Oxford Health NHS Foundation Trust

BOARD OF DIRECTORS' MEETING IN PUBLIC

Wednesday, 21 May 2025, 09:00-12:30

Microsoft Teams virtual meeting

AGENDA

No.	Item	Lead	Purpose	Paper	Time
Welcome and Opening Items					
1.	**#Hellomynameis** and apologies for absence	Chair	Welcome	N/A	09:00
2.	Register of Directors' Interests and declarations on items on the agenda		Assurance	Enclosed	
3.	Minutes of the meeting held on 26 March 2025		Approval	Enclosed	
4.	Action log and Matters Arising from the Minutes		Assurance	Enclosed	
Strategic, Regulatory & System					
5.	Trust Chair's report	Chair	Information	Enclosed	09:05
6.	Chief Executive's report [Link to Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB) papers: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/]	CEO	Information	Enclosed	09:15
7.	Corporate Affairs report: Horizon scanning; and Legal, Regulatory and Policy	ED of Corp Affairs	Information & Assurance	Enclosed	09:30
8.	Board Assurance Framework	ED of Corp Affairs	Approval	Enclosed	
Patient Journey					
9.	Patient Journey	Chief Nurse	Discussion	Enclosed	09:40[1]
Annual Planning					
10.	Annual Plan and Financial Plan: a. FY25/26 Annual Plan (approval); b. FY24/25 Annual Plan full year review (information); and c. FY25/26 Financial Plan resubmission – Revenue Plan (information) and Capital Plan (approval)	ED of Strategy & Partnerships / Chief Finance Officer	Approval & Information	Enclosed	09:55
Performance, Sustainability & Quality					
11.	Intensive Case Management - Adult Mental Health Community Provision Transformation Programme	Interim COO of MH & LD	Information & Assurance	Presentation	10:15

[1] Timing to support attendance by presenters available after 09:30

12.	Integrated performance and sustainability reporting: a. Integrated Performance Report (IPR) b. Quality & Safety Dashboard c. Finance report	Exec Team	Information & Assurance	Enclosed	10:35
13.	Patient Safety Incidents (PSI) report	Chief Nurse	Assurance	Enclosed	11:05
	10 minutes' break 11:15 – 11:25				
Governance & Reports on recommendation of committees					
14.	Committee assurance reports (3As)[2]: a. Audit & Risk Committee 23 April 2025 b. People, Leadership & Culture Committee 29 April 2025 c. Quality Committee 01 May 2025 d. Mental Health & Law Committee 13 May 2025 e. Finance & Investment Committee 14 May 2025	Committee Chairs	Discussion & Assurance	Enclosed & Reading Room	11:25
15.	Committee annual reports	ED of Corp Affairs	Assurance	Enclosed	
16.	People, Leadership & Culture Committee recommendation: Staff Survey results	Chief People Officer	Assurance	Enclosed	11:40
17.	Quality Committee recommendations: a. Complaints Compliments & PALS annual report; b. Director of Infection, Prevention & Control annual report; and c. Quality Account	Chief Nurse	Approval	Enclosed	11:50
18.	Finance & Investment Committee recommendations: a. Green Plan; and b. Revised Terms of Reference	Chief Finance Officer	Approval	Enclosed and Reading Room	12:05
19.	Modern Slavery Act Transparency Statement	ED of Corp Affairs	Approval	Enclosed	12:15
Closing matters & Resolution to conduct private business					
20.	Any Other Business				12:25
21.	Questions from the public, governors or staff				
22.	Review of the Meeting				
23.	Confidential matters - Resolution by the Board to exclude the public, any observers and press from the remainder of the meeting and conduct its business in private for matters which may be prejudicial to the public interest if conducted in public or for other reasons				

[2] No 3As report expected from the Charity Committee which has not met since last 3As reporting to the March 2025 Board

Close 12:30

Dates of next meetings:

- 25 June 2025 (Annual Report & Accounts); and
- 23 July 2025

READING ROOM/APPENDIX

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

24. Appendix to the Chief Executive's report:
Link to the Buckinghamshire, Oxfordshire & Berkshire West (**BOB**) Integrated Care Board (**ICB**) Board papers: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/

25. Minutes, agendas and applicable Terms of Reference of Committees:
    a) Audit & Risk Committee 23 April 2025
    b) Finance & Investment Committee 18 March and 14 May 2025 including revised Terms of Reference
    c) Mental Health & Law Committee 04 March and 13 May 2025
    d) People, Leadership & Culture Committee 29 April 2025
    e) Quality Committee 06 February and 01 May 2025

Oxford Health
NHS Foundation Trust

(Agenda item: 2)

REGISTER OF DIRECTORS' INTERESTS

May 2025

PART A – CURRENT BOARD MEMBERS

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

DECLARATION OF INTERESTS
PART A – CURRENT BOARD MEMBERS

Name	Role	Interests Declared
Amélie Bages	Executive Director of Strategy & Partnerships	No interests to declare.
Rob Bale	Interim Chief Operating Officer for Mental Health and Learning Disability[1]	Director of **Little Magic Train Ltd** - a multi-sensory resource for early years educators, teachers and parents which is sold to a range of settings, in the UK and abroad, including the commercial sector and local authorities.
Geraldine Cumberbatch	Non-Executive Director	Director of **Croydon Business Venture Ltd** – locally-based business involved in facilitating support for small local businesses. Trustee of **Start Up Croydon** - the locally-based charity/initiative of Croydon Business Venture Ltd which supports start-up businesses. Dispute Resolution and Public Law Solicitor for the **Port of London Authority (PLA)** – responsible for handling dispute and regulatory matters on behalf of the PLA, a statutory port trust, who are the custodians of the River Thames. Partner is employed by **NHS England** as a Clinical Network Senior Clinical Programme Manager for the London Clinical Networks.
Charmaine De Souza	Chief People Officer	Board member and Chair of the Remuneration & Nomination Committee for **Hightown Housing** (remunerated), a charitable housing association covering Hemel Hempstead and the surrounding area and counties of Hertfordshire, Buckinghamshire, Bedfordshire and Berkshire.
Taff Gidi	Executive Director of Corporate Affairs	Co-owner of **hi-5 Coaching LLP** - executive coaching partnering with individuals, teams and organisations including the NHS but no previous business with Oxford Health NHS FT. No business with the NHS but also Director of **Gidi & Associates Limited**, Director of **A-List Accounting Ltd** and Non-Executive Director of the **Youth United Foundation** (network of the nation's leading uniformed youth organisations including various cadets).
Chris Hurst	Non-Executive Director	Non-Executive Director and Audit Chair at **Coventry & Warwickshire Integrated Care Board** (remunerated) from 03 June 2024. Executive coach and mentor – past clients have included senior staff in NHS organisations, local and national government, and in the private sector. Formerly Managing Director & Owner, **Dorian3d Ltd** – a consultancy business providing support to public sector clients (including the NHS, local authorities and governments) and independent advice to the private sector. Dorian3d Ltd closed on 31 December 2022.

[1] Interim since October 2023.

		Partner is Regional Delivery Director with the **Strategic Estates Planning team of NHS England**, Midlands region.
Britta Klinck	Chief Nurse	No interests to declare.
Emma Leaver	Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care[2]	Trustee of the **Oxfordshire Play Association (OPA)** – a charity with a mission to champion and support the rights of all children and young people to have access to high quality, inclusive play opportunities to improve their physical, mental and spiritual wellbeing. The charity is based in Oxfordshire and works exclusively in the county. The charity offers a blend of open community play days and targeted work for more vulnerable communities.
Grant Macdonald	Chief Executive Officer[3]	Mental Health Member - **Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB)** from 14 January 2025 Trustee - **Oxford Academic Health Science Partnership** from 08 January 2025
Kamal Mahtani	Non-Executive Director – **Nominee of the University of Oxford**	In progress - affiliated with the **University of Oxford** and including but not limited to: Director, MSc Global Healthcare Leadership Director, MSc EBHC (Systematic Reviews) Director, Oxford Primary Care Research Leadership Programme Fellow, Kellogg College Fellow, Royal College of General Practitioners
Karl Marlowe	Chief Medical Officer	Educational Supervisor of **Oxford University's Medical School** Honorary member of **Oxford University's Department of Psychiatry**. Chair: **Oxford Health Biomedical Research Centre; Applied Research Collaboration Oxford & Thames Valley; Oxford HealthTech Research Centre; Oxford Health Clinical Research Facility** Board Member: **Health Innovation Network Oxford & Thames Valley; Oxford Academic Health Partnership** Chairman: **The Social Interest Group Board** (charity for marginalised populations). Includes directorships of: **Penrose Options; Equinox Care; Pathways to Independence; Safe Ground**; **SIG Investments** (unremunerated). Advisor: **UNTANGLE GRIEF**, digital peer support platform;**Tasting Colours**, digital wellbeing service (unremunerated).

[2] Interim since 01 March 2025

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

		Wife is founder of '**Jump in puddles**' a social purpose 'UK B-Corp' consultancy working with various innovation across health companies and charities. Sibling is on the **staff bank** for the **OHFT's Oxfordshire Out of Hours GP service**.
Mohinder (Mindy) Sawhney	Non-Executive Director	Non-Executive Director at **Hampshire and Isle of Wight Integrated Care Board** (remunerated) from 01 December 2023 and Senior Independent Director. Managing Director of **root+branch ltd** (management consultancy). Has previously undertaken engagements with related bodies including the General Medical Council, health charities and suppliers to the NHS.
Heather Smith	Chief Finance Officer	Non-Executive and unremunerated Member of the Board and Trustee of **Arts at the Old Fire Station (AOFS)**, a charity. AOFS shares the Old Fire Station building in Oxford with the homelessness charity Crisis and encourages people from all backgrounds to understand and shape the world in which we live through stories, creativity and the arts, and by connecting with others. Family member is General Manager at **Normec Latis Scientific Limited**, who deliver water testing services to various NHS organisations both directly and via 3rd parties. Normec Latis provide laboratory testing and technical consultancy services including advice on water systems such as management of microbiological risk. Normec Latis Scientific is a subsidiary of the **Normec group** based in the Netherlands and specialising in Testing, Inspection, Certification & Compliance.
Richard (Rick) Trainor	Non-Executive Director	**Exeter College, Oxford**: Honorary Fellow **University of Oxford**: member (unpaid) of the History Faculty **Rhodes Trust:** Interim Warden of Rhodes House and CEO of the Rhodes Trust (from January 2025 up to and including December 2025) Vice President & Trustee and Chair of the Centenary Committee of the **Economic History Society**, Fellow and Emeritus Professor of Social History at **King's College London,** Chair of the Academic Panel of the **Museum of London**, and member of the Council of Reference, Westminster Abbey Institute, **Westminster Abbey** Various honorary affiliations including to: City of London; Institute of Historical Research, University of London; Merton College, Oxford; Rosalind Franklin University of Medicine and Science; Royal Academy of Music; Royal Society of Arts; Trinity Laban (Trinity College of Music); US/UK Fulbright Commission; University of Glasgow; University of Greenwich; University of Kent; and the Worshipful Company of Educators Spouse has honorary affiliations to the University of Glasgow, to Wolfson College, Cambridge and to the Royal Society of Medicine (president elect, Royal Society of Medicine's History of Medicine Society)
David Walker	Trust Chair	Miscellaneous journalism, lecturing and writing.

		Partner is a member of the **NHS Assembly** - created 2019 to advise NHS England on delivery of improvements in health and care, potential to influence NHS policy affecting the Trust.
Lucy Weston	Non-Executive Director	Chair of **Red Kite Community Housing Ltd** (registered charitable housing association based in Buckinghamshire) and Director of Twenty11 (Homes) Ltd (subsidiary of Red Kite Community Housing Ltd). Formerly Chair of **Soha Housing** (stepped down in September 2023). Self-employed - **Lucy Weston Consulting.**
Andrea Young	Non-Executive Director	Member of the **Independent Reconfiguration Panel**, providing independent advice to Ministers on changes to health services (4-year appointment starting 18 March 2024). Self-employed independent coach/mentor and member of the **Critical Coaching Group**, a professional body for independent coaches and mentors. Partner owns/runs **Wantage Natural Therapy Centre** and is a practicing chiropractor with referrals from Oxfordshire GPs. Listening volunteer with the **Samaritans** (starting June 2024).

Meeting of the Oxford Health NHS Foundation Trust Board of Directors

[DRAFT] Minutes of a meeting held on Wednesday, 26 March 2025 at 09:00 Unipart Conference Centre, Garsington Road, Cowley, Oxford OX4 2PG

Present:[1]

David Walker (**DW**)	Trust Chair (the Chair)
Grant Macdonald (**GM**)	Chief Executive Officer
Amélie Bages (**AB**)	Executive Director of Strategy & Partnerships*[2]
Rob Bale (**RB**)	Interim Chief Operating Officer for Mental Health & Learning Disability
Geraldine Cumberbatch (**GC**)	Non-Executive Director
Charmaine De Souza (**CDS**)	Chief People Officer
Taff Gidi (**TG**)	Executive Director of Corporate Affairs*
Britta Klinck (**BK**)	Chief Nurse
Emma Leaver (**EL**)	Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care
Heather Smith (**HeS**)	Chief Finance Officer
Rick Trainor (**RT**)	Non-Executive Director – *attending remotely over Microsoft Teams*
Lucy Weston (**LW**)	Non-Executive Director
Andrea Young (**AY**)	Non-Executive Director

In attendance[3]:

Attendees/observers from Oxford Health NHS FT staff

Charlotte Adamson	Senior Programme Manager (Planning) – *part meeting remotely*
Martin Batty	Head of Research & Development – *part meeting*
Laura Carter	Head of Strategy – *part meeting remotely*
Kezia Lange	Deputy Chief Medical Officer
Zoe Moorhouse	Head of Organisational Development (Interim)
Vicky Naidoo	Recovery & Lived Experience Involvement Lead – *part meeting*
Roberta Silva	Experience & Involvement Facilitator – *part meeting*
Hannah Smith	Assistant Trust Secretary (Minutes)

[1] Quorum is 2/3 of the whole number of members of the Board (including at least 1 NED and 1 Executive) i.e., where voting members of the Board are 14 (from January 2025), quorum of 2/3 with a vote is 9

[2] * = non-voting

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

BOD 19/25 a b	**Welcome and Apologies for Absence** The Trust Chair welcomed Board members and attendees to the meeting. Apologies for absence were received from: Chris Hurst, Non-Executive Director; Karl Marlowe, Chief Medical Officer; and Mohinder Sawhney, Non-Executive Director.	
BOD 20/25 a	**Register of Directors' Interests** No interests were declared pertinent to matters on the agenda.	
BOD 21/25 a	**Minutes and Matters Arising of the meeting held on 29 January 2025** The Minutes of the meetings were approved as a true and accurate record. The actions from that meeting were noted as complete, on the agenda (updates in the Summary of Actions document) or not yet due.	
BOD 22/25 a b	**Trust Chair's Report** The Trust Chair took his report as read and noted that consideration of the boundary between where the Trust's responsibility for mental health started and ended would be explored further during consideration of various items at this meeting. **The Board noted the report.**	
BOD 23/25 a b c d	**Chief Executive's report** The Chief Executive took his report as read and highlighted: • the Trust's positive results and participation in the national NHS Staff Survey, in particular that 71.4% had strongly agreed or agreed that they would recommend the Trust as a place to work, which ranked the Trust as 10th nationally out of 51 providers in its sector. The results and findings would be explored in more detail and would inform the Trust's journey of continuous improvement; • LGBT+ History Month and International Women's Day which had been celebrated with a series of impactful sessions; and • his thanks to retiring staff members Rosalind Mitchell, Deputy Chief Medical Officer for Patient Safety and Clinical Director for Dentistry, and Helen Bosley, Nurse Consultant and Head of Infection Prevention & Control, for their public service across Oxfordshire and Buckinghamshire. Since his report had been written, he noted that there had been announcements concerning the restructuring of NHS central bodies including NHS England and Integrated Care Boards. Whilst these would have a wider impact, the implications were not yet fully known and he encouraged being respectful of colleagues at these organisations and avoiding speculation at this time. He emphasised that the Trust sought to serve the public across its relevant geographies efficiently and with appropriate regard to quality and patient safety. The Trust Chair added that this was also a period of change for local government which may have wider implications. The Chief Executive welcomed Taff Gidi, Executive Director of Corporate Affairs, and Emma Leaver, Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care, to the Board. **The Board noted the report.**	

BOD 24/25	**Corporate Affairs report - Risk Management / Board Assurance Framework (BAF)**	
a	The Executive Director of Corporate Affairs presented the report, noting that it was an interim format pending changes but provided the latest iteration of the BAF to ensure that the Board continued to have a universal view of the Trust's strategic risk profile and Board Committees' assessments of the supporting control environment. The BAF would undergo a review and refresh, including by the Executive on 14 April 2025, before further consideration at the Board Workshop on 30 April 2025.	
b	**The Board noted the report.** *The Head of Strategy and the Senior Programme Manager (Planning) joined the meeting.*	
BOD 25/25	**2025/26 Financial Plan**	
a	The Chief Finance Officer presented the slides on the 2025/26 Financial Plan, set out the Buckinghamshire, Oxfordshire & Berkshire West (**BOB**) Integrated Care Board (**ICB**) financial context and noted that the announcements concerning the restructuring of NHS central bodies (referred to at item BOD 23/25(b) above) had also highlighted the need for administrative and corporate savings across the public sector. Further to funding received, as set out in the slides, the BOB Integrated Care System (**ICS**) had committed to submit a breakeven budget at the end of March 2025; as part of this, each partner organisation, with the exception of one acute NHS provider, had agreed to submit a breakeven or surplus plan. System-wide stretch targets had also been set with incentives for each provider to help deliver the savings assumed and with the intention that this drive closer working between organisations. Further to consideration by the Finance & Investment Committee on 18 March 2025 and approval by the Extraordinary Board meeting on 21 March 2025, the Trust had submitted a £4.75 million surplus budget to the BOB ICB. Part of the surplus would be backed by income, including support from the BOB ICB to cover a shortfall in Specialised Commissioning contracts, with the balance to be a draw down from the Child & Adolescent Mental Health Services (**CAMHS**) Provider Collaborative, arising from past efficiencies to recognise expenditure already incurred on CAMHS programmes and to reimburse the Trust.	
b	The Chief Finance Officer took the Board through the Trust's forecast financial position including recurrent and non-recurrent Cost Improvement Programmes (**CIPs**). The proposed £4.75 million surplus was premised on £36 million efficiencies/CIPs and on income offset with inflationary cost pressures and cost pressures that had been managed on a non-recurrent basis so far. Investments were also envisaged in clinical systems including the Mental Health Investment Standard, Community Growth and System Development funding for new investments in Mental Health and District Nursing services to cover the full year effects of previous commitments and some related cost pressures. She also highlighted risks and opportunities to the Financial Plan, as set out in more detail in the slides, including a £1.8 million risk share on ICB Mental Health savings (the Trust's share of the Mental Health Provider Collaborative's £5 million stretch target if it did not deliver) which had been included since the Board's approval of the proposed submission at its Extraordinary meeting on 21 March 2025. She also linked to the Trust's Annual Plan, to be discussed at item BOD 27/25 below, and noted that the priorities in the Annual Plan would help to illuminate the core elements to set up the Trust for financial sustainability whilst improving outcomes.	
c	Further to queries from Non-Executive Directors, the Chief Finance Officer and the Chief Executive clarified that: • the BOB ICS had secured £44 million in deficit funding and a further £30 million on the basis that the BOB system was underfunded for its population. The £30 million was recurrent population funding;	

	• funding for community and mental health services would be allocated to some new services but would also cover existing pressures and digital services; • the Executive would be reviewing workforce controls and how these would be managed for long-term sustainability. A reduction in agency usage and an increase in bank staff usage had been included in the Workforce Plan submitted alongside the Financial Plan. However, wards needed to be staffed appropriately and safely, especially if there was a risk of violence or aggression; and • the Financial Plan had been discussed with staff side and the Chief Executive had taken note of their challenge and concerns relating to supporting the workforce in the future and at a time of rising cost of living. The Chief Finance Officer and the Chief Executive were confident in the message delivered through the Financial Plan.	
d	The Board discussed Out of Area Placement (**OAP**) costs as a risk to the Financial Plan and considered the challenge from Andrea Young as to what it would take to reduce OAP costs. The Chief Executive and the Chief Nurse noted that it would be realistic to work to reduce inappropriate OAPs including through investing in community mental health services, crisis teams and earlier intervention at home. However, it may not be possible to completely eliminate OAPs due to challenges in securing staffing and other factors outside of the Trust's control, such as availability of housing and social care. The Interim Chief Operating Officer for Mental Health & Learning Disability agreed and added that improved data quality was helping services to deliver more effective care. He and the Deputy Chief Medical Officer emphasised the importance of admitting the right patients for treatment which the Trust was able to provide locally, whilst also distinguishing between types of OAPs so as to recognise OAPs which may be appropriate and necessary, for example in Learning Disability services where there may not be sufficient appropriate beds available locally.	
e	**The Board noted the update on the submission of the 2025/26 Financial Plan to the BOB ICB and the additional risk-share arrangement which had been included since the Board's approval of the proposed submission at its extraordinary meeting on 21 March 2025.**	
BOD 26/25 a	**Patient Journey - Patient Experience of Co-Production within the Trust** The Chief Nurse welcomed to the meeting the Recovery & Lived Experience Involvement Lead, the Experience & Involvement Facilitator and one of the Trust's Experts by Experience who had lived experience of being both a patient and a carer, and many years' experience of Involvement work. The Expert by Experience currently worked alongside Buckinghamshire Mental Health Services and in Trust and BOB ICB opportunities to co-produce projects to improve the quality of care and treatment for other patients and carers, supported by the Experience & Involvement Team.	
b	The Expert by Experience shared: • their family's experiences with Trust services. Although there had been moments of outstanding care from clinicians who went above and beyond to listen, adapt their approach and help them to manage their conditions, there had also been times when they had felt lost in the system waiting for support which took too long or never arrived, experienced gaps in provision, communication difficulties and lapses in continuity of care. The transition from CAMHS to Adult Mental Health Services and the lack of knowledge around neurodiversity at the time had been difficult and frustrating; • their experiences with co-production, highlighting the positive shift in the Trust's attitude and approach to co-production. They had experienced glimpses of what	

	co-production could be at its best, with patients/carers as true partners in decision-making and being involved in improvement work from the ground up. When done well, co-production could close the gap between staff and service users, facilitate learning in a more relaxed atmosphere and improve the journey for service users. As part of co-production, they had participated in interview panels for Executives, peer reviews, development of the Trust's first neurodivergent strategy and other guidance for staff and service users, Patient Reported Outcome Measures (PROMs) to assess the quality of care delivered from the patient perspective and been a founder member of the BOB ICS neurodivergent forum; and • their recommendation to improve co-production across the Trust by: (i) making it an embedded part of Trust culture and ensuring that families and service users were involved from the beginning, not as part of a tokenistic consultation at the end of a project; and (ii) recognising the toll which participation also took on Experts by Experience because it could be draining and involve revisiting past trauma in order to improve the situation for others.	
c	The Chief Executive apologised for the poor care that the Expert by Experience and their family had at times received and confirmed the Trust's commitment to inclusivity, listening to patients/carers and taking co-production beyond tokenism, box-ticking and jargon. The Executive Director of Strategy & Partnerships added that as the Trust developed its next strategy, she would consider how to involve the patient/carer voice.	
d	The Board thanked the Expert by Experience for sharing their experiences and discussed with them and the members of the Experience & Involvement team present: • whether the time commitment and existing caring responsibilities predicated against the role being remunerated as opposed to voluntary (although expenses were reimbursed); • Board level expertise by experience and leadership to effect cultural change; • developing links between Experts by Experience and Peer Workers; and • cultural change still required to encourage confidence in the complaints process, listening to carers and being confident to receive information from carers without breaching General Data Protection Regulation (**GDPR**).	
e	**The Board thanked the Expert by Experience and the Experience & Involvement team.** *The Expert by Experience, the Recovery & Lived Experience Involvement Lead and the Experience & Involvement Facilitator left the meeting*.	
BOD 27/25	**2025/26 Annual Plan**	
a	The Executive Director of Strategy & Partnerships highlighted that the Trust was in a good position with strategic priorities and objectives identified and a robust planning process which would enable future strategic development and support clinical directorates to achieve their priorities. She presented the report which provided the draft 2025/26 Annual Plan including: • a refresh of the strategic delivery plan with six strategic priorities identified for the year to help to achieve the existing four strategic objectives. The Annual Plan would support transition to a new strategy whilst being guided by strategic and clinical planning priorities; • system planning and how the Annual Plan aligned with NHS planning guidance, focusing on financial sustainability, productivity, health inequalities, workforce, digital transformation and key performance metrics; • draft quality priorities; and • clinical directorates' high-level priorities, focusing on embedding improvement work and consolidating 2024/25 priorities.	

b	The Board considered the strategic priorities for the year and recognised the importance of appropriate articulation so as to safeguard quality of care and avoid focusing on achieving a goal/threshold at any cost. For example, the priority on improving access and waiting times could risk improving access for some but not others.	
c	Further to the Patient Journey discussion at item BOD 26/25 above, the Executive Director of Strategy & Partnerships commented upon the challenge of embedding initiatives systematically across the organisation and its wide geography, noting the importance of good programme management in doing so. The Chief Executive added that the Patient Journey had also highlighted the importance of embedding how the Trust tackled health inequalities. The Board reflected upon the Patient Journey discussion with the Expert by Experience and the challenges it had raised in relation to confidence in the complaints process, listening to carers and clinicians being confident to receive information from carers without breaching GDPR. The Deputy Chief Medical Officer and the Interim Chief Operating Officer for Mental Health & Learning Disability commented upon the potential for mismatch between patient/carer expectations and the reality of deliverable care, noting the need for the Trust to engage more openly about what it could and could not do and to support staff to understand the limits of what could be offered and to undertake these more difficult conversations to manage expectations. The Chief Nurse added that there was assurance available around the effectiveness of the Trust's complaints process. The Chief Executive noted the importance of early intervention and informal resolution to avoid issues becoming complaints. The Chief People Officer asked whether a future Board Development session could offer the Board an opportunity to look at the ways in which the Trust interacted with patients/carers.	**TG/BK**
d	**The Board APPROVED the 2025/26 Annual Plan in principle ahead of presentation for final approval at the next Board meeting in May 2025, noting that this timing would provide for alignment of the 2025/26 Annual Plan's content with the year-end review of the 2024/25 Annual Plan and the final position on financial settlement for the coming year.** *The Head of Research & Development joined the meeting*.	
BOD 28/25	**Patient Safety Incidents (PSI) report – January – February 2025**	
a	The Chief Nurse presented the report on learning identified from 9 patient safety reviews over the reporting period and wider learning from the local incident response plan for the national Patient Safety Incident Response Framework (**PSIRF**). Overall since transitioning to PSIRF, 65 incidents had been identified/reviewed and the majority related to access to care and treatment; of the 65 cases, 11 were identified as emergent areas to be explored for potential significant learning and as set out in more detail in the report. Improvement actions being taken were set out in the report. Priority areas for learning continued to be: managing modifications and risks when demand exceeded capacity; sharing information and engaging with family members; joint working and communication with external agencies; communication between services; and quality of clinical documentation.	
b	**The Board noted the report and was assured by processes and structure for the identification, review and learning from PSIs.** *The meeting took a break for 10 minutes and resumed at 11:25.*	
BOD 29/25	**Research & Innovation report**	
a	The Head of Research & Development (**R&D**) presented the report and highlighted: • the submission of the National Institute for Health and Care Research (**NIHR**) Oxford and Thames Valley Applied Research Collaboration (**OTV ARC**) application – Stage One outcome due to be announced in April 2025;	

	• the NIHR Capital Funding competition was now live – NHS trusts were eligible to apply for up to £1.5 million and the Trust would be submitting a bid for equipment to support studies; • Rater Training developed by the Oxford Health Clinical Research Facility for a variety of mental health scales used in clinical assessments and which had expended into a wider-scale training package that could be accessed by NHS, academic and industry staff; and • the Oxford Cognitive Approaches to Psychosis (**O-CAP**) Research Group which aimed to develop highly efficacious psychological therapies for patients with psychosis. Examples of trials being run by the O-CAP Research Group, and their applicability to Trust patients, were included in the report.	
b	The Board and the Head of R&D discussed: • increasing research activity in Community services and encouraging staff from Community Health Services to participate in research, as well as ongoing work to recruit patients to clinical trials and make research accessible to clinicians; • assurance which the Executive had received via a deep dive into how flows of research funding were being managed and contributing to the organisation; • the recently launched Research & Innovation Group which the Chief Executive and the Trust Chair had attended to discuss with the Director of R&D and the Head of R&D how to link research to patient need more closely; and • building on links between research, planning, the Warneford redevelopment project and its economic and clinical productivity benefits, as well as capitalising on academic collaboration.	
c	**The Board noted the report and was encouraged by the R&D activity taking place.** *The Head of RD left the meeting.*	
BOD 30/25	**Integrated Performance, Quality and Sustainability reporting**	
a	The Executive Director of Strategy & Partnerships presented the Integrated Performance Report (**IPR**) on the strategic domains of Operational Performance, Quality and People. She highlighted that this month's report introduced a staged approach to integrating Data Quality Indicators throughout the IPR, in line with national insightful provider board guidance; indicators to facilitate analysis of data quality were RAG-rated across three key domains of Sign-Off and Review (S), Timeliness and Completeness (T) and Process and System (P), as set out in more detail in the report.	
b	The Trust continued to perform well against the NHS National Oversight Framework metrics with the ongoing exception of inappropriate OAP adult acute bed days; there had been an increase of 51 bed days in January 2025 compared to December 2024. Directorates continued to focus on reducing use of OAPs. There had also been an increase in the staff sickness rate which rose to 5.19% in January 2025, exceeding the target of 4.5% but in line with the anticipated seasonal trend.	
c	Against the Trust's metrics to monitor clinical performance (derived from nationally reportable metrics, national objectives and locally agreed metrics) she highlighted: • access continued to improve for CAMHS and although not all services had achieved the national average for 4-week waits in January 2025, due to seasonal variation, performance remained within the expected range. Children & Young People's Eating Disorders services had exceeded national targets for seeing urgent referrals within 7 days; • access to perinatal mental health services in Oxfordshire remained below target and had featured in planning discussions. A directorate deep dive would be conducted to identify the reasons for the lower than anticipated access rate. All other local Adult and Older Adult community mental health services metrics had achieved targets or exceeded national averages;	

	• Mental Health Urgent Care Services in Oxfordshire and Buckinghamshire were generally performing well and above national averages but with a dip in performance against the Oxfordshire Crisis Service 4-hour response time for very urgent referrals (after improvement in the last report had followed 12 months of performing below the national average); 40.63% of patients had been seen within the timeframe, against a national average of 69%; • acute inpatient admissions with no prior contact had reduced but still remained higher than the national average across both Oxfordshire and Buckinghamshire. Further to the action from the previous meeting (at item BOD 08/25(f) in the January 2025 minutes and the Summary of Actions to this meeting), a new audit was taking place to identify the root cause for this performance; • follow-up within 72 hours of discharge from Oxfordshire Older Adult wards had dropped below target but may be related to data quality issues and was being investigated. The Chief Nurse added that 72 hour follow-up performance was also tracked through the Weekly Review Meeting (Clinical Standards); and • in Community services, Minor Injury Units continued to perform above national averages in relation to patients being seen within 4 hours. However, 2-hour Urgent Community Response referrals had dropped below the 70% target to 53.50%. This was being investigated and may be related to data quality from changes to Single Point of Access processes on Urgent Community Response time performance.	
d	Further to a query from Andrea Young on underperformance of Out Of Hours palliative care referrals responded to within 60 minutes, the Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care confirmed that a deep dive was undertaken into each case. Related data quality issues were also being investigated and interim findings suggested that there may have been inconsistent interpretation of data recording rules rather than operational service delivery issues.	
e	In relation to delivery of the 'Quality' Strategic Objective and Quality metrics, and further to discussion arising from the Patient Journey at items BOD 26/25(d) and BOD 27/25(c) above, the Executive Director of Strategy & Partnerships highlighted the metric on complaints and resolutions, the triangulation of information across meetings and the actions including early resolution work. The Chief Nurse presented the Quality & Safety Dashboard, which helped to identify wards/teams which may need support, and confirmed that regular deep dives were undertaken of flagged wards/teams.	
f	In relation to delivery of the 'People' Strategic Objective, the Executive Director of Strategy & Partnerships highlighted that staff turnover of ethnic minority groups was now lower than for white staff, vacancy rates were the lowest that they had been since February 2021 and agency usage was the lowest that had been reported (the Trust had reduced agency usage to 3.76% against a target of 6.5%). The Chief People Officer added that although turnover and vacancy rates had reduced following a more focused approach, there were challenges in attracting students in certain areas, for example podiatry and also the pipeline for mental health nurses. The Trust was continuing with innovative approaches in offering apprenticeships and the nurse associate programme, as well as continuing in partnership with Oxford Brooks University through the Oxford School of Nursing and Midwifery.	
g	**The Board noted the report.**	
BOD 31/25 a	**Learning from Deaths report** The Deputy Chief Medical Officer took as read the report on the key mortality trends during 2024 and the work of the Mortality Review Group. She thanked the Head of Patient Safey and the Chief Medical Officer and highlighted:	

	• the Trust's expected and unexpected deaths were in line with national trends, even after ethnicity analysis; • the reduction in inpatient and community suicides was a testament to the amount of positive work which had taken place. She also commented upon the impact of suicides upon staff; and • themes for learning – mainly communication and interoperability/communication issues between different systems used by the Trust.	
b	The Board discussed: • attitudes towards suicides and the Trust's work in suicide research; and • assurance beyond the action plans that risks identified had been addressed, especially in relation to long-standing themes such as interoperability between systems. The Deputy Chief Medical Officer and the Interim Chief Operating Officer for Mental Health & Learning Disability expanded upon the cases referred to in the report and explained that there were some GPs who had withdrawn from information sharing arrangements and also some organisations which were less willing to provide access to data than others; although interoperability was generally improving, there were some areas which were outside of the Trust's influence.	
c	**The Board noted the report and the themes and actions being taken around key areas of learning.**	
BOD 32/25 a	**Finance and Sustainability** The Chief Finance Officer presented the Month 10 Finance Report and highlighted that: • the Trust was on track to meet its revised forecast of a £1.9 million surplus, which was £2 million favourable to plan. Due to the Trust's relatively strong financial position, and cash challenges of other system providers, the Trust had agreed to give back deficit support funding of £2.6 million, whilst still achieving its forecast position; • capital underspend had improved since the report had been written; and • the Private Finance Initiative (**PFI**) exit payment remained a risk with a potential capital impact this or next financial year. Depending upon the timing of any PFI settlement, there may be an adjustment to the FY25 provisional accounts or the impact may be to the FY26 capital allocation.	
b	**The Board noted the report.**	
BOD 33/25 a	**Board Committees' update reports – matters for Alert, Advice & Assurance (3As)** The Board took as read the 3As reports from the Quality Committee, the Audit & Risk Committee, the Charity Committee, the Mental Health & Law Committee and received a verbal update on the Finance & Investment Committee (**FIC**). Other committees had not met since last reporting.	

b	Committee Chairs highlighted from their respective 3As reports for the:
	• Finance & Investment Committee:
	  ○ recommendation of the Warneford planning application, which the Board would be reviewing at its meeting in private; and
	  ○ approval of capital funding for Wantage community hospital to increase the amount of outpatient clinic space and opportunities for collaboration with acute sector clinics and NHS and voluntary sector partners. This would also support people receiving care closer to home;	

	• Charity Committee: ongoing support for the Warneford 200 Project; and • Mental Health & Law Committee: had received an update on use of restrictive practice from the Positive & Safe Committee. Although there had been an overall reduction in seclusion, rapid tranquilization and prone restraint, use of restraint (predominantly to manage self-harm behaviour) remained high.	
c	**The Board noted the 3As updates from the Committees, with supporting minutes and agendas in the Reading Room.**	
BOD 34/25	**Gender Pay Gap and Ethnicity Pay Gap reports**	
a	The Chief People Officer presented the reports, which had been recommended to the Board by the People, Leadership & Culture Committee and in accordance with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and as part of the Trust's commitment to the NHS Equality, Diversity & Inclusion (**EDI**) Improvement Plan. Although significant progress had been made in reducing the turnover gap between ethnic minority and white staff groups, she highlighted that there would be more proactive work taking place on gender and ethnicity to recruit to senior roles. A new Disability Pay Gap report would also be developed for the Board during 2025.	
b	**The Board received the Gender Pay Gap and Ethnicity Pay Gap reports, further to the recommendation of the PLC Committee, and was assured that the Trust was meeting its statutory compliance duties under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and also its commitment to the delivery of the NHS EDI Improvement Plan.**	
BOD 35/25	**Board Scheme of Reservation and Delegation of Powers**	
a	The Executive Director of Corporate Affairs presented the updated Board Scheme of Reservation and Delegation of Powers, which had been: (i) updated by the Interim Associate Director of Corporate Affairs in consultation with the Chief Finance Officer and the Chair of the Finance & Investment Committee; and (ii) reviewed and recommended to the Board by the Audit & Risk Committee. Increases to approval limits were summarised in the covering report.	
b	**The Board APPROVED the Board Scheme of Reservation and Delegation of Powers, further to the recommendation of the Audit & Risk Committee, with the new capital approval limits being reflected in the Finance and Investment Committee's Terms of Reference and implemented from 01 April 2025.**	
BOD 36/25	**Corporate Registers: (i) application of Trust seal; and (ii) receipt of gifts and hospitality**	
a	The Executive Director of Corporate Affairs presented the corporate registers on the application of the Trust seal and on receipt of gifts, hospitality and sponsorship, noting that he would review the levels to be included in future reporting. The final version of this report would also differentiate between staff mainly employed by the Trust and those with honorary or other contracts.	**TG**
b	**The Board received the Corporate Registers.**	
BOD 37/25	**Committee Terms of Reference**	
a	The Executive Director of Corporate Affairs presented the revised Terms of Reference of the Nominations, Remuneration & Terms of Service Committee	
b	**The Board APPROVED the revised Terms of Reference.**	

BOD 38/25 a	**Any Other Business/Questions** None.	
BOD 39/25 a	**Review of the meeting** The Trust Chair commented positively upon the interaction and flow of discussion, noting the potential benefit of meeting in person from time to time.	
BOD 40/25 a	**Board resolution to conduct further business in private** The Board resolved to exclude the public and conduct its business in private for confidential matters which may be prejudicial to the public interest if conducted in public or for other commercial or financial reasons. The Trust Chair explained that any such private decisions taken would become public knowledge in due course and when appropriate and he would as usual provide an update to the Lead Governor afterwards.	
	The meeting was closed at: 12:28	

Summary of Actions from the Board meeting on 26 March 2025

Relevant Item	Action	Responsibility:
BOD 27/25(c)	**'Listening & responding to the voice of patients, families and carers'** To consider whether a future Board Development session could offer the Board an opportunity to look at the ways in which the Trust interacted with patients/carers. **Status: *complete*** *– included as a proposal on the Board Development plan for a future Workshop (Board Development plan reviewed at the Board Workshop on 30 April 2025).*	**TG/BK**
BOD 36/25(a)	**Gifts, Hospitality & Sponsorship reporting** To review the levels to be included in future reporting on receipt of gifts, hospitality and sponsorship. The final version of the gifts report would also differentiate between staff mainly employed by the Trust and those with honorary or other contracts. **Status: *in progress*** *for the next regular report and* ***complete*** *for the final version of the March Gifts report.*	**TG**
Actions held over from the meeting on 29 January 2025		
BOD 08/25 (f)	**Acute inpatient admissions with no prior contact – higher than the national average** To update the Board as part of the next IPR on the outcome of a review of patients who were admitted without prior contact, to shed more light upon whether such patients represented an unmet need within the community. **Status: *in progress*** *– update provided through presentation of the IPR in March 2025 and highlighting slides 27 and 29 (Adult & Older Adult Inpatient). Against national average of 13%, on track for Buckinghamshire Adults but still higher than national average in Adult Oxfordshire and Older Adults in Buckinghamshire and Oxfordshire during January 2025. An issue has been identified that data entries in relation to Place of Safety beds have not been used as expected, so the number of inpatient*	**AB/RB**

	admissions may be impacted. The investigation is on-going. All patients admitted with no prior contact are being audited to identify any causes or themes. Outcome of the audit is expected to be available by end of March 2025.	
BOD 15/25 (a)	**Committee Terms of Reference (ToR)** To provide the ToR for the Nominations, Remuneration & Terms of Service Committee (**NRATSC**) and the Charity Committee should be available for the next Board meeting in March 2025. **Status: *in progress for July 2025*** *– NRATSC ToR complete and approved by the March 2025 Board. Charity Committee ToR in progress for the May meeting of the Charity Committee (after the May Board meeting) and will be available for the Board from July 2025.*	**GD/TG**
Action held over from the meeting on 27 November 2024		
BOD 114/24(b)	**Intensive and Assertive Mental Health Care update** To provide an update to the Board during Q1-Q2 FY26 on the progress being made even if full funding for the Intensive Case Management model (Buckinghamshire) and the Assertive Outreach model (Oxfordshire) was not available **Status: *on the agenda*** *– for the Board meeting in May.*	**RB**

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	5
Report title:	Trust Chair's report
Executive sponsor(s):	N/A
Report author(s):	David Walker, Trust Chair
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Board:	For information/discussion
Public or confidential:	Public

Report

The Unipart business centre – now the location of many of our meetings – sits adjacent to the Cowley plant, outside which sit minis in serried ranks. Many were destined for export and perhaps still are, yet subject to the almost daily twists and turns leading to volatility in international markets. We've recently felt buffeted by the restructuring of the NHS's administration, the abolition of NHS England and the radical downsizing of the integrated care boards which are significant as is the radical uncertainty faced by car companies and other businesses.

We are under financial pressure, of course, but know that in the last analysis someone (OHFT) will have to provide a service – for people who are seriously mentally unwell, for patients needing rehabilitation after a stroke, for young people whose eating disorder threatens their lives. The Cowley motor plant could shut – God forbid – with drastic consequences for the Oxford economy but our services must continue. Organisational forms might alter, signboards get repainted and logos refashioned, but the work of looking after people who are ill or need specialist help is fundamental and permanent.

That's our justification in making a claim on scarce public resources but also the reason why we are held accountable and closely inspected and regulated, activities which add to the cost of what we do. The Care Quality Commission (which itself is undergoing restructuring) recently visited some of our forensic wards. Its positive report is a tribute to their staff, working in an irreplaceable service.

I recently visited one such service -- the team based in the Windrush medical centre at Witney providing care for people in West Oxfordshire whose feet are damaged, often as a result of diabetes. It's work increasingly in demand as we get older. But trained podiatrists are in short supply, putting pressure on staff. I won't say our colleagues felt neglected but they do feel what they do deserves better recognition and I am glad to record

here their high moral, team spirit and impressive sense of vocation. Here is an activity that you can buy, just as you can buy the time of psychiatrists, oncologists and GPs…if you are fortunate enough to have a lot of spare money. The basis of the NHS is service to those in need, free at the point of use. Of course, our work has to be paid for, through taxation and government borrowing. As a trust we have to make significant efficiency savings and as part of that need to review functions in support of clinical services …it's important to avoid talk about 'back office' and 'front line', which make no sense in terms of how services are delivered. No binary distinction can capture the work of a colleague in Witney collating referrals and records and organising appointments but not herself actually tending damaged feet; ditto a colleague in our library service collecting journal articles, which could inform clinicians about new therapies or trials of practice.

I was glad to attend the recent conference of staff working under the 'People' label, human resources, as it used to be called. Taking applications, checking qualifications, dealing with hours worked and payments made, negotiating with staff representatives, as well as regulating wider questions about engagement, about fair and equal treatment and sometimes, unfortunately, cases of bullying and dismissal …I defy anyone not to call that vital work, without which we could not provider a service to the public.

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

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

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☐**Safe**	☐**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	~~Yes~~/No	
Legal and regulatory	~~Yes~~/No	

Meeting	Board of Directors
Date of Meeting	21 May 2025
Agenda item	6
Report title	Chief Executive Officer's report
Executive lead(s)	N/A
Report author(s)	Grant Macdonald, Chief Executive
Action this paper	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Board	For information
Public or confidential	Public

Report

Mental Health awareness week

Last week (12-18 May 2025) was Mental Health awareness week. 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.

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.

Minister visit to the Warneford Hospital

At the end of March, the Trust was pleased to welcome Karin Smyth MP - Minister of State at the Department of Health and Social Care - to the Warneford Hospital. The Minister was visiting with national leads from NHS Professionals and visited the Vaughan Thomas ward and was given a tour of the site by Chief Operating Officer for Mental Health & Learning Disability, Dr Rob Bale, and Chief Nurse, Britta Klinck.

Council of Governor's elections

The governor election process concluded on the 19th May. I'm pleased to welcome the Trust's new governors and to thank them for volunteering their time and knowledge to help represent the Trust's key stakeholders - whether they be public, service users, staff or our partner organisations - and in working with the Trust's directors. I look forward to meeting the new governors over the coming months.

Volunteers' week

At the start of June it will be national volunteer's week (2-8 June 2025) and 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.

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 Board is asked to note the report.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	7
Report title:	Corporate Affairs Report
Executive sponsor(s):	Taff Gidi, Executive Director of Corporate Affairs
Report author(s):	Taff Gidi, Executive Director of Corporate Affairs
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	To update the Board on insights from horizon scanning and any new legal and regulatory updates.
Public or confidential	Public

Executive summary
The purpose of the report is to update the Board on insights from horizon scanning since the last Board meeting and any new legal and regulatory updates as well as any specific actions being taken by the Trust in response. The full Horizon Scan document is attached.

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

Recommendation(s)
The Board is asked to note the update provided.

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☑

Link to CQC domain – where applicable				
☑Safe	☑Effective	☑Caring	☑Responsive	☑Well-led

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ BAF	☐ TRR
Equality, diversity and inclusion	No	
Legal and regulatory	Yes	

HORIZON SCANNING REPORT (MAY 2025)

Item	Description	Lead	Actions	Due Date
Draft NHS Performance assessment Framework	A draft new framework has been issued by NHSE which identifies key focus areas for both MHLD and community. The consultation will run until 30 May 2025. See below link for the draft: NHS England » Consultation on the draft NHS Performance Assessment Framework	DoCA CMO COO	Final version due at the end of June. Trust will follow instructions provided when final is issued. The COO for MHLD and CMO will advise if the Trust wants to respond to the consultation.	Jun 2025
CQC Monitoring the Mental Health Act in 2023/24 Report	CQC issued the Monitoring the Mental Health Act in 2023/24 report in March 2025.	DoCA	Focus on Review and lessons to be learnt by the Trust. To be reported to the Mental Health and Law Committee.	Sep 2025
Board member appraisal framework	A new Board member appraisal framework with submission dates has been issued by NHSE. This covers both Executive and Non-Executive Directors.	CEO CPO DoCA	Initial review has been completed and it has been agreed that full implementation will be completed for the 2025/26 appraisals. The guidance was issued too late to implement in the current round of appraisals. The main challenge is to ensure the right tool is source to enable the multisource feedback that is now required.	Mar 2026

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	8
Report title:	Board Assurance Framework 2025-26
Executive sponsor(s):	Taff Gidi – Executive Director of Corporate Affairs
Report author(s):	Ben Cahill – Deputy Director of Corporate Affairs
Action this paper is for:	☑ Decision/approval ☐ Information ☐ Assurance
Reason for submission to the Board:	Approval to revise the Board Assurance Framework (BAF) to create a new set of BAF risks and to close down previous BAF risks.
Public or confidential:	Public

Executive summary

Over 2025, discussions have taken place to revise the Trust's Board Assurance Framework (BAF) recognising that a review of the existing BAF risks would be a timely opportunity to refresh the BAF risks, assess and develop their relevance to the work and ambitions of the board, and to streamline management and reporting processes. Directors have been involved to date in providing feedback on the BAF as a whole document, their views on specific BAF risks if owned by them, and to assess the overall impact of the BAF on providing assurance to the board and as a document to guide decision-making.

Since joining the Trust in February 2025, the Executive Director of Corporate Affairs has led discussions with Executive and Non-Executive Director's culminating in a private board workshop discussion on the 30 April 2025. This paper aims to summarise the outputs of that discussion and work done over April and May to propose a new set of BAF risks, proposed reporting model, and to formally close-down the former BAF risks. Appendices 1-3 (single document) provide further detail on each of these.

The aims of the BAF are to:

- Clearly and simply set out Oxford Health's main strategic risks and be an active document in supporting and realising the work and objectives of the board and its board committees;
- Enable the effective and clear capturing and management of strategic risks, actions and controls – providing assurance and helping to identify where and how assurance can be tested;
- Establish a hierarchy of risks using the logic of 'right risk, right forum' enabling a link between the BAF and other risks;

- Be a public document providing information and accountability to the Trust's key stakeholders.

The BAF will be owned collectively by the board but each BAF risk will continue to have an Executive Director owner and oversight by the Executive Team and assigned board committee.

Appendix 1 summarises the proposed new BAF risks, with an executive lead and oversight board committee for each.

Appendix 2 sets out the existing BAF risks to be closed down e.g. their transfer to the Trust Risk Register, Board Risk Register and where relevant link new BAF risks.

Appendix 3 provides an example of the format to be used to report BAF risks to the board and to the relevant board committee. This format aims to use 2 slides per BAF risk.

The board are asked to note that there will be further discussions over the year to develop and confirm the boards risk appetite.

Report history / meetings this item has been considered at and outcome
This paper has been prepared for the 21 May Board of Directors' meeting. Discussions on options to revise the BAF have been held over 2025, including at private board workshop discussions – the output of which informed this paper.

Recommendation(s)
The board is asked to support the work to revise the BAF, provide any feedback on the proposed new BAF risks and BAF reporting format, specifically: A. To approve the proposed new BAF risks set out in in Appendix 1 and their use as the refreshed BAF B. To approve the close-down, and where applicable transfer to other risk registers, of former BAF risks as set out in Appendix 2.

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☑

Link to CQC domain – where applicable				
☐**Safe**	☐**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ **BAF**	☑ **TRR**
Equality, diversity and inclusion	No	
Legal and regulatory	Yes	

Appendix 1 – Summary of proposed new Board Assurance Framework risks

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim	Executive Lead	Lead Committee	Current Score	Target Score	Risk Appetite
A1	Timely Access to Services	***If*** *we continually fail to align capacity and demand for clinical services* ***Then*** *patients will wait longer to start treatment and their health may deteriorate* ***Resulting*** *in worsening health outcomes, breaches of constitutional standards and poor patient experience*	Quality	Chief Operating Officers	Quality Committee	**16**	**12**	TBC
A2	Quality, Safety & Experience	***If*** *we fail to deliver against fundamental standards of quality and safety, to learn from patient safety incidents and experience and to continuously improve* ***Then*** *we will be unable to consistently deliver high quality and safe care* ***Resulting*** *in poor patient outcomes and experience, avoidable harm and failure to learn and improve*	Quality	Chief Nurse	Quality Committee	**16**	**12**	TBC
A3	Financial Sustainability	***If*** *we fail to live within our means* ***Then*** *the Trust will become financially unsustainable* ***Resulting*** *in failure to deliver agreed financial plans, an adverse impact on service delivery, reputational damage, loss of autonomy and potentially leading to regulatory intervention*	Sustainability	Chief Finance Officer	Finance and Investment Committee	**16**	**12**	TBC
A4	Workforce Capacity	***If*** *we are unable to recruit and retain sufficient workforce resources in line with our People Plan* ***Then*** *we will not have the right people in the right roles* ***Resulting*** *poor patient outcomes, poor operational performance and poor staff experience*	People	Chief People Officer	People, Leadership and Culture Committee	**12**	**9**	TBC

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim[s]	Executive Lead	Lead Committee	Current Score	Target Score	Risk Appetite
A5	Culture	***If*** *the Trust does not prioritise staff experience and an inclusive culture* ***Then*** *issues affecting staff experience will not be addressed* ***Resulting*** *in adverse impact on staff motivation, engagement and satisfaction leading to higher sickness absence and turnover*	People	Chief People Officer	People, Leadership and Culture Committee	**12**	**8**	TBC
A6	Improvement, Research & Innovation	***If*** *we fail to foster a culture of improvement, research and innovation which is underpinned by a robust improvement culture* ***Then*** *we will not be able to transform services and release efficiencies* ***Resulting*** *in failure to tackle our long-term challenges.*	Research	Executive Director of Strategy / Chief Medical Officer	Quality Committee	**15**	**10**	TBC
A7	Environmental Sustainability	***If*** *our corporate decisions and actions fail to consider the impact on wider society and the environment* ***Then*** *we will fail to meet our obligations for NHS organisations to achieve Net Zero emissions* ***Resulting in*** *negative environmental and social impacts both now and in future, and potentially in reputational damage and regulatory action*	Sustainability	Chief Finance Officer	Finance and Investment Committee	**12**	**6**	TBC
A8	Information Risk	***If*** *the Trust does not treat information and data as critical asset and address information/ cybersecurity threats* ***Then*** *we will be unable to keep patient and staff information secure and to maximise the benefits from using the data we hold* ***Resulting*** *avoidable interruption to services, poor patient/staff experience, regulatory action and/or reputational damage*	Sustainability	Executive Director of Corporate Affairs (SIRO)	Finance and Investment Committee	**16**	**12**	TBC

Ref.	Risk Category/ Overview	Risk Description	Strategic Aim[s]	Executive Lead	Lead Committee	Current Score	Target Score	Risk Appetite
A9	Partnerships & System Working	***If*** *we fail to develop and maintain effective working relationships with system partners in the integrated care systems in which we operate* ***Then*** *we will likely be unable to develop comprehensive and credible plans that meet the needs of all our populations* ***Resulting*** *in worsening health, increased demands for healthcare, increased health inequalities and unsustainable services for the future*	Quality	Chief Executive / Executive Director of Strategy	Quality Committee	**16**	**8**	TBC
A10	Infrastructure	***If*** *we do not invest in, develop and maintain our essential infrastructure, such as our estate and information systems* ***Then*** *our infrastructure may become unreliable, outdated, unprotected and unsafe* ***Resulting*** *avoidable interruption to services, delays in treatment and may potentially lead to harm to patients or staff.*	Sustainability	Chief Finance Officer	Finance and Investment Committee	**12**	**8**	TBC
A11	Digital transformation	***If*** *we do not make the right strategic investments and harness digital and technology transformation to improve our healthcare services* ***Then*** *we will have poorer patient outcomes and experience, be unable to keep up with modern developments in healthcare and fail to continuously improve* ***Resulting*** *lack of innovations, failure to deliver efficiencies, failure to adopt future-proof technologies and unsustainable services for the future*	Sustainability	Chief Finance Officer / Chief Operating Officers	Finance and Investment Committee	**12**	**8**	TBC

Appendix 2 – Closedown of BAF risks

Ref	Risk Description	TRR	BRR	Link to New BAF
1.1	**Utilising digital, data and technology to drive quality, efficiency, economy, research, and innovation** A failure to utilise and engage with digital, data and technology to drive quality, efficiency, economy, research, insights, analytics and innovation, resulting in poorer patient outcomes and experience, lack of insights to support decisions, lower return on investments, lack of insights driving quality improvements, lack of innovations.	**New BAF A11**		
1.5	**Unavailability of beds/demand and capacity (Mental Health inpatient and Learning Disability)** Lack of local admission beds due to demand outstripping capacity and/or absence of support services in the community to prevent admissions and/or facilitate prompt discharge could lead to: (i) increase in Out of Area Placements (OAPs) further from home, (ii) inappropriate inpatient placements; (iii) patients being unable to access specialist care required to support recovery; (iv) patients and carers/families having a poor experience; and (v) services falling below reasonable public expectations.	✓	✓	**A1**
1.6	**Sustainability of the Trust's primary, community & dental care services** There is a risk that the inability to progress, with key partners, the re-design and re-commissioning of primary, community and dental care services across Oxfordshire threatens the medium- and long-term sustainability of these services.	✓	✓	**A9**
2.3	**Succession planning, organisational development and leadership development** Failure to maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change.	✓	✓	**A5**
2.4	**Developing and maintaining a Culture in line with Trust values** A failure to develop and maintain our culture in line with the Trust values and the NHS people promise which includes being compassionate and inclusive, recognition and reward, having a voice that counts, health, safety & wellbeing of staff, working flexibly, supporting learning & development, promoting equality, diversity & inclusivity and fostering a team culture. The absence of this could result in; harm to staff; an inability to recruit and retain staff; a workforce which does not reflect Trust and NHS values; and poorer service delivery.	✓	✓	**A5**

Ref	Risk Description	TRR	BRR	Link to New BAF
2.5	**Retention of staff** A failure to retain permanent staff could lead to: the quality of healthcare being impaired; pressure on staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust's reputation as an employer of choice.	✓	X	**A4**
2.6	**Adequacy of Staffing** Inability to plan for, attract and secure sufficient numbers of appropriately trained staff may lead to inadequate levels of staffing to provide: (i) safe and/or quality patient care; or (i) the range of services which the Trust aspires to.	✓	X	**A4**
3.1	Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level.	X	X	**A9**
3.4	**Delivery of the financial plan and maintaining financial sustainability** Failure to deliver financial plan and maintain financial sustainability over the short (1-2 years) or medium-term (3-4 years), including, but not limited to: through funding reductions; non-delivery of CIP savings; budget overspends; and constraints of block contracts in the context of increasing levels of activity and demand, could lead to: an inability to deliver core services and health outcomes; financial deficit; intervention by NHS England; and insufficient cash to fund future capital programmes.	X	X	**A3**
3.6	**Governance and decision-making arrangements** Failure to maintain and/or adhere to effective governance and decision making arrangements, and/or insufficient understanding of the complexities of a decision may lead to: poor oversight at Board level of risks and challenges; (clinical or organisational) strategic objectives not being established or achieved; actual or perceived disenfranchisement of some stakeholders (including members of the Board, Governors and/or Members) from key strategic decisions; or damage to the Trust's integrity, reputation and accountability.	✓	X	X

Ref	Risk Description	TRR	BRR	Link to New BAF
3.7	**Ineffective strategic planning arrangements** Ineffective strategic planning arrangements may lead to: the Trust failing to achieve its strategic ambition; problems and issues recurring rather than being resolved; reactive rather than pro-active approaches; decision-making defaulting to short-termism; and inconsistent work prioritisation, further exacerbated by the challenge of limited resources, impacting upon staff frustration and low morale.	X	X	A9
3.10	**Information Governance & Cyber Security** Failure to protect the information we hold as a result of ineffective information governance and/or cyber security could lead to: personal data and information being processed unlawfully (with resultant legal or regulatory fines or sanctions), cyber-attacks which could compromise the Trust's infrastructure and ability to deliver services and patient care, especially if loss of access to key clinical systems; data loss or theft affecting patients, staff or finances; reputational damage.	X	X	A8
3.12	**Business Continuity and Emergency Planning** Failure to maintain adequate business continuity and emergency planning arrangements in order to sustain core functions and deliver safe and effective services during a wide-spread and sustained emergency or incident, for example a pandemic, could result in harm to patients, pressure on and harm to staff, reputational damage, regulator intervention.	✓	X	X
3.13	A failure to take reasonable steps to minimise the Trust's adverse impact on the environment, maintain and deliver a Green Plan, and maintain improvements in sustainability in line with statutory duties (Health & Care Act 2022), and national targets, for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2032, for the emissions we can influence (our NHS Carbon Footprint), net zero by 2045) could lead to: a failure to meet Trust and System wide objectives, reputational damage, loss of contracts with commissioners, contributing to increased air pollution within the wider community, and loss of cost saving opportunities.	X	X	A7

Ref	Risk Description	TRR	BRR	Link to New BAF
3.14	**Major Programmes** Insufficient capacity and capability to deliver major programmes effectively or to support a necessary control environment and adherence to governance and decision-making arrangements may lead to: poorly planned and ultimately compromised projects; inability to proceed with projects; failure of projects to complete or to deliver against preferred outcomes; non-delivery of required savings, unplanned expenses, delays and wasted resources.	✓	✓	**A6**
4.1	**Not maximising the Trust's Research and Development (R&D) potential.** Not fully maximising the potential to fully realise the Trust's academic and Research and Development (R&D) potential may adversely affect its reputation and lead to loss of opportunity.	✓	✓	**A6**
TBC	**Physical Environment, Security Health & Safety *(Proposed New Risk)*** Failure to maintain a fit-for-purpose estate, or to design and implement control processes to minimise health & safety, fire, security and legal compliance risks, with the consequence of injury to staff, patients or public, regulatory breaches, CQC failure, litigation or reputational damage.	✓	✓	**A10**

Appendix 3 – Example of BAF New Format

Oxford Health NHS Foundation Trust

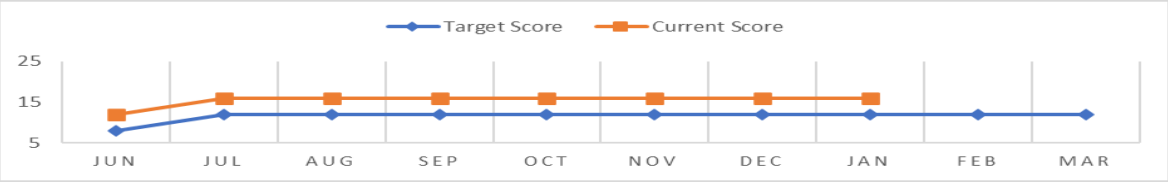
***BAF A3: If** we fail to live within our means **Then** the Trust will become financially unsustainable **Resulting** in failure to deliver agreed financial plans, an adverse impact on service delivery, reputational damage, loss of autonomy and potentially leading to regulatory intervention*

Link to Strategic Aims:

Sustainability

Make the best use of our resources and protect the environment

	Impact	Likelihood	Score	Rating
Risk Identification (inherent risk)	5	5	25	Extreme
Current Risk (with controls in place)	4	4	16	High
Target Risk (with improved controls)	4	3	12	Moderate
			Risk Appetite	TBC



Last Reviewed By		
Lead Committee	Finance and Investment Committee	23 April 2025
Exec. Dir. Lead	Chief Finance Officer	13 April 2025

Controls and Mitigation

(What we are currently doing about the risk)

1. Agency controls
2. Vacancy control Board
3. SFIs & Scheme of delegations
4. Annual Financial Plan
5. Medium-Term Financial Plan produced annually and reviewed by FIC and the Board
6. Budget setting and sign off process
7. Business case approval process
8. Operating Framework 2025-2027
9. Procurement systems and processes
10. Finance and business services systems and processes
11. Access controls for IT systems
12. Cybersecurity Systems of Control

Assurance / Evidence

(How do we know we are making an impact)

1. Monthly finance reports
2. Monthly Directorate agency review panel
3. Executive Performance Review Meetings
4. Divisional Governance Meetings
5. Capital Controls Board
6. Finance & Investment Committee reports
7. Board of Directors reports
8. Monthly reporting to, and monitoring by, NHSE and the Integrated Care Board (ICB)
9. Internal audit reviews
10. External audit reviews
11. Local Counter Fraud Service

Gaps in Control

(Actions to take to achieve target)

1. Cost Improvement Plans process does not yet capture all efficiencies or look ahead to future years.
2. More use of costing data, benchmarking and challenge of underlying cost base is required.
3. Better linkage of costs to activity, and in due course to outcomes, is needed
4. More robust agency send controls required

Executive Lead Narrative: The Trust has now agreed to a system plan with a stretch target for the Trust of £5m surplus for 2025/26. The two main challenges to longterm sustainability for the Trust relate to (A) identification of recurrent CIPs (B) What the Trust will be asked to deliver in terms of corporate savings and how quickly. More information is still expected to provide clarity on th ask, but the Trust has already started working on analysing growth in corporate costs in recent years and planning for how savings could be delivered.

Action to address gap in assurance/control	Lead	Date of implementation	Status Update
100% of CIPs identified in line with targets with quality impact assessments completed	CFO	31 July 2025	Identification of the remaining CIPs and processing them through all the gateways is being monitored weekly.
Executive Vacancy Control	CPO	31 March 2026	All vacancies will require Executive Control approval for the remainder of the financial year.
Improved workforce planning capability in order to deliver plans to reduce agency spend further in FY25	CPO	31 March 2026	

Link to the Board Risk Register

Ref	Risk Description	Impact	Likelihood	Score	Trend
1236	Failure to deliver financial plan and maintain financial sustainability	4	4	16	⟷

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	9
Report title:	Patient Story
Executive sponsor(s):	Britta Klinck, Chief Nurse
Report author(s):	Julie Cooper, Experience and Involvement Facilitator
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Board:	Regulatory requirement and Board request
Public or confidential:	Public

Executive summary

This story explores the importance of close inter-agency working with/re addiction and mental health challenges and the risk of misdiagnosis for patients and the positive impact of correct diagnosis and treatment. It highlights that mental health challenges often underlie addictions and that there is a need for services to think more widely around the needs of a patient. After successful treatment the patient has been able to be regularly involved in co-productive work across the Trust in multiple areas, which has also had a very positive impact on them personally.

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

N/A

Recommendation(s)

For closer interagency working and collaboration around patients, with recognition that patients don't always fit neatly into one service and that misdiagnosis can and does occur when addictions and mental health challenges are co-occurring.

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑**Safe**	☑**Effective**	☑**Caring**	☑**Responsive**	☐**Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes~~/No~~	
Legal and regulatory	Yes/No	

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	10(a)-(b)
Report title:	FY25/26 Oxford Health Foundation Trust (OHFT) Annual Plan and FY24/25 OHFT Annual Plan Full Year Review
Executive sponsor(s):	Amélie Bages, Executive Director of Strategy & Partnerships Heather Smith, Chief Finance Officer
Report author(s):	Laura Carter, Head of Strategy Charlotte Adamson, Senior Programme Manager (Planning)
Action this paper is for:	☑ Decision/approval ☐ Information ☐ Assurance
Reason for submission to the Board:	The Board of Directors is required to approve the Trust's strategic and operational business plans and associated financial plans.
Public or confidential:	Public: Oxford Health NHS Foundation Trust (OHFT) FY25/26 Annual Plan

Executive summary

This cover note presents the Board of Directors with the following papers for review:

1. FY25/26 Oxford Health Foundation Trust (OHFT) Annual Plan (final draft)
2. FY24/25 Oxford Health Foundation Trust (OHFT) Annual Plan Full Year Review

The Board of Directors is asked to approve the FY25/26 OHFT Annual Plan and to review the full year report of the FY24/25 Annual Plan.

Paper 1 - FY25/26 OHFT Annual Plan

The FY25/26 OHFT Annual Plan is now being re-presented to the Board of Directors for final sign-off, following approval in principle by the Board on 26 March 2025.

As per previous years, the annual plan will be approved with the understanding that our financial position will be reassessed quarterly, which may impact our ability to fully implement the plan.

The structure of the draft FY25/26 annual plan:

The OHFT FY25/26 annual plan

- Foreword and our services
- Strategy delivery plan
- System planning
- OHFT quality priorities
- Clinical directorate priorities – a summary slide per directorate highlighting key priorities and risks.

To note:

- This document will be made available on our website, replacing our current Oxford Health Annual Plan 2024/5) and the formatting will be updated to reflect the current published version.
- In addition, each clinical and corporate & central directorate across the Trust has developed a supporting detailed plan to guide their work in 2025/26
- A summary Quality Impact Assessment associated with this plan is being finalised and will be shared at the next Board of Directors.

Paper 2 - FY24/25 OHFT Annual Plan Full -Year Review

All directorates developed plans for the 2024/25 financial year, which were approved by the Board of Directors in May 2024. Progress against these plans has been tracked throughout the year at the Executive Performance Meeting to support ongoing monitoring and allow for adjustments where needed. A mid-year review was presented to the Board of Directors in November 2024. This full year review represents the second and final review point of the FY24/25 OHFT Annual Plan.

This report consolidates regular updates received at the Executive Performance Meeting:

- Regular updates from the clinical directorates
- Regular reporting on strategic programmes and strategic enablers.

From 2025/26 onwards, progress against the annual plan will be tracked via each clinical directorate's performance meeting ahead of Executive Performance meetings. This approach builds on existing meetings and reporting structures, enabling directorates to monitor their plans using forums and frequencies that work for them. It also aims to strengthen the sense of engagement and ownership across teams.

The final year review is in two sections:

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

Report history / meetings this item has been considered at and outcome
Paper 1 - FY25/26 OHFT Annual Plan

Previous drafts of the FY25/26 OHFT Annual Plan (draft) have been shared and discussed at the following meetings:

- Extended Leadership Team (3 March 2025),
- Staff Partnership and Negotiating Consultative Committee (SPNCC) (6 March 2025)
- Council of Governors (CoG) (6 March 2025)
- Executive Performance Meeting (17 March 2025)
- FIC review in the context of financial planning (18 March 2025)
- Board of Directors for in-principle sign-off (26 March 2025)
- Extended Leadership Team (12 May 2025)
- FIC review in the context of financial planning (14 May 2025)

FY24/25 OHFT Annual Plan Full -Year Review (Paper 2)

- Extended Leadership Team (12 May 2025)

Recommendation(s)
The Board of Directors is asked to approve the FY25/26 OHFT Annual Plan and to review the full year report of the FY24/25 Annual Plan.

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☑

Link to CQC domain – where applicable				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	No If yes, include brief description, e.g. CQC essential standards; Provider license etc	

Oxford Health Foundation Trust (OHFT)
FY25/26 Annual Plan

Contents

Oxford Health NHS Foundation Trust

- **Oxford Health Foundation Trust (OHFT) Strategy delivery plan- FY25/26-2026/27**
- **Oxford Health Foundation Trust (OHFT) System planning - FY25/26**
- **Oxford Health Foundation Trust (OHFT) Clinical directorates' high-level priorities - FY25/26**
- **Glossary**

Foreword- Welcome to Oxford Health Annual Plan 2025/2026

Oxford Health NHS Foundation Trust

Our staff at Oxford Health have worked together to develop our plan for FY2025/FY2026 to bring to life our vision of ***Outstanding care delivered by outstanding teams.***

Our service delivery plans for the coming year continue to be predominantly focused on continuous improvement and include developing our models of care and improving access. We will also seek to continue to work in partnership with others within the Integrated Care Systems which we offer services.

Oxford Health and the wider NHS are operating within an increasingly challenging environment. The Darzi review highlighted several key issues: the nation's health has deteriorated, with more people living longer but in poorer health; there is a rise in long-term conditions and mental health needs; and the demand for healthcare services is increasing. We need to live within our financial resources and continue to improve access, waiting times and quality of care for our patients. This means focusing on improving the value we deliver for our patients and populations and supporting our staff in the context of increases in demand and expectation.

In this context, we have asked each clinical directorate to identify their top priorities based on the needs of the local population, known service pressures through engaging with staff, patients and carers. The priorities which teams have identified this year will help us to achieve our four strategic objectives:

1. Quality – Deliver the best possible care and health outcomes

2. People - Be a great place to work

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

4. Research & Education - Become a leader in healthcare research and education

We also know that the new NHS operating framework and the upcoming 10-year plan this year will lay the foundation for the future evolution of the NHS and will be of particular significance for the role of Oxford Health and the services we provide to our local populations. The 10-year plan will focus on three key shifts:

- **Preventing Illness**: Shifting from a system that primarily treats sickness to one that actively works to prevent illness from occurring.
- **Community-Based Care**: Moving care delivery from hospitals to closer to home, making healthcare more accessible and integrated within local communities.
- **Digital Transformation**: Embracing digital technologies to transform how services are delivered, improving efficiency and patient experience.

