, green) is provided by adding relevant icons on top of each summary clinical dashboard throughout the IPR. Narrative describing any identified concerns with regards to Data Quality are added in the Cover sheet accompanying the Integrated Performance Report.

Due to the aggregated nature of the data quality reporting, only issues of significance (impacting most metrics in a group or significantly impacting a single metric) will be taken into consideration.

Symbol	Domain	Definition
S	Sign off and Review	Has the logic and validity of the data definition been assessed and agreed by people of appropriate and differing expertise? Has this definition been reviewed regularly to capture any changes e.g. new ways of recording, new national guidance?
T	Timely and Complete	Is the required data available and up to date at the point of reporting? Are all the required data values captured and available at the point of reporting?
P	Process and System	Is there a process to assess the validity of reported data using business logic rules? Is data collected in a structured format using an appropriate digital system?

Rating	Definition
	Yes
	Partly
	No

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 - Buckinghamshire	5878 per month	Mar-25	6416	↑	↑
National measure	Improve access to mental health support for children and young people - Oxfordshire	6794 per month	Mar-25	8040	↑	↑
National measure	Improve access to mental health support for children and young people - Bath & North East Somerset, Swindon and Wiltshire	TBC	Mar-25	6400	↑	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Buckinghamshire	61% National average	Mar-25	50.98%	↓	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Oxfordshire	61% National average	Mar-25	43.91%	↓	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within pathway) - Bath & North East Somerset, Swindon and Wiltshire	61% National average	Mar-25	47.16%	↓	↑
National Objective	Waiting time standard for a meaningful contact & outcome measure	In development (estimated completion - FY25. Status: technical development in progress; operational action needed to record in Electronic Patient Records. Aiming for first reporting to Board in Q1 FY26)				

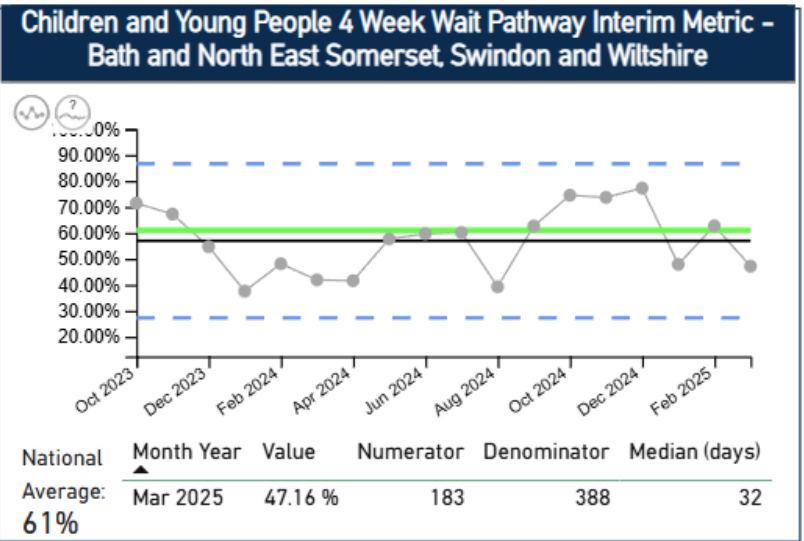
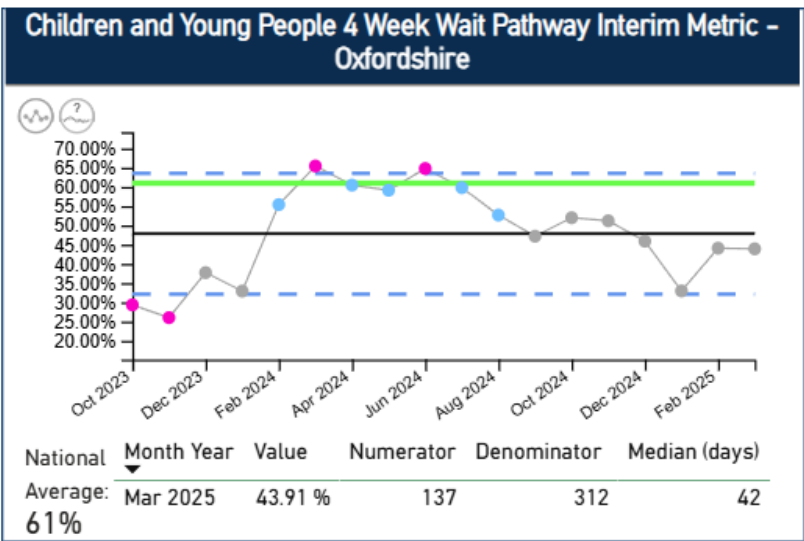
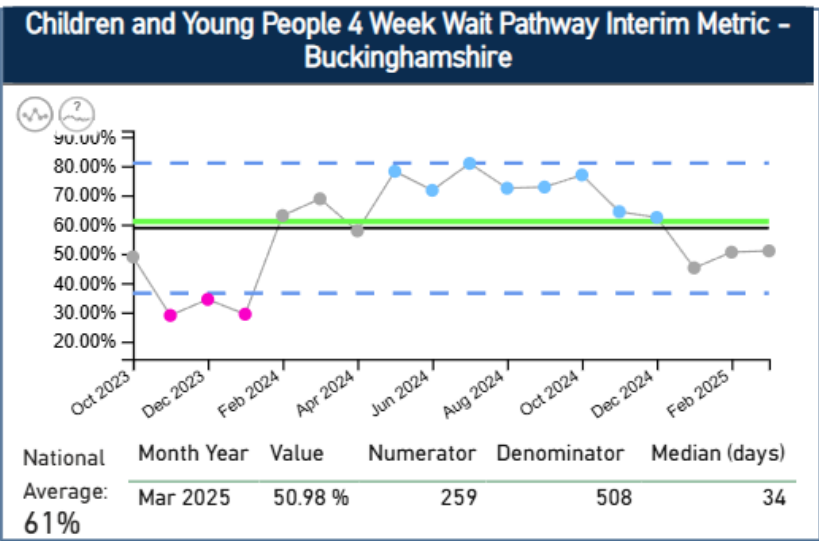
Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (2/2)

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%	Mar-25	89.47%	↓	↑
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	95%	Mar-25	96.88%	↓	↑
<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%	Mar-25	84.31%	↓	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	95%	Mar-25	100%	→	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	95%	Mar-25	100%	→	↑
<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%	Mar-25	85.71%	→	↑

Mental Health Services – Child and Adolescent Mental Health Services



Summary

This is an interim metric, which measures one meaningful contact* within a pathway 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). 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 set national target, and the Trust is baselining against the national average position.

None of the Child and Adolescent Mental Health Services have not achieved the national average in March 2025; however, performance remains within expected statistical range.

**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.*

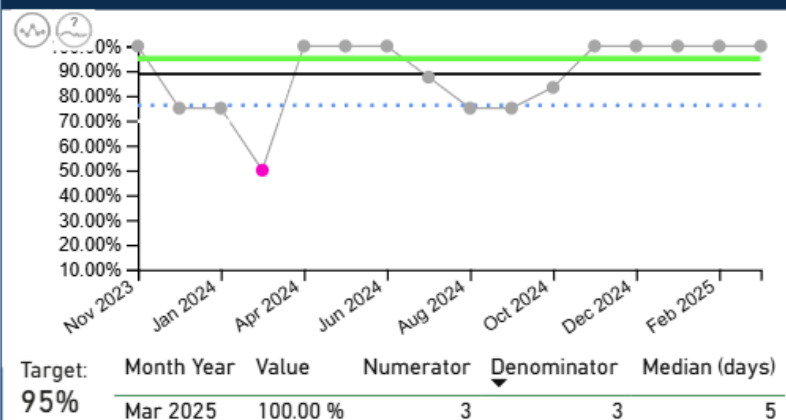
***SNOMED is a structured clinical vocabulary for use in an electronic health record.*

Actions

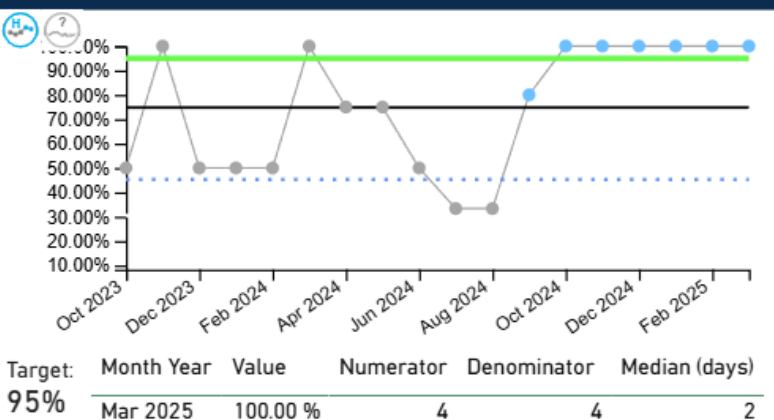
- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Reporting will be updated in line with national full metric in the new financial year.
- Focused exercise on reviewing patients waiting over 91 days.

Mental Health Services – Child and Adolescent Mental Health Services

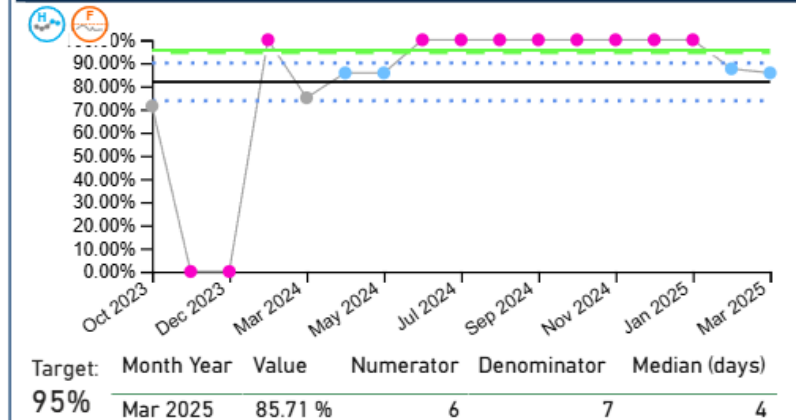
Children & Young People with suspected Eating Disorder Urgent cases - Buckinghamshire (reported as rolling 3 months position in line with national approach)



Children & Young People with suspected Eating Disorder Urgent cases - Oxfordshire (reported as rolling 3 months position in line with national approach)



Children & Young People with suspected Eating Disorder Urgent cases - Bath and North East Somerset, Swindon and Wiltshire (reported as rolling 3 months position in line with national approach)



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, 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 March 2025 performance includes January, February and March 2025 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.

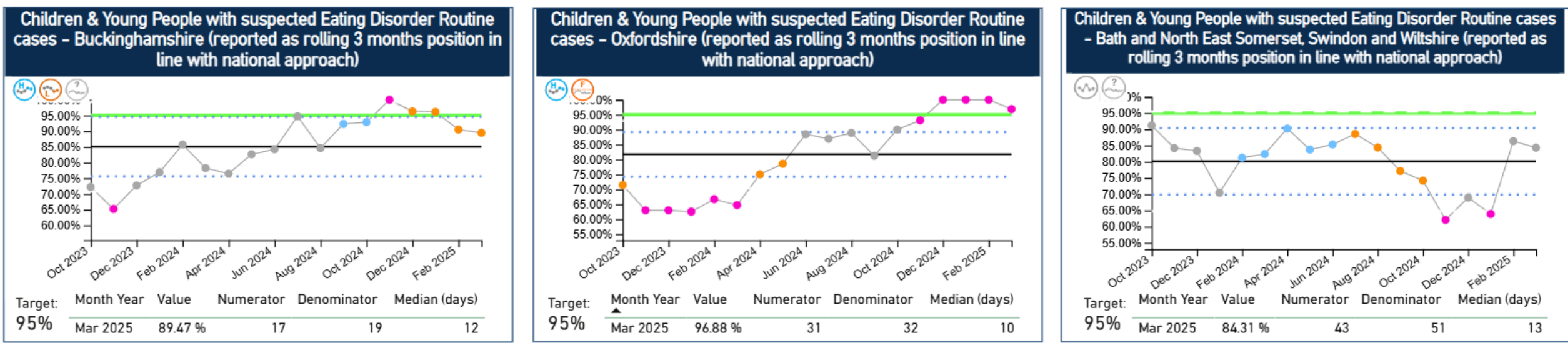
The national target for routine Eating Disorders to be seen within 7 days is 95%. Buckinghamshire’s and Oxfordshire’s CYP Eating Disorders services have achieved the national target whilst Bath & North-East Somerset, Swindon and Wiltshire CYP Eating Disorders services are working towards achieving it. One (1) and only breach was attributed to capacity and patient seen on day fourteen (14).

*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 routine referrals seen within 28 days where the referral reason is “Eating Disorders” and age of patient is between 0 – 18 years, 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 March 2025 performance includes January, February and March 2025 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.

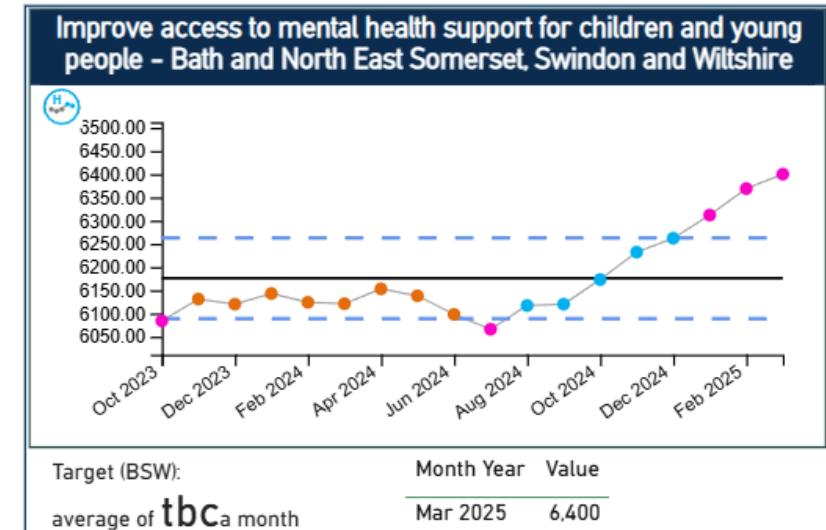
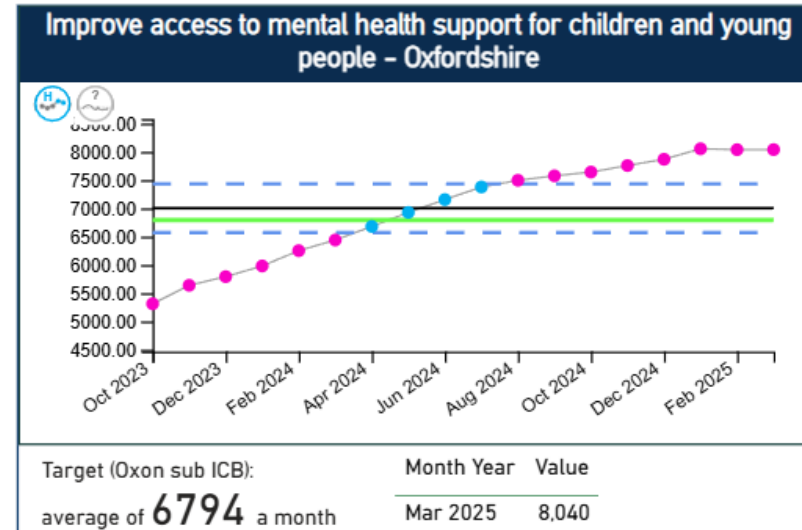
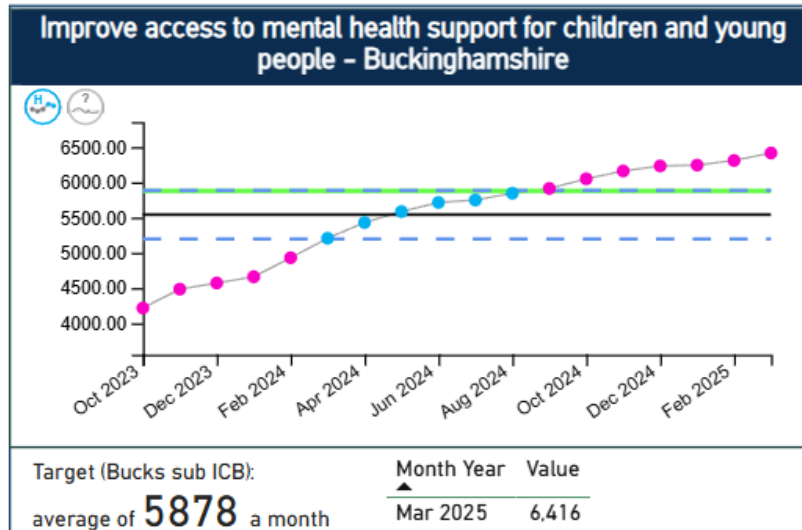
The national target for routine Eating Disorders to be seen within 28 days is 95%. Oxfordshire’s CYP Eating Disorders service has achieved the national target whilst Buckinghamshire and Bath & North-East Somerset, Swindon and Wiltshire CYP Eating Disorders services are working towards achieving it. Eight (8) out of eleven (11) breaches were due to first appointment being offered outside of the 28-day timeframe due to capacity (patients seen on days 29 – 52). Two (2) breaches attributed to patient choice - first appointments offered were within the 28-day timeframe. One (1) breach was due to data recording error, which will be rectified for the next reporting round.

**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

Metrics meeting target/target to be confirmed:



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	Mar-25	665	↑	↑
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	617	Mar-25	634	↓	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	Baselining	Mar-25	15.30%	↑	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	Baselining	Mar-25	6.20%	↓	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	67%	Mar-25	63.50%	↓	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	67%	Mar-25	70%	↑	↑
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	75%	Mar-25	94.30%	↓	↑
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	75%	Mar-25	99.40%	↓	↑
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	95%	Mar-25	100%	→	↑
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	95%	Mar-25	99.80%	↓	↑
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%	Mar-25	1.20%	↓	↓
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%	Mar-25	5.50%	↑	↓

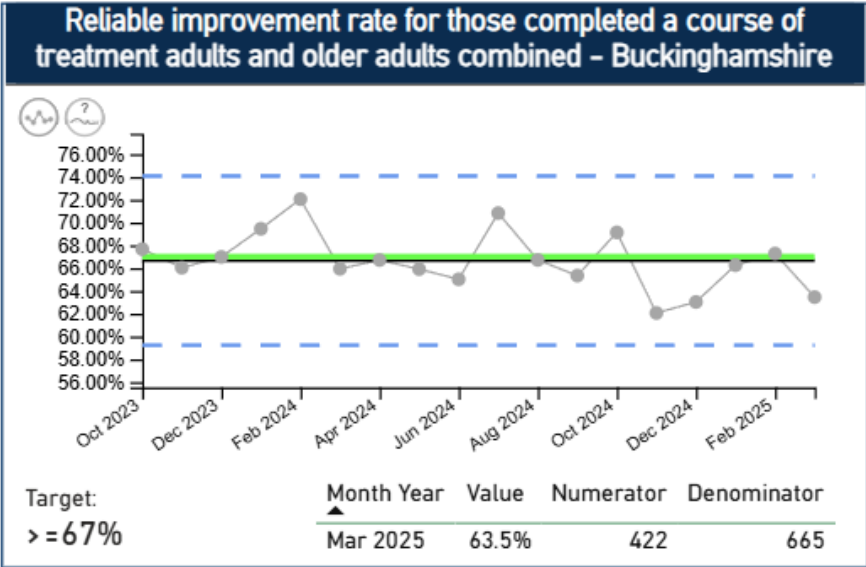
Mental Health Services – Talking Therapies – Summary dashboard (2/2)

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%	Mar-25	50%	↑	↑
<i>National measure</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	48%	Mar-25	57.30%	↑	↑
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%	Mar-25	53.90%	↑	↑
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%	Mar-25	62%	↑	↑
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire (recorded monthly, reportable quarterly)	50%	Mar-25	49.60%	↓	↑
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire (recorded monthly, reportable quarterly)	50%	Mar-25	59.30%	↑	↑
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire (recorded monthly, reportable quarterly)	50%	Mar-25	56.30%	↑	↑
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire (recorded monthly, reportable quarterly)	50%	Mar-25	64.30%	↑	↑

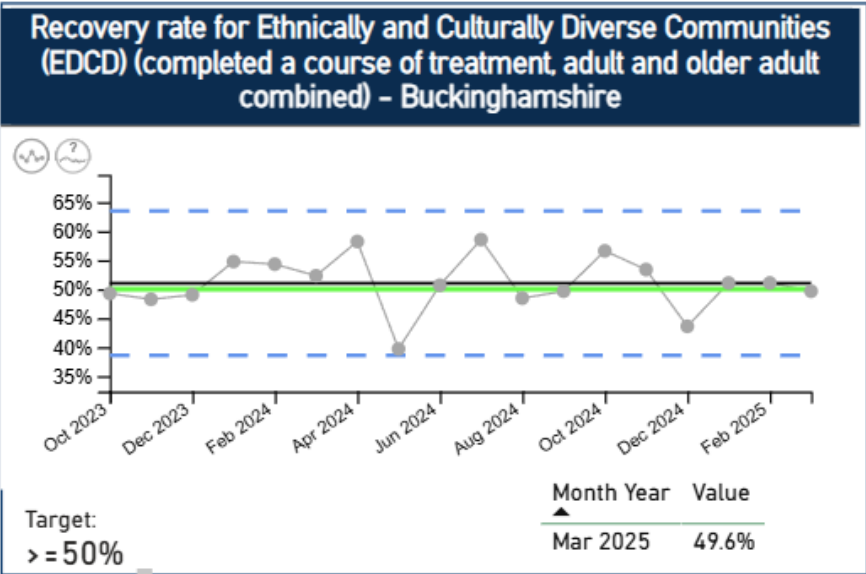
Mental Health Services – Talking Therapies



Summary and actions

Reliable improvement metric focuses on whether a patient's symptoms have improved in a way that is statistically significant with a meaningful reduction in symptoms, even if they do not fully recover. Reliable improvement ensures that the positive changes are measured and recognised, even if full recovery is not achieved.

In March 2025, Buckinghamshire's Talking Therapies service reliable improvement rate for those adults and older adults who completed a course of treatment was below the target of 67% with 63.5%. This is deemed to be natural variation and within expected statistical range.



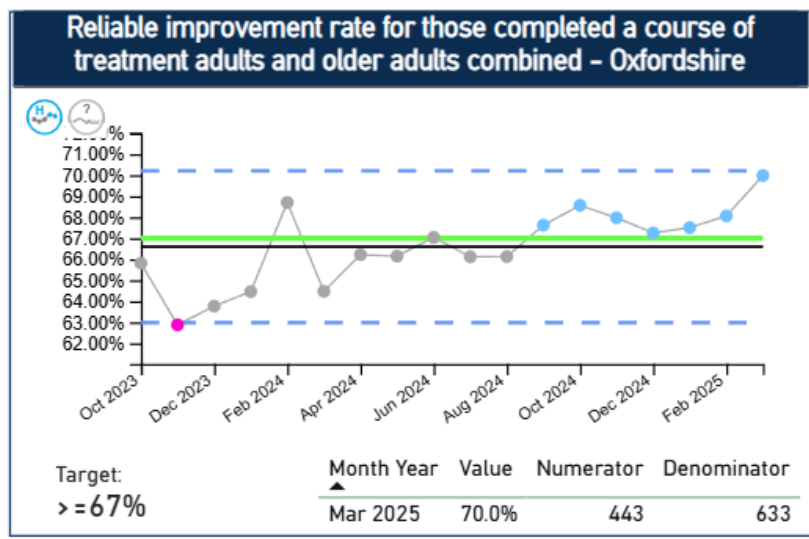
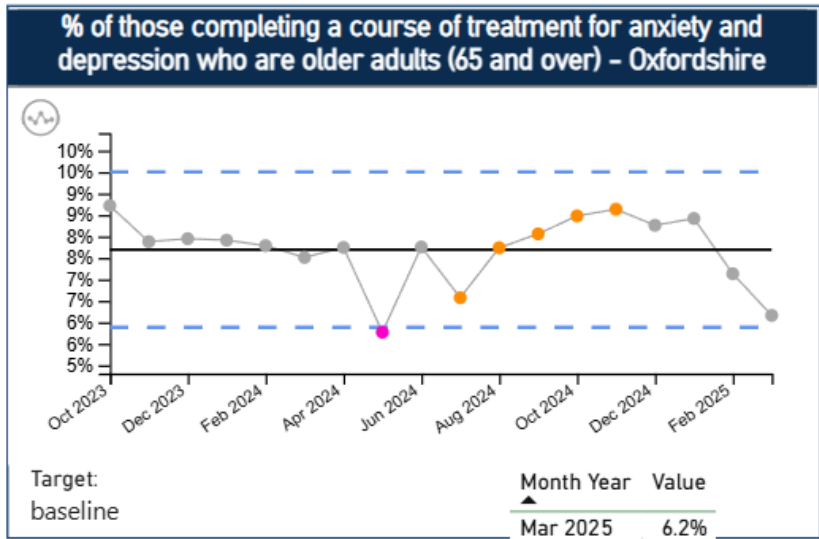
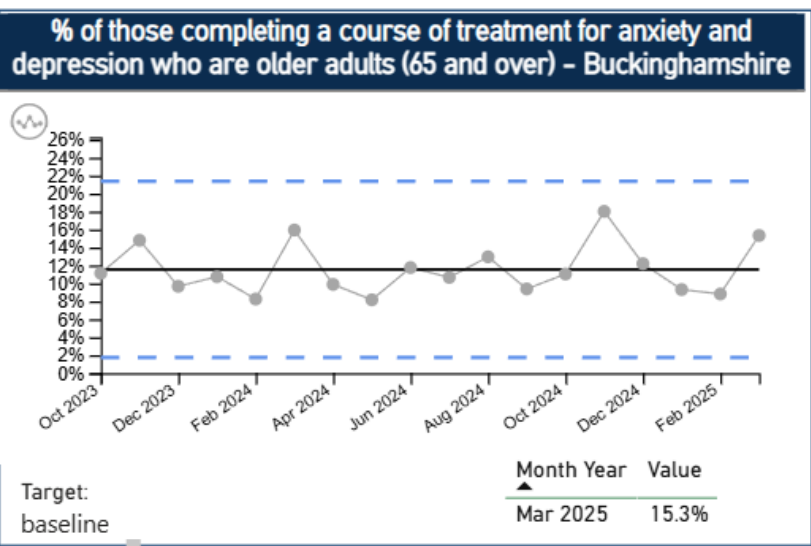
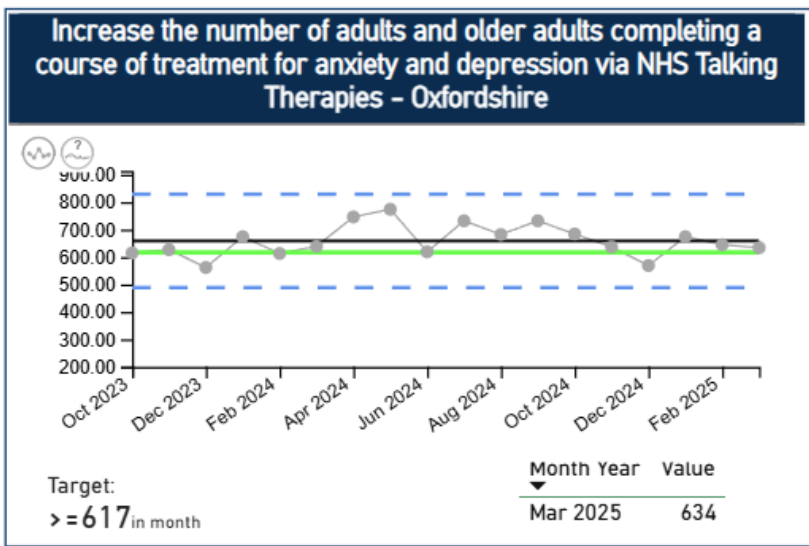
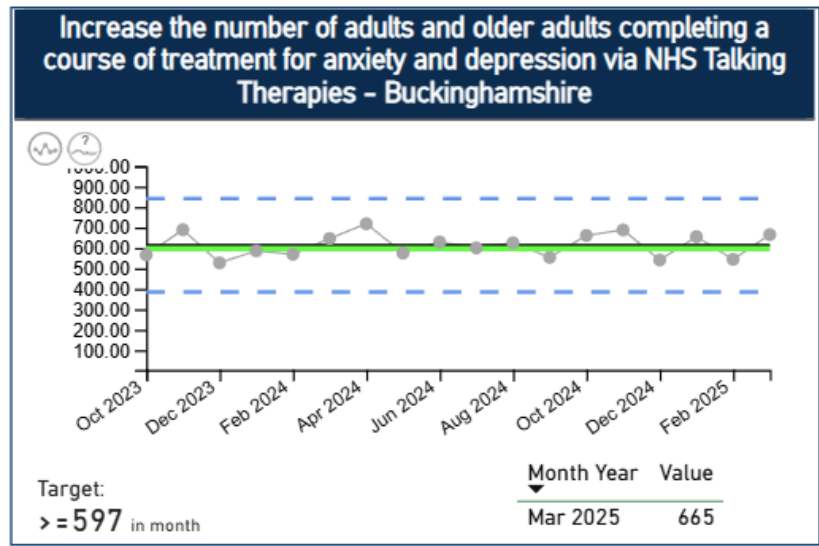
Summary and actions

This metric is monitored to ensure that at least 50% of patients who complete treatment achieve recovery as defined by clinical criteria meaning they no longer meet clinical criteria for anxiety or depression.

In March 2025, 49.6% patients who completed the treatment were considered as recovered, which is below target of 50%. This is deemed to be a natural variation within expected statistical range and the average for the year to date remains above target.

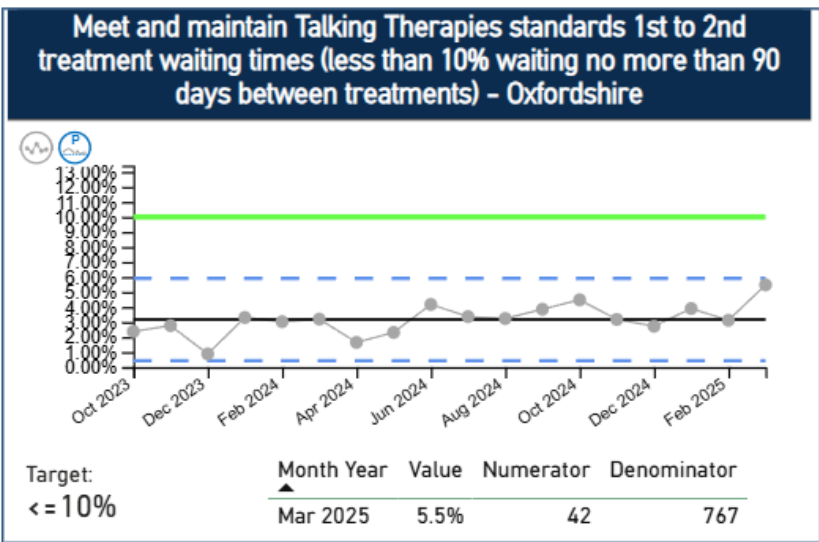
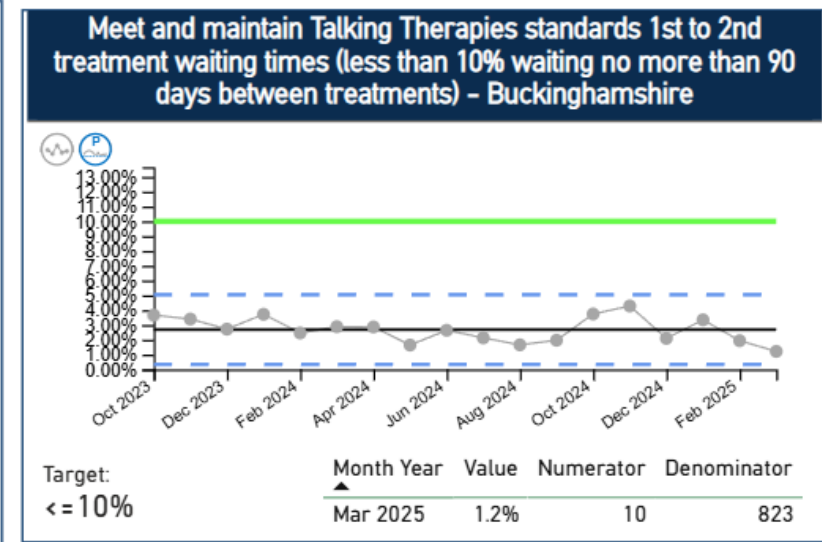
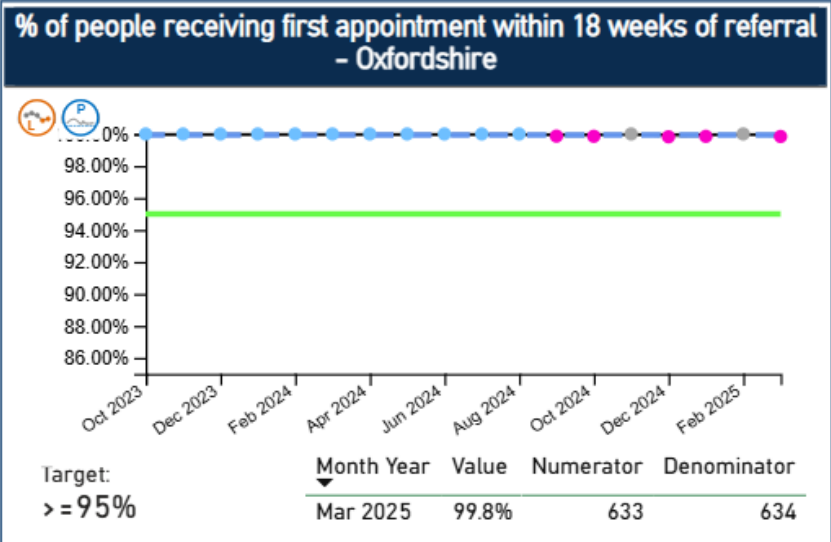
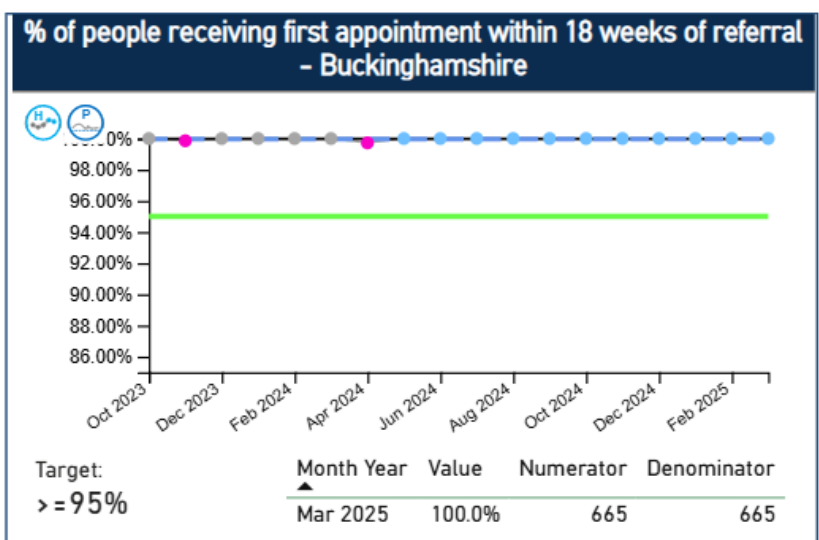
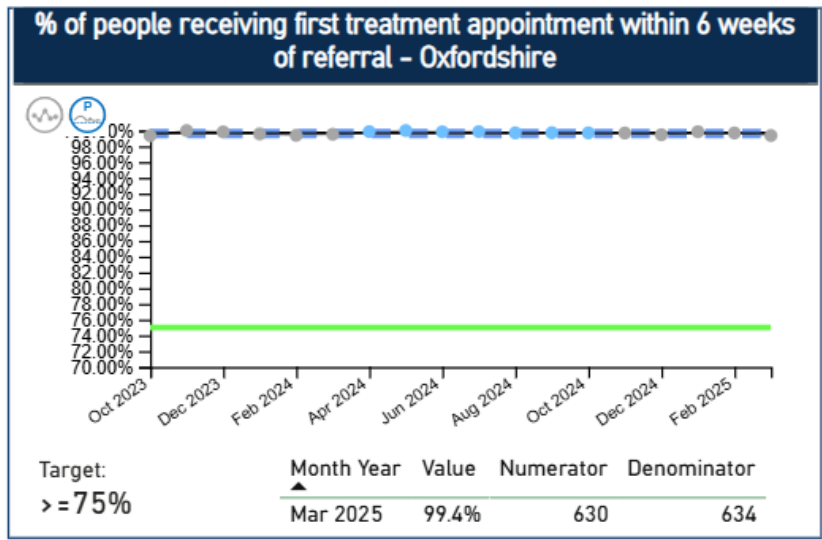
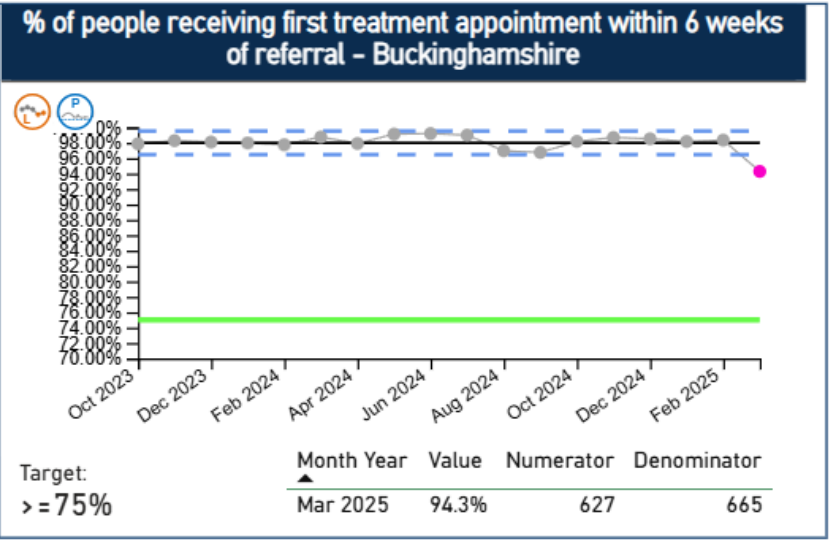
Mental Health Services – Talking Therapies