We will focus on localised care and strengthening our role as a key partner within the places, neighbourhoods and local communities we are part of. As a community-based provider, we already have strong partnerships to help develop neighbourhood health and social care, which will provide care closer to those who need it and help people stay well for longer.

In order to best align our way of operating to the upcoming 10-year plan we are starting to develop our new strategy for 2026 onwards .We will work with colleagues within our trust, patients, carers and their families and partners to develop and implement this strategy going forward. The strategic priorities identified in this annual plan will guide our work as we transition from our current strategy to our new strategy.

Grant Macdonald, Chief Executive

Our Services

Oxford Health NHS Foundation Trust provides community and mental health services across Oxfordshire, Buckinghamshire, Wiltshire, Swindon, Bath, and North East Somerset. Our services are delivered at community bases, hospitals, clinics, and in people's homes, focusing on delivering care as close to home as possible.

We offer a wide range of services, including:

- Adult and older adult mental health services
- Children's and adolescent mental health services
- Forensic mental health services
- Learning disability services
- Primary care services
- Community health services for adults and children
- Dental services

Our 6,500 staff work from 150 sites, delivering care to a population of 2.5 million people. In 2023/24, we delivered 1.5 million appointments, looked after a caseload of 189,000 people, and cared for 2,900 patients admitted to our inpatient services and our patient feedback scores average a rating of 4.75/5 (Oxford Health in Numbers).

At Oxford Health, we strive for timely responses, sustained patient improvements, and equitable access and outcomes for all.

Key 2024/25 highlights- Strategic objectives

Oxford Health NHS Foundation Trust

Quality (Deliver the best possible care and health outcomes) Our ambition is to deliver patient-centred care, effective treatments, timely access, address health inequalities, and ensure safe care. We have achieved 3 out of 4 patient care targets, with significant improvements in patient involvement and outcome measures. The introduction of the TrueColours system in health teams will enable better understanding of patient outcomes. Efforts continue to reduce waiting times and incidents involving physical restraint. We are committed to addressing health inequalities and fostering a safe and learning culture.

People (Be a great place to work) We aim to maintain a sustainable, engaged, well-led, skilled, and just workforce. Turnover rates and agency use have been reduced, and staff engagement has increased. We are developing a comprehensive leadership framework and embedding quality improvement skills across the Trust. Nearly 1000 staff have completed quality improvement training. Efforts to improve diversity and inclusion are ongoing, with a focus on reducing early turnover among ethnic minority colleagues and increasing representation in senior leadership roles. The Trust has marked various events to demonstrate its commitment to equality, diversity, and inclusion.

Sustainability (Make the best use of our resources and protect the environment) Our goal is to spend and invest efficiently, achieve net zero carbon emissions by 2045, improve digital systems, and modernise estates. We have developed a revised Green Plan, increased digital maturity, and are modernising our estates with projects like the new hub in North Oxford and the Warneford Park programme. Our digital systems have seen improvements, with a focus on optimising electronic patient records and supporting the mobilisation of digital tools to enhance patient care

Research & Education (Be a leader in healthcare research and education) We aim to sustain research leadership, strengthen academic partnerships, and embed research capability. We have expanded clinical research capacity and launched initiatives like the Chief Nurse Fellowships to advance nursing careers in quality improvement and research. The Trust continues to host host National Institute for Health and Care Research (NIHR) research infrastructure, allowing us to play a greater role in translating research into practice – for example, our Community Health Services directorate is building stronger links with academic institutions to enable this.

Oxford Health's Strategy Delivery Plan for 2025/26 and 2026/27

Oxford Health NHS Foundation Trust

Our Strategy Delivery Plan has been updated to reflect the focus of our work over the next two years as we prepare to develop and deliver our next strategy. It now focuses on 6 core priorities encompassing key elements of previous strategy delivery plan, whilst enhancing our strategic focus to guide our work for the next two years as we progressively transition to implement our next strategy. Through our annual planning cycle, this plan will be implemented in line with our clinical planning principles set by our Chief Medical Officer and Chief Nurse.

Aspirations & Measures of Success

Mission: *To be the best Trust of our kind in the country*

Vision: *Outstanding care delivered by an outstanding team*

Values:
Caring, Safe, Excellent

Strategic Objectives: *What we want to achieve*

- **Quality** *Deliver the best possible care and health outcomes*
- **People** *Be a great place to work*
- **Sustainability** *Make the best use of our resources and protect the environment*
- **Research and Education** *Be a leader in healthcare research and education*

Strategic Priorities

Our focus for the next two years

1. **Developing our neighbourhood health contribution to improve the health of the populations we serve**
2. **Improving access and waiting times**
3. **Listening and responding to the voices of patients, families and carers**
4. **Developing and empowering our teams and leaders**
5. **Building an anti-discriminatory organization**
6. **Staff safety and minimising violence and aggression**

Supported by Trust-wide work

Our objectives

Oxford Health's four strategic objectives have been translated into a set of ambitions and related outcome measures. These outline what we want to achieve and how we will measure success by 2026. Progress against the strategic objectives will continue to be measured in our strategic dashboard that forms part of our Board integrated performance report.

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

Our Strategy Delivery Plan on a Page

Oxford Health NHS Foundation Trust

Our refreshed Strategy delivery plan for the next two years focuses our work on 6 priorities supported by Trust-wide work. This plan will guide our work as we transition from our current strategy to our new strategy.

Our 6 Priorities:

- Developing our neighbourhood health contribution to improve the health of the populations we serve
- Improving access and waiting times
- Listening & responding to the voice of patients, families and carers
- Developing and empowering our teams & leaders
- Building an anti-discriminatory organisation
- Prioritising staff safety & minimising violence and aggression

Our Trust-wide supporting work:

- Continuing to improve the quality and safety of the care we provide through embedding quality improvement
- Develop and provide innovative clinical services, and support world-class research
- Improving how we use insights and deliver value
- Improving our central support and corporate services
- Improving models and processes of care to reduce variation
- Measuring and improving outcomes for our patients
- Rolling out our Frontline Digitisation programme
- Building our workforce planning approach
- Implementing our Operating Framework and building our Well-led Assurance
- Improving our estates, including delivering the Warneford Park programme
- Developing our Green Plan

Our 6 Strategic Priorities

Oxford Health NHS Foundation Trust

We identified 6 strategic priorities aligned to our Quality and People objectives. These priorities will ensure we focus our work on the highest impact areas to improve patient care in a changing and challenging context

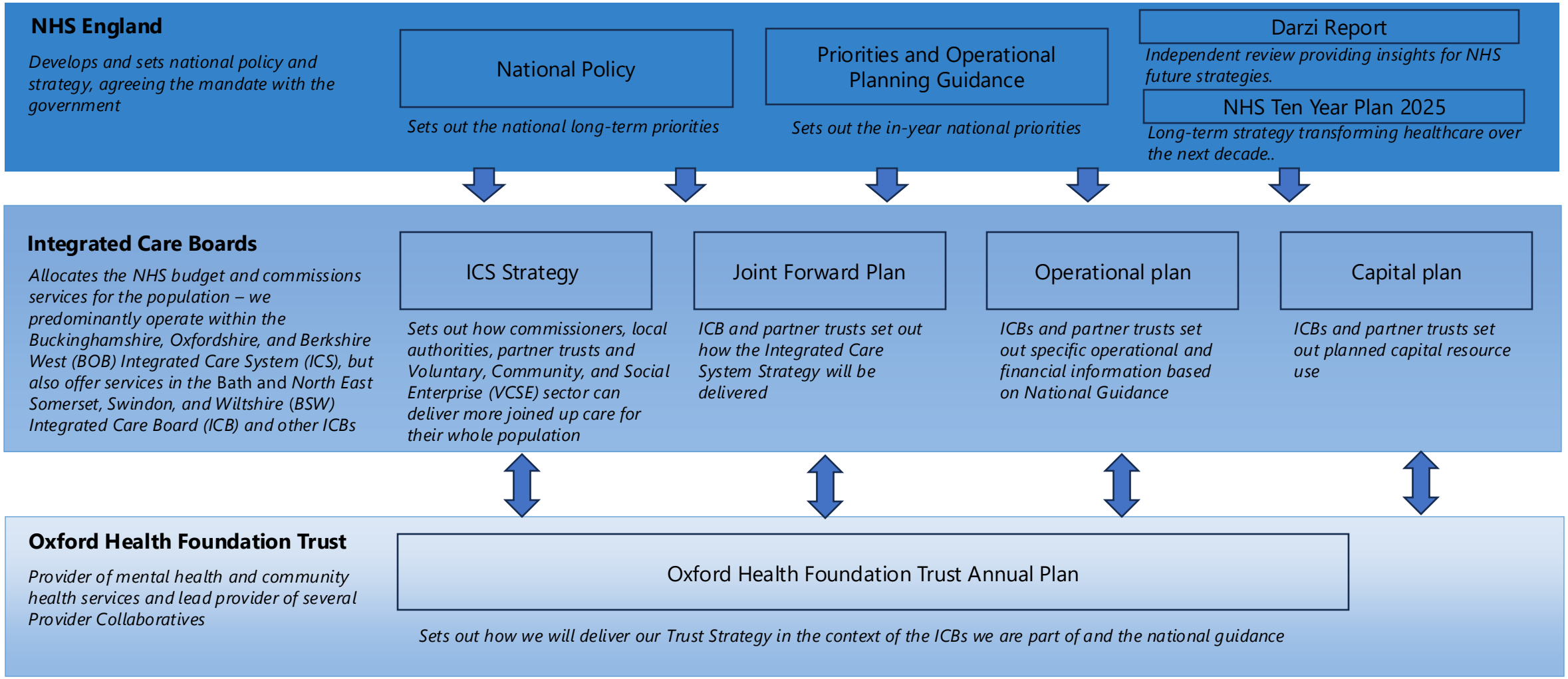
	Developing our neighbourhood health contribution to improve the health of the populations we serve	Improving access and waiting times	Listening & responding to the voice of patients, families and carers	Developing and empowering our teams & leaders	Building an anti-discriminatory organisation	Prioritising staff safety & minimising violence and aggression
WHY	*By better understanding the needs and inequalities in access and outcomes of the populations in the neighbourhoods we serve we can tailor our services to improve outcomes*	*By improving access and waiting time in our services we can make sure that people are adequately supported in the right place at the right time*	*By actively listening and valuing the voice of people who use our services we can have a clear picture of how they experience care and improve our services to better respond to their needs*	*By developing and empowering our people and teams we will ensure that decisions are made by teams of people working at the closest possible point to our patients and carers and better address their needs*	*By improving equality, diversity and inclusion we will improve the experience of our staff and teams and the experience and outcomes of our patients, families and carers*	*By prioritising the safety of our staff and minimising violence and aggression we will ensure colleagues feel supported, safe and secure at work and can operate at their best to support patients, families and carers*

Oxford Health
NHS Foundation Trust

OHFT System Planning FY25/26

Relationship with NHS Planning

This diagram illustrates how the OHFT FY25/26 annual plan relates to NHS planning.



OHFT response to National Planning Guidance (relevant areas) (1/2)

Oxford Health NHS Foundation Trust

On 30 January 2025, NHS England published its operational planning guidance for 2025/26, outlining priority areas and objectives. The guidance aims to balance financial sustainability with service delivery, ensuring efficient resource use while maintaining high-quality patient care. It prioritises productivity improvements, reducing variation, tackling health inequalities, workforce planning, digital transformation, and integration across health and care systems

Area	Key National Priorities in the National Planning guidance for Oxford Health FT	OHFT – how we are contributing
Improve mental health and learning disability care	• Reduce average lengths of stay in adult acute mental health beds.	• Early triage, identification of discharge barriers, proactive care planning, and escalation processes to support timely discharge.
	• Deliver the 10 high-impact actions for mental health discharges to enhance	• The 10 high-impact actions are being implemented to improve discharge efficiency.
	• Improve access to children and young people's (CYP) mental health services, aiming for 345,000 additional CYP aged 0-25 receiving support compared to 2019. alongside increasing productivity by reducing unwarranted variation in the numbers of CYP accessing services	• Expanding CYP access: planning to deliver our contribution to meet access targets in addition to targeted efforts to close gaps in service access, including prioritising support for disadvantaged groups and neurodivergent young people. • Reducing CYP variation: focused workstreams to address health inequalities, improve data insights, and expand Mental Health Support Teams (MHSTs) in deprived areas. • Improving productivity: using data and benchmarking to identify unwarranted variation across CAMHS teams, alongside Oxfordshire's service review and Buckinghamshire's CAMHS pathways review.
	• Maximise use of crisis alternatives, such as the 111 mental health option and community services, to help people remain well at home.	• Increasing the use of NHS 111 MH options, Crisis Resolution and Home Treatment (CRHT) teams, and community MH services to support people at home and reduce A&E attendances. • Plans include phased 24-hour CRHT coverage, developing peer support roles, expanded and strengthening partnerships with system providers to enhance crisis alternatives.
	• Ensure robust oversight of mental health urgent care using the Operational Pressures Escalation Levels (OPEL) framework and action cards.	• Implementing MH OPEL framework and action cards to ensure a coordinated response to urgent care pressures.
	• Expand mental health support teams, progressing towards 100% coverage by 2029/30.	• Currently Oxfordshire covers 60% of schools, while Buckinghamshire is expanding to 65% pupil coverage, with plans being developed with the Integrated Care Board to further expand MH Support Teams. • Oxfordshire is refining its delivery model and continuing its partnership with the University of Reading, while Buckinghamshire is embedding new teams and working with the voluntary sector to diversify support.
	• Deliver effective courses of NHS talking therapies (TT treatment.	• Aiming to deliver over 20,000 TT courses of treatment across the BOB region in 2025/26, with clear targets for Buckinghamshire and Oxfordshire.
	• Reduce ill-related inactivity by supporting access to individual placement support (IPS)	• Supporting access to IPS with a target of 914 placements across Buckinghamshire and Oxfordshire in 2025/26, working with ICB to ensure that funding is allocated to support this expansion.
	• High quality and accessible community infrastructure in place for people with a learning disability and autistic people.	• Ongoing contract renegotiations will focus on improving support across all ages for individuals with Learning Disabilities & Autism (LD&A), with a review of the LD Strategy and Autism Strategy to ensure services meet evolving needs.
	• Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction.	• Focus on improving discharge planning to reduce reliance on inpatient care by ensuring timely and effective discharge from acute mental health services. Additionally, proactive care planning and collaboration with the Integrated Care Board (ICB) to create pathways, alongside training for families and carers, will support reduced inpatient stays.

OHFT response to National Planning Guidance (relevant areas) (2/2)

Oxford Health NHS Foundation Trust

Area	Key National Priorities in the National Planning guidance for Oxford Health FT	OHFT – how we are contributing
Community Care	• Improving access to urgent care services at home or in the community including urgent community response (UCR) and virtual ward (also known as hospital at home) services.	• Building a "neighbourhood health" approach to bring care closer to home, with a focus on prevention and improved access to community services. • Developing a fully integrated out-of-hours and UCR home visiting workforce model. • Hospital at Home (virtual wards) is being provided jointly by Oxford University Hospital (OUH) Foundation Trust, but data reporting is led by OUH.
Dental	• Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more.	• Note; at present this is being pursued through General Dental Services (GDS) and not commissioned through OHFT.
Digital Transformation	• Making the shift from analogue to digital. • Ensure digital inclusion and strengthen cyber security measures across care providers.	• Enhancing digital systems, embedding a strong digital culture, and building a resilient digital foundation to support service users and staff. • Addressing health inequalities through digital optimisation while maintaining a secure infrastructure to protect against cyber threats.
Inequalities	• Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.	• Improving access to mental health services, enhancing community-based care, and target interventions for disadvantaged populations, aligning with the Core20PLUS5 approach. • Build an anti-discriminatory organisation, implementing the Patient and Carer Race Equality Framework (PCREF), and continuing to deliver our Equality, Diversity, and Inclusion programme.
Live within the budget allocated, reducing waste and improving productivity	• Deliver a balanced net system financial position for 2025/26 • Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems • Close the activity/ whole-time equivalent (WTE) gap against pre-Covid levels (adjusted for case mix).	• Collaborating across the ICS to achieve a balanced financial position for the system. • Focus on increasing bank fill rates, optimising workforce utilisation, and enhancing recruitment and retention of permanent staff to minimise reliance on agency workers across systems. • Increasing education and training capacity, optimising career pathways, and implementing workforce reforms, including expanding enhanced roles, to build workforce capacity.
Neighbourhood Plans	• Development and implementation of integrated neighbourhood-level care plans.	• Developing our understanding of population health in the neighbourhoods we serve, aligning with partners, and improving health inequalities through a neighbourhood team approach.
Workforce	• Systematically implement all elements of the People Promise to improve the working lives of all staff and increase staff retention and attendance.	• Continue delivering the NHS People Promise, focusing on staff wellbeing, flexible working options, and creating a supportive, inclusive work environment to enhance retention and attendance.
Quality and safety	• Maintain our collective focus on the overall quality and safety of our services.	• Implementing key patient safety workstreams, including the Patient Safety Incident Response Framework, medical device safety, and the Mental Health Inpatient Transformation programme. We will drive continuous quality improvement through active patient and carer involvement, align with the Patient Involvement and Experience Strategy, and progress and embed the Patient and Carer Race Equality Framework. Ensure regulatory compliance and continue to develop a culture of continuous improvement and to achieve excellence across services.

OHFT Planned Activity Trajectories

The national planning guidance, along with additional key performance indicators from the 2025/26 operational planning activity and performance submission, outlines specific metrics for the Trust to focus on.

	MH Provider Level (Oxfordshire & Buckinghamshire Combined)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Improve mental health and learning disability care MH Provider Level (Oxfordshire & Buckinghamshire combined)	Active inappropriate adult acute mental health out of areas placements (OAPs)	4	3	7	4	3	3	6	3	2	3	4	2
	Average length of stay for adult acute beds (days)	53	53	53	52	52	52	51	51	50	50	49	49
	Access to talking therapies percentage of patients that achieved reliable recovery	49%	49%	49%	49%	49%	49%	50%	50%	50%	50%	50%	50%
	Access to talking therapies percentage of patients that achieved reliable improvement	67%	67%	67%	67%	67%	67%	68%	68%	68%	68%	68%	68%
	Number of people accessing specialist community Perinatal MH and Maternal MH Support services in the reporting period	923	923	923	923	923	923	923	923	923	923	923	923
	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	14274	14488	14702	14916	15130	15344	15700	16056	16412	16768	17124	17460
	Individual Placement Support access	671	676	681	686	691	696	701	706	711	716	721	726
Improve learning disability care ICB trajectories covering Buckinghamshire, Oxfordshire and Berkshire West (BOB)	Reliance on mental health inpatient care for adults with a learning disability and autistic adults		50			47			47			44	
	Reliance on inpatient care for people with a learning disability and/or autism - Care for children		8			7			6			5	
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people	No trajectory is required at this time; however, the Trust will be undertaking work to reduce inequalities in alignment with the Core20PLUS5 approach, focusing on both adults and children and young people											
Live within the budget allocated, reducing waste and improving productivity Oxfordshire Health finance and workforce	Deliver a balanced net system financial position for 2025/26	497	694	893	1,263	1,612	1,433	1,892	2,331	2,748	3,145	3,754	4,750
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems	1,545	3,107	4,633	6,154	7,665	9,142	10,588	12,000	13,427	14,844	16,190	17,604
	Close the activity/WTE gap against pre-Covid levels (adjusted for case mix)	7,503.44	7,509.06	7,510.26	7,508.91	7,631.47	7,614.13	7,594.25	7,576.95	7,563.76	7,796.77	7,501.70	7,525.52
Community care ICB trajectories covering BOB	Non- Elective (NEL) average length of stay - community trusts (days)	28.5	26.6	26.2	26.5	28.2	26.6	27.1	27.5	25.7	26.2	28.9	27.9
	Community care contacts	156,266	160,172	156,055	157,880	150,519	147,485	157,157	155,588	140,610	153,265	142,536	150,102
	Community services waiting list over 52 weeks (CYP)	400	410	407	408	390	368	372	392	359	391	364	307
	Community services waiting list over 52 weeks (adults)	433	443	442	471	449	449	459	440	440	480	446	419

Finance plan for FY26

Oxford Health NHS Foundation Trust

The key components of the FY26 financial plan are:

- A planned surplus of £4.75m.
- An efficiency target of £36m (£14.2m recurrent and £21.8m non-recurrent).
- A Capital Plan of £21.2m (£14.6m internally funded and £7.6m funded through NHSE).
- A planned spend on agency staff of £17.6m which meets the planning guidance requirement to reduce agency spend by 30% (£7.6m).
- The planning requirement for a 10% reduction in bank spend will not be achievable due to the strategic focus on reducing reliance on higher-cost agency staffing. Oxford Health NHS Foundation Trust's approach includes increasing bank fill rates and utilisation as a cost-effective alternative to agency use. As such, an increase in bank expenditure is anticipated.

OHFT Clinical Directorates

High level FY25/26 priorities

Contents

- Quality Priorities

- Clinical Directorates
  - Buckinghamshire Mental Health directorate
  - Oxfordshire and BaNES (Bath and North East Somerset), Swindon & Wiltshire directorate
  - Forensics Mental Health directorate
  - Learning Disabilities directorate
  - Community Health Services, Dentistry & Primary Care directorate

- Glossary

25/26 Quality Priorities

The table below brings together our Quality Priorities for FY25/26. These are being delivered via our strategic programmes and overall quality governance approach and embedded in the plans of our clinical directorates.

Oxford Health NHS Foundation Trust

Priority Area	Detail	Aim	Measures	Trust area involved
Reducing restrictive practice	To continue to reduce the use of restrictive practice and care for patients using the least restrictive way possible.	To build upon previous years' progress to reduce the use of prone restraint and seclusion.	Using 2024/25 data as baseline: • 25% reduction of prone restraint • 20% reduction in use of seclusion • Establish a baseline measurement of seclusion duration.	MH & Forensic inpatient wards
Implementing PSIRF and creating a learning culture	To continue to develop the embedding of Patient Safety Incident Response Framework (PSIRF) across the trust with a focus to support continuous improvement of safety cultures, systems and behaviours.	To embed patient safety incident responses within a wider system of improvement that supports cultural shift towards systematic patient safety management.	• Achievement of the PSIRF priority area metrics for 2025/26.	Whole trust services
Involving patients and their families	Patients, carers and families are at the core of all we do. We aim to progress and develop ways to work together to learn from experience and improve trust services.	To have a framework for co-production developed and in place.	• Evidence of framework and monitoring of embedding and performance.	Whole trust services
Embedding continuous quality improvement	To continue to develop the Quality Improvement (QI) culture across the trust to enhance patient care, safety and satisfaction.	To improve progression of QI project activity demonstrating a culture of improvement. To embed co-production as an improvement fundamental.	• Total number of QI projects registered on Life QI defined by those that are active and those stalled. • % of QI projects involving patients/ carers.	Whole trust services
Address inequalities in the delivery of healthcare	To better achieve health equality, reliable data is required that supports the identification of potential areas of inequality across the trust to drive improvement.	Reliable and meaningful data is recorded and provides the trust with meaningful insights to focus anti-racism interventions.	• 90% of patients having a meaningful ethnicity recorded.	Whole trust services

Buckinghamshire Mental Health: Summary plan

Oxford Health NHS Foundation Trust

Top Directorate priorities and efficiencies

Developing and improving inpatient services and the Mental Health (MH) Urgent Care Pathway for Child and Adolescent Mental Health Services (CAMHS) and Adults.	**Continuing community mental health transformation** and integration with primary care.	Advancing and embedding a directorate approach to **tackling health inequalities**.	**Improving the timeliness of access to assessment, diagnosis** and treatment in adult services.	**Delivering sustainability** and developing our infrastructure including reducing agency use by increasing bank and permanent staff, developing a Children's and Young People day service as an alternative to inpatient care, and review the estate while creating an external-facing website.

Top Directorate risks

• Clinical demand may impact on the ability of staff to be involved in service development activities.	• Recurrent change taking place across community mental health services leading to fatigue amongst staff.	• There is a significant amount of work in place across organisations in Buckinghamshire, creating a risk of duplication and/ or poor alignment.	• Achieving the ambitious national targets set in the Autumn Statement may be challenging in the context of a difficult financial environment.	• While there has been good progress in reducing agency staffing, achieving the target is at risk due to challenges with medical recruitment and maintaining safe staffing levels.

Oxfordshire and BSW Mental Health: Summary plan

Top Directorate priorities and efficiencies

Reviewing Service Delivery
- Undertake a whole directorate service review to identify Cost Improvement Programmes (CIPs) for 26/27 onwards.
- Repurpose vacancies for FY25/26 key priorities such as Crisis resolution and Home Treatment.
- Continue nationally required transformation, such as the MH Inpatient Improvement Programme.
- Develop an Oxfordshire MH Outpatient Hub.
- Work closely with Voluntary, Community, and Social Enterprise (VCSE) organisations and Thames Valley Police (TVP) to enhance services for those who access MH services.
- Continue to support the implementation of Oxevision across the Trust.

Partnership Integration
- Review Oxfordshire CAMHS VCSE integration and continue with the implementation of the Bath, Swindon, and Wiltshire (BSW) alliance.
- Continue developing 10-year transformation plans for MH services in Oxfordshire through the contract review programme, including VCSE service partnership.
- Review contracts for Adult and Older Adult third sector subcontracted provision.

Temporary workforce review
- Review the use of medics across the directorate.
- Work with finance and medical workforce leads to reduce the use of locums and ensure medical staff are used in the most effective way.
- Continue reviewing agenda for change (afc) workforce arrangements across the directorate.

Recruitment and Retention / Health Inequalities
- Improve the recruitment & retention across the directorate and wellbeing of staff.
- Continue to further update and develop the directorate people plan.
- Continue with the listening events.
- Working to develop leadership skills within teams supported by the Organisation Development (OD) and Learning and Development (L&D) team and the implementation of Affina
- Development of a consistent directorate approach to health inequalities and to run as a thread through the work and the services that we deliver.

Top Directorate risks

May Davidson Building – Fire safety and maintenance concerns
- Plans are being developed to address fire safety and maintenance requirements at the May Davidson Building, for identified areas of improvement. Ensuring a safe and well-maintained environment remains a priority to support staff and patient wellbeing.

Ligature risk assessments
- Ongoing improvements are being made across all wards following ligature risk assessments. Work is underway to enhance patient safety by addressing potential risks associated with bedroom door frames. Ensuring a safe and supportive environment remains a priority.

Recruitment and Retention
- There is a risk that the directorate may face challenges in recruiting skilled staff, which could lead to reduced capacity and service quality. This may impact the ability to provide consistent, high-standard care, affecting patient and family experiences and outcomes.

Demand and capacity on services across the directorate
- There is an ongoing gap between demand and capacity across the directorate, leading to increased pressure on staff. This may result in longer waiting lists and potentially poorer outcomes for patients.

Abingdon base pit alarms
- The placement and functionality of the alarm system in the Abingdon building require improvement to ensure effective use in clinic rooms. Enhancing the system will support staff in promptly requesting assistance when needed, helping to maintain a safe environment for both staff and patients.

Forensic Mental Health: Summary plan

Oxford Health NHS Foundation Trust

Top Directorate priorities and efficiencies

Integration of Pathway of Care
- Implementing a focussed approach to planning patient care and clinical pathways, based on clear assessment of needs.
- Implementing a quality standard demonstrating consistency across the service with ease of continuity that follows a patient pathway.

Neurodiversity Needs in Forensic MH Service
- Improving outcomes for patients through the provision of accessible services, focusing on the accessibility of services for individuals with neurodivergence, with additional cross-over benefits for those with wider neuro-accessibility needs.

Implementing Trauma Informed Strategy
- Improving patient and staff experience by implementing and embedding the trauma-informed strategy, supporting staff adversely affected by workplace trauma, according to the agreed plan, including restorative justice.

Review of Protected Pathways (Women's & Learning Disability (LD))
- To work as a collaborative partner with the FOR ME Provider Collaborative (considering wider opportunities), to look at how we are providing for all the needs of the population.
- Form a view around which pathways we will provide, with an implementation plan.

Embedding CCTV across Forensic Inpatient Wards
- The service had begun to consider how the use of CCTV and/or body worn cameras could enhance the service. CCTV is felt to have been a deterrent to antisocial behaviour on Wenric Ward and could bring benefits to the wider service to create and support a culture of respect and dignity, supporting patient and staff safety.

Top Risks

- Resistance to implementing the change.
- There is a general focus on autism, and the wider neurodiverse strategy requires further investment, in terms of understanding and training needs.
- Ability to recruit and maintain skilled workforce, within a timely manner and for consistent accurate data collection to allow measurement.
- Capacity to complete initial review and implementation of following plan.
- Confirmation of funding and timeframe.

Learning Disabilities: Summary plan

Oxford Health NHS Foundation Trust

Top directorate priorities and efficiencies

Quality care where you live
- Develop a staff skills directory.
- Develop a multi-system transitions protocol.
- Work with partners and stakeholders to prevent unnecessary out of area hospital admissions.
- Use our influence to ensure people with LD&A can access mainstream services.

Growth culture
- Use a quality improvement (QI) approach across services.
- Establish jointly agreed health and wellbeing outcomes for service users.
- Embed a restorative, just culture.
- Ensure all staff in the Learning Disability (LD) Service have a job plan.

Getting it right for the future
- Use an appreciative enquiry approach to understand feedback from people accessing services.
- Update all Clinical Areas of Practice.
- Maintain contact and reviews for individuals in out of area hospital placements.

Having the right support
- Develop a system-owned LD Physical Health Strategy.
- Work in partnership with primary and acute services to ensure people with LD receive timely access to treatment.

Top directorate risks

Financial risks centred around inpatient admissions
- OHFT is responsible for managing the commissioning budget for Learning Disability inpatient admissions, which requires careful consideration to ensure the sustainability and quality of these services.

Learning Disability & Autism (LD&A) requirements
- Our national reporting combines LD&A however there is no current structure that jointly delivers LD&A operational services across both areas. This poses risks of not being resourced to meet the expectations for autism specific response.

Safe Space development
- Changes to the Mental Health Act mean individuals with more complex needs will now require robust community-based solutions.
- Financial aspects of the Safe Space proposal are currently under review.

Contract negotiations
- The new LD contract negotiations have commenced, however, due to complications around alignment of health contracts as a preferred method by the ICB, the LD contract finalisation is delayed.

Medic recruitment
- Despite a rolling advert for a consultant post, interest has been limited, leading to reliance on locum consultants to maintain service delivery. This has a financial impact.

Community Health Services, Dentistry & Primary care: Summary plan

Oxford Health NHS Foundation Trust

Top Directorate priorities and efficiencies

Our People
- Prioritising staff well-being, enhancing the work experience and strengthening skills and capabilities. Committed to delivering the People plan.

Data development and analytics
- Establishing a directorate-wide data improvement plan including demand and capacity analysis across all services to enhance care quality, standardisation, and clinical decision-making for improved outcomes and productivity.

Sustainability
- Continue to implement financially sustainable workforce models across services alongside meeting Net Zero targets detailed within the Green plan for 2030.

Transformation
- Implement planned change programmes to deliver the Community Services Strategy and Thames Valley Dental Strategy for sustainable service.
- Work with place-based partners to build a 'neighbourhood health' approach, with care close to home and prevention as key drivers to healthier communities.

Improvement
- Refine and develop research, innovation and quality improvement capability and capacity to deliver against directorate priorities.

Top Directorate risks

- If we do not maintain an appropriate skilled and engaged workforce, the services will not be able to deliver a high-quality service or meet financial or performance targets.

- Assessment of services is limited due to lack of real-time data and therefore service delivery is impacted. This will result in demand outstripping capacity; impacting patient care, staff well-being and Trust financial sustainability.

- Not all workforce models in use are sustainable. Significant resourcing and capacity constraints pose challenges to developing and implementing necessary changes effectively.
- Failure to align resources and workforce strategies with sustainable objectives may also limit the ability to meet environmental targets and operational efficiencies.

- If services fail to adapt to increasing complexity, national guidelines, best practices, and embrace opportunities for collaboration, they will be unable to deliver safe, high-quality care. This shortfall would have a direct impact on health inequalities.

- Limited capacity in the directorate to lead and progress research work, compounded by limited funding and support available.

Glossary

Oxford Health NHS Foundation Trust

Acronym	Full Name	Acronym	Full Name	Acronym	Full Name
AfC	Agenda for Change	ICS	Integrated Care System	OPEL	Operational Pressures Escalation Levels
AHC	Annual Health Check	IPS	Individual Placement Support	Oxevision	Remote patient monitoring system
ASD	Autism Spectrum Disorder	KPIs	Key Performance Indicators	PCREF	Patient and Carer Race Equality Framework
BOB	Buckinghamshire, Oxfordshire and Berkshire West	L&D	Learning and Development	People Promise	NHS commitment to improving staff experience
BSW	Bath, Swindon, and Wiltshire	LD	Learning Disability	Perinatal Mental Health	Specialist mental health care for women during pregnancy and post-birth
CAMHS	Child and Adolescent Mental Health Services	LD&A	Learning Disability & Autism	PSIRF	Patient Safety Incident Response Framework
CCTV	Closed-Circuit Television	MH	Mental Health	QI	Quality Improvement
CIP	Cost Improvement Programme	MHSTs	Mental Health Support Teams	TT	Talking Therapies
Core20PLUS5	NHS England framework to reduce health inequalities	NEL	Non-Elective	TVP	Thames Valley Police
CRHT	Crisis Resolution and Home Treatment teams	Net Zero	Environmental sustainability target	UCR	Urgent Community Response
CYP	Children and Young People	NIHR	National Institute for Health and Care Research	VCSE	Voluntary, Community, and Social Enterprise
FY	Financial Year	OAP	Out of Area Placement	Virtual Ward	Hospital-level care provided at home using technology and remote monitoring
GDS	General Dental Services	OD	Organisational Development	WTE	Whole-Time Equivalent
ICB	Integrated Care Board	OHFT	Oxford Health NHS Foundation Trust		

Oxford Health
NHS Foundation Trust

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

Board of Directors

21st May 2025

Contents

Oxford Health NHS Foundation Trust

Background and context

Strategy Delivery Plan update:

- Strategic objectives
- Principles
- Strategic programmes and enablers

Clinical directorate updates:

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

Appendices (see separate attachment)

- Strategic programmes updates
- RAG rating guidance

Background and context

Oxford Health NHS Foundation Trust

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

The Annual Plan is tracked and monitored, to understand progress and allow for adjustment of priorities as required. This document represents the second of two review points for the Annual Plan, the end-of-year update . A mid-year review was shared in November 2024.

This review consolidates regular updates received at the Executive Performance Meeting:

- Regular updates from the clinical directorates
- Regular reporting on strategic programmes and strategic enablers.

From 2025/26 onwards, progress against the annual plan will be tracked via each clinical directorate's performance meeting. This method of reporting has been chosen to build on existing meeting and reporting structures, enabling directorates to track and monitor plans and the forums and frequencies that work for them. The aim of this is to build on the engagement and ownership felt by teams.

The Annual Plan forms part of the Trusts ongoing strategy delivery. Our strategy delivery approach continues to evolve as we embed our priorities and principles across the organisation.

The outputs of this year-end review will support the ongoing refinement of our strategic approach , and ultimately to inform the upcoming refresh of our strategy, as the current strategy reaches the end of its tenure in 2026.

The full-year review is in two sections:

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

Oxford Health's Strategy Delivery Plan

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

Oxford Health NHS Foundation Trust

The Strategic Principles informing our Strategic Programmes

How we work

1. We are patient centred
2. We empower and support our staff
3. We innovate, improve and learn
4. We work in partnership and are active players in our ICSs

These principles will inform the design of our key priority initiatives across the Trust: Our Strategic Programmes.

These will deliver substantial and important change across the organise to improve patient care and outcomes.

Aspirations & Measures of Success

Mission: *To be the best Trust of our kind in the country*

Vision: *Outstanding care delivered by an outstanding team*

Values
Caring, Safe, Excellent

Strategic Objectives:
What we want to achieve

Quality *Deliver the best possible care and health outcomes*

People *Be a great place to work*

Sustainability *Make the best use of our resources and protect the environment*

Research and Education *Be a leader in healthcare research and education*

The Strategic Enablers

How we set up for success

1. Our Operating Framework
2. Our Central Support & Corporate Services
3. Supporting Our People & Teams

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

Oxford Health NHS Foundation Trust

Strategic Ambition	Update
Care is planned and delivered around the needs of the patient	We are proud to have achieved 3 out of 4 of our targets of patients reporting good care and being involved in their care. Patients, carers and families play a crucial role in shaping activities across the Trust. Ahead of the move to a new community services hub in North Oxford, staff, patients, carers and family groups were closely involved in the hub's design. We have also completed the first Patient Safety Incident Response Framework review using the national triangle of care self-assessment. This review highlighted key areas for improving communication with carers and families. Our Experience and Involvement strategy has been reviewed and streamlined to focus on key areas, enabling us to enhance the involvement of experts by experience across the Trust. This approach particularly aims to integrate patient input into decision making processes at all levels within the Trust.
Patients are receiving effective care	A key focus has been enhancing our ability to record and report on patient reported outcome measures, using this data to collaborate with patients and improve their care. We have been introducing the Truecolours system through a phased roll out into adult and older adult mental health teams. This system will enable patients to remotely complete questionnaires on the impact of their treatment and allow clinicians to monitor and visualise patient progress over time.
We provide timely access to care and when waits occur we will effectively monitor patients and minimise harm	Work is ongoing to support improvement of waiting times across the organisation and continues to improve waiting list management to improve patient outcomes and minimise any potential harm related to waiting: • In Mental Health, we have focused on the percentage of children and young people receiving contact within 4 weeks for a request for mental health services. We have achieved just under the national average of 61% (59%). • We are meeting our target for responding to out of hours palliative care referrals over 90% of the time, however work remains on how quickly we can start home visits following the initial triage. • Autism and ADHD waits for CYP and Adults continue to remain a challenge, as well as the gap between demand and capacity within our District Nursing services.
We are addressing health inequalities	• Addressing health inequalities is a key strategic priority for the Trust and we are working alongside BOB ICB to continue to improve our understanding of population health and approach to tackling health inequalities. As part of the Patient and Carer Race Equality Framework implementation, we are prioritising the completeness of our data collection, with a particular focus on ethnicity. Accurate data enables us to identify and address health disparities among ethnically and culturally diverse communities, ensuring equitable care for all. We have also launched a Trust-wide campaign, 'Aiming for 90%', to support staff in achieving a 90% completion rate for demographic data. • We have achieved our target of a breastfeeding prevalence of 60% at 6 – 8 weeks.
We consistently provide safe care, with a reduction in avoidable in-service harm	• We continue to focus on reducing incidents involving physical restraint and have seen a sustained reduction in the use of prone restraint. The positive and safe strategy group continues to focus on quality improvement projects aimed at further reducing these incidents. • Completion and escalation of the NEWS2 audit for community and mental health wards remains high but has not met our strategic targets and remains a focus. • Our mental health inpatient transformation programme held a celebration even for staff, highlighting the ongoing efforts to provide safe, personalised care which enables staff and patients to flourish.
We have a safe and learning culture	In the 2024 Staff Survey, the number of staff who reported feeling secure raising concerns regarding unsafe clinical practice increased slightly to 80%, compared to the national average that has decreased to 76%. We have celebrated one year of working under the patient safety incident response framework (PSIRF), which is transforming how we approach patient safety issues and identify improvements. Although it will take time to fully understand the impact of this new approach, staff feedback indicates that it fosters a more engaged and involved way to work and improve patient care.

Strategic Dashboard

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 objective – People (Be a great place to work)

Oxford Health NHS Foundation Trust

Strategic Ambition	Update
We have a sustainable workforce	• Through sustained efforts, we have successfully reduced our turnover rates to 11.1%, achieving our target for turnover. • We have reduced our agency use to within target by implementing a 'Bank first' approach, focussed on employing staff through bank shifts rather than agency and reducing our lines of work from c. 200 to c. 75 with enhanced controls within directorates for new lines or extensions. • A segmented approach to retention is now being taken, focusing on the specific needs of different staff groups.
We have an engaged, well-led workforce	• Our 2024 Staff survey staff engagement score has increased to 7.24, which remains above average. • We are developing a comprehensive leadership and management framework that includes training programmes tailored for leaders at various levels across the Trust and are waiting for the national models to be published by NHS England. • We have established joint working between our Medical Education and Learning and Development teams to ensure alignment between how we develop both medical and non-medical staff.
We have a skilled, learning workforce	• We remain dedicated to embedding quality improvement (QI) skills across the Trust and have enhanced collaboration between QI, patient safety, research, and transformation teams to increase the Trusts ability to undertake improvement work. Nearly 1000 staff have completed quality improvement training level 1. • A buddying and mentoring scheme has recently launched for project and programme managers, to support staff in further developing their project management expertise and build networks across the Trust.
We foster a just work environment	• The early turnover of our ethnic minority colleagues has reduced significantly since April 2024 from 18.1% to 13.3%. Notably, the gap between white colleagues and ethnic minority colleagues leaving within the first 12 months has been closed. This improvement is supported by the retention team's efforts, which include setting up workstreams to reduce turnover in identified hotspot areas. • We have not achieved our target 19% of Black, Asian and Minority Ethnic representation in senior leadership roles, but have seen a small increase to just under 13%. To continue to improve this position, we have introduced inclusion representatives for all interview panels for band 8a and above and have restructured our recruitment team so there is a strong focus on talent acquisition. We have achieved our target of Black, Asian and Minority Ethnic representation across all bands, including Board level. • The Trust has marked events such as LGBT+ history month, Race Equality Week and Neurodiversity Celebration week by hosting well attended online events. These events were open to colleagues in partner organisations and demonstrate the Trust's commitment to equality, diversity and inclusion.

Strategic Dashboard

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

Oxford Health NHS Foundation Trust

Strategic Ambition	Update
We are spending and investing as efficiently as possible and sustaining our financial position over the medium term	The Trust ended FY25 better than our revised plan, with a £2.3m surplus compared to an expectation of £2.1m. Cash balances of £98m were healthy, and a surplus plan has been set for FY25. That said, the surplus plan is dependent: on cost improvement plans (CIPs); non-recurrent opportunities; and the assumption that a very high number of vacancies, which would have benefited services to patients, remain unfilled. Given the recruitment environment this is a reasonable assumption for the short term but pressures of demographic / patient demand and from commissioners to assist the system as a whole and other providers, sustainability and efficiency remain important priorities over the medium-term period
We are on track for net zero carbon emissions by 2045 as defined within the NHS Carbon Footprint plus	We have spent 2024 developing a revised Green Plan for the Trust, which will be signed off next year. This focuses on carbon emissions within the Trust and its wider supply chain. Key recent achievements are that 16% of our buildings have energy efficient lighting and we have achieved a reduction of 2.4 tonnes of carbon emissions from the community teams using electric vehicles to visit patients.
Our digital systems work for us, providing and asking the right information to enable clinical care and population health management:	Our overall digital maturity has increased from 2.4 in 2023, to 2.8 in May. This is lower than forecast, due to some plans changing and changes in the maturity assessment model. We achieved well above average for the well-led domain, and have the most work to do in the 'empower citizens' domain. We have reviewed the gaps to achieve a level of 4 or above and are building plans to address these. We are improving our app approval process, to improve the efficiency of how we approve clinical and non clinical applications. The team is now supporting the mobilisation of a range of digital tools to improve patient care.
We will have moved towards a modern, efficient estate that enables access and wellbeing for staff and patients:	Work is underway to develop an Estates Strategy, that aligns with the BOB ICB infrastructure strategy and supports the trust Green Plan. A new hub is close to opening in North Oxford, that will provide physical health care services in a modern, fit for purpose building. The Warneford Park Programme aims to create a major brain and mental health research and innovation campus and is close to achieving the major milestone of submitting its planning application.

Strategic Dashboard

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 objective – Research & Education (Be a leader in healthcare research and education)

Oxford Health NHS Foundation Trust

Strategic Ambition	Update
We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation:	• We have focused on building a wider clinical research capacity within the Trust. As part of this, a Research Pharmacist role has started this year. We have also launched the 'Chief Nurse Fellowships'. This initiative is aimed at advancing nursing careers in quality improvement and research whilst increasing diversity in nursing roles. The fellowships provide nurse fellows with the opportunity to spend a day a month engaging in research leadership activities, equipping them to become the research leaders of the future. • The trust has appointed a research training and development nurse dedicated to championing nurses in research. This role is pivotal in enhancing nurses' participation in research, thereby increasing the representation of research that benefits patients receiving care in the community rather than inpatient settings. • The mental health research delivery team has research assistants embedded in clinical teams across Oxfordshire and Buckinghamshire, who work with clinicians in their teams to raise awareness about research participation for staff and patients, families and carers. • The READ-OUT study welcomed its first participants at the trust's Warneford Hospital. This is a nationwide trial aims to revolutionise dementia through the use of blood tests. • We continue to host NIHR research infrastructure, including the Clinical Research Facility (CRF), Biomedical Research Centre (BRC), HealthTech Research Centre (HRC) and the Applied Research Collaboration (ARC). Hosting this infrastructure allows us to play a greater role in undertaking and translating into practice research that benefits patients. • Our Deputy Head of Research and Development has been seconded to lead the Thames Valley and Surrey Secure Data Environment (SDE) for mental health. Our participation in this will enable approved researchers to work on anonymised health data sets securely without data leaving the NHS.
We will build our capacity to translate our research into services	• Our Community Health directorate is building stronger links with the Nuffield Department of Primary Care so that the directorate can be involved in testing evidence into practice for our local population. Research areas include frailty and medication management • The TuneUp service provides specialist care for individuals with treatment-refractory psychiatric and physical health symptoms, bridging gaps in traditional healthcare models to address complex and often unmet needs. In its first 18 months, TuneUp has supported 75 individuals and increased community clozapine initiation rates tenfold—improving patient-centred access to this gold-standard treatment. The service's innovative approach has also attracted an industry-sponsored clinical trial for treatment-resistant schizophrenia, now being set up within the Trust.

Strategic Dashboard

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	We have recruited over 2100 participants to CRN portfolio studies, the majority in the following directorates: • Buckinghamshire mental health – 24 • Oxfordshire and South West mental health – 1888 • Community Health Services, Dentistry and Primary Care – 53 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.
		Number of active or aspirational principal investigators by directorate	Narrative	There are over 100 active principal investigators (PI) across Oxford Health. This is broken down by directorate as follows: • 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 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.
	We will build our capacity to translate our research into services	Number of dual academic/clinical role	Narrative	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.
		Develop infrastructure to translate research into services and demonstrate impact (Process Measure)	Narrative	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.

Our Principles: We are patient centred

Oxford Health NHS Foundation Trust

We are patient centred
We look at the person rather than the condition

What we mean by this:

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

Highlights:

•We have **embedded patient voices through our delivery of care**. We have integrated peer support workers with lived experience into services. Patient safety partners work in the patient safety team, and some trust-wide groups have shared chairing with experts by experience, such as in suicide prevention and inpatient transformation. Patients and carers are involved in recruitment activities, from frontline nurses up to the recent CEO recruitment. We are implementing the triangle of care standards in phases across our mental health services, which outline how professionals, the person being cared for and their carers should collaborate to support the person receiving care. We continue to build on this work through our **Experience and Involvement Strategy**.
•The **Outcome Measures programme** has implemented a new system for recording Patient Reported Outcome Measures (PROMs) which is being rolled out across mental health services within the Trust. The majority of mental health services are now using PROMs and collaborative care planning, with specialist teams to go live shortly.
•The **Mental Health Inpatient Improvement Programme** is dedicated to improving the culture across our inpatient mental health wards. The programme has developed a strategy to embed Experts by Experience (EBEs) in all projects within the programme, including a EBE co-chair for the programme board meetings.
•The **Patient and Carer Race Equality Framework** focuses on addressing the unequal care access, experience and outcomes for ethnically and culturally diverse communities. The programme has launched an 'aiming for 90' campaign to improve the completion rate for demographic data, with a particular emphasis on ethnicity.
•The **Community Services Transformation Programme** has been set up to evolve our community-based services to better meet patient needs. We have begun to deliver our plan of relocating services to where they are easier for patients to access. The location for the new South hub (for patients in the South of Oxford) will be determined later in 2025, based on patient and population data, to ensure we meet the needs of those who need healthcare most. The North hub, Murray house, will open early next financial year. We held Public Design workshops and engaged with support networks to get input as to how patients would use and access the new hub.
•We have introduced a **Neuro-Inclusion passport** to support clinicians and services in making care accessible to more people. The passport is a summary of core information which colleagues can use to make care more accessible, tailor communication and support people's sensory needs.

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

Our Principles: We empower and support our staff

Oxford Health NHS Foundation Trust

We empower and support our staff
We focus on the retention and wellbeing of our staff

What we mean by this:

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

Highlights:

- Our **Enabler 3** programme has brought staff together from across the organisation, to build a culture centred on the needs of people who use our services. The working group has defined areas of focus for the programme which will be further developed as one of our strategic priorities for the next two years, 'Developing and Empowering our Teams and Leaders'.
- The **People Plan** will also contribute to building the culture of Oxford Health, through delivery of the NHS People Promise. This year, a key focus has been on flexible working. A new flexible working handbook has been launched to support managers and staff to implement more flexible working arrangements. Flexible working opportunities are now highlighted through the recruitment process.
- We have continued to develop our **Operating Framework**, engaging the senior leadership of the Trust in its review. Our next focus is to confirm Team to Board alignment ahead of commissioning an external review.
- The **Equality, Diversity and Inclusion Programme** has implemented a new screening process to support the de-biasing of disciplinary processes. We have published an independent ethnicity pay gap report which showed a decrease in the mean ethnicity pay gap. On average, White colleagues still earn more than colleagues who identify as being from a Black, Asian or other Ethnic Minority (BAME) group. The trust has recruited an Ant-Racism programme lead, whose priority will be to engage with staff on areas of focus to improve this gap and other areas of anti-racist work within the trust.
- The **Patient Safety Incident Response Framework** has been further embedded in the Trust. Through using a variety of learning responses, staff will be empowered to discuss and tackle the root cause of patient safety incidents in a safe and supportive culture. Feedback from staff this year has been positive.

Areas to develop further: We will continue to develop our culture, building on a 'Culture Statement' develop by a staff reference group. Developing and empowering our teams and leaders will be one of our priorities in the next annual plan.

Our Principles: We innovate, improve and learn

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

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

Highlights:

- We continue to embed improvement activity across the Trust and have established a Trust wide improvement group, bringing together quality improvement, research and development and transformation work to strengthen our joint approach to improvement.
- There are 276 quality improvement (QI) projects taking place across the trust, supporting by the Oxford Healthcare Improvement team. A recent example is from the district nursing team, who have been selected to participate in the 'Green Nursing Challenge', a competition designed to promote sustainable practices in nursing as part of the NHS aim for net zero. The project will focus on environmental impact and patient outcomes within diabetes care. Teams have also successfully used QI techniques to improve corporate processes such as recruitment, flexible working and PDR (personal development review) uptake.
- New processes are being introduced to increase the diversity of professions acting as **principal investigators (PIs)** within the Trust. Staff across a range of professional groups are represented within the PIs in the Trust, including medics, nurses, psychologists, allied health professionals and pharmacists.
- Patients were invited to participated in 8 NIHR (National Institute for Health and Care Research) studies conducted across the Community directorate. **The national DRAFT 3 trial** is comparing the use of plaster of Paris casts versus Velcro splints for patients with a particular fracture and has been working with patients in the minor injury units (MIUs) at Abingdon and Witney. Busy walk in services in the community are a particular challenge to involve in research projects and involving the MIUs in a research project represents a first for Oxford Health.
- The **Community Directorate** has focused on growing its research activity, with an emphasis on embedding R&D at the point of care rather than as an adjunct to clinical services. This approach has provided directorate staff and patients with more opportunities to engage in research this year. Through initiatives such as the monthly staff research forum, and the involvement of a senior clinical lead for research, the directorate demonstrates a commitment to developing a sustainable research culture.
- The **Warneford Park programme** includes designing research spaces that will result in national and global learning. Laboratory space will be available for start-ups, enabling local research organisations to contribute to new developments. The planning application has been developed over 2024/5 and is due to be submitted early next financial year.
- We continue to optimise our core **clinical systems**, EMIS and RIO, at pace to improve clinician efficiency and patient experience. We have also implemented supporting systems which integrate with our core electronic patient records, such as electronic prescribing and medicines administration (EPMA) on our wards improving medicines administration and prescribing. This is now being rolled out into our community teams, enabling clinicians to send prescriptions directly to community pharmacies.

Areas to develop further: Continue to focus on developing an 'Improvement approach' for the Trust that enables and empowers staff to deliver improvements in their areas of work. Continue to maximise the use of translational research.

Our Principles: We work in partnership

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

Oxford Health NHS Foundation Trust

What we mean by this:

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

Highlights:

- The **BOB Mental Health provider collaborative** brings Oxford Health and Berkshire Healthcare together with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and other system partners, to improve the mental health of the local population. An action plan to involve VCSE sector organisations in delivery and governance is being developed and will be taken forward in the next financial year.
- The **Patient and Carer Race Equality Framework** has started to involve VCSE sector organisations in its governance, with plans for co-leadership with local voluntary sector organisations who represent ethnically and culturally diverse populations who use our services. This initaitive aligns with our commitment to implementing the national Patient Carer Racial Equality Framework, which is the NHS's first anti racism framework for all NHS mental health trusts.
- The **Community Services Transformation programme** is part of a Single Point of Access (SPA) working group with local acute, community and ambulance trusts. We are working together to redesign SPA services and clinical pathway, using shared learning, modelling and data to deliver against NHS guidance.
- **The Thames Valley Community Dentistry Partnership** continues to work with other local Trusts to develop a sustainable partnership arrangement that secures the Special Care and Paediatric Dentistry (SCPD) provision across Thames Valley for next ten years.
- The **Warneford Park programme** has engaged with local community and interest groups to inform the design of the new hospital. Their feedback will be taken forward in the designs.
- We routinely engage with local communities as part of our recruitment efforts, attending recruitment roadshows and working with local colleges and careers fairs to widen recruitment opportunities within local communities.
- Within the BOB ICS, we have signed up to a protocol for completing cross organisational reviews for Patient Safety Incidents, and this is an area for further development as we embed **PSIRF**.
- The adult mental health services contract in Oxfordshire has been developed in partnership, including the BOB ICB, Oxfordshire County Council, Oxford University Hospitals NHS Foundation Trust, the voluntary sector and people with lived experience. The contract not only assures the continuation of the current partnership work but also commits OHFT to commissioning longer term NHS contracts from the voluntary sector.

- Areas to develop further: Developing an approach to population health management and neighbourhood teams model will be a key priority of next year's annual plan. Continue to explore the balance of focus between our system and provider role.

Strategic Programmes and Enablers (1)

Oxford Health NHS Foundation Trust

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

Strategic Programme	Executive Lead	RAG status	Summary updates on FY24/25 focus area
Patient Experience and Involvement Strategy	Britta Klinck		Range of involvement forums developed and embedded; pastoral support for experts by experience has been strengthened; significant growth in the number of peer support workers.
Patient Safety Incident Response Framework (Learning Together for a Safer Tomorrow)	Britta Klinck / Karl Marlowe		The 2024/25 workplan was completed for embedding the PSIRF principles and the Trust's incident response plan.
Patient and Carer Race Equality Framework	Britta Klinck / Rob Bale		PCREF Oversight and Scrutiny Board overseeing programme delivery. Health inequalities dataset in development.
Journey To Excellence	Britta Klinck		Programme objectives defined, with a focus on peer reviews. CQC readiness work ongoing, with further focus to be given to 'well led' aspects.
Equality, Diversity and Inclusion Programme	Charmaine Desouza		Significant progress on key projects, including the introduction of inclusion representatives on interview panels and the publication of the ethnicity pay gap report. Some projects extended into 2025/26.
People Plan: Train, Retain, Reform & Temporary Staffing Programme	Charmaine Desouza		Apprenticeship programmes established, turnover has improved, and good progress made on reducing agency expenditure. Achieved above average in 8 of 9 People Promise elements in the 2024 Staff Survey. Leadership and management framework has been delayed.
Green Plan	Heather Smith		Green Plan 2 drafted, with final sign off expected in quarter 1 of 2025/26.
Frontline Digitisation	Heather Smith		The Frontline Digitisation programme has moved at pace throughout FY24/25 delivering the majority of the deliverables laid out in the programme plans.
Warneford Park	Heather Smith		Significant engagement and planning undertaken including MP visits and two public consultations; two-month delay in planning application submission.
Community Services Transformation Programme	Emma Leaver		Single point of access for 0-19 and same day care services launched; county-wide approach being developed for community rehabilitation; local sustainable solutions for children and young people's services continue to be developed, with ongoing collaboration with system partners on SEND plan. North City Hub new facility will become open to services from April.

Strategic Programmes and Enablers (2)

Oxford Health NHS Foundation Trust

Strategic Programme		Executive Lead	RAG status	Summary updates on FY24/25 focus area
Estates Strategy		Heather Smith		Estates Strategy refresh underway; Jordan Hill hub site on track to be open in April; plans for Blackbird Leys are on pause.
Mental Health Inpatient and Community Improvement Programme	**Mental Health Inpatient Transformation**	Rob Bale		Programme governance functioning effectively overseeing programme progress, and therapeutic intervention groups are well established.
	CMHF Oxon	Rob Bale		Keystone teams in place across Oxfordshire. Eating disorder service further developed.
	CMHF Bucks	Rob Bale		Areas of strength included system integration and physical health support for people with a severe mental illness (SMI). Additional new priorities further shaping community provision for people with an SMI continue to be developed.
Outcome Measures		Rob Bale		Programme structure well established, and the clinical system for recording four types of patient reported outcome measures is now live in mental health services and being rolled out in a phased approach.
Provider Collaboratives and Strategic Partnerships	**BOB Mental Health Provider Collaborative**	Rob Bale / Amelie Bages		Provider Collaborative governance structure in place and working well; three transformation programmes continue.
	Thames Valley Community Dental Partnership	Emma Leaver		Achieved 35% reduction in general anaesthetic waiting list; consultants not recruited but specialist dentists recruited to other posts; commissioning decision for the partnership confirmed.
	Oxford Health / Oxford University Health Partnership	Grant Macdonald		Partnership work continues with community hospitals and heart failure/cardiac care.
Strategic Enablers				
Enabler 1 – Our Operating Framework		Amelie Bages & Taff Gidi		Operating Framework being finalised, focusing on team to board alignment of meetings and functions.
Enabler 2 – Our Central Support & Corporate Services		Heather Smith		Workstreams have been set up to focus on the highest impact corporate processes with some significant improvements to services and processes made this year.
Enabler 3 – Supporting People & Teams		Grant Macdonald		Staff reference group has informed a 'Culture Statement' – focus will now change to bringing this statement to life for the trust.

Clinical Directorate Plan Updates

Clinical Directorate updates

Oxford Health NHS Foundation Trust

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

RAG Rating Guidance

Oxford Health NHS Foundation Trust

RAG rating applies only to the Clinical Directorate Plan update section

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

Buckinghamshire Mental Health Directorate

Oxford Health NHS Foundation Trust

Directorate: Buckinghamshire Mental Health

Priorities progressing broadly in line with plan with some now reaching conclusion, some risks in place which have mitigations and are monitored through Directorate governance structures.

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status	Previous RAG	The asks of the Exec/ Board if applicable
Developing and improving 1. Urgent Care Pathway: Crisis Resolution and Home Treatment 2. In-patient services	• Thematic review of patient referrals into the Crisis team have been completed. • In-patient Gatekeeping function formally completed on 20th January 2025. • Work in place to improve patient demographic data on Rio as part of heath inequality workstream • Gatekeeping review held between Crisis and Patien.t Flow, with lessons recorded.	• Interface work with talking therapies scheduled. • Continue High Intensity Therapeutic and Assessment Services (HTAS) self-review • Project manager is developing a checkpoint report to assess delivery against agreed project outputs and objectives. • Project work nearing completion , with the end date scheduled for Q1 2025/26.	• Risk of duplication due to the amount of activity already in place • Availability of key staff due to operational demands	• Regular project documentation and engagement with key Directorate leads • Senior leadership project review task undertaken to establish what should be prioritised.		N/A	None to note
Continuing community mental health transformation & integration with primary care	• Severe Mental Illness (SMI) Outreach work now complete: a “Key achievements and Lessons Learned” paper is in development for submission to ICB. • Voluntary, Community and Social Enterprise (VCSE) infrastructure post recruited to, with start date end of April 2025. Community Impact Bucks will act as host organisation. • Delivery governance in place for development of Integrated Neighbourhood Team (INT) model.	• Hub estates business case complete for Aylesbury, progressing to lease negotiation s. • Support on-boarding of member of staff to infrastructure post. • Attendance at fortnightly INT delivery group.	• SMI outreach funding (ICB Health Inequality budget) is non-recurrent. • Complexities working cross organisationally. • Pace of INT development at place.	• Risks and mitigations held and discussed at transformation board		N/A	None to note

Buckinghamshire Mental Health Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status	Previous RAG	The asks of the Exec/ Board if applicable
Advancing and embedding a directorate approach to tackling health inequalities and ensuring we achieve local and national ambitions	• Trust-wide webinar to launch data campaign has been completed. • Health Inequalities Intranet page is now live. • A task and finish group has been set up with the Electronic Health Record (EHR) and Performance and Information (P&I)to integrate inequalities data into Rio. • Mapping of organisations our services are engaging with has been initiated.	• Planning is underway for the next data campaign webinar. • Deliver in – person health inequalities session in April.	• Competing demands on services from various projects .	• Key engagement and buy in from senior leadership team		N/A	None to note
Improving the timeliness of access to assessment, diagnosis and treatment across the age range	• Key performance for Talking Therapies (TT)including health inequality measures are positive. • Current Dementia Diagnosis Rate (DDR) below target 58.1% in January 2025 on a 66.7% target. • New planning targets have been developed, and the DDR measure is being retired.	• Finalise national targets for submission to NHSE	• DDR is below the national target, which presents a challenge in meeting this year's planning target.	• Wait times are monitored through directorate governance structure. • DDR is reported to the Health and Well Being board and at place.		N/A	None to note
Delivering sustainability through reduction in agency staff & evolving service & workforce models;	• Response to staff consultation concluded. • Risk Support operational plan in place. • Support Worker role commenced.	• Conclude the recruitment for the High Intensity Duty Lead role. • Develop go-live action plan and correspnding operational plans. • Review team name options with Children and Young People (CYP) and their families	• Staff engagement is key – risk therefore that change process may un-settle workforce	• Robust process and governance structures in place		N/A	None to note

Oxfordshire and BSW (Bath and North East Somerset, Swindon and Wiltshire) Mental Health Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status

Reviewing models of care	From 1st April 2025, the Oxfordshire (Oxon) Night Team and Street Triage Team will be closed and integrated into the Crisis Resolution and Home Treatment (CRHT) service, providing 24/7 countywide out-of-hours (OOH) coverage.
	• Vacancy rate has been reduced to five positions.
	• Expansion in service coverage:
	  • Oxford City and North East (NE) Oxfordshire – Full Crisis Resolution and Home Treatment (CRHT) service.
	  • Home Treatment (HT) service.
		• A review is being conducted across Adult Mental Health Teams (AMHT) to assess the potential for repurposing resources, aligned with current benchmarking, demand, and capacity analysis and forms part of the Mental Health (MH) contract and improvement programme.
		• In FY25/26 Quarters 2 and 3 there will be a review of Oxon patient flow with a view to incorporate activities, such as gate keeping and flow management into CRHT.
		• .Next steps will include a phased review of patient flow in: Oxford City North East Oxfordshire North West Oxfordshire North West (NW) Oxfordshire
			• There continues to be a risk, in achieving full fidelity to the model, while carefully assessing feasibility within resources	• The service will continue to be reviewed to identify opportunities for improvement and adjustment. It is proposed to allow for a period of stabilisation before reassessing the position in Quarter 2, at which point further options—such as patient flow—can be explored.	

	• All service improvement and quality improvement projects across Adult and Older Adult wards have been mapped out, providing a clear understanding of their respective governance support structures.	• Organise and facilitate Inpatient Transformation event for all colleagues Over the next six months will be working through what the next three years will look like and create a roadmap to present to all key stakeholders and Board.	• Linkage to BOB Mental Health Provider Collaborative and how the Collaborative will work within the current place-based governance structure.	• Attendance at all meetings by Senior Programme Manager (SPM) with regular updates to all quality and governance meetings for oversight and feedback.	

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status
Reviewing models of care	Milestones achieved and updates : • Process Mapping for new assessment to treatment model: completed and agreed with signed off from clinicians. • Planning for implementation of the new model has been completed, implementation work started and on track to finish April/May • General More Help (GMH) workstream has started with a re-group and work underway to review the GMH criteria which once completed will be signed off at the clinical leads meeting. • Assessment waitlist backlog workstream is now underway and on target • Phase 1 of the supportive steps workshops running with the first cohort completed and the second cohort has now started. • SHaRON is live with parents now added and engaging with the platform. • Phase 2 for supportive steps content is completed with the Psychoeducation and groups due to start Feb/March with support from school in-reach • Additional resources confirmed for the time with processes started for recruiting. • Oxon CAMHS Showcase which Launched the Anxiety and Depression in Young People Research Clinic (AnDY), supportive steps, SHaRON and the Getting Help (GH) transformation went ahead and was successful	Next steps and planned activity: (March/April) • Implementation of the new assessment to treatment model. • Supportive steps Phase 2 to go live • Recruitment to additional posts completed • GMH criteria review completed, and criteria document signed off	• Clinical demand on clinical project members limits capacity and causes delays to the project.	• Proposal to go ahead with Memorandum of Understanding	

* Please note previous RAG ratings on the Exec/Board is not available for this section

Oxfordshire and BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status
Reviewing Models of Care	• All staff recruited are now in post. • We have recruited to 0.5wte b8a practitioner psychologist vacancy • Band 5 Research Assistant has been appointment to and in post. • The Inpatient Psychology Vision has been finalised and is in the process of being circulated. A year-by-year plan has been developed to implement its vision.	Evaluation: We will be carrying out an evaluation to assess the impact of psychological therapy. Project work: • Leading on Quality Improvement (QI) for: Trauma-Informed Care (TiC) on Violence and Trauma (VT) • With the Research Assistant now in post, implementation of the service evaluation for adapted Cognitive Behavioural Therapy (CBT) for insomnia has begun. • Co-chairing the Therapeutic Interventions Working Group, which is part of the Inpatient Transformation Programme. • Developing research proposals focused on suicide in inpatient populations, led by the Research Clinical Psychologist. Develop interventions offered, specifically: • Group based interventions • Manualised interventions offered by Assistant Psychologists's • Develop evaluation of interventions through Evaluation of interventions using Recovering Quality of Life (ReQoL), Goal-Based Outcomes (GBOs), and service user feedback Psychosocial Interventions (PSI): • Understand PSI training offered by L&D and consider how to support implementation on wards • Consider PSI supervision groups • Set up standard package of PSI resources that are accessible.	• Office Space: There is currently no allocated desk or office space for inpatient psychology staff on the Warneford Site. This is now having a significant impact on service delivery. • Therapeutic Space: There is very limited dedicated space on wards for psychological assessments and interventions. While some wards have access to such space, two (Vereker and Wintle) do not currently have any designated space. • Therapeutic Materials: Acquiring materials that will aid the delivery of therapeutic activities on wards. Available funding / allocated money is the main issue.	• Currently liaising with Estates regarding office space. • Currently liaising with team managers about therapeutic space on wards. • To consider whether we need to keep a record of number of cancelled /rearranged sessions due to no space, to understand fully the service impact. • Ongoing discussions currently.	

Oxfordshire and BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status
Partnership Integration	• Eight Link Workers have now been recruited across BSW): two with Off The Record in BaNES, and six with Barnardo's in Wiltshire. • The link workers are now receiving referrals from the assessment clinic and are providing social prescribing. The next phase of work is underway focusing on supporting children and young people requiring support to move on from CAMHS as well as looking at groups that link workers might run. • We continue to have regular steering group and project meetings. • In January we met as a senior management team with all of the link workers for half a day to think about their role and reflect on the progress so far.	• We are working with the Electronic Health Record (EHR) team to develop a dashboard that will enable monitoring of Link Worker activity. • We are also looking at how we can set the link workers up with *an I Want Great Care* (IWGC) so that their feedback can be tracked and analysed separately. • Voluntary, Community and Social Enterprise (VCSE) contract meetings with Oxford Health, Barnardo's and Off The Record are due to begin shortly.	• One Link Worker has recently left, and recruitment is underway to fill the vacancy.	• In the meantime, Link Workers have been redistributed across teams to ensure all areas continue to have coverage. • This forms part of a phased implementation approach.	
	• The Integrated Care Board (ICB) will direct award the Adult Mental Health Services contract from April 2025 under the new Provider Selection Regime (PSR) regulations. • A draft schedule of Adult Mental Health service specifications is now ready for endorsement, ahead of the ICB finalising the head contract (7+3 years).	• The OHFT /ICB head contract must be approved by end March 2025. The contract has been extended to include additional OHFT health services. • The partner subcontracts need to be finalised and approved by end March 2025. • A supporting Quality Assurance Framework is being drafted for commencement from 1 Aprill 2025. • Partner provision to be recommissioned ready for implementation from 1 April 2027.	• There is a risk that coverage of services provided by VCSE may reduce due to the impact of the National Insurance Contributions (NIC) and Oxford Living Wage.	• Business justifications and quality impact assessments for any changes to VCSE service delivery.	

Oxfordshire and BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status
Medical Workforce Review	• Meetings continue to take place with Clinical Director and each Associate Medical Director to review the existing lines of work for respective areas • OBSW Internal Locum review panel established to take place on a monthly basis, with Clinical Director, all Associate Medical Directors and Finance..	• Specific focus on each individual locum in place to agree a plan for substantive recruitment, or to look at the role required more creatively with a view to reducing the locums in place.	• None at this time	• N/A	
Recruitment and Retention	• Robust process has been developed within the directorate to focus on the reduction of agency staffing and associated costs showing a positive trajectory.	• An incentive scheme has been agreed to encourage staff to transition to substantive posts, running until February 2025.	• Increased requirement to use agency workers due to challenges with substantive recruitment.	• Working directly with inpatient leads to agree criteria and thresholds for using agency workers	
	• The people plan is being revised to include directorate priorities and any outstanding initiatives from the previous year.	• The final version has been agreed by the Senior Leadership Team (SLT) and is being managed as a project within the directorate.			
	• Listening event process is being further developed to provide an improved feedback loop across the directorate.	• Implement a quarterly thematic review of listening events to ensure these are being resolved or escalated where required.	• Lack of wider staff engagement if issues are not dealt with and/or actioned on the back of these events.	• Improved process will be in place going forward to monitor actions.	
	• Agreed project management support to establish a directorate wide group to work together to re-establish the directorate intranet pages in order to further improve communication.	• Membership for group to be agreed • Work with IT to get support and training on how to manage intranet pages internally.	• Lack of staff engagement and input to pages resulting in this being the work of one person.	• Agreeing commitment from the group (once established) to take this work forward – will require representatives from each area of the directorate.	