Metrics meeting target or being baselined:



Mental Health Services – Talking Therapies

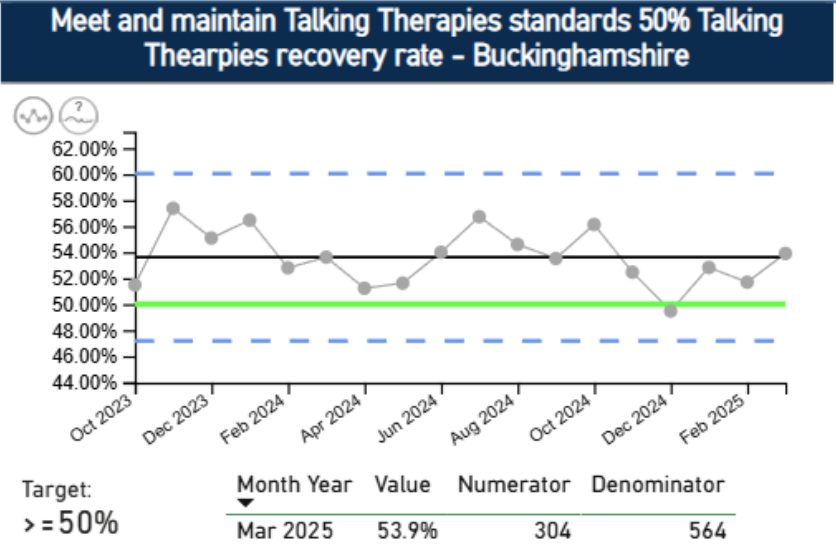
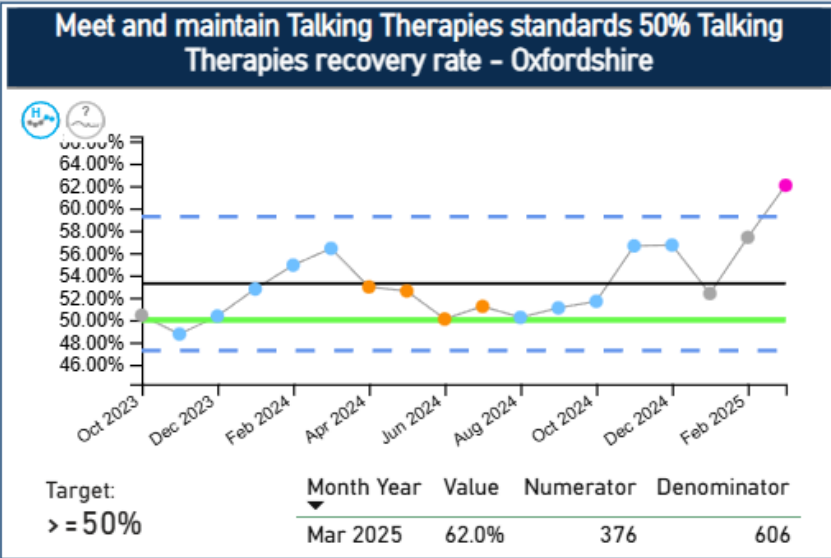
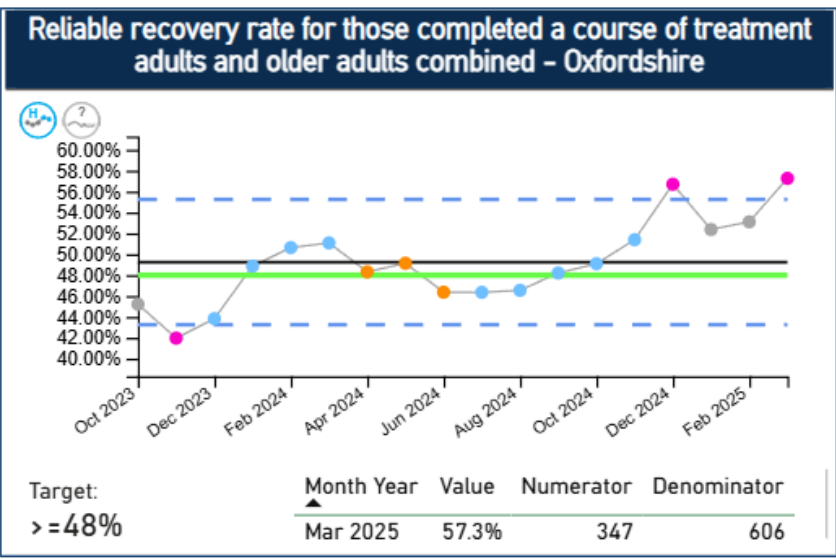
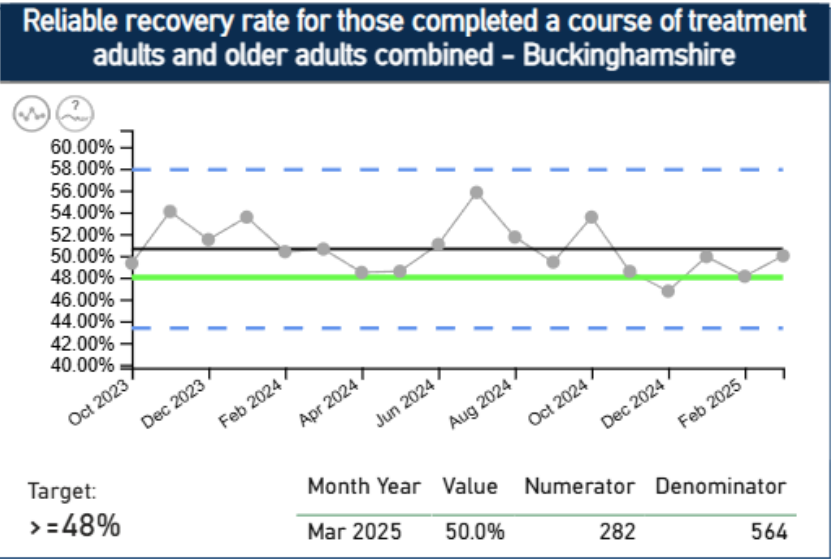
Metrics meeting target or being baselined:



Caring, safe and excellent

Mental Health Services – Talking Therapies

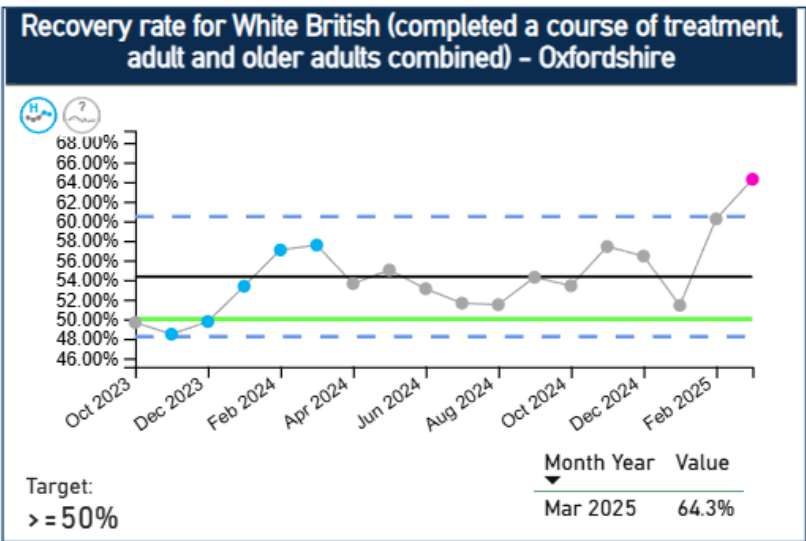
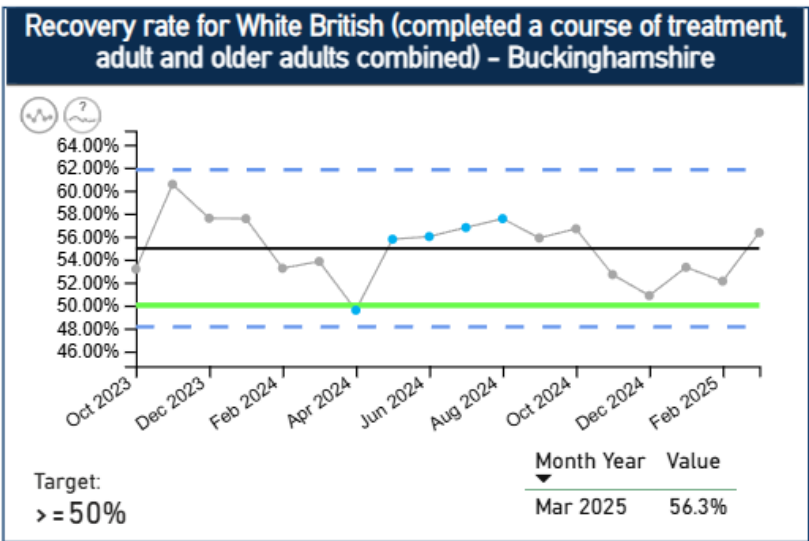
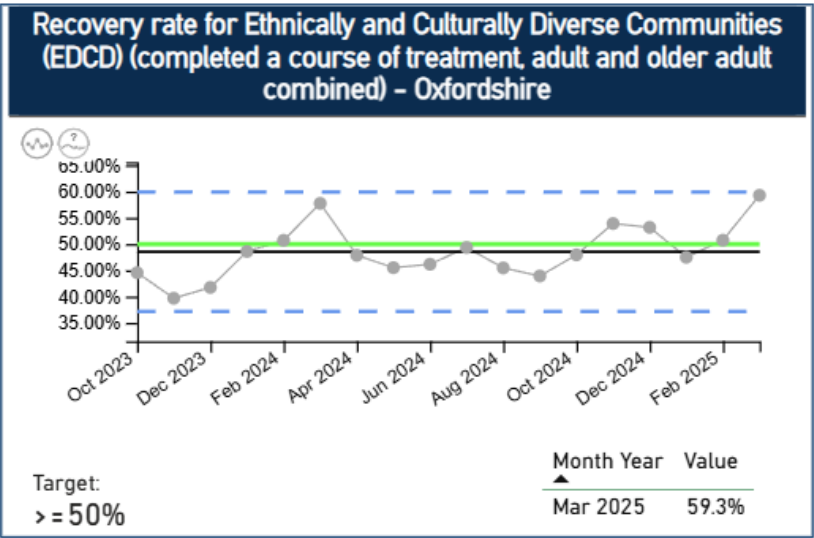
Metrics meeting target or being baselined:



Caring, safe and excellent

Mental Health Services – Talking Therapies

Metrics meeting target or 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	Improve access for Adults and Older Adults to support by community mental health services - Buckinghamshire	4568 per month	Mar-25	5166	↑	↑
National measure	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	6737 per month	Mar-25	8682	↑	↑
National Objective	4 week wait (28 days) standard (interim metric - two contacts within pathway - Buckinghamshire	32% National average	Mar-25	53.09%	↑	↑
National Objective	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	32% National average	Mar-25	81.80%	↑	↑
National Objective Strategic Metric - Quality	Waiting time standard, care plan, outcome measure	In development (estimated completion - FY26 Q2/Q3 (revised timeline)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%	Quarter 4 (January – March 2025) data note yet published nationally			↑
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)	60%				↑

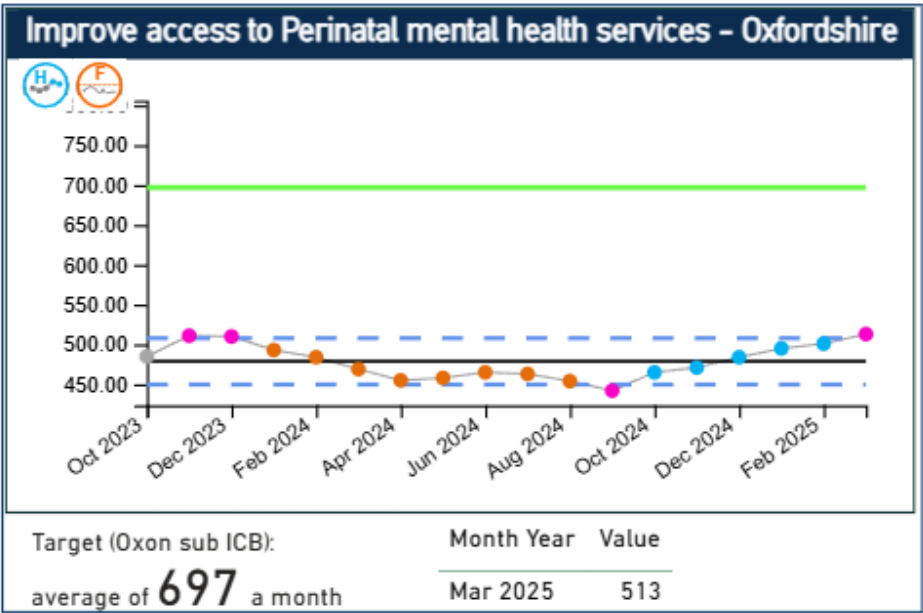
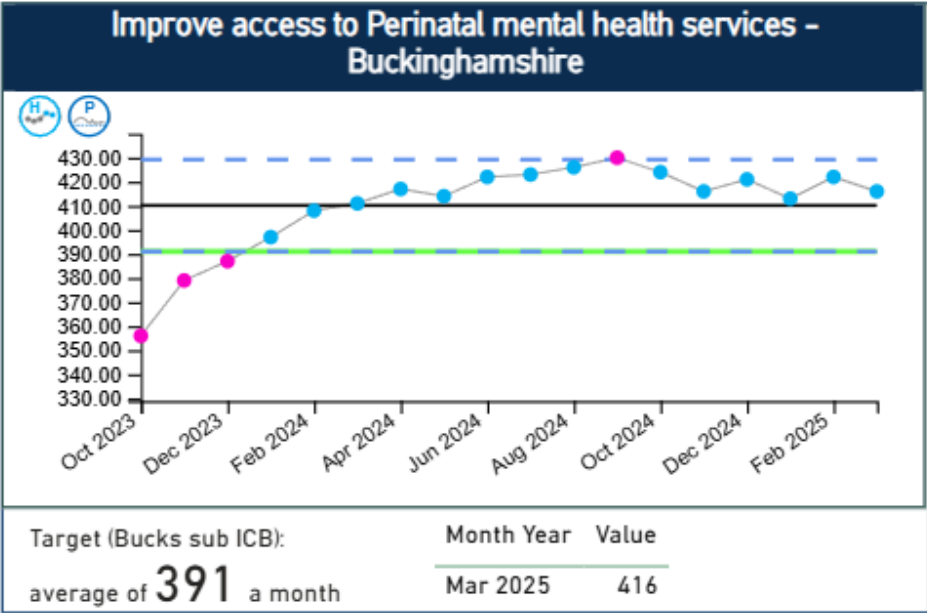
Mental Health Services – Adult and Older Adult community – Summary dashboard

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	Improve access to perinatal mental health services - Buckinghamshire	391 per month	Mar-25	416	↓	↑
National measure	Improve access to perinatal mental health services - Oxfordshire	697 per month	Mar-25	513	↑	↑
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	60%	Mar-25	100%	↑	↑
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	60%	Mar-25	100%	↑	↑
National measure	Number of people accessing Individual Placement Support (IPS) - Buckinghamshire	466 year end	Mar-25	308	↑	↑
National measure	Number of people accessing Individual Placement Support (IPS) - Oxfordshire	598 year end	Mar-25	380	↑	↑
National measure	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	63-64%	Quarter 4 (January – March 2025) data note yet published nationally			↑
National measure	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	63-64%				↑

Mental Health Services – Adult & Older Adult Community



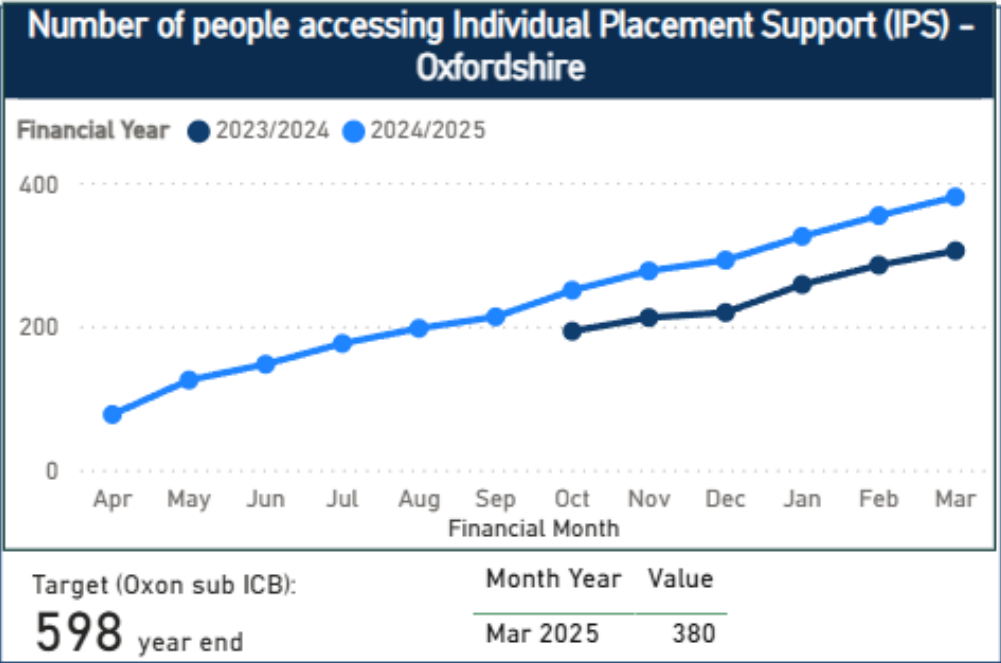
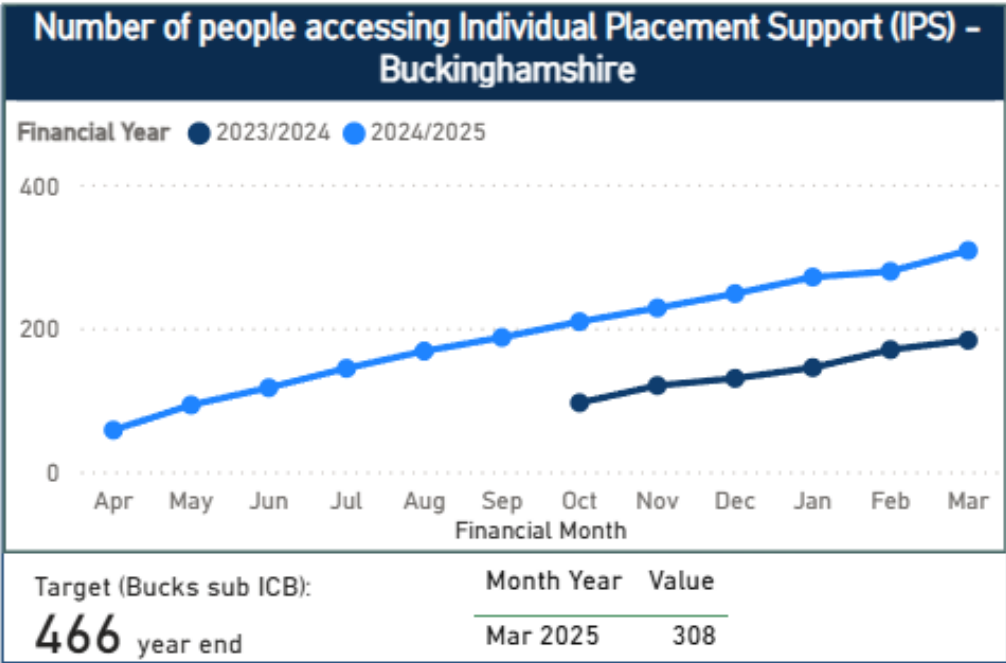
Summary and actions

Above metrics measure how many women access specialist perinatal mental health services in Buckinghamshire and Oxfordshire in any given month. Perinatal mental health service provide support during pregnancy and up to one year after childbirth for women experiencing moderate to severe mental health issues. In Buckinghamshire, 416 women accessed perinatal mental health services as of March 2025 (in the rolling 12-month period), which is above the target of 391. In Oxfordshire, 513 women accessed perinatal mental health as of the month of March 2025 (in the rolling 12-month period), which is below the target of 697.

Buckinghamshire perinatal mental health service identified 42 contacts incorrectly coded towards the access target – once this is corrected in the healthcare records system, the access rate to perinatal mental health services will reduce accordingly and will fall below the target (374 women accessed perinatal mental health services out of a target of 391 in financial year 2024 – 2025). A focused piece of work around data completeness is currently undertaken alongside the review of demand and capacity within the Buckinghamshire’s perinatal health service.

Oxfordshire perinatal mental health service carried out a deep dive exercise throughout quarter 4 (January – March 2025). Interim results suggest that in addition to there being multiple access points within the healthcare system (e.g. via the voluntary sector organisations, Oxford University Hospitals Foundation Trust), there are also alternative access points to Perinatal Mental Health services within Oxford Health (e.g. Hubs). Service is reviewing data recording rules to ensure that the latter activity contributes to the overall Oxfordshire’s Perinatal mental health access target appropriately. In addition, system-wide work on-going to raise awareness of perinatal mental health services. Finally, a piece of work is being initiated with BOB ICB to review the target for Oxfordshire and ensure it is adequately set up.

Mental Health Services – Adult & Older Adult Community



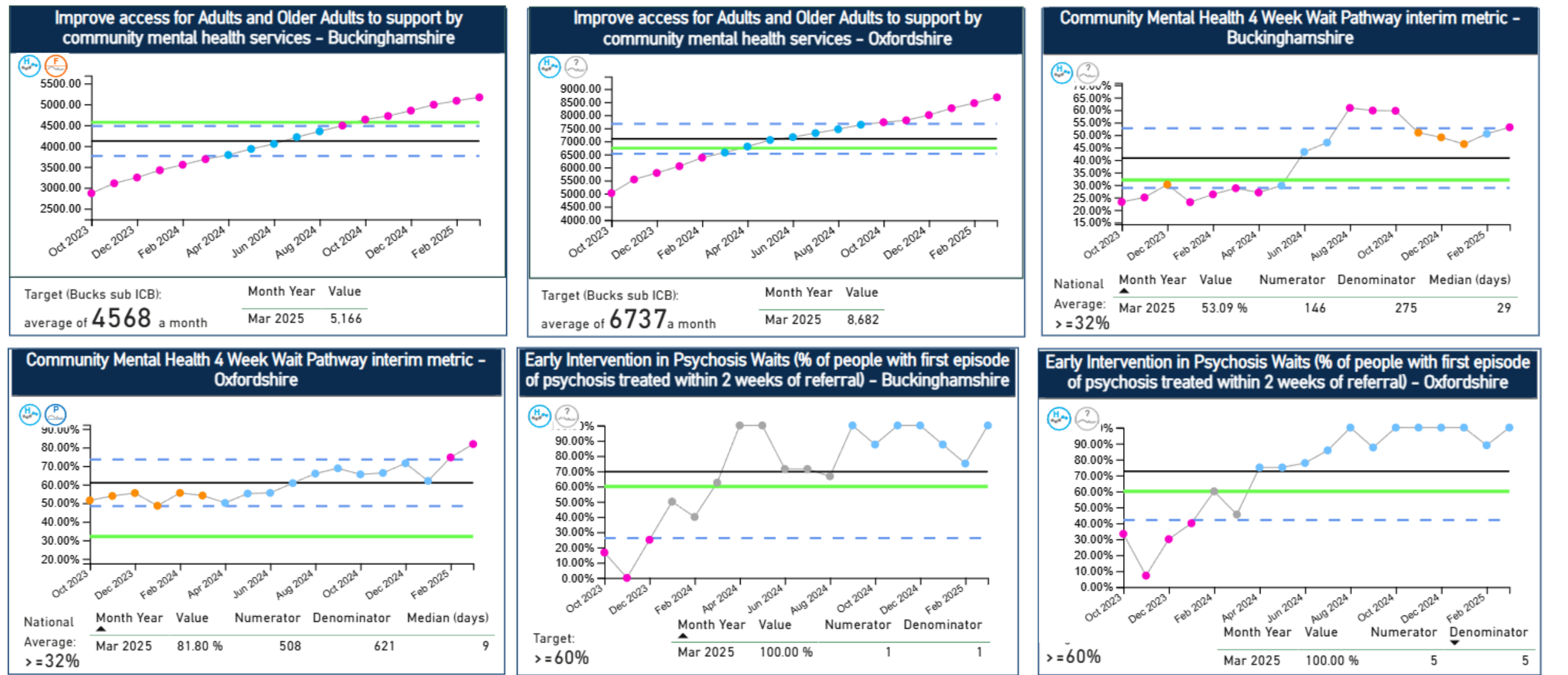
Summary and actions

This metric monitors the number of individuals enrolled in or receiving support through an Individual Placement and Support (IPS). IPS is a well-evidenced employment support model that helps people with mental health conditions gain and sustain paid, competitive employment, integrated within mental health services. Both Buckinghamshire’s and Oxfordshire’s Individual Placement Support services had a set access trajectory for financial year 2024 – 2025, which was not met.

Nationally reported IPS access measure recently changed into reporting a 12-month rolling position – Oxford Health is contributing to the overall Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) access and collectively the access target is being met (see page 68 of the IPR). Place level reporting on IPS will change to reporting access on a 12-month rolling basis and will be reflected in June’s IPR.

Mental Health Services – Adult & Older Adult Community

Metrics meeting target or national average & System metrics:



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Mental Health Services – Urgent Care – Summary dashboard

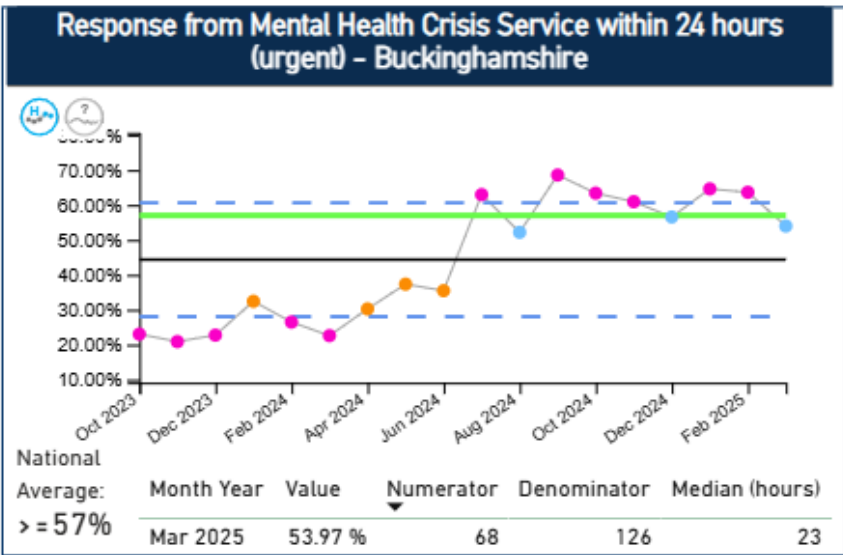
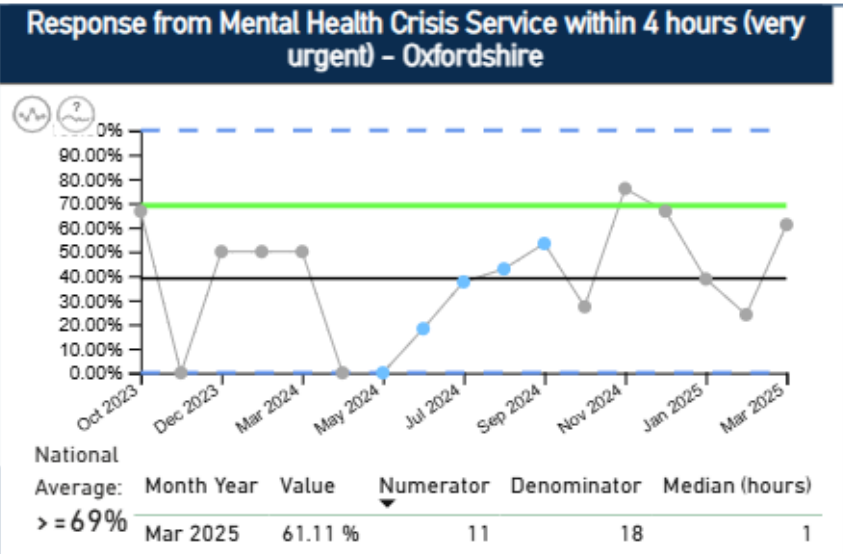
Narrative provided only for metrics under national average (value coloured in red below)



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	Mar-25	90.10%	↓	↑
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	62% National average	Mar-25	77.27%	↓	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	74% National average	Mar-25	94.44%	↓	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	74% National average	Mar-25	100%	→	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	69% National average	Mar-25	100%	→	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	69% National average	Mar-25	61.11%	↑	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	57% National average	Mar-25	53.97%	↓	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	57% National average	Mar-25	83.33%	↓	↑

* National average over April – December 2023

Mental Health Services – Urgent Care



Summary and actions

Patients requiring most urgent mental health care should be seen by community mental health crisis teams within 4 hours of very urgent referral and within 24 hours of urgent referral. These standards aim to improve patient access to mental health services and ensure prompt support for individuals in crisis. As these metrics does not have a nationally set targets, the Trust is measuring performance against the national averages.

In March 2025, Oxfordshire's Mental Health Crisis service reported breaching the 4-hour target for seven (7) referrals and supported 61.11% of referrals within the 4-hour timeframe. Three (3) out of seven (7) breaches were due to patient choice to be seen outside of the 4-hour time-frame, two (2) were related to coding errors, one (1) was due to difficulties contacting the patient and one (1) patient was seen outside of the 4-hour timeframe with an appropriate triage within the 4 hours.