Forensic Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues/risks for escalation and awareness	Planned mitigation against risks/ resolution for issues	RAG status	Prev RAG	The asks of the Exec/Board if applicable
Trauma Informed Care	Trauma Risk Management (TRiM): • Continued provision of TRiM conversations to staff. • Permanent TRiM Manger appointed. • Completed a local procedure for TRiM conversations. • Continued to embed TRiM as a response to incidents. Essential Trauma Training: • Training continues to be offered, with uptake currently at 90% among frontline staff. Safe Spaces: • The team have developed a tool for assessing how trauma-informed the clinical environments are, which is based upon the existing literature, and linked into Trust-wide work on Neurodiversity.	• TRiM evaluation: partially completed: aims to be completed by early May for presentation for Provider Collaborative. • Trauma Strategy Group away day on 27th Feb: agreed priorities for FY26 within the resources available, ensuring current projects from FY25 are fully embedded and sustained. • Identification of operational lead for trauma-informed debriefing process for patients following the use of force, or those witnessing incidents. (Note: legal requirements for post-incident debriefing are already met — this ensures the process is trauma-informed). • Trauma-informed case discussion roll-out and evaluation • Safe Spaces: roll out of tool and reporting by Q4 of 25/26. • Current research/QI projects for trauma include:- - Evaluation of impact of restorative practice interventions - Experience of TRIM Practitioners and users - Experience of staff performing Level 3 observations - Experience of staff involved in administering medication under restraint • Restorative Justice: - Business case submitted, pending feedback from Provider Collaborative. - On success recruit to B7 RJ practitioner on 2-yr fixed term contract with a view to them providing a lead on Restorative Practice within the service.	• The majority of trauma informed work is being completed within existing job descriptions and roles. • The business case for restorative justice has not yet been approved, and there is a risk that funding or support may not be secured; however, the business case will be discussed and considered in Q1 FY25/26	TRIM: • Recruitment into substantive TRiM Manager role in Forensic Directorate will provide some support. Restorative Justice (RJ): • Already trained 49 staff in RJ, however, limited in our ability to fully test the effectiveness in the service. • Some limited psychology time (0.1 WTE) can be provided to support, but this will impact on the overall effectiveness, sustainability and embedding of the project and mean we may be unable to fully capitalise on the current investment in time and training.			None to note
CCTV (Closed-Circuit Television)	• Confirmed funding within the Trust Capital Plan for the next two years. CCTV has been installed at Thames House in the ICU area due to clinical issues.	• N/A	Awaiting confirmation on the timeframe for the start of the project.	• N/A			Awaiting confirmation on the timeframe for the start of the project.

Forensic Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues/risks for escalation and awareness	Planned mitigation against risks/ resolution for issues	RAG status	Prev RAG	The asks of the Exec/Board if applicable
Neurodiversity	Spell Framework: • Continuing with completion of the SPELL framework across all inpatient services in the Trust to look at environmental changes. Neurodiversity passport: • Further work is underway on the development of the neurodiversity passport. Training Resources: • Review of Trust training resource has been completed.	• Completion of the SPELL audit for the last 3 wards. • The focus on the environmental and training workstreams are progressing. • Review resources to share on the intranet. • Meeting with clinical teams. • Further work around sensory needs. • Work is being undertaken around communication and assessment tools.	• There is a general focus on autism, but the wider neurodiversity strategy requires further investment, particularly in understanding and training needs. • The advanced clinical practice training provided by the reasonable adjustment team is not yet available to forensic staff due to commissioning issues.	• Scoping current clinical needs across all wards in the Forensic service. • Liaise with FIND (Focus on Inclusion and Neurodiversity Development) and the reasonable adjustment service to work towards a solution.			• Trustwide understanding around neurodivergence, beyond Autism & support to embed structures & processes around this.
Review of Delivery of Care (2025-26 priority renamed Integration of Pathway of Care)	Review of Documentation Approach: • Reviewing the current approach to documentation and its impact on service transitions. • Agreed on the high-level content for the core document. Staff Consultation**:** • Consulting with forensic staff on the process ahead of releasing the proposed document.	• Review of the developed core patient document, which will be linked to Care Programme Approach (CPA) process. • Embedding the core clinical document into a process, including baseline assessment, consultation and go live plan.	• N/A	• N/A			• None to note
Specialist Community Forensic Team (SCFT)	• The transition from a Forensic Community Mental Health Team (FCMHT) into an SCFT is now complete. • Implementation of the national service specification and integration of the learning disability (LD) cohort into the service.	• Work to fully establish the SCFT specification and framework and KPI suite continues. • Embedding process of monitoring patient outcomes and flow through meetings. • Consultant recruitment still ongoing mainly to cover West Berkshire. • Review of the process of referring into the AMHT. • Scoping the need for additional discharge facilitating resources (i.e., supported accommodation).	• N/A	• N/A			• None to note

Learning Disabilities

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues/risks for escalation and awareness	Planned mitigation against risks/ resolution for issues	RAG status	Previous RAG	The ask of the Exec/Board if applicable
Contract negotiations to ensure sustainability of services	• Contract renegotiations are complete • KPIs are agreed in principle.	• Awaiting new contract to be shared with us by Commissioners.	• Two areas remain outstanding: the devolved commissioning budget and Section 117 liabilities.	• The service continues to be funded via the ICB under the original contract terms, with a log maintained to ensure financial alignment with service delivery costs.			
Good lives/good deaths	• A clear Physical Health LD Strategy is in place, with working groups established. • Governance is supported by a Board that includes members with lived experience.	• The first Complex Health Review Forum is scheduled for 1 May 2025. Relevant physical health priorities have been identified for inclusion in the FY25/26 plan.	• Ensuring alignment with Oxfordshire County Council (OCC) LD Strategy.	• Joint working is planned for FY25/26 with OCC			
All age pathway for learning disability and Autism Spectrum Disorder Provision across the Trust	• Decision to initially prioritise looking at transitions elements and gaps in services provided for children's and adult's services.	• Development of a transition protocol working jointly with relevant services	• None to report				

Community Health Service, Primary Care and Dentistry

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The asks of the Exec/ Board if applicable
Safe and sustainable service development for Children and Young People's services	Single Point of Access (SPA) • Services for 0–19 Services launched on 2 September 2024. Children's Integrated Therapy (CIT) • Additional recurrent funding confirmed.	• CIT: System-wide agreement reached on priority pathways and realistic delivery timelines. • CIT Funding Review: Review of additional funding financial costs due to changes in National insurance and 5% increase Agenda for Change (AfC) pay increase.	• CIT: A demand and capacity analysis by the Quality Impact Assessment (QIA) process has identified a significant mismatch.	CIT: • Agree eligibility for each profession and pathway aligning to waiting lists. • Joint system decision.	• 0-19 SPA delivered. • Awaiting agreement with commissioners of pathways and financial costs and concerns re demand and capacity		Awareness of funding changes and impact
Safe and sustainable service development for Adult Community Nursing (District & Specialist)	• Proposed vision and 5-year improvement plan shared with staff and system leads and positively received. • BOB District (DN) Network established to support focused pathway work. • Successful recruitment drive to additional posts.	• A strategic work plan with secondary care to be developed following support for the vision. • Data insights work with the Commissioning Support Unit (CSU) to report findings and model trajectories for the next 5 and 10 years.	• Exponentially growing demand exceeding capacity and current available resources.	• Safe and effective management of the service whilst demand exceeds capacity. • Appropriate workforce support plan.	• Whilst the service continues to operate at the highest level of patient safety risk the programme of transformation work is on track.		Input into the BOB strategic plan

Community Health Service, Primary Care and Dentistry

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The asks of the Exec/ Board if applicable
Workforce plan for community medics & Specialists and Consultants in Special Care and Paediatric Dentistry and Advanced Care Practitioners (ACPs)	• Transition plan with Oxford University Hospitals (OUH) commenced for same-day care service lines, with the Oxford Health (OH) medical workforce to be in place by April 2025. • Subject to contract, successful recruitment of one Specialist in Special Care Dentistry	• Transition timeline with OUH for community rehabilitation changes to medical workforce defined. • Plan to recruit Specialist in Paediatric Dentistry. • Review of clinical leadership model if recruitment is unsuccessful.	• Establishing an internal medical workforce model for this pathway involves changes in external contractual arrangements. • National workforce issues within Dental Services. • Challenges in recruitment • Reduced Clinical leadership.	• Robust transition plan to an internal medical workforce model. • Continue recruitment efforts. • Assess alternative clinical models.	• On track • Additional funding is required for consultant posts		
Community rehabilitation pathway development (including community inpatients)	• Significant progress in reducing agency workforce to improve financial position and workforce stability. • Short term operational plan mobilised for two inpatient sites (Witney and Didcot) • Cost Improvement Plan (CIP) plan 25/26 in place.	• Implementation of revised nursing workforce model. • Development of proof of concept for neighbourhood working in FY25/26 to inform long term sustainable plan.	• High public profile of this pathway.	• Robust monitoring of pathway development plan against financial and quality metrics. • Clear engagement and communications plan in place.	• Cost improvement and efficiency plans within community rehabilitation are in place, with partial delivery expected by year end. Further plans will continue into 25/26 to continue to focus on delivering the service within available financial resources.'		

Community Health Service, Primary Care and Dentistry

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The asks of the Exec/ Board if applicable
Improvements to same day urgent and emergency care services, including development of a single point of access and 24/7 home visiting	• Better Care Fund (BCF) bid supported by the Urgent and Emergency Care (UEC) Board and successfully awarded. • Same Day Care Single Point of Access (SPA) went live on 5 November 2024, with central coordination of referrals. • Lessons learned around skill mix in SPA have informed development areas and new clinical and medical modelling. • Collaboration with South Central Ambulance Service (SCAS) to triage and respond to appropriate referrals that meet Urgent Community Response (UCR) criteria. • Implementation of EMIS template and optimisation for reporting purposes. • Phase 1 communication plan successfully delivered.	• Phase 2 programme planning in progress. • Plan–Do–Study–Act (PDSA) cycles being used to embed new processes into business as usual (BAU). • Final stages of demonstrations for scheduling tool. Procurement to start Q1 25/26. • Pilot starting with four GP practices for direct electronic GP non-urgent referral form • Data recovery plan to report on performance and activity at system level. • Competency development and training underway in Single Point of Access (SPA)	In order to improve efficiency and productivity there is a need for further funding for the technology to support this. •Rising demand of community /home-based care.	•Developing a business case to support the request for funding for technology (scheduling tool) for 25/26 FY •Monitoring of activity and sharing information with the system to support joint working to combat increase in demand.	Data recovery plan in place, as reporting externally is inaccurate. Lessons learned from SPA demonstrate clinical development required and dedicated resource for a same day care staffing model to support effective and timely triage and access.		
Develop a business plan for a research programme hosted in community service	• Priority stood down due to no central resource allocation	N/A	N/A	N/A	N/A		

Community Health Service, Primary Care and Dentistry

Oxford Health NHS Foundation Trust

	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	Previous RAG	The asks of the Exec/ Board if applicable
Developing the Thames Valley Community Dental Services Partnership (TVCDS)	• Commissioning decision confirmed. Intention to direct award contract for 2yrs across 3 providers • Data capture project completed with follow up initiatives identified • Standard Operating Procedures project commenced	• Updated partnership agreement to reflect new commissioning landscape. • Localisation process of specifications and contracts • Review across region of data capture for health inequalities data • Refreshed webpages for partnership members • Soft market engagement process to assess possible new clinical system	• Contracting arrangements to be confirmed. • ICB commissioning direction unclear • Recruitment and retention challenges • Prioritisation of projects - balancing operational requirements of service	• Clear dialogue with commissioners • Close working relationships with acute sector and commissioners • Use of prioritisation framework	Formal notification of commissioning process not received.		
Development of Oxford City Healthcare Hubs	• Project on target to complete 14th April • Public workshops complete with a broad range of community representatives. • Parking guidelines drafted for site and shared for feedback. • Centralised Murray house reception consultation complete and team being mobilised and trained.	• Operational moving mobilisation plan being finalised with staff. • External signage and communication plans for partners and patients underway. • Identification of options for South City Hub being revisited for review in June .	• There is limited parking for all staff and patients to all park on site. • Power requirements will exceed the current electrical supply.	• Guidelines drafted for patients and staff. Review of all travel options completed in travel plan. Once approved internally this will be operationalised as part of comms plan. • SSE contracted to undertake work. Temporary generator planned for interim to supply building on opening in April 25.	Slippage of 2 weeks. Project on target to complete for 14th April.		

Appendices

1. Strategic programme updates
2. RAG rating

Oxford Health
NHS Foundation Trust

Appendix 1 – Strategic Programme Updates

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Patient Experience and Involvement Strategy	**Executive Lead:** Chief Nurse 	The Trust's Experience and Involvement Strategy will support us to hear and act on the voices of our patients and carers to enable the development and delivery of co-produced outstanding services for excellent patient experience and outcomes.	• Continue to develop 'Our Voice' forum across the Trust to improve involvement and experience of patients. • Strengthen pastoral support for experts by experience and carers. • Development of standard processes for involvement of patients and use of feedback. • Grow peer support embedded in mental health clinical teams.	• 'Our Voice' forums are in place and have good representation. There is also work ongoing on developing a range of other forums to ensure diversity of representation and involvement, such as the introduction of a Patient Council in forensic mental health services. • Pastoral support for experts by experience and carers has been strengthened, and a structure for training, induction and ongoing support has been developed, which is due to be launched in May 2025. • The 'I Want Great Care' feedback loop is in place, and there is an upcoming roll-out of an upgraded platform which will improve survey customisation and data analysis. • Patient and carers stories are regularly heard and reflected upon at Board. • There has been significant growth in the number of peer support workers across the trust, with a focus on training and retention. A recent cohort of the peer support worker level 3 apprenticeship all passed with distinction.	N/A

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Patient Safety Incident Response Framework (previously known as Learning Together for a Safer Tomorrow)	**Executive Lead:** Chief Nurse 	We are changing how we respond and learn from patient safety incidents at Oxford Health – we will be more supportive, compassionate and engaging for patients, families and staff (this programme includes implementation of the Patient Safety Incident Response Framework).	• Embed changes from 2023 that improve our response to incidents. • Focus on meeting Duty of Candour requirements. • Strengthen the development and monitoring of safety actions. • Grow capability to apply a wide range of learning response techniques.	• The PSIRF principles are embedded in all the Trust's patient safety processes and approaches. • For the financial year 2024/25 there were 50 incidents declared under our incident response plan going across our different clinical directorates. We have covered 11 of the safety areas we prioritised and used 8 different types of learning responses, including completing 14 Patient Safety Incident (PSI) investigations. We have continued to review our incident response plan and in March 2025 signed off some revisions with the ICB. • For each review we use a systems factor methodology called Systems Engineering Initiative for Patient Safety (SEIPS) to better understand what happened and why, against what we think or expect should happen so that the learning we identify and the safety actions we take address the real issue(s). • We have demonstrated a more proportionate approach to how we respond to incidents, shifting more resource to focus on what we can learn and the changes we can make to improve the safety of patients. The reviews we are conducting are being completed timelier than before the changes were made with PSIRF, with PSI investigations being completed and signed off 19 days quicker. • As part of our more engaged and compassionate approach we have completed 183 incident learning huddles which have proven to be an effective and a better way to encourage openness and to learn together. We set out to increase the number of huddles in 2024/25 which we have done by doing an additional 45 huddles this year compared to last year. 49 huddles (27%) included an external organisation to help maximise our understanding of an incident and to share learning across organisations. • The 2025 national staff survey results for the second year running demonstrate the improvements made in developing the patient safety culture in the organisation so it is about openness, not feeling blamed, learning and making changes. There are 4 key questions in the survey, all have improved and are above the national average. In addition, we have received feedback from staff and families in relation to our approach and involvement in learning from incidents which has prominently been positive with helpful comments so that we can continually amend our processes. • In 2024/25 we employed two patient safety partners with lived experiences that worked with us around PSIRF and implementing safety initiatives. The individuals helped to develop the role and to improve the patient/family voice within the work we are doing. The partners created and embedded a process to ask patients/families for feedback after a PSIRF review has been completed. • We have strengthened how we share learning, for example introducing 6-weekly patient safety webinars open to all staff, and also how we develop safety actions, working more closely with Oxford Healthcare Improvement (OHI) to take a QI perspective to change. More work is planned in 2025/26. We have a robust central process for overseeing the completion of safety actions and have recently started testing an approach to review the impact of the actions we have taken. • We share learning from incidents and work on implementing PSIRF with BOB ICS organisations. In 2024/25 we chaired a peer-to-peer review of learning responses across the 6 healthcare providers to share our approaches, give feedback and to learn from each other. • Throughout the year the Trust has had quarterly review meetings with the ICB and regional NHSE Quality Lead in relation to our progress with embedding PSIRF and the National Patient Safety Priorities. The reviews have been very positive, recognising our progress and our stride for continual improvement. • We have rolled out awareness material on the application of Duty of Candour and are monitoring the completion of this via the executive signoff process.	N/A

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Patient and Carer Race Equality Framework	**Executive Lead:** Chief Nurse 	We will implement the national Patient and Carer Race Equality Framework, which is the NHS first anti-racism framework for all NHS mental health trusts. We will co-produce and implement concrete actions to reduce racial inequalities within our services.	Develop and roll out of the implementation plan for Patient and Carer Race Equality Framework within the Trust, focusing on the three main domains below: • Leadership and governance of actions to reduce health inequalities. • Creation and publication of new data sets on improvements in reducing health inequalities including strengthening the ability to gather data and establishing some criteria to inform analysis on areas of deprivation • Establishing visible and effective ways for feedback to be received and acted on.	• The PCREF Oversight and Scrutiny Board has been established and is functioning effectively to oversee the programme's delivery, with plans in development for a co-leadership arrangement with partner voluntary sector and community organisations. Work continues towards developing the trust's anti-racism statement. • The metrics and form of the new dataset for PCREF have been agreed, and are included in a health inequalities dashboard, which is currently in testing and expected to be completed by the end of April. • We have well established working groups in each area. • Work is underway to develop a summary form to compile feedback data from various sources, aiming to provide a qualitative overview of the experiences of racialised communities with the trust's services.	The trust's anti-racism statement has not yet been agreed upon.

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Journey to Excellence	**Executive Lead:** Chief Nurse 	This programme will focus on giving the Trust the ability to drive and maintain quality standards and have a consistent overview of how we are performing against these.	• Scope programme objectives and develop implementation plan. • Peer learning from how other Trusts have approached accreditation programmes. • Continue to deliver Care Quality Commission (CQC) readiness work to prepare Trust for future CQC inspections.	• Programme objectives are defined and plans are in place to deliver. • Peer learning has been undertaken that supported a focus on internal peer reviews, rather than seeking a trust-wide accreditation programme. • CQC readiness work is ongoing. Work around the 'well led' aspect requires further development.	There have been varying levels of engagement with the peer review process across directorates with some being further advanced than others. Work around the 'well led' aspect of CQC readiness has not been fully progressed as intended; this can be progressed further following the recruitment of the new Director of Corporate Affairs.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Equality, Diversity and Inclusion Programme	**Executive Lead:** Chief People Officer 	The Trust Equalities programme has a number of components and we will review and develop our work in the context of the NHS Equality, Diversity and Inclusion (EDI) improvement plan.	• Deliver Race Equality and Disability Equality work programmes, focusing on increasing workforce diversity, de-biasing disciplinary processes and equalising opportunities for career progression. • Deliver the six high impact actions with the NHS EDI improvement plan. • Further development of staff networks and events.	• Good progress has been made on the Race Equality and Disability Equality work programmes. Key achievements include the introduction of inclusion representatives on interview panels for senior roles, the implementation of a new screening process to support de-biasing disciplinary processes, and commencement of work towards achieving Level 3 Disability Confident Accreditation (DCA). • Most of the six high impact actions have been completed. Key notable achievements include the publication of an independent ethnicity pay gap report and meeting the recommendations in the 'Mend the Gap' review leading to reforms in medical pay and enhanced flexible working. • Work has continued on staff engagement via the development of staff networks and support groups.	Some initiatives have been extended into 2025/26, to allow for the additional time needed to scope, implement and embed the work, as they involve systemic and structural change. These include the implementation of a talent management plan to improve the diversity of senior leadership teams, and a project to enhance the experience of international nurses.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
People Plan: Train Retain Reform & Temporary Staffing Programme	**Executive Lead:** Chief People Officer	This programme will implement the three main component parts of the NHS Long Term Workforce Plan and the People Promise, together with a focus on temporary staffing. Reduction in temporary staffing is one of the key strategic metrics for the Trust, in line with our ambition to have a sustainable workforce, and will form a key workstream of our People Plan Strategic Programme being embedded throughout Oxford Health. In addition, we will also strengthen our approach to Workforce Planning.	• Train: career pathways and modernised roles, education and training capacity, our leadership and management framework. • Retain: NHS People Promise, flexible working and staff wellbeing. • Reform: recruitment processes, data quality and systems and underpinning culture. • Temporary Staffing: continued focus to reduce agency expenditure and increase bank fill rates. • Development of Workforce Planning approach in the second half of the year.	• Significant progress has been made on setting up apprenticeship programmes across multiple professions, including a psychological wellbeing practitioner programme. • Overall turnover has improved, and the gap has been closed between White and Black and Minority Ethnic colleagues. • People System Development and Restorative Just and Learning Culture programmes are in place and progressing well. • Good progress made on transitioning agency workers onto bank and substantive contracts, which is contributing to stabilising the workforce. • Development of the workforce planning approach has not progressed as much as was intended due to lack of capacity.	The work around the leadership and management framework, and the development of a trust-wide workforce planning approach, have not progressed as much as intended in 2024/25.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Green Plan	**Executive Lead:** Chief Finance Officer	The Green Plan ensures that the Trust is supporting the NHS ambition to reach Net Zero for emissions we control by 2040 and Net Zero for emissions we influence by 2045, prioritising interventions that tackle climate change and wider sustainability issues.	• Build on the existing Trust Green Plan to develop the Green Plan 2. This will set out our three-year carbon reduction plan (2025/6 - 2028/9) and approach to achieve Net Zero for emissions we control by 2040. • Focus will be on the chapters within the NHS Green Plan, including procurement, medicines, travel, models of care and food. • Assessment of Scope 3 emissions to establish NHS 'carbon footprint plus'.	• 'Green Plan 2' has been drafted and is going through approvals processes, with final sign off expected by the end of quarter 1 in 2025/26. Aims and objectives have been defined for each chapter. • Guidance received from NHS England on assessing indirect emissions; this assessment will be slightly delayed and is due for completion in 2025/26.	The final approval of 'Green Plan 2' has been postponed to early 2025/26. The evaluation of Scope 3 emissions to determine the NHS 'carbon footprint plus' has experienced a minor delay due to capacity limitations and the late arrival of guidance from NHS England.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Frontline Digitisation	**Executive Lead:** Chief Finance Officer 	This programme will introduce and improve systems that support the digital empowerment of people who use our service; embed a digital organisational culture and approach within the Trust; create a resilient digital foundation for the Trust and enable further development of our research and innovation capabilities.	• Optimisation of Electronic Patient Records. • Further development and implementation of the Trust's outcome measure and mood monitoring tool. • Removal of paper records. • Complete roll out of electronic prescribing. • System interoperability. • Single Sign On, Multi Factor Authentication, Cyber Security. • Device and network improvements.	• Electronic Patient Record (EPR) optimisation is ongoing for RIO and EMIS at pace, with key deliverables achieved and planned for 2024/25 including core templates and forms, EMIS Mobile implementation for use by community services, Electronic Prescribing Service (EPS) implementation (electronic prescribing where prescriptions are sent directly to community pharmacists for Urgent Care medics and further roll out to district nurses (DNs)), text messaging pilots in CAMHS and community services for appointment reminders, pilots for GP referrals directly into community EMIS, waiting lists in CAMHS, waiting list validation and self-referrals, dashboard development for the Mental Health Act (MHA) office, enablement of the spine in RIO alongside virtual smart card roll out, and eObservations (eObs) across all mental health inpatient wards. • Truecolours (app for recording Patient Reported Outcome Measures (PROMs)) is now redeveloped and live for pilot teams in CAMHS and Adult / Older Adult, with over 40 questionnaires for CAMHS and 4 core questionnaires for Adult and Older Adult including Dialog and the careplan. • Removal of paper from patient homes is in progress with the District Nurse suite of templates now live on EMIS and external partner access ongoing. • Electronic Prescribing and Medicines Administration (EPMA) is live in all mental health inpatient wards, upgraded functionality to include T2/T3 consent to treatment and outpatient pilots underway, and preparation for EPS implementation. Plans in place for a technical solution for community inpatient EPMA implementation. • A programme of system interoperability is underway, delivering single sign on (SSO) contextual launches from core EPRs to Truecolours, ICE, Shared Care Records, and system interoperability between RIO, Truecolours, Ascribe, and EPMA to reduce duplication of effort. Test results can be viewed for a number of labs (Oxford University Hospitals (OUH), Buckinghamshire Healthcare Trust (BHT), and Great Western), and ordering of tests is being developed. First of type closed loop integration between EPMA, Ascribe and RIO is also being tested. • Multi Factor Authentication is being monitored to ensure the Trust is compliant with NHS England policy and Data Security Protection Toolkit (DSPT). • Cyber Security ongoing developments is key to provide the Trust with assurance. • All 5 sites – Warneford, Whiteleaf, Abingdon, Littlemore and Witney – have now had their internet breakout circuits installed and an additional 18 sites have had their Health and Social Care Network (HSCN) lines upgraded. • Ipads are being rolled out to support specific digital projects such as EMIS Mobile and eObs.	Amber due to some technical integration issues with EMIS delaying the EPMA implementation in Community inpatients and also some technical issues with Clinisys ICE and reliance on lab systems being upgraded before integration to be able to view test results.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Warneford Park	**Executive Lead:** Chief Finance Officer 	We are designing a £500m world-class centre for mental health and brain sciences at Warneford Park in Oxford. Warneford Park will provide a new, fit for purpose mental health hospital surrounded by a research and innovation hub.	• Engage with HM Treasury, NHS England (NHSE) and other key stakeholders to highlight the importance and significant value of this programme with a view to prioritising it in the next spending review. • Prepare for submission of planning documents in Spring 2025. • Engage with clinical teams, staff and experts by experience to develop the hospital design.	• Significant engagement undertaken with positive results and broad support, including visits from key stakeholders, a parliamentary event, and letters to VIP stakeholders in NHS England and the Department of Health and Social Care. • Extensive engagement with clinical teams, estates, staff and experts by experience has been undertaken which has informed and validated the hospital design. • There has been a delay in the planning application submission, which was initially planned for the end of March but is likely to be at the end of May, due to some late design changes, particularly for the Prince of Wales Innovation Centre (POWIC) building. • Strategic Outline Case (SOC) refresh commenced in preparation for summer spending review and Joint Investment Committee.	There has been an estimated two-month delay in submission of the planning application.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Community Services Transformation Programme	**Executive Lead:** Chief Operating Officer for Community Health Services, Dentistry & Primary Care	The programme is structured through three key workstreams: Start Well; Live Well and Age Well. It will deliver more sustainable models of care that meet the changing needs of our population through a joined-up approach to care, providing the right care, in the right place and the right time, supported by the right resources.	• Safe and sustainable service development for children and young people's services and adult community nursing. • Improvements to same day urgent and emergency care services, including development of single point of access and 24/7 home visiting. • Community rehabilitation pathway development (including community inpatients). • Development of Oxford City healthcare hubs.	See directorate update.	See directorate update.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Estates Strategy	**Executive Lead:** Chief Finance Officer 	This programme will support patient and staff wellbeing by developing our Estates Strategy and delivering hubs for Community Health Services, Dentistry & Primary Care in Jordan Hill, East Oxford Health Centre and Blackbird Leys to free up old estate and decrease cost and travel times while improving access and environment.	• Relocation of services to Jordan Hill hub. • Develop plans for Blackbird Leys hub. • Plan for the next phase of consolidation and improvement, focussing on Mental Health services in Oxford city (excepting inpatient services which are the focus of the Warneford programme). • Begin overarching Estates strategy for longer term challenges such as Community Hospital renewal and staff accommodation.	• Jordan Hill hub site on track to be open in April 2025. • Plans for Blackbird Leys hub have been paused. • Task and finish group formed for the next phase of consolidation and improvement, focussing on mental health services in Oxford city, and awaiting data on travel patterns. • The Estates Strategy refresh has commenced. Meetings are currently underway with various stakeholders which 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.	The plans for the Blackbird Leys hub have been paused.

Strategic Programmes Update

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
Mental Health Inpatient and Community Improvement Programme	**Executive Lead:** Chief Operating Officer for Mental Health and Learning Disability	This programme comprises two parts: - One area will reflect the key components of the national mental health, learning disability and autism inpatient transformation programme by delivering an improved model of care for the future for our inpatient mental health services. - The other area will focus on the Community Mental Health Framework which was in place originally to deliver key ambitions of the NHS Long Term Plan (over a 3-year period) and focusses on developing and transforming community mental health services to improve the support offer available to people with a severe mental illness including physical health checks. Key focus has been on reducing health inequalities and integration with primary care to increase access and improve experience and outcomes for people with a personality disorder, eating disorder and rehab needs.	For the Inpatient Transformation Programme: • Set up the programme structure and governance. • Develop a clear oversight and support structure for services that is sustainable and transparent, where issues are identified early. • Explore and accelerate different therapeutic offers, including community-based alternatives to admission and a culture within inpatient care that is safe, personalised and enables patients and staff to flourish. For the Community Mental Health Framework: • Continued development of primary care mental health hubs in Buckinghamshire and Keystone hubs in Oxfordshire. • Dedicate resource to further develop the eating disorder offer and interface with primary care. • Continued development of voluntary sector infrastructure.	Mental Health Inpatient Transformation: • Programme delivery infrastructure and governance structure well established, with experts by experience embedded within the leadership of the programme boards. Projects and workstreams are established with project documentation in place and clear objectives defined. An initial trust-wide conference event had excellent attendance and feedback. • A variety of data sources and metrics are in place to enable effective oversight and support structures, allowing for early identification of issues, including an internal quality dashboard and collaboration with Berkshire Healthcare Foundation Trust to align metrics across the Provider Collaborative. • Inpatient therapeutic intervention groups in each directorate are well established with multi-disciplinary membership and expert by experience involvement, with a focus on mapping and improving the offer. The Culture of Care programme is also ongoing, focussing on quality improvement work to improve the culture of care and staff wellbeing in participating inpatient wards. Culture of care funding has enabled targeted support of improvement initiatives.		N/A
				Oxfordshire Community Mental Health Framework: • All planned keystone teams are in place in Oxfordshire and receiving referrals, but there remains an estates funding issue that means two of the teams do not have physical hub sites on the high street. • All Somerset and Wessex Eating Disorders Association (SWEDA) workers are now in place. • Successful recruitment of volunteers in some keystone hubs to support 'meet and greet' services. Elmore and MIND workers are now involved with some keystone teams.		There are currently eight Keystone hub teams, with five bases, and a sixth outreach base (one day a week), where patients able to drop in for support. There are ongoing discussions to seek a base for the Witney Keystone hub and the Wallingford, Henly and Thame Keystone hub. These teams are offering assessments, support and interventions from referral, in shared bases, one in the Abingdon Keystone Hub and the other is currently sitting in the Witney Adult mental Health Team base, and offering drop ins on a Friday in Chipping Norton.
				Buckinghamshire Community Mental Health Framework: • Integration and primary care mental health hubs: Buckinghamshire talking therapies have trialled embedding workers within primary care networks. Delivery evolved throughout 2024/25 and will continue into 2025/26 with evaluation planned to measure success. • A small team has been employed who provide physical health assessments for people at greater risk of mortality because of Severe Mental Illness. Delivery was focussed on supporting those at greater risk of health inequality. • During 2024/25, BHMS were a key partner in the development of Integrated Neighbourhood Teams and will continue to support this system integration initiative into 2025/26. • Partly in response to a national inquiry, BMHS have prioritised and planned work to improve the identification of and support for people who have a diagnosis of psychosis. • The core eating disorder offer across CYP and Adults has been improved with additional staff recruited and wait times reduced. Further review is required to develop the primary care interface to ensure early identification and support. • VCSE Infrastructure: We have developed a key partnership with a local infrastructure organisation who will lead work to identify opportunities for alignment and grow relationships between VCSE services who support people with mental ill health & the NHS. This work will be fundamental in the continued transformation of community services.		Key progress has been made in two of the three identified focus areas. One area remains incomplete, amber RAG rating has therefore been provided.

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG commentary
Outcome Measures	**Executive Lead:** - Chief Operating Officer for Mental Health and Learning Disability	This programme will build on existing work to review mechanisms for direct monitoring of clinical outcomes and set out actions needed to improve our ability to consistently report on and use outcome measures to deliver effective care.	• Set up the programme structure and governance. • Set the context and review the different types of outcome measures (Patient Reported Experience Measures, Patient Reported Outcome Measures, Clinician Reported Outcome Measures etc). • Review and summarise national best practice and any relevant guidance or policy in relation to outcomes measurement across the service areas operated by the Trust. • Undertake a stocktake of what we are doing now against the above, and set out a roadmap for outcome measures we intend to capture and why.	• Programme structure and governance well established. • Outcome measures required in mental health services have been collated, and the clinical system for recording four types of patient reported outcome measures is now live and being rolled out in a phased approach. An interim dashboard is in place for basic reporting on usage. • There are not any national best practice requirements in place, which means that the focus is on setting local indicators and targets. • A stocktake of current outcome measure reporting across the trust has been completed.	N/A

Strategic Programmes Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
Provider Collaboratives and Strategic Partnerships	**Executive Lead:** - Chief Operating Officer for Mental Health and Learning Disability/ Executive Managing Director for Community Health Services, Dentistry & Primary Care/ Executive Director of Strategy and Partnerships	Provider Collaboratives are partnerships of trusts and independent providers which work together, at scale, to benefit their population. The following form part of this overarching programme: • Buckinghamshire, Oxfordshire and Berkshire West (BOB) Mental Health Provider Collaborative – working with partners to develop a collaborative for non-specialised mental health services. • Thames Valley Community Dental Partnership – working with partners to improve patient care, reduce inequalities and provide quality care within efficient use of resources. • Oxford Health and Oxford University Hospital Partnership - working jointly to support integrated work in some strategic areas.	BOB MH Provider Collaborative • Strengthen the infrastructure for the delivery of the BOB Mental Health Provider Collaborative and improve ways of working across all partners. • Enhance and embed co-production. • Make progress against key transformational priorities. Thames Valley Community Dental Partnership • Continue to recruit Special Care and Paediatric Consultants. • Continue the reduction of general anaesthetic waiting lists. Oxford Health and Oxford University Hospital Partnership - work is in train to identify areas of focus and joint working opportunities.	BOB MH Provider Collaborative: • Governance structure in place and working well. Work is ongoing to ensure voluntary, community and social enterprise (VCSE) representation across the structure. • Co-production is embedded in the Mental Health Inpatient Transformation programme; further work is needed to embed it across all programmes. • Mental Health Inpatient Transformation and Localising Mental Health Care programmes are progressing well. A review is underway of the projects within the Mental Health Crisis and Urgent Care programme to ascertain where the Provider Collaborative can add value to the ongoing work.		Further work is needed to enhance and embed co-production across the transformation programmes within the Provider Collaborative.
				Thames Valley Community Dental Partnership: • Special Care and Paediatric Consultants have not been recruited due to budget constraints, but specialist dentists have been recruited to other clinical posts. • The general anaesthetic waiting list in Oxford is 35% lower than at the end of 2023/24, following implementation of improved operational processes and additional funds for weekend sessions. • The future commissioning model for the partnership has been confirmed, with the intention being to direct award the Special Care and Paediatric Dentistry contract for two years across three providers in Thames Valley; formal notification of this is awaited.		Special Care and Paediatric Consultants have not been recruited.
				Oxford Health and Oxford University Hospital Partnership: • Community hospitals – continuing to work closely with Oxford University Hospitals (OUH) on county-wide plan for community rehabilitation and Wantage Community Hospital enhanced range of outpatient services. • Heart failure/cardiac care workstream - there has been good partnership working, and local joint triage and pathway solutions have been implemented which have reduced community waiting times. There is now a focus on developing long-term sustainable pathway for community.		N/A

Enabler Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
Enabler 1 - Our Operating Framework	**Executive Lead:** Amelie Bages & Taff Gidi	A target operating framework is a high-level model of how an organisation can best be organised to more effectively and efficiently deliver and execute its strategy. It aims to provide a common, and easily communicable, understanding of the organisation.	• Set out the ways of working that will enable us to deliver our purpose • Enabler cross-silo working, avoiding duplication • Streamline ways of working and governance • Devolve decision-making and empower our people.	• Operating framework drafted and socialised with senior leadership team of the Trust ahead of reviewing Team to Board alignment and commissioning external review		Further internal and external review of the operating framework planned for 2025/6

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
Enabler 2 – Our Central Support and Corporate Services	**Executive Lead:** Heather Smith	We aim to improve central support services by simplifying, standardising, automating and co-ordinating processes and teams that have a direct impact on the delivery of clinical services.	• Review of end-to-end processes for recruitment, procurement and temporary staffing taking into account quality and value for money. • Events and ways of working that increase sense of shared responsibility between Central teams and responsiveness to users.	Focus has been on: • HR systems roadmap identified. • Procurement processes and Act. • Recruitment and onboarding. • Corporate performance dashboard. • Intranet and communications, engagement. • Hiring/onboarding processes. • Temporary staffing processes. Achievements include: • improved Bank recruitment and fill rates • new contract database and online catalogues • ESR manager self-service currently being rolled out • improved responsiveness and business partnering across all functions • Feedback sought from customers of each service, the CQC and clinical audit team, the QI team and new starters • Draft performance dashboard for corporate services produced • Regular meetings of corporate service directors in place to take the shared improvement agenda forward.		Processes have been identified, workstream leads in place. Progress has been made against all areas, but the work required for the key focus areas has not been fully delivered and will continue to be progressed in 2025/26.

Enabler Update

Oxford Health NHS Foundation Trust

	Leads	Overview	Focus for FY24/25	Update on FY24/25 focus areas	RAG	RAG commentary
Enabler 3 – Supporting People and Teams	**Executive Lead:** Grant Macdonald	Our Trust supports our teams so that key decisions are made by teams and people working at the closest possible to our patients. We will shape our culture based on positive behaviours that are drawn from the overarching concepts of civility, respect and fairness.	Design and scope the programme of work to support our people and teams.	Reference group with staff met a number of times and informed a Culture Statement. The next step will be to understand how we can bring to life the 5 asks that underpin the culture statement which relate to Teamwork; Support and Compassion; Continuous Learning; Values and Professionalism		N/A

Oxford Health
NHS Foundation Trust

Appendix 2 – RAG rating guidance

RAG Rating Guidance

Oxford Health NHS Foundation Trust

RAG rating relates to strategic programmes and enablers.

RAG status	Description
Red	Most focus areas have not been delivered as was expected for 2024/25.
Amber	Most focus areas have been delivered as expected for 2024/25, but some were not fully completed or progressed as intended.
Green	All focus areas have been delivered as expected for 2024/25.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	11
Report title:	Intensive Case Management - Adult Mental Health Community Provision Transformation Programme
Executive sponsor(s):	Rob Bale, Interim Chief Operating Officer for Mental Health & Learning Disability
Report author(s):	Andrew Scott – Lee, Senior Project Manager
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	Update for board on progress achieved in relation to Intensive Case Management interventions for people with a psychosis following national enquiry and subsequent requests for assurance of all NHS mental health Trusts & ICBs from NHSE. Previously presentation to board – 27th November 2024
Public or confidential:	Public

Executive summary

Purpose:

The attached presentation (Appendix A) and this covering report are in place to provide the following:

- A recap of what the work is, and it is required, including its alignment to a key national enquiry
- An update and status of the workstreams that have been implemented with the agreed governance structure that is in place to oversee delivery
- An overview of the phased approach to delivery over the next 6 months and what is anticipated to be achieved

Recap

The government-led NHS England (NHSE) review of the Nottinghamshire Healthcare NHS FT of the Valdo Calocane homicide received widespread public enquiry. The concerning findings prompted NHSE to include a requirement in the 2024/25 NHS Priorities and Operational Planning Guidance that all ICBs "review their community services to ensure that they have clear policies and practices in place for patients "with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge".

Phase 1: Initial Assurance & Response to National Guidance – 2024.

- Revise DNA Policies to ensure that appointment 'defaulter's' or those not engaging with services should not be discharged from services for that reason alone (Completed August 2024)
- Complete review of current service provision utilising maturity index specification released by NHSE (Completed September 2024).

- Develop an action plan to address any gaps in the maturity index review over short, medium and long-term timeframes (Completed October 2024).
- Develop a costing model for Services to reinstate an Assertive Outreach or Intensive Case Management Community Model (Completed November 2024). There was initial anticipation that in response to the work undertaken around model costing that NHSE would release funding to support recruitment of additional staff resource. To date, however, there has been no further update released.

Status

Phase 2: Programme governance structure, implementation and delivery 2025.

Building upon the initial work started in 2024 and to ensure clear governance is in place, with key accountability lines and tracking of progress and outcomes, a formal & structured programme of work has been initiated. Key roles and responsibilities have been agreed and assigned with workstreams scoped and implemented. An overview of phase 2 is outlined below.

Programme Objectives:

Reduce gaps & barriers within Bucks and Oxon community mental health provision that enable effective intensive and assertive care at no or marginal implications on overall budgets.

The six workstreams to address identified gaps include:

1. Data: Improving data quality and utilisation for identifying and tracking AO/ICM patient cohorts.
2. Interventions & Workforce Training: Reviewing and enhancing current provision and training where applicable.
3. Involvement: Identify approaches for involving EbE, ethnic minority, and community groups in service and policy development, whilst addressing areas for improvement.
4. Partnerships: Establish an ICM patient review and governance function within complex case forums that include attendees from system providers and partners.
5. Policy: Revise applicable policies and standard operating procedures, as necessary.
6. Assurance Processes: Review risk assessment, discharge, medication management, and safeguarding assurance processes, and determine if additional assurance is required.

Please see appendix A for a more detailed update on each of the above workstreams.

Benefits Analysis:

- A re-focussed offer which will support increased engagement by patients meeting ICM criteria with Bucks and Oxon community teams.
- An increased likelihood of earlier crisis engagement and reduction in admissions psychiatric inpatient facilities
- A potential reduction of the amount of time patients are treated in hospital (therefore less hospital cost)

- Greater housing, employment, daily living functioning and substance misuse support stability through increased partnership working with system providers, partners and ethnic/community groups within the community.

Strategic Implications:

1. Funding: Without any additional funding from NHSE (which is expected to be clarified in June 2025), an assertive outreach team, along with costings and resources required, are deemed unattainable.
2. Staff wellbeing: CMHTs continue to be the backbone support provider within community mental health services currently and are implicated strongly in relation to planned changes. The programme team identified the need to continue to consult, support, and reassure the staffing cohorts across Bucks and Oxon that decrements to personnel and resource will not be experienced.
3. Service Offer: AO and ICM models require enhanced evening and weekend offer to effectively reinforce the ethos of assertive and/or intensive community provision. The management of expectations will need to be considered both internally and externally in relation to boundary setting and partnership working.
4. There are limitations relating to evidence supporting ICM and AO models, however, research underlines an importance to illustrate high levels of fidelity to AO and ICM models to achieve the greatest benefits.

Financial Implications:

There is currently a lack of clarity as to whether there will be any additional investment available on a national footprint in line with the initial indication driven by the costed modelling work requested by NHSE in November 2024. Currently therefore the work is being delivered within the scope of existing resources which is anticipated to deliver positive outcomes but will not realise the totality of what was originally planned when this work was previously presented to board.

Appendix A.

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

Intensive and Assertive mental health care response: Current position and Next Steps was presented to Board on the 27th November 2024

Recommendation(s)

The Board is asked to review the progress and actions that have been taken to date & confirm that it is assured by the progress presented.

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

Link to CQC domain – where applicable				
☑Safe	☑Effective	☐Caring	☑Responsive	☑Well-led

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ BAF	☑ TRR
Equality, diversity and inclusion	Yes/~~No~~	
Legal and regulatory	Yes/~~No~~ (NHSE essential standards; CQC essential standards; Provider license.)	

01 INTENSIVE CASE MANAGEMENT (ICM)

Project Charter ● ● ● ●

NHS Oxford Health NHS Foundation Trust

Goals

Review & enhance provision for ICM patients

Reduce gaps & barriers within community provision that enable effective intensive and assertive care. Processes in focus include data quality, policies, practices, training, system partnerships and EbE involvement.

Design ICM provision in Bucks & Oxon

Design and develop place-based community intensive and/or assertive provision including workforce, infrastructure, governance and resource considerations.

Implement/Embed designed AO/ICM provision

Implement AO/ICM community provision, arrange monitoring and performance tracking processes, utilising quality improvement and service development approaches.

In Scope

Phase 1:

- AMHT, CMHTs, and EIS
- CRHTT & Inpatients Units
- Dual Diagnosis
- EDPS

Phase 2:

- Homelessness Services
- Vocational Services
- Police
- Social Services
- Housing Services

Out of Scope

- Forensics

High-level Brief

An NHSE-led special review of Nottinghamshire NHS FT, following conviction of Valdo Calocane, resulted in a request to ICBs to assess local mental health service provision for people with an SMI, psychosocial co-morbidities and who are not engaging with services.
The outcome of this was a requirement for providers to develop action plans to ensure adequate level of provision for individuals with these needs, and to develop costed models of Assertive Outreach (AO) or Intensive Case Management (ICM) where this wasn't already in place. NHSE have since made the reinstatement of AO/ICM provision a national priority for all providers in Financial Year 25/26 at a no or minimal cost.
An agreement to address any provision gaps and become organisationally prepared to implement AO/ICM provision was agreed.

Vision

Review and enhance the current intensive and/or assertive adult community interventions offered in Bucks and Oxon, ensuring robust clinical safety, quality data, assured policy and processes, and robust IT infrastructures are in place.

Delivery Outputs: Jan–May 25

Action Plan Review/Thematic Analysis
Six workstream themes (Policy, Process, Partnerships, Involvement, Workforce & Data

01 **Workstream & Stakeholder Prioritisation**

02 **Oversight / Task & Finish Group Initiation**

03 **Workstream Action Plan Development**
Project plans developed for workstreams

04 **Key Reporting Processes**
Structures, monitoring and accountability

05 **Programme Roadmap**
Tasks, milestones and achievements

Anticipated Risks

1. Lack of available data to capture local demand for this provision – IG issues
2. Absence of additional funding has led to a reduced project scope
3. IT Technical & integration challenges

02 INTENSIVE CASE MANAGEMENT (ICM)

Next Steps

NHS Oxford Health NHS Foundation Trust

PRIMARY DRIVER	SECONDARY DRIVERS	PROGRAMME FUNCTIONS
Ensuring that OHFT secondary care mental health services have safe, effective and proficient support in place for people with AO and/or ICM needs in Buckinghamshire & Oxfordshire	Data	Develop a digital algorithm for identifying patients. Investigate methods to monitor and track identified patients.
	Interventions & Workforce Training	Examine the current psychosocial interventions and patient management practices in Bucks and Oxon. Assess and improve training, supervision, and caseload management processes as needed.
	Involvement	Identify approaches for involving EbEs and community groups in service and policy development and addressing areas for improvement.
	Partnerships	Identifying operational complex case forums, reviewing attendance to include system partners, and defining an AO/ICM governance function to support on-going monitoring.
	Policy	Revise applicable policies and standard operating procedures, as necessary.
	Assurance Processes	Review risk assessment, discharge, medication management, and safeguarding assurance processes, and determine if additional assurance is required

03 INTENSIVE CASE MANAGEMENT (ICM)
Workstream Status

NHS Oxford Health NHS Foundation Trust

Meeting	BOB MHPC Partnership Programme Board	Lead	Tina Malhotra & Lola Martos	Narrative updated	09/05/2025

Key Points and Highlights

- Project Oversight Steering Group established with core governance and reporting structures agreed.
- Experts By Experience – two identified EBEs to work on the programme.

- **Workstream 1: Data** – Task & Finish Group formed, EHR and P&I working with Assertive Outreach / Intensive Case Management clinical and operational leads have developed a digital algorithm to identify patients from existing data sets. First algorithm specification includes admissions (≥3 over 3 years/≥1 admission ≥6 months), diagnoses, DNAs (≥3 in 6 months), and risk indicators identified approx. 230 cases, and manual cross-validation process has been defined and initiated.
- **Workstream 2: Interventions & Workforce Training** – This workstream has two priorities:
  - Review best-practice psychosocial interventions/care plans for the patients identified by the Data Workstream algorithm in contrast to the national AO/ICM specifications. This will be done whilst acknowledging the progressive MDT based interventions already being provided within secondary care services in Bucks and Oxon.
  - Review related training, supervision, reflective practice, caseload management, and joint working mechanisms currently in place to establish alignment with national specification requirements.
- **Workstream 3: Involvement** – The programme has two identified EbEs. The project team are arranging a meeting with the patient experience, involvement, and EDI services to review involvement processes across Bucks and Oxon to map existing involvement structures to provide assurance
- **Workstream 4: Partnerships –** Review established complex case forum functions that are shared with system partners (OUH/BHT providers, emergency services, VCSEs, Social Services etc.) to understand what is in place currently. Project will also review governance processes to ensure the ongoing tracking and monitoring of AO/ICM patients.
- **Workstream 5: Policy –** Policies reviewed by quality leads in both directorates with assurance that they meet required specification standards, with a plan to review as the programme progresses.
- **Workstream 6: Process –** Assurance processes in place regarding risk assessment, discharge, psychosocial interventions, safeguarding, and medication management as per Core Clinical Standards policy. Further work is planned to review gaps in assurance for patients identified as needing AO/ICM input

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	12
Report title:	Integrated Performance Report
Executive sponsor(s):	Amelie Bages, Executive Director of Strategy & Partnerships
Report author(s):	Vicki Bull, Head of Business Services
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	The Integrated Performance Report (IPR) report provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People
Public or confidential	Public

Executive summary

The (IPR) provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People. It has been re-designed for an improved alignment with Trust strategic ambitions, national and local reporting performance requirements.

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

The Trust continues to perform well against the reportable targeted NOF metrics with the exception of Inappropriate Out of Area Placement (OAP) adult acute bed days and Black, Asian and Minority Ethnic representation in senior leadership roles. The latter is being addressed through High Impact Action 2 of the NHS Equality, Diversity and Inclusion (EDI) Improvement plan, which focuses on achieving diverse and fair workforce representation through inclusive recruitment and talent management strategies.

In March 2025 locally reported total bed day usage was 386 days (227 inappropriate adult acute OAP bed days in Buckinghamshire and 159 inappropriate OAP adult acute bed days in Oxfordshire) – an increase of 191 bed days compared to February 2025. The directorates continue their focus on reducing the use of OAPs to improve the quality of patient care and improve cost control.

(2) Clinical performance

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

Service area	Total number of indicators	Total number of indicators reported in May 2025 (March 2025 data)	Total number of indicators with reporting mechanism in development	Comments
Child and Adolescent Mental Health Services (CAMHS)	13	12	1	• Access to mental health support for children and young people across Buckinghamshire, Oxfordshire and Bath and North-East Somerset, Swindon and Wiltshire services on a continuous upward trend. • All CAMHS services have not achieved the national average for 4-week wait in March 2025, but performance remains within expected statistical range. • Buckinghamshire and Oxfordshire services continued exceeding the national target of 95% with 100% of urgent referrals seen within 7 days in March 2025 (rolling three months) whilst Bath and North-East Somerset, Swindon and Wiltshire CYP Eating Disorders were working towards achieving the target with 85.71% seen within 7 days. • Oxfordshire's CYP Eating Disorders service exceeded the national target of 95% with 96.88% of routine referrals seen within 28 days in March 2025 (rolling three months) while other CYP Eating Disorder services have not achieved the target due to a variety of reasons with eight (8) out of eleven (11) total breaches attributed to the first appointment being offered outside of the 28-day timeframe due to capacity.
Talking Therapies	20	20	0	• Oxfordshire's and Buckinghamshire's Talking Therapies services are generally performing well. Buckinghamshire's Talking Therapies Service reported underperformance against two metrics (reliable improvement rate at 63.5% versus the target of 67% and recovery rate for ethnically and culturally diverse communities at 49.6% versus the target of 50%) in March 2025, which is deemed to be due to natural variation and within expected statistical ranges.
Adult and Older Adult Community	15	14	1	• Access to perinatal mental health services in Oxfordshire remains below target in March 2025. Oxfordshire perinatal mental health service carried out a deep dive exercise

Mental Health Services				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 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. Buckinghamshire's and Oxfordshire's Individual Placement Support (IPS) access rate was below target set for 2024 – 25. The metric has now nationally changed into reporting a 12-month rolling position; reporting in the IPR will reflect the change when reporting April's data. Collectively, the Integrated Care Board (ICB) achieved the 12-month rolling IPS target in March 2025. • All other local Adult and Older Adult community mental health services metrics have achieved set targets or exceeded national averages in March 2025. T Data Quality – 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.
Mental Health Urgent Care Services	8	8	0	• Mental Health Crisis services in both Buckinghamshire and Oxfordshire performed above national averages in March 2025 with the exception of 4-hour response in Oxfordshire with 61.11% of patients seen within timeframe versus the national average of 69% and 24-hour response in Buckinghamshire with 53.97% patients seen within the timeframe versus the national

				average of 57%. Patient choice accounts for a significant share of breaches. • Psychiatric Liaison services in Oxfordshire and Buckinghamshire exceeded national averages for 1-hour and 24-hour response in March 2025. To note: not all activity undertaken in the urgent care pathway is represented in the Mental Health Urgent Care waiting standards reported in the IPR due to specific national definitions. Peer review of how urgent care standards are applied across Oxfordshire and Buckinghamshire mental health crisis services concluded. In addition, we also undertook a high level performance review of mental health crisis services in South East and South West regions. Interim findings suggest that whilst there is a national guidance in relation to urgent mental health care standards, interpretation of it can vary due to clinical triage.
Adult and Older Adult acute/inpatient services	30	30	0	• Acute admissions with no prior contact with community services in year prior to inpatient admissions have reduced but still remain higher than the national average Buckinghamshire adult inpatient services in March 2025. 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), marginally impacting performance. • The Trust monitors number of active inappropriate out of area placements on the last day of the month against a set reduction trajectory for the financial year – March 2025 had a higher number (17 versus the target of 2) of inappropriate out of area placements on the last day of the month in Buckinghamshire's and Oxfordshire's inpatient services. • Rate per 100,000 population in adult acute beds with a length of stay over 60 days in Oxfordshire and older acute beds with a length of stay over 90 days in Buckinghamshire were slightly above target. The metric has been changed nationally and will report actual mean length of stay in 2025 – 2026.

				To note: there is a selection of indicators that are being baselined with a view to either set a target or a trajectory for the new financial year (2025 – 2026)
Community Health Service, Dentistry and Primary Care	7	5	2	• Minor Injury Units continued consistently performing above the national target of 78% in March 2025 with 89.70% seen within 4 hours. • 71% of 2-hour Urgent Community Response (UCR) referrals referral seen within 2 hours (target – 70%) in March 2025. In Quarter 4 (January–March 2025), the National Early Warning Score (NEWS)—a national tool used to detect clinical deterioration where applicable —was completed for 77.6% patients, below the target of 90%. This figure is based on a manual sample audit. An investigation is currently underway to understand the contributing factors and identify actions to improve compliance. T Data Quality – 1. Several same-day care services and healthcare teams should be contributing to the 2-hour target (i.e. UCR itself, District Nursing, Community Therapy Service etc.), but currently are not due to data recording code development and therefore only a proportion of activity is being reported. Actions underway to address this by end of quarter 1. 2. Investigation of Out of Hours palliative care referral response times resulted in the need of several process changes related to timely update of patient records and redefinition of End of Life patients in scope of this metric (where end of life means an imminent action required and palliative – chronic palliative illness).

(3) Quality and People

Key elements from this section include:

- 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.

- March 2025 saw the maintained overall reduction in seclusion. Reduction in the use of restrictive practices remains a key priority for the trust in line with the requirements in the Mental Health Units (Use of force) Act 2018.
- 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.

(4) Delivery of Strategic Objectives

The Trust has 40 strategic metrics to track performance against set strategic objectives and ambitions.

Strategic Dashboard inclusive of all strategic metrics was last reported to the Board in November 2024. This reporting includes the Annual position (cumulative April 2024 to March 2025 performance).

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

The IPR underwent a six-monthly review in November 2024 and as a result, a set of improvements, where possible, to be incorporated from the following financial year were identified (e.g. expansion of Community Health Service, Dentistry & Primary Care clinical metrics, inclusion of clinical metrics for Forensics and Learning Disabilities, better visibility of Integrated Care Board performance and Place contributions to it etc.). NHS England has developed an updated NHS Performance Assessment Framework for 2025/26 which will be tested out during quarter 1 with the intention to issue the final framework and replace the current National Oversight Framework (NOF) at the end of the quarter 1. Once published, the IPR will be reviewed and aligned with the Framework. The report will keep being updated to reflect agreed changes over its next iterations and further aligned with the NHS Operational guidance for 2025 – 2026, the NHS England's Standardising community health services guidance and other relevant national publications.

IPR now partly integrates application of Data Quality Indicators in line with the Insightful Board guidance. These indicators, RAG-rated across three key domains — Sign-Off and Review (S), Timeliness and Completeness (T), and Process and System (P) — serve as an effective visual tool to facilitate the analysis of data collection, review processes, and overall data quality. Currently, these indicators are applied to assess a group of clinical metrics. However, in later stages, the framework may be expanded to evaluate individual metrics and incorporating additional domains such as People and Quality.

Directorate-specific version of the IPR have been shared and discussed with relevant Senior Management Teams within the two Mental Health and Community Health Service, Dentistry and Primary Care directorates. The implementation of a ward-to-board approach and the discussion of directorate-specific IPRs enhance teams' understanding of the performance management framework and their clinical and operational performance. This, in turn, enables more targeted initiatives to improve work practices and service delivery.

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

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	**☑ BAF**	**☑ TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	Yes Nationally mandated performance metrics	

Integrated Performance Report (IPR): May 2025

March 2025 data unless stated otherwise



Quality



People



Sustainability



Research

Oxford Health NHS Foundation Trust

Oxford Health NHS Foundation Trust

- 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

Guide to the Integrated Performance Report

Oxford Health NHS Foundation Trust

The Integrated Performance report (IPR) provides and 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:

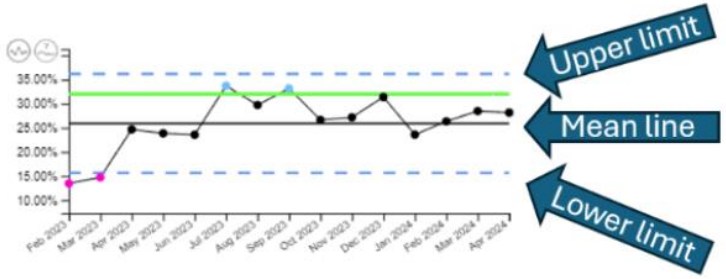
- National Measure – defined NHS Long Term plan metric with a national target or an agreed system plan
- National Objective – metric linked to NHS Long Term Plan with no agreed national target
- NOF – National Oversight Framework -NHS England's approach to oversight of Integrated Care Boards and Trusts.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

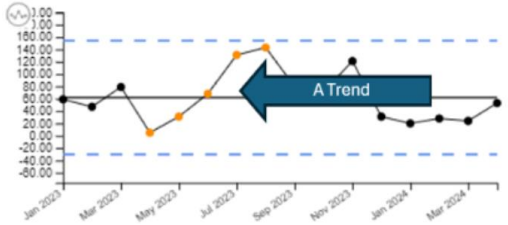
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

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.

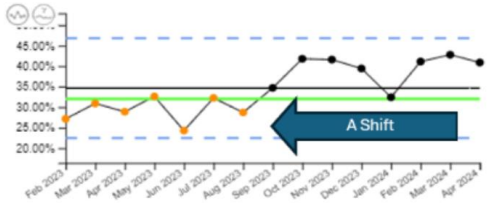


Green is the metric target line – only added to those graphs where target is applicable. Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).

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)

S T P

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)*				

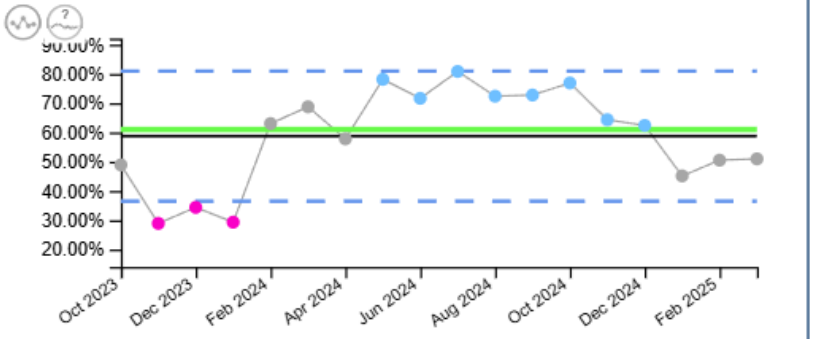
Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (2/2)

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

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

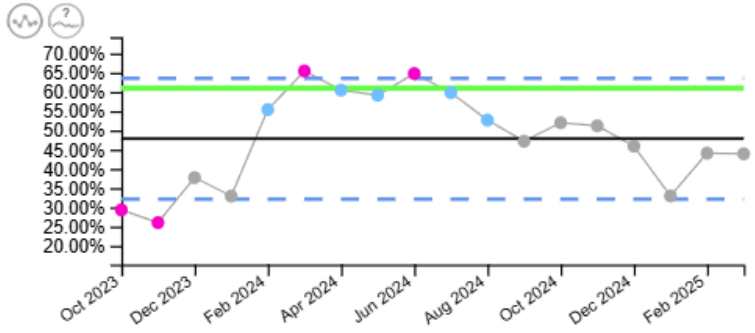
Mental Health Services – Child and Adolescent Mental Health Services

Children and Young People 4 Week Wait Pathway Interim Metric – Buckinghamshire



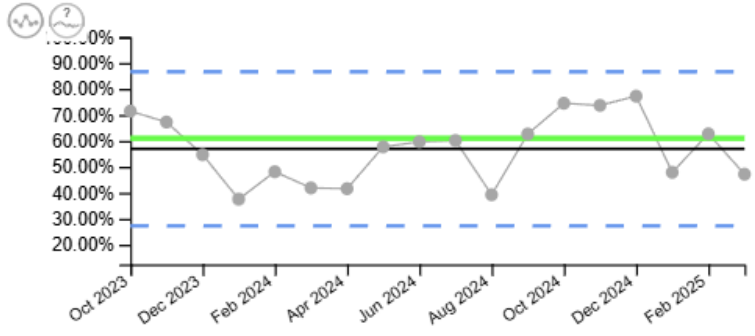
National Average:	Month Year	Value	Numerator	Denominator	Median (days)
61%	Mar 2025	50.98 %	259	508	34

Children and Young People 4 Week Wait Pathway Interim Metric – Oxfordshire



National Average:	Month Year	Value	Numerator	Denominator	Median (days)
61%	Mar 2025	43.91 %	137	312	42

Children and Young People 4 Week Wait Pathway Interim Metric – Bath and North East Somerset, Swindon and Wiltshire



National Average:	Month Year	Value	Numerator	Denominator	Median (days)
61%	Mar 2025	47.16 %	183	388	32

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.*

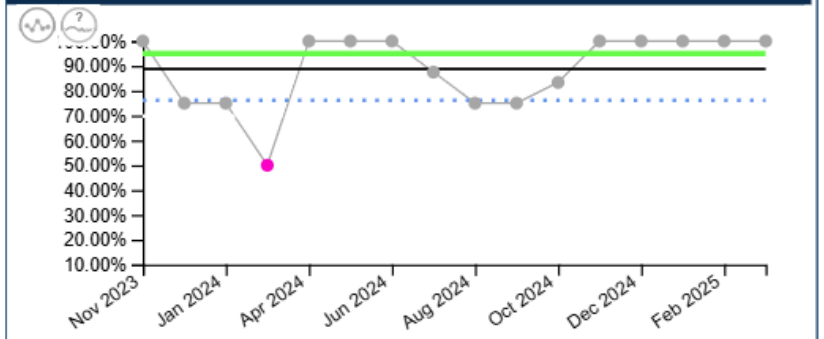
***SNOMED is a structured clinical vocabulary for use in an electronic health record.*

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.

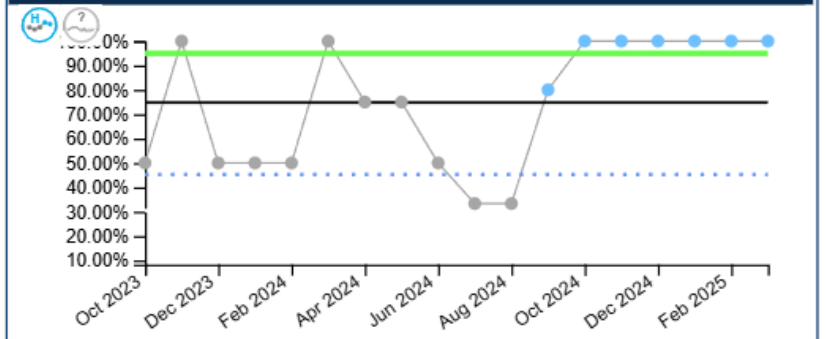
Mental Health Services – Child and Adolescent Mental Health Services

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



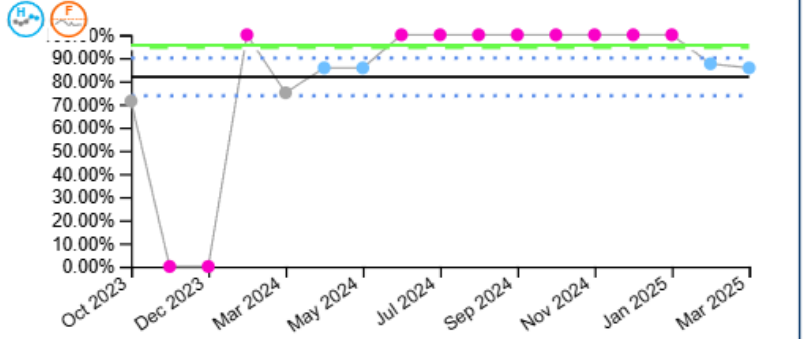
Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Mar 2025	100.00 %	3	3	5

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Mar 2025	100.00 %	4	4	2

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)



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Mar 2025	85.71 %	6	7	4

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).

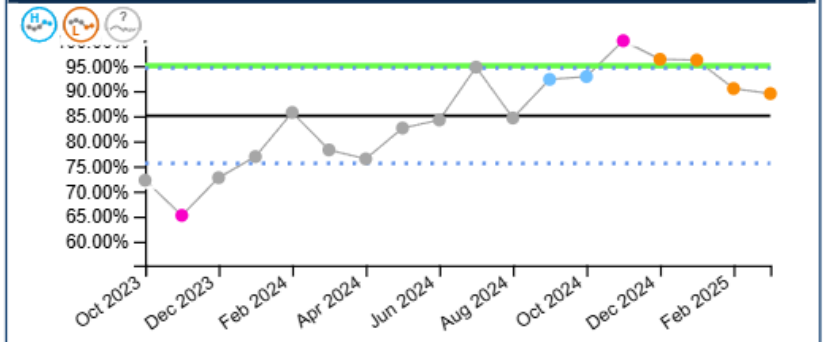
**SNOMED is a structured clinical vocabulary for use in an electronic health record.*

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.

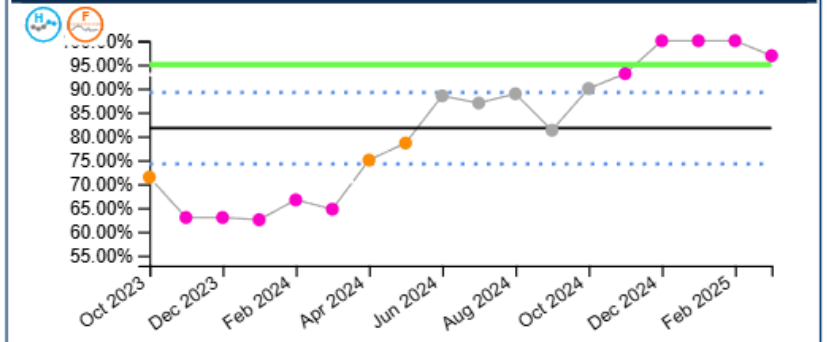
Mental Health Services – Child and Adolescent Mental Health Services

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



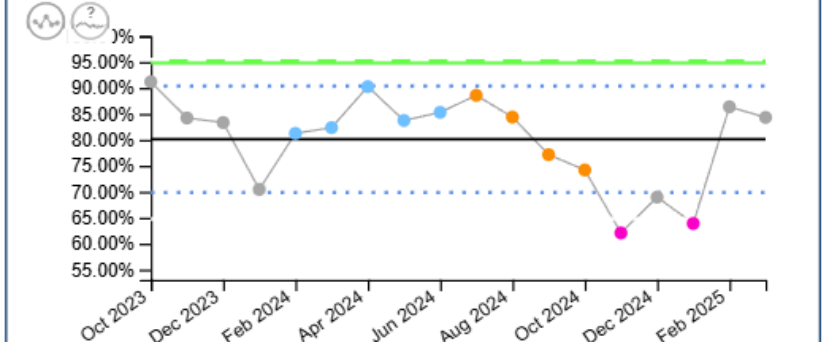
Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Mar 2025	89.47 %	17	19	12

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Mar 2025	96.88 %	31	32	10

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



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Mar 2025	84.31 %	43	51	13

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.

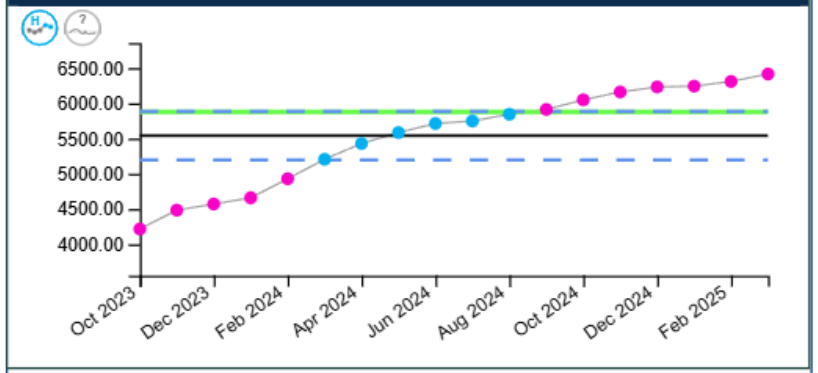
**SNOMED is a structured clinical vocabulary for use in an electronic health record.*

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.