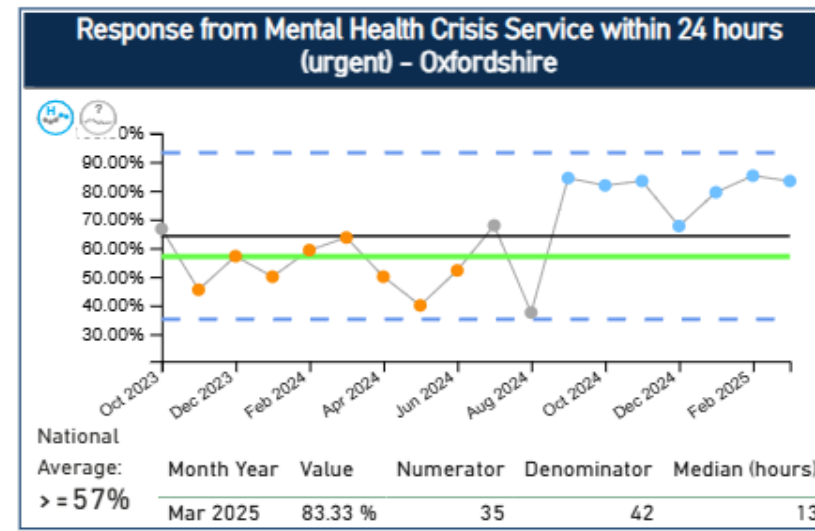
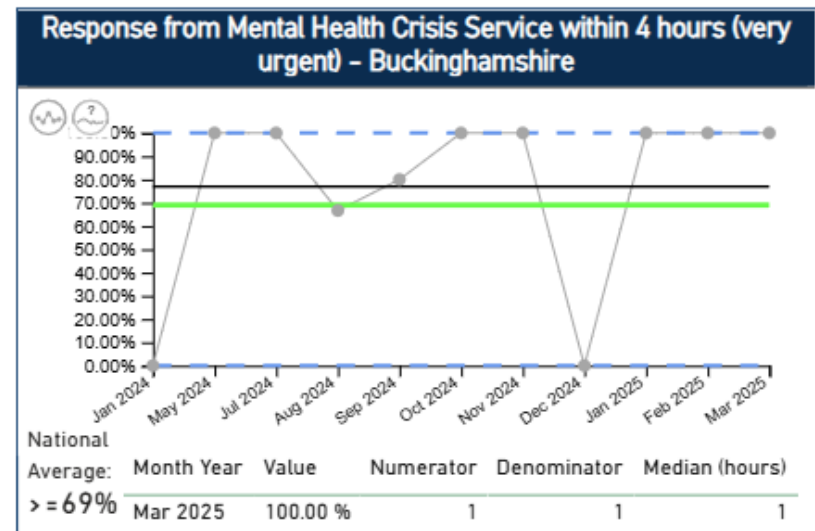
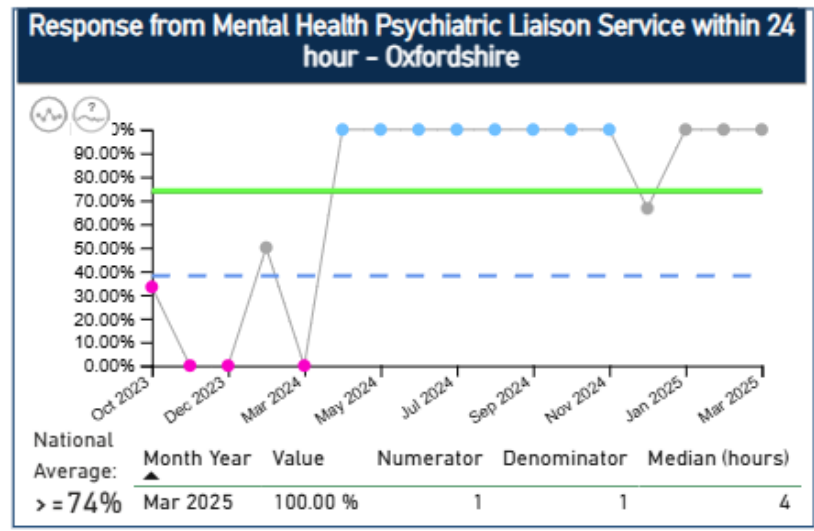
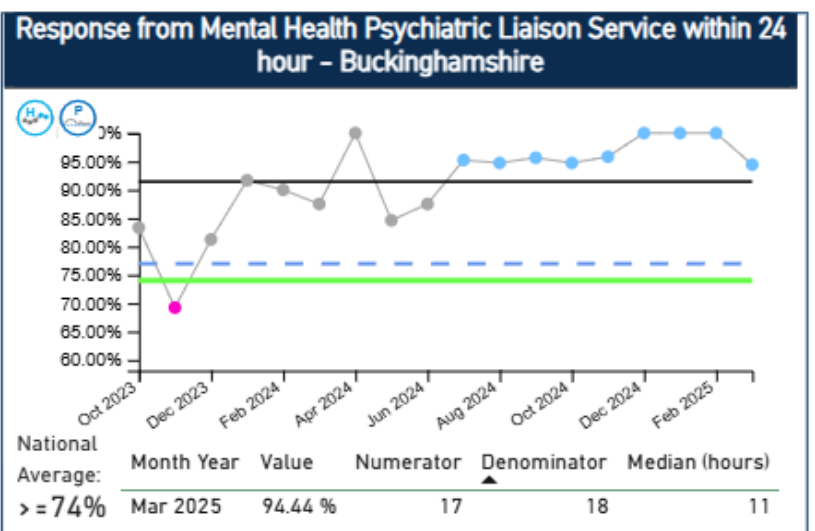
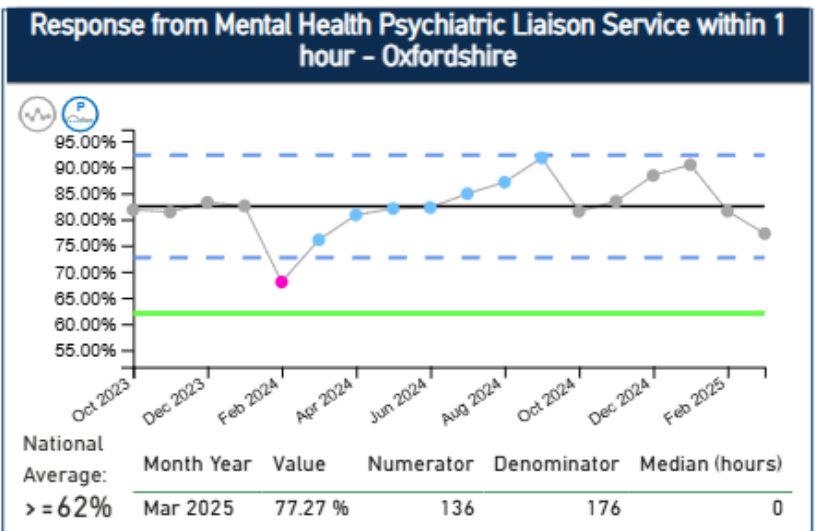
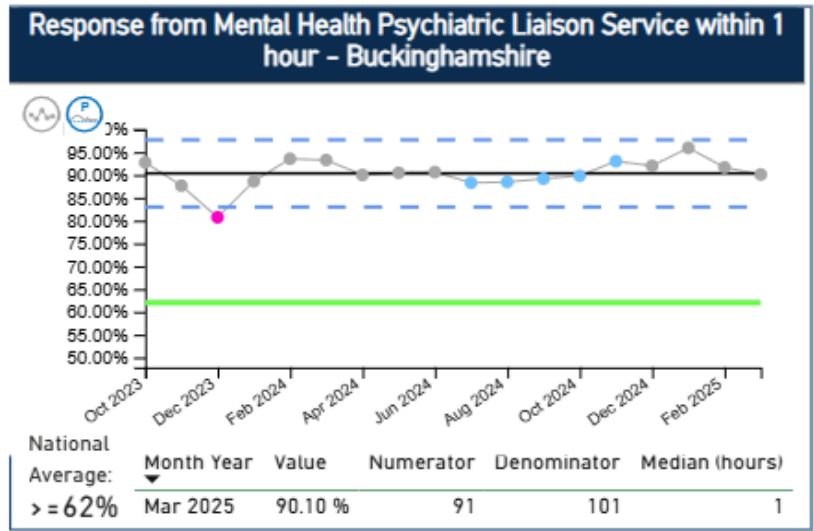
- Service is aiming to triage all patients within 2 hours of GP referral and make contact with patients as early as possible, as patients are not expecting to be offered an appointment 4 hours or can not be available for an appointment at short notice within the 4-hour timeframe.
- Service leads in Oxfordshire and Buckinghamshire are peer reviewing how the 4-hour urgent care standards are being applied across counties.

Buckinghamshire's Crisis Service reported breaching the 24-hour target for fifty-eight (58) referrals and supported 53.97% of referrals within the 24-hour timeframe. Forty-five (45) breaches occurred due to patient choice, five (5) due to service capacity (patients seen within 26 – 41 hours), seven (7) were coding or data entry errors and one (1) occurred due to patient being seen after an inpatient episode.

- 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:



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Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (1/2)

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

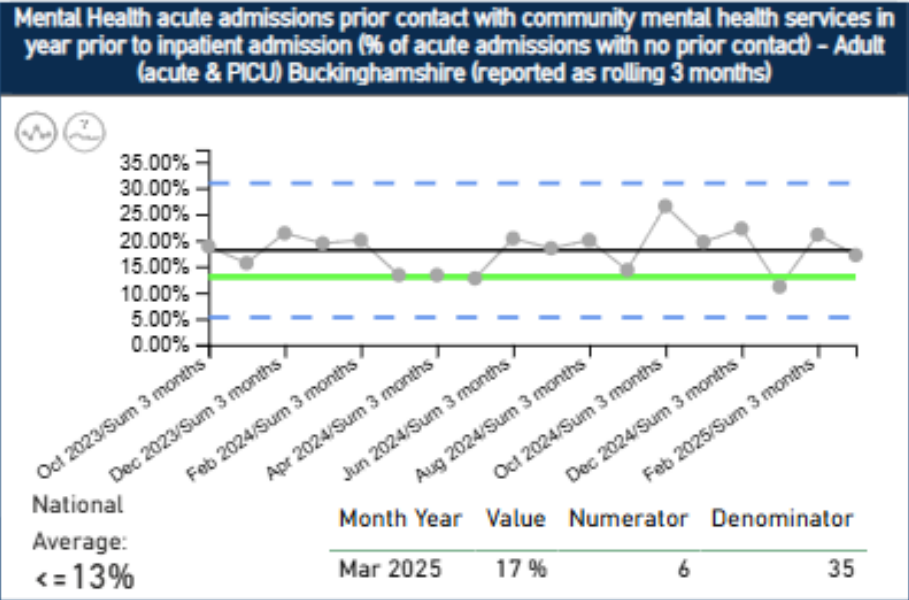


Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Acute / In-patients (Adults & Older Adults)						
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	13% National average	Mar-25	17%	↓	↓
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	Mar-25	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 - Older Adult - Buckinghamshire	13% National average	Mar-25	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 - Older Adult - Oxfordshire	13% National average	Mar-25	5%	↓	↓
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Buckinghamshire	8	Mar-25	5.35	↑	↓
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Oxfordshire	8	Mar-25	9.52	↑	↓
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Buckinghamshire	8	Mar-25	8.59	↑	↓
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Oxfordshire	8	Mar-25	3.94	↓	↓
National measure	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	80%	Mar-25	100%	↑	↑
National measure	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	80%	Mar-25	97.62%	↓	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	80%	Mar-25	100%	→	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	80%	Mar-25	92.31%	↓	↑

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

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	2	Mar-25	9	↑	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		Mar-25	2	↑	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		Mar-25	0	→	↓
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	3	Mar-25	6	↑	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Mar-25	0	→	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Mar-25	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Mar-25	227	↑	↓
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	n/a	Mar-25	13	↑	↓
	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Mar-25	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Mar-25	159	↑	↓
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	n/a	Mar-25	0	→	↓
	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Mar-25	0	→	↓
National Objective	% adult acute readmission within 30 days for mental health - Buckinghamshire	n/a	Mar-25	20%	↑	↓
National Objective	% adult acute readmission within 30 days for mental health - Oxfordshire	n/a	Mar-25	2%	↓	↓
National Objective	% older adult readmission within 30 days for mental health - Buckinghamshire	n/a	Mar-25	0%	→	↓
National Objective	% older adult readmission within 30 days for mental health - Oxfordshire	n/a	Mar-25	0%	→	↓
National Objective	Average number of clinically ready for discharge patients per day - Buckinghamshire	n/a	Mar-25	8	↑	↓
National Objective	Average number of clinically ready for discharge patients per day - Oxfordshire	n/a	Mar-25	5	→	↓

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



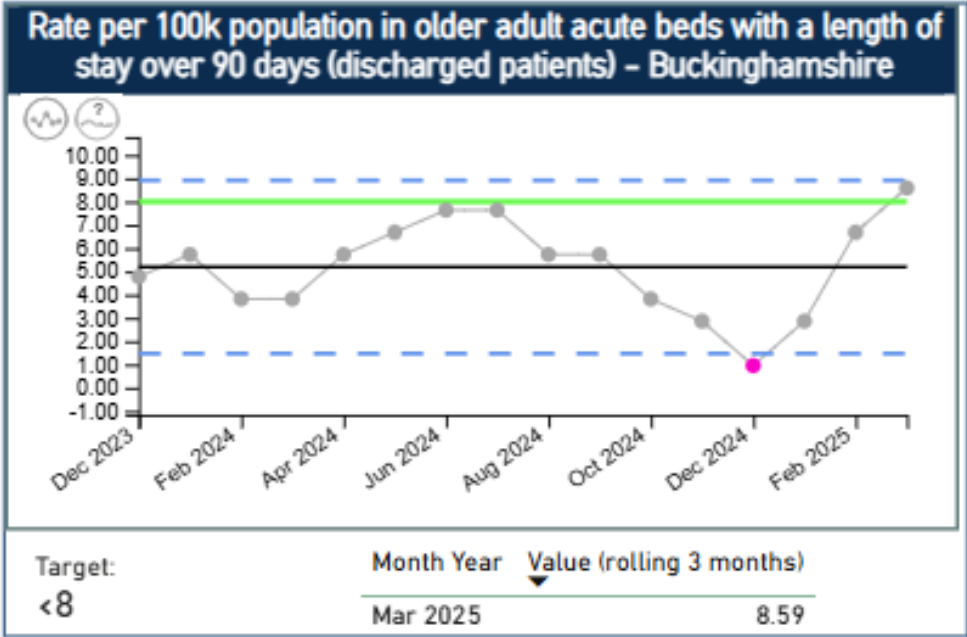
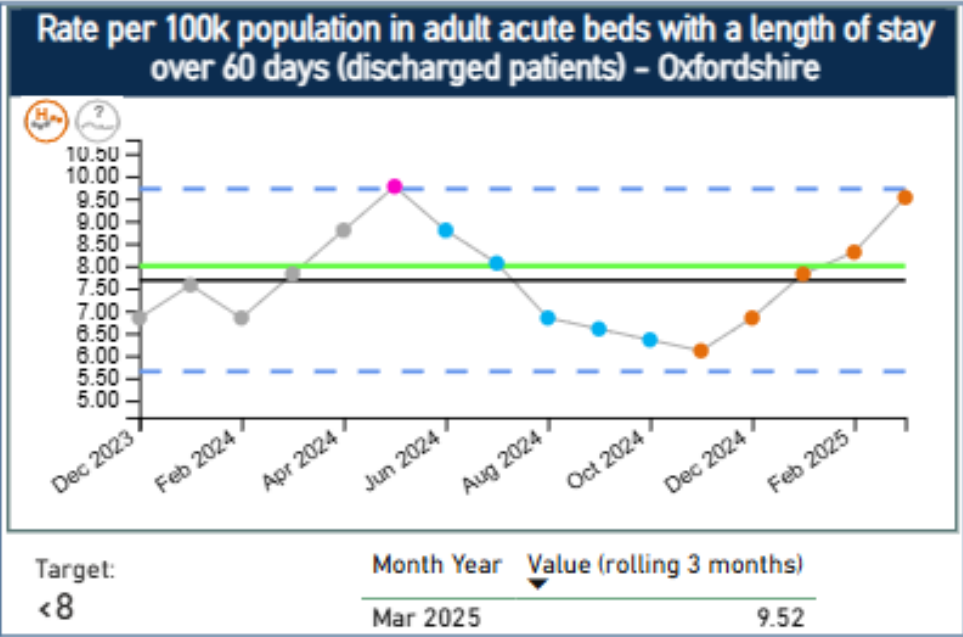
Summary and Actions

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 March 2025 performance includes January, February and March 2025 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 March 2025 across Buckinghamshire's adult acute and Psychiatric Intensive Care Unit (PICU) inpatient services.

All patients admitted with no prior contact are routinely audited to identify any causes or themes. An audit has been completed across Oxfordshire and Buckinghamshire over last 6+ months. No consistent themes identified. It was noted that admission avoidance was more challenging when request for admission was via A & E (Accident & Emergency) outside our geographies.

Previously identified inconsistencies relating to data entries in relation to Place of Safety have been rectified (including historical data) – change in performance marginal.

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

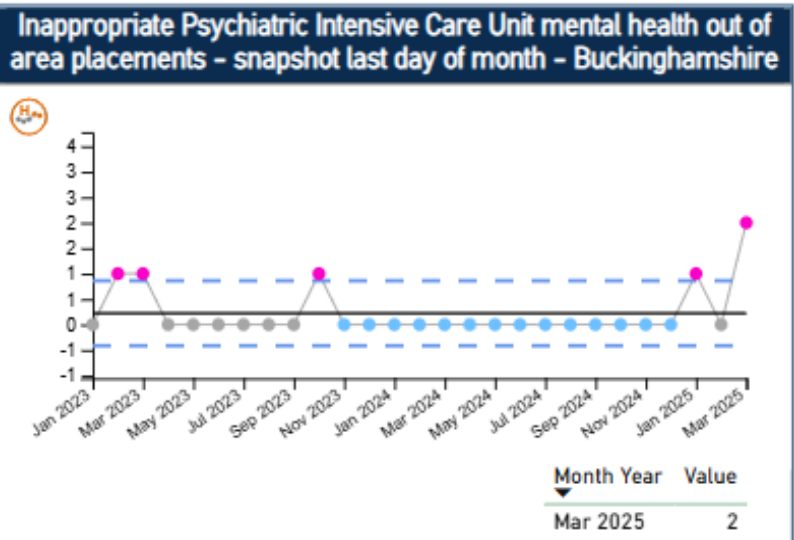
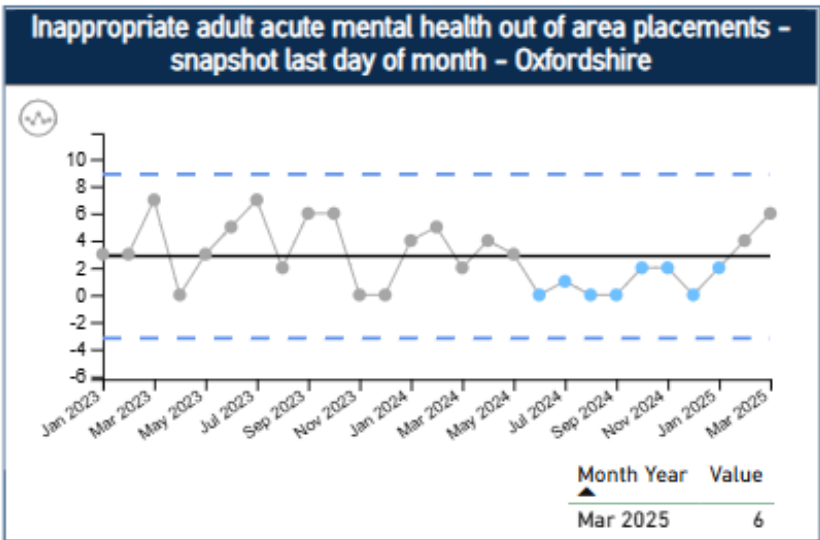
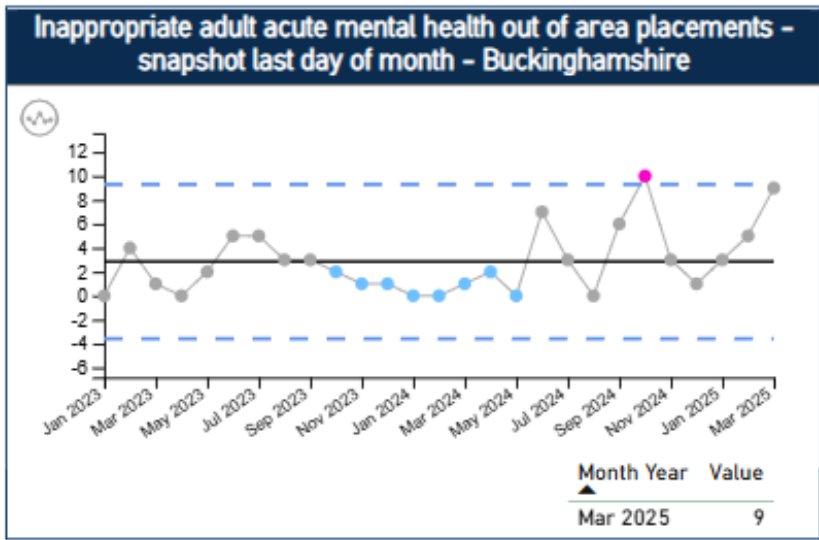


Summary and Actions

This metric tracks the how many adult patients have been in an acute mental health bed for more than 60 consecutive days expressed as a rate per 100,000 adult population. A 60-day threshold is used to identify individuals who are not progressing through adult cute mental health inpatient services as expected and 90-day threshold for older adult acute mental health inpatient services.

In March 2025, the rate was at 9.52 versus the target of 8 in Oxfordshire's adult acute mental health inpatient services and 8.59 in Buckinghamshire's older adult acute mental health inpatient services. Performance is within expected range and will continue to be monitored. During financial year 2025 - 2026 the metric will be updated to monitor actual Length of Stay in accordance with updated national indicators guidance.

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



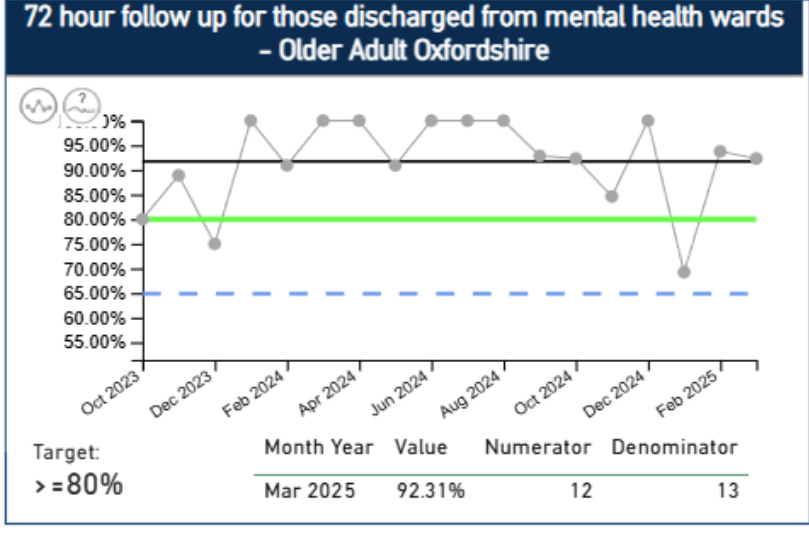
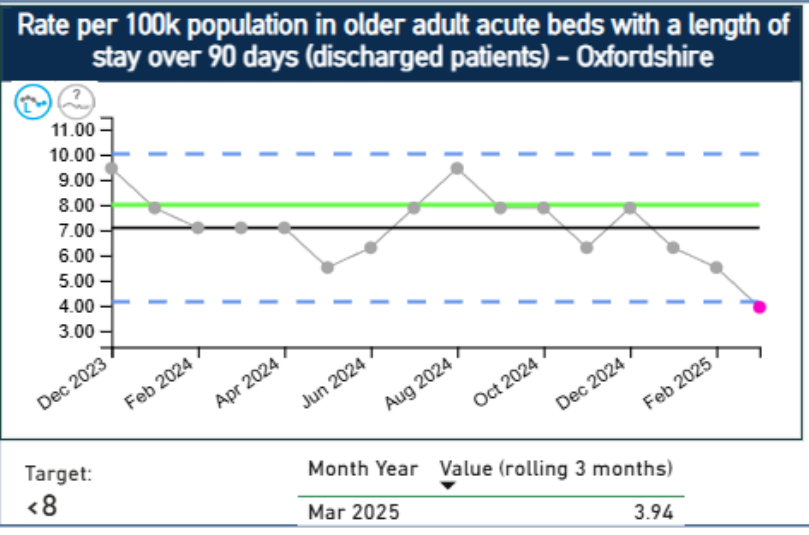
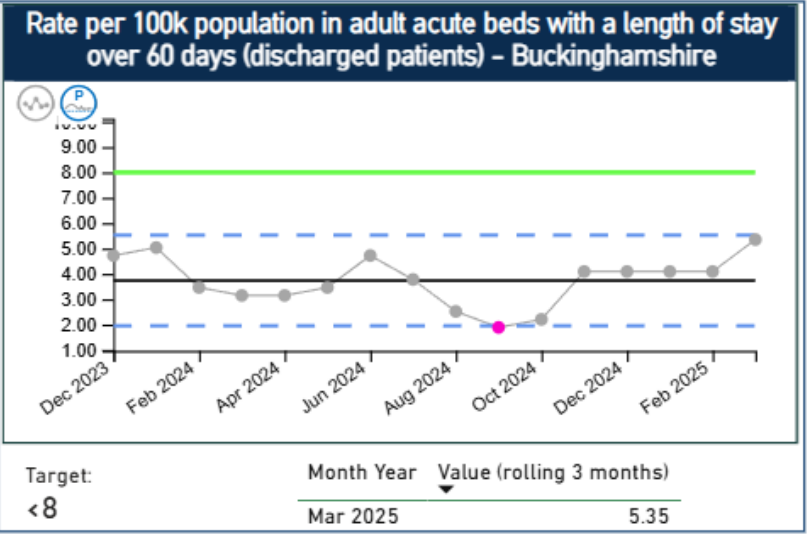
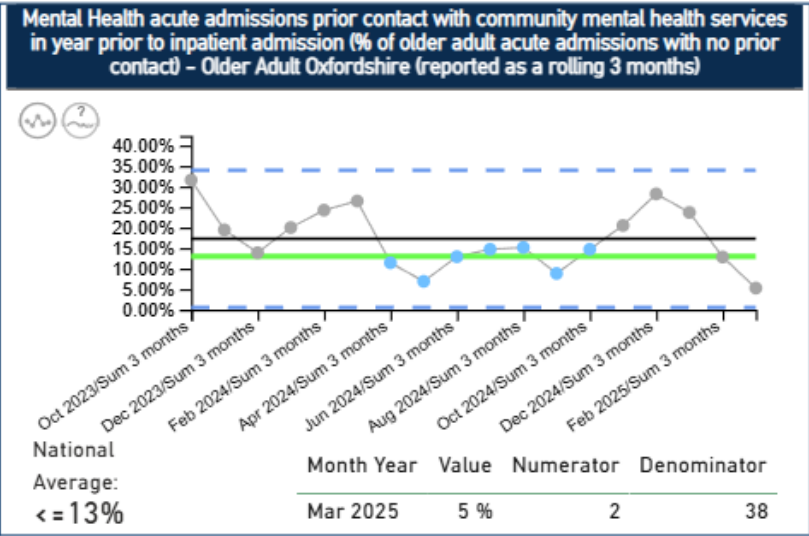
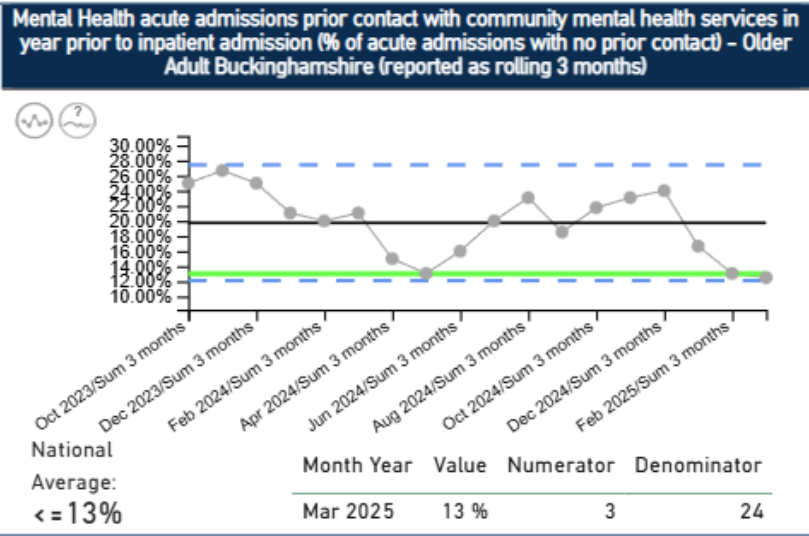
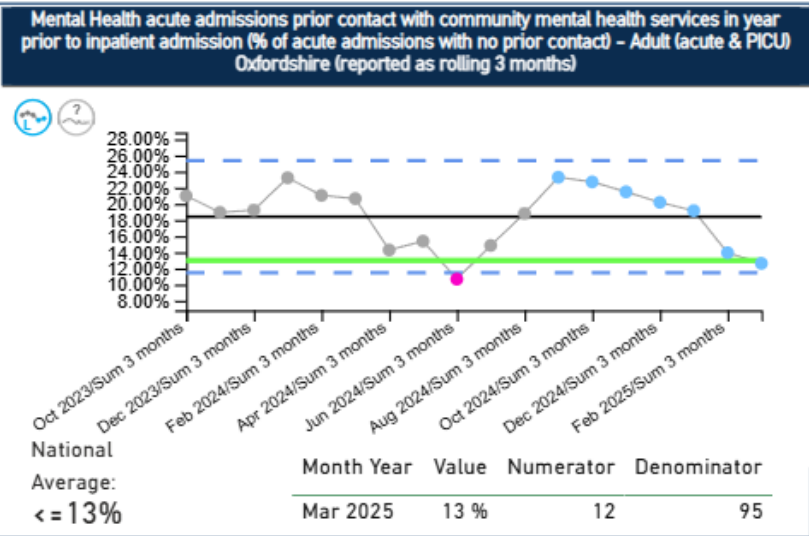
Summary and actions

Reducing inappropriate Out of Area Placements is a key goal for the NHS, as outlined in the Five Year Forward View for Mental Health. The focus is on ensuring patients receive care closer to home unless a specialist service unavailable locally is required.

While the Trust does not have a trajectory for reducing inappropriate out of area placement bed days in month, it monitors number of active placements on the last day of the month against a set reduction trajectory for the financial year. In March 2025 there has been an increase in the number of adult acute mental health out of placements for Buckinghamshire patients (7) and Oxfordshire patients (6).

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

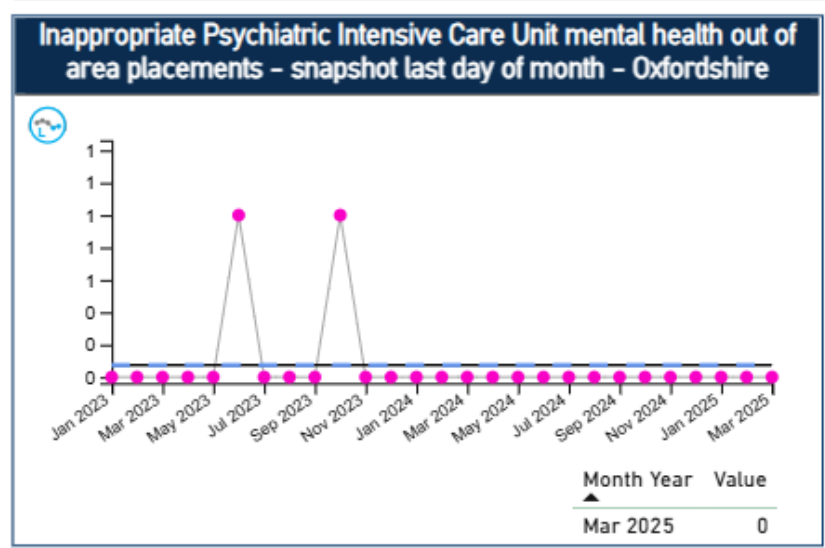
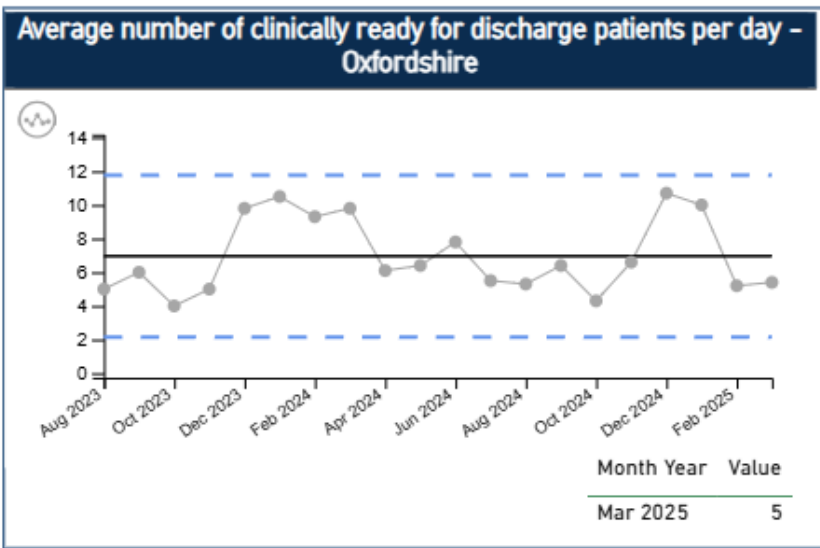
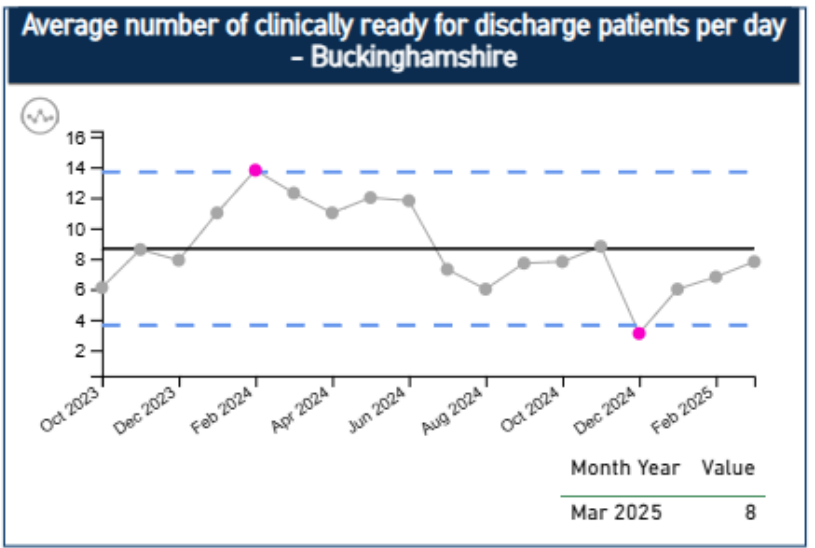
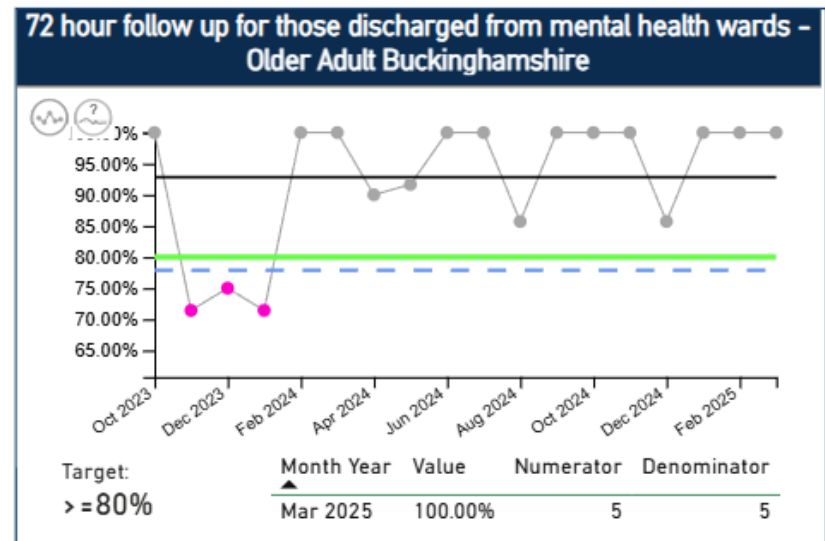
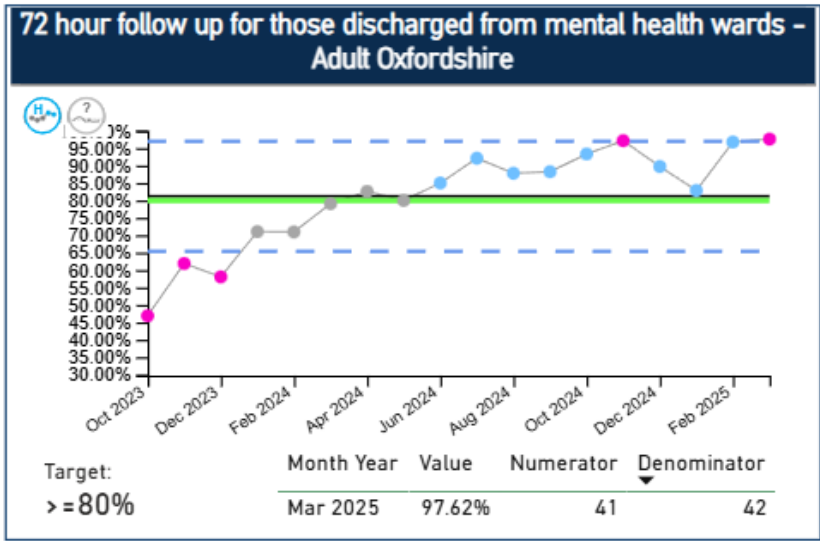
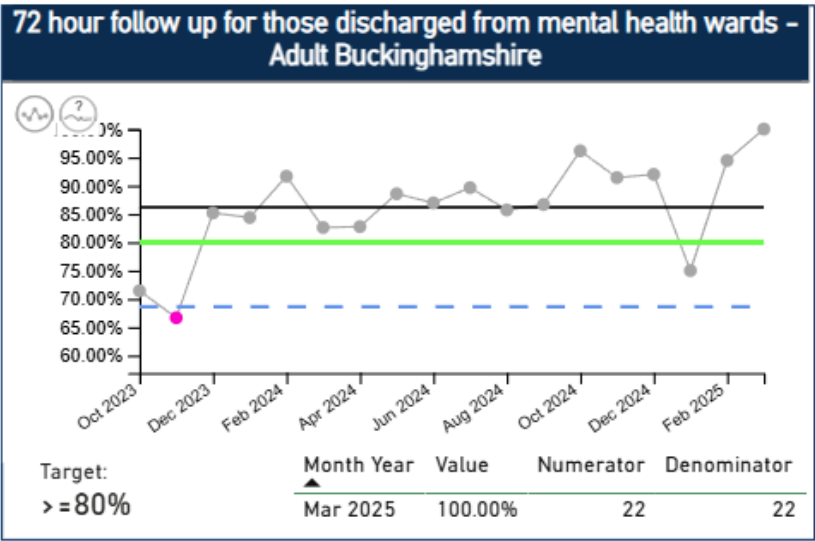
Metrics meeting target, being baselined or with target yet to be confirmed:



Caring, safe and excellent

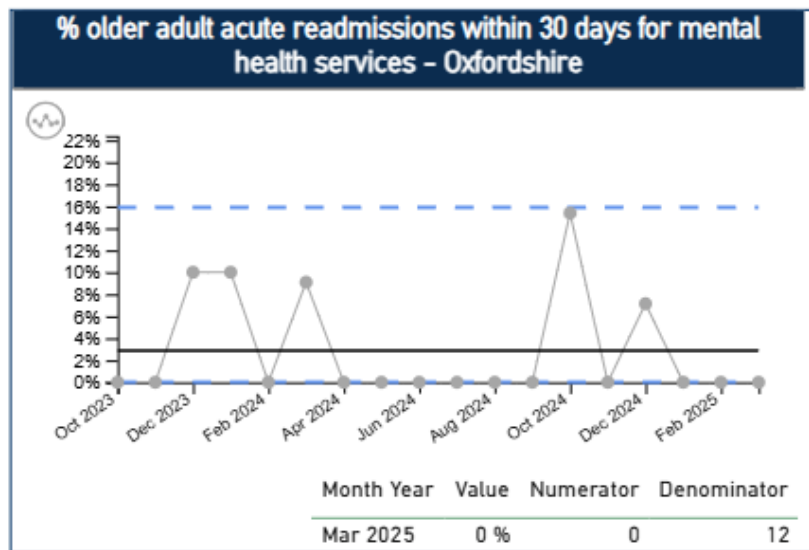
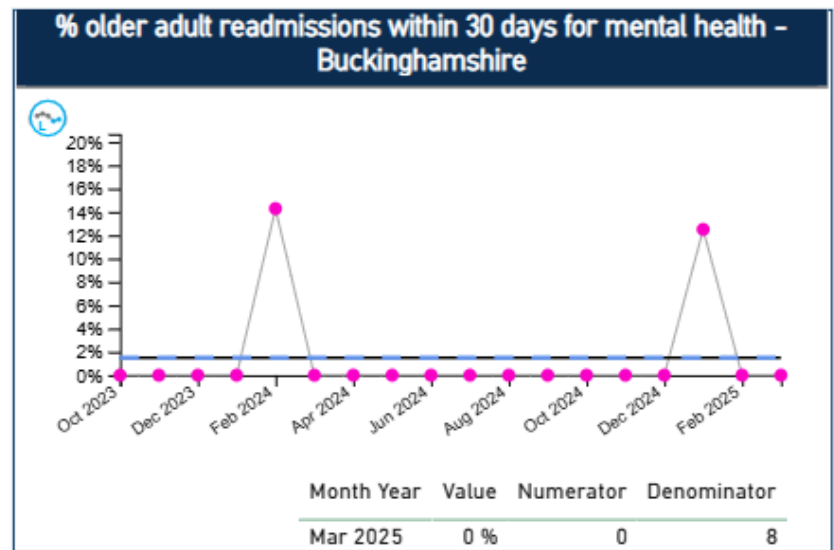
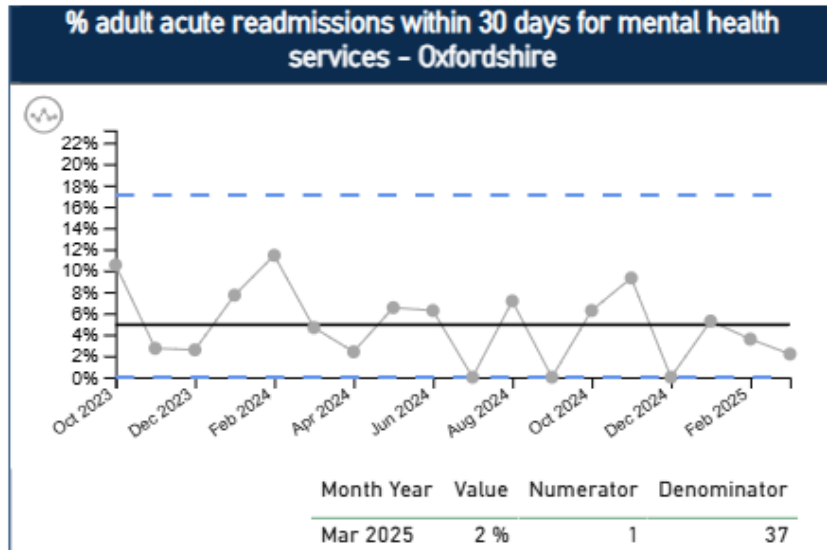
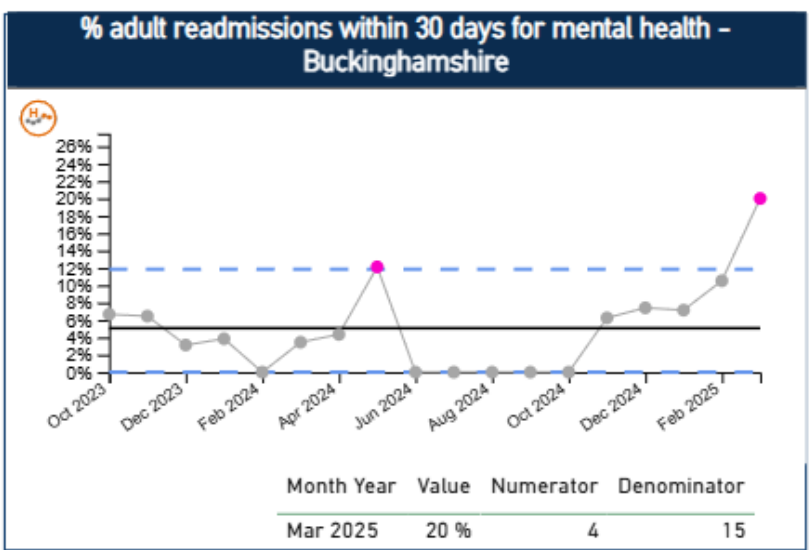
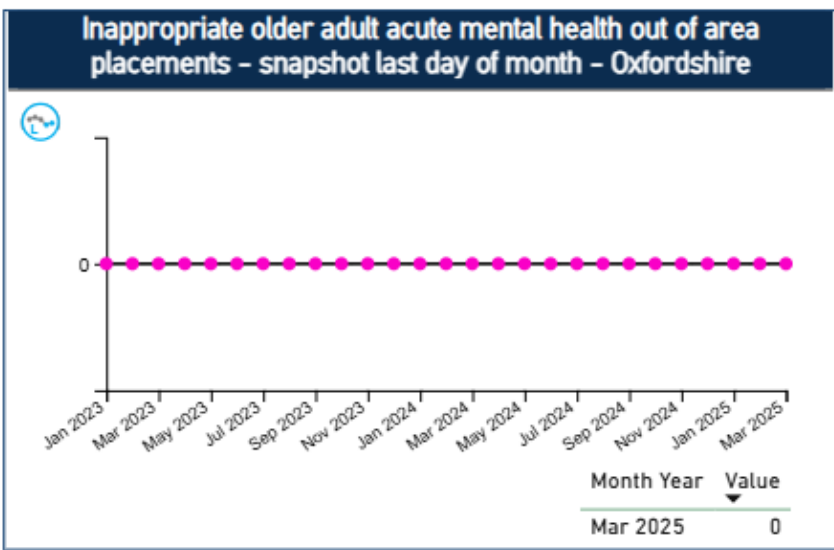
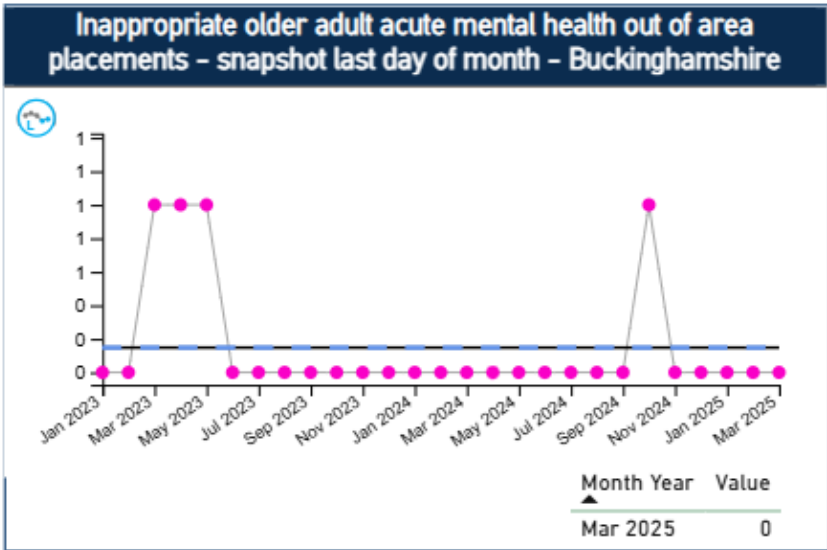
Mental Health Services – Acute / In-patients (Adults & Older Adults)

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



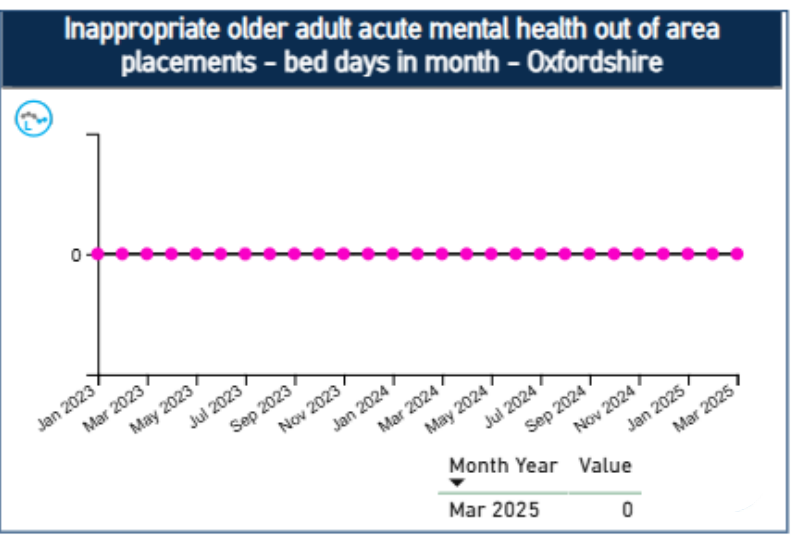
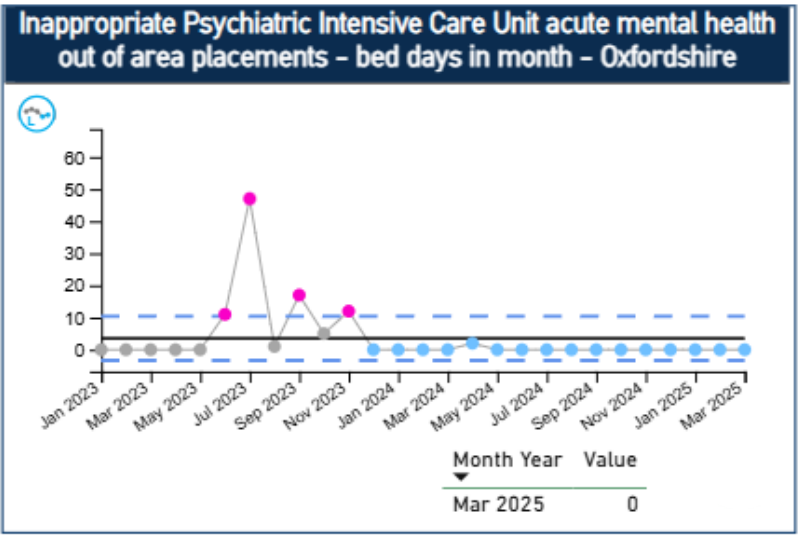
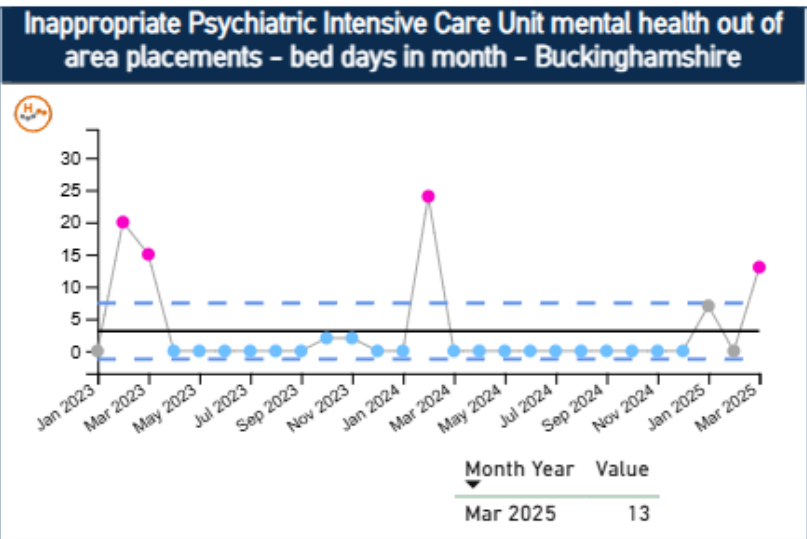
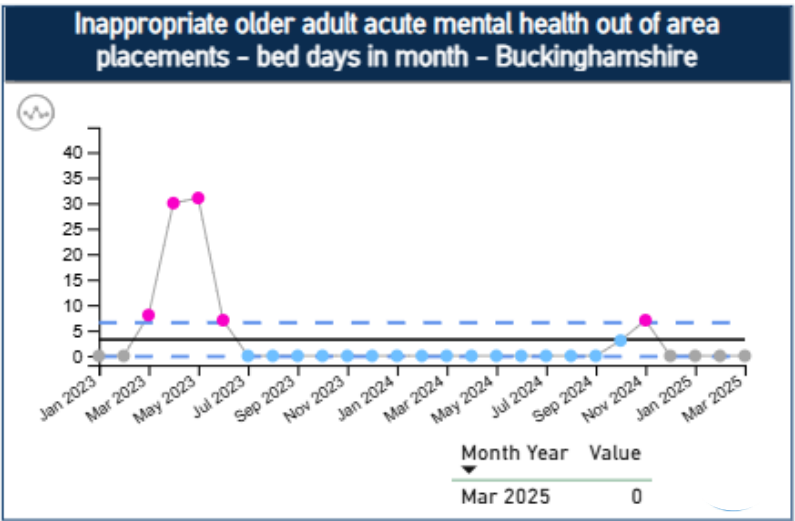
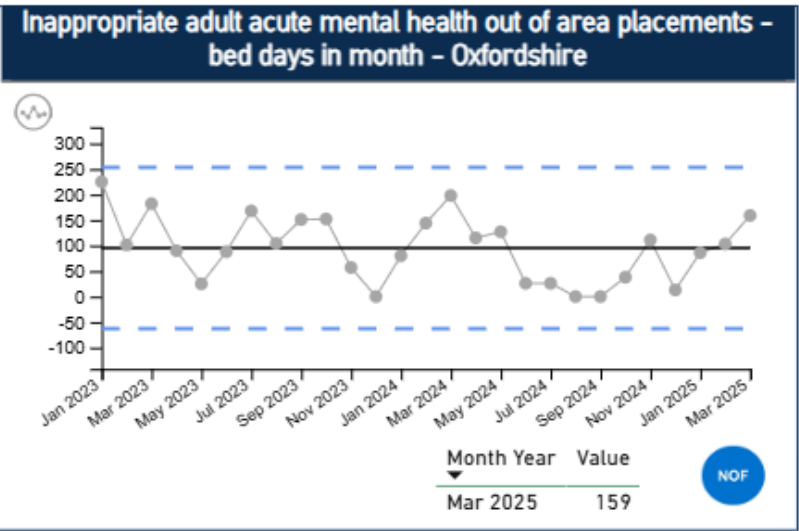
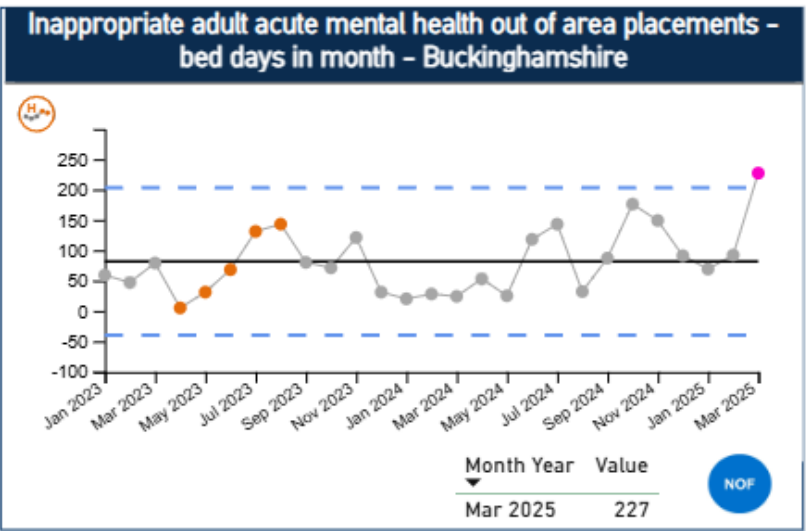
Mental Health Services – Acute / In-patients (Adults & Older Adults)

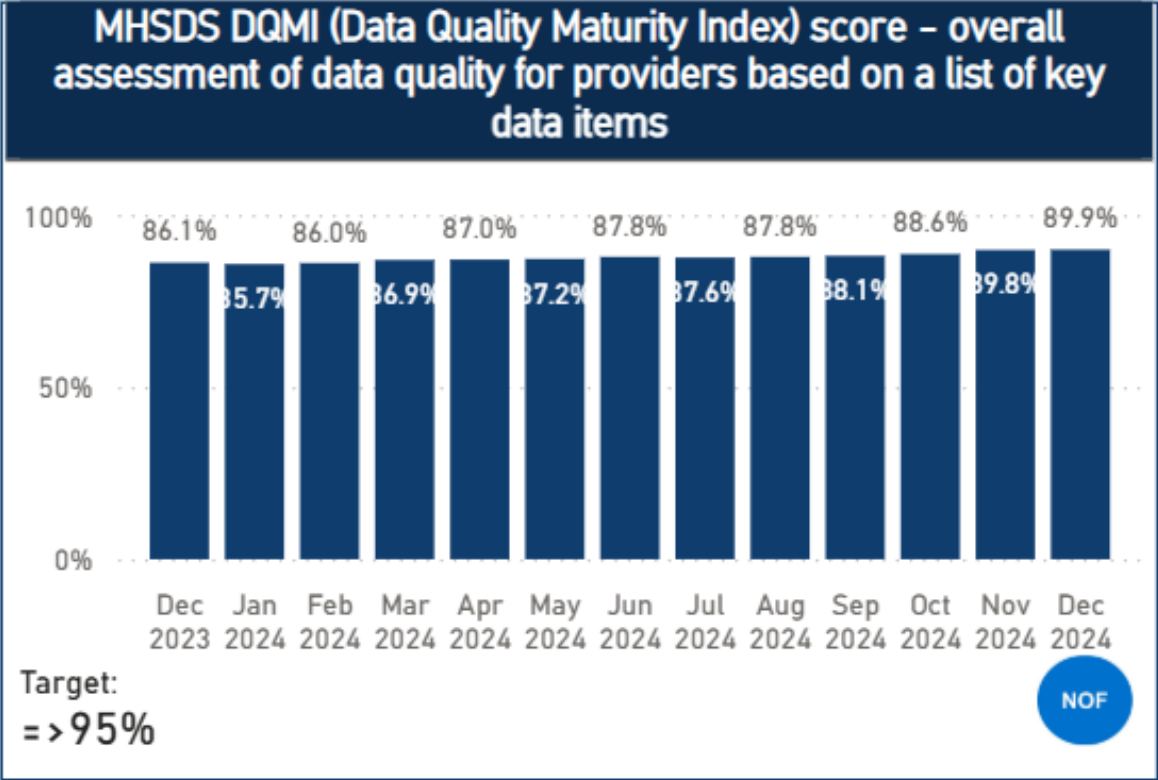
Metrics meeting target, being baselined or with target yet to be confirmed:



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

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



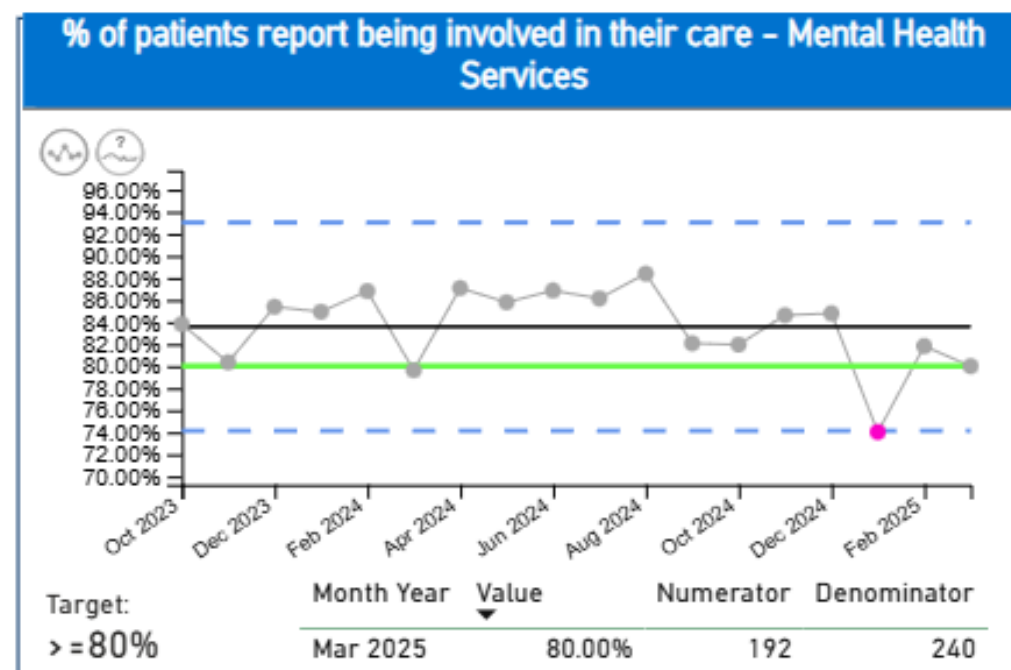
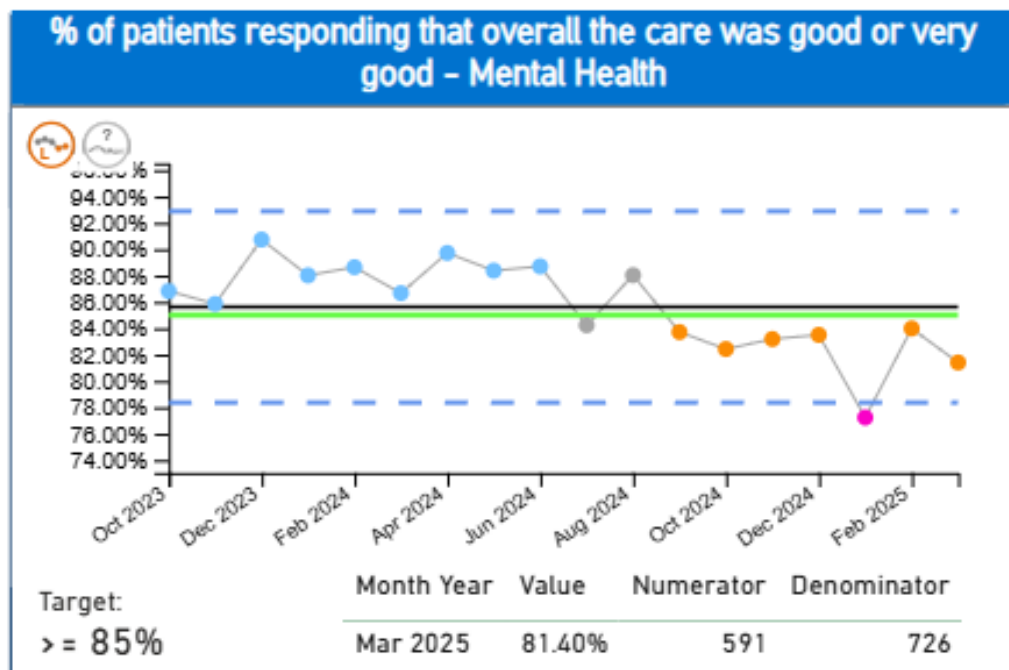


Summary & actions

Reports and actions to improve the Trust's position continue to be regularly reviewed. There are a few data items which are impacting on the Trust's position and actions are needed to improve the position including the following:

- Ex-armed forces, gender identity code – both of which are available in the Health Equalities dashboard to support operational services with improvements in recording
- Care Profession Service or Team Type associated – E.HR are working on configuration changes to improve this.

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



Section 1.2

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

Community Health Service, Dentistry & Primary Care– Summary Dashboard

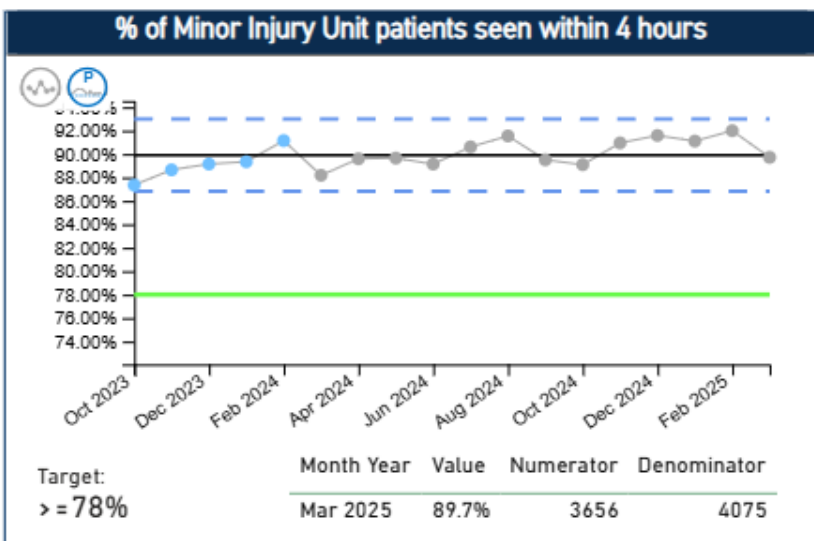
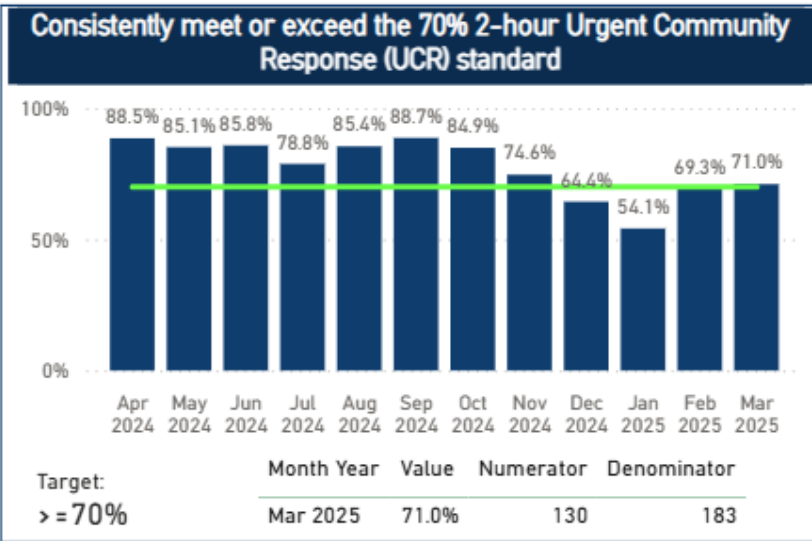
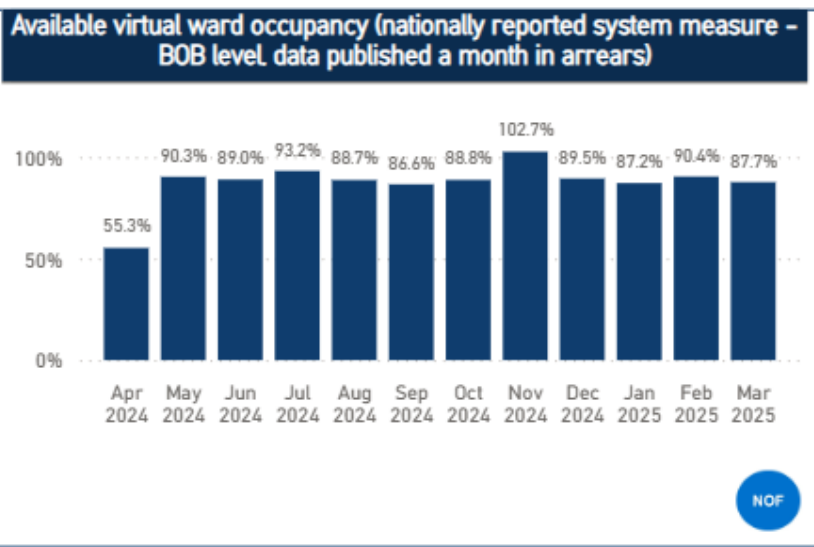
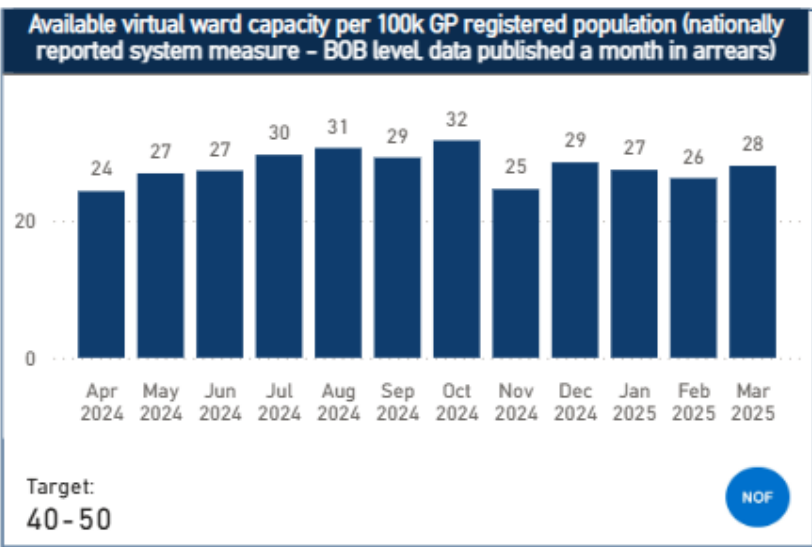
Narrative provided only for clinical metrics under target (value coloured in red – none in March 2025). Please note that narrative for system measures will not be provided as these are monitored at Integrated Care Board (ICB) level and figures are provided to Trust Board for information only.