Metrics meeting target/target to be confirmed:

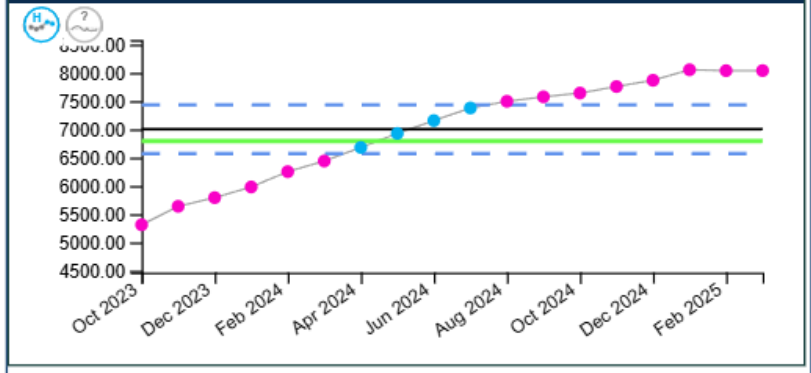
Improve access to mental health support for children and young people – Buckinghamshire



Target (Bucks sub ICB): average of 5878 a month

Month Year	Value
Mar 2025	6,416

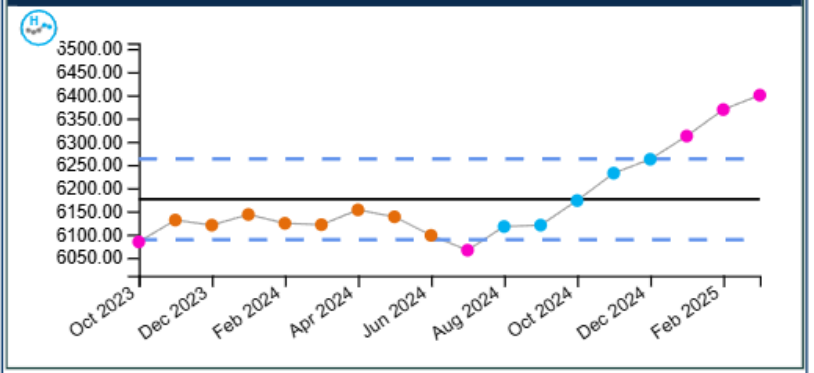
Improve access to mental health support for children and young people – Oxfordshire



Target (Oxon sub ICB): average of 6794 a month

Month Year	Value
Mar 2025	8,040

Improve access to mental health support for children and young people – Bath and North East Somerset, Swindon and Wiltshire



Target (BSW): average of tbc a month

Month Year	Value
Mar 2025	6,400

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

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

S T P

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)

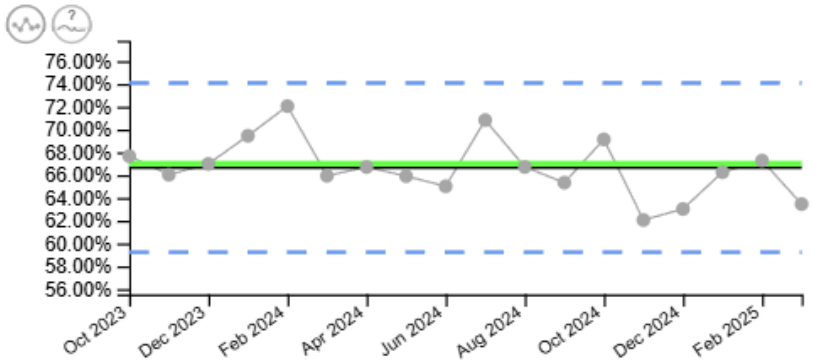
Narrative provided only for metrics under target (value coloured in red below)



Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Talking Therapies					
National measure	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	48%	Mar-25	50%	↑	↑
National measure	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

Reliable improvement rate for those completed a course of treatment adults and older adults combined - Buckinghamshire



Target:
>=67%

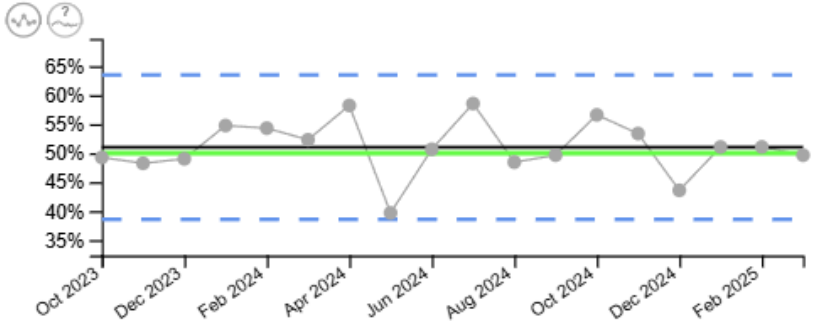
Month Year	Value	Numerator	Denominator
Mar 2025	63.5%	422	665

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.

Recovery rate for Ethnically and Culturally Diverse Communities (EDCD) (completed a course of treatment, adult and older adult combined) - Buckinghamshire



Target:
>=50%

Month Year	Value
Mar 2025	49.6%

Summary and actions

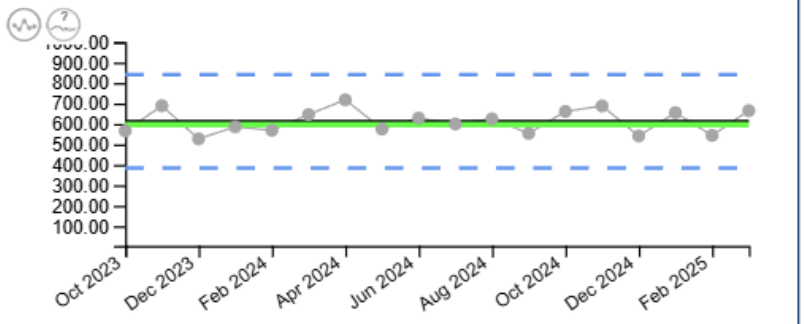
This metric is monitored to ensure that at least 50% of patients who complete treatment achieve recovery as defined by clinical criteria meaning they no longer meet clinical criteria for anxiety or depression.

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:

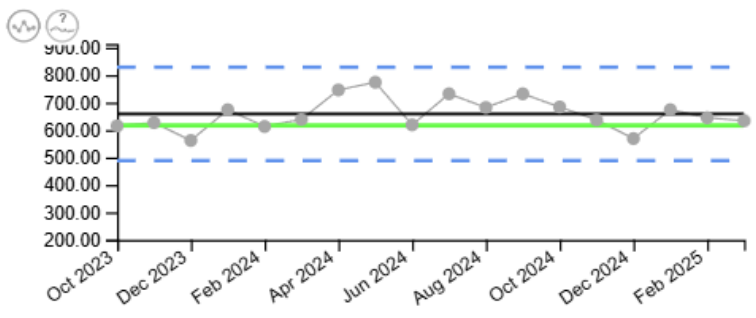
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies - Buckinghamshire



Target:
>=597 in month

Month Year	Value
Mar 2025	665

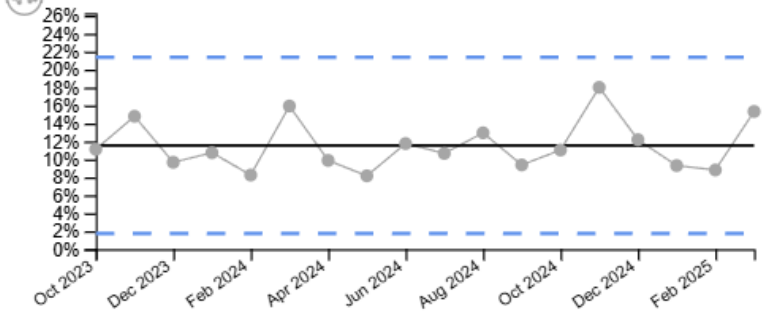
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies - Oxfordshire



Target:
>=617 in month

Month Year	Value
Mar 2025	634

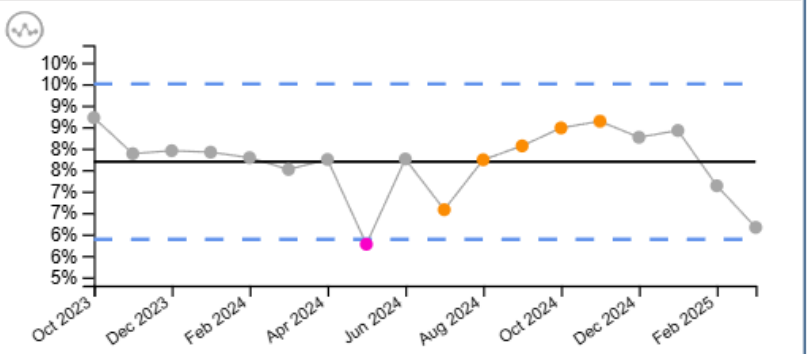
% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire



Target:
baseline

Month Year	Value
Mar 2025	15.3%

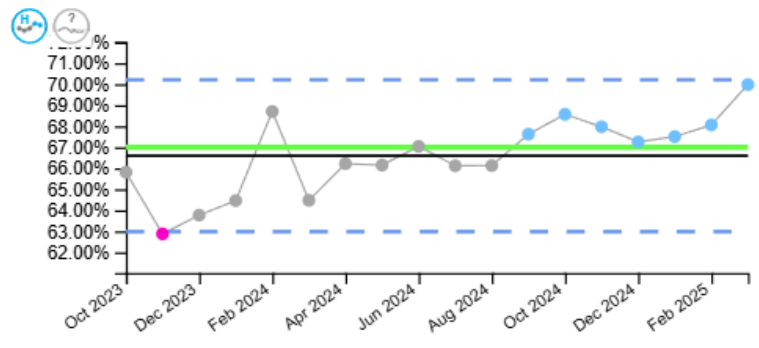
% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire



Target:
baseline

Month Year	Value
Mar 2025	6.2%

Reliable improvement rate for those completed a course of treatment adults and older adults combined - Oxfordshire



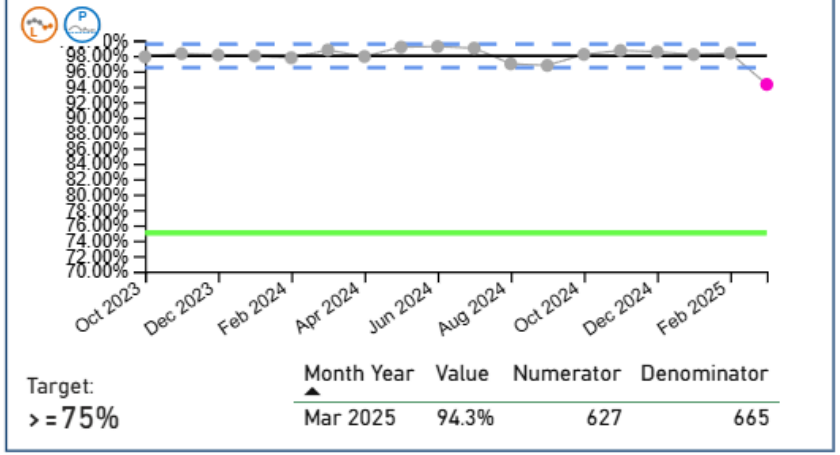
Target:
>=67%

Month Year	Value	Numerator	Denominator
Mar 2025	70.0%	443	633

Mental Health Services – Talking Therapies

Metrics meeting target or being baselined:

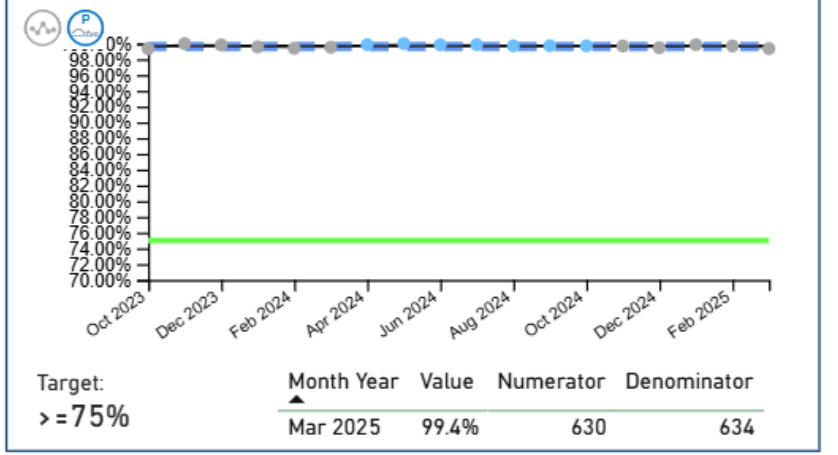
% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire



Target: >=75%

Month Year	Value	Numerator	Denominator
Mar 2025	94.3%	627	665

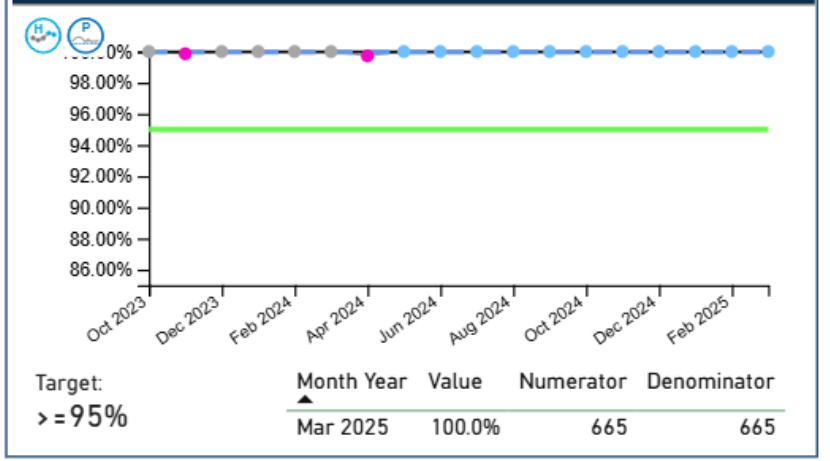
% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire



Target: >=75%

Month Year	Value	Numerator	Denominator
Mar 2025	99.4%	630	634

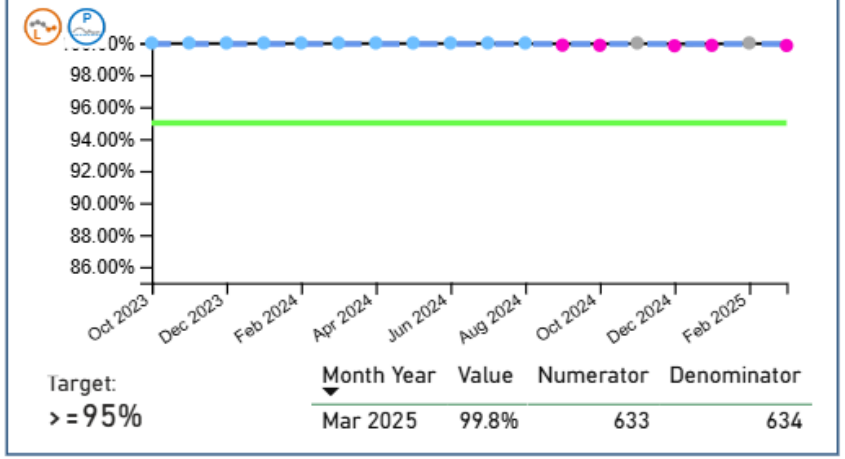
% of people receiving first appointment within 18 weeks of referral - Buckinghamshire



Target: >=95%

Month Year	Value	Numerator	Denominator
Mar 2025	100.0%	665	665

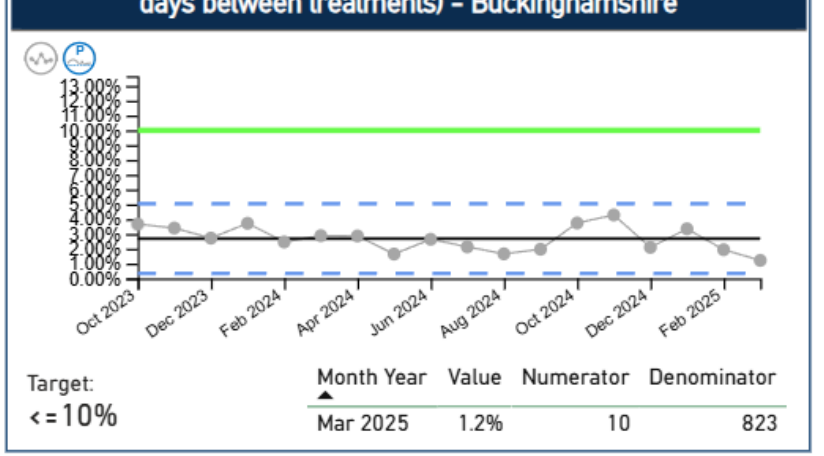
% of people receiving first appointment within 18 weeks of referral - Oxfordshire



Target: >=95%

Month Year	Value	Numerator	Denominator
Mar 2025	99.8%	633	634

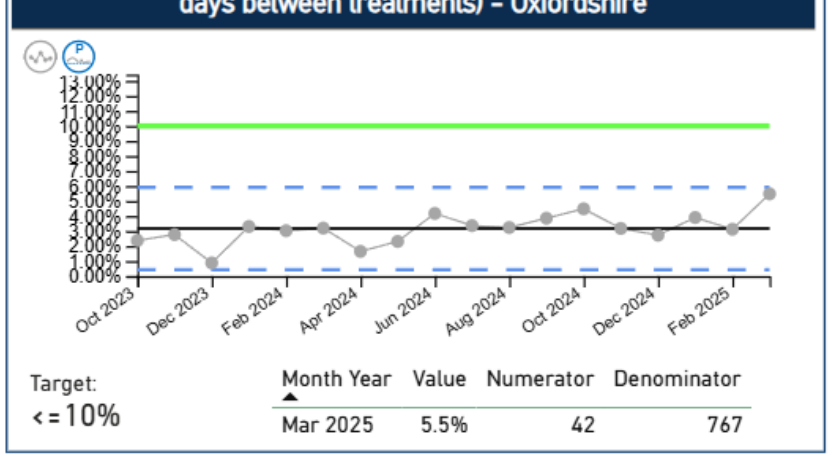
Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting no more than 90 days between treatments) - Buckinghamshire



Target: <=10%

Month Year	Value	Numerator	Denominator
Mar 2025	1.2%	10	823

Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting no more than 90 days between treatments) - Oxfordshire



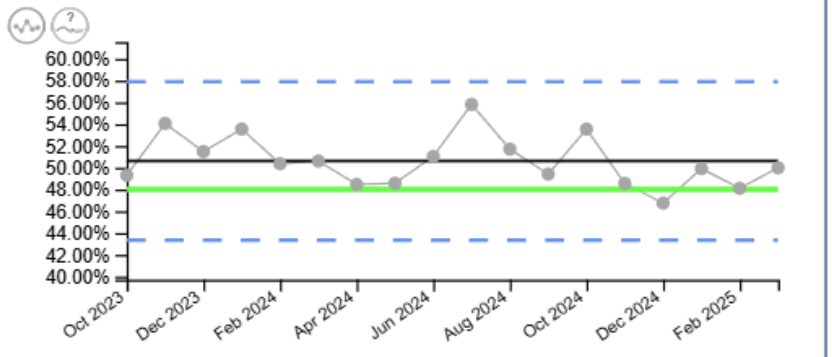
Target: <=10%

Month Year	Value	Numerator	Denominator
Mar 2025	5.5%	42	767

Mental Health Services – Talking Therapies

Metrics meeting target or being baselined:

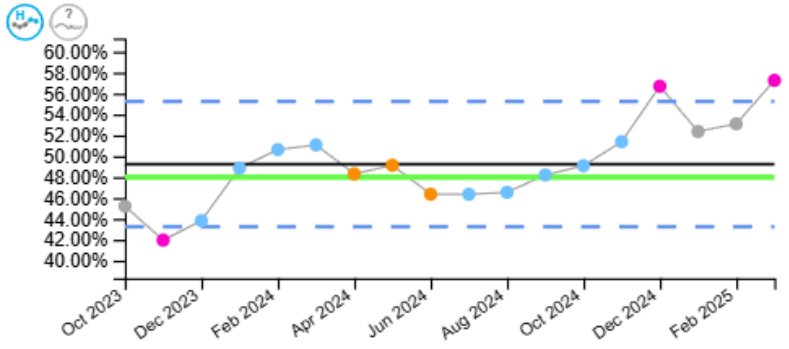
Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire



Target: >=48%

Month Year	Value	Numerator	Denominator
Mar 2025	50.0%	282	564

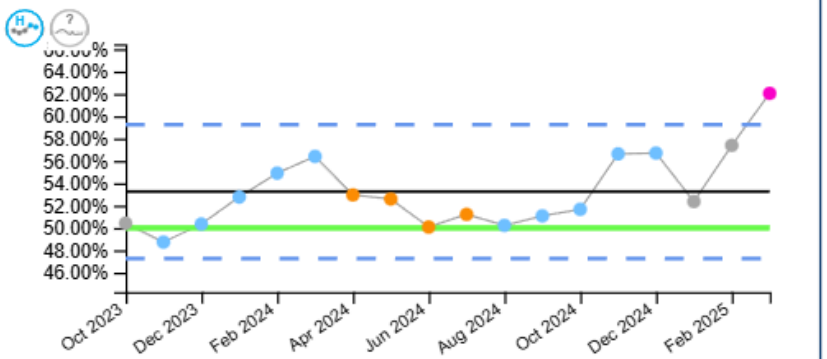
Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire



Target: >=48%

Month Year	Value	Numerator	Denominator
Mar 2025	57.3%	347	606

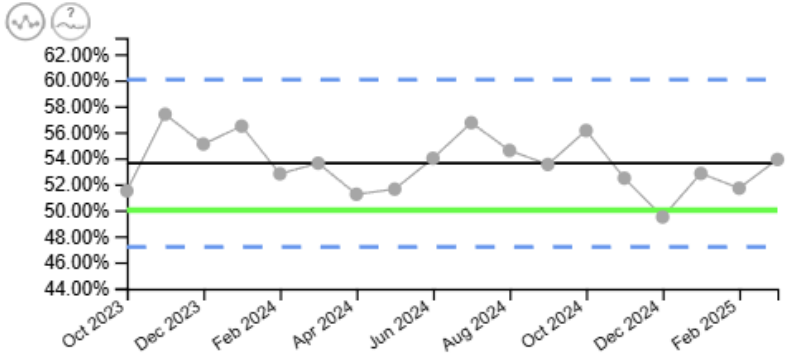
Meet and maintain Talking Therapies standards 50% Talking Therapies recovery rate - Oxfordshire



Target: >=50%

Month Year	Value	Numerator	Denominator
Mar 2025	62.0%	376	606

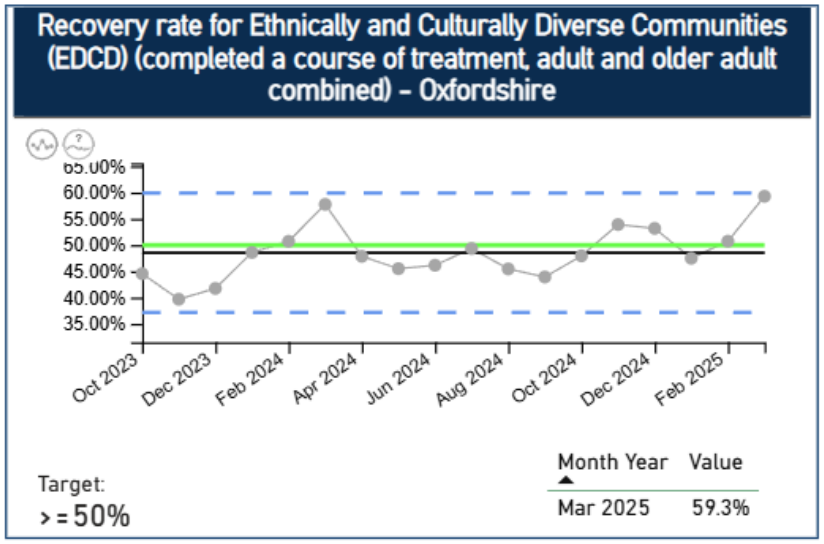
Meet and maintain Talking Therapies standards 50% Talking Thearpies recovery rate - Buckinghamshire

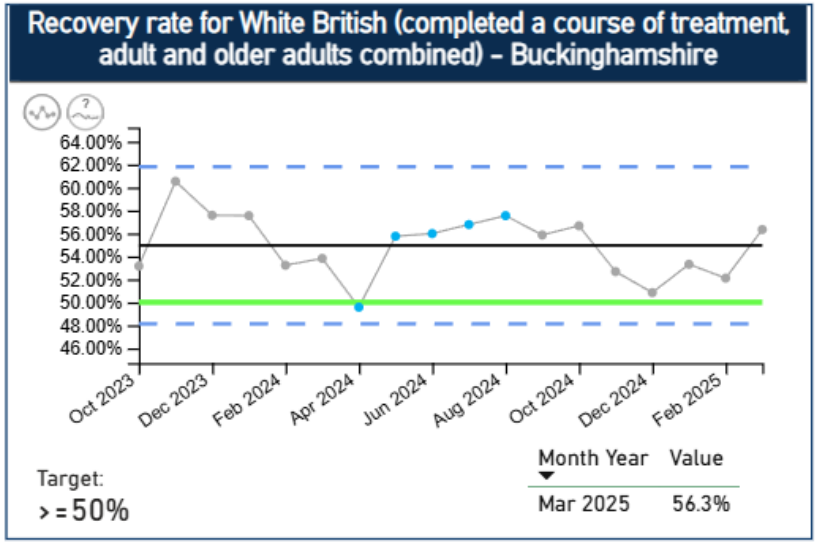


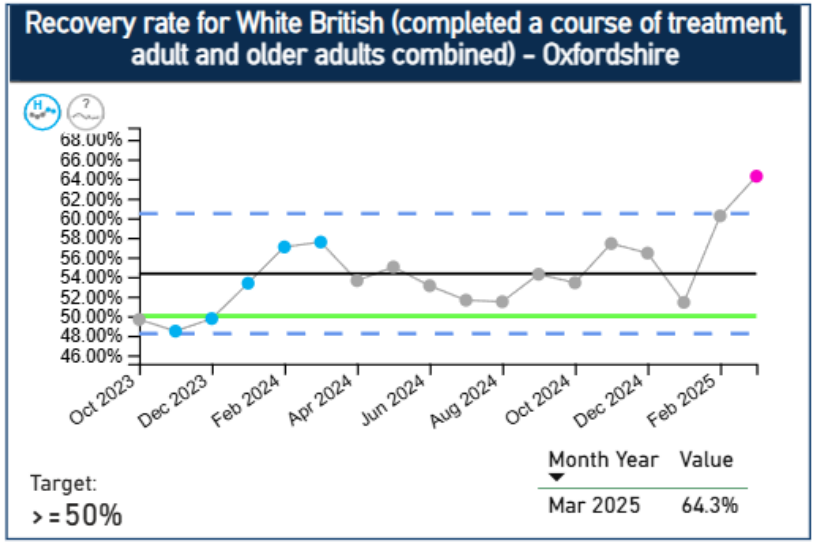
Target: >=50%

Month Year	Value	Numerator	Denominator
Mar 2025	53.9%	304	564

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%				↑

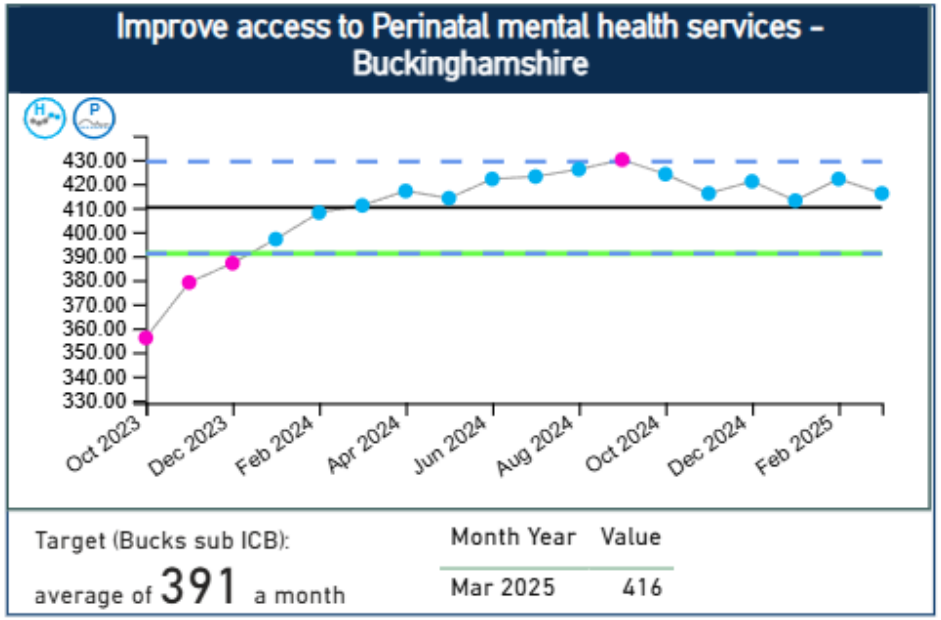
Mental Health Services – Adult and Older Adult community – Summary dashboard

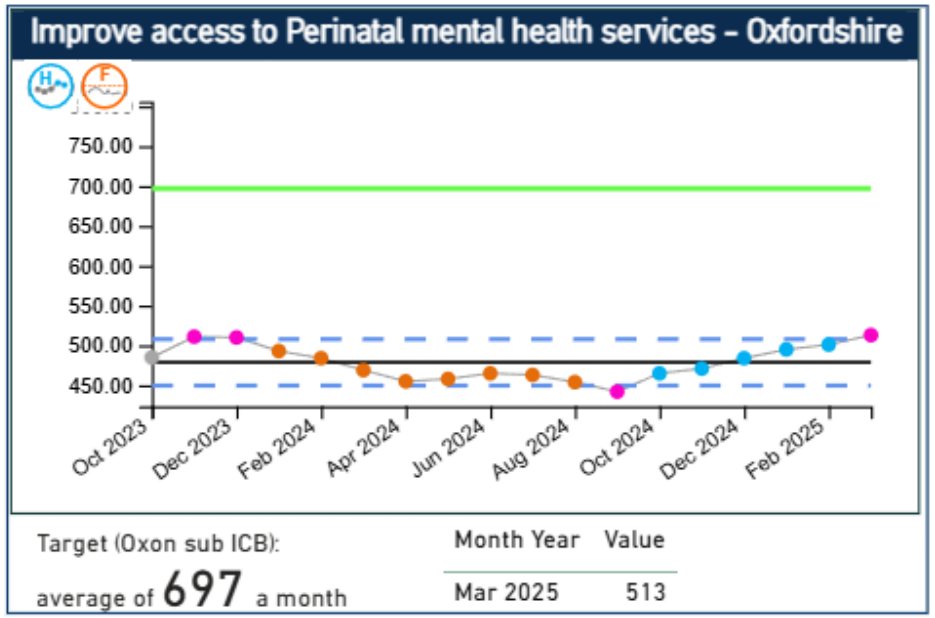
Narrative provided only for metrics under target or national average (value coloured in red below), narrative not provided for system measures:



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





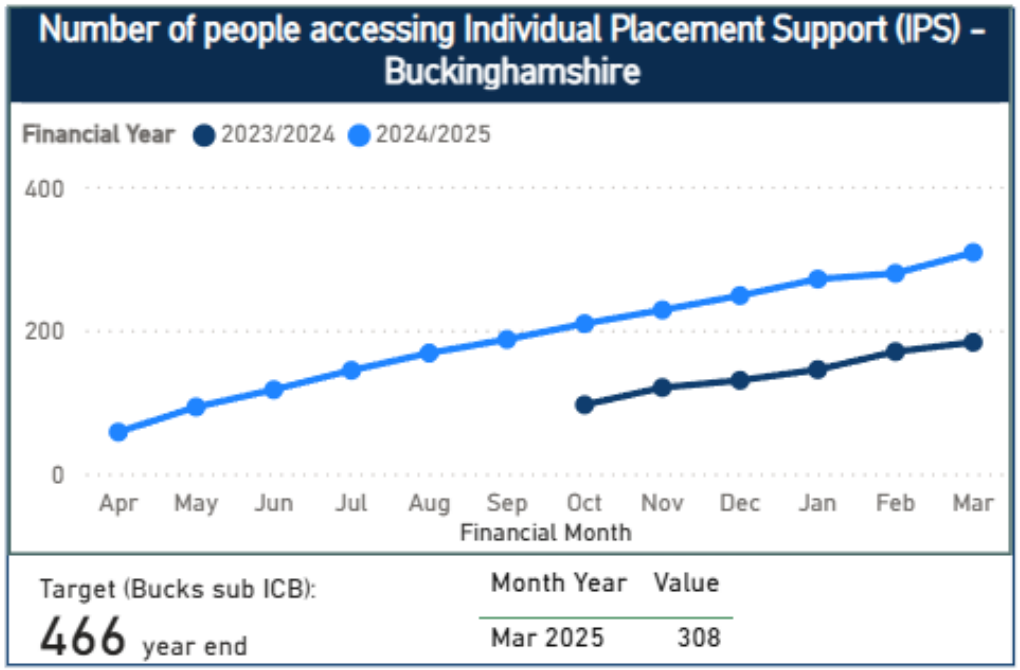
Summary and actions

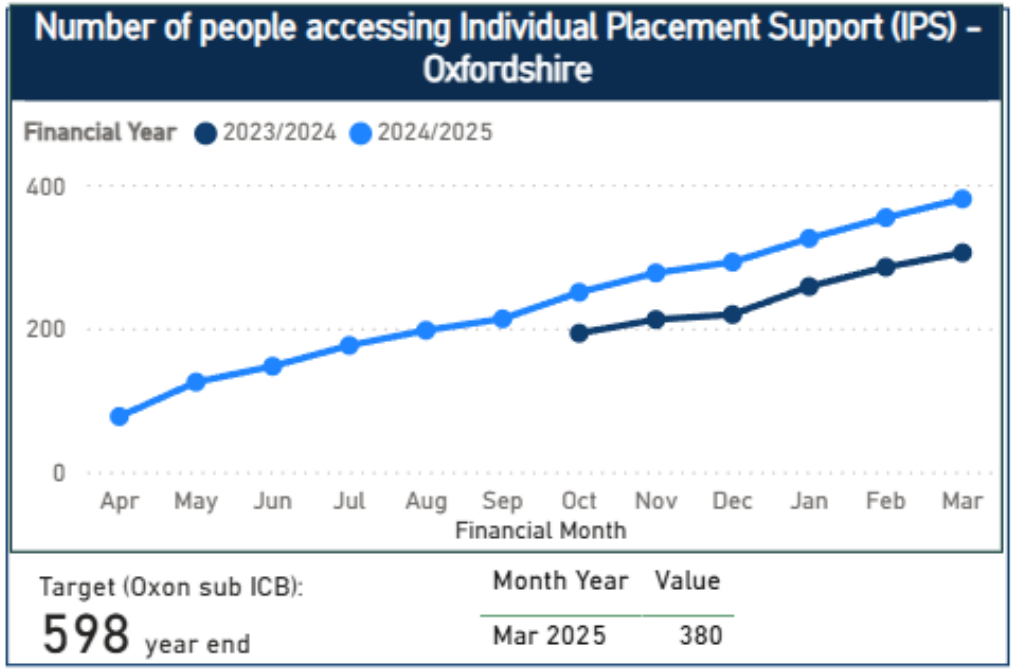
Above metrics measure how many women access specialist perinatal mental health services in Buckinghamshire and Oxfordshire in any given month. Perinatal mental health service provide support during pregnancy and up to one year after childbirth for women experiencing moderate to severe mental health issues. 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

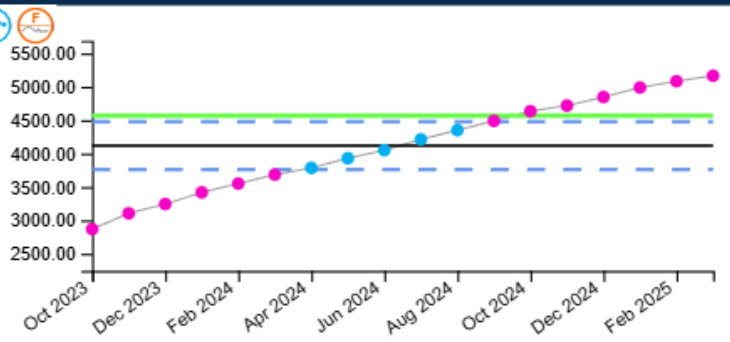
This metric monitors the number of individuals enrolled in or receiving support through an Individual Placement and Support (IPS). IPS is a well-evidenced employment support model that helps people with mental health conditions gain and sustain paid, competitive employment, integrated within mental health 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:

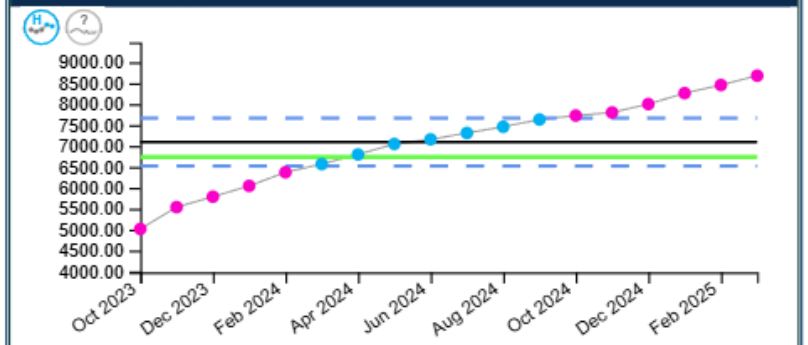
Improve access for Adults and Older Adults to support by community mental health services - Buckinghamshire



Target (Bucks sub ICB): average of **4568** a month

Month Year	Value
Mar 2025	5,166

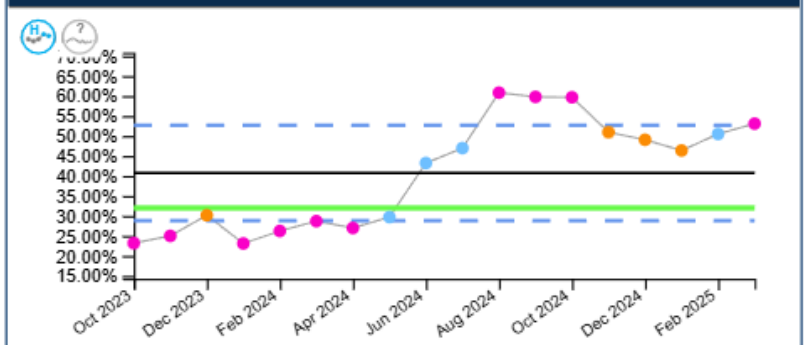
Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire



Target (Bucks sub ICB): average of **6737** a month

Month Year	Value
Mar 2025	8,682

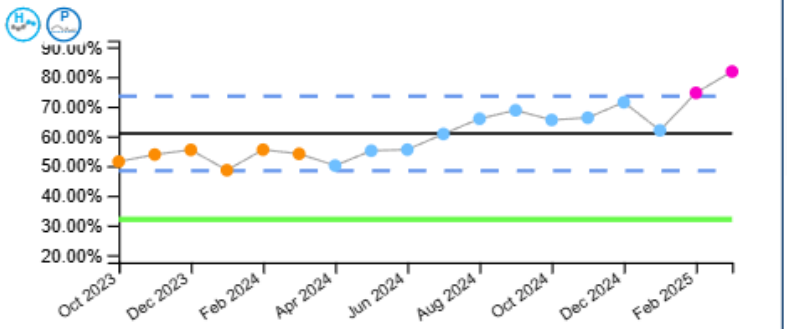
Community Mental Health 4 Week Wait Pathway interim metric - Buckinghamshire



National Average: >=32%

Month Year	Value	Numerator	Denominator	Median (days)
Mar 2025	53.09 %	146	275	29

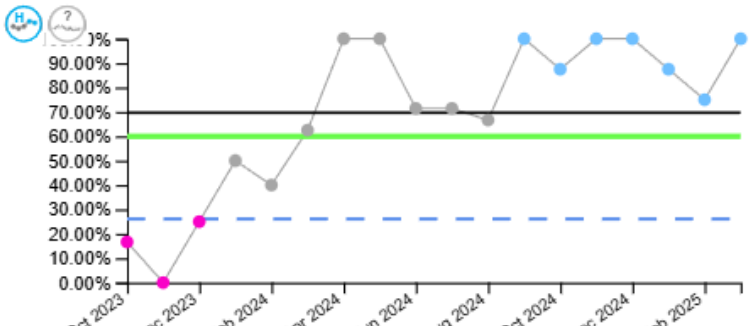
Community Mental Health 4 Week Wait Pathway interim metric - Oxfordshire



National Average: >=32%

Month Year	Value	Numerator	Denominator	Median (days)
Mar 2025	81.80 %	508	621	9

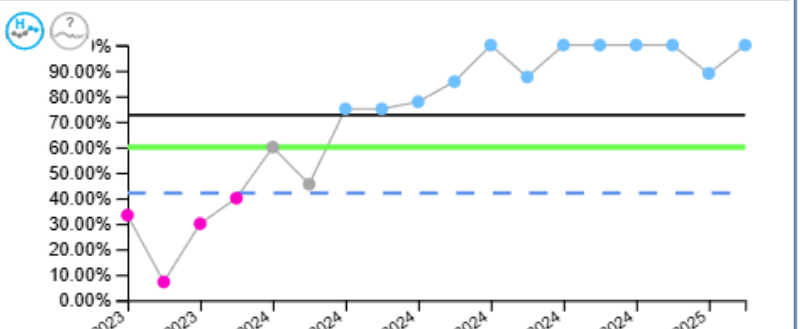
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) - Buckinghamshire



Target: >=60%

Month Year	Value	Numerator	Denominator
Mar 2025	100.00 %	1	1

Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) - Oxfordshire



>=60%

Month Year	Value	Numerator	Denominator
Mar 2025	100.00 %	5	5

Mental Health Services – Urgent Care – Summary dashboard

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

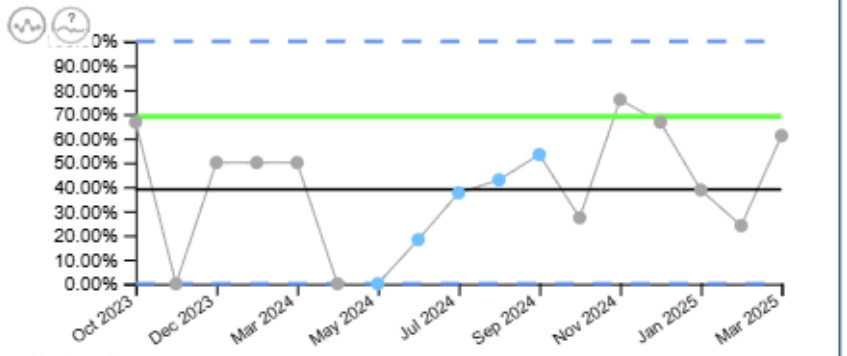


Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Urgent Care					
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	62% National average	Mar-25	90.10%	↓	↑
National Objective	Response from Mental 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

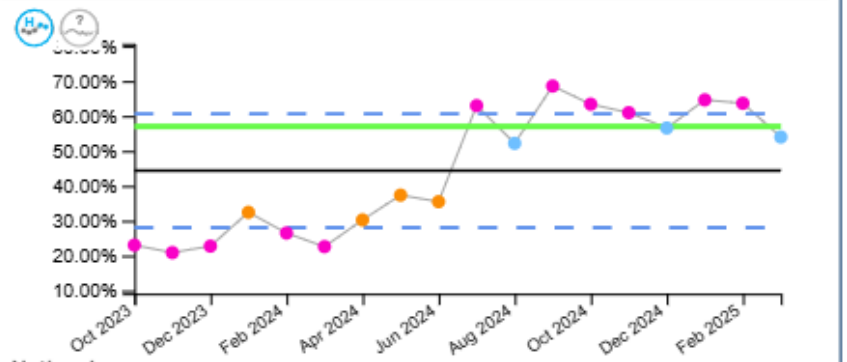
Mental Health Services – Urgent Care

Response from Mental Health Crisis Service within 4 hours (very urgent) – Oxfordshire



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=69%	Mar 2025	61.11 %	11	18	1

Response from Mental Health Crisis Service within 24 hours (urgent) – Buckinghamshire



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
>=57%	Mar 2025	53.97 %	68	126	23

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.

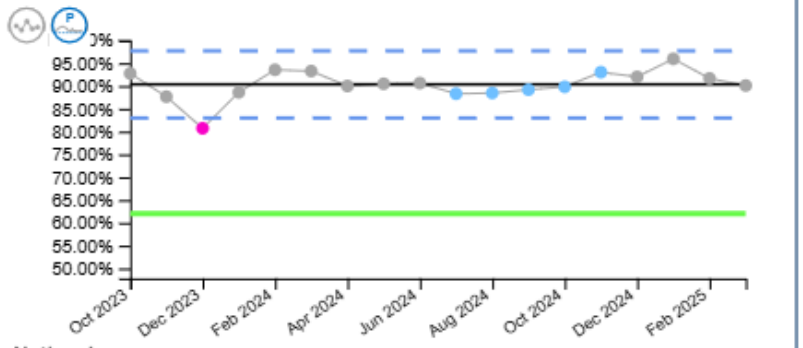
- Service is aiming to triage all patients within 2 hours of GP referral and make contact with patients as early as possible, as patients are not expecting to be offered an appointment 4 hours or can not be available for an appointment at short notice within the 4-hour timeframe.
- Service leads in Oxfordshire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

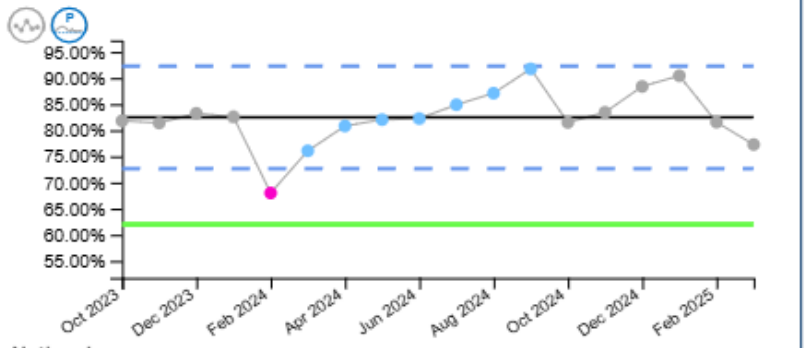
Metrics meeting national average:

Response from Mental Health Psychiatric Liaison Service within 1 hour – Buckinghamshire



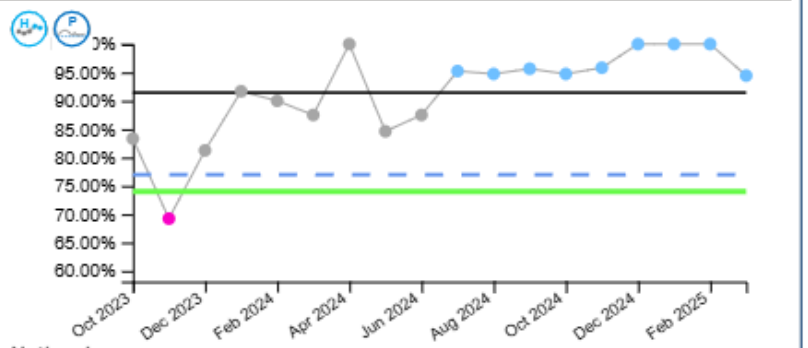
National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
> = 62%	Mar 2025	90.10 %	91	101	1

Response from Mental Health Psychiatric Liaison Service within 1 hour – Oxfordshire



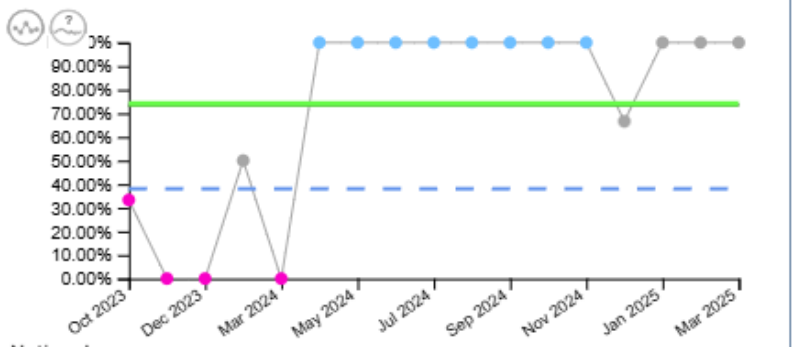
National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
> = 62%	Mar 2025	77.27 %	136	176	0

Response from Mental Health Psychiatric Liaison Service within 24 hour – Buckinghamshire



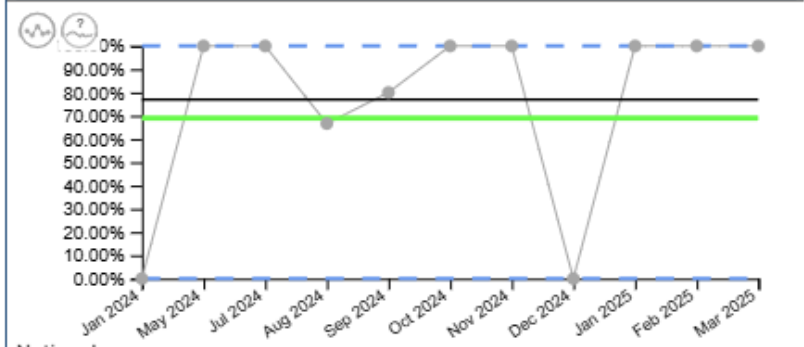
National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
> = 74%	Mar 2025	94.44 %	17	18	11

Response from Mental Health Psychiatric Liaison Service within 24 hour – Oxfordshire



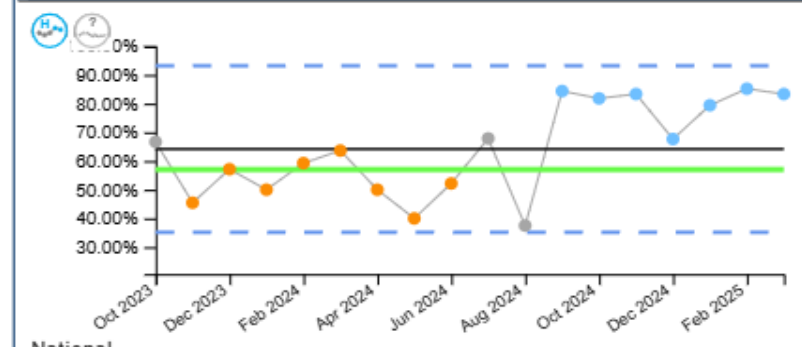
National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
> = 74%	Mar 2025	100.00 %	1	1	4

Response from Mental Health Crisis Service within 4 hours (very urgent) – Buckinghamshire



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
> = 69%	Mar 2025	100.00 %	1	1	1

Response from Mental Health Crisis Service within 24 hours (urgent) – Oxfordshire



National Average:	Month Year	Value	Numerator	Denominator	Median (hours)
> = 57%	Mar 2025	83.33 %	35	42	13

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

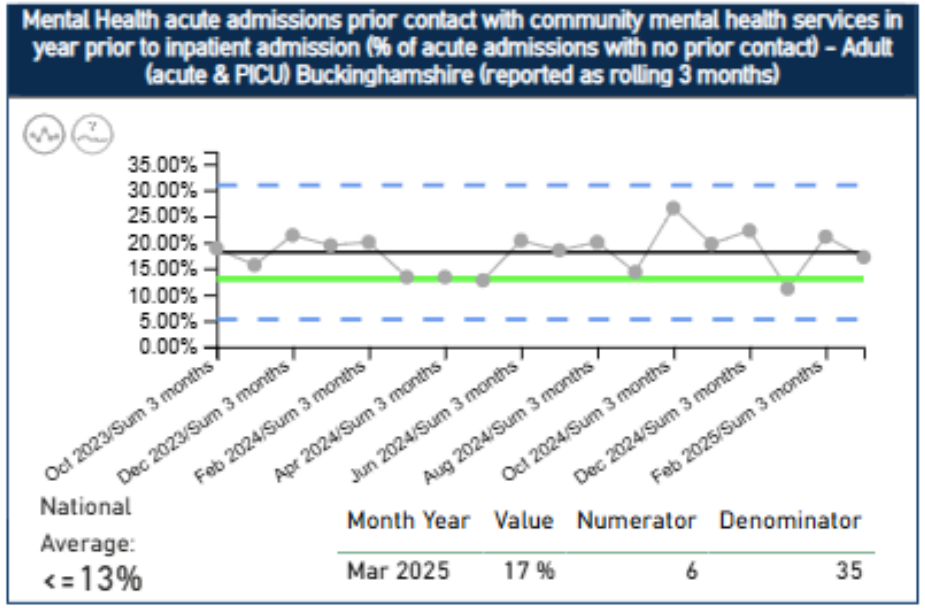
Narrative provided for metrics under target (value coloured in red below)

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)



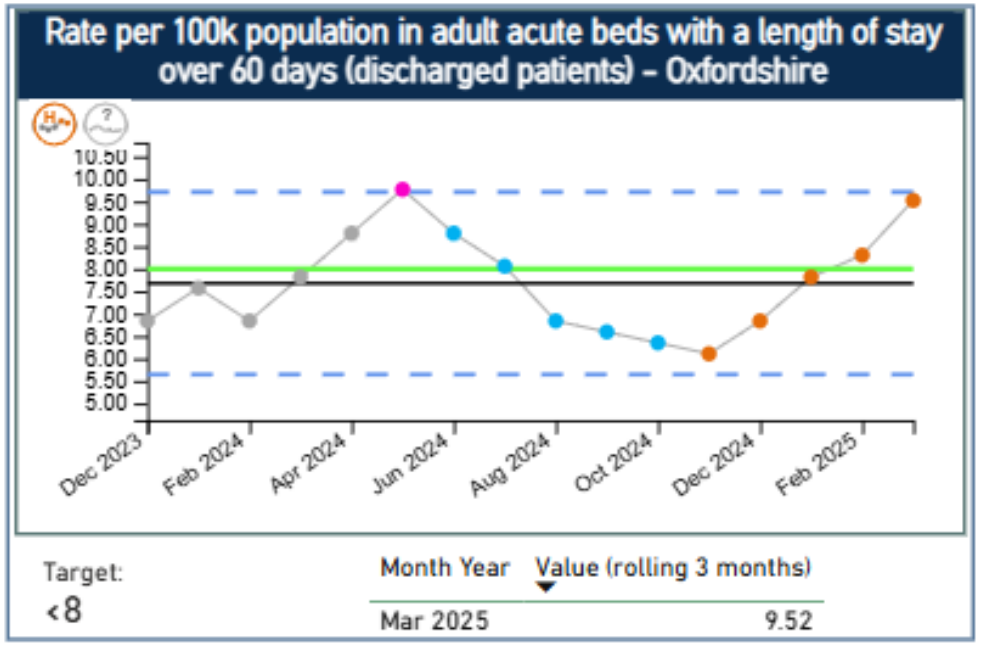
Summary and Actions

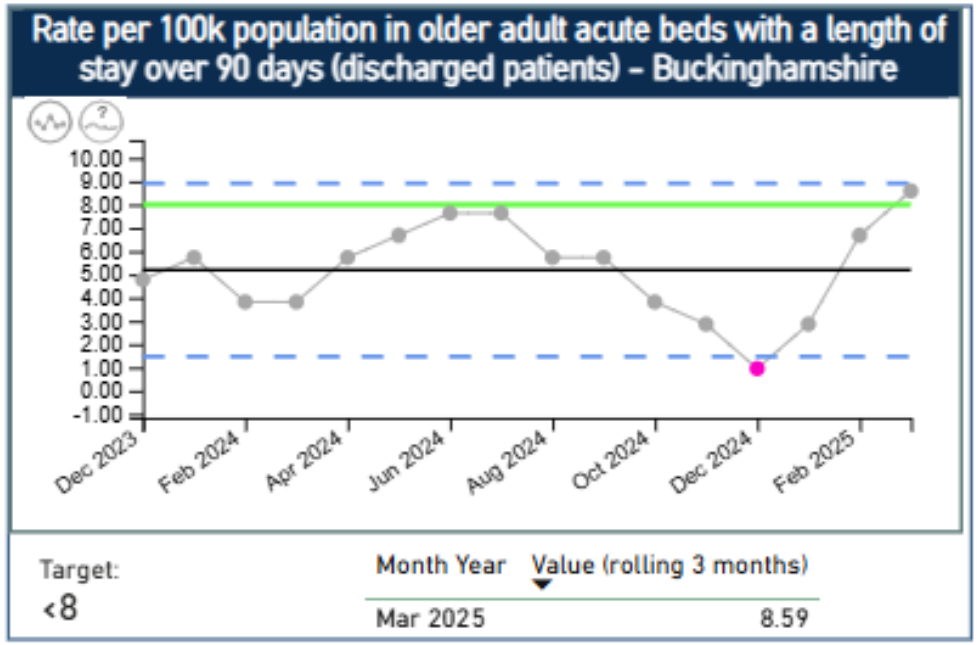
This metric monitors the rate of acute admissions with no previous contact in the reporting period (as per national definitions contact 48 hours prior to admission is excluded from this measure). Acute admissions are defined by the type of hospital bed used in the admission; the Trust monitors Adult 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)



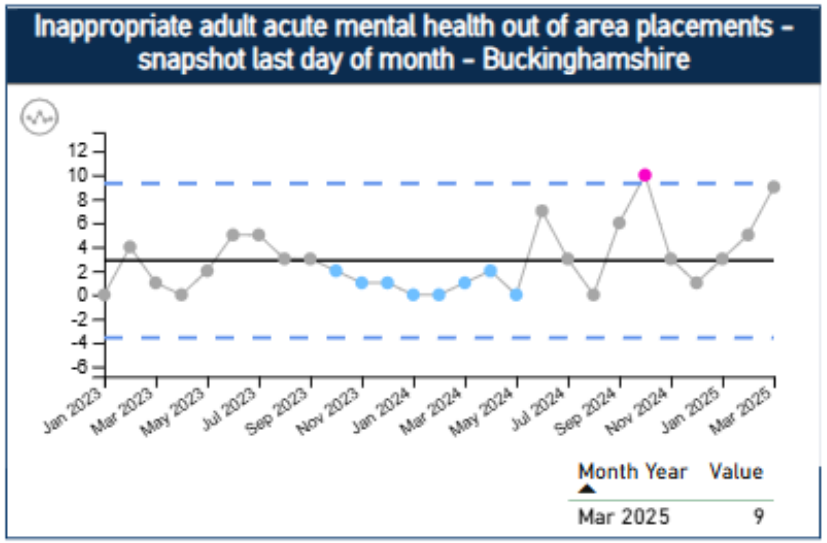


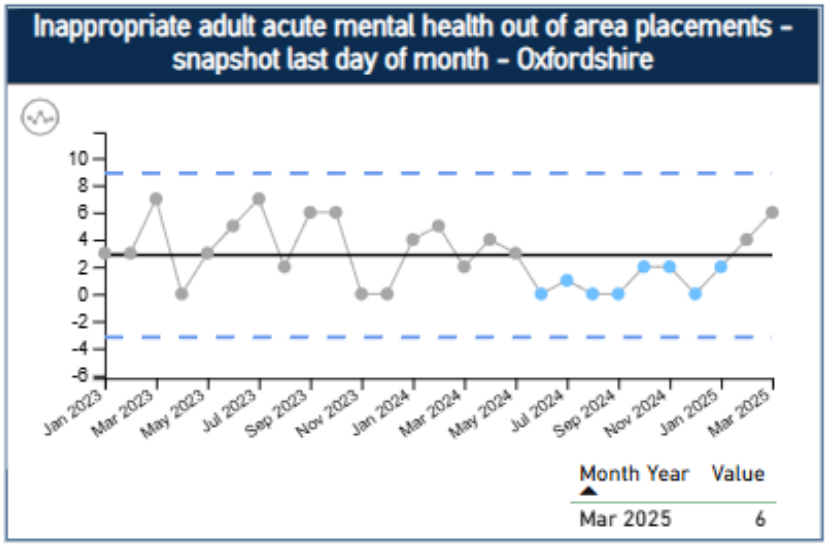
Summary and Actions

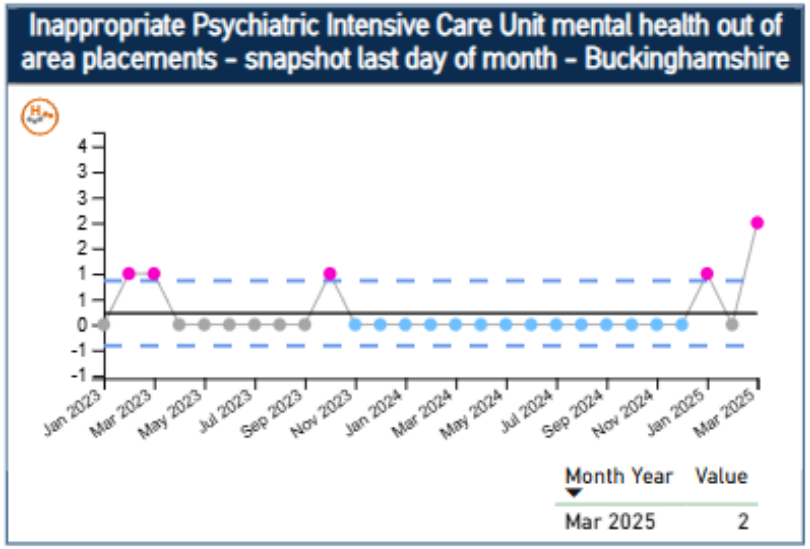
This metric tracks the how many adult patients have been in an acute mental health bed for more than 60 consecutive days expressed as a rate per 100,000 adult population. A 60-day threshold is used to identify individuals who are not progressing through adult cute mental health inpatient services as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

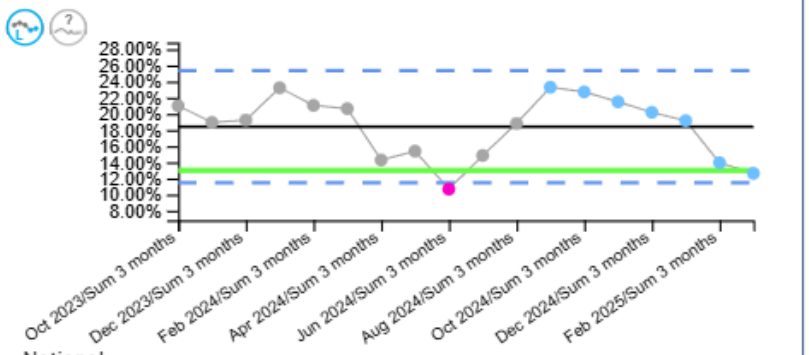
Reducing inappropriate Out of Area Placements is a key goal for the NHS, as outlined in the Five Year Forward View for Mental Health. The focus is on ensuring patients receive care closer to home unless a specialist service unavailable locally is required.