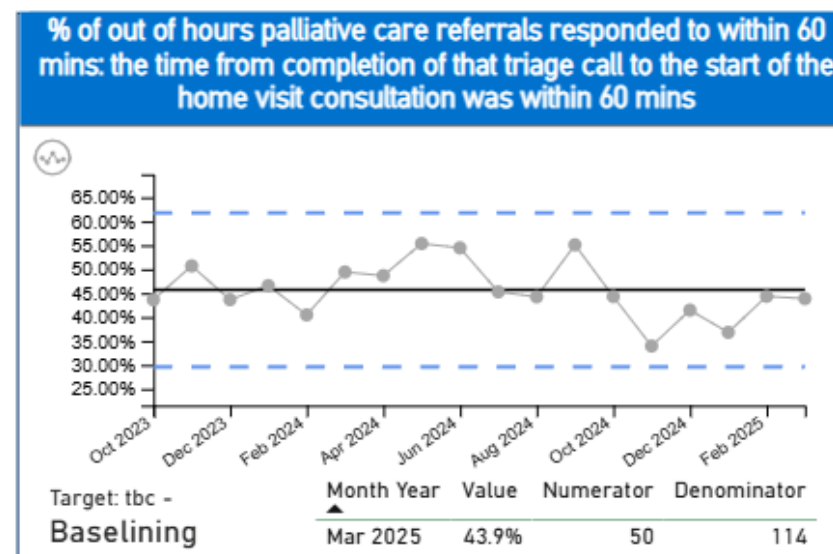
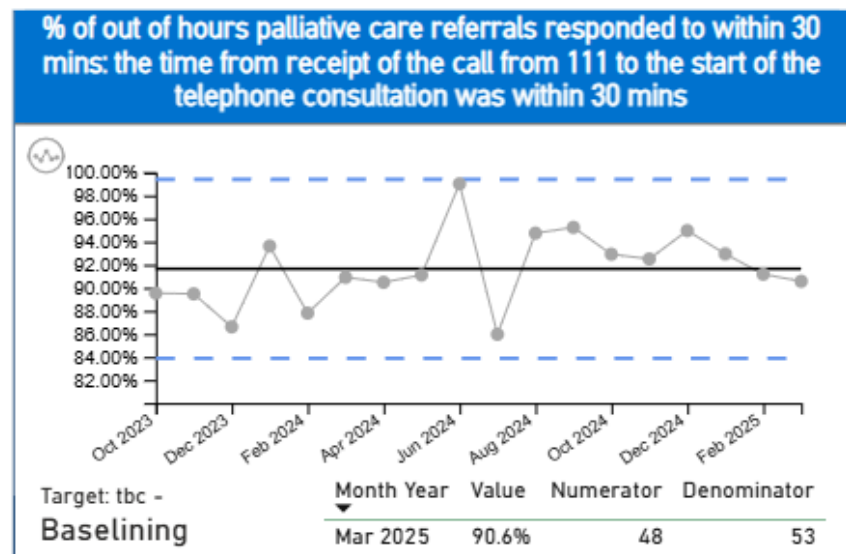
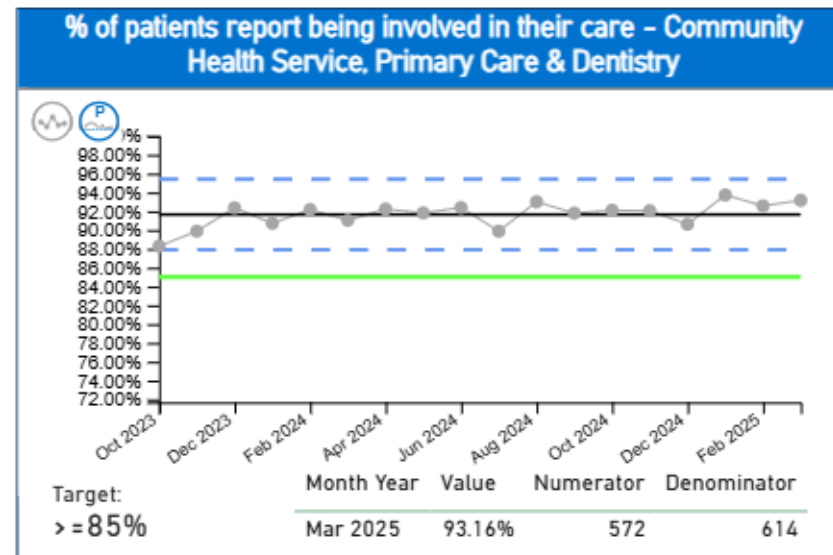
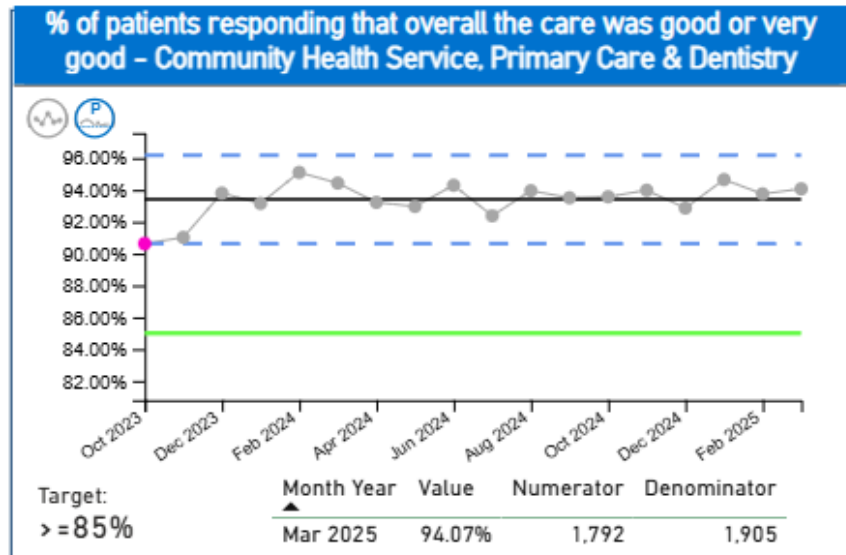
Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Average Length of Stay in Community Hospitals by basket of care	In development for FY25 (aiming for first reporting to Board in Q1 FY26)				
	Average number of Medically Optimised For Discharge (MOFD) patients per night	Under data quality investigation – aiming to report to Board in Q1 FY26				
National measure	% of Minor Injury Unit patients seen within 4 hours	78%	Mar-25	89.70%	↓	↑
National measure	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	70%	Mar-25	71%	↑	↑
NOF National Objective	Proportion of patients discharged from hospital by pathways	In development for FY25 (aiming for first reporting to Board in Q1 FY26)				
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	Mar-25	28	↑	↑
NOF National Objective	Virtual ward occupancy (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	TBC	Mar-25	87.70%	↓	↑
Strategic Metric - Quality	% of patients responding that overall care was good or very good	85%	Mar-25	94.07%	↑	↑
Strategic Metric - Quality	% of patients report being involved in their care	85%	Mar-25	93.16%	↑	↑
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 30 minutes: time time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	Baseline	Mar-25	90.60%	↓	↑
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	Mar-25	43.90%	↓	↑
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) escalated appropriately	90%	Q4	92.70%	↑	↑
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) completed where applicable	90%	Q4	77.60%	↓	↑
Strategic Metric - Quality	% of breastfeeding prevalence at 6 - 8 weeks old	60%	Q4	61.70%	↑	↑
Strategic Metric - Quality	% of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	Reporting in development for FY26 (revised timeline) subject to operational implementation				

Community Health Service, Dentistry & Primary Care

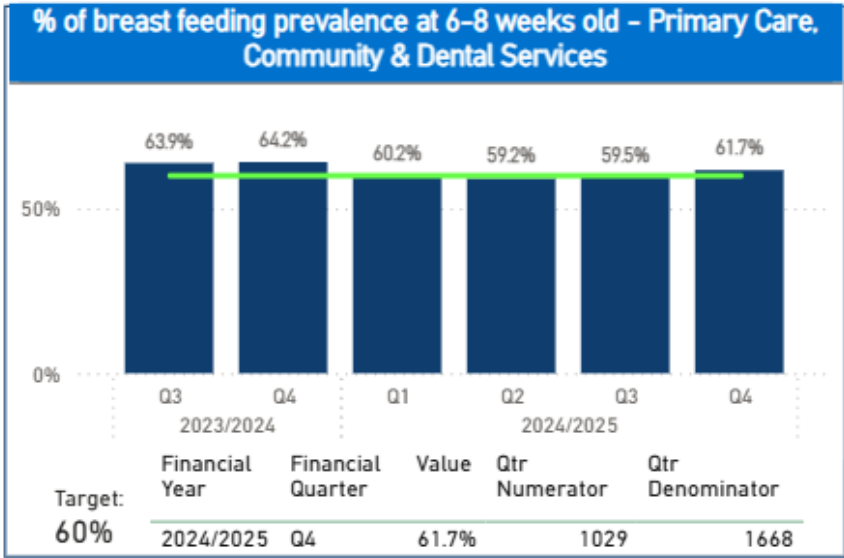
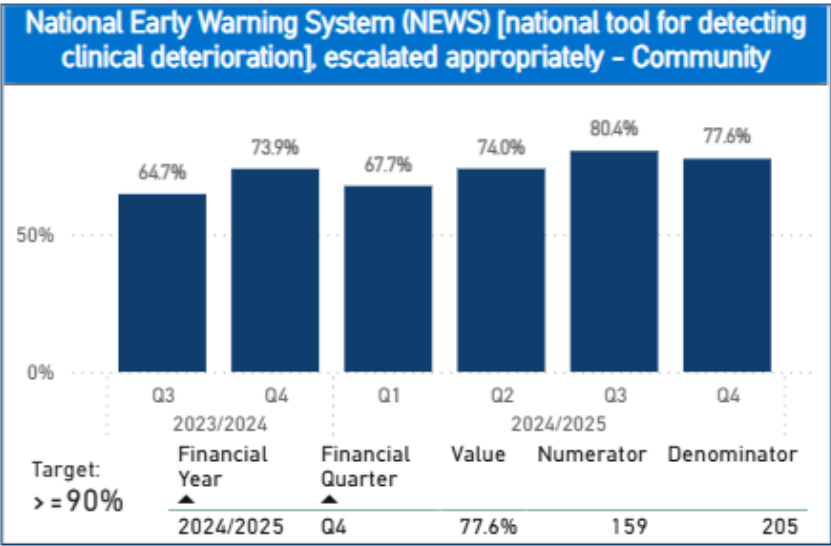
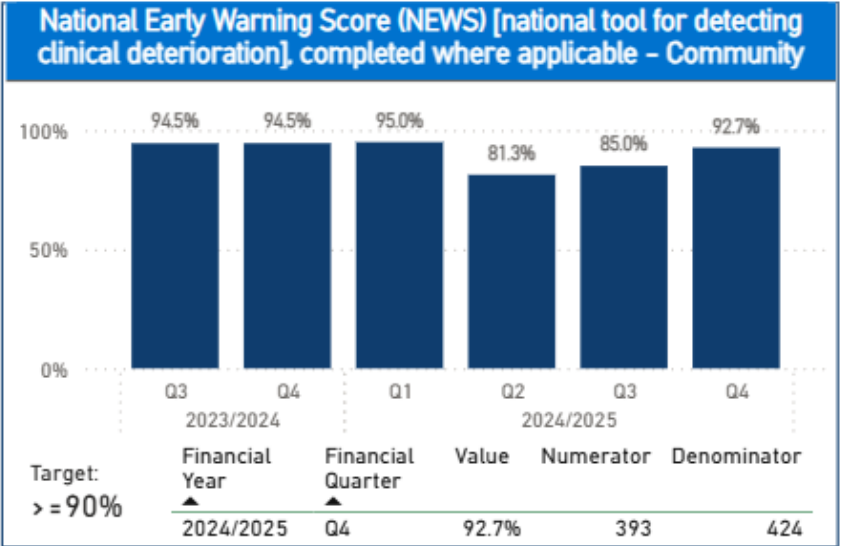
Clinical metrics meeting target, being baselined or with target yet to be confirmed, system measures:



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



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



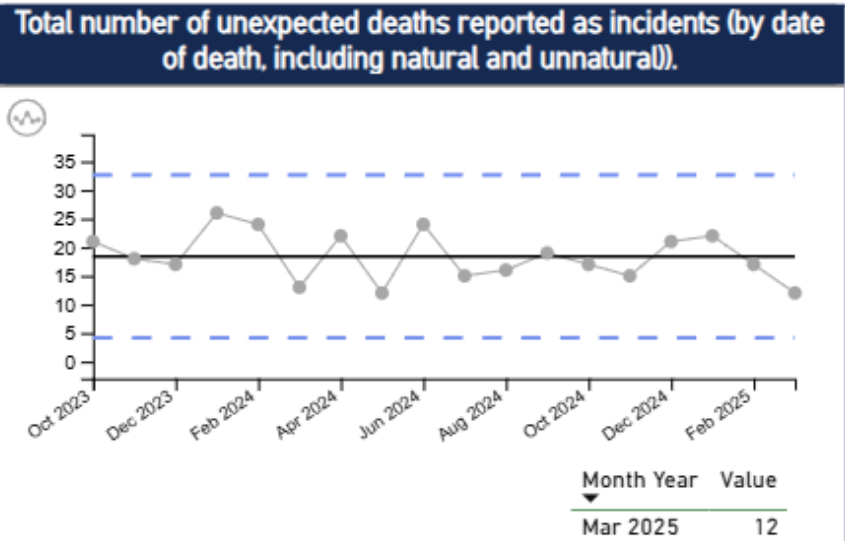
Section 2

Quality People

Quality - Deliver the best possible care and health outcomes

Quality – Summary Dashboard

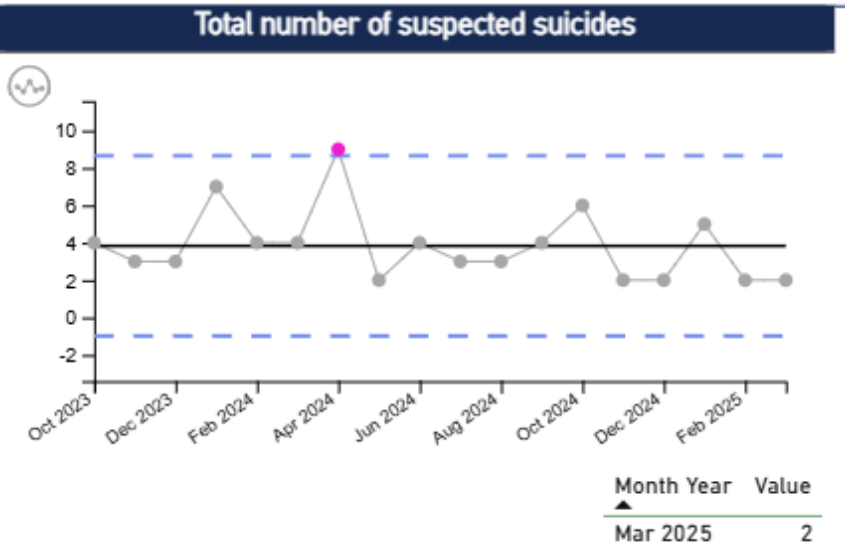
Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	TBC	Mar-25	1433	↑	n/a
	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	TBC	Mar-25	12	↓	n/a
	Number of suspected suicides	TBC	Mar-25	2	→	n/a
	Total number of incidents involving physical restraint	TBC	Mar-25	235	↑	n/a
	Total number of complaints and resolutions	TBC	Mar-25	62	↓	n/a
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	TBC	Mar-25	369	↑	n/a
Strategic Metric - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 16 per month	Mar-25	14	↑	↓
Strategic Metric - Quality	Reduction in use of seclusion (number of incidents involving seclusion)	Less than 48 per month	Mar-25	36	↑	↓
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 Q1 FY26 (revised timelines). Status: Definition of reporting work in progress linked to implementation of new care planning processes within the Trust				
Strategic Metric – Quality NOF	Response to staff survey question "I would feel secure raising concerns about unsafe clinical practice" - annual metric	79% 2023 score	2024	80%	↑	↑
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 Q1 FY26 (revised timeline). Status: Technical development in progress				



Summary, highlights, actions

The Trust takes its 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 on a caseload 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 discharge. 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 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. In addition, we provide information to Coroners and Medical Examiner offices and share learning through the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System learning from deaths network.



Summary, highlights, actions

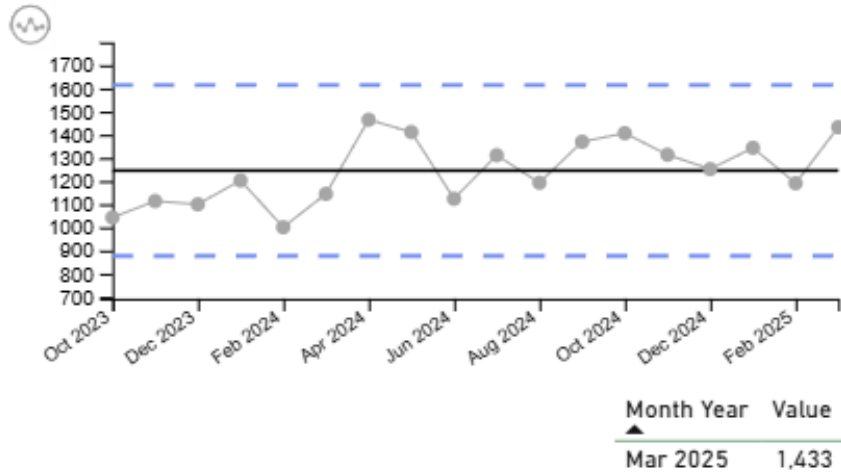
All suspected suicides are identified in near real-time daily and reviewed. Most will have an incident learning huddle completed with the clinicians involved in addition to the offer of psychological support to staff. Family liaison support/Amparo is offered to bereaved relatives. This graph is based on where staff identify the death is most likely a suspected suicide.

There have been 49 suspected/confirmed suicides for open and discharged patients in the last 12 months (29 patients were open to mental health services). The number of suspected suicides has reduced between Feb 2024-March 2025.

The Thames Valley Real Time Surveillance System data for the whole population in Oxfordshire and Buckinghamshire shows an average of 8 suspected suicides a month with about 5 patients known by Oxford Health's mental health services (either open or discharged).

The Trust has a Suicide Prevention Group to steer improvement activity. 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 the priorities in the national prevention strategy.

Total number of patient incidents (all levels of harm excluding inherited pressure damage)



Summary, highlights, actions

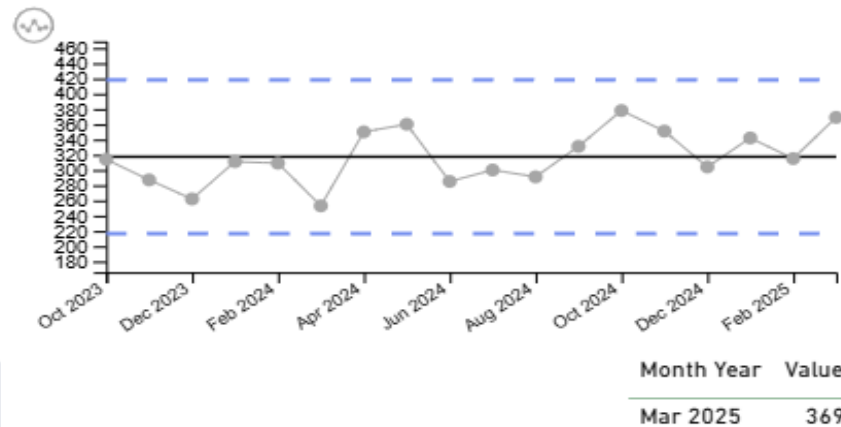
The number of incidents is higher this year than the previous year mostly due to the opening of the new Child and Adolescent (CAMHS) Psychiatric Intensive Care Unit (PICU). The wards/teams with the highest number of incidents are the three CAMHS wards including the PICU related to patients self-harming, involving a small number of very unwell patients with the majority of incidents (99.6%) resulting in no harm or minor harm.

Overall, there has been an increase in no harm/near miss and minor harm incidents over the year. The number of moderate and severe harm incidents has reduced. In the last 12 months 92% of incidents resulted in no harm or minor harm, although these incidents are excellent opportunities to identify and act on learning.

The most common incident categories are:

- Self-harm from striking self or an object
- Self-harm by ligature without a point
- Medicines administration this includes issues with supply from community pharmacists

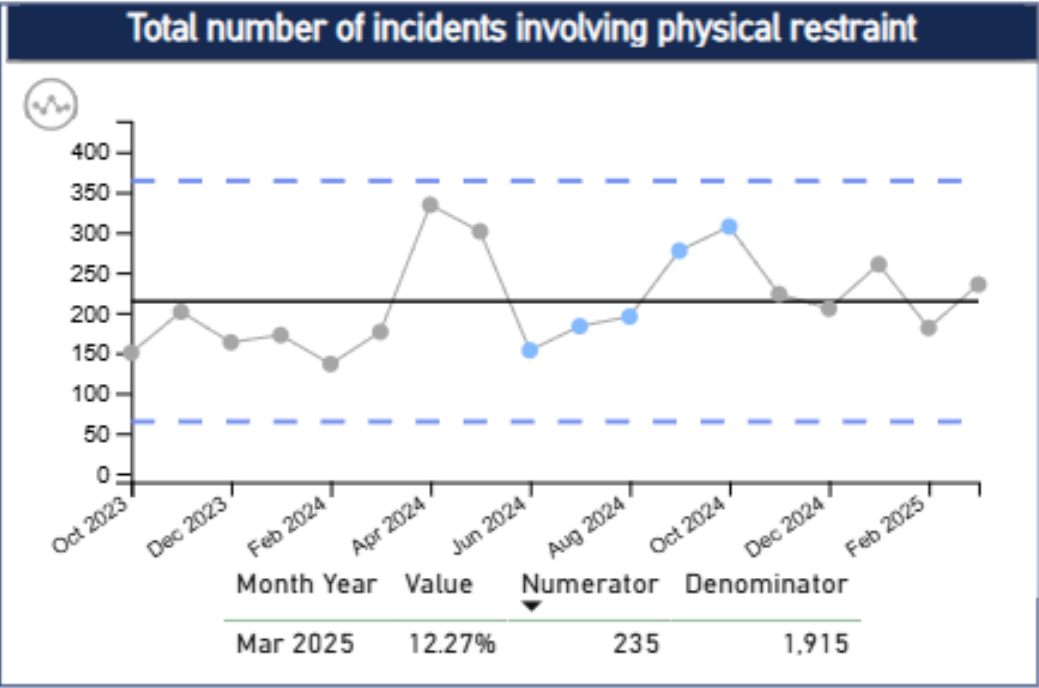
Total number of violence, physical non-physical and property damage incidents (patients and staff)



Summary, highlights, actions

There has been no notable change over the last 12 months in the number of violent incidents reported. The majority relate to incidents by patients towards staff either physical with no harm or verbal abuse. Most incidents occur on our mental health inpatient wards, particularly the forensic wards and the 2 PICU (adults and children/ adolescent). About 14% of the violence towards staff had a racial element.

Violence towards our staff as they carry out their work is not acceptable. We have set up a violence, aggression and sexual safety steering group set up to focus on reducing violence and improving how we support staff who are exposed to verbal and physically violent behaviour. Progress against the workplan is reported monthly. This is coupled with work to increase the safety and security of inpatient environments and work within the Positive and Safe Committee to continue to reduce the use of restrictive practice (see next slides).



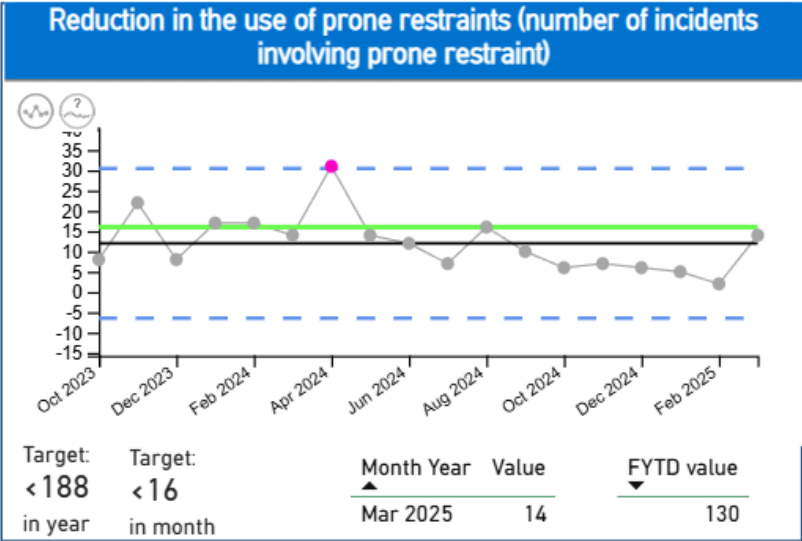
Summary, highlights, actions

March 2025 saw an increase with 235 restraints from 181 in February 2025. The number of patients involved also increased from 49 in February to 55 in March 2025.

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, followed by a two month increase which is now seeing a reduction across the pathway.

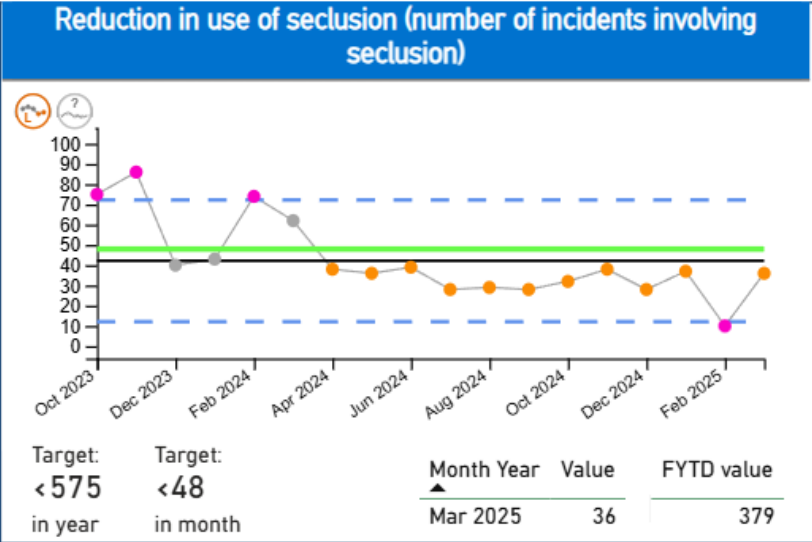
The highest cause group for incidents involving restraint this month continues to be Self Harm (n=120) followed by Violence & Aggression (n=75) and then Health (n=23). There were 24 incidents of restraint that involved administration of medication compared to 14 in February 2025. There were 10 incidents for nasogastric (NG) feeding. A decrease from 28 in February and significant decrease from 71 in January 2025. All nasogastric feeding was undertaken in the Child and Adolescent Mental Health (CAMHS) inpatient pathway.

The areas with the highest use in March 2025 continue to be across the Child & Adolescent pathway. Meadow (CAMHS Intensive Care unit) continues to have significant fluctuation each month driven by individuals. In March 2025 it increased to 94 from 62 in February 2025 but was a decrease from 107 in January 2025. CAMHS Marlborough House saw 33 restraints in March 2025 and Highfield reduced to 16 restraints in March 2025. Sandford ward (older adults), which has been the highest area outside of the CAMHS pathway continues in March 2025 with 18 restraints.



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 March 2025 there was an increase from previous months with 14 prone restraints.

Highlights
The graph shows the use of prone by month for all wards over the last year. The Trust demonstrates 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 restraints.
The 14 episodes in March 2025 was the highest usage in 7 months and an increase from 2 prone restraints in February 2025. The 14 prone in March involved 9 patients across 7 wards. The highest reason for prone was for the administration of IM medication (n=9) and then seclusion exit procedure (n=2) and one prone was unavoidable and led by the patient.
The Positive and Safety Strategy work is focusing on quality improvement projects around the use of prone for IM medication and for seclusion procedures. Each episode of Prone is reviewed locally by the team for learning.



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
March 2025 saw the maintained overall reduction in seclusion with 36 episodes; there was an increase from the very low level of 10 in February 2025 but maintained the reduced trend.
The 36 episodes of seclusion in March was across 13 wards involving 21 patients. The highest use of seclusion within the month of March 2025 was Ashurst (Psychiatric Intensive Care for adult males) and Meadow (Child & Adolescent Psychiatric intensive care) both with 7 episodes of seclusion. There continues to be a long-term seclusion on Evenlode (medium secure ward for men with Learning Disabilities) for one individual with a special package of care.



Note: 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.

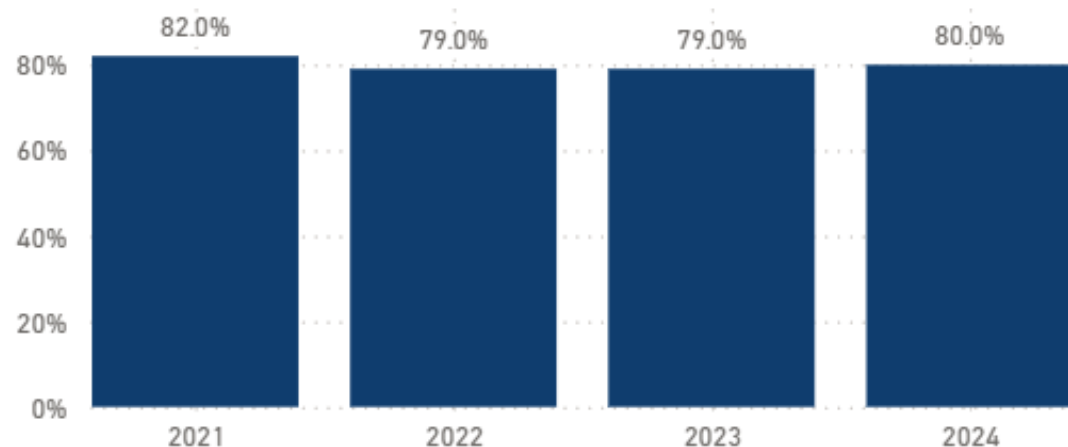
In March 2025 there were fifteen (15) early resolution cases, forty-four (44) rapid resolution complaints, six (6) low level complaints and four (4) MP enquiries. The top teams with three or more complaints were AMHT Oxon City & NE and CAMHS Swindon Getting More Help.

During March 2025, the Trust received two-hundred and thirty-two (232) 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.
- A focus on celebrating compliments and sharing learning from good practice across services.

Response to staff survey question 'I would feel secure raising concerns about unsafe clinical practice'



Target:
> = 79%

NOF

Summary and actions

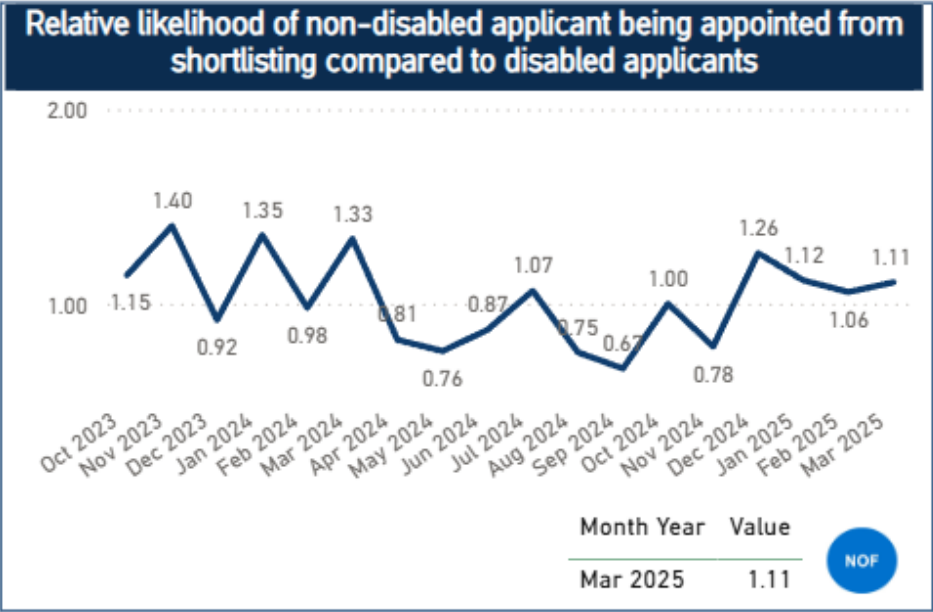
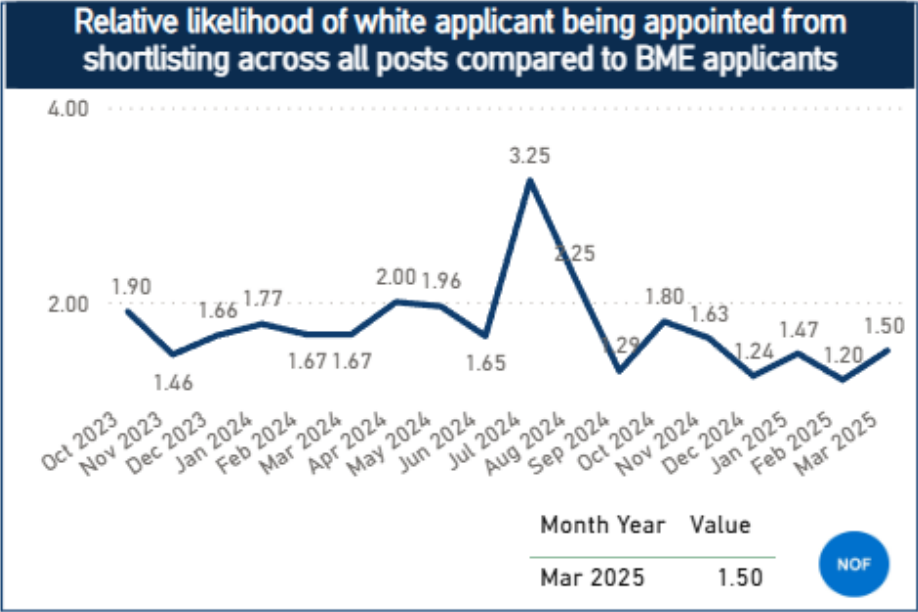
In 2024, 80% of staff reported they would feel secure raising concerns about unsafe clinical practice (79% in 2023). The Trust continues working to ensure that our patient safety culture is one of openness, where staff are encouraged to report and learn from when things do not go well. Our work with Patient Safety Incident Response Framework (PSIRF) and Restorative Just Culture is aimed at creating policies and procedures which minimise the apportion of blame, which may deter staff from reporting. Learning culture is the safest for both staff and patients.

- We intend to further our engagement of staff in the learning process following serious incidents, to demonstrate the emphasis on improvement not blame.
- We will continue to improve our reporting system Ulysses to make it easier for staff to report and better support our identification of themes.
- Our Freedom to Speak Up guardians are widely advertised and accessible to all staff who have concerns about patient care or clinical practice.
- Following a very positive implementation on Forensic wards we are rolling out Trauma Risk Management framework (TRiM) across mental health inpatient wards which supports staff in the wake of difficult incidents.

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	Mar-25	78.08%	↑	↑
NOF	Reduce staff sickness to 4.5%	4.5%	Mar-25	4.24%	↓	↓
	Personal Development Review (PDR) compliance (PDR season is between April – July)	N/A outside of the PDR season	Mar-25	91.20%	↓	↑
	Reduction in vacancies	9%	Mar-25	9.63%	↓	↓
	% of early turnover	14%	Mar-25	12.32%	↑	↓
	Statutory and mandatory training compliance	95%	Mar-25	91.50%	↑	↑
	Clinical supervision completion rate	95%	Mar-25	76.50%	↓	↑
	Management supervision rate	95%	Mar-25	72.50%	↓	↑
NOF	Staff leaver rate	n/a	Mar-25	6.48%	↓	↓
NOF	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	n/a	Mar-25	1.5	↑	↓
NOF	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	n/a	Mar-25	1.11	↑	↓
Strategic Metric - People	Reduce agency usage to meet target (% of agency used)	6.50%	Mar-25	2.87%	↓	↓
Strategic Metric - People	Reduction in % labour turnover	14%	Mar-25	10.57%	↓	↓
Strategic Metric - People	% of staff completing Quality Improvement Training Level 1	Interim measure - 994 staff completed in March (968 in February 2025)				
Strategic Metric - People NOF	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	19%	Mar-25	25.76%	↑	↑
Strategic Metric - People NOF	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	19%	Mar-25	13.74%	↑	↑



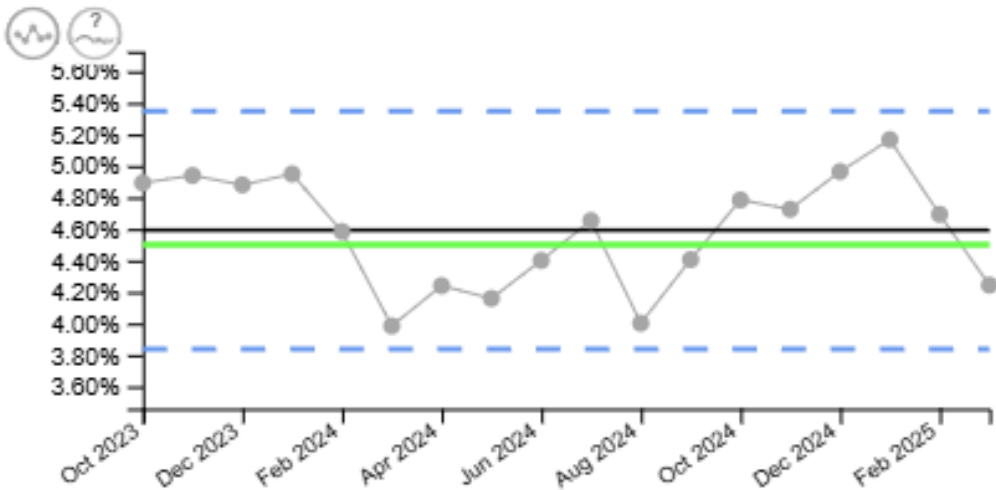
Summary

- The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic applicants has decreased by 0.3 from 1.20 in February 2025, to 1.50 in 06 2025. The higher the ratio, the more likely White applicants are to be appointed than Black, Asian and Minority Ethnic applicants. A ratio under 1 indicates that Black, Asian and Minority Ethnic 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 0.04 from 1.06 in February 2025, to 1.11 in February 2025. 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: The Inclusion Reps Project is progressing, and we have now got nominations from directorates totalling 61; Training of those already nominated has begun
- Disability Equality – Work is progressing on enhancing the onboarding process specifically looking at guidance for managers around making reasonable adjustments and ensuring the application process is inclusive and accessible. We are also looking at what more can be done to improve the process of facilitating reasonable adjustments for our staff.

Reduce staff sickness to 4.5%



Target:	Month Year	Value	Numerator	Denominator
<= 4.5%	Mar 2025	4.24 %	8,775.29	206,786.43

Summary

The sickness absence decreased from 4.69% to 4.24%, 0.27% above target.

The proportion of long term versus short term cases remains broadly consistent with the previous month. Long term absence was recorded as 2.32% and short-term absence 1.13%

The most common reasons for absence based on number of cases were Cold/Cough/Flu, Gastrointestinal and Not Specified.

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 service areas and teams with the highest levels of absence and work closely with line managers to support the management of short term frequent and long-term absence.

Seasonal reasons for absence continued to be the primary reasons for absence in March– i.e. Cough/Cold/Flu and Gastrointestinal.

Focus on upskilling managers, including manager briefings and bespoke absence management training continues. We are also working on virtual e-learning sessions for Sickness absence to make accessing training modules and materials easier for managers when needed.

A review of the transition of absence management from Goodshape system to the e-Rostering system is being undertaken in April and actions identified including additional helpful prompts and communications for managers. The outcome will be communicated to the People Steering Group at the end of June.

Actions Occupational Health/ Wellbeing

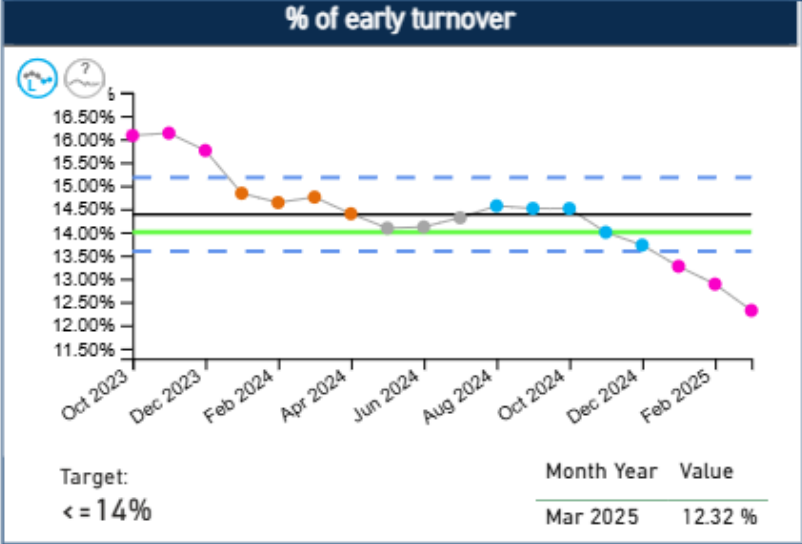
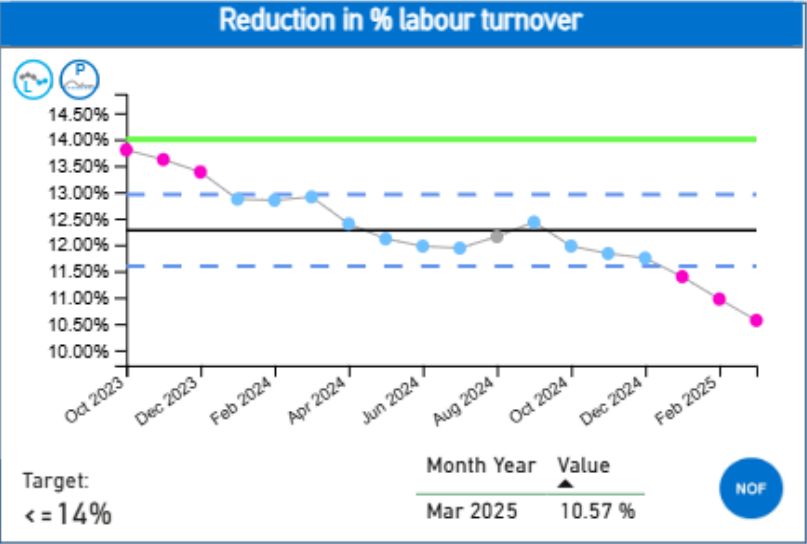
A new Occupational Health System was implemented on 15 January 2025. The new system is a secure, cloud-based solution which provides increased functionality in a digital format.

The implementation, including tender, occurred within a short time period and configuration is ongoing for some phase 1 activities. The system is now live and running well .

Recruitment and Medical Staffing teams are processing applicants via the pre-employment processes since implementation and can view dashboards of progress without the need to contact the Occupational Health team. Management referrals continue to be processed via both off-line and system avenues but are now predominantly via the system.

The Staff Psychology Service continues to receive referrals from occupational health colleagues and via TRIM (Trauma Risk Management). The Staff Psychology Service have also implemented a new system (PCMIS) to the service and reconciliation of records for current cases has been completed. Decisions regarding historic data is currently under review.

Aiming to have basic reporting available by the end of quarter one.



Summary

Staff turnover decreased from 10.97% to 10.57% and remains below the 14% target. Early labour turnover has decreased from 12.89% to 12.32%, within target.

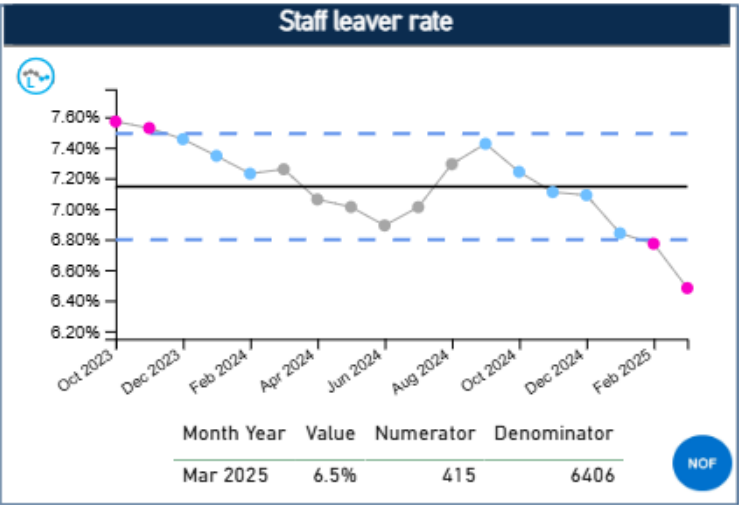
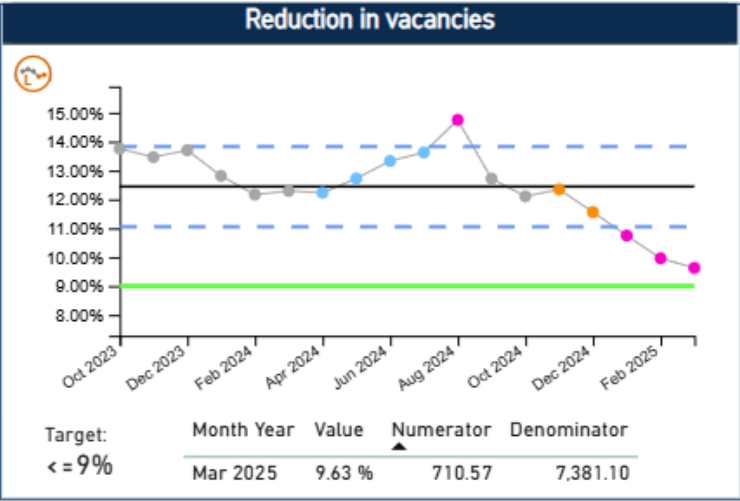
Staff Turnover of Black, Asian and Minority Black, Asian and Minority Ethnic staff is 9.94% . This is lower than total turnover. The White staff turnover is 10.97%.

The early turnover of Black, Asian and Minority Ethnic staff is now lower than the early turnover of white staff at 11.02% compared to early turnover of white staff 14.46% This is a significant improvement from 20.3% in April 2023.

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

- Turnover and Early Turnover has reduced considerably. We are therefore undertaking a review of the retention programme to broaden the perspective of the work carried out by this team – this will include
- Work to support flexible working an area in the staff survey that requires more attention to improve.
 - Revamping the exit questionnaire process to align with system changes
 - Reviewing staff recognition programmes (Long Service & Retirement awards)
- A staff experience survey was sent out to staff from black, Asian and minority ethnic backgrounds to learn more about their experiences so that we can identify further improvements and make the People Promise of 'being inclusive and compassionate' a lived reality for everyone. The data is now being analysed.
- The Local Induction project group have delivered on output one, which is a revised Local Induction checklist which gives managers more guidance and support around key information to share. Stage two; supporting managers through the onboarding of a new starter (from offer to day1) will now be undertaken by the resourcing team.



Summary

The vacancy rate has decreased from 9.96% to 9.63%. This is the lowest it has been since February 2021.

High vacancy rates 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 may result 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, however the initiatives OHFT have adopted around proactive hiring and internal recruitment (improving retention) have allowed us to create a competitive advantage, meaning our hiring challenges are reduced.

Actions:

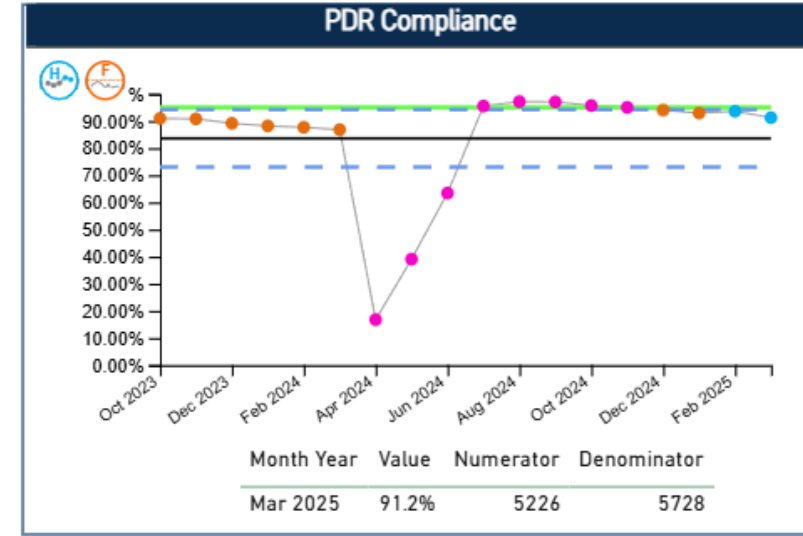
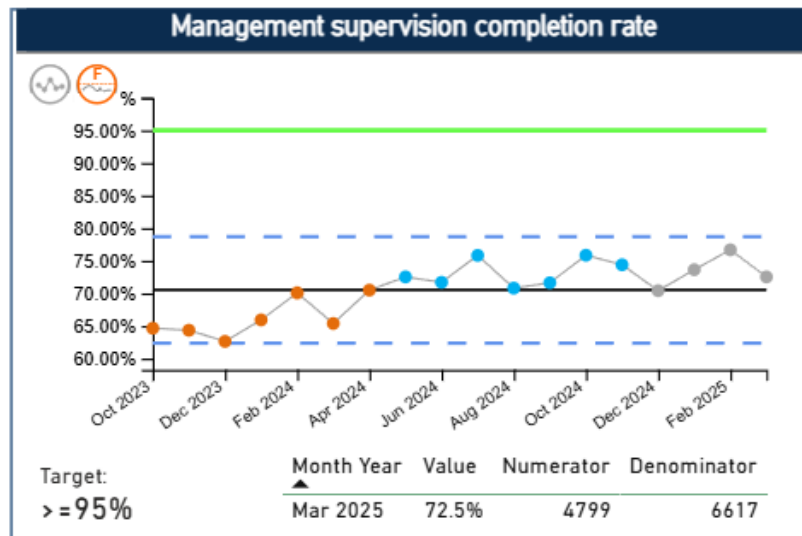
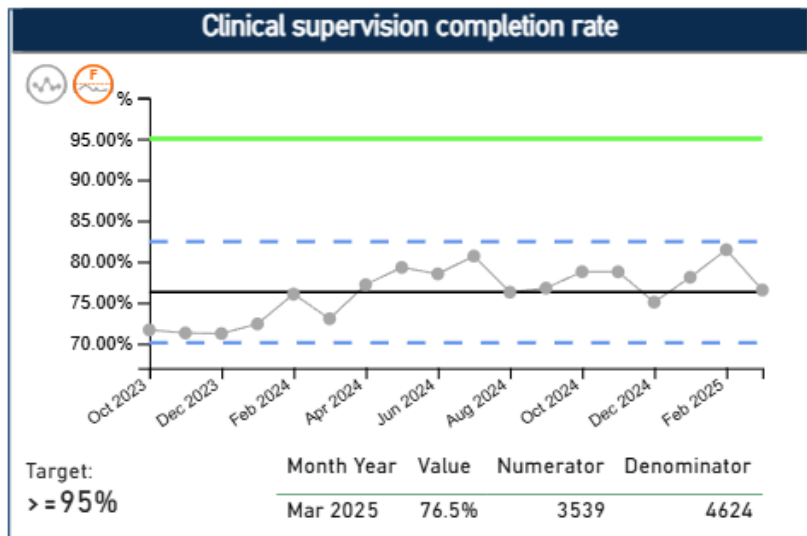
Work continues to streamline the hiring process, reduce time to hire, and improve the candidate and hiring manager experience. Trust ID, the online ID checking platform will launch in quarter 2 meaning most candidates will no longer need to attend the Littlemore HR office for an identity/right to work check during the pre-employment stage, significantly speeding up time to hire.

Start Date Ready which is the automation of our pre-employment forms is now ready for integration. The new forms have been completed and are due to go live from May. The project has tidied up the information we request ensuring it is fit for purpose, and these will be sent as a link to the candidate when their offer is sent out. Alongside the Page Tiger Offer Guide which is also sent to candidates this will simplify and speed up the pre-employment check process, speeding up time to hire, improving the efficiency of the recruitment team whilst also improving the candidate and hiring manager experience.

The team have attended a number of events including two Job Centre Plus job fairs and recently exhibited at the Careers Fest event at the Kassam stadium, an inspirational careers fair organised by OXLEP skills company and Oxfordshire careers hub. The community nurse open recruitment events in Banbury, Witney and Oxford have also been a huge success selling out of tickets for all 3 venues. The quality of attendees was exceptional across the board and has resulted in 26 offers now being made.

Work is in progress to centralise all HCA recruitment, across the organisation with monthly assessment centres used to streamline the recruitment process, this will create efficiency, remove duplication of work and create a more positive candidate journey, the Resourcing team are working on implementing this methodology in partnership with the Learning & Development team to ensure the process is joined-up, allowing us to understand training, ongoing development and career pathways for HCA's, which will support in longer term workforce planning, the newly developed program will be in place by Quarter 2 2025.

The first edition of a new Hiring Manager Bulletin was launched in April, this monthly publication from the Resourcing team will provide training, guidance and important updates to hiring managers, supporting them to develop their skills in hiring by providing education and continuous learning; an intranet page will be created to provide access to back-issues as needed.



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 decreased from 81.4% to 76.5%. Management supervision rate has also decreased from 76.7% to 72.5%.

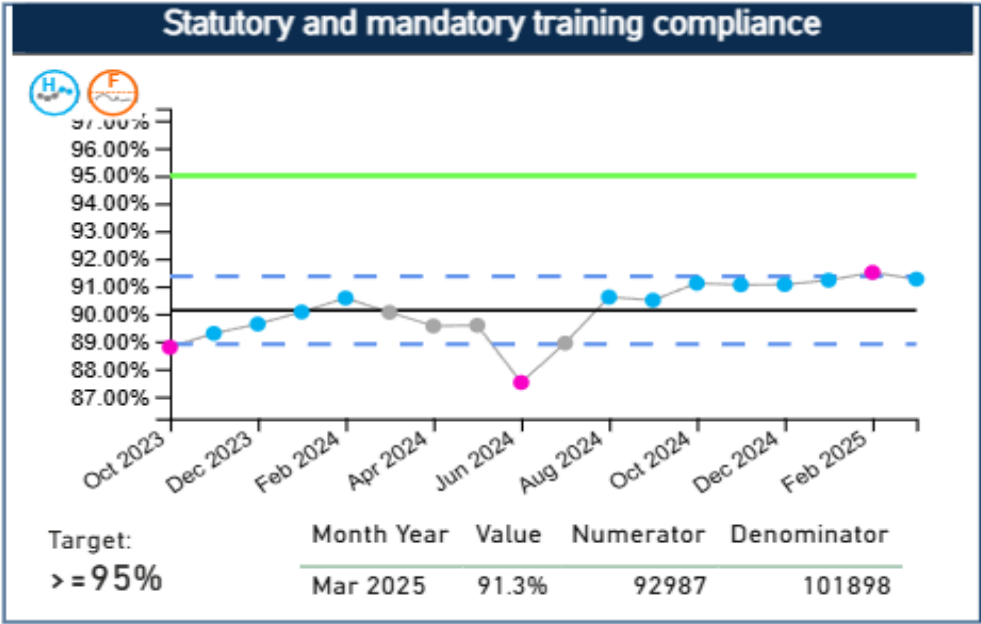
Actions:

The Education Strategy group is now monitoring supervision compliance – updates from the initial stages of the Quality Improvement (QI) project have been presented and the following actions are being taken forward:

- Supervision will be signed off as complete if either Clinical or Management supervision has occurred once the system development is complete which is anticipated to be in to be in Q1. We will still be able to report separately if required. This is in line with professional body and Care Quality Commission requirements for reporting supervision.
- Staff to be reminded to record supervision during PDR season.

Alongside this, Deputy Chief Nurse and Head of Learning & Development will:

- review the other Trust supervision policy to ensure all changes in line with Care Quality Commission (CQC) and professional body expectations.
- review staff survey questions relating to supervision to ensure supervision interactions are of quality and staff find them meaningful and update training/intranet/resources as required.



Summary

The Statutory and Mandatory training compliance rate maintains consistent with only a slight decrease from 91.5% to 91.25%. All Directorates in the Trust are above 85% completion for their overall compliance rates with improvements across all training requirements. There are 9 pieces out of a total of 12 pieces of Mandatory training that have a compliance rate above 90%.

The National Statutory and mandatory training policy has been published by NHSE and is currently being adapted for Trust approval and publication. Work is underway to review the requirements for each training subject with a view to further reduce/remove training. The trust will adopt changes as required ensuring staff are informed.

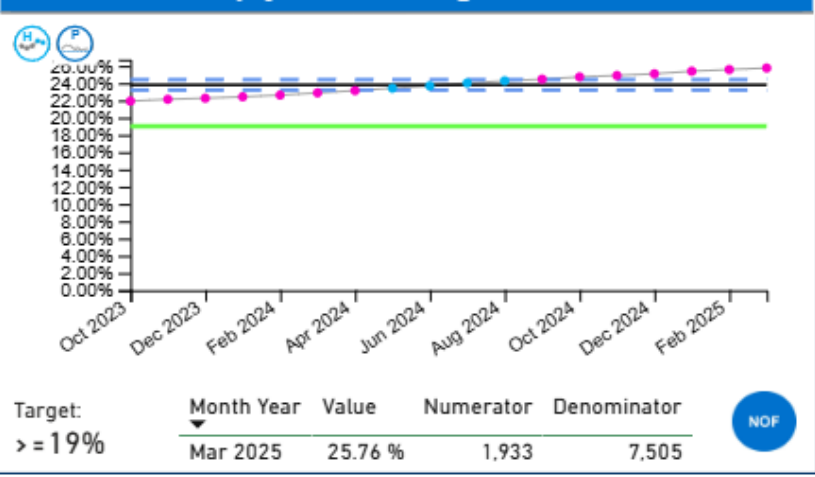
Changes to the L&D system underway to enable managers the ability to add short term exemptions from training for staff rather than needing to raise through HR service desk. The use of these will still be monitored by ESG to ensure quality is maintained.

Actions

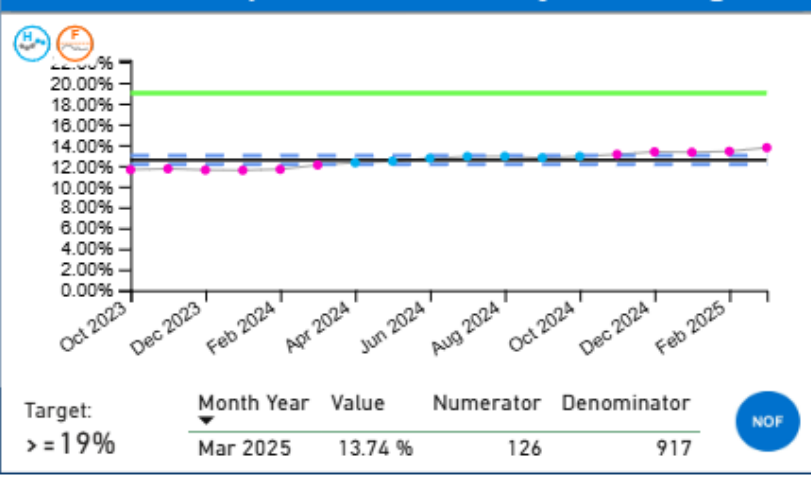
Assurances for training modules below 90%:

- Fire awareness – Compliance is currently 88.84% (no movement from 88.4% in Sept 2024). Recent site health and safety audits have highlighted the need for more fire wardens which has increased the need for training places. The health and safety team have had approval for a 6-month trainer post, and this is currently being recruited to. Expected target to be above 90% compliance by end quarter 1.
- Infection Prevention and Control – Compliance has improved and is currently 89% (an increase from 86.4% in Sept 2024). IPC team currently reviewing training package for non-clinical staff following feedback that the content is not all relevant. Expected target to be above 90% compliance by end quarter 1.
- Resus – Current overall compliance has increased again slightly from 80.87% to 81.03% (an increase from 66.84% in Sept 2024) - improvement in compliance rates overall continued. This continues to be monitored by QCG quarterly. Concerns raised by services that NHSP are not providing adequate levels of resus training are being addressed and access will be given to training for these staff. Some concerns raised from training team about increased DNA rates – these will be monitored to see if sustained or reflective of Easter school holidays.
- PEACE (Positive Engagement and Caring Environments training; only for mental health inpatient settings) - Current compliance 78.31% (a decrease from 84.77% in Sept 2024).

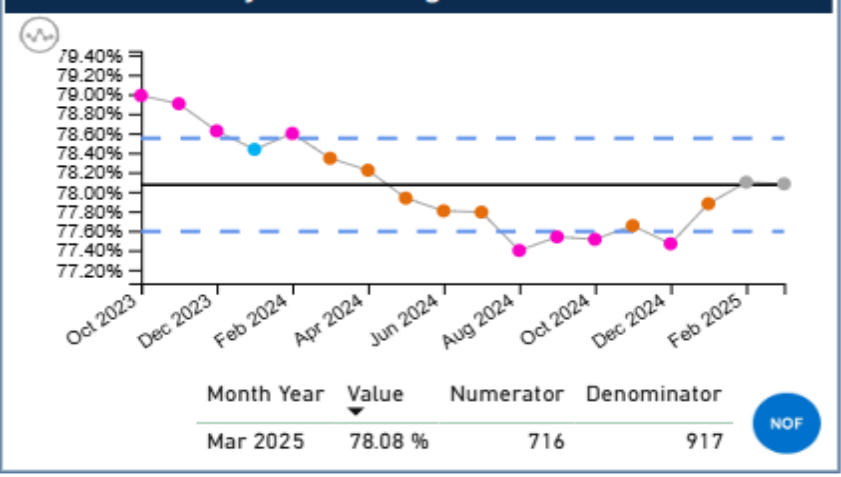
% of BAME (black, Asian and minority ethnic) representation across all pay bands including board level



% 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

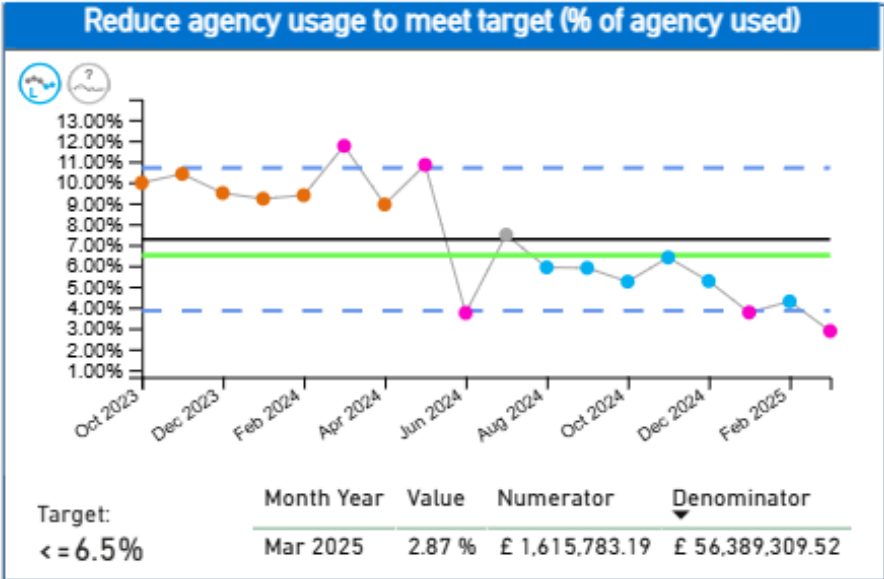
- There has been an increase of 0.19% in the representation of Black, Asian and Minority Ethnic staff across all pay bands in March 2025 reporting period.
- There has been an increase of 0.36% in the representation of Black, Asian and Minority Ethnic staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in March 2025 reporting period.
- There has been a decrease of 0.02% in the representation of Female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in the March 2025 reporting period.

Actions

All three 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 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 central equality agenda.

- Update:
- The Inclusion Reps Project is progressing, and we have now got nominations from directorates totalling 61
 - Training of those already nominated has begun

**High Impact Action 2 (embed fair and inclusive recruitment processes and talent management strategies) is detailed in the NHS Equality, Diversity and Inclusion (EDI) Improvement plan published by NHS England in 2023. The plan outlines six high-impact actions aimed at enhancing quality, diversity and inclusion across the NHS workforce.*



Summary
Overall, total agency spend in March 25 was 2.87% of total pay bill The Trust is £1.73m better than plan for agency spend YTD.

Agency Spend as a % of Temporary Staffing was 32.8% (£1,616K) and Bank was 67.2% (£3,312k).

Fill rates :
NHSP shifts only (excl Medical & Dental): In March, 76% of our temporary staffing shifts (based on hours) were filled by bank workers, above the 73% target. 21.7% were filled by agency workers and 2.4% were unfilled.

Medical & Dental (ID Medical, Allocate and Patchwork): In March 2025, 41.3% of our temporary staffing shifts (based on hours) were filled by bank workers; 48.5% were filled by Agency workers and 10.2% were unfilled.

Highlights, updates, actions

Temporary Staffing for Agenda for Change Staff

NHSP Professionals (NHSP)

The NHSP roadshows have started and been very well received with excellent attendance and positive feedback received on the improvement of the service provision.

Site visits are also continuing and enabling NHSP to meet with both existing and potentially new workers as well as developing relationships with Ward Managers and Roster support staff.

The programme to convert Agency HCA's across to NHSP is still ongoing although engagement with the workers identified has been slow, it is hoped that targeted meetings with these workers on site visits will increase uptake.

The Temporary Staffing team are continuing to support teams in migrating agency workers to NHSP Bank and Substantive roles, and NHSP Bank workers to substantive roles. This is proving particularly effective in the Band 5 Agency migration to NHSP through targeted meetings with managers and Agency staff.

Agency Agenda For Change (AfC):

There are currently 67 AfC lines of work in place across the Trust, compared to 214 in December 2023, of these 57 are at Price Cap. Retrospective shift booking continues to be a targeted area for improvement, 5.9% of shifts worked in March were retrospective compared to the target of 3%.

Medical Agency use (ID Medical):-

We are continuing to see progress in moving mental Health Agency locums down to level 3, or replacing wherever suitable alternatives can be identified and approved. We currently have over 60% of the Agency workforce at Level 3 or below compared to the beginning of last financial year when it was at 21%. (Locum Medics Charges range from the highest which is Above Backstop, followed by Backstop, Level 3, Level 2, Level 1 and Price cap). The SE Temporary Staffing team will be leading work in 2025/26 to focus particularly on medic locum use and rates and we will work closely with them on this to realise benefits within OHFT.

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 was first reported to the Trust Board in November 2024 (representing six-month position) with an annual 2024 – 2025 position reported in this months’ IPR.; 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
<p>To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes.</p> <p>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.</p>	<p>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</p>	<p>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</p>	<p>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</p>
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• We have a sustainable workforce• We have an engaged, well led workforce• We have a skilled, learning workforce• We foster a just work environment	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 objectives – Full Year Review of 2024 - 2025

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr 2024 – Mar 2025 performance (12-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%	84.8%
		% of patients responding that overall the care was good or very good - Primary, Community and Dental	>=85%	93.59%
		% of patients report being involved in their care - mental health	>=80%	83.76%
		% of patients report being involved in their care - Primary, community and dental	>=85%	92.10%
	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	Reporting under development
		% of children and young people accessing mental health services, having their outcomes measure recorded at least twice	Baselining	Reporting under development
		% of women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice	Baselining	Reporting under development
		% of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	tbc	Reporting under development
	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	61% National average	59%
		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	92.70%
		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	45%
	We are addressing health inequalities	% of breastfeeding prevalence at 6-8 weeks	60%	60.1%)
		Rate per 100,000 population of detentions on admissions to hospital of black or black British patients	tbc	Reporting under development
	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%	87.90%
		Outcome of National Early Warning Score (NEWS) [national tool for detecting clinical deterioration] escalated appropriately – Community	>=90%	74.60%
		Reduction in use of prone restraint	<188 per year	130
		Reduction in the use of seclusion	<575 per year	379
		% of patients with 'My Safety Plan' completed, where suicide is identified as risk on Risk Assessment Form	Baselining	Reporting under development
	We have a safe and learning culture	Response to staff survey question-I would feel secure raising concerns about unsafe clinical practice	>79%	80%

Strategic objectives – Full Year Review of 2024 - 2025

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr 2024 – Mar 2025 performance (12-month position)
People	We have a sustainable workforce	Reduce agency usage to meet target	<=6.5%	5.68%
		Reduction in % labour turnover	<=14%	10.57%
		Develop approach to workforce planning (Process Measure)	Narrative	We have used resource and skills in the finance and HR team to inform our workforce plan for 25/26. Some scoping work is in train to understand what models we could use going forward.
	We have an engaged, well led workforce	Staff survey staff engagement score	>=7.19	7.25
		Confirm Trust's approach to leadership development (Process Measure)	Narrative	Initial questionnaires and focus groups have been undertaken to gather information to inform next steps around leadership development. However, the trust is now awaiting a new national management and leadership framework from NHS England, therefore confirming the trust's approach to leadership development has been paused until that is received. In the meantime, the plan for leadership coaching will continue to be reviewed and developed.
	We have a skilled, learning workforce	% of staff completing Quality Improvement Training Level 1	95%	994 staff have completed training (% reporting not yet available)
	We foster a just work environment	Black, Asian and Minority Ethnic representation across all bands including Board level	>=19%	24.55%
		Black, Asian and Minority Ethnic representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Manager)	>=19%	12.99%
		Develop our approach to mitigating the intersectional impacts of disadvantage, discrimination & bias (Process Measure)	Narrative	Progress has continued across the year to implement the NHS England Equality, Diversity and Inclusion (EDI) Improvement Plan. Key achievements include the introduction of inclusion representatives for senior recruitment panels (Band 8C+) with plans to scale this trust-wide for posts 8A+, and the introduction of comprehensive onboarding and pastoral support for internationally recruited staff via the bridging programme.

Strategic objectives – Full Year Review of 2024 - 2025

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr 2024 – Mar 2025 performance (12-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 Trust ended the financial year 2024/25 £2.3m better than plan. This reflects the agreement with NHSE to be £2m better than plan in exchange for additional capital allocation. It includes returning £2.6m of deficit support funding making the position £4.9m better than the original plan. The Trust's plan for 2025/26 has been agreed as a surplus of £4.75m. This reflects a breakeven position plus one-off items to help balance the overall system plan.
		Set and meet plans to deliver a balanced or surplus budget each year in capital	Within Budget	Capital expenditure for 2024/25 was £11,409k. This represents an underspend of £428k against available funding of £11,837k. The Capital allocation for 2025/26 has been agreed and final plans have been agreed by the Capital Programme Sub-Committee, ahead of approval by Finance and Investment Committee and Board.
		Achieve National Cost Collection of 100 or below	<=100	FY24/25 will be published nationally by the end of 2025
	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%	FY24/25 not yet published
		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's Green Plan 2 is in development and due to be signed off in quarter 1 of 2025/26, which includes an action plan to reduce carbon emissions from the supply chain. The assessment of Scope 3 (supply chain + other) emissions will be undertaken in 2025/26.
	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	2.6
		Achieve an average score of 4 out of 5 in section "improved care" within the Digital Maturity Assessment	>=4	2.6
	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	The Estates Strategy refresh has commenced, with meetings currently underway with various stakeholders (corporate colleagues, directorates, One Public Estate, etc.). This exercise will conclude in May/June. The programme for the Estates Strategy highlights the whole exercise being completed in December 2025 when Board approval will be sought.