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:

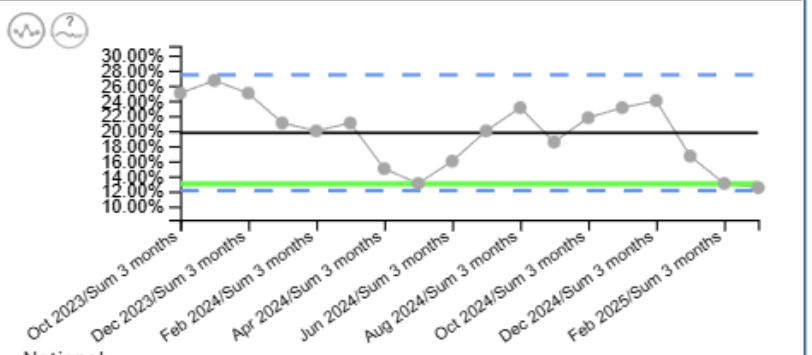
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Adult (acute & PICU) Oxfordshire (reported as rolling 3 months)



National Average: <=13%

Month Year	Value	Numerator	Denominator
Mar 2025	13 %	12	95

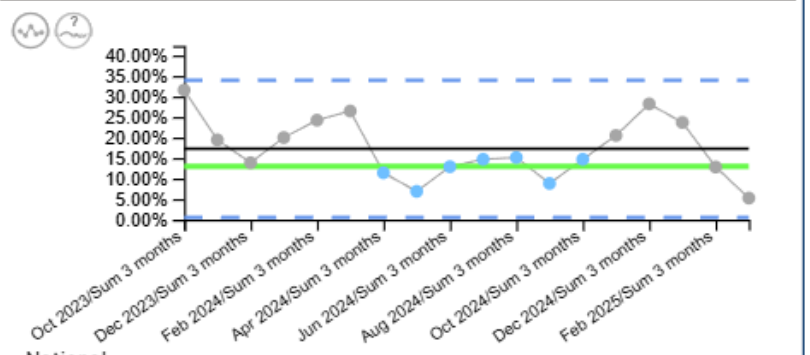
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) - Older Adult Buckinghamshire (reported as rolling 3 months)



National Average: <=13%

Month Year	Value	Numerator	Denominator
Mar 2025	13 %	3	24

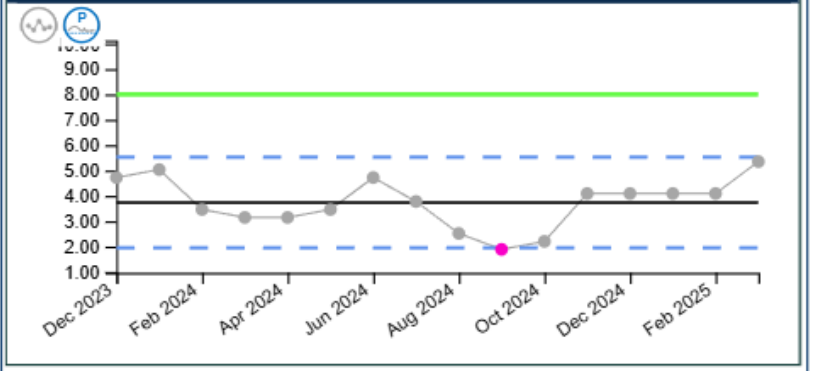
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of older adult acute admissions with no prior contact) - Older Adult Oxfordshire (reported as a rolling 3 months)



National Average: <=13%

Month Year	Value	Numerator	Denominator
Mar 2025	5 %	2	38

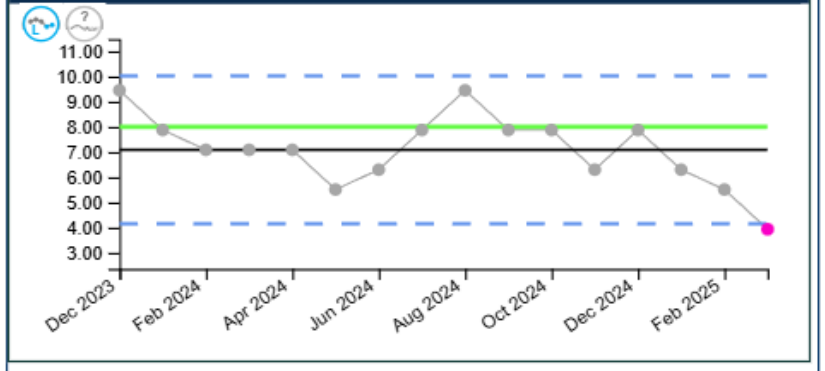
Rate per 100k population in adult acute beds with a length of stay over 60 days (discharged patients) - Buckinghamshire



Target: <8

Month Year	Value (rolling 3 months)
Mar 2025	5.35

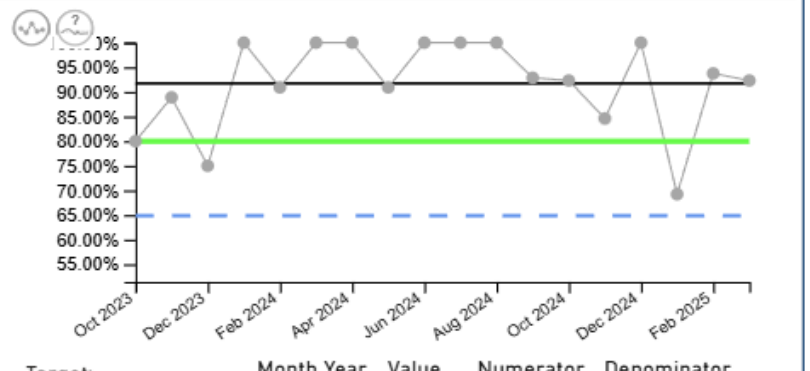
Rate per 100k population in older adult acute beds with a length of stay over 90 days (discharged patients) - Oxfordshire



Target: <8

Month Year	Value (rolling 3 months)
Mar 2025	3.94

72 hour follow up for those discharged from mental health wards - Older Adult Oxfordshire



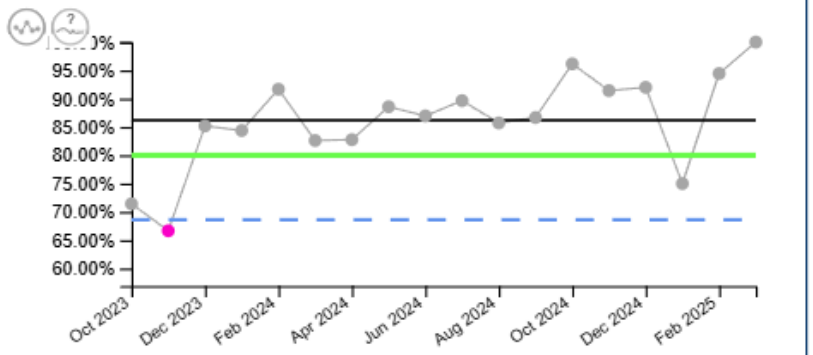
Target: >=80%

Month Year	Value	Numerator	Denominator
Mar 2025	92.31%	12	13

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

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

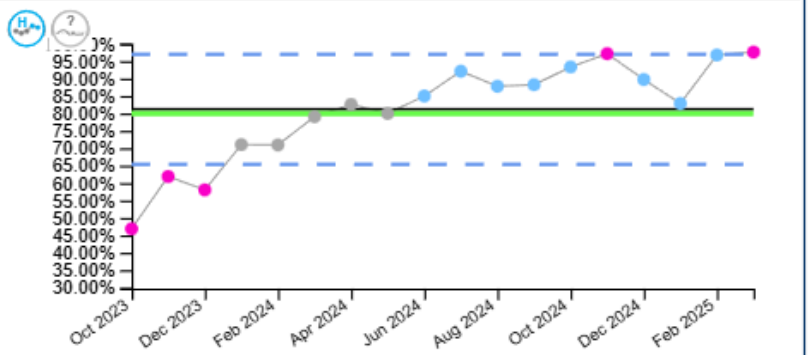
72 hour follow up for those discharged from mental health wards – Adult Buckinghamshire



Target:
>=80%

Month Year	Value	Numerator	Denominator
Mar 2025	100.00%	22	22

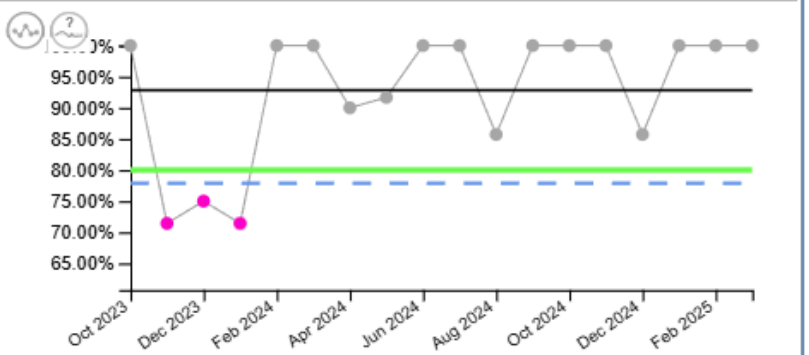
72 hour follow up for those discharged from mental health wards – Adult Oxfordshire



Target:
>=80%

Month Year	Value	Numerator	Denominator
Mar 2025	97.62%	41	42

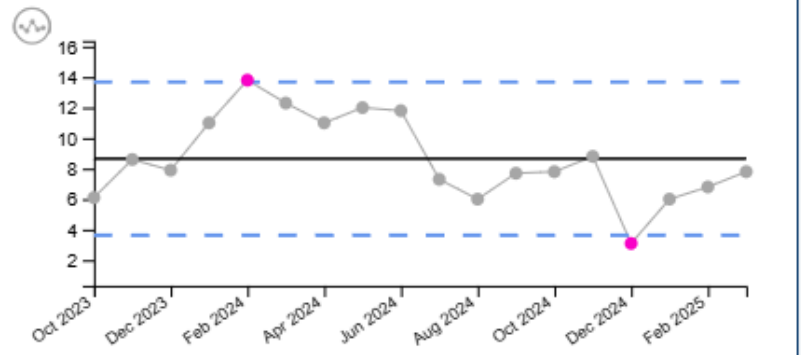
72 hour follow up for those discharged from mental health wards – Older Adult Buckinghamshire



Target:
>=80%

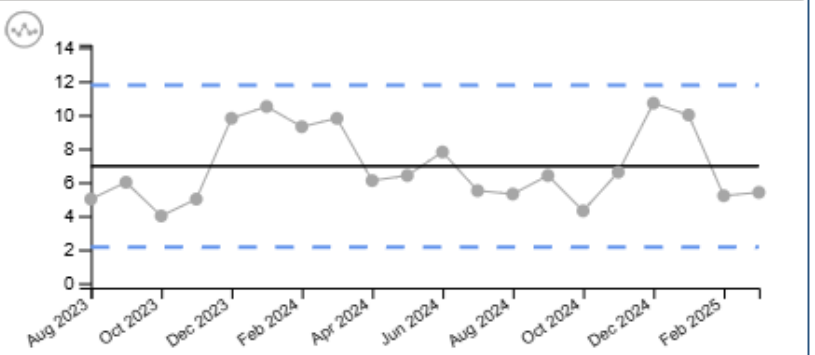
Month Year	Value	Numerator	Denominator
Mar 2025	100.00%	5	5

Average number of clinically ready for discharge patients per day – Buckinghamshire



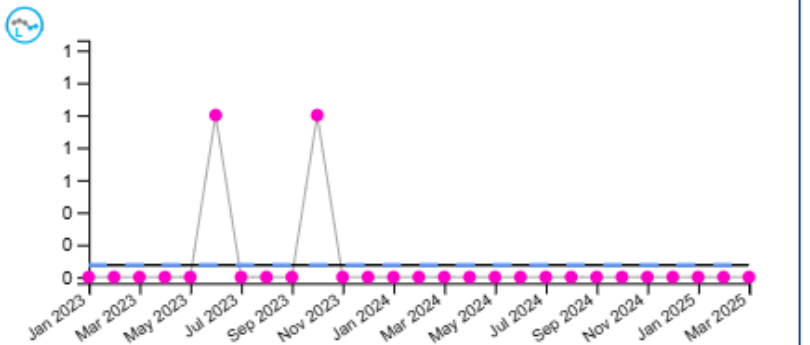
Month Year	Value
Mar 2025	8

Average number of clinically ready for discharge patients per day – Oxfordshire



Month Year	Value
Mar 2025	5

Inappropriate Psychiatric Intensive Care Unit mental health out of area placements – snapshot last day of month – Oxfordshire

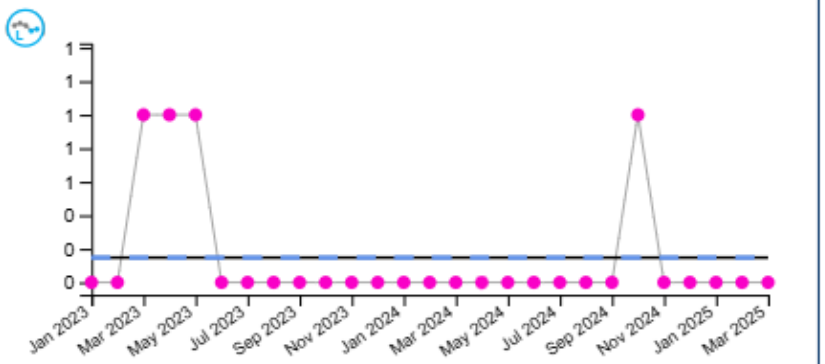


Month Year	Value
Mar 2025	0

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

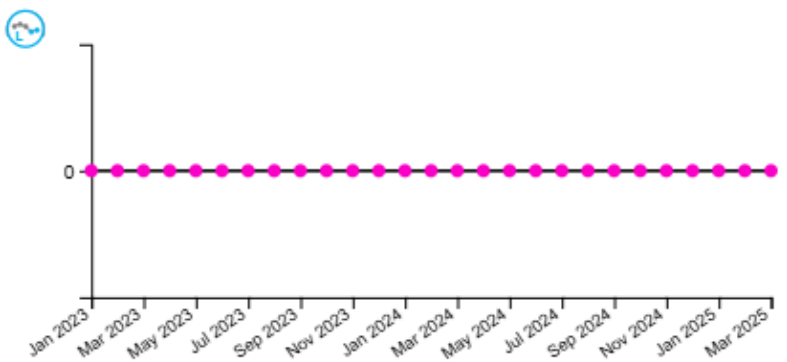
Metrics meeting target, being baselined or with target yet to be confirmed:

Inappropriate older adult acute mental health out of area placements – snapshot last day of month – Buckinghamshire



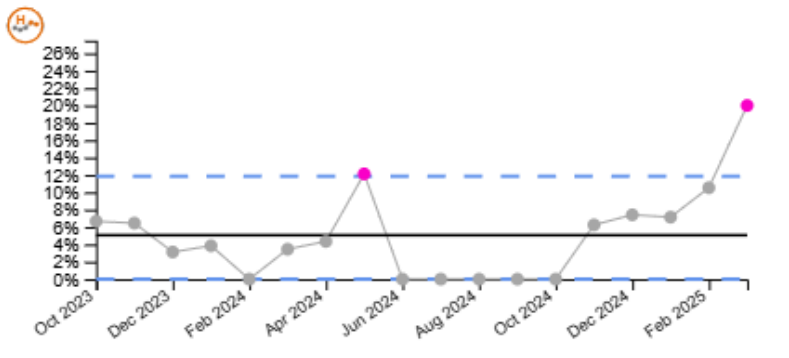
Month Year	Value
Mar 2025	0

Inappropriate older adult acute mental health out of area placements – snapshot last day of month – Oxfordshire



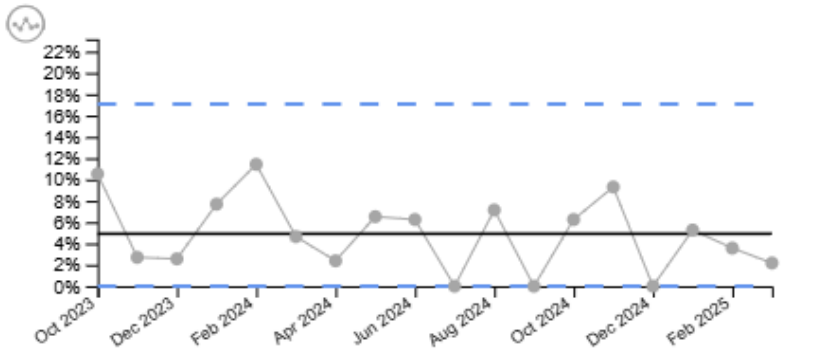
Month Year	Value
Mar 2025	0

% adult readmissions within 30 days for mental health – Buckinghamshire



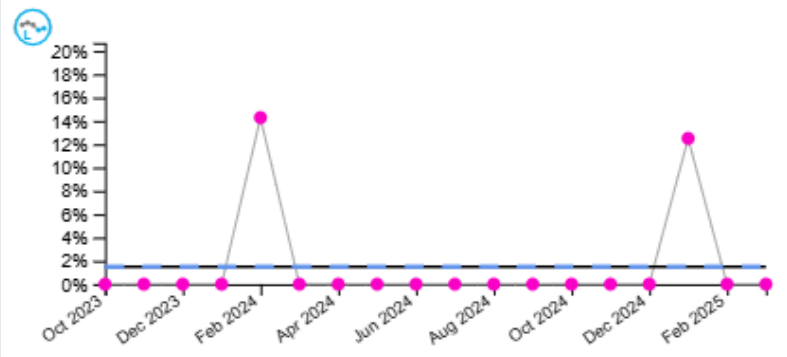
Month Year	Value	Numerator	Denominator
Mar 2025	20 %	4	15

% adult acute readmissions within 30 days for mental health services – Oxfordshire



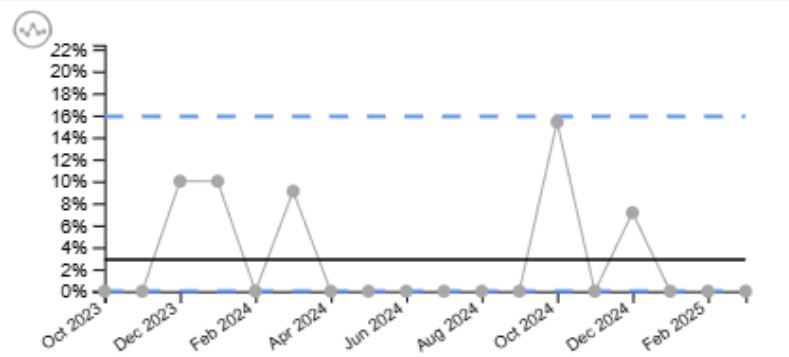
Month Year	Value	Numerator	Denominator
Mar 2025	2 %	1	37

% older adult readmissions within 30 days for mental health – Buckinghamshire



Month Year	Value	Numerator	Denominator
Mar 2025	0 %	0	8

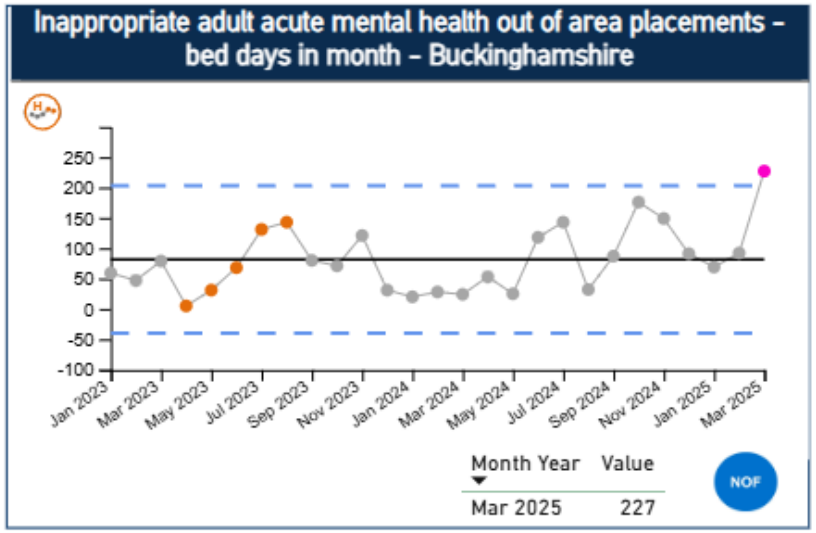
% older adult acute readmissions within 30 days for mental health services – Oxfordshire

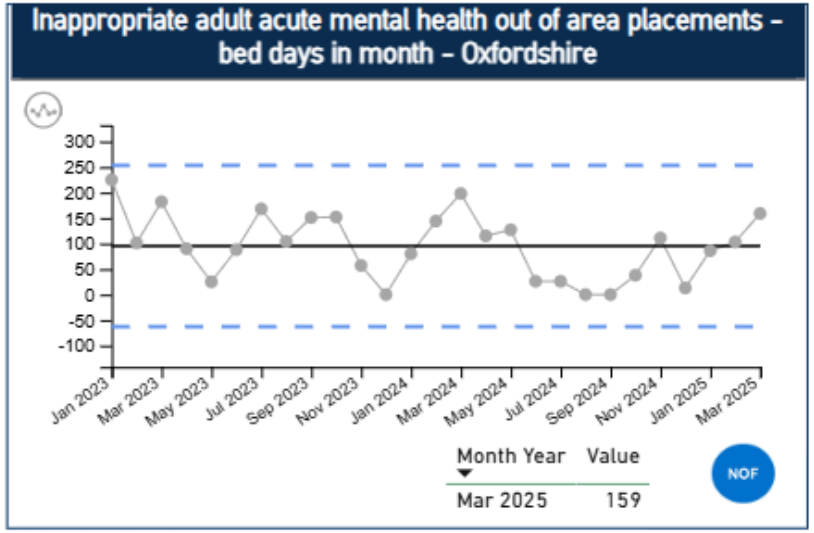


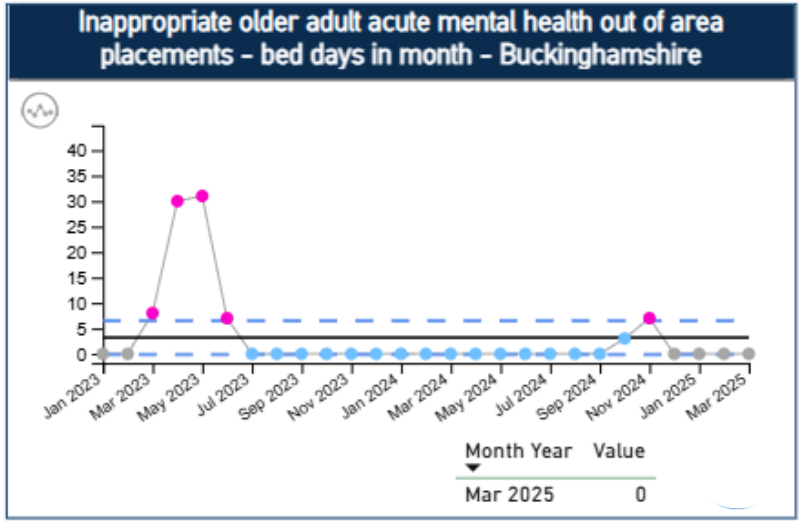
Month Year	Value	Numerator	Denominator
Mar 2025	0 %	0	12

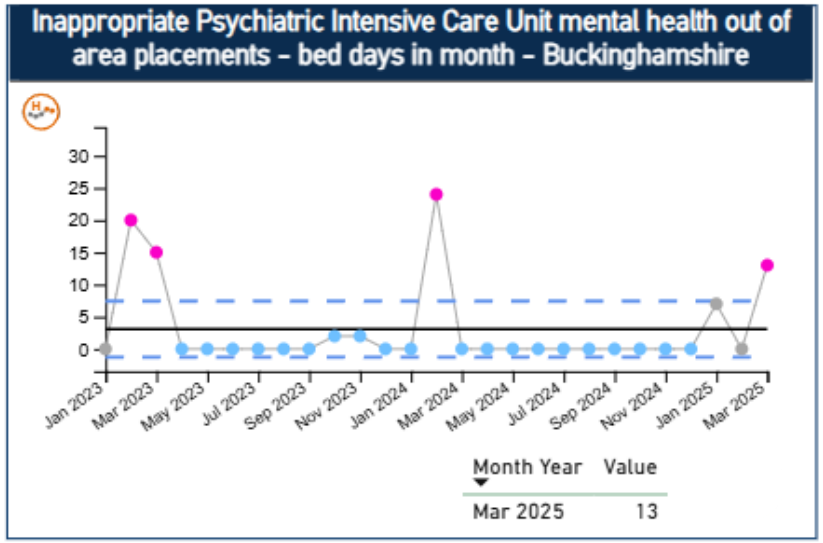
Mental Health Services – Acute / In-patients (Adults & Older Adults)

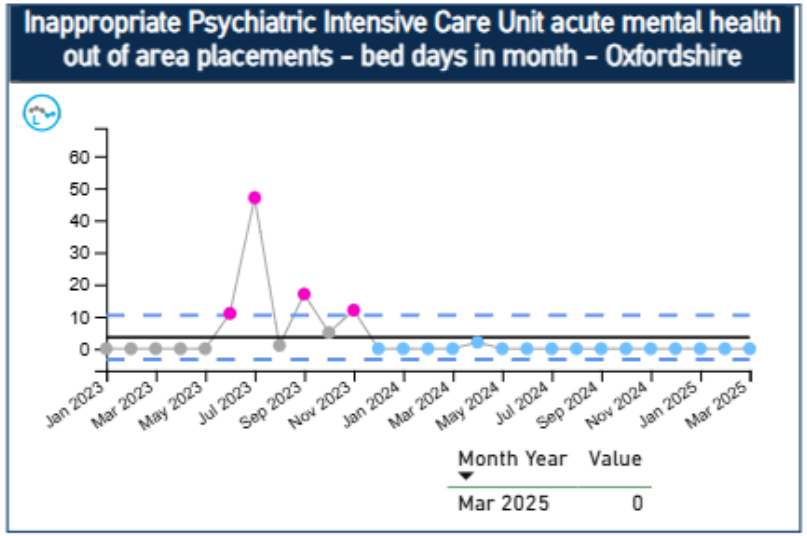
Metrics meeting target, being baselined or with target yet to be confirmed:

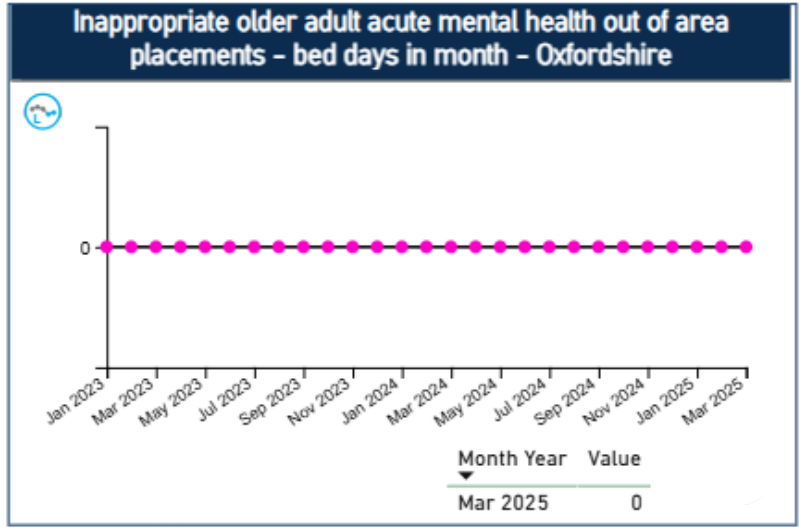


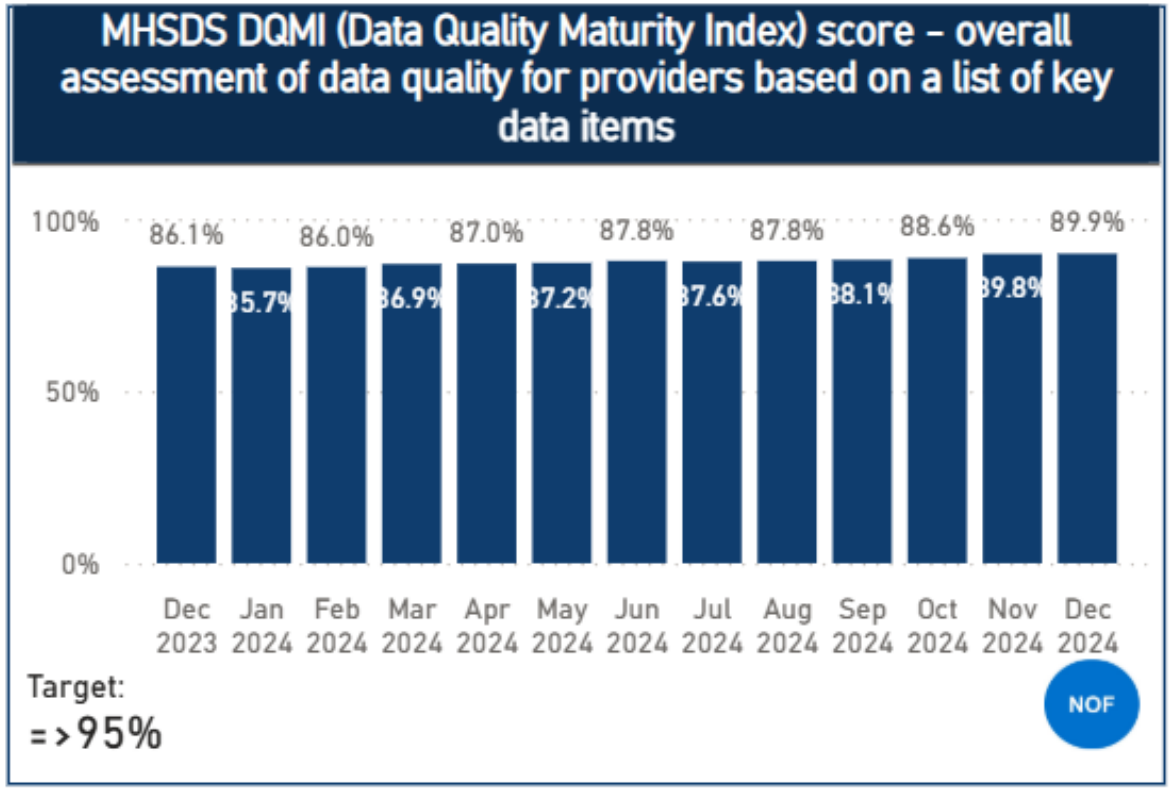










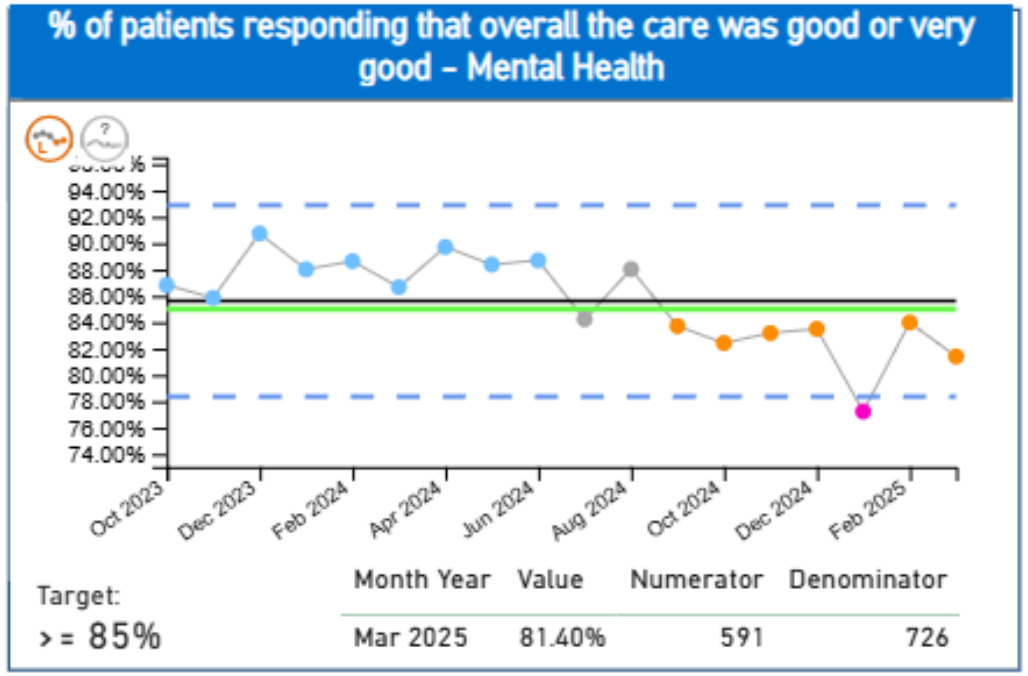


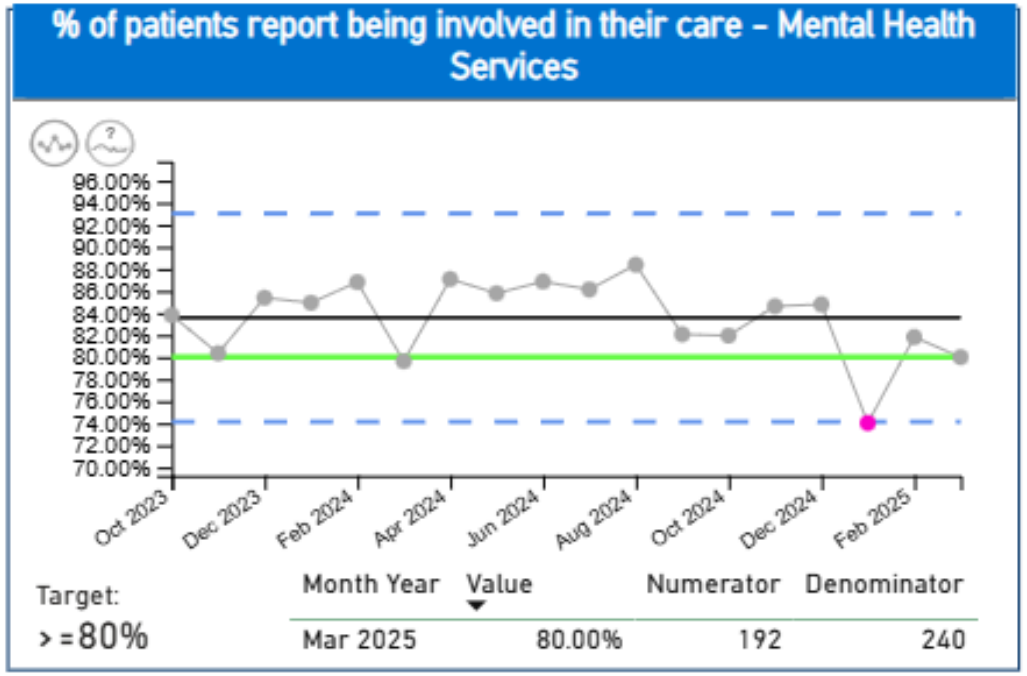
Summary & actions

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)

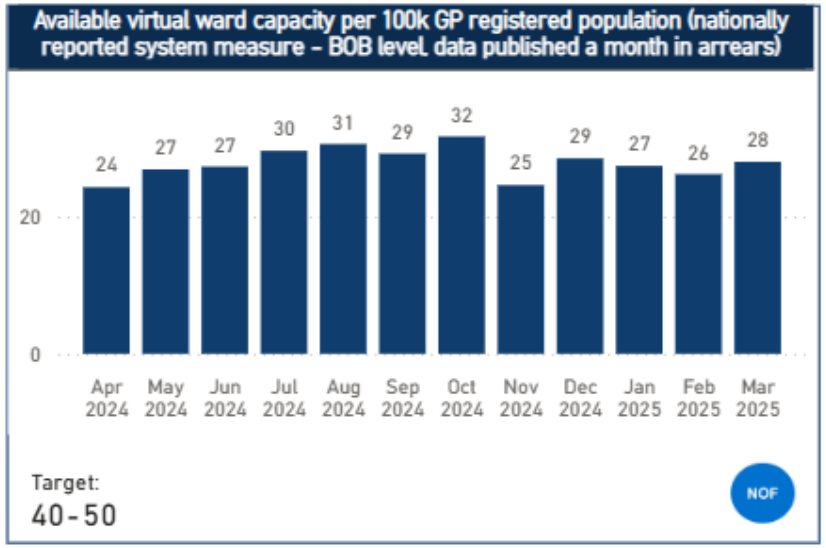
Community Health Service, Dentistry & Primary Care– Summary Dashboard

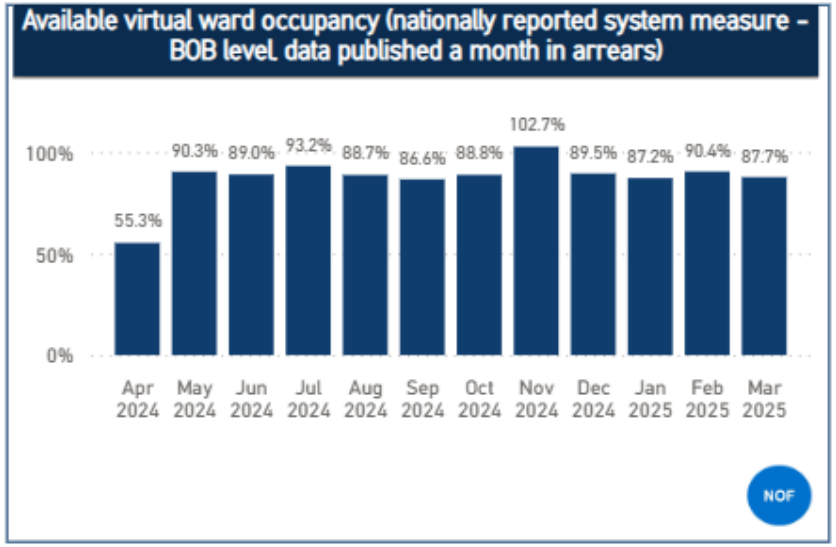
Narrative provided only for clinical metrics under target (value coloured in red – none in March 2025). Please note that narrative for system measures will not be provided as these are monitored at Integrated Care Board (ICB) level and figures are provided to Trust Board for information only.

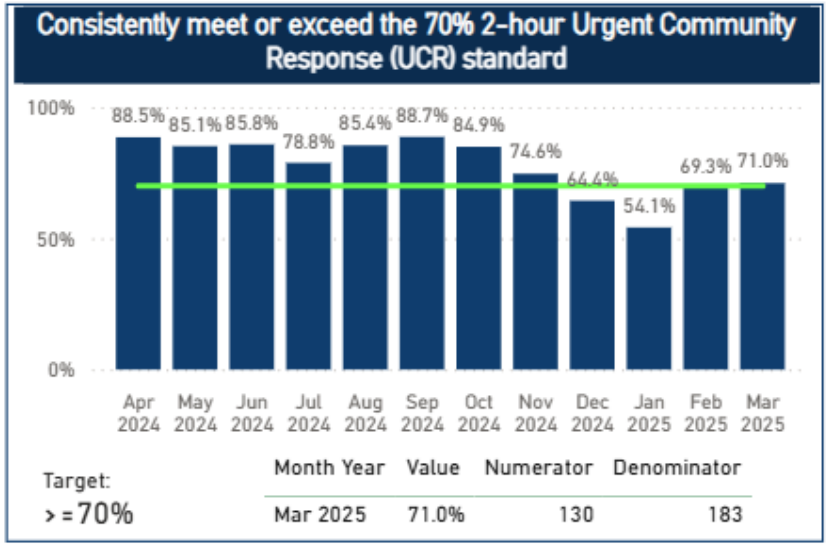


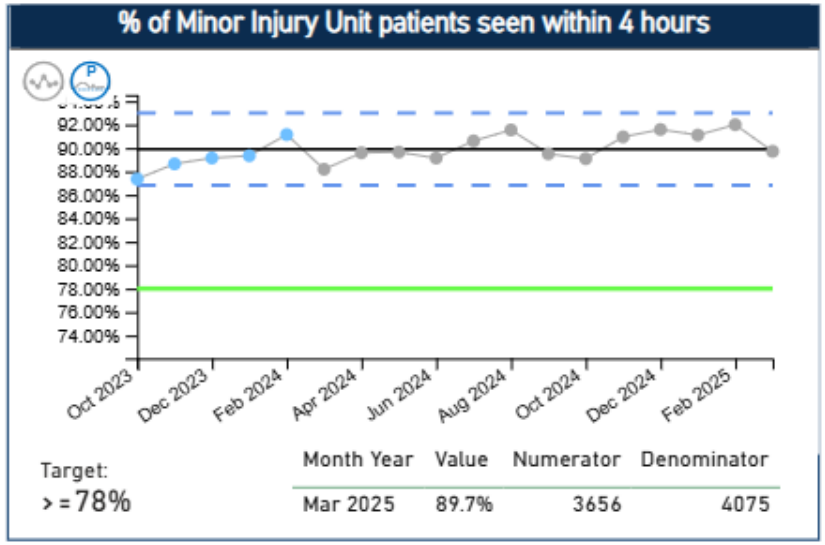
Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Average Length of Stay in Community Hospitals by basket of care	*In development for FY25 (aiming for first reporting to Board in Q1 FY26*				
	Average number of Medically Optimised For Discharge (MOFD) patients 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*				

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



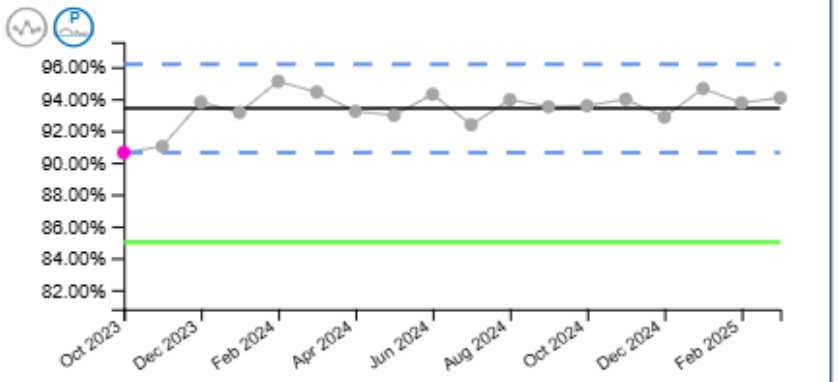






Community Health Service, Dentistry & Primary Care In-Year Strategic metrics – For Information only

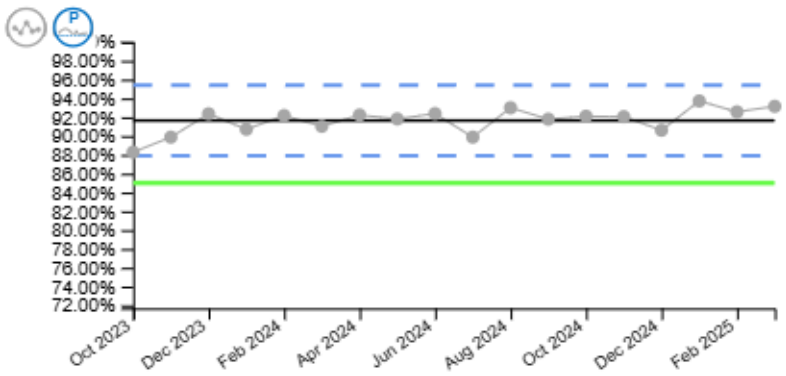
% of patients responding that overall the care was good or very good – Community Health Service, Primary Care & Dentistry



Target: >=85%

Month Year	Value	Numerator	Denominator
Mar 2025	94.07%	1,792	1,905

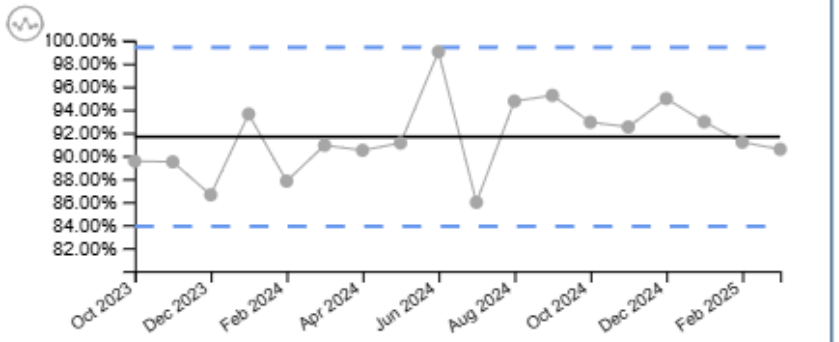
% of patients report being involved in their care – Community Health Service, Primary Care & Dentistry



Target: >=85%

Month Year	Value	Numerator	Denominator
Mar 2025	93.16%	572	614

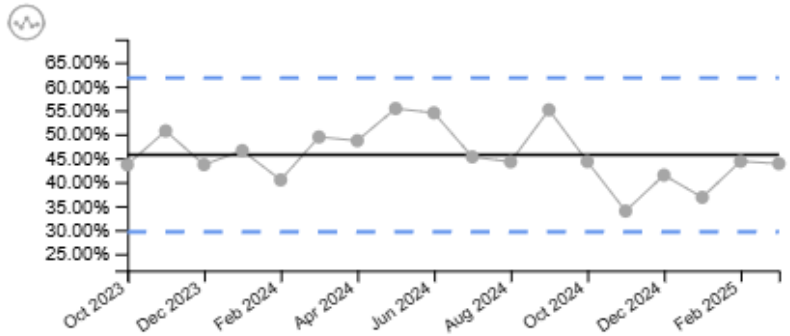
% of out of hours palliative care referrals responded to within 30 mins: the time from receipt of the call from 111 to the start of the telephone consultation was within 30 mins



Target: tbc - Baselining

Month Year	Value	Numerator	Denominator
Mar 2025	90.6%	48	53

% of out of hours palliative care referrals responded to within 60 mins: the time from completion of that triage call to the start of the home visit consultation was within 60 mins

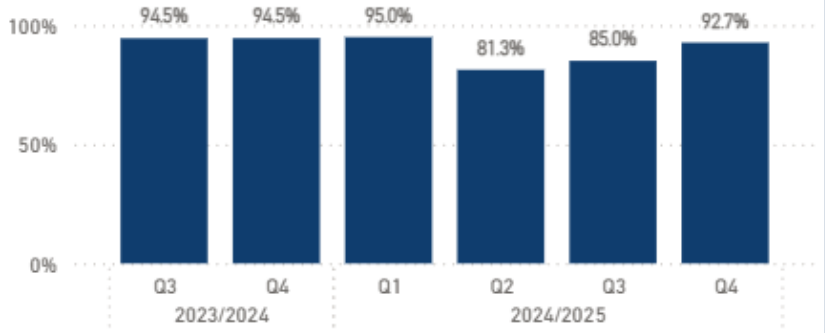


Target: tbc - Baselining

Month Year	Value	Numerator	Denominator
Mar 2025	43.9%	50	114

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

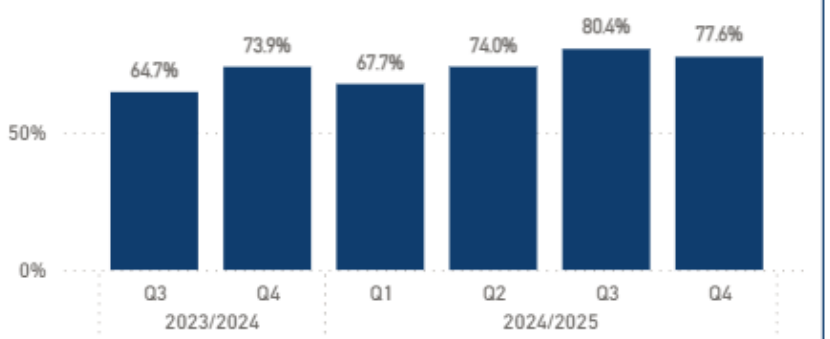
National Early Warning Score (NEWS) [national tool for detecting clinical deterioration], completed where applicable - Community



Target: >=90%

Financial Year	Financial Quarter	Value	Numerator	Denominator
2024/2025	Q4	92.7%	393	424

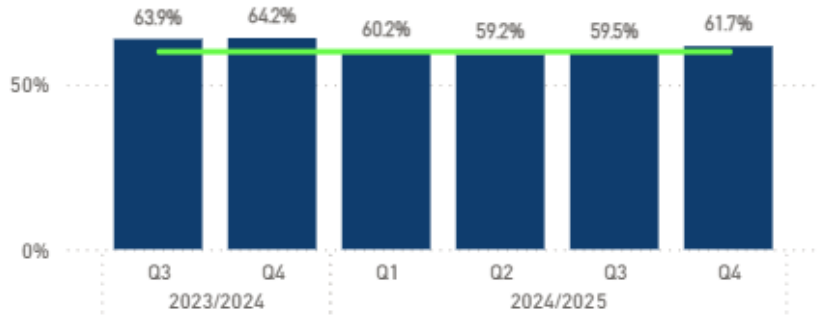
National Early Warning System (NEWS) [national tool for detecting clinical deterioration], escalated appropriately - Community



Target: >=90%

Financial Year	Financial Quarter	Value	Numerator	Denominator
2024/2025	Q4	77.6%	159	205

% of breast feeding prevalence at 6-8 weeks old - Primary Care, Community & Dental Services



Target: 60%

Financial Year	Financial Quarter	Value	Qtr Numerator	Qtr Denominator
2024/2025	Q4	61.7%	1029	1668

Section 2

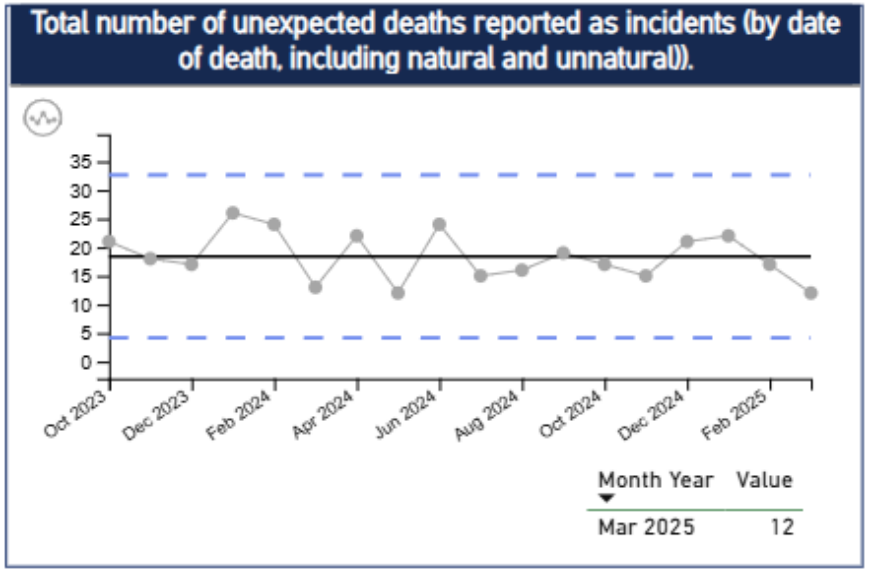
Quality

People

Quality - Deliver the best possible care and health outcomes

Quality – Summary Dashboard

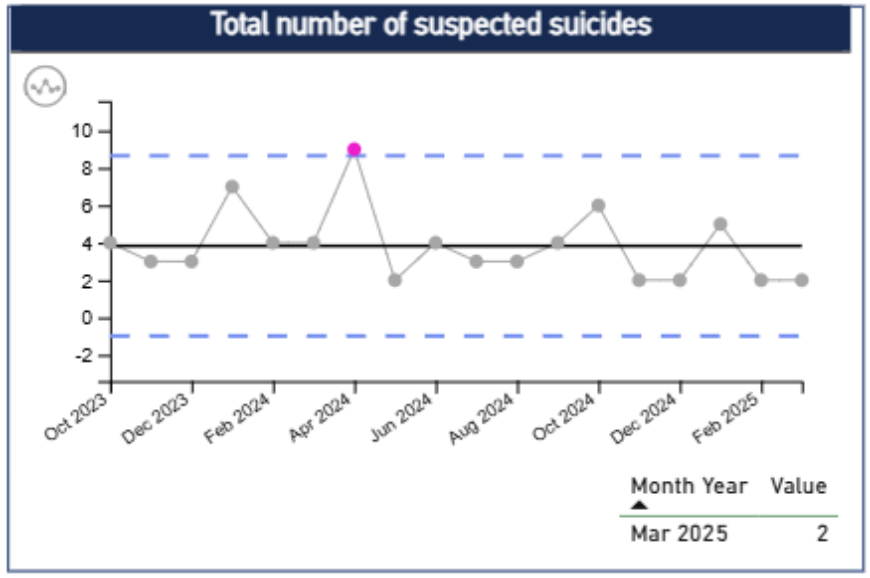
Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Total number of patient incidents (all levels of harm excluding inherited pressure damage)	TBC	Mar-25	1433	↑	n/a
	Total number of unexpected deaths reported as incidents (by date of death, including natural 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.



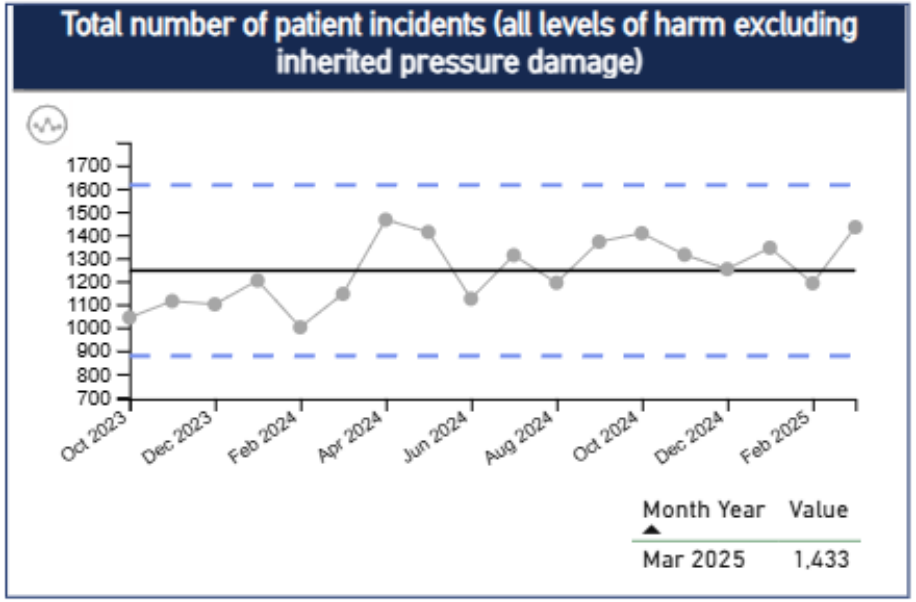
Summary, highlights, actions

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.

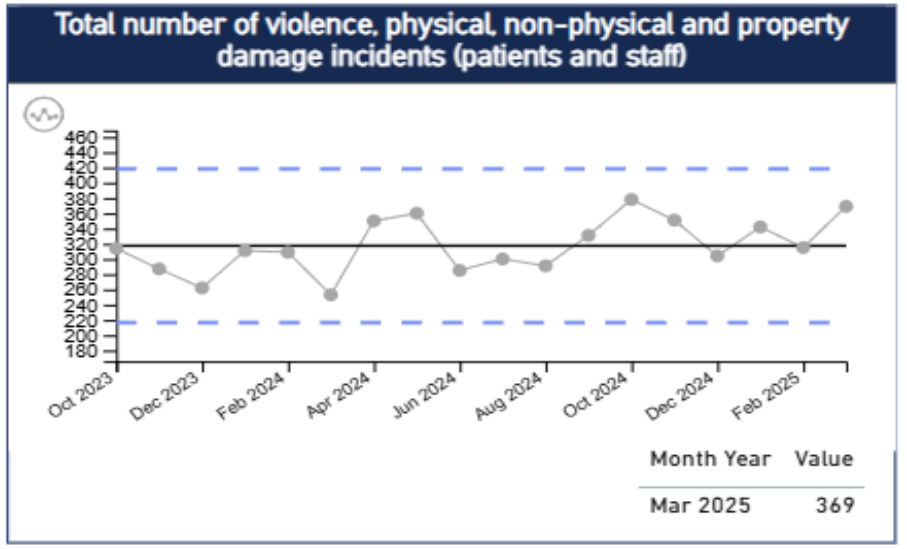


Summary, highlights, actions

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.

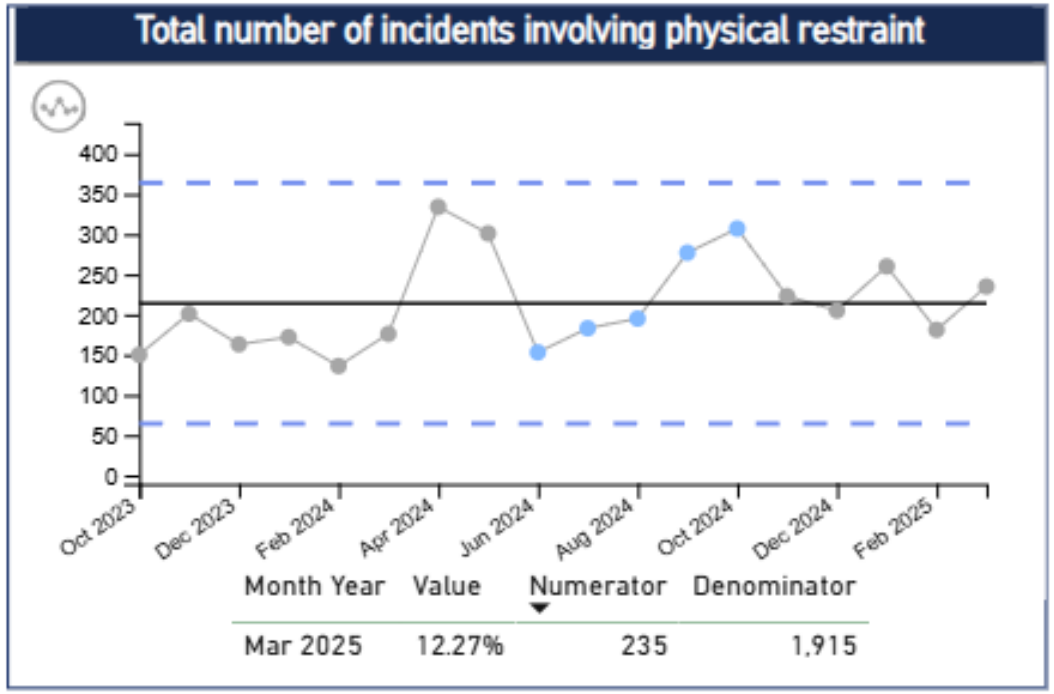
The most common incident categories are:
- Self-harm from striking self or an object
- Self-harm by ligature without a point
- Medicines administration this includes issues with supply from community pharmacists



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.

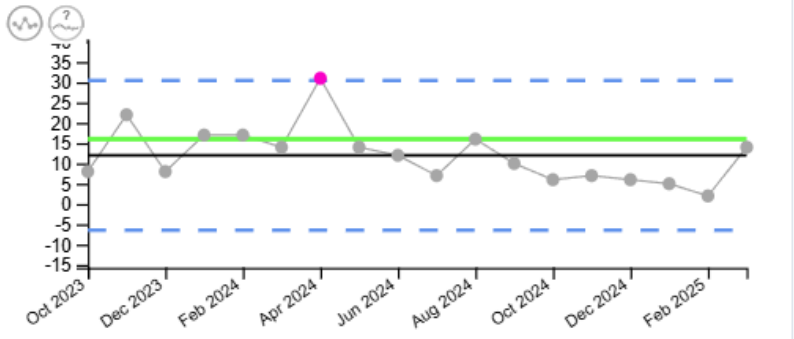
The use of physical restraint significantly increased in April and May 2024 compared to the previous 12 months, this was largely attributable to two Child and Adolescent Mental Health services (Highfield and Meadow wards). Both units saw a reduction in June, July and August 2024, followed by a two month 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.

Quality

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



Target:	Target:	Month Year	Value	FYTD value
<188	<16	Mar 2025	14	130
in year	in month			

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.

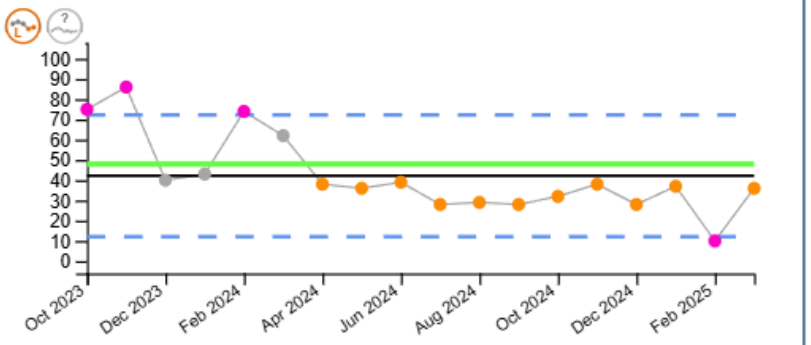
Highlights

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.

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



Target:	Target:	Month Year	Value	FYTD value
<575	<48	Mar 2025	36	379
in year	in month			

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.

Quality



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

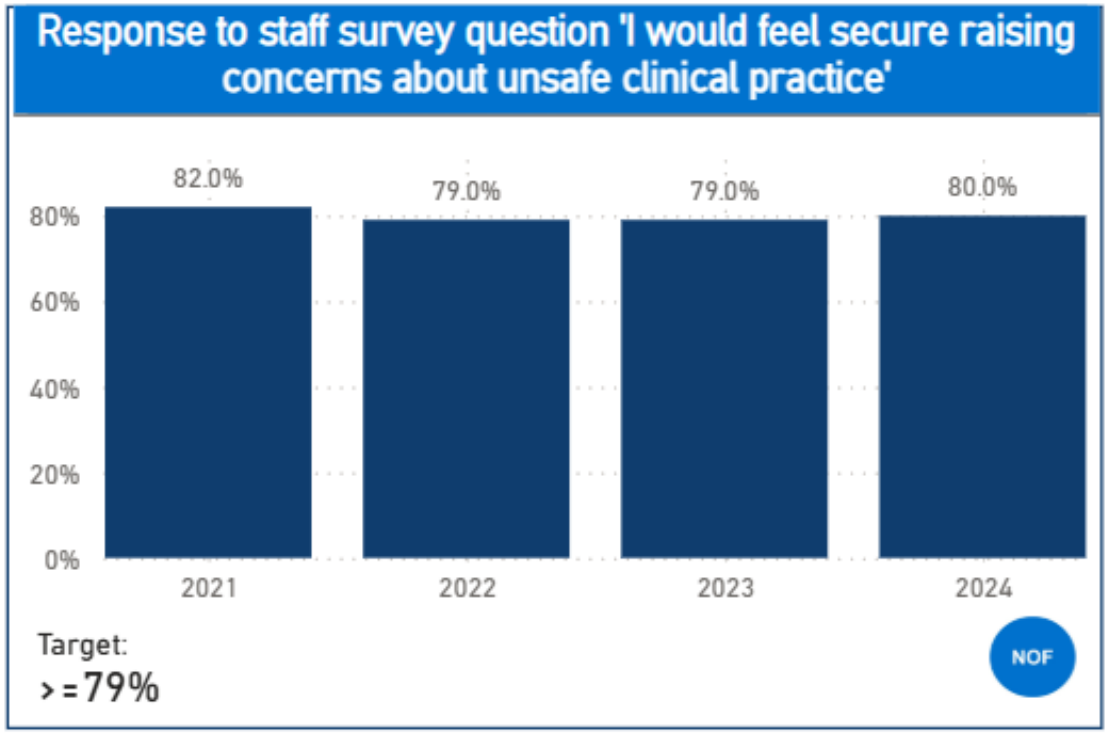
The Trust continues to value all complaints and concerns raised to use these as opportunities to make improvements. We monitor key themes identified within complaints, alongside information from other sources of feedback such as Patient Safety Incidents, Legal Claims, Inquests and HR investigations. 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.



Summary and actions

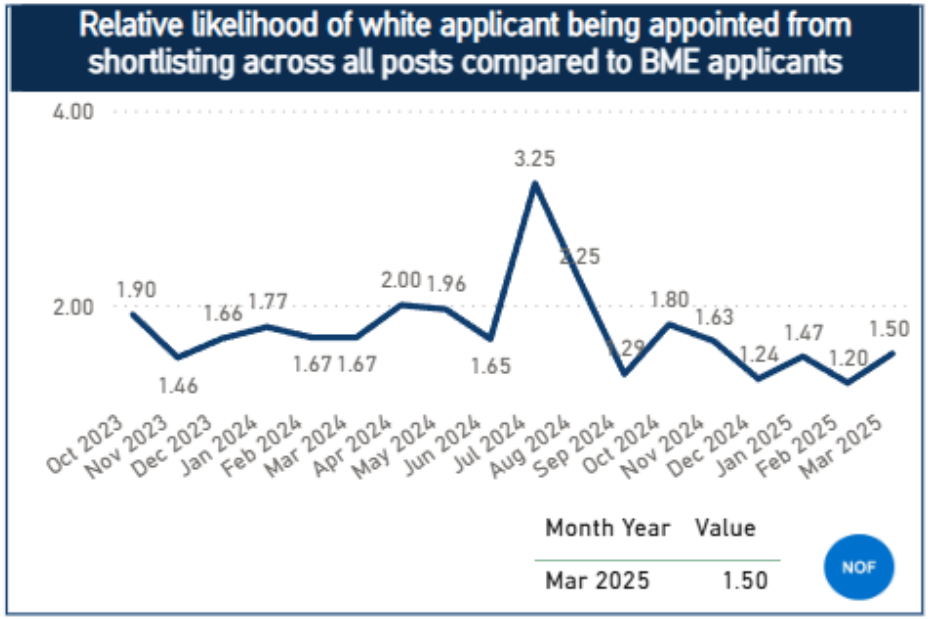
In 2024, 80% of staff reported they would feel secure raising concerns about unsafe clinical practice (79% in 2023). The Trust continues working to ensure that our patient safety culture is one of openness, where staff are encouraged to report and learn from when things do not go well. Our work with 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.

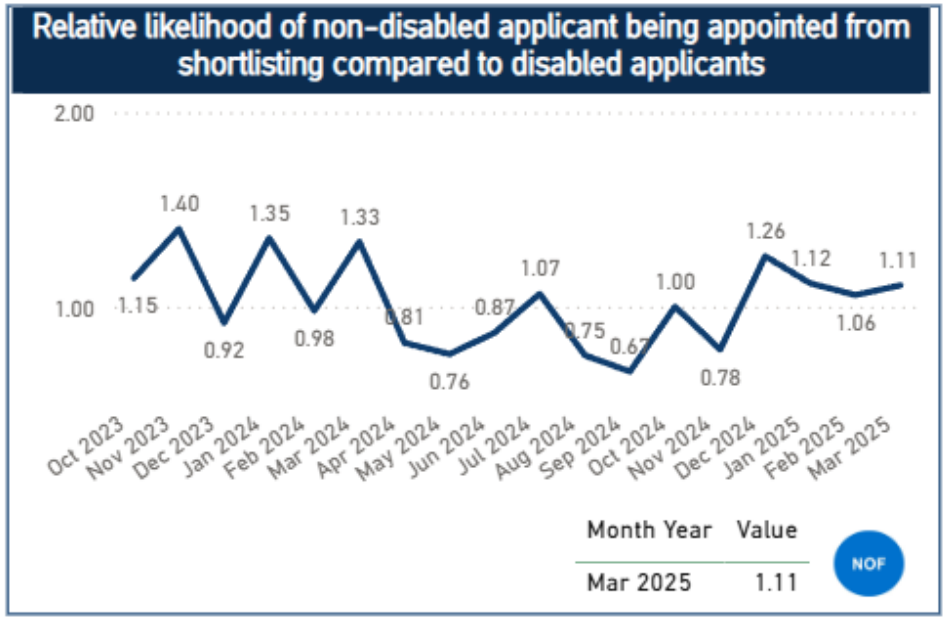
- We intend to further our engagement of staff in the learning process following serious incidents, to demonstrate the emphasis on improvement not blame.
- We will continue to improve our reporting system Ulysses to make to easier for staff to report and better support out identification of themes.
- Our Freedom to Speak Up guardians are widely advertised and accessible to all staff who have concerns about patient care or clinical practise
- 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%	↑	↑





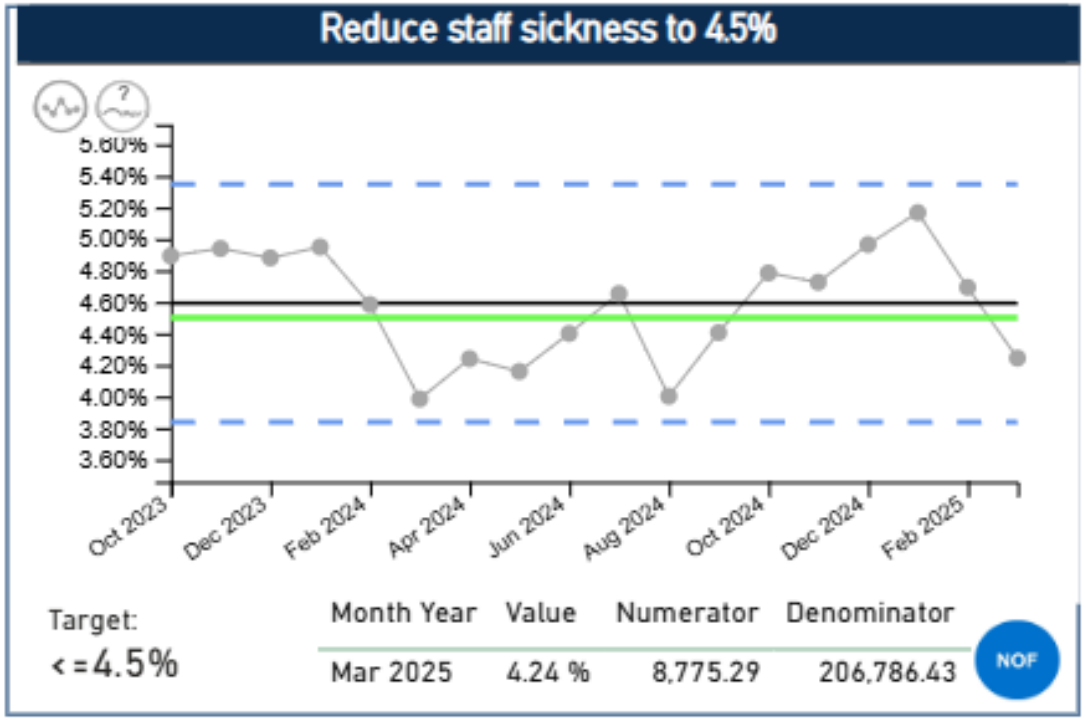
Summary

- 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 out staff.



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

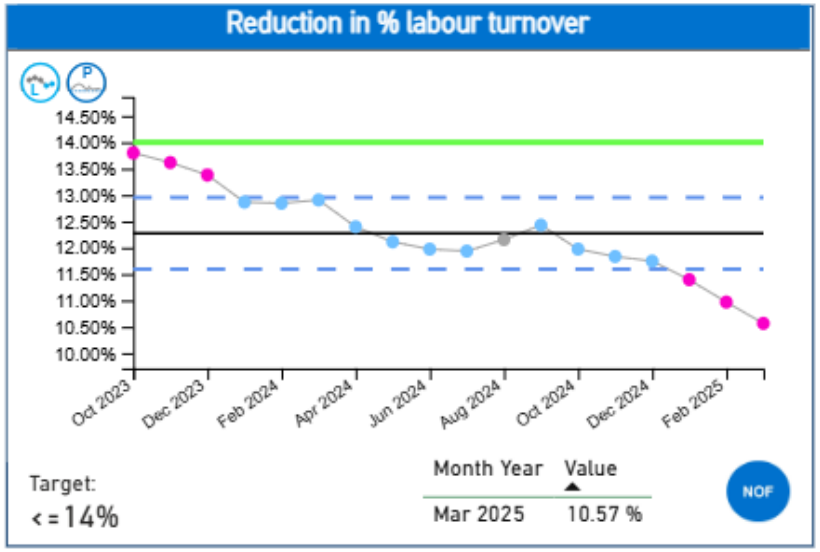
A new Occupational Health System was implemented on 15 January 2025. The new system is a secure, cloud-based solution which provides increased functionality in a digital format.

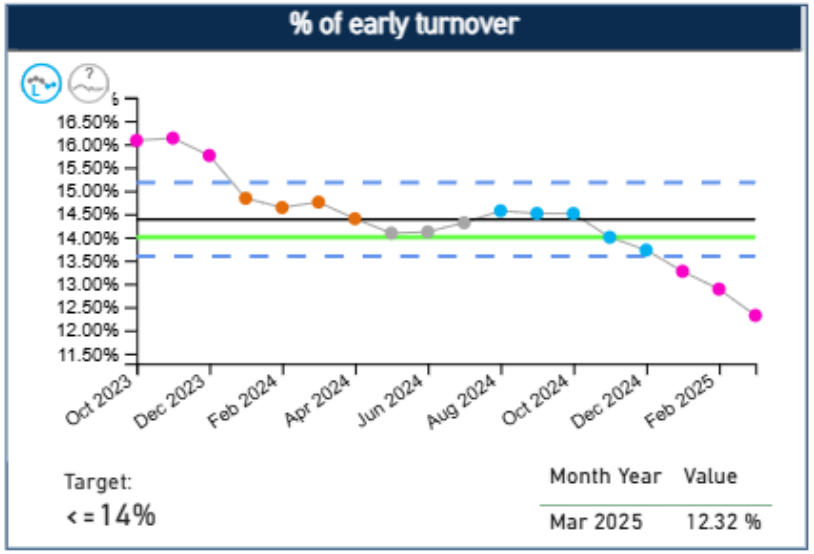
The implementation, including tender, occurred within a short time period and configuration is ongoing for some phase 1 activities. The system is now live and running well .

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.

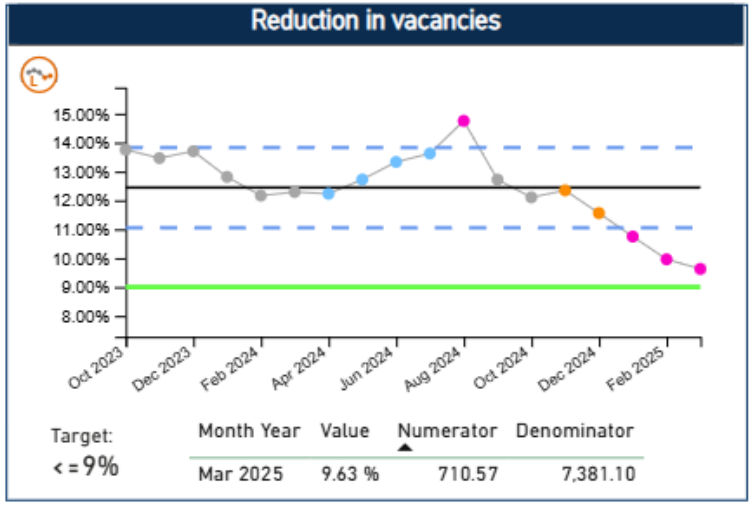
Actions

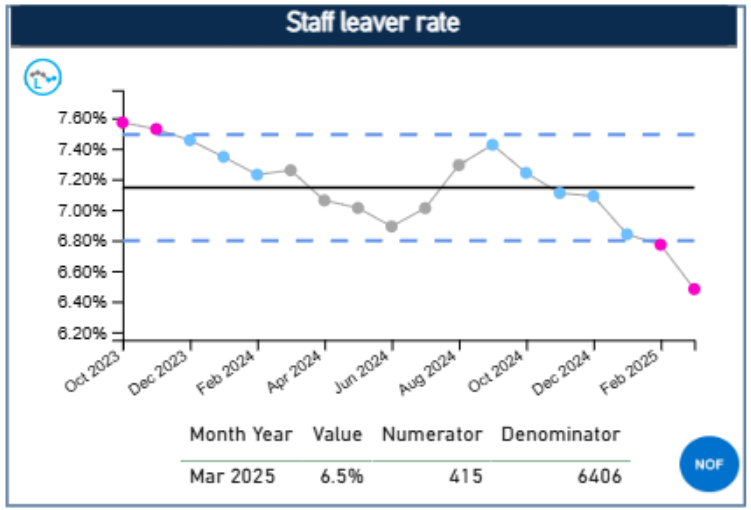
Turnover and Early Turnover has reduced considerably. We are therefore undertaking a review of the retention programme to broaden the perspective of the work carried out by this team – this will include

- 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:

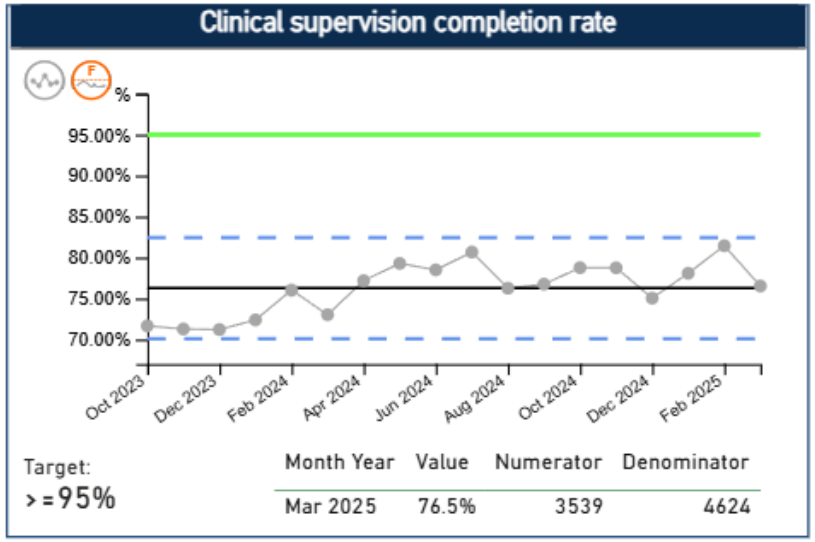
Work continues to streamline the hiring process, reduce time to hire, and improve the candidate and hiring manager experience. Trust ID, the online ID checking platform will launch in quarter 2 meaning most candidates will no longer need to attend the Littlemore HR office for an identity/right to work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

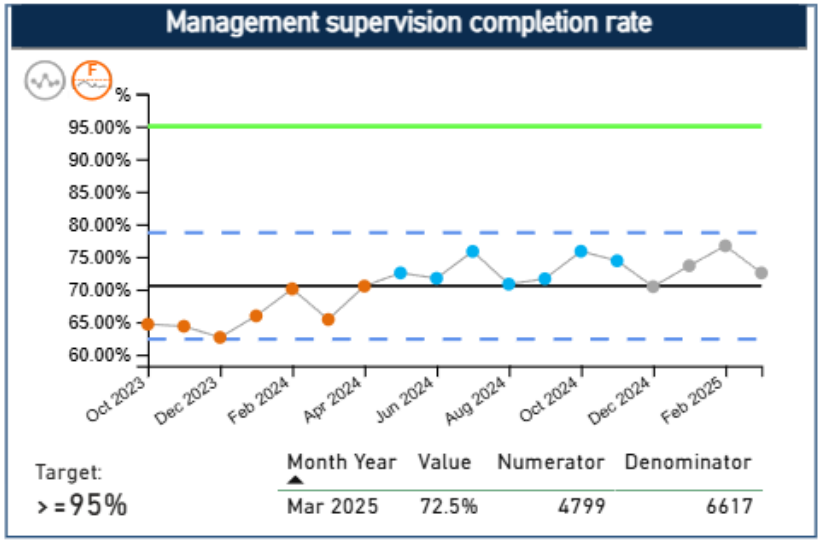
Start Date Ready which is the automation of our pre-employment forms is now ready for integration. The new forms have been completed and are due to go live from May. The project has tidied up the information we request ensuring it is fit for purpose, and these will be sent as a link to the candidate 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.

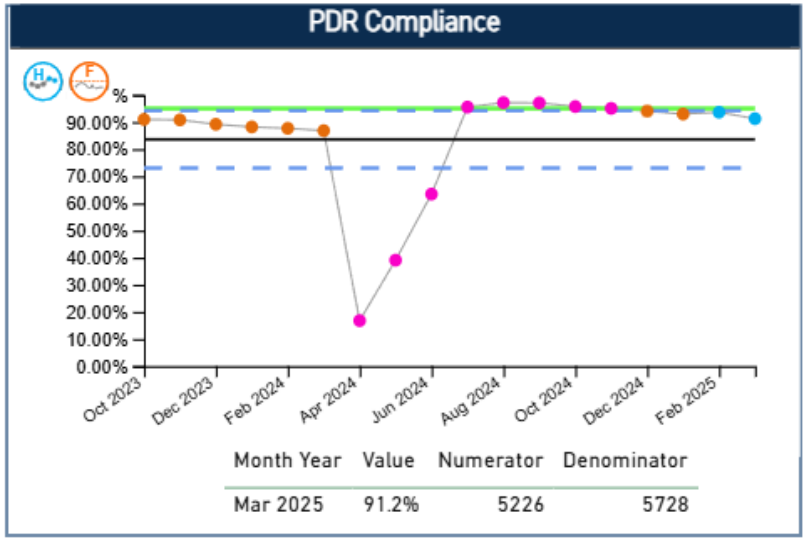
The team have attended a number of events including two Job Centre Plus job fairs and recently exhibited at the Careers Fest event at the Kassam stadium, an inspirational careers fair organised by OXLEP skills company and Oxfordshire careers hub. The community nurse open recruitment events in Banbury, 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%.