Strategic objectives – Full Year Review of 2024 - 2025

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr 2024 – Mar 2025 performance (12-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	<p>We have recruited over 2100 participants to CRN portfolio studies, the majority in the following directorates:</p> <ul style="list-style-type: none">• Buckinghamshire mental health – 24• Oxfordshire and South West mental health – 1888• Community Health Services, Dentistry and Primary Care – 53 <p>The CLEAR trial is a randomised controlled trial looking at the clinical and cost effectiveness and patient acceptability of clozapine for young people with treatment resistant schizophrenia in real world settings. Nationally the trial has faced challenges in recruiting participants. A patient who wanted to participate in the trial at Oxford Health was transitioning between three services, however staff capacity within a clinical team was limiting their ability to do so. Research and clinical staff worked together to provide support and clinical care for the patient, so that they were able to take part in the trial. This represents the time, effort and joint working that takes place to ensure patients have safe access to research.</p>
		Number of active or aspirational principal investigators by directorate	Narrative	<p>There are over 100 active principal investigators (PI) across Oxford Health. This is broken down by directorate as follows:</p> <ul style="list-style-type: none">• Buckinghamshire mental health – 12• Oxfordshire and South West mental health – 78• Community Health Services, Dentistry and Primary Care – 13• R&D – 1• Learning disabilities – 2• Pharmacy – 1 <p>A particular success has been the Community, Primary and Dental directorate where the number of PIs has increased from 3 to 13 over this year. This year an additional 20 staff members have registered interest in becoming a PI. A key challenge for the Trust is matching these aspirational PIs to a suitable study.</p>
	We will build our capacity to translate our research into services	Number of dual academic/clinical role	Narrative	<p>There are currently 93.12 WTE dual clinical roles in place. We are working on increasing dual roles, with a particular focus on key roles in the trust that are reliant on locum cover. We aim to incorporate an academic element to vacant and hard to fill posts, to make them more attractive to candidates and thereby reducing the trust's agency spend.</p>
		Develop infrastructure to translate research into services and demonstrate impact (Process Measure)	Narrative	<p>Oxford Health older adults' community mental health team have partnered with Research and Development and Neu Health, to offer patients and staff the opportunity to use the innovative Neu Health smart phone based clinical platform and patient programme. This offers patients with mild cognitive impairment the opportunity to record their symptoms and review with their clinicians. The project aims to assess the acceptability of the platform and will hopefully open up opportunities to review the dementia pathway in the future.</p>

Appendices

Latest NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Performance

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

Performance

(source: Mental Health Core Data Pack, Future NHS platform)

Metric	Latest Target	Dec-24				Jan-25				Feb-25			
		BOB ICB	Oxon	Bucks	Berks W	BOB ICB	Oxon	Bucks	Berks W	BOB ICB	Oxon	Bucks	Berks W
Mean LoS for MH adult acute, older adult acute and PICU discharges	null					54	62	48	50	54	63	54	46
72hr Follow-up	80%	79%	83%	78%	74%	77%	76%	71%	82%	81%	87%	88%	72%
CMH 2+ contacts (transformed)	10629	12090	7385	370	4350	12490	7715	390	4400	12830	8030	395	4430
CMH 2+ contacts	null	16830	7450	4930	4455	17405	7775	5100	4353	17860	8080	5195	4595
CMH referral-spells waiting for a full clock stop	null	10550	4780	3760	2010	10470	4695	3665	2110	10435	4685	3645	2105
CMH referral-spells waiting more than 104 weeks for a 2nd contact	null	340	110	225	5	215	95	110	5	200	95	100	*
Open CMH referral-spells waiting for a 2nd contact	null	3790	1530	1500	765	3495	1400	1320	775	3355	1305	1240	810
CYP 1+ contacts	26531	24100	7880	7190	9050	24330	8075	7200	9075	24990	8140	7265	9600
CYP Paired scores (%)	null	8%	*	*	*	8%	*	*	*	9%	*	*	*
CYP Self-rated measurable improvement (%)	null	48%	*	*	*	55%	*	*	*	64%	*	*	*
CYP referral-spells waiting for a full clock stop	null	26335	10606	6395	9900	26965	10130	6725	10110	27385	10380	6775	10235
CYP referral-spells waiting more than 104 weeks for a 1st contact	null	2165	840	780	545	2365	900	845	615	2495	965	875	655
Open CYP referral-spells waiting for a 1st contact	null	12755	4020	2490	6245	12760	3970	2725	6065	13035	4155	2715	6165
CYP ED Routine	95%	95%	96%	92%	96%	94%	97%	92%	93%	91%	91%	90%	91%
CYP ED Urgent	95%	84%	*	83%	100%	65%	*	*	71%	57%	*	*	*
Dementia: 65+ Estimated Diagnosis Rate	66.70%	62.30%	63.10%	58.70%	65.40%	61.90%	63.10%	58.10%	64.70%	61.60%	63%	57.40%	64.70%
EIP 2 week waits	60%	78%	72%	81%	91%	78%	73%	81%	90%	73%	74%	69%	75%
Inpatient No Contact BME	null	14%	17%	*	16%	17%	26%	*	19%	14%	21%	*	15%
Inpatient No Contact White British	null	15%	20%	17%	*	11%	14%	14%	*	10%	10%	15%	8%
Inpatient No Contact	null	16%	20%	17%	9%	14%	19%	12%	11%	12%	13%	11%	12%
Individual Placement and Support (IPS, rolling 12 month)	1046	1065	380	300	390	1110	395	315	395	1180	455	310	415
MH LoS - Adult Acute 60 days	8	6	7	5	6	7	8	6	6	7	9	5	7
MH LoS - Older Adults 90 days	8	8	9	*	13	8	8	5	11	8	6	10	10
OAPs active at the end of the period (inappropriate only)	5	10	*	*	5	*	*	*	*	*	*	*	*
OAPs bed days (inappropriate only)	*	455	100	50	305	805	320	105	375	725	150	90	490
Perinatal access (rolling 12 month)	1968	1490	475	420	595	1480	485	410	590	1550	510	435	605
SMI PH (quarterly metric)	60%	45%	32%	52%	60%								
Talking Therapies Completing a course of treatment	1469	1550	560	565	420	1905	675	690	540	1690	655	590	450
Talking Therapies Completing a course of treatment 65+(quarterly metric)	null	545	170	275	100								
Talking Therapies Completing a course of treatment (YTD)	13035	16720	6175	5865	4680	18620	6845	6555	5220	20310	7495	7145	5670
Talking Therapies Recovery	null	51%	56%	49%	47%	51%	51%	51%	53%	53%	56%	49%	54%
Talking Therapies Reliable Improvement	67%	64%	67%	60%	63%	66%	68%	65%	65%	67%	68%	64%	70%
Talking Therapies Reliable Recovery	48%	48%	52%	47%	44%	48%	48%	48%	49%	49%	52%	46%	50%
Talking Therapies Reliable Recovery BME (quarterly metric)	48%	48%	47%	49%	48%								
Talking Therapies Reliable Recovery White British (quarterly metric)	48%	49%	51%	48%	48%								
Talking Therapies 1st - 2nd Treatment >90 days	10%	9%	8%	2%	20%	10%	7%	4%	25%	8%	5%	2%	23%
Talking Therapies 6 week waits	75%	97%	99%	98%	94%	97%	100%	98%	92%	98%	99%	98%	95%
Talking Therapies 18 week waits	95%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%
Mental Health A&E 12hr breaches - Adult (%)	null	20%	19%	21%	21%	22%	20%	18%	25%	19%	20%	23%	17%
Mental Health A&E 12hr breaches - CYP (%)	null	6%	*	*	*	6%	*	*	9%	4%	*	*	*
Referrals to LPS from A&E (contacts within 1hr)	null	89%	87%	91%	91%	85%	87%	90%	77%	84%	83%	90%	79%
Urgent referrals to CCS (contacts within 24hrs)	null	54%	50%	49%	67%	65%	73%	64%	61%	62%	56%	61%	69%
Very Urgent referrals to CCS (contacts within 4hrs)	null	68%	61%	*	73%	54%	42%	100%	55%	60%	30%	*	91%

* - figure too small to be reported or not reportable/monitored at Place level

Caring, safe and excellent

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.

For Information

Finance Report

March 2025 (Month 12), FY25

Report to Board of Directors

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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



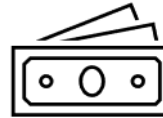
Income & Expenditure position

- Full Year Outturn - £2.3m favourable to plan



Capital Expenditure

- Full Year Outturn - £0.4m underspend



Cash

- Actual £97.8m

Key messages:

1. The Trust ended the financial year £2.3m favourable to plan. This reflects the agreement with NHSE to be £2m better than plan in exchange for additional capital allocation. It includes returning £2.6m of deficit support funding making the position £4.9m better than the original plan.
2. Capital expenditure for 2024/25 was £11,409k. This represents an underspend of £428k against available funding of £11,837k.
3. The latest timetable for the PFI arbitration process confirms that a decision will not be made before the final accounts are submitted and therefore there will not need to be any adjustments to the FY25 accounts for this.

1. Income Statement

	INCOME STATEMENT							
	Month 12				Year-end position			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %
Clinical Income	45.0	65.9	20.9	46.4%	539.9	550.8	10.9	2.0%
Other Operating Income	11.4	11.4	0.0	-0.2%	129.8	142.4	12.6	9.7%
Operating Income, Total	56.4	77.3	20.9	37.0%	669.7	693.2	23.5	3.5%
Employee Benefit Expenses (Pay)	34.6	56.4	-21.8	-63.2%	410.5	418.0	-7.5	-1.8%
Other Operating Expenses	19.6	17.5	2.1	10.6%	242.7	258.1	-15.4	-6.3%
Operating Expenses, Total	54.1	73.9	-19.8	-36.5%	653.2	676.1	-22.9	3.5%
EBITDA	2.3	3.4	1.1		16.6	17.2	0.6	
Financing costs	1.2	2.7	-1.5	-119.6%	16.6	15.2	1.4	9.3%
Surplus/ (Deficit)	1.1	0.7	-0.3		0.0	2.0	2.0	
Adjustments	0.0	0.0	0.0	0.0%	-0.1	0.2	0.3	0.0%
Adjusted Forecast Surplus/ (Deficit)	1.1	0.7	-0.3		-0.1	2.2	2.3	

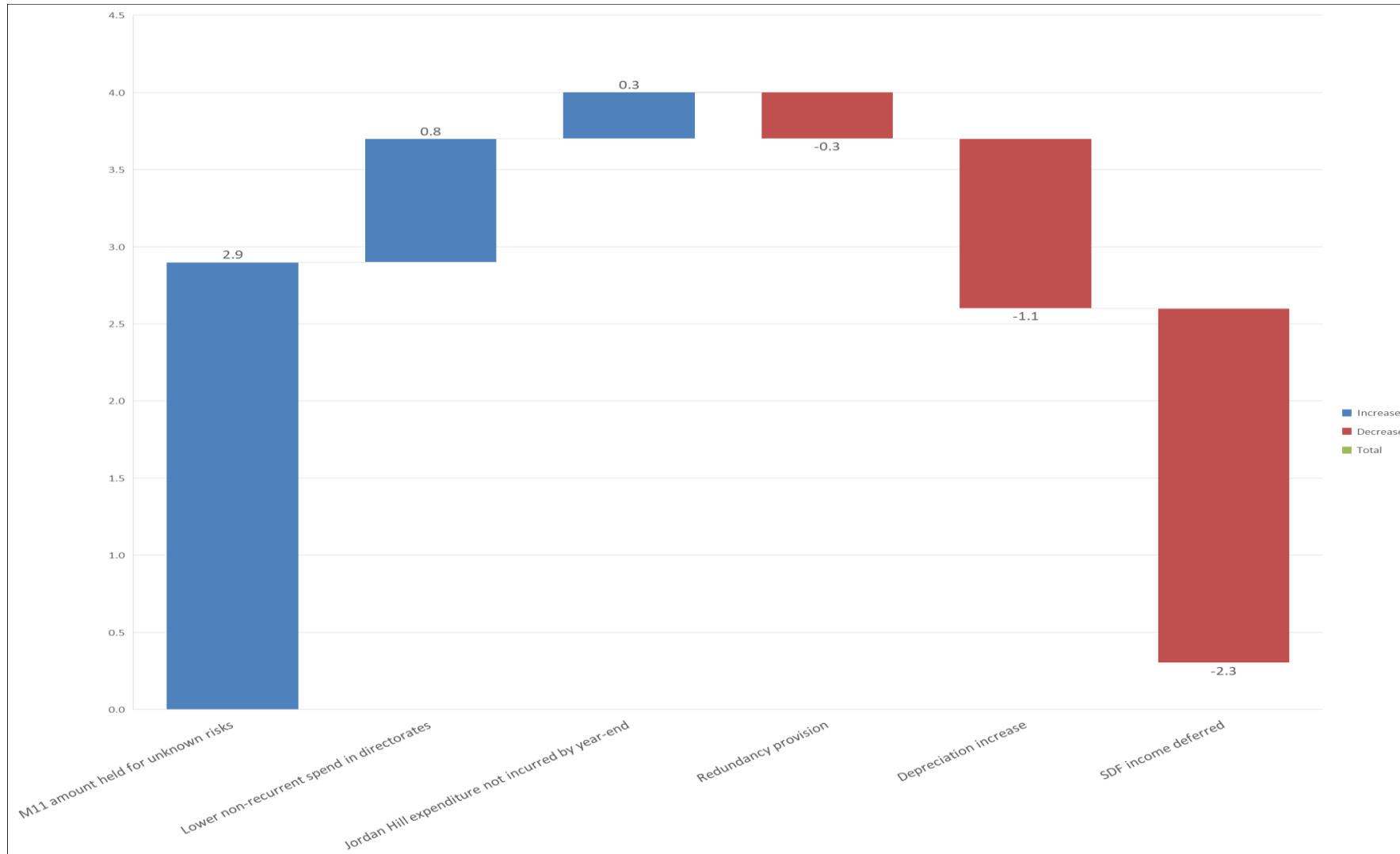
The full year outturn is a surplus of **£2.2m** which is **£2.3m** better than plan. The month 11 forecast was £2m favourable than plan and the outturn is **£0.3m** better than this. EBITDA is **£0.2m** favourable to plan, Financing costs are **£1.4m** and there is a **£0.7m** favourable variance on adjustments to the reported financial position as required by NHSE (these mainly relate to the reporting of PFI costs). The underspend on Financing costs is due to higher than planned interest receivable (**£0.7m**) and lower than planned PFI interest costs following the changed accounting treatment.

At month 12 the Trust is required by NHS England to do an adjustment in our accounts to account for pension costs in provider accounts. This has increased both expenditure and income by **£23.5m** which explains the large variances.

The remaining variance on income is **£0.1m** favourable driven by **£8.7m** higher than planned sales in Oxford Pharmacy Store. This is offset with a **£6.7m** adverse variance on Provider Collaboratives where income has been matched to spend and a **£2.6m** adverse variance due to returning deficit support funding to BOB ICB. There is a **£0.7m** net favourable variance across other areas.

The remaining variance on expenditure is **£1.5m** favourable. This is made up of a favourable variance on pay of **£15.9m** due to vacancies offset with an adverse variance on non-pay of **£14.4m**. The significant areas of overspend in non-pay are higher cost of sales in Oxford Pharmacy Store (**£8.1m**), mental health out of area placements (**£3.3m**), overspends in clinical directorates partly to utilise pay underspend (e.g. with sub-contracts) (**£6.3m**), Learning Disabilities out of area placements (**£1.7m**) and Digital & Transformation (**£0.8m**) (offset with income). These are offset with a favourable variance in Provider Collaboratives of **£6.7m**.

2. Outturn compared with M11 forecast



3. Capital Investment Programme

Project Name	(B) Latest Budget £,000	(D) Actual Expenditure £,000	Variance vs Budget
Estates - Transformational Projects	7,318	5,482	1,836
Estates - Operational	1,983	2,403	(420)
Grand Total - Estates	9,301	7,885	1,416
Oxford Pharmacy	117	171	(54)
IT Capital	277	2,927	(2,650)
IM&T Clinical Systems	2,242	384	1,858
Grand Total - IM&T	2,519	3,311	(792)
Medical Equipment	-	42	(42)
PFI	-	-	-
Grand Total	11,937	11,409	528

Underspend of £428k
Funding £11,837k less
Actual Spend £11,409k

The Trust spent **£11,409k** (£7,071k M1-11) on its core capital programme in 2024/25. This represents a £528k underspend against budgeted expenditure and a £428k underspend against available funding in year.

Project Code	FY25 - Leases IFRS 16	£,000 Lease Liability	£,000 Dilaps Liability	£,000 Total IFRS16 Liability
LB024002	Unipart House 4th Floor - (3 yrs - 4.72% disc rate)	762	TBC	762
LB025001	Wantage CMHF Hub, Kingfisher Hse - (5yrs - 4.72% disc rate)	187	100	287
LB025002	Ambrosden (Est 5 Yrs @ 4.72% disc rate)	13	1	14
		962	101	1,063
LB023024	Units 42-44A OPS, Sandford Land	279	107	386
LB023004	Units 46 OPS, Sandford Land	70	56	126
*****	Various Properties		69	69
	Remeasurement of Leases in FY25	349	233	582
LB023005	(Est 5 yrs @ 4.72% disc rate)	180	4	184
LB023007	(Est 5 yrs @ 4.72% disc rate)	6,277	-	6,277
LB023056	(Est 5 yrs @ 4.72% disc rate)	33	2	35
LB023012	(Est 10 yrs @ 4.72% disc rate)	398	-	398
LB023003	(Est 10 yrs @ 4.81% disc rate)	199	0	199
LB023052	(11.5 yrs @ 4.72% disc rate)	585	4	589
LB023021	(Est 5 yrs @ 4.72% disc rate)	2,628	-	2,628
LB023022	(Est 5 yrs @ 4.72% disc rate)	685	-	685
LB023006	(Est 5 yr @ 4.72% disc rate)	76	1	77
LB023028	(Est 5 yrs @ 4.72% disc rate)	125	5	130
*****	Estimate of Dilaps		60	60
		11,187	76	11,263
		12,497	410	12,907

£12,907k of leased properties were capitalised as 'Right of Use Assets' in 2024/25.

4. 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 RICS (Royal Institute of Chartered Surveyors) has appointed 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.

Any exit payment could be considered a post balance sheet event that should be reflected in the accounts if material. However, the latest timetable for the PFI arbitration process confirms that a decision will not be made before the final accounts are submitted and therefore there will not need to be any adjustments to the FY25 accounts for this.

5. Directorate Financial Performance Summary

Directorate	Month 12				Year-end position			
	Plan	Actual	Variance	Variance	Plan	Actual	Variance	Variance
	£m	£m	£m	%	£m	£m	£m	%
Oxfordshire & BSW Mental Health	13.0	12.5	0.4	0.0%	147.0	145.7	1.3	0.0%
Buckinghamshire Mental Health	6.2	6.6	-0.4	-6.5%	71.4	68.6	2.8	3.9%
Forensic Mental Health	2.7	3.0	-0.3	-11.0%	33.4	34.6	-1.1	-3.4%
Learning Disabilities	0.5	0.6	-0.1	-21.2%	6.1	7.3	-1.2	-19.8%
Provider Collaboratives	-0.8	-0.8	0.0	1.1%	-9.9	-9.9	0.0	0.0%
MH Directorates Total	21.6	22.0	-0.4	-1.7%	248.1	246.3	1.8	0.7%
Primary Community & Dental	9.2	7.6	1.6	17.4%	103.6	100.8	2.8	2.7%
Corporate	7.4	6.1	1.4	18.7%	76.7	75.3	1.4	1.8%
Oxford Pharmacy Store	-0.1	-0.2	0.1	97.5%	-1.0	-1.5	0.5	46.0%
Research & Development	0.1	0.1	0.0	-34.1%	0.7	0.5	0.2	32.8%
Covid-19 Costs	0.0	0.0	0.0		0.0	0.0	0.0	
Reserves	-3.4	-4.2	0.7	20.7%	0.4	0.4	-0.1	-18.0%
Block Income	-37.0	-34.7	-2.3	-6.2%	-445.0	-438.9	-6.0	-1.3%
EBITDA	-2.3	-3.4	1.1		-16.6	-17.2	0.6	
Financing Costs	1.2	2.7	-1.4	-116.4%	16.6	15.2	1.4	8.5%
Adjustments	0.0	0.0	0.0		0.1	-0.2	0.3	
Adjusted (Surplus)/Deficit	-1.1	-0.8	-0.3		0.0	-2.2	2.3	

Block contract income is reported in a separate directorate. Clinical Directorate positions reflect the expenditure position less non-clinical income (mainly Education & Training income)

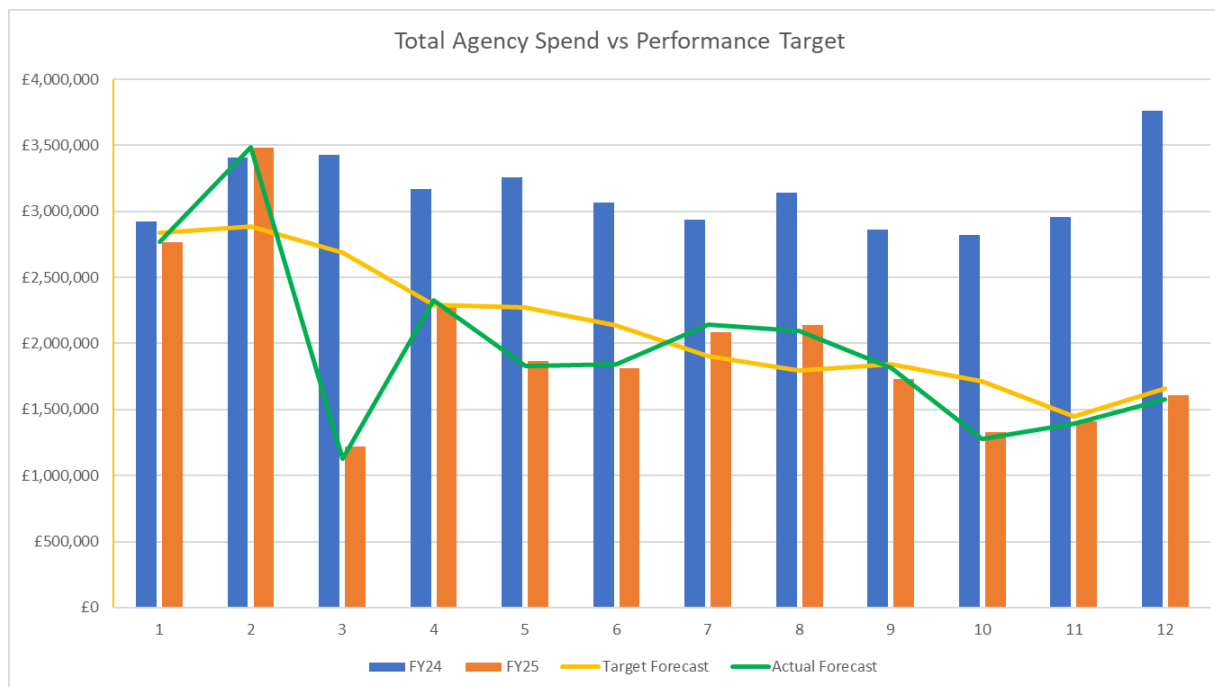
6. Provider Collaboratives Financial Performance Summary

	Month 12			Year-to-date		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Secure	8.2	4.5	3.7	98.0	93.3	4.7
CAMHS	2.5	1.1	1.4	29.8	24.4	5.4
Adult AED	1.8	0.3	1.5	10.5	8.9	1.7
Provider Collaboratives Total	12.4	5.9	6.6	138.3	126.6	11.7

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 **£11.7m** 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.

7. Agency Analysis



	FY24 Apr - Mar	FY25 Apr - Mar	Change from FY24
Medical	£14,594,050	£11,634,291	−£2,959,759
Nursing	£19,708,381	£10,775,197	−£8,933,184
AHP/HSS	£2,350,263	£1,134,788	−£1,215,475
Admin & Clerical	£889,244	£194,866	−£694,379
Estates	£191,882	£44,634	−£147,248
Total	£37,733,820	£23,783,775	−£13,950,045
FY24 VC's & FY25 Retros	£27,379	−£46,708	−£74,087
Prior year/Finance adjustments	−£2,409,407	£0	£2,409,407
Total Reported	£35,351,792	£23,737,067	−£11,614,725

YTD Target Forecast vs Actual Spend M12			
Staffing Type	FY25 Target Apr - Mar	FY25 Actual Apr - Mar	FY25 Variance Apr - Mar
Agenda for Change	£14,937,496	£12,102,776	£2,834,720
Medical	£10,533,505	£11,634,291	−£1,100,787
Total	£25,471,001	£23,737,067	£1,733,934

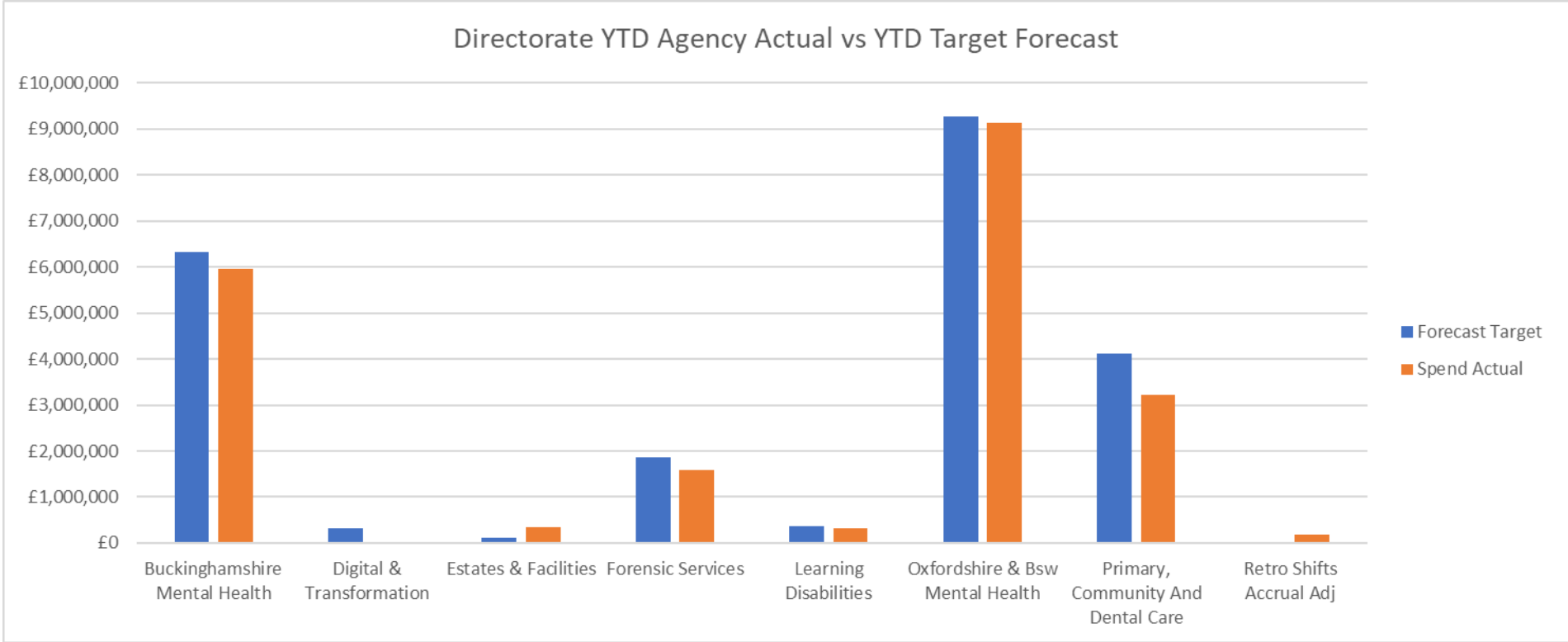
In Month 12 temporary staffing was **14.9%** of the Trust total pay bill with Agency at **4.9%** and Bank at **10%**.

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 submitted a plan to BOB ICB and NHS England to spend a maximum of **£25.4m** on Agency in FY25.

The year end agency spend for FY25, is **£1.7m** better than plan and **£11.6m** better than the same period in FY24.

Agency Analysis Continued



Directorates have been allocated targets to reduce agency spend in line with the submitted plan of **£25.4m**.

All Directorates apart from Estates and Facilities have delivered spend levels within the target plan at the financial year end.

8. 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 has reported a full delivery of the **£40.2m** to NHS England. Any shortfall in these programmes has been mitigated by other non-recurrent benefits in the Trust's position.

Table of Planned Efficiencies				
Recurrent or Non Recurrent	Efficiency Programme Area	YTD Plan M12 £000	YTD Actual M12 £000	YTD Variance M12 £000
Non-Recurrent	Non-Pay - Digital transformation	1,575	891	-684
	Non-Pay - Estates and Premises transformation	0	1,848	1,848
	Non Pay - Other	36	36	0
	Pay - Agency - reduce the reliance on agency	5,068	5,068	0
	Non-Pay - Service re-design	10,416	10,356	-60
	Pay - Establishment reviews	15,084	14,124	-960
Total Non-Recurrent		32,179	32,323	144
Recurrent	Income - Non-Patient Care	708	708	0
	Non-Pay - Corporate services transformation	84	84	0
	Non-Pay - Digital transformation	285	969	684
	Non-Pay - Estates and Premises transformation	2,352	504	-1,848
	Non-Pay - Fleet optimisation	12	12	0
	Non-Pay - Service re-design	168	228	60
	Pay - Establishment reviews	1,092	2,052	960
	Pay - Service re-design	3,372	3,372	0
Total Recurrent		8,073	7,929	-144
Grand Total		40,252	40,252	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**.

£6.5m of the **£7.9m** CIP target has been delivered through CIPs including upfront savings from investment, staffing establishment reviews and non-pay efficiencies. The remaining balance for the year is being met through non recurrent vacancies while recurrent plans are being developed.

£'000					
Directorate	CIP Target	Recurrent Delivery	Non Recurrent Mitigation	Total Delivery	Variance to Target
Primary Community & Dental	2,548	1,240	1,308	2,548	0
Oxon & BSW MH	2,038	2,038	0	2,038	0
Bucks MH	983	983	0	983	0
Forensic MH	526	526	0	526	0
Learning Disabilities	199	199	0	199	0
Corporate	1,636	1,475	161	1,636	0
Total CIP	7,930	6,461	1,469	7,930	0
		81%	19%	100%	0%

9. Statement of Financial Position

Statement of Financial Position at 31 March 2025					
31 Mar 24 £'000		28 Feb 25 £'000	31 Mar 25 £'000	Movement In-Month £'000	YTD £'000
Non-current assets					
7,012	Intangible Assets	5,505	5,410	(95)	(1,602)
216,329	Property, plant and equipment	216,204	219,534	3,330	3,205
33,133	Finance Leases	41,044	39,301	(1,743)	6,168
1,125	Investments	1,125	1,125	0	0
412	Trade and other receivables	412	366	(47)	(47)
651	Other Assets	654	799	145	148
258,662	Total non-current assets	264,944	266,534	1,591	7,872
Current Assets					
3,184	Inventories	6,492	6,463	(29)	3,279
21,722	Trade and other receivables	20,276	19,599	(677)	(2,123)
200	Non-current assets held for sale	200	1,185	985	985
85,628	Cash and cash equivalents	100,106	97,818	(2,288)	12,190
110,734	Total current assets	127,074	125,065	(2,009)	14,331
Current Liabilities					
(77,857)	Trade and other payables	(79,805)	(81,456)	(1,651)	(3,599)
(2,614)	Borrowings	(2,415)	(1,356)	1,059	1,258
(4,019)	Lease Liabilities	(7,719)	(6,645)	1,074	(2,626)
(16,518)	Provisions	(14,303)	(14,804)	(501)	1,714
(24,222)	Deferred income	(37,479)	(35,101)	2,377	(10,879)
(125,230)	Total Current Liabilities	(141,721)	(139,362)	2,359	(14,132)
Non-current Liabilities					
(12,049)	Borrowings	(11,381)	(10,713)	668	1,336
(21,814)	Lease Liabilities	(24,331)	(25,161)	(830)	(3,347)
(6,545)	Provisions	(8,921)	(9,226)	(305)	(2,681)
(1,500)	Other Liabilities	(1,500)	(1,500)	0	0
(41,909)	Total non-current liabilities	(46,132)	(46,600)	(468)	(4,691)
202,258	Total assets employed	204,165	205,637	1,472	3,380
Financed by (taxpayers' equity)					
113,336	Public Dividend Capital	113,964	113,964	(0)	628
83,359	Revaluation reserve	83,082	83,712	631	353
1,125	Other reserves	1,125	1,125	0	0
4,438	Income & expenditure reserve	5,994	6,835	841	2,397
202,258	Total taxpayers' equity	204,165	205,637	1,471	3,378

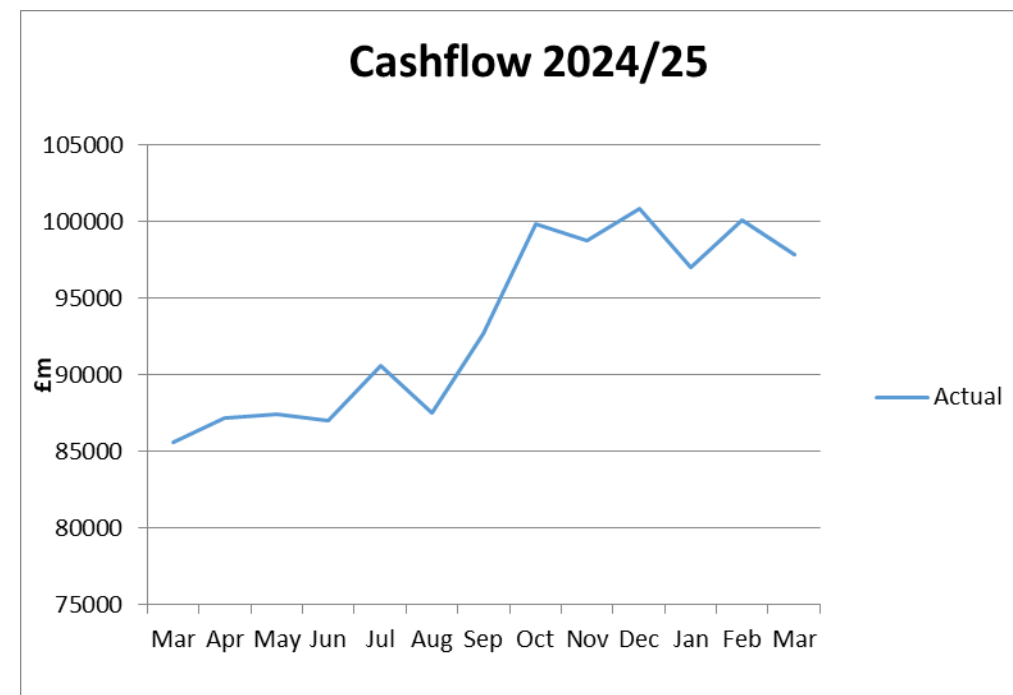
- Non-current assets have increased by £7.8m YTD and £1.6m in-month. Capital additions in year of £24.7m (including £13.2m of leased assets – mainly East Oxford & Savernake) and a net upward revaluation in the estate of £0.4m have been offset by £16.3m of cumulative depreciation and the reclassification of £1m of assets 'held for sale'.
- Inventories have increased by £3.3m YTD. The initial increase was due to a new infusion drug line being sold by OPS following a distribution agreement with NHSE/Sandoz as well as other aseptic drug lines. Due to increased sales, inventory levels of c£6.5m is expected to be steady state going forward.
- Receivables have decreased by £0.7m in-month and £2.1m YTD. YTD decrease is driven by a reduction in outstanding debt of £1.4m and a net decrease in other receivables of £0.7m.
- The cash balance has increased by £12.2m in-year and decreased £2.3m in-month. The in-year increase is driven by cash generated from operations of £31.8m and offset by the net outward movement/outflow of investing and financial activities of £19.6m (see cash flow statement).
- Trade and other payables have increased by £1.6m in month and by £3.6m in-year. The YTD increase is driven by a net increase in payable (AP & accrued expenditure) balances of £1.9m and a £1.7m increase in tax and pension liabilities due to the national pay award, increased employer costs and a 4.5% increase in staff numbers over the year.
- Current and non-current net lease liabilities have increased in year by £6.0m in-year and decreased by £0.2m in-month. New lease liabilities in-year of £13.2m (including East Oxford, Savernake & Unipart) have been offset by lease repayments against existing and new leases of £7.2m.
- Current and Non-current provisions have increased by £0.8m in-month and by £1.0m in-year. The in-year movements relate to an increase in dilapidation provisions of £0.6m, redundancy provisions of £0.3m and a £0.1m increase in other employer liability provisions.
- Deferred income has increased by £10.9m in year and decreased by £2.4m in month. Most of the increase in-year can be attributed to the Provider Collaborative £8.9m and SDF income of £2.3m.
- The YTD reduction in non-current borrowings reflects the capital repayment of £1.3m in year against the outstanding DHSC loan (that funded the Whiteleaf Centre).
- The £2.4m upward movement in year reflects the Trust's reported surplus in year of £2.0m and £0.4m of other movements.

10. Cash Flow

Statement of Cash Flows at 31 March 2025				
31 Mar 24		28 Feb 25	31 Mar 25	Cash In/(Out) In-Month
£'000		£'000	£'000	£'000
(13,832)	Cash flows from operating activities	271	836	565
(13,832)	Operating surplus/(deficit) from continuing operations	271	836	565
	Operating surplus/(deficit)	271	836	565
	Non-cash or income and expense:			
15,161	Depreciation and amortisation	13,501	16,261	2,760
5,116	Impairments and profit on disposal of assets	40	140	100
(12)	On SoFP pension liability	0	(20)	(20)
13,733	(Increase)/Decrease in Trade and Other Receivables	2,069	1,285	(784)
(252)	(Increase)/Decrease in Inventories	(3,307)	(3,279)	28
(6,784)	Increase/(Decrease) in Trade and Other Payables	3,478	5,632	2,154
1,220	Increase/(Decrease) in Deferred Income	13,257	10,879	(2,378)
12,966	Increase/(Decrease) in Provisions	(218)	104	322
27,316	NET CASH GENERATED FROM/(USED IN) OPERATIONS	29,091	31,838	2,747
	Cash flows from investing activities			
5,414	Interest received	5,284	5,852	568
(13,256)	Purchase of Non Current Assets	(11,389)	(12,701)	(1,312)
1,200	Sale of PPE	0	0	0
(6,642)	Net cash generated from/(used in) investing activities	(6,105)	(6,849)	(744)
	Cash flows from financing activities			
3,705	Public dividend Capital Received	628	629	0
(1,338)	Loans repaid	(669)	(1,338)	(669)
0	Movements on other loans	0	(850)	
(6,035)	Capital element of lease rental payments	(6,223)	(6,347)	(124)
(657)	Capital element of Private Finance Initiative Obligations	(201)	(403)	(202)
(687)	Interest paid	(266)	(627)	(361)
(204)	Interest element on leases	(397)	(437)	(40)
(1,481)	Interest element of Private Finance Initiative obligations	(14)	(521)	(507)
(2,959)	PDC Dividend paid	(1,366)	(2,905)	(1,539)
(9,656)	Net cash generated from/(used in) financing activities	(8,508)	(12,799)	(3,442)
11,018	Increase/(decrease) in cash and cash equivalents	14,478	12,190	(1,439)
74,610	Cash and Cash equivalents at 1st April 2024	85,628	85,628	0
85,628	Cash and Cash equivalents at end of period	100,106	97,818	(1,439)






Summary Notes

- The actual cash flow movements are consistent with the comments made on the Statement of Financial Position.
- The closing cash position at the end of March was **£97.8m** (£100.1m in February).



11. Working Capital Indicators

Working Capital Ratios

Ratio	Target	Actual	Risk Status
Debtor Days	30	10	
Debtors % > 90 days	5.0%	11.8%	
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	86.9%	
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	93.5%	
Cash (£m) - per year-end forecast	92.5	97.8	

Summary Notes

- Debtor days ahead of target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £243k (£341k in M11), Sussex Partnership £351k (£351k in M11), Salary overpayments £274k (£273k in M11), Central & NW London £117k (£117k in M11), NHSE £32k (£27k in M11), University of Oxford £95k (£72k in M11), NHSPS £77k (£77k in M11) and other £240k (£250k in M11).
- NHS BPPC (Better Payments Practice Code) below target (2 Southern Health invoices for £4.4m not paid in time in August). 90.8% in-month.
- Non-NHS BPPC (Better Payments Practice Code) marginally below target year to date. 97.5% in-month
- Cash better than year-end target.

Meeting	Board of Directors' Meeting
Date of Meeting	21 st May 2025
Agenda item	12(b)
Report title	Quality and Safety Dashboard
Executive lead(s)	Britta Klinck, Chief Nurse
Report author(s)	Jane Kershaw, Head of Patient Safety
Action this paper	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the group	Regular report to each meeting to be viewed alongside the Integrated Performance Report.
Public or confidential	Public

Executive summary

This paper is a summary of the quality and safety dashboard discussed monthly by the Quality and Clinical Governance Group and presented to every Quality Committee meeting. The information in the Quality and Safety Dashboard is up to 31st March 2025, although the workforce data has not been updated since position in February 2025 as the data was not available at the time of writing the report. The purpose of the dashboard is to bring together activity, quality and workforce data as well as soft intelligence to help identify wards/teams that might be struggling and need more support.

From reviewing a range of indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in March 2025 and a review of any trends from the last 3 months (January to March 2025). All of the wards/community teams were highlighted 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	<ul style="list-style-type: none"> Kestrel Kingfisher Cotswold House Oxford 	<ul style="list-style-type: none"> Ruby Sapphire OSRU CAMHS PICU Meadow Unit CAMHS Highfield
Community Teams	<ul style="list-style-type: none"> District Nursing Oxon North and West AMHT Oxon City and NE AMHT 	<ul style="list-style-type: none"> Bucks Aylesbury CMHT Bucks Chiltern East and West AMHT Bucks PIRLS Bucks and Oxon CAMHS ADHD and Autism service Bucks and Oxon Adult ADHD and Autism Bucks OA Memory Clinic Service Bucks Complex Needs Service Bucks Adult Psychological therapies Children's Speech and Language (CIT) Adult Speech and Language Community Respiratory service Podiatry Heart Failure Service Special Care and Paediatric Dentistry Oxon CAMHS Oxon Complex Needs Service Oxon OA Memory Clinic Service

Report history / meetings this item has been considered at and outcome

The Dashboard is developed with input from the Clinical Directorates and presented monthly to the Quality and Clinical Governance Group chaired by the Chief Nurse and Chief Medical Officer.

Recommendation(s)

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

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	<input checked="" type="checkbox"/>
People (Workforce) - Be a great place to work	<input type="checkbox"/>
Sustainability - Make the best use of our resources and protect the environment	<input type="checkbox"/>
Research & Education - Be a leader in healthcare research and education	<input type="checkbox"/>

Link to CQC domain – where applicable

☒ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well-led

Assurance level

☐ Significant ☒ Reasonable ☐ Limited

Links to / Implications

Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	<input type="checkbox"/> BAF	<input type="checkbox"/> TRR
Equality, diversity and inclusion	No	
Legal and regulatory	We are required to report on the inpatient staff fill rates to Trust Board members, this role has been delegated to the Quality Committee and we also on a 6-monthly basis present a safer staffing report to the Board of Directors.	

1. Introduction

This paper is a summary of the quality and safety dashboard discussed monthly by the Quality and Clinical Governance Group and presented to every Quality Committee meeting. The information is up to 31st March 2025.

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. This report is developed following the below process.

This report is developed and shared in the following way;



2. Interactive Contents Page

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

Contents

3. Overall summary of highlighted wards/community teams	5
4. Buckinghamshire Mental Health Services	6
5. Community Health Services, Dentistry and Primary Care	8
6. Forensic Services	10
7. Learning Disability Services	11
8. Oxfordshire and BSW Mental Health Services.....	12

3. Overall summary of highlighted wards/community teams

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 March 2025 and a review of any trends from the last 3 months (January-March 2025). Note the workforce data has not been updated since position in February 2025 as data not available

There is no change to the teams/wards highlighted needing enhanced support.

Table 2.

	Enhanced Support (previously known as alert status)	Early Warning (previously known as to keep a watching eye)
Inpatient Wards	<ul style="list-style-type: none"> • Kestrel • Kingfisher • Cotswold House Oxford 	<ul style="list-style-type: none"> • Ruby • Sapphire • OSRU • CAMHS PICU Meadow Unit • CAMHS Highfield
Community Teams	<ul style="list-style-type: none"> • District Nursing • Oxon North and West AMHT • Oxon City and NE AMHT 	<ul style="list-style-type: none"> • Bucks Aylesbury CMHT • Bucks Chiltern East and West AMHT • Bucks PIRLS • Bucks and Oxon CAMHS ADHD and Autism service • Bucks and Oxon Adult ADHD and Autism • Bucks OA Memory Clinic Service • Bucks Complex Needs Service • Bucks Adult Psychological therapies • Children's Speech and Language (CIT) • Adult Speech and Language • Community Respiratory service • Podiatry • Heart Failure Service • Special Care and Paediatric Dentistry • Oxon CAMHS • Oxon Complex Needs Service • Oxon OA Memory Clinic Service

The rest of the report is organised by clinical Directorate.

4. Buckinghamshire Mental Health Services

4.1 Teams with High Vacancies 30% or above (data source finance)

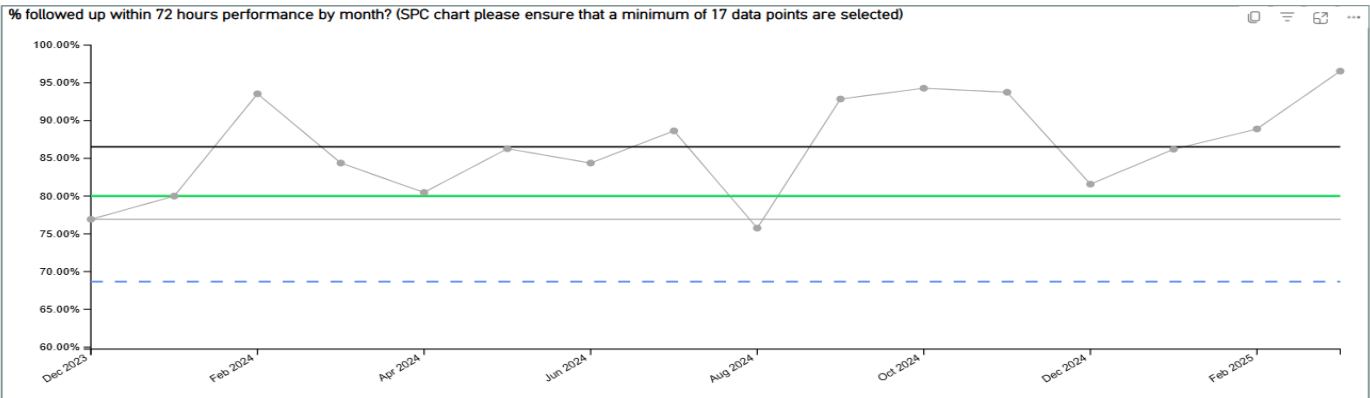
Note. workforce data has not been updated since position in February 2025 as data not available.

Inpatient Wards	Community Teams
No wards with vacancies at 30% or higher. See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.	<ul style="list-style-type: none">• Aylesbury CRHT 32.1% (same)• PIRLS 37.4% (same)• Rehab team 35.8% (same)• Adult Community Medical 34.6% (same)• Older Adult South CMHT 33.6% (better)• Older Adult Community Medical 57% (same)• CAMHS Getting More Help 36.4% (better)• CAMHS intellectual disabilities 36.5% (same)• CAMHS Neuro ADHD 60% (worse)

4.2 Performance on inpatients followed up within 72 hours of discharge

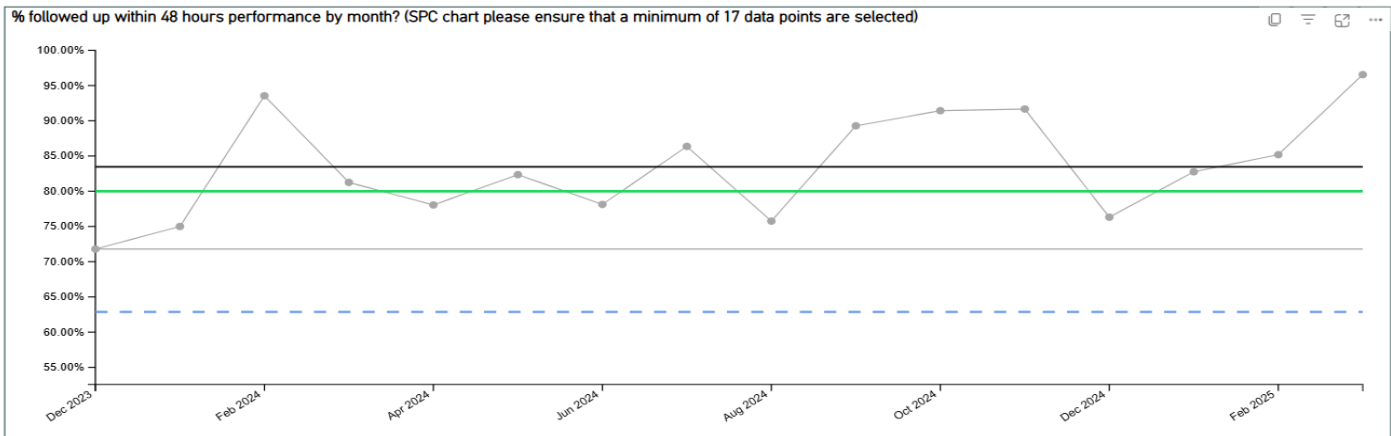
From April 2024 to March 2025 there were 435 eligible discharges with performance for 72 hour follow up at **81%**. Performance just for March 2025 was 97%, there was 1 breach reported although this relates to data quality and the patient was seen.

Performance for follow up within 48 hours from April 2024 to March 2025 was 78%, graph by month below.



Eligible discharges followed up within 72hrs by ward in period selected

Ward	Eligible Discharges	Follow up 72 Hour Compliant	Follow up 72 Hour Compliant %
AMHB Opal Ward	22	17	77.27%
AMHB Ruby Ward	149	120	80.54%
AMHB Sapphire Ward	163	125	76.69%
B Older Adult Amber Ward	101	92	91.09%
Total	435	351	80.69%



4.3 Detail about wards and community teams highlighted

There are no wards/teams identified at Enhanced Support.

The following wards/teams are identified at an Early Warning level, those highlighted in **yellow** have been at this level for 3 consecutive months but not yet escalated to enhanced monitoring;

Wards at Early Warning

Ward	Reason for highlighting
Ruby	<ul style="list-style-type: none">• High vacancies 22.5% (improved from last month) as of Feb 2025. Locum Consultant for ward left 14th March 2025 with limited notice. Turnover 16%. Safe staffing maintained and no concerns about fill rates.• 12 admission/transfers in March 2025 - 99% occupied bed days.• 1 low level complaint, 3 rapid resolutions and 1 early resolutions received between Jan-March 2025 mostly about discharge and communication.• High number of incidents relating to 2 patients self-harming with ligatures – 13 incidents reported in March 2025. All causing no harm or minor harm.• High use of seclusions, 10 between Jan-March 2025 and use of prone restraint in March 2025 (n=7).
Sapphire	<ul style="list-style-type: none">• High vacancies 25.3% (same as last month) and turnover 15% as of Feb 2025. Safe staffing maintained and no concerns about fill rates. Vacancy for ward manager and matron, interim ward manager in place.• High sickness in Feb 25 - 17%.• 14 admissions/transfers in March 2025, bed occupancy 98%.• 0 complaints, 1 rapid resolution and 3 early resolutions received between Jan-March 2025.

Community Teams at Early Warning

Team	Reason for highlighting
Aylesbury CMHT	<ul style="list-style-type: none">• Vacancies 17.9% (improved from last month) and high use of agency staff 17% as of Feb 2025.• 0 complaints, 6 rapid resolutions and 2 early resolutions received between Jan-March 2025. Mostly about insufficient care and attitude of staff.• 7 patient incidents in the last 3 months (Jan-March 2025), of which 1 had moderate harm based on a poor discharge from another organisation.• See issue above about patients unallocated. 67 patients recorded as waiting and breached internal target as of 9th April 2025, data source TOBI.
Chiltern East and West AMHT	<ul style="list-style-type: none">• Vacancies East AMHT 15.1% and West AMHT 14% (improved from last month). High use of agency staff 17% East and 20% West. Workforce data as of Feb 2025.• 0 complaints, 4 rapid resolutions and 1 early resolution received between Jan-March 2025 about insufficient care and attitude of staff.• 40 patients recorded as waiting and breached internal target as of 9th April 2025, data source TOBI.• 4 patient incidents in the last 3 months (Jan-March 2025), of which 1 with moderate harm (overdose).• 1 suspected suicide between Jan-March 2025 for an open patient.
PIRLS	High vacancies 37.2% (improved from last month) and turnover 49%. As of Feb 2025.
CAMHS ADHD and Autism service	<ul style="list-style-type: none">• As of 7th April 2025, 3,546 patients waiting for an average of 83 weeks.• Vacancies in CAMHS intellectual disabilities 36.5% and CAMHS Neuro ADHD 60% as of Feb 2025.
Adult ADHD and Autism	<ul style="list-style-type: none">• Adult ADHD as of 7th April 2025 1,033 patients waiting for an average of 98 weeks. Reduced from 1,110 last month.• Adult Autism as of 7th April 2025 471 patients waiting for an average of 78 weeks. Reduced from 477 last month.
Complex Needs	Based on 4 week wait standard – 184 Buckinghamshire patients have been waiting for

Team	Reason for highlighting
Service	more than 91 days (as of 9 th April 2025). 69 patients have been waiting for 104 weeks or longer (12 in Bucks and 57 in Oxon). Deep dive on position with waits in Oxfordshire and Buckinghamshire presented to performance board in January 2025. Some of the longer waiters have been offered a group but have self-deferred. All patients have been given signposting to support while they are waiting. Monthly review of patients waiting. All referrals have been screened and triaged, on average there is a 9 month wait for an assessment. Service improvement work underway.
OA Memory Clinic Service	Based on waits standard – 775 patients waiting for more than 91 days (as of 9 th April 2025).
Adult Psychological therapies	As of 9 th April 2025 - 296 patients are waiting and breached our internal target. A mixture of waiting for treatment and assessment. Small reduction from last month.

5. Community Health Services, Dentistry and Primary Care

5.1 Teams with High Vacancies 30% or above (data source finance)

Note. workforce data has not been updated since position in February 2025 as data not available.

Inpatient Wards	Community Teams
No wards with vacancies at 30% or higher. See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.	<ul style="list-style-type: none"> Podiatry 43.1% (same)

5.2 Detail about wards and community teams highlighted

The wards/teams identified at Enhanced Support:

- District Nursing Service

See details below with the mitigations and actions being taken.

In addition, the following teams are identified at an Early Warning level, those highlighted in yellow have been at this level for 3 consecutive months but not yet escalated to enhanced monitoring;

Wards and Community Teams at Early Warning

Team	Reason for highlighting
OSRU	<ul style="list-style-type: none"> Vacancies 12.5%, sickness 7% and turnover at 20.4% as of Feb 2025. Although fill rates good. 0 complaints/rapid resolutions or early resolutions between Jan-March 2025. Whistleblowing concerns raised about ward leadership/team culture in Jan 2025. Investigation underway. 13 patient incidents in March 25 – 1 moderate harm deep tissue injury developed on the ward. All the other incidents were no harm or minor harm. Mostly related to falls.
CIT – speech and language	Waits for assessment mostly, TOBI showing 1,540 children breaching internal targets (9 th April 25), same as last month (note caution as data quality work is still underway)
Adult speech and language	Waits for treatment, TOBI showing 472 adults breaching internal targets (9 th April 2025), reduction from last month (note caution as data quality work is still underway)
Community Respiratory service	Waits for treatment, TOBI showing 882 patients breaching internal targets (9 th April 2025), reduction from last month (note caution as data quality work is still underway)
Podiatry	<ul style="list-style-type: none"> High vacancies 43.1% as of Feb 2025, although number of new staff recruited recently and diversifying roles due to local/national challenge in recruiting and retaining podiatry staff. Average of 350 new referrals a month and caseload of approximately 10,000 patients. High demand and reduced capacity due to vacancies meaning the staff group are under considerable pressure.

Team	Reason for highlighting
	<ul style="list-style-type: none"> Difficulties with non-urgent patient transport. New provider started from 1st April 2025. Waits for treatment including high risk/urgent patients on weekly follow up appointments are being deferred due to capacity and pressure on the service. In addition around 1,249 new patients are reported as waiting on TOBI against internal targets (9th April 2025), mostly relating to 'at risk' patients and those needing nail surgery (note caution as data quality work is underway). The service has introduced safety netting communication 'waiting well' for current and new patients as well as updated their referral form to communicate waits with referrers. 3 moderate harm patient incidents reported in the last 3 months (Jan-March 25). A thematic review has started to look at progress with actions and impact of actions taken. 0 complaints, 1 rapid resolution and 3 early resolutions between Jan-March 2025 mostly about insufficient care or waiting time for treatment. There is a podiatry transformation plan with multiple workstreams to try and increase capacity. Including sub-contracting the more routine care to a private podiatry company to start from May 2025. New roles introduced into team (for example apprenticeships, assistant trainees, clinic assessment roles and nursing roles to support wound care). Changes to hubs to increase capacity and support for complex cases. The plan is overseen in monthly meetings with the SLT.
Heart failure service	<ul style="list-style-type: none"> Waits for treatment is around 14 weeks against the NICE best practice of 2 weeks. This is due to demand exceeding the capacity of the team. No vacancies in team. 0 complaints/rapid resolutions or early resolutions in Jan and Feb 2025. None of the Community Heart Failure (HF) 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. New funding request was submitted at the request of the ICB for FY25-26 still not response. Meetings with OUH cardiology consultant has demonstrated reduced referral rate from 120 per month to 80 in February 25 (33%). These will continue. Mitigations and actions are in place, including; a clear Triage SOP, a SOP to improve reporting of deaths, a patient 'waiting well' letter with safety netting has been sent to all current patients and going forward to all new patients, work underway with the EMIS team to optimise reporting from the system, improved partnership working with the OUH acute HF team and work with SDECs to support the management of HF patients. Thematic review completed by Clinical Director focusing on a review of deaths for patients on the waiting list for follow up treatment by the community HF team from Jan-Oct 2024. The review identifies the actions taken and recommendations for further actions.
Special Care & Paediatric Dentistry	<ul style="list-style-type: none"> Increased waits for treatment under general anaesthetic (GA) for both children and special care adults. As of 22/04/2025 there are – <ul style="list-style-type: none"> 159 children on the waiting list, with waiting times of up to 9 months 17 adults who have been assessed and are waiting for treatment at the JR/Horton Hospitals, with a waiting time of up to 12 months 27 adults waiting for joint dental/anaesthetic assessment. The numbers on the paediatric general anaesthetic waiting list are reducing due to a more robust internal GA assessment pathway being implemented from July 2024 and additional weekend theatre sessions introduced from Sept 2024. OUH managers have confirmed that these additional GA weekend sessions can continue in 2025-26 (using carried over Restoration & Reset funding) but due to dentist shortages we are experiencing challenges around staffing these lists. 9 additional weekend GA lists were offered by the OUH in April and May 2025, and we are only able to staff 1 of these lists.

Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
District Nursing	Yes	<ul style="list-style-type: none"> Growing demand is exceeding capacity and current available resources. The service carries a caseload of around 9,500 patients at any one time. (very low vacancies and turnover. Vacancy for team leader in South West locality). There is an evidenced 28%+ gap between funded capacity and demand for the service, and referrals are increasing. Below national funding average and below funding in Buckinghamshire. On average 500 visits a day are being deferred. Incidents related to deferrals are captured and reviewed weekly by the service. Sometimes this is affecting and delaying treatment to high priority patients such as those on palliative/end of life care. Recently a PSIRP case declared re: delay in access to treatment resulting in deteriorating of wounds (2 incidences from 2024) In the last month (March 2025) there have been 144 patient incidents re: category 2 PU, medicines supply, category 3 PU and delay in providing care. Most incidents were reported by the SW team. Out of the 144 incidents, 28 had moderate harm, mostly related to pressure damage and 1 about delay in treatment. 1 low complaints, 2 rapid resolutions and 4 early resolutions received between Jan-March 2025, mostly relating to insufficient care. 	<p>Executive team agreed additional funding at risk to increase DN staffing and secure funding for the introduction of wound care apps with project management support. Post appointed to and wound care app rolling out.</p> <p>A clinical prioritisation framework is in place to prioritise care.</p> <p>Urgent care services supporting essential daily visits (particularly at weekends).</p> <p>BOB Community Nursing Strategic Review underway but progress is slow.</p> <p>Service has an improvement plan to continue to maximise capacity and manage demand as much as possible.</p>

6. Forensic Services

6.1 Teams with High Vacancies 30% or above (data source finance)

Note. workforce data has not been updated since position in February 2025 as data not available.

Inpatient Wards	Community Teams
No wards with vacancies at 30% or higher.	No community teams with vacancies at 30% or higher.
See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.	

6.2 Detail about wards and community teams highlighted

The wards/teams identified at Enhanced Support;

- Kingfisher
- Kestrel

See details below with the mitigations and actions being taken.

No wards or community teams have been identified at Early Warning.

Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Kestrel and Kingfisher (Thames House)	Yes	<ul style="list-style-type: none"> Concerns raised by the Provider Collaborative following a quality visit to 5 forensic wards in July 2024. Key areas; MDT working, senior leadership, reflective practice 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, 23.3% Kestrel (Improved from last month) and 18.4% Kingfisher (same as last month) as of Feb 2025. Staff fill rates above establishment/planned to care for patients with complex needs. Kingfisher changed skill mix and used more registered staff at night than expected. Bed occupancy Kingfisher 41% and Kestrel 52% (March 2025) Kestrel used 13% agency staff in Feb 25. Kingfisher sickness at 12.6% in Feb 25. High use of seclusions on Kestrel, 12 uses between Jan-March 2025 and LTS 5 episodes started. 43 patient incidents involving 10 patients in March 2025. Most no harm or minor harm. No feedback gathered via IWGC March 2025. In March 2025 Kestrel received 1 rapid resolution and 1 early resolution related to staff attitude and communication. No complaints received across either ward in March 2025. Complex patient with high acuity being managed resulting in high number of violent and self-harm incidents and use of restrictive practice. 	<p>There is an improvement plan in place. Last presented at the Quality & Clinical Governance group in Nov 2024.</p> <p>Plan is monitored via governance processes and directly with commissioners weekly.</p>

7. Learning Disability Services

7.1 Teams with High Vacancies 30% or above (data source finance)

No teams with vacancies at 30% or above.

7.2 Detail about community teams highlighted

There were no teams identified at Early Warning or Enhanced Support.

8. Oxfordshire and BSW Mental Health Services

8.1 Teams with High Vacancies 30% or above (data source finance)

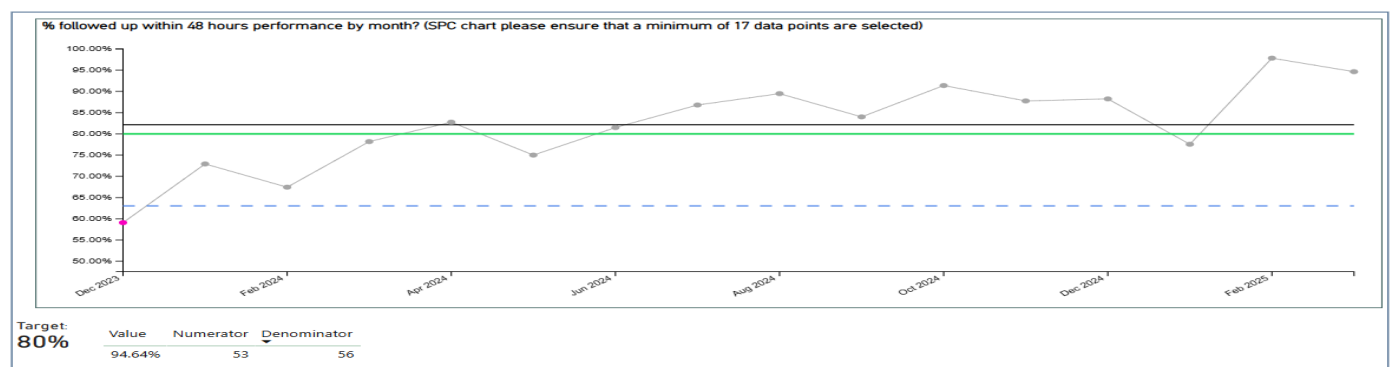
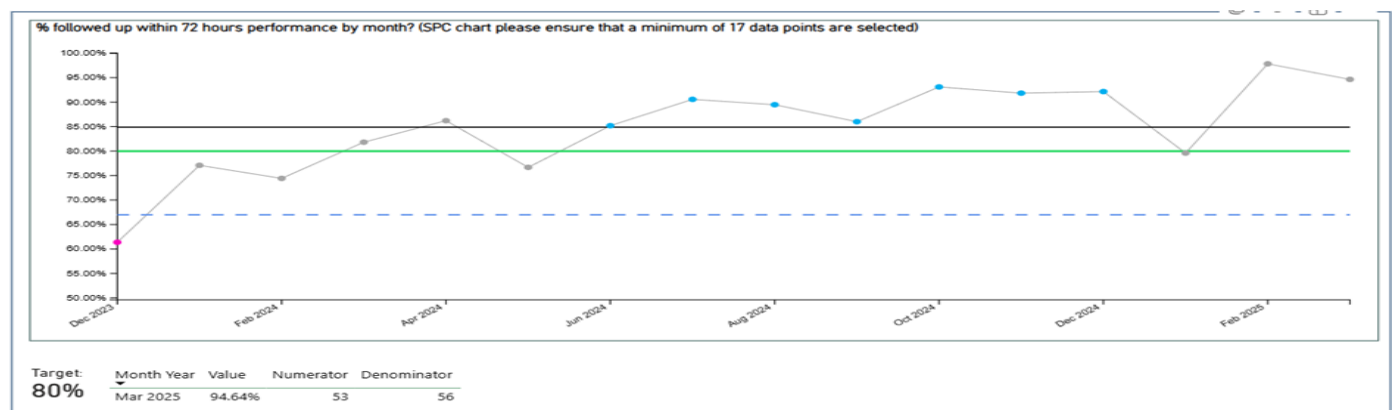
Note. workforce data has not been updated since position in February 2025 as data not available.

Inpatient Wards	Community Teams
<ul style="list-style-type: none"> CAMHS Meadow Unit 29.2% (worse than last month) CAMHS Highfield 29.3% (worse than last month) <p>See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.</p>	<ul style="list-style-type: none"> North and West AMHT 33.5% (worse)

8.2 Performance on inpatients followed up within 72 hours of discharge

From April 2024 to March 2025 there were 676 eligible discharges with performance for 72 hour follow up at **89%**. Performance just for March 2025 was 100%, although data on TOBI does not show this as there is data quality work needed to outcome a number of appointments as progress notes show the patient has been seen.

Performance for follow up within 48 hours from April 2024 to March 2025 was 86%, graph by month below.



8.3 Detail about wards and community teams highlighted

There are the wards/teams identified at Enhanced Support;

- Cotswold House Oxford
- North and West AMHT
- City and NE AMHT

See details below with the mitigations and actions being taken.

In addition, the following wards/teams are identified at an Early Warning level, those highlighted in yellow have been at this level for 3 consecutive months but not yet escalated to enhanced monitoring;

Wards at Early Warning

Ward	Reason for highlighting
CAMHS PICU Meadow Unit	<ul style="list-style-type: none"> High turnover, 25.7%, vacancies improving currently at 29.2% (worse than last month) and agency use at 23.9%, Ward Manager vacancy. Workforce data as of Feb 2025. Staffing and recruitment remain a challenge and there are ongoing incentives and campaigns to address this, and plans are in progress to allow for over-recruitment to band 6 posts. 6 new staff recruited due to start later in the year (March 2025). Admissions are capped to 6 patients due to staffing challenges. Bed occupancy at 51% in March 2025, 4 admission/transfers in month. High number of incidents for a small number of patients (124 patient incidents involving 5 patients in March 2025). Most no harm and minor harm. High use of restrictive practice – Jan-March 2025 = 263 uses of restraint involving 7 patients, mostly using the safety pod in a seated position or in a standing position to prevent self-harming. 9 uses of seclusion. 4 uses of LTS. The unit are part of a regional headbanging QI project to develop best practice guidelines for management. High use of rapid tranquilisation 11 uses between Jan-March 2025. Challenges discovered with utilisation of the enhanced care/LTS space on the ward. There are ongoing issues with the safety of the physical environment and particularly the garden area. There is regular engagement with Estates to address issues that arise as the building has now been formally handed over. No patient feedback gathered via IWGC in March 2025 (0 complaints, rapid resolutions or early resolutions raised Jan-March 2025). Improvement plan in place.
CAMHS Highfield	<ul style="list-style-type: none"> High vacancies 29.5% (worse than last month) as of Feb 2025 although fill rates are fine with the exception of skill mix change for night shifts with more unregistered and less registered staff than planned. Agency use 14.4%. Bed occupancy 85% in March 2025. High number of incidents for a small group of patients (54 incidents involving 9 patients in March 2025). All no harm and minor harm. High use of physical restraint, 123 uses between Jan-March 2025 for 9 patients mostly using the safety pod in a seated position or in a kneeling position to prevent self-harming or for NG feeding. High use of rapid tranquilisation 15 uses between Jan-March 2025. 0 complaints, 4 rapid resolutions and 2 early resolution concerns raised between Jan-March 2025. Raised about a range of matters, with 1 about use of restraint.

Community Teams at Early Warning

Team	Reason for highlighting
CAMHS ADHD and Autism service	As of 7 th April 2025 - 4,242 patients waiting for an average of 96 weeks.
Oxon CAMHS	Based on 4 week wait standard – 308 patients have been waiting for more than 91 days (as of 9 th April 2025)
Adult ADHD	As of 7 th April 2025 2,373 patients waiting for an average of 114 weeks. Reduced from 2,385 last month.
Complex Needs Service	Based on 4 week wait standard – 503 Oxfordshire patients have been waiting for more than 91 days (as of 9 th April 2025). 69 patients have been waiting for 104 weeks or longer (12 in Bucks and 57 in Oxon). Deep dive on position with waits in Oxfordshire and Buckinghamshire presented to performance board in January 2025. Some of the longer waiters have been offered a group but have self-deferred. All patients have been given signposting to support while they are waiting. Monthly review of patients waiting. All referrals have been screened and triaged, on average there is a 9 month wait for an assessment. Service improvement work underway.
Memory clinic service	Based on waits standard – 265 patients waiting for more than 91 days (as of 9 th April 2025).

Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Cotswold House Oxford	Yes	<ul style="list-style-type: none"> Series of concerns raised by patients through PALS and complaints, VoiceAbility advocates and external commissioners over 4-month period. OCC Safeguarding and CQC informed of concerns and work underway. 0 complaints, 2 rapid resolutions and 0 early resolution concerns received between Dec 24-Feb 25. High vacancies for key leadership roles as of Feb 2025. Overall vacancy rate 13.4% (improving). Recent high turnover, 11%. Fill rates for shifts fine and bed occupancy low, 37% in Feb 25. No patient feedback gathered via IWGC in March 2025. No complaints, rapid resolutions or early resolutions received between Jan-March 2025. Low bed occupancy, 35% in March 2025. 4 admissions in month. Moved to enhanced monitoring by Provider Collaborative from 25th Oct 2024. 	<p>Improvement plan with 10 goals has been developed and being monitored weekly with input from the Provider Collaborative. Key areas being addressed: MDT working, leadership and communication, clinical competencies, patient centred care planning and risk management, engagement with families, communication with external agencies, staff conduct/communication, privacy and dignity for patients, racial abuse towards staff, staff well-being and support and management of physical health.</p> <p>Several actions have been met with evidence being collated by the team. New leadership team being supported.</p> <p>No new quality concerns identified in recent months. Enhanced monitoring still in place with Provider Collaborative.</p>
North and West AMHT	Yes	<ul style="list-style-type: none"> Vacancies high 33.5% as of Feb 2025 (worse than last month). Higher in the Witney team for clinical staff at about 56%. Risk with reliance on agency staff (18% in Feb 25, similar to Jan 25) who can leave with no notice leaving patients unallocated and pressure on existing staff. Risk in relation to delays in treatment. Team Manager vacancy and 2 Consultants off sick. High sickness in team as of Feb 25. Clinical supervision rate in Feb 25 at 60% (improvement from last month at 48%) 11 patient incidents in last 3 months (Jan-March 2025). 1 moderate harm and 1 severe harm incidents both relating to self-harm. 1 suspected suicide between Jan-March 2025 	<p>Ongoing focus on Witney team. Action plan following recent whistleblowing to be shared with team beginning of May.</p> <p>Interim team manager in post, and start date for substantive role agreed. Review of supervision structure due to changes in leadership, and plans in place for PDRs.</p> <p>Band 5 OT due to join team in June to join the Intensive treatment and support team being developed in witney.</p> <p>Interim service manager due to leave beginning of May, plans being made for cover.</p> <p>Ongoing long term sickness/vacancies absence in medics backfilled with agency. On locum consultant taken up substantive vacancy. SAS Dr started in</p>

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		<p>for open patients.</p> <ul style="list-style-type: none"> 1 PSIRP case identified in Feb 25 related to a death from a drug overdose learning around communication with referrer and multi-agency coordination of care. 0 complaints, rapid resolutions or early resolution received between Jan-March 2025. 	<p>Banbury, to backfill vacant post.</p> <p>Some long term sickness in other professionals across the patches</p> <p>All agency are now on CAP price ,adverts out for substantive posts.</p> <p>Work being started with organisational development consultants following recent staff survey results.</p>
City and NE AMHT	Yes	<ul style="list-style-type: none"> High vacancies 23% (improved) resulting in some patients with no allocated worker, as of Feb 2025. Clinical supervision rate in Feb 25 at 66% (improvement from last month at 49%). 32 patient incidents in last 3 months (Jan-March 2025), 2 with moderate harm (self-harm overdose and concerns of abuse to patient) 2 suspected suicides between Jan-March 2025 for open patients. 1 PSIRP case identified in Feb 25 related to a patient mental health homicide/domestic abuse related death. 0 complaints, 9 rapid resolutions and 2 early resolution concerns between Jan-March 2025. Mostly about insufficient care/delays in treatment. 	<p>Supportive package in place including senior/experienced manager and project manager working alongside leadership team to embed and promote improved MDT working. Reporting to Senior Directorate team 2 weekly.</p> <p>Deep dive report process currently underway. Use of caseload weighting tool and staff activity heat maps has been used to understand current workload and management issues. Review of admin, supervision and PDR processes across the team, identified training needs to be represented within the team action plan.</p> <p>Plan to be developed and agreed with senior directorate team May 2025.</p> <p>City is now operating as three distinct teams Willow, Aspen & Oak.</p> <p>Assessments are due to be delivered from across professions to support reduction in delays to treatment.</p>