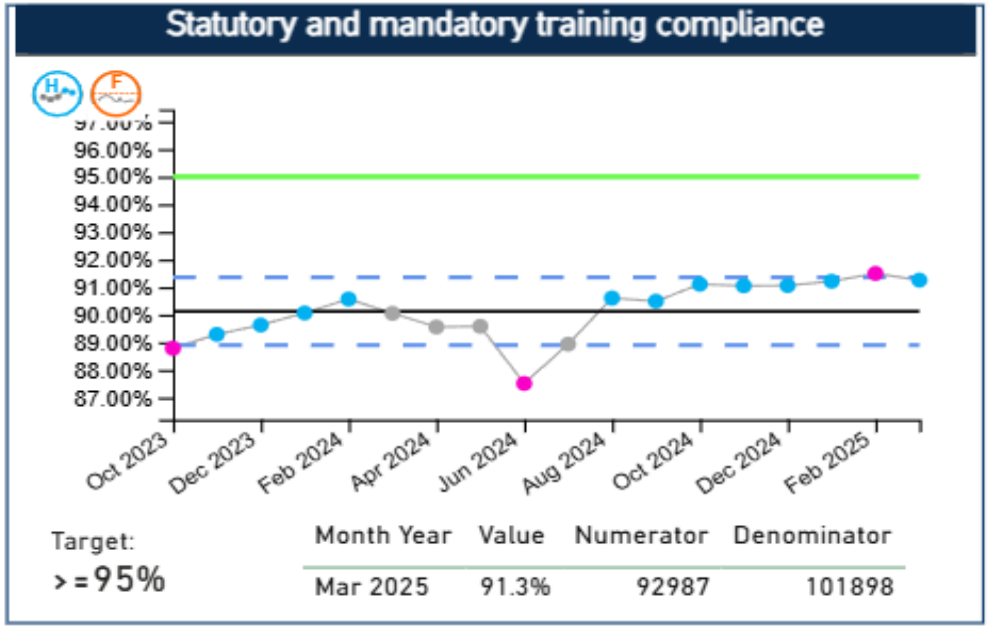
Actions:

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.

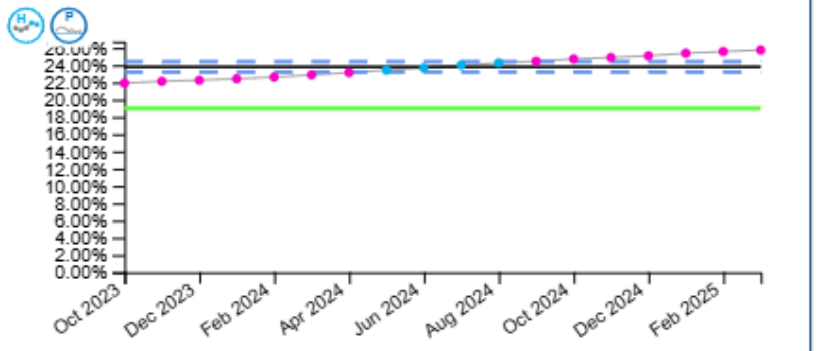
Actions

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).

People

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

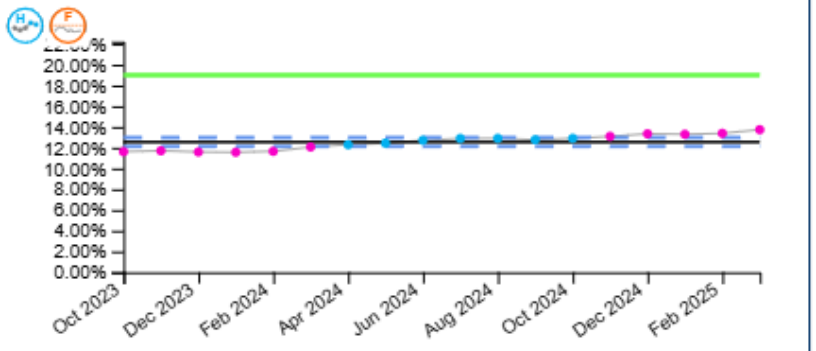


Target: >=19%

Month Year	Value	Numerator	Denominator
Mar 2025	25.76 %	1,933	7,505

NOF

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

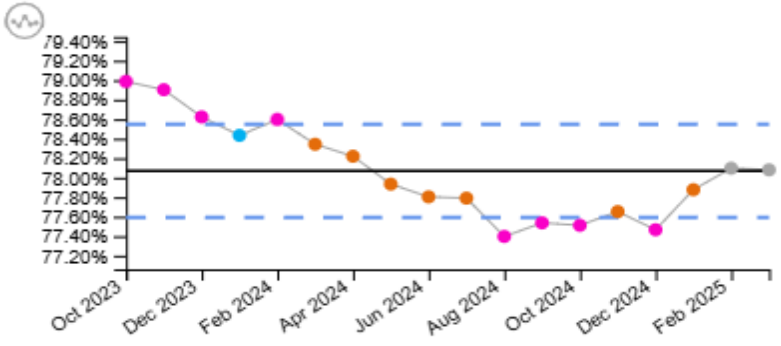


Target: >=19%

Month Year	Value	Numerator	Denominator
Mar 2025	13.74 %	126	917

NOF

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



Month Year	Value	Numerator	Denominator
Mar 2025	78.08 %	716	917

NOF

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.

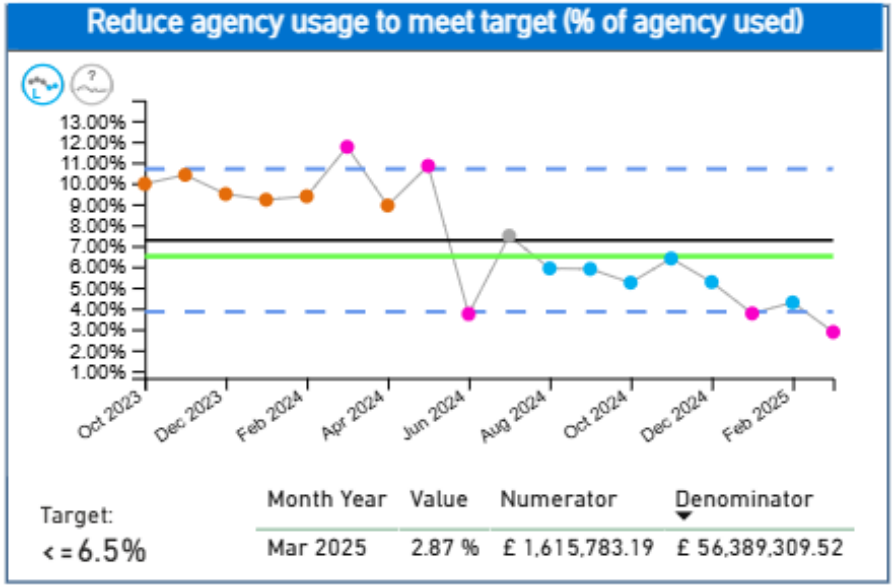
Actions

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

NHS 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 leadng 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

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.

Oxford Health NHS Foundation Trust

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

Strategic 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	We have recruited over 2100 participants to CRN portfolio studies, the majority in the following directorates: • Buckinghamshire mental health – 24 • Oxfordshire and South West mental health – 1888 • Community Health Services, Dentistry and Primary Care – 53 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.
		Number of active or aspirational principal investigators by directorate	Narrative	There are over 100 active principal investigators (PI) across Oxford Health. This is broken down by directorate as follows: • 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 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.
	We will build our capacity to translate our research into services	Number of dual academic/clinical role	Narrative	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.
		Develop infrastructure to translate research into services and demonstrate impact (Process Measure)	Narrative	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.

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	*	*	*	*	*	*	*	*
OAPSs 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

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.

Meeting	Board of Directors' Meeting
Date of Meeting	21st 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	☐ Decision/approval ☑ Information ☑ 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	• Kestrel • Kingfisher • Cotswold House Oxford	• Ruby • Sapphire • OSRU • CAMHS PICU Meadow Unit • CAMHS Highfield	
Community Teams	• District Nursing • Oxon North and West AMHT • Oxon City and NE AMHT	• 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	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

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)	☐ **BAF**	☐ **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	• Kestrel • Kingfisher • Cotswold House Oxford	• Ruby • Sapphire • OSRU • CAMHS PICU Meadow Unit • CAMHS Highfield
Community Teams	• District Nursing • Oxon North and West AMHT • Oxon City and NE AMHT	• 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)

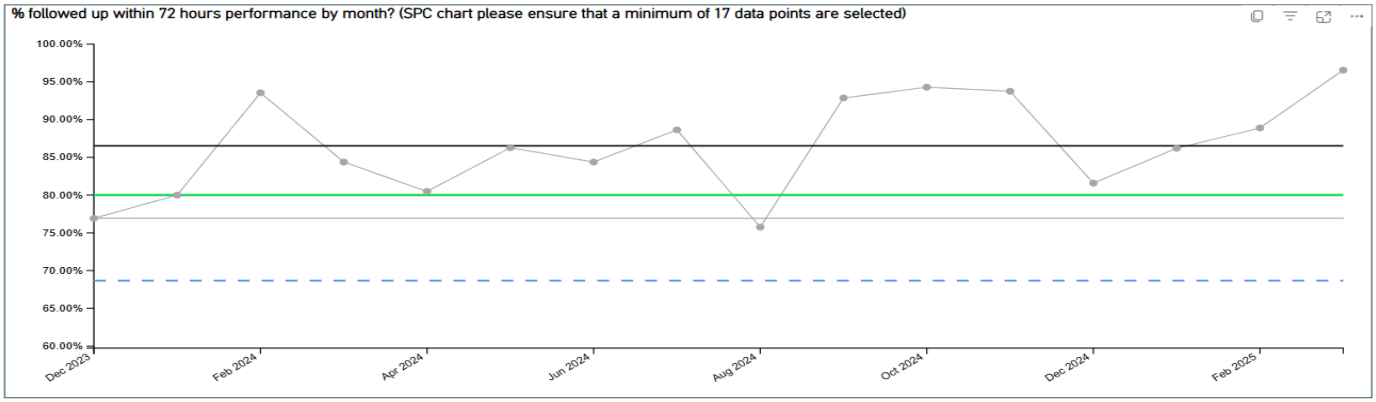
Note. workforce data has not been updated since position in February 2025 as data not available.

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.	• 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

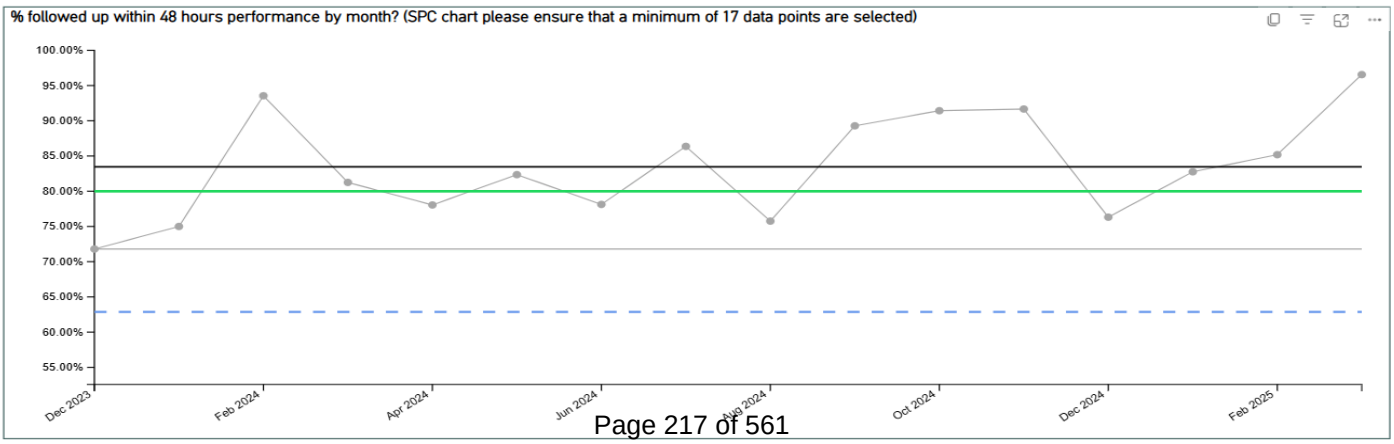
From April 2024 to March 2025 there were 435 eligible discharges with performance for 72 hour follow up at **81%.** Performance just for March 2025 was 97%, there was 1 breach reported although this relates to data quality and the patient was seen.

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	• 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	• 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	• 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	• 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	• 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	• 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 9th 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 9th April 2025).
Adult Psychological therapies	As of 9th 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.	• 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	• 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 (9th 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 (9th 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 (9th April 2025), reduction from last month (note caution as data quality work is still underway)
Podiatry	• 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
	• 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	• 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	• Increased waits for treatment under general anaesthetic (GA) for both children and special care adults. As of 22/04/2025 there are –
	  ○ 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	• 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.	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. A clinical prioritisation framework is in place to prioritise care. Urgent care services supporting essential daily visits (particularly at weekends). BOB Community Nursing Strategic Review underway but progress is slow. Service has an improvement plan to continue to maximise capacity and manage demand as much as possible.

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

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	• 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.	There is an improvement plan in place. Last presented at the Quality & Clinical Governance group in Nov 2024. Plan is monitored via governance processes and directly with commissioners weekly.

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)

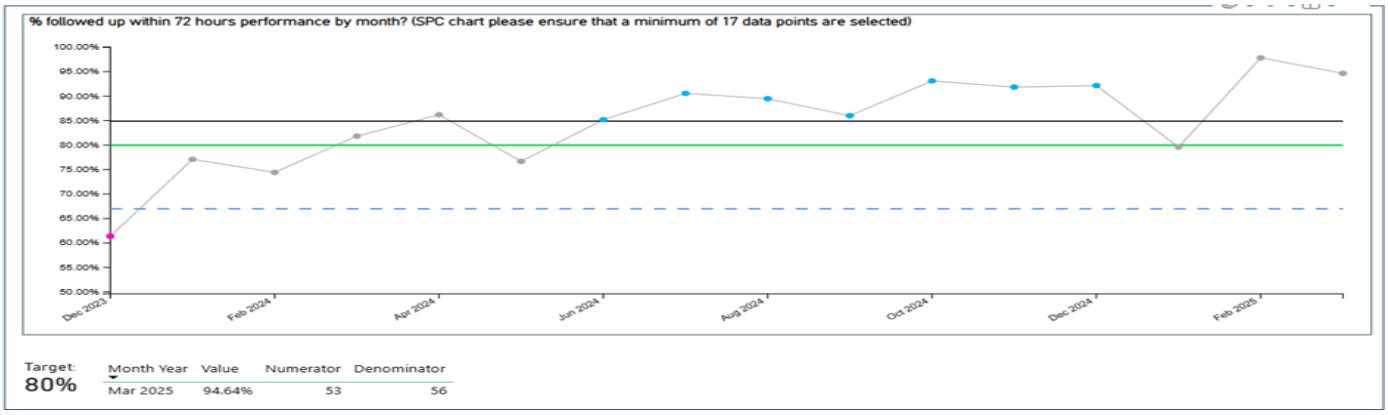
Note. workforce data has not been updated since position in February 2025 as data not available.

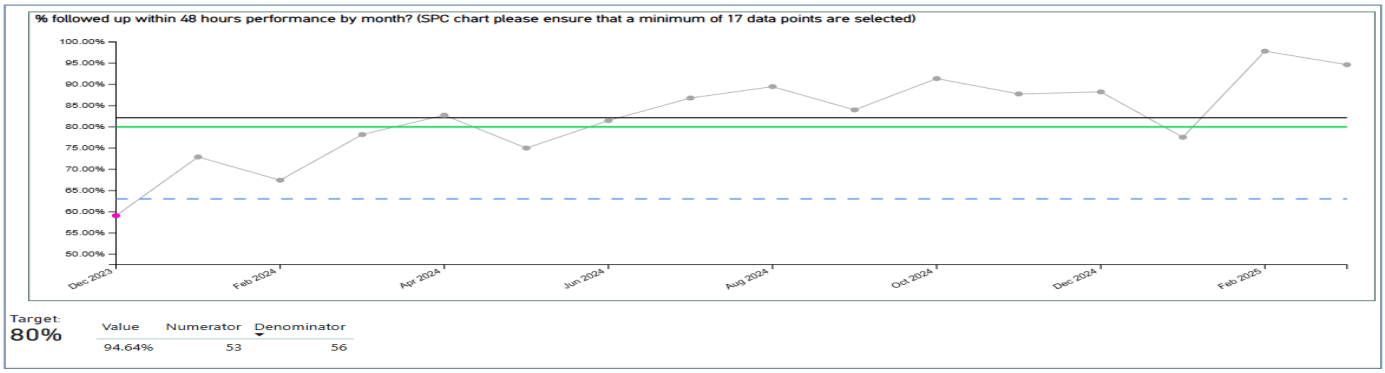
Inpatient Wards	Community Teams
• CAMHS Meadow Unit 29.2% (worse than last month) • CAMHS Highfield 29.3% (worse than last month) See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.	• North and West AMHT 33.5% (worse)

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	• 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	• 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 kneeing 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 7th 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 9th April 2025)
Adult ADHD	As of 7th 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 9th 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 9th 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	• 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.	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. Several actions have been met with evidence being collated by the team. New leadership team being supported. No new quality concerns identified in recent months. Enhanced monitoring still in place with Provider Collaborative.
North and West AMHT	Yes	• 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	Ongoing focus on Witney team. Action plan following recent whistleblowing to be shared with team beginning of May. 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. Band 5 OT due to join team in June to join the Intensive treatment and support team being developed in witney. Interim service manager due to leave beginning of May, plans being made for cover. Ongoing long term sickness/vacancies absence in medics backfilled with agency. On locum consultant taken up substantive vacancy. SAS Dr started in

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		for open patients. • 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.	Banbury, to backfill vacant post. Some long term sickness in other professionals across the patches All agency are now on CAP price ,adverts out for substantive posts. Work being started with organisational development consultants following recent staff survey results.
City and NE AMHT	Yes	• 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.	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. 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. Plan to be developed and agreed with senior directorate team May 2025. City is now operating as three distinct teams Willow, Aspen & Oak. Assessments are due to be delivered from across professions to support reduction in delays to treatment.

For Information

Finance Report
March 2025 (Month 12), FY25
Report to Board of Directors

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Annexes (private report only)
A. Directorate Financial Performance Detail
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F. Pay Expenditure analysis
G. Non-Pay Expenditure analysis
H. Out of Area Placements
I. Pay Trends Analysis

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

Executive Summary



Income & Expenditure position
- 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**	

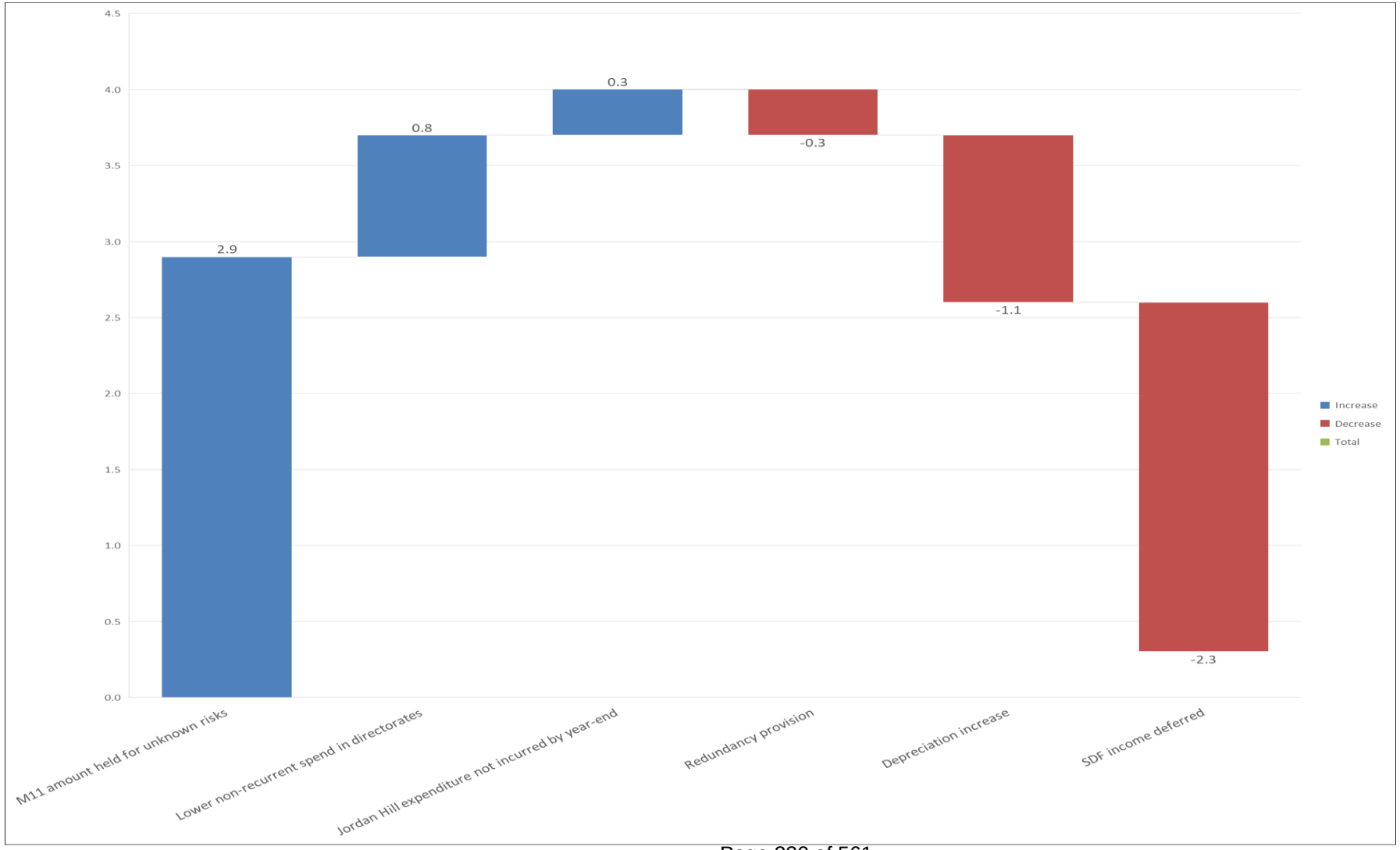
The full year outturn is a surplus of **£2.2m** which is **£2.3m** better than plan. The month 11 forecast was £2m favourable than plan and the outturn is **£0.3m** better than this. EBITDA is **£0.2m** favourable to plan, Financing costs are **£1.4m** and there is a **£0.7m** favourable variance on 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	☺

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**

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.

£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

	Month 12				Year-end position			
	Plan	Actual	Variance	Variance	Plan	Actual	Variance	Variance
Directorate	**£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)

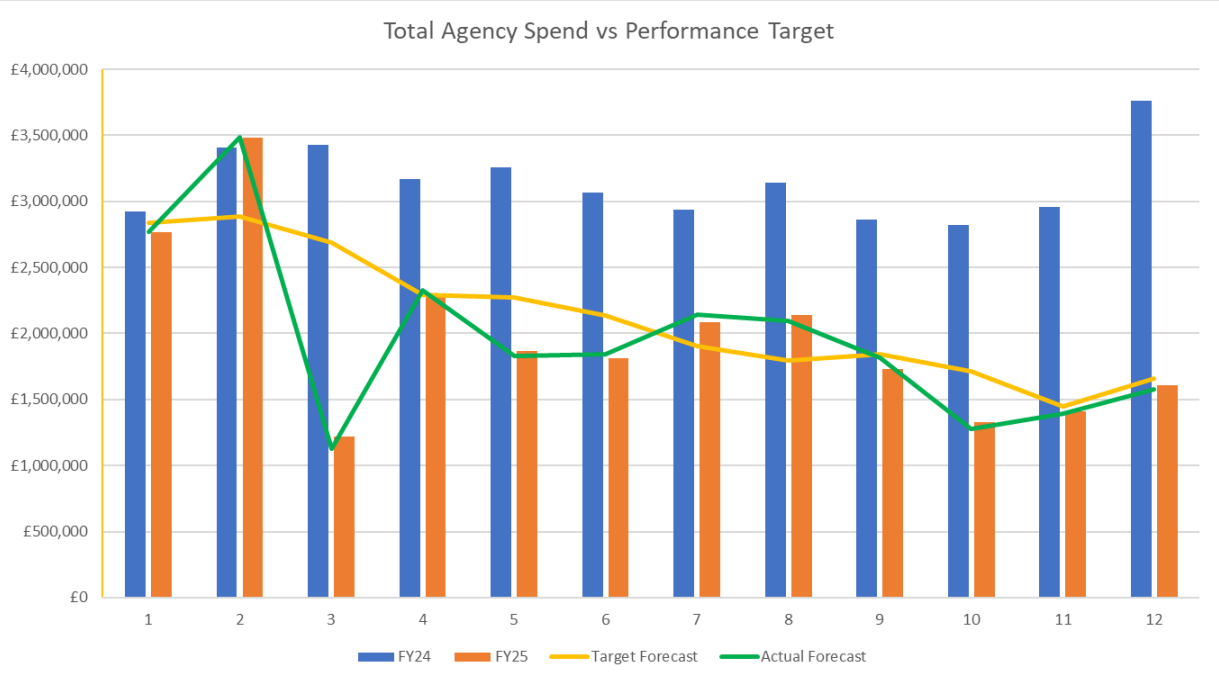
6. Provider Collaboratives Financial Performance Summary

	Month 12			Year-to-date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£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**

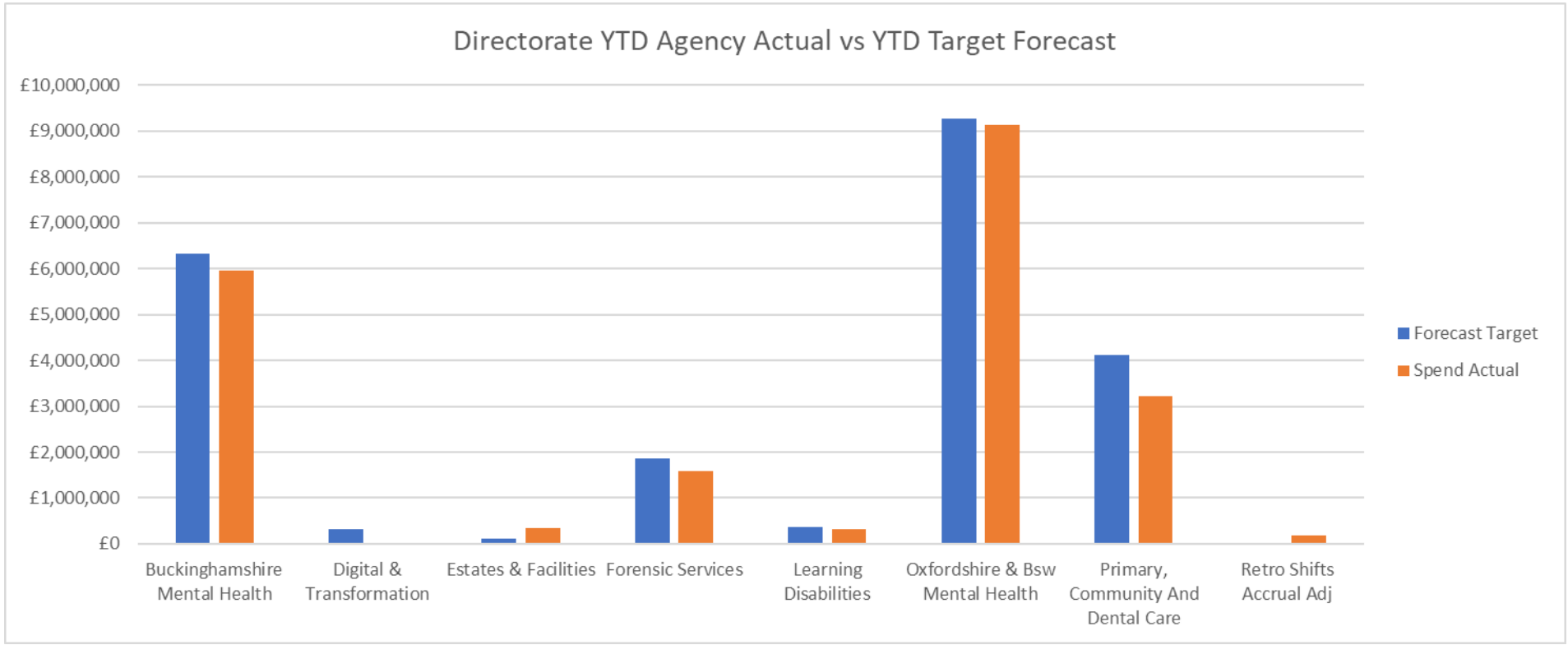
In Month 12 temporary staffing was **14.9%** of the Trust total pay bill with Agency at **4.9%** and Bank at **10%**.

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	Movement 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	①
	Current Assets					
3,184	Inventories	6,492	6,463	(29)	3,279	②
21,722	Trade and other receivables	20,276	19,599	(677)	(2,123)	③
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	④
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)	⑤
(2,614)	Borrowings	(2,415)	(1,356)	1,059	1,258	
(4,019)	Lease Liabilities	(7,719)	(6,645)	1,074	(2,626)	⑥
(16,518)	Provisions	(14,303)	(14,804)	(501)	1,714	⑦
(24,222)	Deferred income	(37,479)	(35,101)	2,377	(10,879)	⑧
(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	⑨
(21,814)	Lease Liabilities	(24,331)	(25,161)	(830)	(3,347)	⑥
(6,545)	Provisions	(8,921)	(9,226)	(305)	(2,681)	⑦
(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	⑩
202,258	Total taxpayers' equity	204,165	205,637	1,471	3,378	

1. 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'.
2. 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.
3. 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.
4. 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).
5. 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.
6. 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.
7. 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.
8. 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.
9. 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).
10. The £2.4m upward movement in year reflects the Trust's reported surplus in year of £2.0m and £0.4m of other movements.

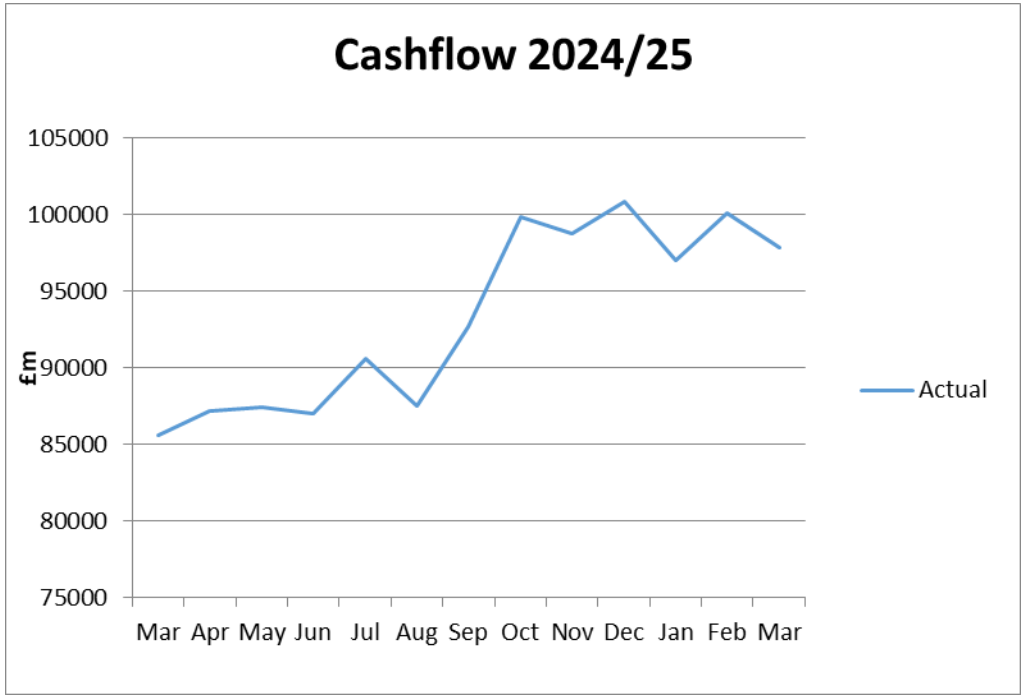
10. Cash Flow

Statement of Cash Flows at 31 March 2025

31 Mar 24		28 Feb 25	31 Mar 25	Cash In/(Out) In-Month
£'000	**Cash flows from operating activities**	£'000	£'000	£'000
(13,832)	Operating surplus/(deficit) from continuing operations	271	836	565
(13,832)	**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.

Oxford Health
NHS Foundation Trust

Meeting	Board of Directors' Meeting
Date of Meeting	21st May 2025
Agenda item	13
Report title	Patient Safety Reviews in March and April 2025
Executive lead(s)	Britta Klinck, Chief Nurse
Report author(s)	Jane Kershaw, Head of Patient Safety Victoria Harte, Patient Safety Service Manager
Action this paper	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the group	Regular report to share learning and actions being taken from patient safety reviews.
Public or confidential	Public

Executive summary

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

The report focuses on the period March and April 2025 following on from the previous reports. Seven reviews have been identified in the period within our incident response plan.

The report covers;

- Update against our PSIRF work plan over the last 12 months
- Detail about the seven new cases declared under our incident response plan
- Key learning and changes being taken forward

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

The Trust has a series of weekly patient safety forums which review the detail of the information summarised in this report.

A monthly report goes to the Quality and Clinical Governance Group and a quarterly report to the Quality Committee.

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

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

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)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	No	
Legal and regulatory	Yes, national regulation from CQC and NHSE.	

1. Patient Safety Incident Response Framework

As part of the national Patient Safety Strategy around developing a safer culture, safer systems, and safer patient care was the development of the Patient Safety Incident Response Framework (PSIRF). This is a significant change in how we think and behave in relation to responding, learning and improving from patient safety incidents. The Trust transitioned and started working under PSIRF from 4th December 2023. A summary of our approach and way of working under the PSIRF as well as our local incident response plan is published on the Trust's website and available here Patient Safety Incident Response Framework (PSIRF) - Oxford Health NHS Foundation Trust.

The four key aims of PSIRF are:

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

NHS England has developed standards in relation to the leadership and oversight of patient safety incident management and improvement under the PSIRF. The PSIRF programme board uses these standards to guide our annual work plan. The standards are available at B1465-4.-Oversight-roles-and-responsibilities-specification-v1-FINAL.pdf. We have regular meetings with the other providers in the BOB ICS to share learning from patient safety reviews and share how we are embedding PSIRF. We also have quarterly review meetings with the BOB ICB (main commissioner) and NHS England to review our progress with implementing the principles and aims of PSIRF and the national safety priorities. The last quarterly review meeting was on 27th March 2025 where we received positive feedback recognising our progress and our stride for continual improvement.

Update against workplan for 2024/25 focus areas

The PSIRF principles are embedded in all the Trust's patient safety processes and approaches.

For the financial year 2024/25 there were 50 incidents declared under our incident response plan going across our different clinical directorates. We have covered 12 of the safety areas we prioritised and used 9 different types of learning responses, including completing 14 PSI investigations and 7 thematic reviews. We reviewed our incident response plan after year 1 and agreed some minor changes which have been provisionally approved by the BOB ICB (main commissioner) changes with sign off planned at the System Quality Meeting in May 2025.

For each review we use a systems factor methodology (SEIPS = Systems Engineering Initiative for Patient Safety) to better understand what happened (work done') and why, against what we think or expect should happen (work imagined') so that the learning we identify and the safety actions we take address the real issue(s). All those responsible for leading on reviews have completed specialist training.

We have demonstrated a more proportionate approach to how we respond to incidents, shifting more resources to focus on what we can learn and the changes we can make. We aim for learning responses to start as soon as possible after the incident is identified and expect

most responses to be completed within 3 months (90 days) although this will be flexible and we will work at the pace of those affected, particularly patients, families and staff. If a response requires the involvement of a number of partner organisations or we are carrying out a full in-depth patient safety incident investigation (PSII) this may also take longer but we will still aim to complete this within 6 months (182 days). Since transitioning to work under PSIRF on average reviews have been completed within 80 days, as expected there are variances based on the type of learning response used with Incident Learning Huddles being completed the quickest and in-depth investigations or thematic reviews taking longer. To give a comparison our average time for PSII (investigations) to be completed over 12 months prior to transitioning to PSIRF was 141 working days compared to 122 days under PSRIF, so we are conducting full in-depth investigations on average 19 days quicker.

The reviews we are conducting are being completed timelier under PSIRF, with PSI investigations being completed and signed off 19 days quicker.

As part of our more engaged and compassionate approach we have completed 183 incident learning huddles in the last 12 months which have proven to be an effective and a better way to encourage openness and to learn together. We set out to increase the number of huddles in 2024/25 which we have done by doing an additional 45 huddles this year compared to last year. 49 huddle (27%) included an external organisation to help maximise our understanding of an incident and to share learning across organisations.

The 2025 national staff survey results for the second year running demonstrate the improvements made in developing the patient safety culture in the organisation so it is about openness, learning and making changes. There are 4 key questions in the survey, all questions have improved and are above the national average. In addition, we have received feedback from staff and families in relation to our approach and involvement in learning from incidents which has prominently been positive with helpful comments so that we can continually amend our processes.

In 2024/25 we employed two patient safety partners with lived experiences that worked with us around PSIRF and implementing safety initiatives. The individuals helped to develop the role and to improve the patient/family voice within the work we are doing. We continue to engage and involve patients/families in every review we undertake and are using our Patient Safety Partner to help gather patients/families experiences of the process so we can keep improving our approaches.

We have strengthened how we share learning, for example introducing 6-weekly patient safety webinars open to all staff and also how we develop safety actions, working more closely with facilitators from the Oxford Healthcare Improvement Team to take a quality improvement methodology to change. More work is planned in 2025/26. We have a robust central process for overseeing the completion of safety actions and have recently started testing an approach to review the impact of the actions we have taken.

2. Recent Patient Safety Reviews

Following the last report there have been seven patient safety reviews identified in March and April 2025 meeting our patient safety incident response plan (PSIRP) and where we believe there is potential for significant learning. These are listed below with the planned learning review we intend to take.

Table 1.

Incident description	PSIRP safety area	Planned Learning Response
Physical health deteriation related to PEG line care – DN Rural West	Delay in accessing care/treatment	Incident Learning Huddle
Unexpected Death– N&W AMHT Oxon	Delay in accessing care/treatment	Incident Learning Huddle
Unexpected Death – N&W AMHT Oxon	Delay in accessing care/treatment	Extended Incident Learning Huddle
Suspected suicide – City & NE AMHT Oxon	Delay in accessing care/treatment	Extended Incident Learning Huddle
Challenges in end-of-life care involving 3 different teams	Delay in accessing care/treatment	Incident Learning Huddle
Complex physical health issues and difficulties in providing care – Allen Ward	Delay in accessing care/treatment	Extended Incident Learning Huddle
Physical health concerns and multiple moves between providers – Aylesbury CMHT/Ruby Ward/ acute hospital care/ Elysium/ Barrnett Hospital	An issue where significant concerns have affected a patient's journey between different organisations	System review

3. Learning and Changes as a result of Patient Safety Reviews

The findings from each safety review are shared with those affected in draft, scrutinised by a senior Directorate panel and then signed off by an Executive Director led panel. All agreed safety actions are then added onto the Ulysses electronic system for central monitoring with oversight by the patient safety team members. The action lead receives automated reminders about their actions, and scheduled action reports go to a range of staff for oversight as well as regular reporting to a series of quality governance meetings.

The key learning and actions are shared in a number of ways and through a series of forums. This includes;

- monthly learning summaries from each review are shared directly and discussed with team/ward managers at monthly governance meetings
- written learning summarises are posted on the staff intranet

- 6-weekly patient safety webinars are held themed around our key areas for learning (all recordings are available on the intranet for staff)
- the outcomes from reviews are shared in each Quality Improvement hub in the clinical directorates
- details of all actions are shared in the monthly PSI report to the Quality and Clinical Governance group
- sharing themes with learning advisory leads to bring into regular staff training

In the last 6 months the overall priority areas for learning and change across patient safety reviews are;

- How we manage/oversee the modifications and risks when demand exceeds capacity in a service
- Sharing information and engaging with family members
- Joint working and communication with external agencies (GPs, care homes, police, private providers)
- Communication between OHFT services
- Quality of clinical documentation – risk assessments/formulations, capacity assessments, care plans, NEWS2

Table 2 shows some examples of actions being taken from recently completed reviews.

Table 2.

Type of service	Improvement area	Action(s)
Mental Health services	Clarity around **Section 117**	The Trust is addressing the improvement of clinical systems, care planning, and Section 117 practice. Ongoing efforts include implementing co-produced care plans and reviewing Section 117 MHA policy to ensure compliance across inpatient and AMHT service areas. A risk note has been issued.
Mental Health services	Awareness of **neurodiversity** and reasonable adjustments	The Reasonable Adjustment Service has taken significant strides in delivering bespoke clinical training sessions. The Reasonable Adjustment Service are also actively involved and supporting the Trust-wide neurodivergent strategy. Efforts are underway to enhance the information and resources available to staff on the intranet site.
Mental Health services	**Communication** between Mental Health Services and Probation Services	AMHT Team Manager to attend the Criminal Justice Mental Health Panel (CJMHP) to explore how this can be used to support the team. AMHT Team Manager to liaise with Prison In-Reach Service to improve partnership working.

Type of service	Improvement area	Action(s)
Physical Health Services	**Good Practice –** Emergency response and communication with family. Family fed back happy with care. NEWS being completed more regularly due to concern for the patient, as staff felt something was not quite right Compassion and ensuring patient was comfortable The ambulance crew commended team on the good practice.	
Physical Health Services	Challenges with **transfer of information** from acute setting.	Review of discharge/transfer document and the process of transfer. Doing this jointly with the acute hospital
Physical Health Services	**Good Practice –** resus attempt completed to good standard	
Mental Health services	Clarity of process of using **oxevision**	Clarity of usage, when switched on/off each evening.
Physical Health Services	Recognition of the **mechanism of injury** and decisions in treatment/diagnostic tests	The training, supervision and mentoring of staff within Minor Injury Units - review and strengthen training using examples where learning has been identified and simulation videos of staff experiences.
Mental Health services	**Good Practice** – there were a number of ILH reviews that highlighted engagement with family as areas of good practice	
Mental Health services	**Communication** across teams	SBARD structure being introduced into triage process in AMHTs
Mental Health services	Discharge planning processes were complicated by the **care teams across the healthcare system** being spread over a wide geographical area.	Teams to formulate a process to identify Consultant responsibility when a patient has an out of area GP / in an out of area placement.
Mental Health services	**Information sharing** between OHFT and partnership services	A review of the Information Sharing Protocol for safeguarding between OHFT and partners.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	14(a)
Report title:	Report from Audit & Risk Committee on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Chris Hurst, Non-Executive Director and Chair of the Audit & Risk Committee
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	For Board Alert/ to Advise/Assurance or recommendation for Approval
Public or confidential:	Public

Executive summary

The most recent meeting of the Audit & Risk Committee was held on 23rd of April 2025, at which it considered matters set out in the agenda (attached in the Reading Room) and reviewed and confirmed the minutes of its previous meeting (also included in the Reading Room).

This paper summarises the significant matters reviewed and discussed by the committee at the meeting. The report is provided for the board's information, to provide assurance on specific matters, and to highlight issues for the Board's consideration and discussion (where appropriate).

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

N/a

Recommendation(s)

The Board is asked to consider the report and to confirm that it is assured, where appropriate, and satisfied with the committee's overall progress in delivering its annual work plan.

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☐**Safe**	☑**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ **BAF**	☑ **TRR**
Equality, diversity and inclusion	Yes/<u>No</u>	
Legal and regulatory	<u>Yes</u>/No Through the work of the Trust's internal and external auditors, the committee seeks assurance that the Trust remains compliant each year with all relevant regulatory and statutory requirements relating to the governance and financial conduct of the organisation.	

For Alert (may require discussion)

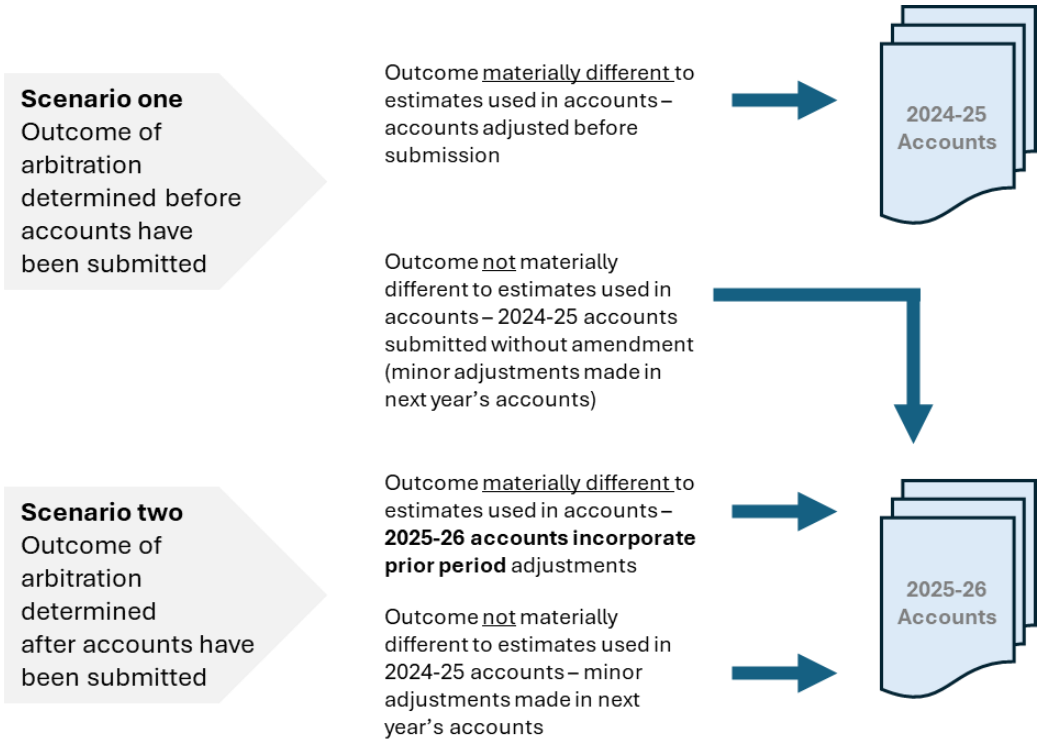
There are no matters to alert the Board to on this occasion.

To Advise (to monitor)

PFI exit and 2024-25 Annual Report & Accounts

The Committee was updated on the arbitration process which will determine the final sum payable in respect of the Trust's acquisition of the Oxford Medium Secure Unit and Support Block buildings (in September 2024). These facilities were originally provided under a private finance initiative (PFI) contract.

The arbitration process is now nearing completion with the outcome expected around the time the Trust's final accounts are due to be submitted to DHSC, at the end of June. The Trust's accounts currently include estimates[1] for financial impact of acquisition of the buildings and for the termination of the contract. If the financial settlement payable under the arbitration assessment is materially different to the estimates used by the Trust in preparing its, the Trust may need to consider amending its accounts. NHS England and DHSC and aware of this potential. However, there are four possible outcomes, summarised as follows:



It is important for the Board to note that the such transactions are complex and have the potential to impact non-recurrently on a trust's capital expenditure limit and in-year revenue expenditure. These factors have been taken into account by the Finance

[1] Based on independent professional valuation estimates

team, alongside the relevant accounting requirements. The outcome of the arbitration is not expected to impact further in these areas, but this cannot be completely ruled out until the outcome of the arbitration is known. Colleagues in NHS England and Buckinghamshire, Oxfordshire & Buckinghamshire ICB are fully briefed on the position and on the risks described above.

For Assurance (to note)

Internal audit and Counter Fraud

The Committee received, reviewed, and approved:

- the final draft Internal Audit Plan for 2025-26
- the final draft LCFS Annual Plan for 2025-26
- the draft Internal Audit annual report (including draft Head of Internal Audit Opinion); and
- the draft Local Counter Fraud & Security Annual Report 2024-25.

KPMG presented the findings of two further reviews which had been completed since the committee's February meeting:

1. Provider Collaboratives (governance) review - rated as providing Significant assurance with minor improvement opportunities; and

2. Data Security & Protection Toolkit independent review - rated as providing Significant assurance.

Annual Report & Accounts 2024-25

The Committee undertook a review of the draft accounts, which were submitted in accordance with the DHSC timetable later in the same week. In the course of completing its review, the Committee also scrutinised the financial analytical review, the draft Annual Governance Statement (work in progress), and the draft Going Concern statement.

The committee noted that there were no new accounting standards, or revisions to existing standards, for the Finance team to take into account in preparing the accounts.

The committee was pleased to note that the draft accounts confirmed that the Trust had met its financial duties (again). This position is, of course, subject to the outcome of the final external audit review, which is expected to be completed by late June (prior to the submission of the final accounts).

The Trust's external auditors (Ernst & Young) provided a verbal update on their work to date and advised the committee that no matters of concern had been identified so far. It was acknowledged the outcome of the PFI arbitration represented an unknown factor for all parties at this stage.

Review of BAF risks

The Committee undertook its regular review of the Board Assurance and reviewed the risks within its direct oversight.

Sharing of learning

None identified.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	14(b)
Report title:	Report from the People, Leadership & Culture (PLC) Committee on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Mindy Sawhney Non-Executive Director and Chair of the PLC Committee
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	For Board advice and assurance, or discussion as appropriate.
Public or confidential:	Public

Executive summary
The Committee continues to meet every quarter and last met 29 April 2025 and considered the agenda (available in the Reading Room) save for the following item which was again deferred to the next meeting: Training Budget & Strategy Alignment. There were no matters for Alert to the Board from the January Committee meeting and thus no updates .

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

Recommendation(s)
The Board is asked to consider this report and to confirm that it is assured, where appropriate, and satisfied with the Committee's overall progress in delivering its annual workplan and in overseeing the actions where service risks and issues are highlighted.

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☐
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☐

Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑Safe	**☑Effective**	**☑Caring**	**☐Responsive**	**☑Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	**☑ BAF**	**☐ TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	No	

For Alert
No new matters for Alert.

To Advise

1. **People Plan 2025-26** The Committee received with thanks the Plan and supported the areas of focus identified to pursue the Trust's strategic aim of Being a great place to work. The Committee noted that the Trust is not yet able to capture the Trust-wide people priorities, and to map the enabling actions required in the people space to aid achievement of the Trust's other 3 strategic priorities. There is a risk that the people work led by the HR function and that led by Directorates and Professions is considered and progressed in silos. In mitigation, Directorates have been engaged in the development of the People Plan and HR colleagues included as Directorates set their priorities.

To Assure

Risk

1. **People Early Warning Dashboard** The Committee received the RAG rated list of those parts of the Trust where people indicators are outside of our desired ranges. Executive colleagues described how these data were being used to support conversations across the Trust to understand performance and support improvement where necessary

2. **BAF Risks**
    - **2.5 Retention of staff** The Committee agreed to reduce the rating of this risk from 12 (orange) to 9 (orange) given both turnover and early turnover of staff are below target, and turnover rates for ethnic minority staff are lower than the staff average
    - **2.6 Adequacy of staffing** The Committee agreed to reduce the rating of this risk from 16 (red) to 12 (orange) given improvements in vacancy rates to near target levels, fill rates above target, and training compliance improvements
    - **2.3 Succession Planning, Organisation Development and Leadership Development** The Committee undertook a deep dive of this risk and agreed the Trust's work in this area is at a very early stage of development. Realistically, capacity constraints mean work to map and plan this area of work will not being until Q3/Q4 and the Committee will ask to receive an update in October

Leadership & Culture

3. **Staff Survey** The Committee received an analysis of the staff survey and considered the Trust's results vs national average, BOB, Trust performance last year, and – where applicable/ available, results vs other MH Trusts, and Trust average. Data were cut by protected characteristic (Race, Age, Sex, Sexuality, Disability, Religion), Directorates, Teams, and Professions. The Committee commended colleagues for improvements across 8/9 People Promise themes both against the Trust's own 2023 results and vs national average. While most

increases are not statistically significant, the increased score in 'Morale' is significantly higher. The Trust also saw improvements in 6/9 staff engagement scores with small falls in the area of Involvement. These are encouraging results made more striking by the continuingly challenging context in which the Trust is working. Colleagues noted areas of particular concern include responses to Bullying & Harassment and variations in the staff experience of ethnic minority colleagues. A qualitative survey is being undertaken to supplement the staff survey and will be used to develop a plan of action. The Committee has asked at its next meeting to see a reflection on the improvement actions taken following last year's survey and the priority areas/themes for FY25/26, particularly where there are variations in staff experience by protected characteristic, team or Profession

4. **Organisation Development** The Committee received a draft culture statement for use within the Trust and to focus supporting OD work. The Committee welcomed the tone and scope of the statement and the accompanying 'asks' of colleagues and their opportunities to improve and embed the target culture. The Committee invited colleagues to consider a small number of aspects including more explicit reference to purposefulness and accountability

5. **EDI High Impact Actions** The Committee received an update on the 4 of 18 outstanding actions due by the end of 2024, and it is assured work is progressing with the majority due to be delivered by the summer

6. **Psychological Professions** The Committee was pleased to have an opportunity to understand the roles of colleagues from the Psychological Professions within the Trust, and to explore their view of the Strengths, Weaknesses, Opportunities and Threats. There are over 820 WTE working within the Trust, constituting the second largest professional group. The Committee noted the significant contributions made by colleagues including in QI, service development, research, training, and staff wellbeing. It also heard some concerns that colleagues are not consistently well-integrated into senior leadership teams and that collaborative multidisciplinary decision-making is not yet the Trust's universal model and practice. The Committee also noted work to be done in workforce data, extending innovative recruitment practice into all hard-to-recruit areas, and helping to mitigate the consequences of a national lack of badged CPD funding for these professions. The Committee welcomed the offer for this group of staff to support the Trust's OD and workforce planning efforts, and its plans to develop a vision and strategic workplan for psychological professions and for psychological therapies within the Trust

<u>Workforce</u>

7. **Workforce Planning** The Committee approved a workforce planning template as a trial vehicle to progress the Trust's thinking on priority areas for process improvements, role design, skill mix and service design/transformation. In the first instance the templates will be used to consider qualified inpatient MH nurses, qualified community MH nurses, and consultant psychiatrists

8. **Temporary Staffing** FY24/25 marked a decisive turning point in the Trust's grip on temporary staffing, and in particular on Agency spend. M12 position shows a total spend of £23.74M on Agency, £1.7M better than plan and £11.6M better than the previous year (and down from £63M in FY22). However, at M11 the Trust was 24th highest of the 26 Trusts in the SE Region, underlining the need to build upon the significant improvements delivered

9. **NHSP assurance** The Committee received an update on:
    - the number of Bank staff available to the Trust each week (approx. 2400, of whom 1400 are Trust substantive staff),
    - NHSP processes to ensure staff are interviewed, referenced and up to date with required training
    - Bank staff are restricted from undertaking shifts if their training is not up to date or if a concern has been raised about their standard of work
    - Controls are in place to mitigate the risk of retrospective shifts and that this is on a downward trajectory (currently 6%)

10. **Statutory & Mandatory Training** Compliance levels continue to improve and now stand at an overall rate of 91.3%. This includes Resus training improving from 67% in M6 to 81%. All patient-facing Directorates are now above 90% compliance, and the Committee is assured that the Trust understands which areas of training and which teams are not yet compliant and is proactively seeking to understand blocks and to remove them.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	14(c)
Report title:	Report from the Quality Committee (QC) on matters to Alert, Advise or Assure
Executive sponsor(s):	N/A
Report author(s):	Andrea Young Non-Executive Director and Chair of the Quality Committee
Action this paper is for:	☑ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	For Board advice and assurance, or discussion as appropriate.
Public or confidential:	Public

Executive summary

The Quality Committee meets five times a year and last met 1 May 2025 and considered the agenda included in the Reading Room (minutes to follow).

There are no matters to alert to the Board.

There are three items to advise the Board:

- an update on the QIA process aligned to this year's operational plan and budget setting;
- the outcome of a thematic review into patients who fell between services (Mind the gap); and
- a verbal update on the outcome of the CQC inspection of our Forensic services in November 2024.

There are seven items to assure the Board. We received:

- the Director of Infection Prevention and Control report 24/25;
- the Bi-annual review of quality and regulatory compliance with respect to the Medicines and Healthcare Regulatory Agency;
- Complaints and PALS Annual Report 24/25;
- Quality Account for 2024/25 and Priorities for 25/26;
- the Trust Policy Register;
- the Board Assurance Framework with reference to items under QC purview; and
- the QC Annual Report 24/25, with the Committee's workplan for 25/26 and revised Terms of Reference.

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

Recommendation(s)
The Board is asked to consider this report and to confirm that it is assured, where appropriate, and satisfied with the Committee's overall progress in delivering its annual workplan and in overseeing the actions where service risks and issues are highlighted.

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑**Safe**	☑**Effective**	☑**Caring**	☑**Responsive**	☑**Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes – Quality Account, QI spotlight, Learning from Patients, Family and Carers	
Legal and regulatory	Yes CQC and MHRA for Oxford Pharmacy Store	

For Alert (may require discussion)

There are no matters to alert the Board on this occasion.

For Advice (to monitor)

The Committee received **a thematic review (Mind the Gap)** and key findings into the care of five patients who were 'bounced' between services and experienced harm as a result. The themes emerging from this review included each service front door having their own assessment process, services not fully understanding the role/nature of other services and patients falling between gaps in services. The Committee considered the QI action plan and there was a good understanding of how the current configuration of our services can get in the way of patients getting the right care at the right time. The Committee requested an update on actions in November, along with QI measures that would enable us to track impact. It was also noted that there are cultural professional issues and capacity management issues to be tackled.

The Committee received a verbal report on the **Quality Impact Assessment process being led by the CNO and CMO into Directorate plans incorporated in the Trust's operational plan for 25/26.** It was noted that at least one proposal had been rejected. The Committee asked for a paper to come to its next meeting, setting out the detail to comply with the requirements of Finance and Investment Committee when the plan was signed off.

The Committee welcomed a verbal update on **the draft CQC inspection report on the Trust's forensics services.** There were no major concerns and at this stage it is indicated that the services are rated Good. Factual checking is still underway, so this is not the final report.

For Assurance (to note)

The Committee received the following annual reports and were assured the Trust can demonstrate compliance with regulatory requirements (the first three **have been recommended by the Committee to the Board for final approval** and are on the agenda for the Board meeting):

- **Director of Infection Prevention and Control Annual Report 2024/5**
- **Complaints and Patient Advice and Liaison Service Annual Report 2024/5**
- **Quality Account 2024/5 and Quality Priorities for 25/26**
- Clinical Audit and NICE Guidance Annual Report 2024/25
- Annual review of the Trust Policy Register

The Committee reviewed the **Board Assurance Framework Strategic Risk 1.5 relating to unavailability of mental health and LD inpatient beds and noted additional mitigations in place as well as Strategic Risk 1.6 relating to sustainability of primary, community and dental care services.** The ratings remain 16 and 12 respectively. We noted further work in hand to review the Board Assurance Framework, including the addition of a new risk on Violence and Aggression which will be reviewed either through QC or PLC (TBC).

The Committee undertook an annual review of its effectiveness and considered the Committee's Annual Report of activity undertaken during 24/25, considered and recommend for approval the forward work plan for 25/26 and revised Terms of Reference.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	15
Report title:	Board Committee annual reports
Executive sponsor(s):	Taff Gidi, Executive Director of Corporate Affairs
Report author(s):	Taff Gidi, Executive Director of Corporate Affairs
Action this paper is for:	☐ Decision/approval ☐ Information ☑ Assurance
Reason for submission to the Board:	Assurance
Public or confidential:	Public

Executive summary

With the exception of the Charity Committee and the People, Leadership & Culture Committees (which will review their annual reports by the end of June 2025), the main Board Committees have reviewed their annual reports, terms of reference and work plans where appropriate over April-May 2025. Escalation of matters for the Board's awareness will be through the relevant Committees' 3As reports, if required. Actions for improvement identified through annual reports will be taken through the Committees' regular business cycles and any pertinent findings added to the Annual Governance Statement (part of the Trust's Annual Report) if required.

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

Committee annual reports were reviewed at the following meetings:

- Audit & Risk Committee – 23 April 2025;
- Quality Committee – 01 May 2025;
- Mental Health & Law Committee – 13 May 2025;
- Finance & Investment Committee – 14 May 2025.

Recommendation(s)

The Board is asked to note that the annual reports of the Audit & Risk Committee, Quality Committee, Mental Health & Law Committee and the Finance & Investment Committee have been reviewed and to confirm that it is assured that authority has been delegated appropriately. The Charity Committee and the People, Leadership & Culture Committee will review their annual reports by the end of June 2025.

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☐
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☐**Safe**	☐**Effective**	☐**Caring**	☐**Responsive**	☑**Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	~~Yes~~/No	
Legal and regulatory	~~Yes~~/No	

Board Committee annual reports - background

The NHS Act and codes of practice/governance provide the Board with the power to appoint board committees, and to delegate to such committees any of the authority of the Board.

The Board can appoint committees based on what it wants to achieve for the year as these committees should help the Board achieve its objectives. The statutory committees of the Trust are the Audit & Risk Committee and the Nominations, Remuneration & Terms of Service Committee. There can be any number of other standing committees operating on a more permanent basis, and ad-hoc committees, which are in place for a particular time frame.

Board Committees represent an essential part of the corporate governance process and should have clear reporting procedures and scope. Each committee is required to have clear terms of reference, reviewed annually by the Board to ensure their relevance. Terms of reference charter the duties, responsibilities and expectations of the committee and the committees of the Board are expected to be accountable for making timely reports to the full Board. Ultimately, the Board is looking for comprehensive information that committees can present to them in a concise manner to help inform decisions (or votes) on specific issues.

While the Board may make use of committees to assist in particular its consideration of appointments, succession, remuneration, quality and safety, audit, risk, and remuneration, it retains responsibility for final decision in all of these areas. The Governance Code and best practice conveys that the remit of each committee, and the processes of interaction between committees and between each committee and the Board, should be reviewed regularly.

It is the Trust Chair's responsibility to ensure board committees are properly structured with appropriate terms of reference, and the Chair should ensure that committee membership is periodically refreshed and that individual independent non-executive directors are not over burdened when deciding the chairs and membership of committees.

Even though Board Committees require strong expertise, it is probable their work often overlaps with the work of other committees of the Board. With an eye on efficiency and to prevent duplicity, many Boards structure their committees with multi-committee directors. Directors who sit on a number of committees are able to alleviate issues with information segregation.

The Committee annual reports summarise performance and the work each committee considered during the year. With the exception of the Charity Committee and the People, Leadership & Culture Committee (which will undertake their review by the end of June 2025), the main Board Committees have reviewed their annual reports, Terms of Reference and work plans where relevant over April-May 2025: Audit & Risk Committee; Quality Committee; Mental Health & Law Committee; and Finance & Investment Committee.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	16
Report title:	2024 Staff Survey Results
Executive sponsor(s):	Charmaine De Souza, Chief People Officer
Report author(s):	Beth Macgregor & Jo Whall, Organisational Development (OD) Consultants, Zoe Moorhouse, Head of OD (Interim)
Action this paper is for:	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the Board:	E.g. Regulatory requirement or Board/committee request etc 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.

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 Board 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.

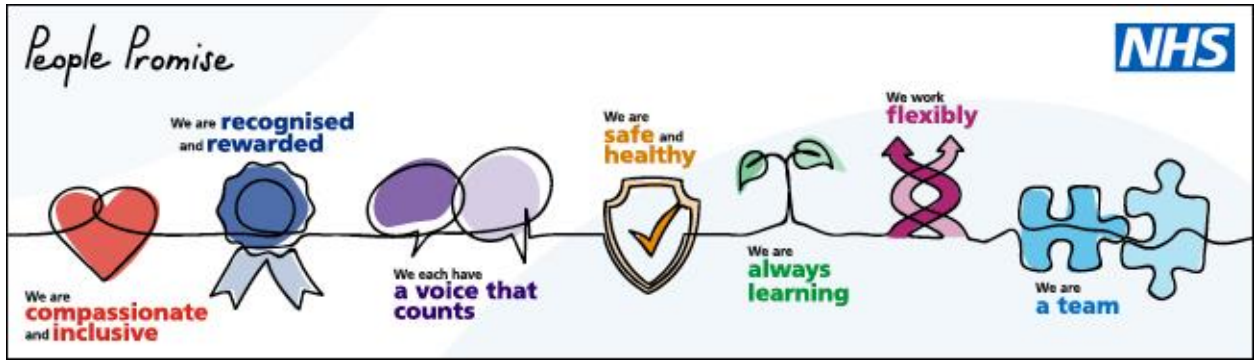
Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☐
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable

☐Safe	☐Effective	☑Caring	☐Responsive	☑Well-led

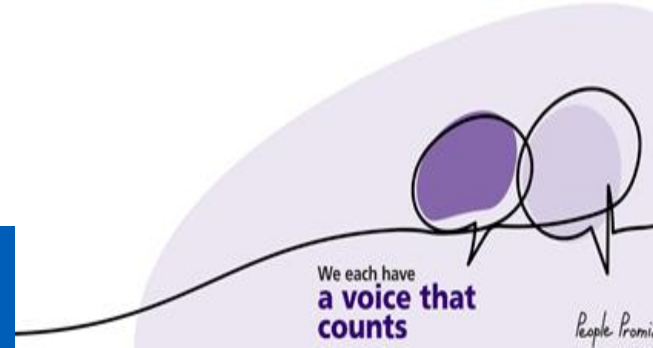
Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	No If yes, include brief description, e.g. CQC essential standards; Provider license etc	

2024 Staff Survey Results



Beth Macgregor & Jo Whall, OD Consultants

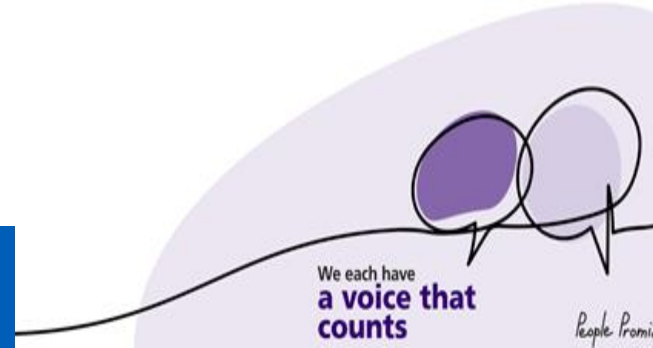
N:B This data compares the Trust to the National Average for 50 other Mental Health, Learning Disability and Community Healthcare Trusts and to the Berkshire, Oxfordshire and Buckinghamshire (BOB) ICS.



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Oxford Health NHS Foundation Trust

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Response Rates

- The final Trust wide response rate was 53.2% which represents 3667 respondents. This is an increase of 328 respondents compared with 2023.
- The table below shows response rates with comparison data back to 2021.

Year	Response Rate	No of respondents	Eligible Sample
2024	53.2%	3,667 respondents	6,893
2023	51.4%	3,339 respondents	6,492
2022	53.4%	3,279 respondents	6,141
2021	55.0%	3273 respondents	5,950

- An additional 32 more teams will 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)
- The Trust 2024 response rate was also above the average response rate for our benchmark group as shown below.

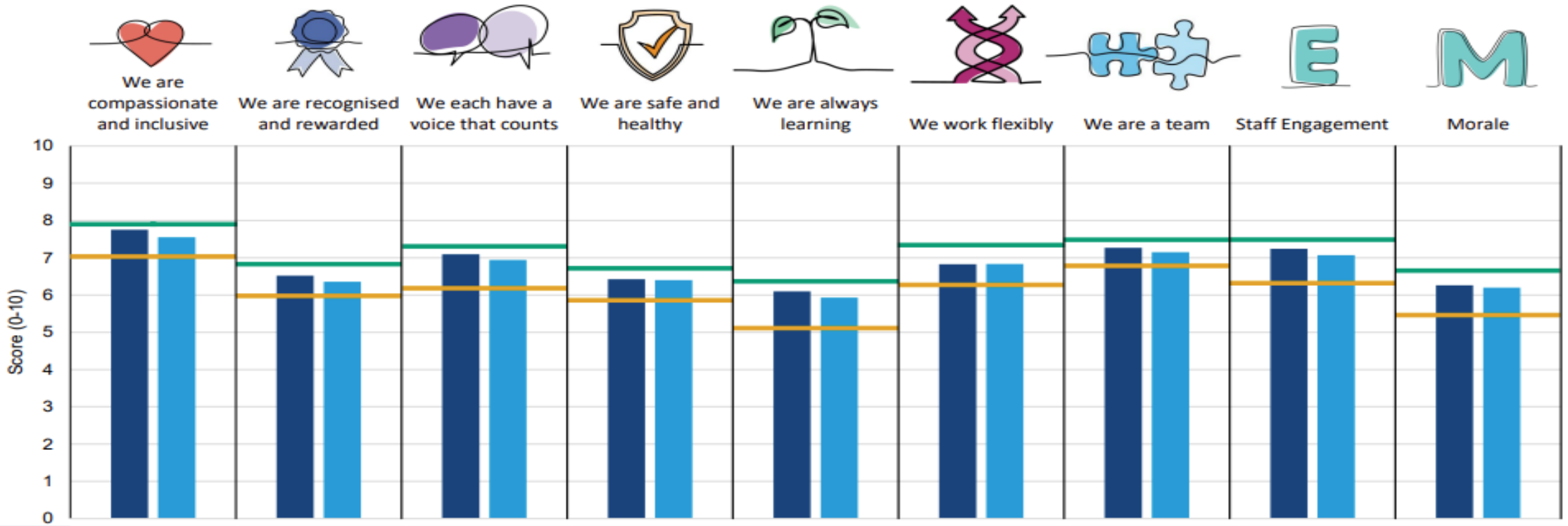
Organisation Type	Lowest response rate:	Average response rate:	Highest response rate:
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	33.03%	50.76%	63.57%

Putting the Results into Context – National Comparator

Oxford Health NHS Foundation Trust

The graph illustrates how the Trust compares to the National, Best & Worst Averages for 50 Mental Health, Learning Disability and Community Trusts.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.75	6.52	7.09	6.42	6.10	6.83	7.27	7.24	6.26
Best result	7.90	6.83	7.31	6.72	6.37	7.34	7.48	7.49	6.66
Average result	7.55	6.35	6.94	6.40	5.93	6.83	7.15	7.07	6.20
Worst result	7.03	5.98	6.18	5.86	5.11	6.27	6.78	6.32	5.46
Responses	3658	3655	3635	3647	3399	3639	3654	3663	3662

Trust People Promise Elements / Themes Scores Historical Analysis

Oxford Health NHS Foundation Trust

People Promise Element / Theme	2024 Trust Score vs National Average	2024 Trust Score vs BOB Score	Trust Score 2024 vs 2023	2024 National Average Score	2024 BOB Score	2024 Trust Score	2023 Trust Score	2022 Trust Score
No of Respondents				135986	19066	3667	3339	3279
Element 1 - We are compassionate & inclusive	↑ 0.20	↑ 0.27	↑ 0.03	7.55	7.48	7.75	7.72	7.63
Element 2 - We are recognised and rewarded	↑ 0.17	↑ 0.36	→ 0.00	6.35	6.16	6.52	6.52	6.28
Element 3 - We each have a voice that counts	↑ 0.15	↑ 0.18	↑ 0.01	6.94	6.91	7.09	7.08	7.01
Element 4 - We are safe and healthy	↑ 0.02	↑ 0.15	↑ 0.03	6.40	6.27	6.42	6.39	6.19
Element 5 - We are always Learning	↑ 0.17	↑ 0.12	↑ 0.10	5.93	5.98	6.10	6.00	5.52
Element 6 - We work flexibly	→ 0.00	↑ 0.37	↑ 0.08	6.83	6.46	6.83	6.75	6.50
Element 7 - We are a team	↑ 0.12	↑ 0.24	↑ 0.05	7.15	7.03	7.27	7.22	7.10
Staff Engagement Theme	↑ 0.17	↑ 0.12	↑ 0.05	7.07	7.12	7.24	7.19	7.09
Morale Theme	↑ 0.06	↑ 0.19	↑ 0.10	6.20	6.07	6.26	6.16	5.95

Trust Staff Engagement Scores

Oxford Health NHS Foundation Trust

These 9 questions are nationally determined indicators of staff engagement, measuring motivation, involvement and advocacy.

		Question	2024 Trust Score vs National Average	2024 Trust Score vs BOB Score	Trust Score 2024 vs 2023	2024 National Average Score	2024 BOB Score	2024 Trust Score	2023 Trust Score	2022 Trust Score
		Number of Respondents				135986	19066	3667	3339	3279
Motivation	Q2a	Often/always look forward to going to work	↑ 2.50%	↑ 1.20%	↑ 0.31%	57.71%	59.01%	60.21%	59.90%	58.02%
	Q2b	Often/always enthusiastic about my job	↑ 1.89%	↑ 2.84%	↑ 1.86%	71.44%	70.49%	73.33%	71.47%	70.70%
	Q2c	Time often/always passes quickly when I am working	↑ 1.51%	↑ 1.44%	↑ 0.12%	73.76%	73.83%	75.27%	75.15%	76.47%
Involvement	Q3c	Opportunities to show initiative frequently in my role	↑ 1.28%	↑ 1.89%	↓ -0.01%	76.77%	76.16%	78.05%	78.06%	77.14%
	Q3d	Able to make suggestions to improve the work of my team/dept	↑ 1.04%	↑ 2.73%	↓ -0.70%	76.48%	74.79%	77.52%	78.22%	77.04%
	Q3f	Able to make improvements happen in my area of work	↑ 1.80%	↑ 1.28%	↓ -0.28%	59.86%	60.38%	61.66%	61.94%	59.34%
Advocacy	Q25a	Care of patients/service users is organisation's top priority	↑ 4.97%	↑ 2.50%	↑ 1.58%	78.36%	80.83%	83.33%	81.75%	81.38%
	Q25c	Would recommend organisation as place to work	↑ 6.20%	↑ 5.29%	↑ 2.30%	65.21%	66.12%	71.41%	69.11%	65.46%
	Q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	↑ 8.90%	↑ 0.43%	↑ 2.75%	64.84%	73.31%	73.74%	70.99%	69.16%

Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

Primary, Community & Dental Directorate

People Promise Element / Theme	Primary, Comm & Dental 2024 vs National Average	Primary, Comm & Dental 2024 Score vs BOB Score	Primary, Comm & Dental 2024 Score vs Trust Score	Primary, Comm & Dental 2024 vs 2023 Scores	2024 National Average Score	2024 BOB Score	2024 Trust Score	Primary, Comm & Dental Score 2024	Primary, Comm & Dental Score 2023	Primary, Comm & Dental Score 2022
No of Respondents					135986	19066	3667	1201	1137	1154
Element 1 - We are compassionate & inclusive	↑ 0.27	↑ 0.34	↑ 0.07	↑ 0.05	7.55	7.48	7.75	7.82	7.77	7.80
Element 2 - We are recognised and rewarded	↑ 0.03	↑ 0.22	↓ -0.14	→ 0.00	6.35	6.16	6.52	6.38	6.38	6.20
Element 3 - We each have a voice that counts	↑ 0.18	↑ 0.21	↑ 0.03	↑ 0.02	6.94	6.91	7.09	7.12	7.10	7.10
Element 4 - We are safe and healthy	↓ -0.07	↑ 0.06	↓ -0.09	↑ 0.14	6.40	6.27	6.42	6.33	6.19	6.10
Element 5 - We are always Learning	↑ 0.12	↑ 0.07	↓ -0.05	↑ 0.05	5.93	5.98	6.10	6.05	6.00	5.60
Element 6 - We work flexibly	↓ -0.17	↑ 0.20	↓ -0.17	↑ 0.11	6.83	6.46	6.83	6.66	6.55	6.30
Element 7 - We are a team	↑ 0.09	↑ 0.21	↓ -0.03	↑ 0.03	7.15	7.03	7.27	7.24	7.21	7.10
Staff Engagement Theme	↑ 0.15	↑ 0.10	↓ -0.02	↑ 0.04	7.07	7.12	7.24	7.22	7.18	7.20
Morale Theme	↓ -0.08	↑ 0.05	↓ -0.14	↑ 0.21	6.20	6.07	6.26	6.12	5.91	5.80

Please note data by 2 decimal places was only introduced by the National Coordination Centre in 2023, therefore 2022 data is only to 1 decimal place.

Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

Buckinghamshire Mental Health Directorate

People Promise Element / Theme	Bucks 2024 Score vs National Average	Bucks 2024 vs BOB Score	Bucks 2024 Score vs Trust Score	Bucks 2024 vs 2023 Scores	2024 National Average Score	2024 BOB Score	2024 Trust Score	Bucks Score 2024	Bucks Score 2023	Bucks Score 2022
No of Respondents					135986	19066	3667	578	447	442
Element 1 - We are compassionate & inclusive	↑ 0.22	↑ 0.29	↑ 0.02	↑ 0.13	7.55	7.48	7.75	7.77	7.64	7.50
Element 2 - We are recognised and rewarded	↑ 0.12	↑ 0.31	↓ -0.05	↑ 0.10	6.35	6.16	6.52	6.47	6.37	6.10
Element 3 - We each have a voice that counts	↑ 0.06	↑ 0.09	↓ -0.09	↑ 0.16	6.94	6.91	7.09	7.00	6.84	6.70
Element 4 - We are safe and healthy	↑ 0.07	↑ 0.20	↑ 0.05	↑ 0.03	6.40	6.27	6.42	6.47	6.44	6.10
Element 5 - We are always Learning	↑ 0.11	↑ 0.06	↓ -0.06	↑ 0.23	5.93	5.98	6.10	6.04	5.81	5.40
Element 6 - We work flexibly	↑ 0.17	↑ 0.54	↑ 0.17	↑ 0.06	6.83	6.46	6.83	7.00	6.94	6.50
Element 7 - We are a team	↑ 0.16	↑ 0.28	↑ 0.04	↑ 0.15	7.15	7.03	7.27	7.31	7.16	7.00
Staff Engagement Theme	↑ 0.09	↑ 0.04	↓ -0.08	↑ 0.16	7.07	7.12	7.24	7.16	7.00	6.70
Morale Theme	↑ 0.17	↑ 0.30	↑ 0.11	↑ 0.13	6.20	6.07	6.26	6.37	6.24	5.90

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Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

Oxfordshire and BSW Mental Health Directorate

People Promise Element / Theme	OBSW 2024 Score vs National Average	OBSW 2024 Score vs BOB Score	OBSW 2024 Score vs Trust Score	OBSW 2024 vs 2023 Scores	2024 National Average Score	2024 BOB Score	2024 Trust Score	OBSW Score 2024	OBSW Score 2023	OBSW Score 2022
No of Respondents					135986	19066	3667	883	800	797
Element 1 - We are compassionate & inclusive	0.20	0.27	0.00	-0.01	7.55	7.48	7.75	7.75	7.76	7.60
Element 2 - We are recognised and rewarded	0.03	0.22	-0.14	-0.20	6.35	6.16	6.52	6.38	6.58	6.30
Element 3 - We each have a voice that counts	0.16	0.19	0.01	0.00	6.94	6.91	7.09	7.10	7.10	7.00
Element 4 - We are safe and healthy	-0.19	-0.06	-0.21	-0.05	6.40	6.27	6.42	6.21	6.26	6.00
Element 5 - We are always Learning	0.23	0.18	0.06	0.23	5.93	5.98	6.10	6.16	5.93	5.40
Element 6 - We work flexibly	-0.14	0.23	-0.14	0.08	6.83	6.46	6.83	6.69	6.61	6.30
Element 7 - We are a team	0.08	0.20	-0.04	0.03	7.15	7.03	7.27	7.23	7.20	7.00
Staff Engagement Theme	0.18	0.13	0.01	0.01	7.07	7.12	7.24	7.25	7.24	7.10
Morale Theme	-0.04	0.09	-0.10	-0.04	6.20	6.07	6.26	6.16	6.20	5.80

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Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

Forensic Directorate

People Promise Element / Theme	Forensics 2024 Score vs National Average	Forensics 2024 Score vs BOB Score	Forensics 2024 Score vs Trust Score	Forensics 2024 vs 2023 Scores	2024 National Average Score	2024 BOB Score	2024 Trust Score	Forensics Score 2024	Forensics Score 2023	Forensics Score 2022
No of Respondents					135986	19066	3667	243	217	235
Element 1 - We are compassionate & inclusive	-0.14	-0.07	-0.34	-0.30	7.55	7.48	7.75	7.41	7.71	7.3
Element 2 - We are recognised and rewarded	-0.19	0.00	-0.36	-0.27	6.35	6.16	6.52	6.16	6.43	5.9
Element 3 - We each have a voice that counts	0.03	0.06	-0.12	-0.47	6.94	6.91	7.09	6.97	7.44	7
Element 4 - We are safe and healthy	-0.04	0.09	-0.06	-0.16	6.40	6.27	6.42	6.36	6.52	6.2
Element 5 - We are always Learning	0.43	0.38	0.26	-0.15	5.93	5.98	6.10	6.36	6.51	6
Element 6 - We work flexibly	-0.48	-0.11	-0.48	-0.41	6.83	6.46	6.83	6.35	6.76	6.1
Element 7 - We are a team	-0.05	0.07	-0.17	-0.29	7.15	7.03	7.27	7.10	7.39	7
Staff Engagement Theme	0.14	0.09	-0.03	-0.22	7.07	7.12	7.24	7.21	7.43	7.1
Morale Theme	0.06	0.19	0.00	-0.09	6.20	6.07	6.26	6.26	6.35	6

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Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

Learning Disability Services Directorate

People Promise Element / Theme	LDS 2024 Score vs National Average	LDS 2024 Score vs BOB Score	LDS 2024 Score vs Trust Score	LDS 2024 vs 2023 Scores	2024 National Average Score	2024 BOB Score	2024 Trust Score	LDS Score 2024	LDS Score 2023	LDS Score 2022
No of Respondents					135986	19066	3667	63	59	62
Element 1 - We are compassionate & inclusive	0.31	0.38	0.11	-0.26	7.55	7.48	7.75	7.86	8.12	8.20
Element 2 - We are recognised and rewarded	0.41	0.60	0.24	-0.43	6.35	6.16	6.52	6.76	7.19	7.10
Element 3 - We each have a voice that counts	0.14	0.17	-0.01	-0.06	6.94	6.91	7.09	7.08	7.14	7.50
Element 4 - We are safe and healthy	-0.02	0.11	-0.04	-0.03	6.40	6.27	6.42	6.38	6.41	6.50
Element 5 - We are always Learning	0.33	0.28	0.16	-0.19	5.93	5.98	6.10	6.26	6.45	6.00
Element 6 - We work flexibly	-0.02	0.35	-0.02	-0.64	6.83	6.46	6.83	6.81	7.45	7.70
Element 7 - We are a team	0.04	0.16	-0.08	-0.26	7.15	7.03	7.27	7.19	7.45	7.80
Staff Engagement Theme	0.17	0.12	0.00	-0.33	7.07	7.12	7.24	7.24	7.57	7.50
Morale Theme	-0.14	-0.01	-0.20	-0.25	6.20	6.07	6.26	6.06	6.31	6.40

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Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

Estates & Facilities

People Promise Element / Theme	Estates & Facilities 2024 Score vs National Average	Estates & Facilities 2024 Score vs BOB Score	Estates & Facilities 2024 Score vs Trust Score	Estates & Facilities 2024 vs 2023 Scores	2024 National Average Score	2024 BOB Score	2024 Trust Score	Estates & Facilities Score 2024	Estates & Facilities Score 2023	Estates & Facilities Score 2022
No of Respondents					135986	19066	3667	86	120	93
Element 1 - We are compassionate & inclusive	- 0.8	-0.71	- 1.0	- 0.5	7.55	7.48	7.75	6.77	7.25	7.00
Element 2 - We are recognised and rewarded	- 1.1	-0.88	- 1.2	- 0.9	6.35	6.16	6.52	5.28	6.22	6.10
Element 3 - We each have a voice that counts	- 0.5	-0.51	- 0.7	- 0.3	6.94	6.91	7.09	6.40	6.72	6.50
Element 4 - We are safe and healthy	- 0.3	-0.19	- 0.3	- 0.8	6.40	6.27	6.42	6.08	6.85	6.80
Element 5 - We are always Learning	- 1.3	-1.32	- 1.4	- 0.7	5.93	5.98	6.10	4.66	5.32	4.90
Element 6 - We work flexibly	- 1.5	-1.11	- 1.5	- 0.7	6.83	6.46	6.83	5.35	6.01	6.00
Element 7 - We are a team	- 1.0	-0.91	- 1.2	- 0.8	7.15	7.03	7.27	6.12	6.88	6.40
Staff Engagement Theme	- 0.5	-0.57	- 0.7	- 0.2	7.07	7.12	7.24	6.55	6.79	6.80
Morale Theme	- 0.6	-0.43	- 0.6	- 0.7	6.20	6.07	6.26	5.64	6.35	6.30

Please note data by 2 decimal places was only introduced by the National Coordination Centre in 2023, therefore 2022 data is only to 1 decimal place.

Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

Finance

People Promise Element / Theme	Finance 2024 Score vs National Average	Finance 2024 Score vs BOB Score	Finance 2024 Score vs Trust Score	Finance 2024 vs 2023 Scores	2024 National Average Score	2024 BOB Score	2024 Trust Score	Finance Score 2024	Finance Score 2023	Finance Score 2022
No of Respondents					135986	19066	3667	48	38	36
Element 1 - We are compassionate & inclusive	0.65	0.72	0.45	0.20	7.55	7.48	7.75	8.20	8.00	7.70
Element 2 - We are recognised and rewarded	0.93	1.12	0.76	-0.02	6.35	6.16	6.52	7.28	7.30	6.90
Element 3 - We each have a voice that counts	0.64	0.67	0.49	0.08	6.94	6.91	7.09	7.58	7.50	7.20
Element 4 - We are safe and healthy	0.84	0.97	0.82	0.24	6.40	6.27	6.42	7.24	7.00	6.40
Element 5 - We are always Learning	1.01	0.96	0.84	0.24	5.93	5.98	6.10	6.94	6.70	6.20
Element 6 - We work flexibly	1.61	1.98	1.61	0.54	6.83	6.46	6.83	8.44	7.90	7.70
Element 7 - We are a team	0.78	0.90	0.66	0.33	7.15	7.03	7.27	7.93	7.60	7.30
Staff Engagement Theme	0.61	0.56	0.44	0.18	7.07	7.12	7.24	7.68	7.50	7.30
Morale Theme	1.06	1.19	1.00	0.36	6.20	6.07	6.26	7.26	6.90	6.20

Please note data by 2 decimal places was only introduced by the National Coordination Centre in 2023, therefore 2022 data is only to 1 decimal place. In addition, the National Co-ordination Centre only provide data at level 1 and 2 of the Trust's hierarchy data therefore data with 2 decimal places was not available for Finance in 2023.

Our Directorate People Promise Scores

Oxford Health NHS Foundation Trust

HR & L&D

People Promise Element / Theme	HR 2024 Score vs National Average	HR & L&D 2024 Score vs BOB Score	L&D 2024 Score vs National Average	HR 2024 Score vs Trust Score	L&D 2024 Score vs Trust Score	2024 BOB Score	2024 National Average Score	2024 Trust Score	HR Score 2024	L&D Score 2024	HR & L&D Score 2024	HR & L&D Score 2023	HR & L&D Score 2022
No of Respondents						19066	135986	3667	104	68	172	158	153
Element 1 - We are compassionate & inclusive	-0.08	0.30	0.65	-0.28	0.4	7.48	7.55	7.75	7.47	8.20	7.78	7.70	7.80
Element 2 - We are recognised and rewarded	0.28	0.81	1.15	0.11	1.0	6.16	6.35	6.52	6.63	7.50	6.97	6.88	6.70
Element 3 - We each have a voice that counts	-0.02	0.28	0.66	-0.17	0.5	6.91	6.94	7.09	6.92	7.60	7.19	7.20	7.20
Element 4 - We are safe and healthy	0.22	0.58	0.80	0.20	0.8	6.27	6.40	6.42	6.62	7.20	6.85	6.84	6.70
Element 5 - We are always Learning	-0.24	0.23	1.07	-0.41	0.9	5.98	5.93	6.10	5.69	7.00	6.21	6.22	5.20
Element 6 - We work flexibly	0.51	1.22	1.37	0.51	1.4	6.46	6.83	6.83	7.34	8.20	7.68	7.36	7.20
Element 7 - We are a team	-0.03	0.44	0.85	-0.15	0.7	7.03	7.15	7.27	7.12	8.00	7.47	7.27	7.30
Staff Engagement Theme	0.12	0.31	0.73	-0.05	0.6	7.12	7.07	7.24	7.19	7.80	7.43	7.35	7.40
Morale Theme	-0.07	0.48	1.00	-0.13	0.9	6.07	6.20	6.26	6.13	7.20	6.55	6.47	6.40

Due to changes to the ESR Hierarchy in 2024 which separated HR & L&D into 2 service lines it has not been possible to compare 2024 with 2023 data.

Please note data by 2 decimal places was only introduced by the National Coordination Centre in 2023, therefore 2022 data is only to 1 decimal place.

Result Tables – Highest Scoring Questions in 2024 & Most Improved Trust Scores from 2023.

Oxford Health NHS Foundation Trust

Highest Scoring Questions	2023	2024	Difference
Q19b Staff encouraged to report errors / near misses / incidents	90.4%	92.0%	1.6%
Q3b. Feel trusted to do my job	91.5%	90.6%	-0.9%
Q6a. Feel my role makes a difference to patients / services users	89.4%	89.5%	0.1%
Q23a Received appraisal in the past 12 months	87.3%	88.8%	1.5%
Q7e. Enjoy working with colleagues in a team	86.8%	86.4%	-0.4%

Most Improved Scores	2023	2024	Difference
Q3i Enough staff at organisation to do my job properly	32.7%	38.0%	5.3%
Q14d Last experience of harassment/bullying/abuse reported	60.1%	65.3%	5.2%
Q26b I am unlikely to look for a job at a new organisation in the next 12 months	53.4%	56.5%	3.1%
Q7a Team members have a set of shared objectives	76.3%	79.1%	2.8%
Q25d If friend/relative needed treatment would be happy with standard of care provided by organisation	70.9%	73.7%	2.8%

*Top scoring question when excluding never/rarely answers and questions on not experiencing harassment / violence / physical abuse / discrimination.

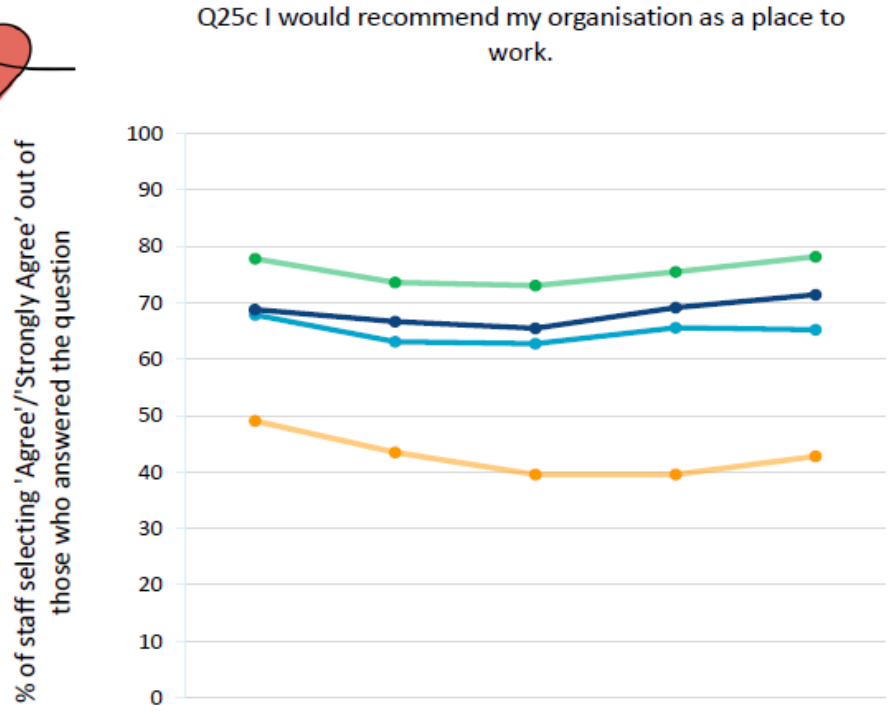
Result Tables - Highest Trust Scores Against National Average

Oxford Health NHS Foundation Trust

Top 5 Scores vs National Average	Trust Score	National Average	Difference
Q19a - Staff involved in an error/near miss/incident treated fairly	70.22%	61.20%	↑ 9.02%
Q25d - If a friend / relative needed treatment would be happy with standard of care provided by organisation	73.74%	64.84%	↑ 8.90%
Q25c - Would recommend organisation as a place to work	71.41%	65.21%	↑ 6.20%
Q25f - Feel organisaiton would address any concerns I raise	61.52%	54.93%	↑ 6.59%
Q20b - Would feel confident that organisation would address concerns about unsafe clinical practice.	67.67%	61.06%	↑ 6.61%

Breakdown by Q25c – I would recommend my organisation as a place to work

Oxford Health NHS Foundation Trust



	2020	2021	2022	2023	2024
Your org	68.76%	66.67%	65.46%	69.11%	71.41%
Best result	77.76%	73.57%	73.02%	75.47%	78.15%
Average result	67.83%	63.10%	62.73%	65.57%	65.21%
Worst result	49.05%	43.47%	39.54%	39.56%	42.78%
Responses	3346	3199	3264	3315	3651

Organisation	2020	2021	2022	2023	2024	Change 2023-24	Response rate 2024
NAViGO Health and Social Care CIC	81%	85%	78%	78%	82%	4.3	60%
Berkshire Healthcare	78%	74%	73%	75%	78%	2.7	64%
Oxleas	71%	69%	72%	75%	75%	0.4	60%
Lincolnshire Partnership	75%	72%	69%	75%	75%	0.2	61%
Midlands Partnership University	72%	69%	71%	75%	75%	0.0	57%
Hertfordshire Partnership University	76%	71%	72%	73%	73%	0.0	58%
Pennine Care	69%	59%	66%	70%	72%	2.7	49%
Northamptonshire Healthcare	76%	72%	70%	71%	72%	0.8	60%
Gloucestershire Health and Care	71%	68%	70%	73%	72%	-1.7	61%
Oxford Health	69%	67%	65%	69%	71%	2.3	53%

The Health Service Journal (HSJ) has looked in detail at providers' performance based on the question of whether staff "would recommend their organisation as a place to work". They looked at the proportion of respondents who "agree" or "strongly agree" with that statement.

The above table, published in the HSJ on 14th March, shows that Oxford Health is in the top 10 Mental Health, Community & LD Trusts and that we are one of 4 Trusts that have shown improvement compared with 2023.

Result Tables

Lowest Trust Scores Against National Average

Oxford Health NHS Foundation Trust

Bottom 5 scores vs National Average	Trust Score	National Average	Difference
Q3g. Able to meet conflicting demands on my time at work	44.87%	49.24%	-4.37%
Q13d. Last experience of physical violence reported	87.16%	89.99%	-2.83%
Q18. Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	70.06%	71.96%	-1.90%
Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	41.23%	44.77%	-3.54%
Q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	75.03%	76.68%	-1.65%

People Promise Scores by Protected Characteristic

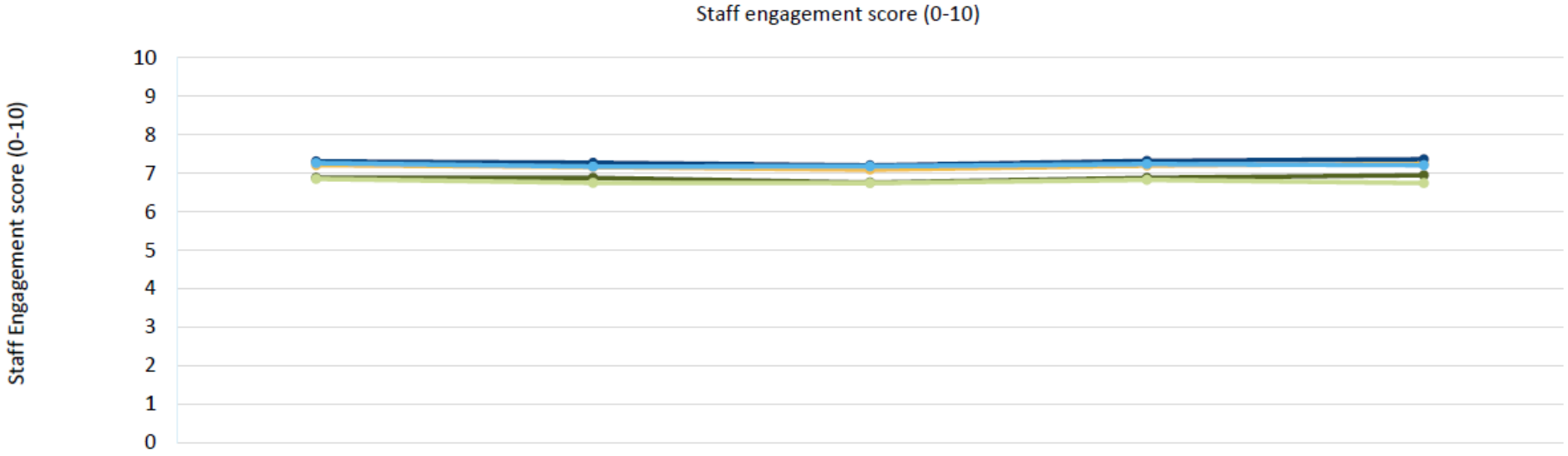
Disability

Oxford Health NHS Foundation Trust

People Promise Element / Theme	Do you have a disability? Yes 2024 vs 2023	Do you have a disability? Yes 2024 vs National Average	Do you have a disability? Yes 2024 vs Trust Score	Do you have a disability? No 2024 vs 2023	Do you have a disability? No 2024 vs National Average	Do you have a disability? No 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Do you have a disability? Yes 2024	Do you have a disability? Yes 2023	Do you have a disability? No 2024	Do you have a disability? No 2024
							n = 135986	n = 3667	n = 1013	n= 908	n = 2587	n = 2354
People Promise element 1: We are compassionate and inclusive	0.00	-0.06	-0.26	0.05	0.32	0.12	7.55	7.75	7.49	7.49	7.87	7.82
People Promise element 2: We are recognised and rewarded	0.01	-0.16	-0.32	0.00	0.31	0.14	6.35	6.52	6.20	6.19	6.66	6.66
People Promise element 3: We each have a voice that counts	0.01	-0.17	-0.31	0.01	0.29	0.14	6.94	7.09	6.78	6.77	7.23	7.22
People Promise element 4: We are safe and healthy	0.08	-0.53	-0.47	0.03	0.20	0.18	6.40	6.42	5.95	5.87	6.60	6.57
People Promise element 5: We are always learning	0.07	-0.24	-0.34	0.11	0.31	0.14	5.93	6.10	5.76	5.69	6.24	6.13
People Promise element 6: We work flexibly	0.14	-0.41	-0.27	0.05	0.12	0.12	6.83	6.83	6.56	6.42	6.95	6.9
People Promise element 7: We are a team	0.08	-0.21	-0.25	0.04	0.23	0.11	7.15	7.27	7.02	6.94	7.38	7.34
Theme: Staff Engagement	0.06	-0.19	-0.30	0.04	0.29	0.12	7.07	7.24	6.94	6.88	7.36	7.32
Theme: Morale	0.13	-0.41	-0.34	0.10	0.20	0.14	6.20	6.26	5.92	5.79	6.40	6.3

Workforce Disability Equality Standard

Indicator 9a – Overall Staff Engagement Score



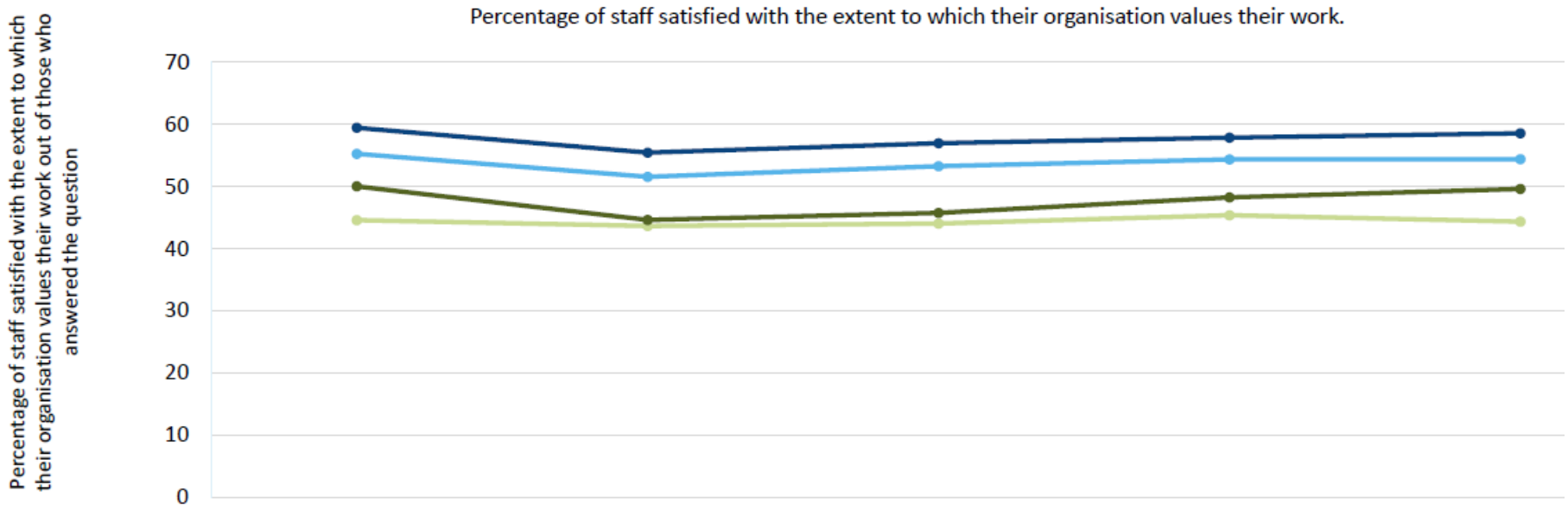
	2020	2021	2022	2023	2024
Organisation average	7.20	7.16	7.09	7.19	7.25
Staff with a LTC or illness: Your org	6.88	6.88	6.75	6.88	6.94
Staff without a LTC or illness: Your org	7.31	7.27	7.20	7.32	7.36
Staff with a LTC or illness: Average	6.85	6.74	6.74	6.82	6.74
Staff without a LTC or illness: Average	7.26	7.17	7.18	7.23	7.20
Staff with a LTC or illness: Responses	735	788	797	908	1013
Staff without a LTC or illness: Responses	2571	2388	2461	2346	2585

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

Workforce Disability Equality Standard

Indicator 7 – Q4b

Oxford Health NHS Foundation Trust

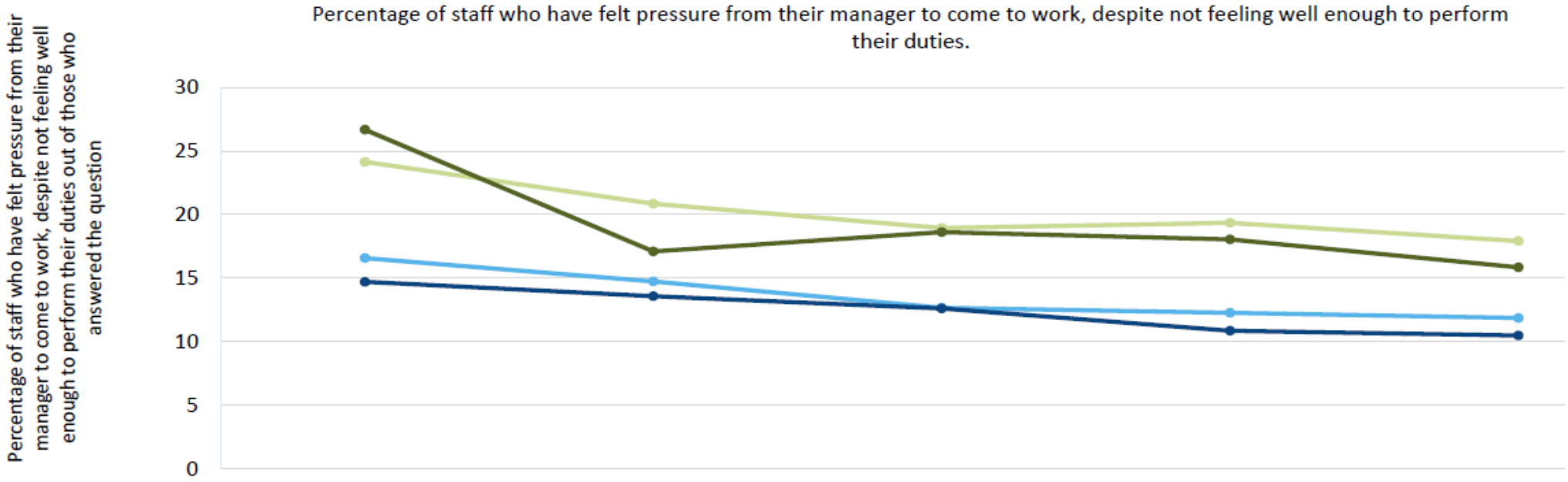


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	50.00%	44.60%	45.73%	48.23%	49.60%
Staff without a LTC or illness: Your org	59.43%	55.44%	56.95%	57.85%	58.53%
Staff with a LTC or illness: Average	44.56%	43.63%	44.02%	45.36%	44.33%
Staff without a LTC or illness: Average	55.25%	51.54%	53.25%	54.35%	54.37%
Staff with a LTC or illness: Responses	734	787	796	906	1010
Staff without a LTC or illness: Responses	2566	2381	2455	2339	2573

Workforce Disability Equality Standard

Indicator 6 – Question 11e

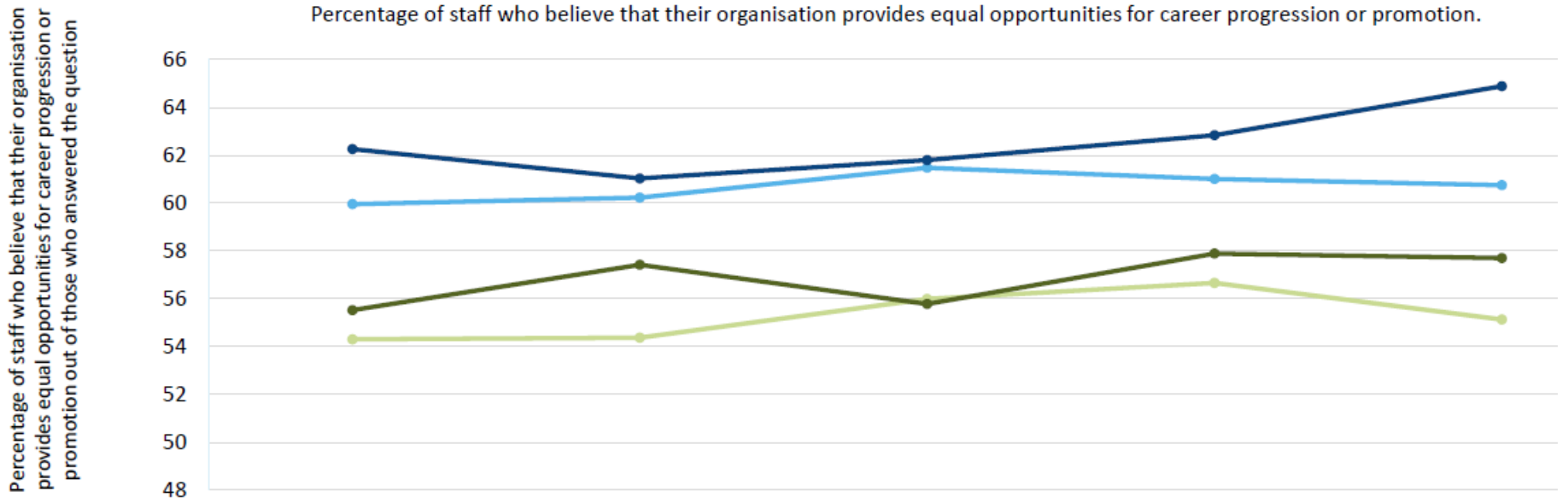
Oxford Health NHS Foundation Trust



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	26.67%	17.09%	18.61%	18.05%	15.85%
Staff without a LTC or illness: Your org	14.71%	13.57%	12.61%	10.85%	10.49%
Staff with a LTC or illness: Average	24.14%	20.85%	18.93%	19.35%	17.91%
Staff without a LTC or illness: Average	16.57%	14.74%	12.67%	12.27%	11.86%
Staff with a LTC or illness: Responses	420	515	532	554	631
Staff without a LTC or illness: Responses	979	1083	1150	995	1154

Workforce Disability Equality Standard

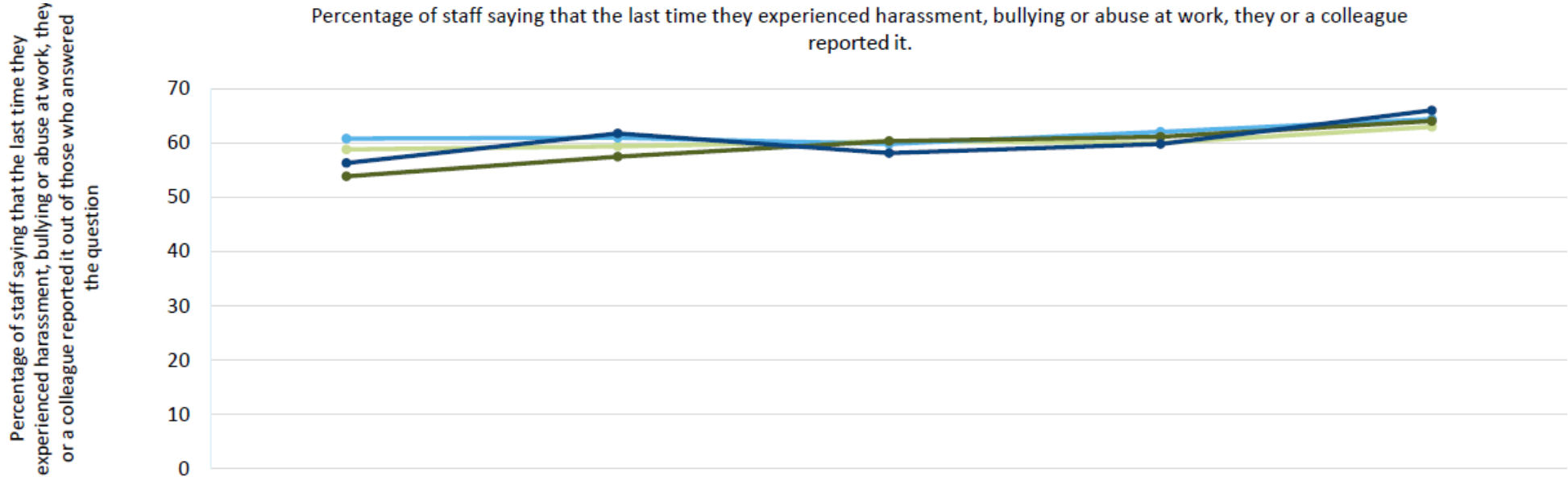
Indicator 5 Q15



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	55.53%	57.42%	55.78%	57.89%	57.70%
Staff without a LTC or illness: Your org	62.26%	61.03%	61.80%	62.84%	64.89%
Staff with a LTC or illness: Average	54.31%	54.38%	55.99%	56.66%	55.13%
Staff without a LTC or illness: Average	59.96%	60.23%	61.48%	61.00%	60.75%
Staff with a LTC or illness: Responses	733	782	787	900	1007
Staff without a LTC or illness: Responses	2549	2366	2437	2333	2566

Workforce Disability Equality Standard

Indicator 4b – Question 14d



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	53.85%	57.48%	60.33%	61.14%	64.04%
Staff without a LTC or illness: Your org	56.30%	61.77%	58.13%	59.82%	66.02%
Staff with a LTC or illness: Average	58.81%	59.38%	60.32%	60.00%	62.98%
Staff without a LTC or illness: Average	60.81%	60.96%	59.81%	62.07%	64.40%
Staff with a LTC or illness: Responses	312	294	305	319	356
Staff without a LTC or illness: Responses	698	620	652	594	668

Workforce Disability Equality Standard

Indicator 4a – Questions 14a, b & c

- Percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from other colleagues in the last 12 months, has steadily reduced over the past 5 years from 24.65% in 2020 to 17.79% in 2024. This is slightly lower than the national average for those with a long-term illness or condition which is 17.96%.

- Percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from managers in the last 12 months - this has reduced from 20.11% in 2020 to 11.83% in 2024. Although this is slightly above the national average for those with long term conditions or illness at 11.49%.

- Percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months has decreased since 2020 from 33.05% to 25.79% (this includes a 3.34% decrease from 2023 to 2024).

People Promise Scores by Protected Characteristic

Sexual Orientation

Elements / Themes	Heterosexual or straight 2024 vs 2023	Heterosexual or straight 2024 vs National Average	Heterosexual or straight 2024 vs Trust Score	Gay or Lesbian 2024 vs 2023	Gay or Lesbian 2024 vs National Average	Gay or Lesbian 2024 vs Trust Score	Bisexual 2024 vs 2023	Bisexual 2024 vs National Average	Bisexual 2024 vs Trust Score	Other 2024 vs 2023	Other 2024 vs National Average	Other 2024 vs Trust Score	Prefer not to say 2024 vs 2023	Prefer not to say 2024 vs National Average	Prefer not to say 2024 vs Trust Score
People Promise element 1: We are compassionate and inclusive	0.07	0.27	0.07	0.47	0.52	0.32	0.11	0.09	-0.11	-0.05	-0.32	-0.52	0.10	-0.54	-0.74
People Promise element 2: We are recognised and rewarded	0.07	0.24	0.07	0.21	0.38	0.21	0.19	0.06	-0.11	0.04	-0.18	-0.35	0.12	-0.58	-0.75
People Promise element 3: We each have a voice that counts	0.09	0.24	0.09	0.15	0.29	0.14	0.04	-0.18	-0.33	-0.30	-0.58	-0.73	0.07	-0.73	-0.88
People Promise element 4: We are safe and healthy	0.05	0.07	0.05	0.58	0.37	0.35	0.11	-0.35	-0.37	-0.01	-0.47	-0.49	0.12	-0.55	-0.57
People Promise element 5: We are always learning	0.09	0.26	0.09	0.33	0.52	0.35	0.24	-0.12	-0.29	0.17	-0.49	-0.66	0.14	-0.71	-0.88
People Promise element 6: We work flexibly	0.07	0.07	0.07	0.70	0.27	0.27	0.01	-0.45	-0.45	0.51	-0.39	-0.39	0.28	-0.68	-0.68
People Promise element 7: We are a team	0.07	0.19	0.07	0.25	0.32	0.20	0.32	0.09	-0.03	-0.09	-0.40	-0.52	0.05	-0.63	-0.75
Theme: Staff Engagement	0.07	0.24	0.07	0.24	0.37	0.20	0.08	-0.11	-0.28	0.12	-0.21	-0.38	0.04	-0.56	-0.73
Theme: Morale	0.07	0.13	0.07	0.44	0.48	0.42	0.10	-0.24	-0.30	-0.15	-0.40	-0.46	0.26	-0.74	-0.80

Elements / Themes	2024 National Average Score	Trust Score 2024	Heterosexual or straight 2024	Heterosexual or straight 2023	Gay or Lesbian 2024	Gay or Lesbian 2023	Bisexual 2024	Bisexual 2023	Other 2024	Other 2023	Prefer not to say 2024	Prefer not to say 2023
	n = 135986	n = 3667	n = 3195	n = 2899	n = 70	n = 62	n = 114	n = 103	n = 27	n = 29	n = 236	n = 220
People Promise element 1: We are compassionate and inclusive	7.55	7.75	7.82	7.80	8.07	7.59	7.64	7.53	7.23	7.27	7.01	6.91
People Promise element 2: We are recognised and rewarded	6.35	6.52	6.59	6.60	6.73	6.52	6.41	6.22	6.17	6.13	5.77	5.65
People Promise element 3: We each have a voice that counts	6.94	7.09	7.18	7.18	7.23	7.07	6.76	6.71	6.36	6.65	6.21	6.14
People Promise element 4: We are safe and healthy	6.40	6.42	6.47	6.44	6.77	6.19	6.05	5.94	5.93	5.94	5.85	5.73
People Promise element 5: We are always learning	5.93	6.10	6.19	6.10	6.45	6.12	5.81	5.57	5.44	5.27	5.22	5.08
People Promise element 6: We work flexibly	6.83	6.83	6.90	6.85	7.10	6.39	6.38	6.37	6.44	5.92	6.15	5.87
People Promise element 7: We are a team	7.15	7.27	7.34	7.30	7.47	7.22	7.24	6.93	6.75	6.84	6.52	6.48
Theme: Staff Engagement	7.07	7.24	7.31	7.27	7.44	7.20	6.96	6.88	6.86	6.74	6.51	6.47
Theme: Morale	6.20	6.26	6.33	6.24	6.68	6.24	5.96	5.86	5.80	5.95	5.46	5.20

People Promise Scores by Protected Characteristic

Gender

Oxford Health NHS Foundation Trust

	Female 2024 vs 2023	Female 2024 vs National Average	Female 2024 vs Trust Score	Male 2024 vs 2023	Male 2024 vs National Average	Male 2024 vs Trust Score	Prefer not to say 2024 vs 2023	Prefer not to say 2024 vs National Average	Prefer not to say 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Female 2024	Female 2023	Male 2024	Male 2023	Non-binary 2024	Non-binary 2023	Prefer to self-describe: 2024	Prefer to self describe 2023	Prefer not to say 2024	Prefer not to say 2023
Section										n = 135986	n = 3667	n = 2972	n = 2704	n = 550	n = 500	n = 10	n = 11	n = 3	n = 5	n = 118	n = 97
People Promise element 1: We are compassionate and inclusive	0.03	0.27	0.07	0.06	0.19	-0.01	0.16	-1.01	-1.21	7.55	7.75	7.82	7.79	7.74	7.67	*	7.10	*	*	6.54	6.39
People Promise element 2: We are recognised and rewarded	0.00	0.22	0.05	0.01	0.25	0.08	0.22	-1.14	-1.31	6.35	6.52	6.57	6.57	6.60	6.59	*	5.59	*	*	5.21	4.99
People Promise element 3: We each have a voice that counts	0.01	0.21	0.06	0.01	0.20	0.05	-0.02	-1.26	-1.41	6.94	7.09	7.15	7.14	7.14	7.13	*	5.96	*	*	5.68	5.69
People Promise element 4: We are safe and healthy	0.02	0.02	0.00	0.13	0.21	0.19	0.19	-0.81	-0.83	6.40	6.42	6.42	6.40	6.61	6.48	*	5.35	*	*	5.59	5.40
People Promise element 5: We are always learning	0.10	0.21	0.04	0.13	0.40	0.23	0.15	-1.30	-1.47	5.93	6.10	6.14	6.04	6.33	6.20	*	4.43	*	*	4.63	4.48
People Promise element 6: We work flexibly	0.06	0.05	0.05	0.03	-0.01	-0.01	0.64	-0.98	-0.98	6.83	6.83	6.88	6.82	6.82	6.79	*	5.08	*	*	5.85	5.21
People Promise element 7: We are a team	0.05	0.18	0.06	0.03	0.15	0.03	0.36	-1.13	-1.25	7.15	7.27	7.33	7.28	7.30	7.27	*	6.93	*	*	6.02	5.66
Theme: Staff Engagement	0.04	0.22	0.05	0.14	0.24	0.07	0.08	-0.98	-1.15	7.07	7.24	7.29	7.25	7.31	7.16	*	6.41	*	*	6.09	6.01
Theme: Morale	0.08	0.09	0.03	0.17	0.19	0.13	0.40	-1.17	-1.23	6.20	6.26	6.29	6.21	6.39	6.22	*	5.62	*	*	5.03	4.63

People Promise Scores by Protected Characteristic

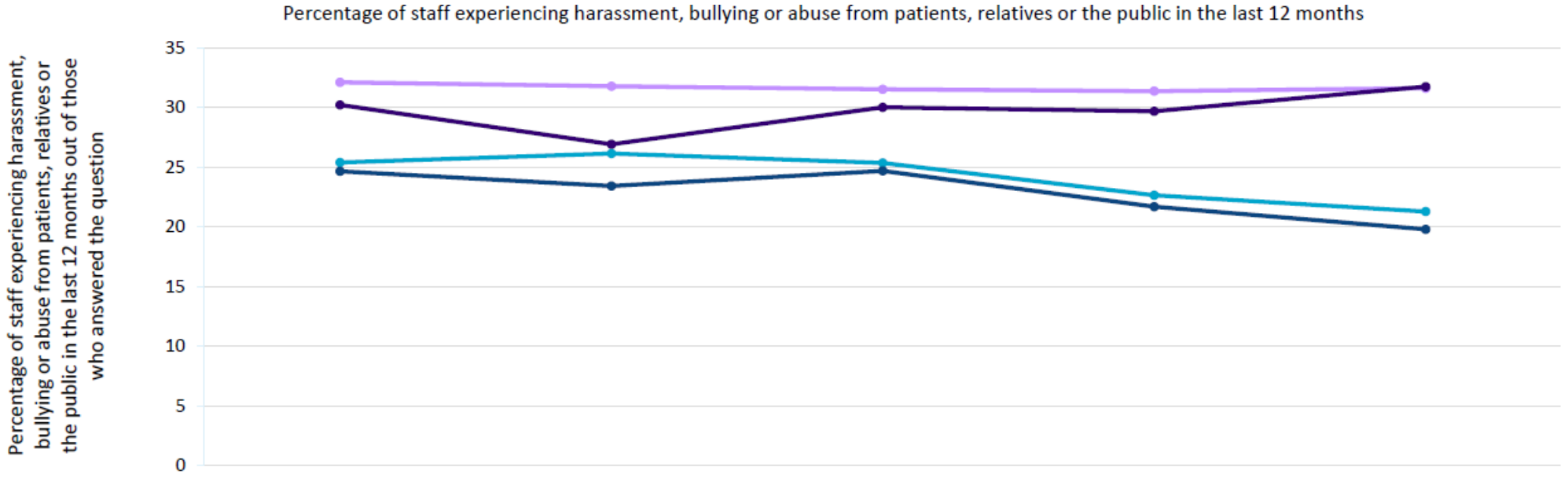
Ethnicity

People Promise Element / Theme	White 2024 vs 2023	White 2024 vs National Average	White 2024 vs Trust Score	Mixed/ Multiple Ethnic Groups 2024 vs 2023	Mixed/ Multiple Ethnic Groups 2024 vs National Average	Mixed/ Multiple Ethnic Groups 2024 vs Trust Score	Asian/ Asian British 2024 vs 2023	Asian/ Asian British 2024 vs National Average	Asian/ Asian British 2024 vs Trust Score	Black/ African/ Caribbean / Black British 2024 vs 2023	Black/ African/ Caribbean / Black British 2024 vs National Average	Black/ African/ Caribbean / Black British 2024 vs Trust Score	Other Ethnic Groups 2024 vs 2023	Other Ethnic Groups 2024 vs National Average	Other Ethnic Groups 2024 vs Trust Score
People Promise element 1: We are compassionate and inclusive	0.06	0.25	0.05	-0.11	0.11	-0.08	0.10	0.21	0.01	-0.17	0.05	-0.15	0.03	-0.07	-0.27
People Promise element 2: We are recognised and rewarded	0.04	0.21	0.04	-0.42	-0.13	-0.30	0.11	0.31	0.14	-0.22	-0.01	-0.18	-0.25	-0.03	-0.20
People Promise element 3: We each have a voice that counts	0.02	0.14	-0.01	-0.13	0.03	-0.09	0.17	0.46	0.31	-0.18	0.29	0.14	0.33	0.06	-0.09
People Promise element 4: We are safe and healthy	0.06	-0.01	-0.03	-0.09	-0.11	-0.05	0.11	0.31	0.29	-0.22	0.05	0.03	0.21	-0.03	-0.05
People Promise element 5: We are always learning	0.12	0.09	-0.08	0.11	0.30	0.33	0.17	0.65	0.48	-0.27	0.69	0.52	0.09	0.03	-0.14
People Promise element 6: We work flexibly	0.10	0.03	0.03	-0.19	-0.30	-0.24	0.33	0.24	0.24	-0.15	-0.25	-0.25	0.08	-0.11	-0.11
People Promise element 7: We are a team	0.09	0.13	0.01	-0.26	-0.10	-0.13	0.09	0.26	0.14	-0.25	0.23	0.11	-0.10	-0.09	-0.21
Theme: Staff Engagement	0.06	0.11	-0.06	-0.24	-0.07	-0.12	0.27	0.65	0.48	-0.22	0.51	0.34	0.32	0.31	0.14
Theme: Morale	0.12	0.03	-0.03	-0.06	-0.08	0.01	0.12	0.40	0.34	-0.13	0.18	0.12	0.37	0.19	0.13

People Promise Element / Theme	2024 National Average Score	Trust Score 2024	White 2024	White 2023	Mixed/ Multiple Ethnic Groups 2024	Mixed/ Multiple Ethnic Groups 2023	Asian/ Asian British 2024	Asian/ Asian British 2023	Black/ African/ Caribbean/ Black British 2024	Black/ African/ Caribbean / Black British 2023	Other Ethnic Groups 2024	Other Ethnic Groups 2023
	n = 135986	n = 3667	n = 2889	n = 2681	n = 103	n = 92	n = 250	n = 220	n = 361	n = 272	n = 33	n = 41
People Promise element 1: We are compassionate and inclusive	7.55	7.75	7.80	7.74	7.66	7.77	7.76	7.66	7.60	7.77	7.48	7.44
People Promise element 2: We are recognised and rewarded	6.35	6.52	6.56	6.52	6.22	6.64	6.66	6.55	6.34	6.56	6.32	6.57
People Promise element 3: We each have a voice that counts	6.94	7.09	7.08	7.06	6.97	7.10	7.40	7.23	7.23	7.41	7.00	6.67
People Promise element 4: We are safe and healthy	6.40	6.42	6.39	6.33	6.29	6.38	6.71	6.60	6.45	6.67	6.37	6.16
People Promise element 5: We are always learning	5.93	6.10	6.02	5.90	6.23	6.12	6.58	6.42	6.62	6.90	5.96	5.87
People Promise element 6: We work	6.83	6.83	6.86	6.77	6.53	6.72	7.07	6.75	6.58	6.74	6.72	6.64
People Promise element 7: We are a team	7.15	7.27	7.28	7.19	7.05	7.31	7.41	7.32	7.38	7.62	7.06	7.16
Theme: Staff Engagement	7.07	7.24	7.18	7.12	7.00	7.25	7.72	7.45	7.58	7.80	7.38	7.07
Theme: Morale	6.20	6.26	6.23	6.11	6.12	6.17	6.60	6.48	6.38	6.51	6.39	6.02

Workforce Race Equality Standard

Indicator 5 - Q14a



	2020	2021	2022	2023	2024
White staff: Your org	24.67%	23.43%	24.70%	21.70%	19.81%
All other ethnic groups*: Your org	30.22%	26.93%	30.02%	29.69%	31.76%
White staff: Average	25.40%	26.16%	25.37%	22.66%	21.29%
All other ethnic groups*: Average	32.12%	31.79%	31.54%	31.38%	31.64%
White staff: Responses	2760	2574	2660	2631	2883
All other ethnic groups*: Responses	407	479	573	603	743

*Staff from all other ethnic groups combined

Workforce Race Equality Standard

Indicator 6 - Q14b&c



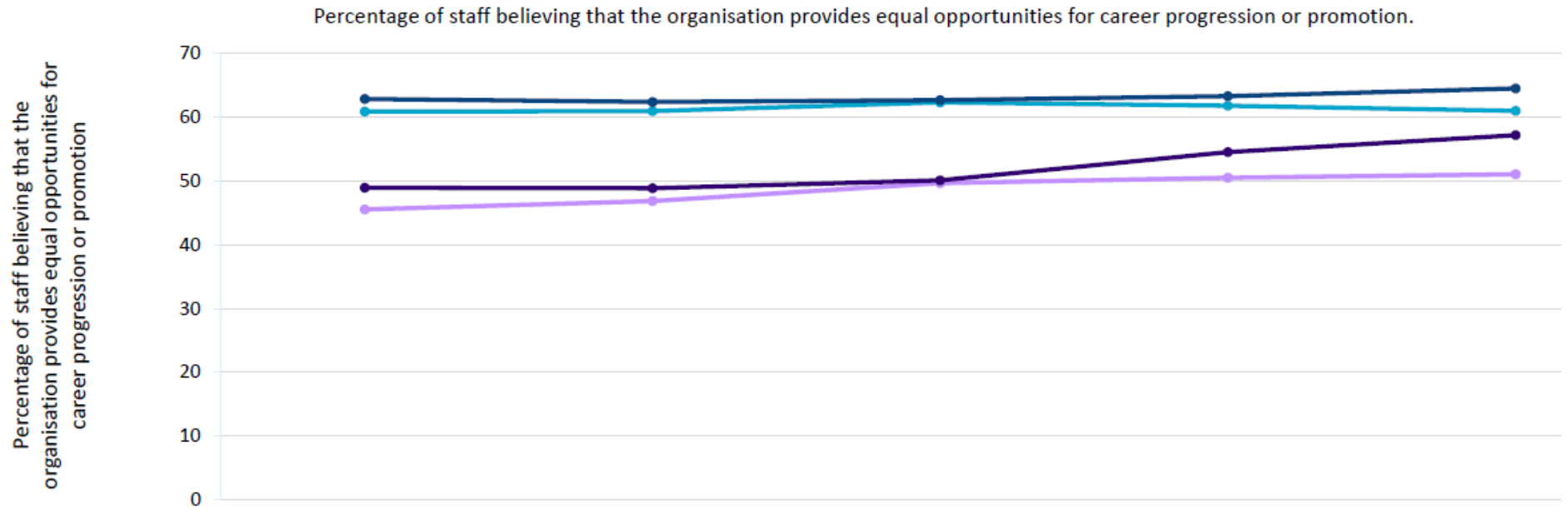
	2020	2021	2022	2023	2024
White staff: Your org	19.00%	16.31%	14.96%	16.37%	15.18%
All other ethnic groups*: Your org	26.78%	20.25%	20.00%	18.11%	20.08%
White staff: Average	19.59%	18.10%	17.31%	16.72%	16.48%
All other ethnic groups*: Average	25.00%	22.88%	22.75%	20.86%	21.23%
White staff: Responses	2758	2569	2660	2627	2879
All other ethnic groups*: Responses	407	474	570	597	737

*Staff from all other ethnic groups combined

Workforce Race Equality Standard

Indicator 7 - Q15

Oxford Health NHS Foundation Trust

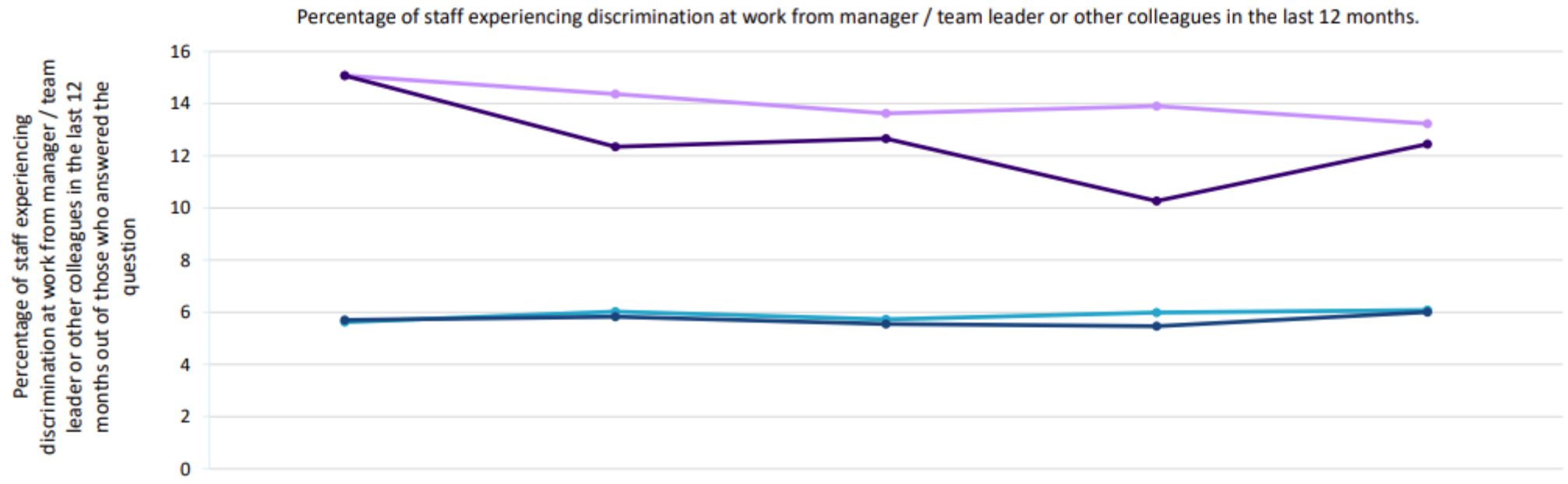


	2020	2021	2022	2023	2024
White staff: Your org	62.86%	62.40%	62.69%	63.32%	64.52%
All other ethnic groups*: Your org	48.92%	48.86%	50.09%	54.53%	57.18%
White staff: Average	60.90%	60.98%	62.33%	61.82%	60.99%
All other ethnic groups*: Average	45.54%	46.84%	49.65%	50.50%	51.05%
White staff: Responses	2816	2625	2643	2658	2869
All other ethnic groups*: Responses	417	481	567	618	738

Workforce Race Equality Standard

Indicator 8 - Q16b

Oxford Health NHS Foundation Trust



	2020	2021	2022	2023	2024
White staff: Your org	5.70%	5.83%	5.56%	5.47%	6.01%
All other ethnic groups*: Your org	15.07%	12.35%	12.66%	10.26%	12.45%
White staff: Average	5.63%	6.02%	5.73%	5.99%	6.08%
All other ethnic groups*: Average	15.07%	14.37%	13.63%	13.90%	13.23%
White staff: Responses	2824	2624	2646	2634	2829
All other ethnic groups*: Responses	418	486	561	604	731

People Promise Scores by Protected Characteristic

Religion – Part 1

Oxford Health NHS Foundation Trust

	No religion 2024 vs 2023	No religion 2024 vs National Average	No religion 2024 vs Trust Score	Christian 2024 vs 2023	Christian 2024 vs National Average	Christian 2024 vs Trust Score	Hindu 2024 vs 2023	Hindu 2024 vs National Average	Hindu 2024 vs Trust Score	Muslim 2024 vs 2023	Muslim 2024 vs National Average	Muslim 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	No religion 2024	No religion 2023	Christian 2024	Christian 2023	Hindu 2024	Hindu 2023	Muslim 2024	Muslim 2023
Section													n = 135986	n = 3667	n =	n =	n = 1563	n = 1439	n = 48	n = 47	n = 96	n = 72
People Promise element 1: We are compassionate and	0.08	0.27	0.07	0.01	0.29	0.09	0.10	0.41	0.21	-0.02	0.22	0.02	7.55	7.75	7.82	7.74	7.84	7.83	7.96	7.86	7.77	7.79
People Promise element 2: We are recognised and rewarded	0.07	0.24	0.07	-0.02	0.28	0.11	0.28	0.55	0.38	-0.19	0.10	-0.07	6.35	6.52	6.59	6.51	6.63	6.65	6.90	6.63	6.45	6.64
People Promise element 3: We each have a voice that counts	0.02	0.14	-0.01	0.00	0.32	0.17	0.25	0.75	0.60	-0.20	0.37	0.22	6.94	7.09	7.08	7.06	7.26	7.26	7.69	7.44	7.31	7.50
People Promise element 4: We are safe and healthy	0.04	-0.01	-0.03	0.05	0.12	0.10	0.30	0.74	0.72	-0.25	0.11	0.09	6.40	6.42	6.39	6.35	6.52	6.47	7.14	6.83	6.51	6.76
People Promise element 5: We are always learning	0.17	0.09	-0.08	0.08	0.43	0.26	0.30	0.86	0.69	0.16	0.49	0.32	5.93	6.10	6.02	5.85	6.36	6.28	6.79	6.49	6.42	6.26
People Promise element 6: We work flexibly	0.08	0.01	0.01	0.01	0.09	0.09	0.88	0.64	0.64	0.02	0.13	0.13	6.83	6.83	6.84	6.76	6.92	6.91	7.47	6.60	6.96	6.94
People Promise element 7: We are a team	0.08	0.14	0.02	0.05	0.24	0.12	0.25	0.56	0.44	-0.04	0.23	0.11	7.15	7.27	7.29	7.22	7.39	7.34	7.71	7.46	7.38	7.42
Theme: Staff Engagement	0.05	0.07	-0.10	0.07	0.38	0.21	0.52	1.17	1.00	-0.09	0.45	0.28	7.07	7.24	7.14	7.10	7.45	7.39	8.24	7.72	7.52	7.61
Theme: Morale	0.08	0.03	-0.03	0.10	0.19	0.13	0.54	0.97	0.91	-0.27	0.29	0.23	6.20	6.26	6.23	6.15	6.39	6.29	7.17	6.62	6.49	6.76

People Promise Scores by Protected Characteristic

Religion – Part 2

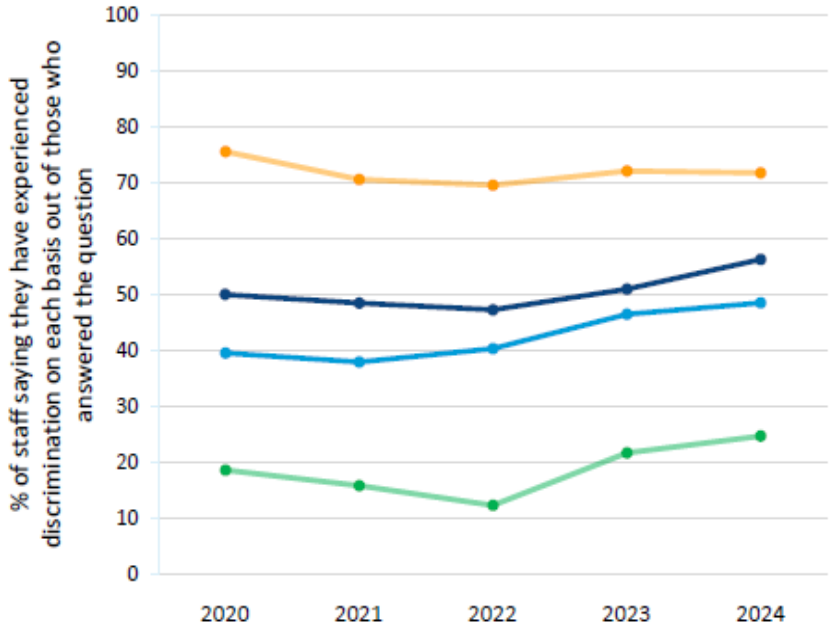
Oxford Health NHS Foundation Trust

	Buddhist 2024 vs 2023	Buddhist 2024 vs National Average	Buddhist 2024 vs Trust Score	Any other religion (please specify) 2024 vs 2023	Any other religion (please specify) 2024 vs National Average	Any other religion (please specify) 2024 vs Trust Score	I would prefer not to say 2024 vs 2023	I would prefer not to say 2024 vs National Average	I would prefer not to say 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Buddhist 2024	Buddhist 2023	Sikh 2024	Sikh 2023	Jewish 2024	Jewish 2023	Any other religion (please specify) 2024	Any other religion (please specify) 2023	I would prefer not to say 2024	I would prefer not to say 2023
Section										n = 135986	n = 3667	n = 25	n = 24	n = 14	n = 11	n = 9	n = 6	n = 38	n = 64	n = 280	n = 230
People Promise element 1: We are compassionate and	-0.05	0.42	0.22	-0.50	-0.37	-0.57	0.09	-0.49	-0.69	7.55	7.75	7.97	8.02	*	7.09	*	*	7.18	7.69	7.06	6.97
People Promise element 2: We are recognised and rewarded	-0.12	0.51	0.34	-0.50	-0.32	-0.49	-0.07	-0.65	-0.82	6.35	6.52	6.86	6.98	*	6.36	*	*	6.03	6.53	5.70	5.77
People Promise element 3: We each have a voice that counts	0.18	0.44	0.29	-0.41	-0.27	-0.42	0.07	-0.73	-0.88	6.94	7.09	7.38	7.20	*	6.23	*	*	6.67	7.07	6.21	6.14
People Promise element 4: We are safe and healthy	0.26	0.32	0.30	-0.56	-0.52	-0.54	0.17	-0.50	-0.52	6.40	6.42	6.72	6.46	*	5.33	*	*	5.88	6.45	5.90	5.73
People Promise element 5: We are always learning	-0.16	0.80	0.63	-0.41	-0.02	-0.19	-0.03	-0.88	-1.05	5.93	6.10	6.73	6.89	*	5.37	*	*	5.91	6.32	5.05	5.07
People Promise element 6: We work flexibly	0.49	0.69	0.69	-0.35	-0.29	-0.29	0.39	-0.65	-0.65	6.83	6.83	7.52	7.03	*	6.36	*	*	6.54	6.88	6.18	5.79
People Promise element 7: We are a team	-0.55	0.09	-0.03	-0.38	-0.22	-0.34	0.09	-0.60	-0.72	7.15	7.27	7.24	7.79	*	6.62	*	*	6.93	7.31	6.55	6.46
Theme: Staff Engagement	0.30	0.61	0.44	-0.44	-0.26	-0.43	0.06	-0.58	-0.75	7.07	7.24	7.68	7.38	*	6.57	*	*	6.81	7.26	6.49	6.43
Theme: Morale	-0.05	0.25	0.19	-0.23	-0.27	-0.33	0.35	-0.64	-0.70	6.20	6.26	6.45	6.50	*	5.26	*	*	5.93	6.17	5.56	5.22

Basis of Discrimination – Q16c

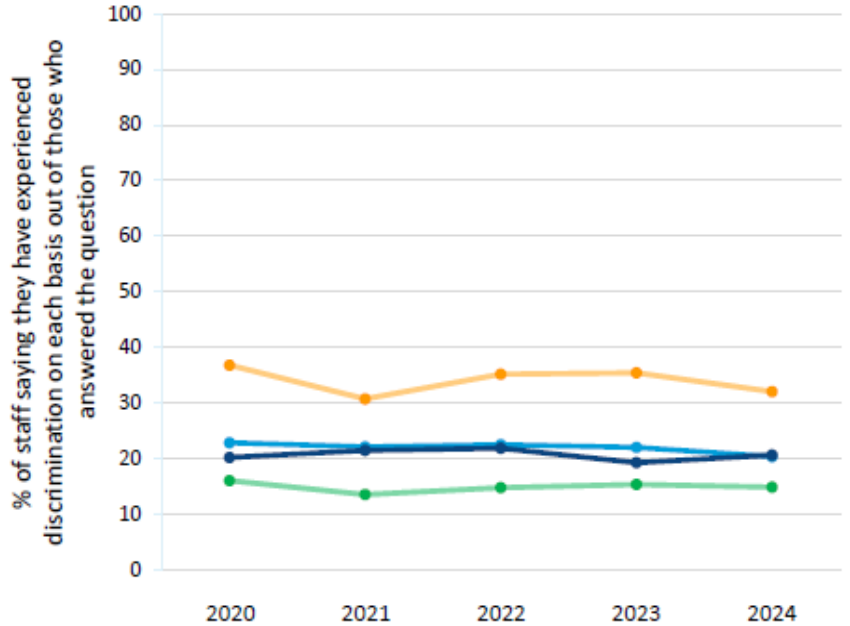
Oxford Health NHS Foundation Trust

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.



	2020	2021	2022	2023	2024
Your org	49.97%	48.43%	47.25%	50.92%	56.24%
Best result	18.60%	15.83%	12.32%	21.69%	24.69%
Average result	39.55%	37.92%	40.31%	46.46%	48.48%
Worst result	75.51%	70.53%	69.50%	72.04%	71.71%
Responses	366	362	375	359	466

Q16c.6 On what grounds have you experienced discrimination? – Age.



	2020	2021	2022	2023	2024
Your org	20.09%	21.40%	21.77%	19.16%	20.55%
Best result	15.94%	13.42%	14.64%	15.26%	14.74%
Average result	22.77%	22.01%	22.39%	21.91%	20.27%
Worst result	36.73%	30.65%	35.11%	35.36%	31.97%
Responses	366	362	375	359	466

Grounds for experiencing discrimination	Trust % n=466	National Average %
Ethnicity	56.24%	48.48%
Gender	16.23%	21.34%
Religion	5.33%	5.20%
Sexual Orientation	4.12%	5.62%
Disability	15.21%	13.43%
Age	20.55%	20.27%
Other	17.16%	21.55%

People Promise Scores by Profession

Medical & Dental

	Medical and Dental 2024 vs 2023 Score	Medical and Dental 2024 vs National Average	Medical and Dental 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Medical and Dental 2023	Medical and Dental 2024
People Promise Element / Theme				**n = 135986**	**n = 3667**	**n = 95**	**n - 113**
People Promise element 1: We are compassionate and inclusive	0.25	-0.05	-0.25	7.55	7.75	7.25	7.50
People Promise element 2: We are recognised and rewarded	0.44	-0.34	0.21	6.35	6.52	6.29	6.73
People Promise element 3: We each have a voice that counts	0.30	0.29	-0.37	6.94	7.09	6.42	6.72
People Promise element 4: We are safe and healthy	0.29	-0.12	-0.30	6.40	6.42	5.84	6.12
People Promise element 5: We are always learning	0.21	0.30	-0.20	5.93	6.10	5.69	5.90
People Promise element 6: We work flexibly	0.04	-0.10	-0.58	6.83	6.83	6.21	6.25
People Promise element 7: We are a team	0.37	0.20	-0.33	7.15	7.27	6.56	6.94
Theme: Staff Engagement	0.34	0.25	-0.28	7.07	7.24	6.63	6.96
Theme: Morale	0.38	-0.00	-0.17	6.20	6.26	5.71	6.09

People Promise Scores by Profession

Nursing & Midwifery

Oxford Health NHS Foundation Trust

	Nursing and Midwifery Registered 2024 vs 2023 Score	Nursing and Midwifery Registered 2024 vs National Average	Nursing and Midwifery Registered 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Nursing and Midwifery 2023	Nursing and Midwifery Registered 2024
People Promise Element / Theme				n = 135986	n = 3667	n = 858	n = 960
People Promise element 1: We are compassionate and inclusive	-0.03	0.20	0.00	7.55	7.75	7.78	7.75
People Promise element 2: We are recognised and rewarded	-0.03	0.02	-0.15	6.35	6.52	6.40	6.37
People Promise element 3: We each have a voice that counts	-0.04	0.24	0.09	6.94	7.09	7.23	7.18
People Promise element 4: We are safe and healthy	0.13	-0.31	-0.33	6.40	6.42	5.96	6.09
People Promise element 5: We are always learning	0.00	0.29	0.12	5.93	6.10	6.22	6.22
People Promise element 6: We work flexibly	0.05	-0.16	-0.16	6.83	6.83	6.61	6.67
People Promise element 7: We are a team	0.03	0.21	0.09	7.15	7.27	7.32	7.36
Theme: Staff Engagement	0.66	0.24	0.07	7.07	7.24	6.66	7.31
Theme: Morale	0.18	-0.13	-0.19	6.20	6.26	5.89	6.07

People Promise Scores by Profession

Allied Health Professionals

Oxford Health NHS Foundation Trust

	Allied Health Professionals 2024 vs 2023 Score	Allied Health Professionals 2024 vs National Average	Allied Health Professionals 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Allied Health Professionals 2023	Allied Health Professionals 2024
People Promise Element / Theme				n = 135986	n = 3667	n = 288	n = 311
People Promise element 1: We are compassionate and inclusive	0.15	0.49	0.29	7.55	7.75	7.89	8.04
People Promise element 2: We are recognised and rewarded	0.10	0.48	0.31	6.35	6.52	6.73	6.83
People Promise element 3: We each have a voice that counts	0.05	0.42	0.27	6.94	7.09	7.31	7.36
People Promise element 4: We are safe and healthy	0.21	-0.02	-0.04	6.40	6.42	6.16	6.38
People Promise element 5: We are always learning	0.05	0.47	0.30	5.93	6.10	6.35	6.40
People Promise element 6: We work flexibly	0.16	0.41	0.41	6.83	6.83	7.08	7.24
People Promise element 7: We are a team	0.18	0.36	0.24	7.15	7.27	7.33	7.51
Theme: Staff Engagement	0.23	0.34	0.17	7.07	7.24	7.18	7.41
Theme: Morale	0.30	0.04	-0.02	6.20	6.26	5.93	6.24

People Promise Scores by Profession

Additional Clinical Services

	Additional Clinical Services 2024 vs 2023 Score	Additional Clinical Services 2024 vs National Average	Additional Clinical Services 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Additional Clinical Services 2023	Additional Clinical Services 2024
People Promise Element / Theme				**n = 135986**	**n = 3667**	**n = 689**	**n = 792**
People Promise element 1: We are compassionate and inclusive	-0.08	0.18	-0.02	7.55	7.75	7.81	7.73
People Promise element 2: We are recognised and rewarded	-0.08	-0.05	-0.22	6.35	6.52	6.37	6.30
People Promise element 3: We each have a voice that counts	-0.10	0.04	-0.11	6.94	7.09	7.08	6.98
People Promise element 4: We are safe and healthy	-0.03	0.08	0.06	6.40	6.42	6.51	6.48
People Promise element 5: We are always learning	0.10	0.33	0.16	5.93	6.10	6.16	6.26
People Promise element 6: We work flexibly	0.00	-0.33	-0.33	6.83	6.83	6.50	6.50
People Promise element 7: We are a team	-0.11	0.04	-0.08	7.15	7.27	7.30	7.19
Theme: Staff Engagement	-0.11	0.11	-0.06	7.07	7.24	7.29	7.18
Theme: Morale	-0.04	0.16	0.10	6.20	6.26	6.40	6.36

People Promise Scores by Profession

Additional, Professional, Scientific & Technical

Oxford Health NHS Foundation Trust

	Add Prof Scientific and Technic 2024 vs 2023 Score	Add Prof Scientific and Technic 2024 vs National Average	Add Prof Scientific and Technic 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Add Prof Scientific and Technic 2023	Add Prof Scientific and Technic 2024
People Promise Element / Theme				n = 135986	n = 3667	n = 403	n = 441
People Promise element 1: We are compassionate and inclusive	0.09	0.23	0.03	7.55	7.75	7.69	7.78
People Promise element 2: We are recognised and rewarded	0.14	0.49	0.32	6.35	6.52	6.71	6.84
People Promise element 3: We each have a voice that counts	0.16	0.11	-0.04	6.94	7.09	6.89	7.05
People Promise element 4: We are safe and healthy	0.04	-0.15	-0.17	6.40	6.42	6.21	6.25
People Promise element 5: We are always learning	0.26	0.25	0.08	5.93	6.10	5.92	6.18
People Promise element 6: We work flexibly	0.29	0.22	0.22	6.83	6.83	6.76	7.05
People Promise element 7: We are a team	0.16	0.17	0.05	7.15	7.27	7.16	7.32
Theme: Staff Engagement	0.14	0.13	-0.04	7.07	7.24	7.06	7.20
Theme: Morale	0.14	0.01	-0.05	6.20	6.26	6.07	6.21

People Promise Scores by Profession

Administrative & Clerical

Oxford Health NHS Foundation Trust

	Administrative and Clerical 2024 vs 2023 Score	Administrative and Clerical 2024 vs National Average	Administrative and Clerical 2024 vs Trust Score	2024 National Average Score	Trust Score 2024	Administrative and Clerical 2023	Administrative and Clerical 2024
People Promise Element / Theme				n = 135986	n = 3667	n = 897	n = 988
People Promise element 1: We are compassionate and inclusive	0.13	0.24	0.04	7.55	7.75	7.66	7.79
People Promise element 2: We are recognised and rewarded	0.06	0.36	0.19	6.35	6.52	6.65	6.71
People Promise element 3: We each have a voice that counts	0.05	0.22	0.07	6.94	7.09	7.11	7.16
People Promise element 4: We are safe and healthy	0.02	0.42	0.40	6.40	6.42	6.80	6.82
People Promise element 5: We are always learning	0.16	-0.03	-0.20	5.93	6.10	5.74	5.90
People Promise element 6: We work flexibly	0.09	0.38	0.38	6.83	6.83	7.12	7.21
People Promise element 7: We are a team	0.12	0.15	0.03	7.15	7.27	7.18	7.30
Theme: Staff Engagement	0.01	0.23	0.06	7.07	7.24	7.29	7.30
Theme: Morale	0.10	0.26	0.20	6.20	6.26	6.37	6.46

Breakdown of Freedom to Speak Up / Raising Concerns Sub Theme – Trust Wide Overview

Oxford Health NHS Foundation Trust

People Promise Element / Theme	2024 Trust Score vs National Average	2024 Trust Score vs BOB Score	Trust Score 2024 vs 2023	2024 National Average Score	2024 BOB Score	2024 Trust Score	2023 Trust Score
No of Respondents				135986	19066	3667	3339
Raising Concerns Overall Sub Score	↑ 0.25	↑ 0.31	↑ 0.05	**6.74**	**6.68**	**6.99**	**6.94**
Q20a Would feel secure raising concerns about unsafe clinical practice	↑ 3.36%	↑ 5.16%	↑ 0.50%	76.27%	74.47%	79.63%	79.13%
Q20b Would feel confident that organisation would address concerns about unsafe clinical practice	↑ 6.61%	↑ 6.05%	↑ 2.05%	61.06%	61.62%	67.67%	65.62%
Q25e Feel safe to speak up about anything that concerns me in this organisation	↑ 5.77%	↑ 5.89%	↓ -0.13%	66.58%	66.46%	72.35%	72.48%
Q25f Feel organisation would address any concerns I raised	↑ 6.59%	↑ 6.46%	↑ 1.81%	54.93%	55.06%	61.52%	59.71%

Next Steps

- Results to be shared at People Leadership Committee in April and Board in May.
- Results will be shared with the EDI Staff Network Groups through May and June.
- Results have been shared with Directorates & Corporate SLTs. They will ask their teams to identify one action to take in response as per the approach taken in 2022, 2023 and 2024.
- Analysis of the free text comments will be received by the Trust in April.
- Trust wide actions were communicated on the day the embargo lifted (13th March) along with resources and support for staff to understand and interpret the results, which are:-
  - Results are available on the revised and refreshed visual dashboard on the TOBI (Trust Online Business Intelligence) platform.
  - 1:1 Coaching for managers from the Organisational Development Team throughout February, March & April.
  - 'Managers Guide'- simple, easy tools and resources to help put plans into action.

Key for Comparators

- The National Average represents 50 Mental Health and Mental Health Community Trusts similar to our own and equates to 135,986 respondents (compared to the Picker average presented in January which represented 21 Mental Health and Mental Health Community Trusts who commissioned Picker to run their survey in 2024 / represented 21 respondents).

- The BOB score represents the Trusts that make up the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

Key for Roles within Professional Groups

Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Medical and Dental	Nursing and Midwifery
Advanced Practitioner	Assistant or Associate Practitioner	Accountant	Art Therapist	Clinical Directors	Advanced Practitioners
Applied Psychologists	Assistant Practitioner Nursing	Advisor	Chiropodist or Podiatrist	Consultants	Associate Directors of Nursing
Applied Psychologist - Forensic	Assistant Psychologist	Analyst	Dietician	Dental Officers	Managers / Ward Manager / Team Manager
Chaplain	Assistant Psychotherapist	Clerical Worker	AHP Managers	Foundation Year 1	Specialists
Clinical Directors	Counsellor	Service Directors	Dietician Specialist Practitioner	Foundation Year 2	Care Coordinators (Nurse)
Therapists	Dental Surgery Assistant	Managers	Dramatherapist	General Medical Practitioner	Care Naviagtor
Managers	Practitioners	Medical Secretary	Emergency Care Practitioner	GP Partner	Case Manager
Pharmacist	Health and Wellbeing Coach	Personal Assistant	Multi Therapist Consultant	Salaried Dental Practitioner	Charge Nurse
Practitioner	Healthcare Assistant	Receptionist	Multi Therapist Manager	Salaried General Practitioner	Chief Nurse
Psychotherapist	Nursery Nurse	Researcher	Multi Therapist Specialist Practitioner	Senior Dental Officer	Clinical Lead
Social Worker	Nursing Associate	Secretary	Occupational Therapist	Specialty Doctor	Clinical Coordinators
Social Worker - Psychological Therapist	Nursing Cadet	Senior Manager	Occupational Therapist Consultant	Specialty Registrar	Clinical Practice Educators
Specialist Practitioner	Phlebotomist	Technician	Orthopist	Trust Grade Doctor or Dentist	Clinical Team Lead
Technicians	Play Specialist	CEO	Paramedic		Clinical Supervisor
Trainees	Support Workers	Other Executive Director	Physiotherapists		Clinical Team Manager
	Technicians		Speech and Language Therapists		Community Vaccinator
	Trainees				Deputy Head / Deputy Manager / Deputy Team Lead
					Nurse Consultant
					Nurse Practitioner
					Health Visitor
					Matron
					Modern Matron
					Nurse
					Nurse Practitioner
					Operational Lead

Meeting:	Board of Directors, Meeting
Date of Meeting:	21 May 2025
Agenda item:	17(a)
Report title:	Complaints, Compliments & PALS Annual Report 2024/25
Executive Lead(s):	Britta Klinck, Chief Nurse
Report author(s):	Claire Price, Complaints & PALS Service Manager
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Committee:	Annual report of activity 2024-25 for Board information and assurance.
Public or confidential	Public

Executive summary

This is the 2024-25 annual report on formal complaints, Patient Advice and Liaison Service (PALS) contacts, MP enquiries and compliments received by Oxford Health NHS Foundation Trust (OHFT) between 1 April 2024 and 31 March 2025.

The report has been received by the Trust Quality Committee April 2025 meeting.

This paper provides assurance that the Trust is meeting the legal regulations for the Care Quality Commission's regulation 16: receiving and acting on complaints.

The Report covers the following:

- Key highlights across the year.
- Introduction of the new NHS Complaints Standards
- Compliments.
- The key themes/learning from complaints and concerns.
- Activity across the team.
- Formal complaints (rapid resolution, low-level and high-level).
- Timeliness of responding.
- Grading of complaints.

- Outcome of complaints.
- Learning from complaints.
- MP enquiries.
- Training.
- Parliamentary Health Service Ombudsman (PHSO) & Local Government Ombudsman (LGO).
- Improving the complaints process.
- Analysis of themes from concerns and complaints.

Report history / meetings this item has been considered at and outcome
Approved by: Quality and Clinical Sub Committee April 2025 Quality Committee May 2025

Recommendation(s)
The Board are asked to note the report and the various activities happening across services to meet the NHS Complaints Standards. The report is for assurance, no risks to escalate but to note that the new complaints standards are being introduced across the Trust and will take some time to fully embed into services.

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Links to / Implications		
Is risk included in Board Assurance Framework (BAF) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	Yes	

Meeting	Quality Committee
Date of Meeting	Thursday, 01 May 2025
Agenda item	14
Report title	Complaints, Compliments & PALS Annual Report 2024/25
Executive lead(s)	Britta Klinck, Chief Nursing Officer - CNO
Report author(s)	Claire Price, Complaints & PALS Service Manager
Action this paper	☐ Decision/approval ☑ Information ☑ Assurance
Reason for submission to the committee	For Information and Assurance
For disclosure or confidential	Disclosure

Executive summary

This is the 2024-25 annual report on formal complaints, Patient Advice and Liaison Service (PALS) contacts, MP enquiries and compliments received by Oxford Health NHS Foundation Trust (OHFT) between 1 April 2024 and 31 March 2025.

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- Training.
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- Improving the complaints process.
- Analysis of themes from concerns and complaints.

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

N/A

Recommendation(s)

The sub-group is asked to note the report and the various activities happening across services to meet the NHS Complaints Standards. The report is for assurance, no risks to escalate but to note that the new complaints standards are being introduced across the Trust and will take some time to fully embed into services.

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

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)	☐ **BAF**	☐ **TRR**
Equality, diversity, and inclusion	Yes	
Legal and regulatory	Yes	

Introduction

The Trust continues to value all complaints, concerns and compliments raised to use as opportunities to make improvements. We actively monitor the key themes identified within complaints received, alongside information from other sources of feedback such as Patient Safety Incidents, Legal Claims, Inquests and HR investigations. Discussions to triangulate the information take 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.

Key highlights from the report are as follows:
As of 1 April 2024 the Trust introduced the new NHS Complaints Standards.

The Complaint Standards support organisations to provide a quicker, simpler and more streamlined complaint handling service. They have a strong focus on:

- Early resolution by empowered and well-trained people.
- All staff, particularly senior staff, regularly reviewing what learning can be taken from complaints.
- How all staff, particularly senior staff, should use this learning to improve services.

The new standards encourage organisations to focus on the early resolution of complaints and as such have changed the language used and the way we approach and categorise complaints to promote early resolution:

- Pre-1 April 2024 categories: Formal Complaints and Concerns.
- Post 1 April 2024 categories: Rapid Resolution, Low-Level Complaints, High-Level complaints.

The 2024-25 report will reference both the old and new categories within this report.

In 2024-25, Oxford Health NHS Foundation Trust (OHFT) received 629 complaints (513 rapid resolution complaints, 108 low-level complaints and 8 high-level complaints) which is a decrease when compared to the previous year when we received 229 complaints and 658 concerns (now recorded as rapid resolution complaint). 12 low-level complaints were re-opened. The number of complaints received by quarter is broken down as follows:

- 146 complaints in Q1 (April to June 2024)
- 158 complaints in Q2 (July to September 2024)
- 164 complaints in Q3 (October to December 2024)
- 161 complaints in Q4 (January to March 2025)

Most complaints were received from carers/family (n = 307) followed by complaints from patient's/service users (n = 255).

✓ 100% of low/high level complaints were acknowledged within three working days.
✓ 100% of low/high level complaints were responded to within a timescale agreed and communicated with the complainant. This includes complaints with an extension to the timescale.

The key themes/learning from complaints and concerns are:

- Insufficient care and support provided in the community.
- Staff attitude/behaviour (unfriendly, uncaring, uncompassionate).
- Lack of communication/information sharing with patients and families.
- Waiting times and access to services.

After the investigation into each complaint, if there are any upheld elements or any improvements in practice identified then an improvement plan is developed by the relevant service manager. An example of some of the actions taken are detailed later in the report.
In addition to complaints, OHFT received and responded to 101 MP enquiries, 1731 general enquiries and 21 pieces of feedback via social media were received in 2024-25.

✓ The Trust continues to provide 35 PALS surgeries across wards and day hospitals.
✓ The Trust received 3746 compliments in 2024-25 which is an increase compared to last year when 2947 compliments were received.

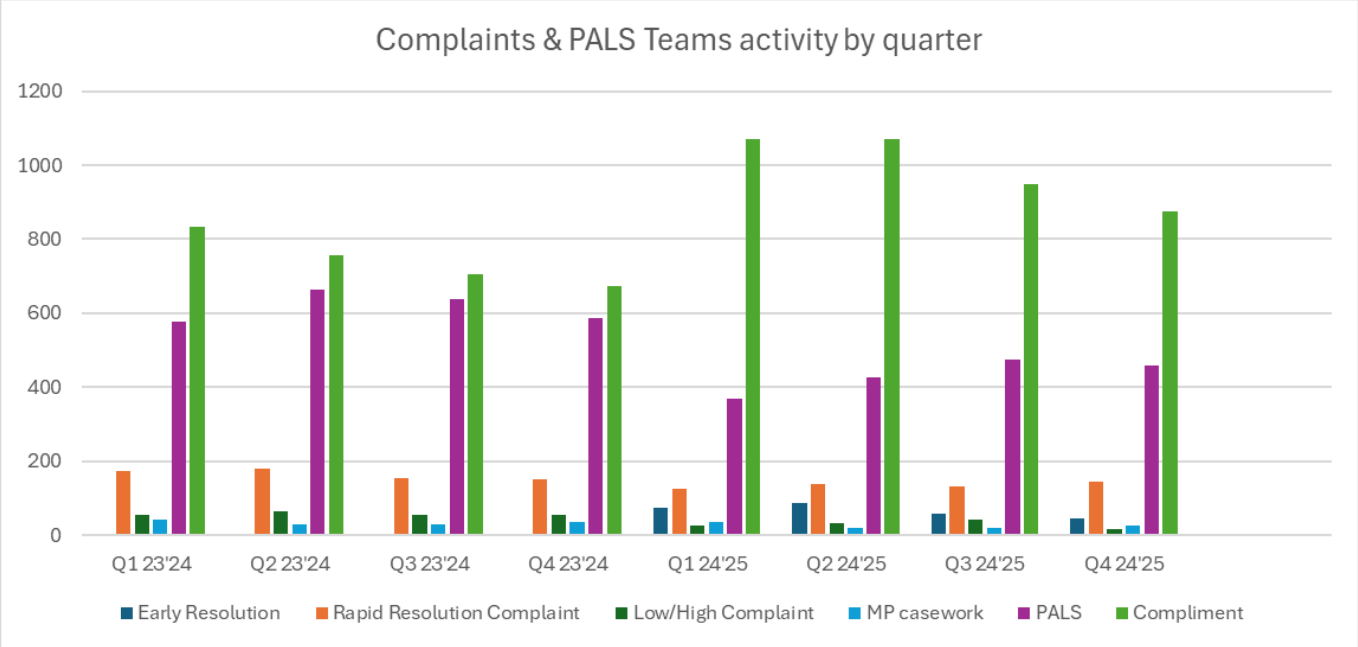
Complaints subject to external scrutiny:
During 2024-25 there were 16 new referrals from the PHSO/LGO, there were 8 pre-investigation or full investigation which are all closed. There are currently 10 open enquiries.

Activity across the team

On 1 April 2024, the Complaints and PALS team introduced the new NHS Complaints Standards across the Trust and is working with directorates to ensure these are embedded within services.

The Complaints and PALS data continues to show a sustained high level of activity, with many of the contacts having complex elements associated with them. The consistent complexity of cases and staff activity, is not always reflected in the numerical data, continues to generate significant work for the team and operational colleagues.

The graph below shows activity across early resolution, complaints (rapid resolution/low/high), PALS, MP casework and compliments.



Compliments

The Complaints and PALS Team centrally collates the compliments sent to teams within the Trust including thank you letters and cards.

In 2024-25 a total of **3746** compliments were received, which is an increase compared to last year when 2947 compliments were received.
The breakdown by directorate is;

- Oxfordshire, BaNES, Swindon, and Wiltshire Mental Health Services received **1655.**
- Primary, Community and Dental Services received **1208.**
- Bucks Mental Health Services received **682.**

- Forensic Services received **125.**
- Learning Disability **15.**
- Corporate Services received **61.**

Examples of compliments received:

*"I wanted to say a huge thank you for the time you spent with **** today. I haven't seen her that receptive for a long time and when she came out of the meeting, she said that she hopes that she can continue working with you both. She said that you both made her feel really at ease and in control and that she felt that you really understood how she was feeling. ***, you remind her of someone that she holds fondly, and she said that she feels that she could really open up to you on a 1-2-1 basis. She has trust in you, and this is something that she finds hard at the moment. She said lovely things about *** too! And said that she can imagine that ***will make the classes fun. It is the most positive that she has been for a really long time, and it was lovely to go shopping with her afterwards and for us to have some 'normal' time together too, chatting and giggling. We haven't been able to talk to her for at least a couple of weeks (even saying good morning she has just shouted at us to give her space) so I know it was only the assessment, but it made a massive impact to our family, and we are incredibly grateful. She is now up in her room singing! Thank you so much and I really hope that **** can find it in her to commit and that you feel it will be helpful for her. Thank you again from the bottom of our hearts."* **CAMHS OSCA**

*"Dr *** has treated me for my PTSD - she has always been so very kind, patient, and reassuring. Walking me through my therapy gently, I could not have had a more compassionate and kinder Doctor to help me. Thank you."* **Older Adult CMHT North**

*"Dr ***, I wanted to thank you for all the help, advice & comfort you have given me. I am grateful to have gotten to know you and that you got to see me grow both in terms of height and behaviour. I know for a fact that my Mum & Dad are ever so proud of me for my increased maturity, and that is mainly due to your helping me and my struggles along the way! I wouldn't just call you a doctor, but I'd also call you, my friend. Given it's hard for me to trust most people these days I am happy & content with the family I have got left and by extension my friends. No matter what the next challenge may be in my life I can take the strategies & advice you kindly gave to me from 3 years old all the way to the present day. I hope Mum & Dad keep in touch with you even after I have long moved on from our appointments! I am proud to have gotten to know you and talk my feelings through with you….YOUR DEAR FRIEND ****."* **CAMHS NDC**

"An excellent service. The team who visits take time to discuss any issues we have and support with solutions. It's nice to know we have that link if we need advice. We will always receive a call back after submitting a referral. Great team. Thank you" **Care Home Support Service CHSS**

"Thank you so much for your care and understanding during my therapy. You have shown me kindness & support and gave me hope and encouragement that I would improve when I was so low and frustrated. I am so grateful for your helpful advice on my road to recovery, thank you so much and take care." **Community Therapy West**

"My stay with you was only temporary…..Your care for me I found exemplary…..I am homeless no more….I have my own door….and my new GP is equally contemporary." Homeless GP

*"I just wanted to thank you for all your help over the last few months with ****. It really has helped. You have really helped him to use all the coping strategies and I'm so very thankful and I know **** is as well. His anxiety really has been reduced. I wish you all the best for the future. Thank you"* CAMHS Mental Health Support Team

"When I attended the unit, I felt listened to and I was given useful information for further help. Staff were very good, and food was good. Because I felt heard and understood and I now believe that things will be able to change for me for the better." **PIRLS Psychiatric Liaison Service**

*"Thank you so much for the updates. *** mentioned yesterday that he's feeling different—happy—which is a huge step forward! The distraction techniques you've introduced are brilliant and will be a lifelong support for him in managing his tics. I truly appreciate the special attention you've given to this. I'm so pleased to hear he's doing well both at home and at school, even in the face of peer negativity. It's been a full week without a meltdown or overwhelming negative feelings, which is incredible. I really hope this means he's turning a corner. Thank you again for everything! Take care."* **CAMHS Bucks Targeted**

*"I would like to share my upmost thanks and gratitude for the level of support and intervention by *** from the first day she saw ****. This has been life changing for **** and for us as a family. It has given us hope and we feel the future is exciting. I want to say thank you to *** and the team for really getting to know ****."* **Evenlode**

*"Just a quick note to say how grateful I was to have *** come to my recent hospital appointment. I was very nervous and a bit scared if I'm truthful but *** made me feel relaxed and took very good care of me. Please pass on my regards to your staff for all their patience and understanding."* **Lambourn House**

"I did not know what to expect when I arrived on the ward, but now I have settled in I am happy, and I like it. My room and the food are okay and the staff here are nice too." **Kingfisher Ward**

Formal Complaints

Grading of Complaints

All complaints are graded based on severity of harm to patient using a national risk matrix with a rating of rapid resolution complaint, low-level complaint, or high-level complaint. The grading is in line with the new NHS Complaint Standards.

In 2024-25, **513** complaints were graded as rapid resolution complaints, **108** were graded as low-level complaints and **8** were graded as high-level complaints.

Number of complaints received.

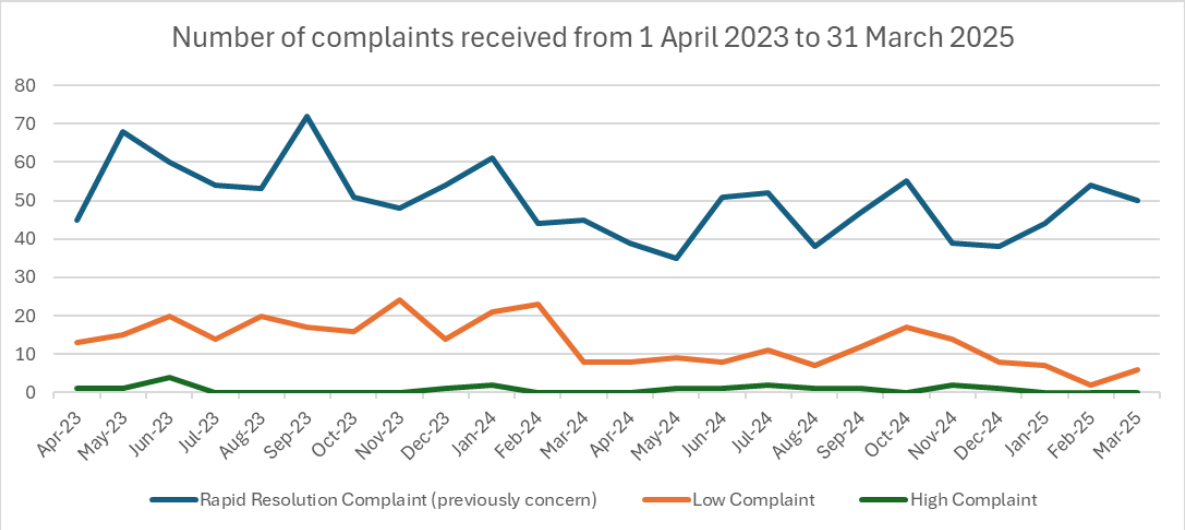
The Complaints & PALS team continue to work with complainants and services to improve early resolution of concerns raised about Trust services. The team triage all new concerns/complaints received to offer options for resolution and to help identify any immediate safety concerns.

The Trust received **281** early resolution cases, **513** rapid resolution complaints, **108** low level complaints and **8** high level complaints during 2024-25. During this time, **12** low-level complaints have been re-opened, and a further investigation undertaken.

Most complaints were received from carers/family (n = 307) followed by complaints from patient's/service users (n = 255).

The graph below shows the number of new complaints received month by month, this excludes re-opened complaints. There has been a little variation over time in the number of complaints received by month. Rapid Resolution complaints were introduced on 1 April 2024, which replaced low-level concerns.

Complaints received by month 1 April 2023 – 31 March 2026



Breakdown of complaints received by area and type

Area	Total complaints in 2024-25	Breakdown of complaints by type	
Oxfordshire, Banes, Swindon, and Wiltshire Mental Health Services	298	Rapid Resolution	246
		Low Level	50
		High Level	2
Buckinghamshire Mental Health Services	164	Rapid Resolution	135
		Low Level	28
		High Level	1
Primary, Community and Dental Services	136	Rapid Resolution	106
		Low Level	26
		High Level	4
Forensic Services	22	Rapid Resolution	18
		Low Level	3
		High Level	1
Learning Disability	2	Rapid Resolution	1
		Low Level	1
		High Level	0
Corporate Directorate	7	Rapid Resolution	7
		Low Level	0
		High Level	0

The following shows teams with 10 or more complaints (rapid resolution/low-level/high-level complaints) across 2024-25 which accounted to 34% of all complaints received.

Team	Number of complaints
AMHO Adult ADHD	10
AMHT Bucks Aylesbury Team	20
AMHT Bucks Chiltern Crisis Response & Home Treatment Team	12
AMHT Bucks Chiltern Team	10

AMHT Oxon City & NE	29
AMHT Oxon North & West	10
AMHT Oxon South	13
CAMHS Bucks Getting More Help	10
CAMHS Oxon Getting More Help South	11
CAMHS Oxon NDC Pathway	16
EDPS	10
GP OOH	27
Minor Injury Unit Abingdon	10
Ruby Ward	11
Wintle Ward	17

Timeliness of Responding
Of the 513 rapid resolution complaints received in 2024-25, 314 (61%) cases were responded within the initial timescale, 90 (17%) were completed outside of the initial timescale/within an agreed extension and at the time of writing this report, 68 (13%) cases were responded to out of time and 41 (9%) cases remain open.

Of the 116 low/high level complaints received, 34 (29%) were within time and 66 (57%) were within an agreed extension with the complainant. 16 (14%) cases remain open at the time of writing this report.

As previously reported, extension requests continue to be an area we are working on improving. The number and themes from complaints, as well as extensions and delays are monitored and reported on a weekly basis to the Trust-wide Weekly Clinical Review meeting.

The table below shows the number of cases (low/high level complaints) which were responded to within the original 35/60 working day deadline, within an extension, outside of time and withdrawn.

Response performance	Q1 22'23	Q2 22'23	Q3 22'23	Q4 22'23	Q1 23'24	Q2 23'24	Q3 23'24	Q4 23'24	Q1 24'25	Q2 24'25	Q3 24'25	Q4 24'25
Within 35/60 working days	16	6	11	21	21	30	18	18	10	9	12	2
Within agreed extension	28	35	32	39	33	35	36	32	16	6	10	2
Extension not agreed. (Outside of timescale)	0	0	1	1	0	0	0	3	0	0	0	0
Withdrawn	7	6	10	8	5	1	4	0	0	5	0	0
Open	0	0	0	0	0	0	0	2	1	15	20	11

Outcome of Complaints
Of the 97 low/high level complaints which have been responded in 2024-25;

- 23 complaints were upheld (24%).
- 36 complaints were not upheld (37%).
- 36 complaints were partially upheld (37%).

- 2 complaints there was no evidence to prove or disprove the outcome of the investigation (2%).

Learning from complaints
After the investigation into each complaint, if there are any upheld elements or any improvements in practice identified then an improvement plan is developed by the relevant service manager.

Between 1 April 2024 to 31 March 2025, of the 573 complaints which have been responded to, 216 actions were identified across the Trust following the completion of a complaint investigation (Oxfordshire, BaNES, Swindon, and Wiltshire Mental Health Services n = 95, Community Services n = 57, Bucks Mental Health Services n= 58, Specialised Services n= 3, Learning Disabilities n=2 and Corporate Services n=1).

Of the current open actions across the directorate, there are 85 actions to be completed. The number of open actions broken down by Directorate are as follows;

- Buckinghamshire Mental Health Services (n=20).
- Oxfordshire, BaNES, Swindon, and Wiltshire Mental Health Services (n=43).
- Community Services (n=22).
- Specialised Services (n=0).
- Corporate (n=0).

The complaints team also monitor the number of improvement plans requested where concerns are upheld/partially upheld and there are currently three actions plans outstanding (Q3=1 and Q4=2) where they have been escalated and the position is being overseen by the Trust-wide Regulatory Action Monitoring Group.

Detailed below are some actions which have been taken following the completion of an investigation:

✓ Increase awareness of Bucks Voice throughout the service. To encourage service users and their carers to share their experiences and ideas to improve social care practice, to empower others and educate staff (Bucks).

✓ All ward patients care plans to include record of all physical health conditions. (Ruby Ward).

✓ All staff will be offered training in working in a neuro-affirming way in their practice (CAMHS Bucks Getting More Help).

✓ Undertake a review of the transition process between the Meadow Unit and Highfield Unit (CAMHS Highfield).

✓ There is a new process to ensure family contact occurs within the week, listening to their needs and signposting where appropriate (Cotswold House).

In 2024-25 the key learning themes from complaints and concerns are around;

- Insufficient care in the community or ward (180 concerns, complaints, and MP queries).
- Attitude/behaviour of staff (126concerns, complaints, and MP queries).
- Poor communication with patient/carer (118concerns, complaints, and MP queries).
- Waiting times and access (104 concerns, complaints, and MP queries).
- Poor discharge planning (48 concerns, complaints & MP queries)
- Appointments/referrals (49 concerns, complaints & MP queries).

From discussions with other NHS Trusts the themes arising from complaints are very similar.

MP Enquiries
The Trust received 101 MP enquiries during 2024-25 which is a decrease compared to the previous year when we received 137 MP enquiries.

Training
The Complaints and PALS Team provide regular complaints training for nominated investigating officers and 130 members of staff were trained in 2024-25. The content of the investigating officers' complaints training has been reviewed in line with the NHS Complaints Standards and this is being rolled out across the organisation.

Parliamentary and Health Service Ombudsman (PHSO) & Local Government Ombudsman (LGO)
At the time of writing this report, there are currently no cases with preliminary investigations being undertaken by the Parliamentary and Health Service Ombudsman (PHSO) or the Local Government Ombudsman (LGO). During 2024-25 there were 16 new referrals from the PHSO/LGO, there were 8 pre-investigation or full investigation which are all closed. There are currently 10 open enquiries.

Patient Advice & Liaison Service (PALS)

In 2024-25, the PALS Team handled 1731 general enquiries, 281 early resolutions and 21 pieces of feedback via social media.

The PALS Team currently offer 35 PALS surgeries across the Directorates. PALS surgeries are a valuable way of seeking feedback about people's experiences, both positive and negative, and about working with ward staff to resolve issues of concern at a local level, in a timely and positive manner. This is a snapshot of some of the themes/trends following the feedback received from PALS Surgeries across the Trust. Each piece of feedback is discussed and shared with the ward/team manager or deputy and resolved. Any concerning issues are also appropriately escalated.

Forensic Wards – low secure
Service user participation has slightly increased during this last quarter, and we have been able to collate some good feedback, which, when relating to the staff, has been mainly of a positive and complimentary nature. Staff have been mentioned as being kind and supportive, but service users feel there are not enough staff on shifts, which causes frustration around not being able to use the garden as it requires two staff members. Some service users feel that staff use too many acronyms, both verbally and written, which is confusing for those who are not aware of the full meaning. The activities are deemed as boring and service users feel there is not much on offer, especially at weekends. The wards are reported as very clean and warm enough, especially over the recent cold months. Service users report feeling safe on the wards.

When asked what they would change in order to make a positive difference to their inpatient stay, service users report they would like to see the visiting hours be more accommodating for those with children. There was also mention of a more varied food menu, especially for those who have allergies.

Forensic Wards – medium secure
Service user participation on these wards continues to be 'hit and miss', especially since having a drier spell in the weather, meaning a high number of service users are making the most of being outside, where applicable. Feedback relating to staff has been of a positive nature this quarter, with most service users finding them to be helpful, supportive and kind, although some did report that they did not appreciate being reprimanded by someone who was 20-30 years younger than them. Others felt that some staff did not treat all the service users equally but were unable to elaborate on this area.

The activities on offer seem to have increased and most service users are enjoying taking part, especially in cooking. Whilst bingo is a firm favourite, it was reported that the prizes have become low quality. A higher number of service users than usual shared that they do not feel safe on the wards at present, due to other service users' behaviour and incidents, however, they confirmed that the staff are quick to react and resettle the ward to calm environment.

It was reported that on one ward, the food portions had decreased in size and the quality was lacking, and Service Users shared that they were discouraged to report it to staff management. The other wards reported the food as being fine, with the portion sizes being ample.

When asked what they would change in order to make a positive difference to their inpatient stay, service users reported they would like to see a PS4 in the lounge area, daily access to the gym and for the sessions to start on time and for the staff to respond to service user requests more swiftly.

Mental Health Wards

Service user participation in this area remains high, with the feedback relating to staff being mainly of a positive nature, with service users reporting that staff are good, friendly, caring and very professional – especially the OT's. Other service users report staff to be disrespectful and lack compassion. Service users feel involved in their care and decision making, although a few have felt that their medication is not right.

The wards are reported to have a high standard of hygiene however, one was reported to have a lot of urine on the floor in the evenings, and this is not cleaned up until the morning, the reason given was for patient safety.

The food is generally considered as good, with satisfactory portion sizes, good variety and a good alternative to meat being offered. Some service users are bored of the salad options. The activities on offer are good, with some service users taking part in all, and others picking and choosing what to participate in. It was reported that staff encourage the service users to attend.

When asked what they would change in order to make a positive difference to their inpatient stay, some service users reported that they would find it beneficial to have more access to the ward social worker. There was also a suggestion to have quiche and potatoes to accompany a salad. Others reported the Wi-Fi is poor and needs a booster, whilst others feel it would be an improvement to have a higher quality mattress rather than one that feels like an airbed.

Community Hospitals

As is the norm, the feedback for this area remains of a very highly positive nature, especially in relation to the staff. They are reported to be very kind, polite, quick to respond and don't fear to go the extra mile, however, some service users have found some staff to be abrupt in their communication. The care provided is great and the Service Users feel very highly cared for. Unusually, in quarter 4, we have received some negative feedback relating to the food, with reports of it lacking quality and flavour and arriving cold.

The ward environment is of a very high hygiene standard and is warm enough for the time of year, with extra blankets being provided where necessary. There remains an overall feeling of happiness and satisfaction coming from the service users, with only one recommendation for improvement which was to be given a shower daily.

CAMHS

This area remains hit and miss with obtaining feedback however, the young people have shared that they feel their care and treatment are fine and the staff are good, with some being better than others. The activities are at times, better than others and one ward was very happy to have received new bats and balls however, they now require a new set of pool balls as they are unable to play pool at present.

It was reported that the PEW activities are stricter for some young people but not for others, which they do not feel is fair.

When asked what they would change in order to make a positive difference to their inpatient stay, it was reported that the young people would like more outside mindfulness activities to take part in, during all weather!

Analysis of themes from concerns and complaints

The Trust receives the most concerns and complaints in the category of;

- All aspects of clinical treatment (339) with most concerns about;
  - insufficient/quality of care in the community (180)
  - insufficient care/quality within inpatient settings (39)
  - medication (49).
- 126 cases related to staff attitude/behaviour (50 related to lack of professionalism, 25 related to hostile/rude and 25 uncaring/uncompassionate.
- 118 related to communication/information sharing.
- 104 related to waiting times.
- 45 related to discharge.

The table below shows the top 5 complaints/concerns by subject since 1 April 2022.

Top 5 complaints/ concerns by subject	Q1 22'23	Q2 22'23	Q3 22'23	Q4 22'23	Q1 23'24	Q2 23'24	Q3 23'24	Q4 23'24	Q1 24'25	Q2 24'25	Q3 24'25	Q4 24'25
All aspects of clinical care	70	66	89	101	88	91	74	77	69	72	91	78
Appointment/ referrals	16	9	14	20	18	11	13	6	10	6	9	19
Communication/ information sharing	24	32	19	41	17	20	20	24	29	22	26	28
Staff attitude/ behaviour	43	35	28	24	40	59	41	55	37	24	30	24
Waiting times	14	19	19	21	22	17	15	8	21	11	19	21

The 4 teams with the highest number of complaints, concerns and MP casework received in 2024-25 are highlighted below;

AMHT Oxon City & NE: 22 rapid resolution complaints, 6 low-level complaints and 7 MP enquiry. 11 cases related to insufficient care in the community, 5 related to discharge and 5 related to medication issues.

CAMHS Oxon NDC Pathway: 16 rapid resolution complaints and 14 MP enquiries. 25 of these cases related to waiting times.

GP OOH: 18 rapid resolution complaints, 7 low-level complaints, 2 high-level complaint and 1 MP enquiry. 8 related to staff attitude/behaviour, 4 related to diagnosis, 3 related access to OOH and 3 related to medication issues.

AMHT Bucks Aylesbury Team: 17 rapid resolution complaints, 3 low-level complaints and 2 MP enquiries. 9 related to insufficient care in the community and 5 related to staff attitude/behaviour.

Next steps

- To continue to support the embedding of the NHS Complaints Standards across the Trust.
- To improve the timeliness of responding to complaints and concerns.
- To work with directorates to focus on learning from complaints and concerns and how to share learning across teams and services.
- A focus for 2025-26 on celebrating compliments and sharing learning from good practice across services.

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	17(b)
Report title:	Director of Infection Prevention and Control Annual Report
Executive sponsor(s):	Britta Klinck, Chief Nurse
Report author(s):	Dr Helen Bosley, Nurse Consultant and Head of Infection Prevention & Control
Action this paper is for:	☑ Decision/approval ☐ Information ☐ Assurance
Reason for submission to the Board:	Regulatory requirement of the Health and Social Care Act 2008
Public or confidential:	Public

Executive summary

Each year the Director of Infection Prevention and Control (DIPC) is responsible for producing an annual report. The purpose of the report is to inform the Trust Board of progress in delivering the Infection Prevention and Control (IPC) Programme within the Trust. This includes providing assurance to the Trust that appropriate measures are being taken to maintain the safety of patients, service users, staff, and visitors and to agree the action plan for sustained reduction and improvements in Healthcare Associated Infections (HCAI). The following report provides assurance on the Infection Prevention and Control Programme and activity for 2024/25.

Summary of key achievements:

- The Trust remains overall compliant with the Health and Social Care Act: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (The Hygiene Code) and CQC regulations 12 and 15.
- Resources and controls to support the prevention and control of healthcare associated infections are in place and the level of assurance is high. Assurance is provided through implementation of the annual work programme with quarterly reports and exceptions reported to the Infection Prevention Control and Decontamination Committee (IPCDC), Trust Quality and Clinical Governance and Quality Committee.
- The Infection Prevention and Control Team (IPCT) continues to build on collaborations, with partner organisations, across the Buckinghamshire Oxfordshire Berkshire West (BOB), Integrated care System (ICS). This is in addition to the contributing to regional/national mental health/community Trust IPC networks.

- Continuation of mandatory surveillance reporting, and investigation for all organisms that are subject to mandatory reporting. These include MRSA (Methicillin-resistant Staphylococcus aureus), MSSA (Methicillin-sensitive Staphylococcus aureus), *Clostridiodes difficile*, invasive group A *Streptococcus* (iGAS), and Gram-negative bloodstream infections (*Escherichia coli, Klebsiella species, Pseudomonas aeruginosa*). All cases of these infections are investigated, learning shared and action plans implemented where applicable.
- Continued development of Trust infection prevention and control (IPC) surveillance system for HCAIs.
- Completion of Trust in-house point prevalence survey (PPS), the results of which will be used to inform future IPC and quality improvement projects.
- Extensive audit program via the Trust online system (AMaT), including hand hygiene and Aseptic Non touch Technique (ANTT).
- All inpatient areas and other high-risk areas had annual infection prevention and control audits completed, which measured compliance with standards of infection prevention and control practice. Areas audited included: 33 inpatient areas, 9 Urgent Care areas, 14 Podiatry Clinics and 9 Dental Clinics. Audit results demonstrated sustained improvement.
- Infection prevention and control education continues to be a priority. Mandatory training is provided to all Trust staff as E-learning and/or online training via teams as per the training matrix.
- The IPCT undertakes wider teaching including, care certificate, peer support and band 2-4 induction, and IPC champions.
- The IPCT held a Trust wide IPC study day, in October 2024. The event was well attended and evaluated.
- Three posters were presented at the international Infection Prevention Society (IPS) conference (September 2024)
- The IPCT presented improvement project posters at two Trust QI conferences.

Report history / meetings this item has been considered at and outcome
An annual DIPC report is a mandated Board report. This report was reviewed and approved by the Infection Prevention Control and Decontamination Committee on 24th April 2025 and also by the Quality Committee on 1st May 2025, which recommended the report to the Board for final approval.

Recommendation(s)
Board approval and sign off.

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑Safe	☐Effective	☐Caring	☐Responsive	☐Well-led

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ BAF	☐ TRR
Equality, diversity and inclusion	No	
Legal and regulatory	Yes Health and Social Care Act (2008), National Standards for Healthcare Cleanliness (2021), CQC Regulations 12: Safe Care and Treatment and the CQC Regulation 15: Premises and Equipment	

Director of Infection Prevention and Control

Annual Report

April 2024 – March 2025

Executive Summary:

Under the Health & Social Care Act: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance, the Director of Infection Prevention and Control (DIPC) is responsible for producing an annual report. The purpose of the report is to inform the Trust Board of progress in delivering the Infection Prevention and Control (IPC) Programme within the Trust. This includes providing assurance to the Trust that appropriate measures are being taken to maintain the safety of patients, service users, staff, and visitors and to agree the action plan for sustained reduction in Healthcare Associated Infections (HCAI). The following report provides assurance on the Infection Prevention and Control Programme and activity for 2024/25.

Summary of key achievements:

- The Trust remains overall compliant with the Health and Social Care Act: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (The Hygiene Code) and CQC regulations 12 and 15.
- Resources and controls to support the prevention and control of HCAIs are in place and the level of assurance is high. Assurance is provided through the implementation of the annual work programme with quarterly reports and exceptions reported to the Infection Prevention Control and Decontamination Committee (IPCDC), Trust Quality and Clinical Governance and Quality Committee.
- Continuation of mandatory surveillance reporting, and investigation for all organisms that are subject to mandatory reporting. These include MRSA (Methicillin-resistant *Staphylococcus aureus*), MSSA (Methicillin-sensitive *Staphylococcus aureus*), *Clostridiodes difficile*, invasive group A *Streptococcus (iGAS)*, and Gram-negative bloodstream infections (*Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*). All cases of these infections are investigated, learning shared and action plans implemented where applicable.
- Continued development of Trust IPC surveillance system for HCAIs.
- Completion of Trust in-house point prevalence survey (PPS), the results of which will be used to inform future IPC and quality improvement projects.
- Extensive audit program via the Trust online system (AMaT), including hand hygiene and Aseptic Non touch Technique (ANTT).
- All inpatient areas and other high-risk areas had annual infection prevention and control audits completed, which measured compliance with standards of infection prevention and control practice. Areas audited included: 34 inpatient areas, 9 Urgent Care areas; 13 Podiatry Clinics, 9 Dental Clinics, 14 Outpatient areas and 22 Clinical standalone rooms. Audit results demonstrated sustained improvement.
- Infection prevention and control education continues to be a priority. Mandatory training is provided to all Trust staff as per the training matrix via E-learning and/or online training via teams

- The Infection Prevention and Control Team (IPCT) undertake wider face to face teaching including, care certificate, peer support and band 2-4 induction, and IPC champions.
- The IPCT continued to build on collaborations, with partner organisations, across the Buckinghamshire Oxfordshire Berkshire West (BOB), Integrated care System (ICS). This is in addition to the contributing to regional/national mental health/community Trust IPC networks.
- The IPCT held a Trust wide study day in October 2024. The event was well attended and evaluated.
- Three posters were presented at the international Infection Prevention Society (IPS) conference (September 2024)
- The IPCT presented improvement project posters at two Trust Quality Improvement (QI) conferences.

The report summarises the work of the IPCT to ensure we deliver the highest standards of patient care possible whilst preventing harm to everyone from healthcare associated infections.

Britta Klinck
Chief Nurse
Director of Infection Prevention and Control (DIPC)

Dr Helen Bosley
Nurse Consultant IPC
Deputy DIPC

With thanks, contributions to this report were received from:
John Campbell – Head of Nursing, Community services:

- Section 5.9 - Sepsis workstream
- Section 12- Decontamination

Iga Ciesielska, Lead pharmacist Antimicrobial Stewardship (AMS):

- Section 8 - Antimicrobial Stewardship

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1. Introduction

The Trust maintains a comprehensive programme of infection prevention and control (IPC) activities which have supported a declaration of compliance with the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance, Care Quality Commission (CQC) regulation 12 (Safe care and treatment) and 15 (Premises and equipment).

The Act requires that the Board of Directors have a Board-level agreement outlining the Boards' collective responsibility for minimising the risks of infection and the general means by which it prevents and controls/reduce such risks.

2. Overview of infection prevention and control service

The IPCT (figure 1) is led by the Director of Infection Prevention and Control (DIPC) and the team members are:

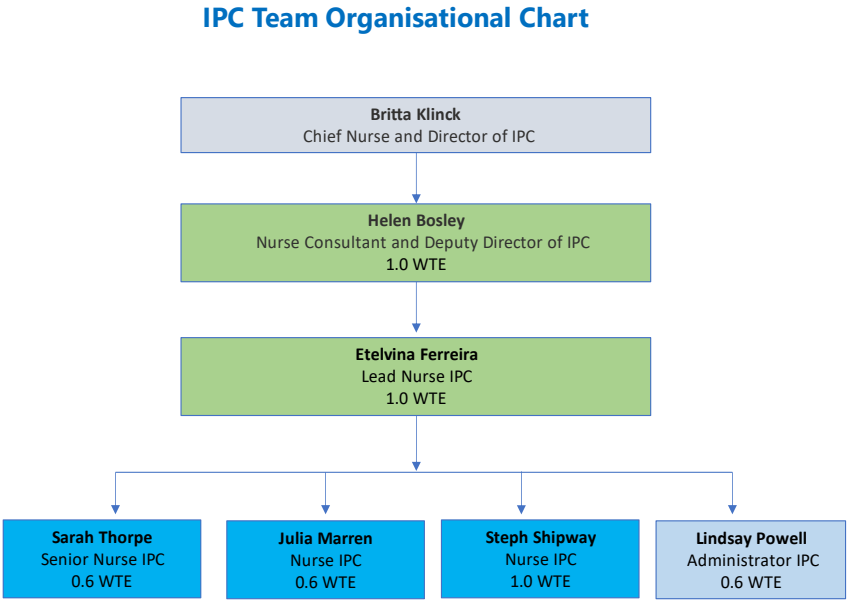


Figure 1: IPC Team Organisation Chart

The IPCT continues to work hard to strengthen and develop links with all services. This has resulted in raised awareness and improved knowledge of IPC across the Trust. The IPCT is responsible for the Trust HCAI surveillance system, and for devising and reviewing/updating the Trust IPC policies, procedures, and guidelines. The team supports the IPC champions network, and the clinical and non-clinical services in all IPC matters. The IPCT is also responsible for providing IPC advice, formal and ad hoc education, dissemination of best practice, and monitoring of practice compliance with national standards. Out of hours advice and support is provided via a service level agreement (SLA) with Oxford University Hospitals (OUH) NHS Foundation Trust with a designated IPC Consultant. The SLA is for two sessions from a Consultant Microbiologist every week and 24hr/7day week on call microbiology service.

3. Governance arrangements

3.1 Reporting to the Trust Board

The IPCT provides updates through the monthly IPC update meeting and the weekly governance review meeting, chaired by the Chief Nurse (DIPC)/ deputy Chief Nurse. The DIPC also directly reports any issues, by exception, to the Trust Board or through the governance structure. Quarterly IPC reports are presented at the Trust Quality and Clinical Governance subcommittee, and additional reports are presented at the Quality committee as required.

3.2 Infection Prevention, Control and Decontamination Committee (IPCDC)

The Trust has an Infection Prevention, Control and Decontamination Committee (IPCDC) which meets every quarter. In 2024/25 the IPCDC met on 25th April 2024, 25th July 2024, 17th October 2024, and 23rd January 2025. The IPCDC is accountable to the Quality and Clinical Governance subcommittee.

IPCDC monitors compliance with IPC and decontamination requirements. The IPCDC also monitors the IPC annual work programme (appendix 1), ensures that infection prevention and control issues are addressed and that compliance with the Health and Social Care Act is maintained. The IPCDC has terms of reference which are reviewed annually (appendix 2). Committee membership include the DIPC, IPCT, Modern Matrons, Clinical leads, Pharmacy, Facilities and Estates managers, Service Leads, Occupational Health, and other departments as required according to the agenda. There are also external representations from the Integrated Care Board (ICB) IPC lead and designated OUH IPC Consultant.

4. Policy and Procedures

The IPCT monitor compliance with the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections. This includes an ongoing rolling programme to ensure all IPC policies and procedures are update to and reflect the latest national guidance. The IPCT also ensure compliance specifically with CQC regulations 12 and 15, which outline the essential standards required.

The Health and Social Care Act 2008: code of practice on the prevention and control of infections was nationally updated on 13/12/2022. The IPCT undertook a comprehensive gap analysis, and an action plan has now been completed this year. This has been monitored through the IPCDC meetings.

Policies and procedures reviewed, updated, and approved during 2024-25 were:

- Outbreak management procedure (July 2024)
- Management of Resistant and Multi-Drug Resistant Organisms (October 2024)
- Standard Infection Precautions (January 2025)
- Isolation and Transmission Based Precautions (January 2025)

All these procedures and ‘At a Glance’ guides are available to staff via the Infection Prevention and Control intranet page.

The National Infection Prevention and Control board assurance framework (BAF) was issued by NHS England for use by healthcare providers. The purpose of the BAF, updated in March 2023, is to enable organisations to ensure an evidence-based approach is used to maintain the safety of patients, services users, and staff. The Trust associated action plan has now been completed and has been monitored through the IPCDC meetings.

5. Local service improvement

5.1. Staff information

The intranet page is continually reviewed, updated, and developed with new and relevant information for staff to access. It contains all IPC policies and procedures, the annual audit programme, relevant patient information leaflets, quarterly IPCT newsletters, IPC champions resources, IPCT contact details and management of outbreaks information. It is promoted in mandatory training as an easily accessible resource for staff.

There continues to be a dedicated COVID-19 IPC page which is reviewed and updated as required. The IPCT ensure all relevant information for staff is collated and held in one easy to find place. Direct links to the dedicated pages are available via the weekly communications bulletin in order that all staff have immediate access to any changes in IPC/ PPE guidance.

5.2 Patient information

Patient information leaflets, developed and reviewed by the IPCT and patient groups, are available via the IPC intranet page. Patient information leaflets have QR codes, which are used widely in society and reduce the need for printing, thus supporting waste reduction and sustainability agenda.

5.3 IPC dashboard and risk assessments

The IPCT is working with the EMIS/RIO team to review the IPC risk assessment on patient admission and during the inpatient stay. Completing this admission assessment is crucial to assess the patient’s risk of acquiring or transmitting an infection and influences safe patient placement. The IPC risk assessment for community inpatient wards is now available on EMIS and being completed. Work is in progress to add the IPC risk assessment for mental health inpatient wards, on RIO (via eObs).

To enhance infection prevention and control safeguards, a new IPC dashboard has been developed on TOBI. This dashboard consolidates all IPC incidents in one place, thereby

providing a clear and comprehensive view of trends. It also supports managers in monitoring, analysing, and managing IPC data effectively.

Key features of the dashboard include:

- **Incident Categories** – Classifying infection incidents for detailed analysis.
- **Severity Levels** – Prioritizing incidents based on their impact.
- **Real-time Updates** – Ensuring up-to-date information is available for decision-making.
- **Data Visualization** – Using charts, and trend graphs to display infection trends clearly.

To further strengthen IPC practice, plans are in place to:

- **Integrate Training Data** – Tracking staff participation in IPC programs.
- **Include Infection Prevention Audit Data** – Assessing compliance with IPC protocols and standards.

The expected benefits of these additional measures include:

- **Improved Monitoring & Response** – Managers can quickly identify trends and take proactive measures.
- **Better Decision-Making** – Data-driven analysis support targeted interventions.

The IPC dashboard on TOBI is a significant innovation that streamlines infection data management. With planned enhancements, it will further support IPC measures by linking incidents, training, and audits for a holistic IPC strategy.

5.4 Process mapping for diagnostic testing

The IPCT is involved in a project to join the laboratory requesting systems of the five Trusts providing these services to Oxford Health. These are Oxfordshire University Hospital, Buckinghamshire Healthcare, Milton Keynes General Hospital, Great Western Hospital and Royal Berkshire Hospital. The joining of these systems will allow staff and the IPC team to review patients results, accessing different laboratory services. This will enable simplification for ordering diagnostic tests and prompt reviewing the any specimen results.

5.5 Learning from patient safety incidents

All patients post infection reviews are completed via the Ulysses online reporting system. The IPCT are involved in reviewing patient safety incidents and work with colleagues in the Trust and across BOB to ensure shared learning.

In collaboration with the Patient Safety Team, and to strengthen this workstream on learning from incidents and improve decision-making the following actions have been taken:

- A revised IPC incident reporting flowchart linked to the national Patient Safety Incident Review Framework (PSIRF) process to reflect the improvements implemented this year.
- A new quarterly IPC incidents report.
- A new action plan linked with IPC incidents have been implemented. The online IPC action plan promotes a system to track trends in learning and monitor progress on action plans, ensuring continuous improvement in infection prevention.
- Review of the incident learning forms to align with the new action plan.
- A new monthly action plan report which enables the Governance team to monitor progress.

All learning outcome actions plan will:

- Identify and track learning trends to help identify any recurring issues and assess the impact of training.
- Monitor action plan progress ensuring timely implementation of corrective measures.
- Enhance data accessibility which provides managers with easy access to relevant information for informed decision-making.

The Action Plan Monitoring on the Trust Ulysses System marks a significant step in IPC. This coordination of data sources provides a structured, data-driven approach to monitoring incidents, tracking learning trends, and ensuring action plans are effectively implemented. With future enhancements, these systems will further strengthen IPC efforts across the organization.

5.6 Service Improvement

5.6.1 Dental service improvement

The dental service has developed service improvements across the Trust. These include:

- Infection prevention dental lead and deputy infection prevention dental lead have completed the IPC Dental training level 2, Deputy Infection Lead is currently completing Dental IPC lead level 3 via The Dental Nurse Network
- Dental out of hours urgent care manager due to complete Dental IPC lead training level 2 & 3

- Dental out of hours urgent care manager due to complete hand hygiene training and carry out audits with the Dental OOH service
- Dental Nurse leads to complete the Dental IPC Lead training, level 2 via The Dental Nurse network- completion date by January 2026
- 10 nominated IPC champions for the dental service
- New ANTT lead in place for the sedation procedures
- Bi-annual dental audit (instead of annual) carried out, new process implemented and rolled out within the dental service
- Audit questions reviewed and amended to meet regulation
- Moved from clinical waste bags to tiger bags
- A review and update of the Oxfordshire Community Dental Service Infection Prevention and Control and Decontamination Guidelines which identified some issues with the decontamination of sedation equipment. Prompt action was taken to address these issues and included:
    - decontamination connectors for the washer-disinfectors ordered, and awaiting installation, to meet decontamination needs at East Oxford, Didcot and Murray House sites
    - single use equipment to be used at all other dental sites where the washer-disinfectors do not have the option for the connectors to be added
- Review of the washer-disinfectors functionality/ageing/replacement programme - as and when these need to be replaced, we will look to find equipment that can process sedation equipment, to allow us to move away from single-use equipment to improve sustainability
- New system coloured clean (green) and dirty (red) instrument boxes order to improve decontamination process across all dental sites
- Luther Street dental room refurbishment - due for completion by late Spring 2025
- New IPC compliant trollies have been ordered for use in Dental GA theatre sessions at the John Radcliffe Hospital, to replace aging equipment
- Input from the IPC team in decontamination process for in-hours and out of hours services running from East Oxford Health Centre, including review of instrument storage.

5.6.2 Collaboration with other services

The IPCT have been working with other services to improve practice and patient safety. These include:

- Development of the Peripherally Inserted Central Catheter (PICC) line care standard operating procedure. This was in collaboration with the learning and development practice educators, clinicians and the OUH intravenous specialist team.

- Development of the Central line standard operating procedure for children seen in the community. This was in collaboration with the learning and development practice educators, clinicians and the OUH intravenous specialist team.
- Working with and training new podiatry staff in completing the hand hygiene audit
- Working with learning and development and the external provider company to review and embed IPC elements into the Virtual reality training scenarios
- Working with pharmacy and performance and information colleagues to produce a weekly report of electronic prescribing (epma), which captures the number, type and use of antibiotics within mental health inpatient wards.

5.7 Health economy partnership

The IPCT continues to develop and work collaboratively with other healthcare providers and are actively engaged in participating, and expanding networks locally, regionally, and nationally.

This has included:

- Regional and national meetings with NHS England (NHSE).
- National and regional specialist mental health/community forums.
- System meetings across BOB ICS.
- BOB wide IPC nurse network.

Collaboration across the BOB ICS has resulted in a joint patient information leaflet regarding appropriate use of antibiotics. Improved communication and patient flow have highlighted the improved outcomes for patients and their families when the system works together.

5.8 Poster presentations in conferences

Three posters were accepted for the international Infection Prevention Society (IPS) conference (September 2024).

These were:

- The importance of professional networking to enhance and support IPC practitioners

  (led by the Trust IPCT and in collaboration with Berkshire Healthcare NHS Foundation

  Trust and Royal Berkshire NHS Foundation Trust)
- A phased approach to glove reduction in a community and mental health Trust
- Urinary tract infection (UTI) Surveillance in a Community & Mental Health Trust: Findings from Year 1

The IPCT also participated in a Trust QI webinar regarding glove reduction and two posters were presented at Trust QI conferences.

These were:

- Glove reduction presented at the Trust QI conference (October 2024).
- Oral health project presented at the community hub conference (November 2024).

5.9 Sepsis Pathway

The Trust has identified that the early recognition and management of sepsis is a Quality Priority for 2024-25.

An electronic version of the NEWS2 tool has been developed and is embedded within the Rio electronic patient record within mental health. Future work will scope the feasibility of integrating this within the EMIS electronic patient record in community settings.

The Trust has developed a Sepsis Strategy, the implementation of which is overseen by a Sepsis Strategy Steering Group the membership of this group is made up of representatives from across all Directorates. This group reports into the Trust Physical Health Group which is chaired by the Deputy Director of Quality and Clinical Standards

The recognition of sepsis and appropriate responses will be tailored to each healthcare setting i.e. community, mental health, to ensure timely appropriate management and escalation.

This approach will be supported using training provided by the Sepsis Trust which can be integrated into the Trust Learner management system for the purposes of monitoring and audit.

5.10 Aseptic Non Touch Technique (ANTT)

As part of a Quality Improvement project, the IPCT has been leading a Trust wide workstream to support and standardise Aseptic Non-Touch Technique (ANTT) practice across the clinical directorates started in 2022. Initial work involved a detailed GAP analysis of the ANTT practice and included extensive engagement with community teams, physical health leads (mental health) and learning and development teams.

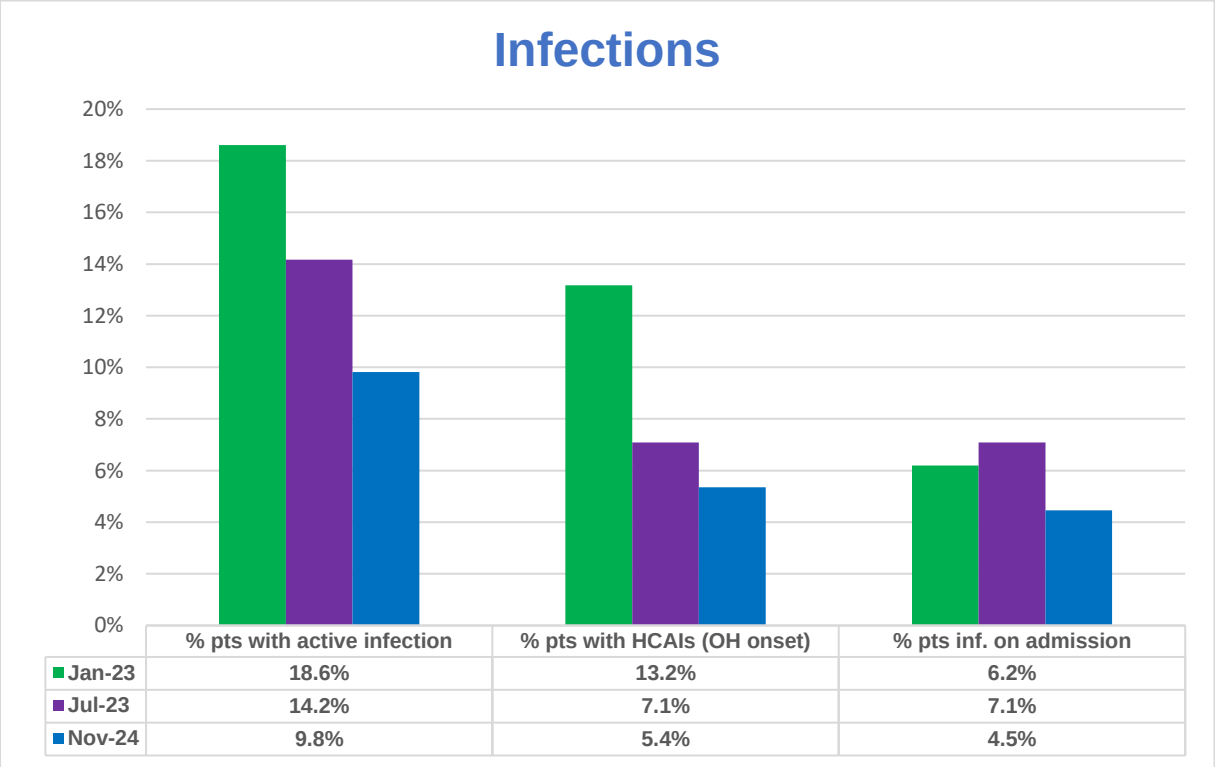
Actions taken for the project this year included:

- A new ANTT matrix, as part of the work with the learning and development team to move ANTT training to the compulsory matrix for appropriate clinical staff and improve training compliance monitoring.
- Identifying gaps in the competencies monitoring process
- Working with the learning and development team on ANTT train the trainer – maintaining and training new ANTT leads.

6. Healthcare Associated Infections (HCAIs) – surveillance organisms

6.1. Local Trust point prevalence survey

As the national point prevalence survey (PPS) is not regularly completed, the Trust IPCT completed an annual inhouse PPS based on existing national protocols in November 2024. Previous inhouse PPS were completed in January and July 2023 (figure 2) for the eight community inpatient wards which have the highest cases of infections.



	% pts with active infection	% pts with HCAIs (OH onset)	% pts inf. on admission
Jan-23	18.6%	13.2%	6.2%
Jul-23	14.2%	7.1%	7.1%
Nov-24	9.8%	5.4%	4.5%

Figure 2: Trust PPS data to date

A summary of the PPS data is presented in table 1.

There were less patients with active infections in November 24 (11) than January 23 (27) and July 23 (18). This equates to a HCAIs prevalence of 5.4% in Nov 2024 compared to 13.2% (January 23) and 7.1% (July 23). The National HCAIs prevalence for the Community and Mental Health Trust in the 2023 PPS was 5.1%.

The respiratory infections were the most common community infections (four chest infection, one skin infection and one bone and joint infection).

The urinary tract infections (UTI) were the cause of all hospital onset infections (six). These finding are in line with the data reported on the National PPS 2023.

Table 1: Summary of the results for all point prevalence surveys

PPS Summary Data			
	January 23	**July 23**	**November 24**
Pts average age	82	78	81
% female pts	61.2%	60.6%	65.2%
% male patients	38.8%	40.2%	34.8%
% pts on antibiotics	14.7%	17.3%	12.5%
% pts receiving prophylaxis antibiotics	1.6%	3.1%	3.6%
% pts with urinary catheter	24.8%	24.4%	21.4%
% pts with active infection	18.6%	14.2%	9.8%
No. active infections	27	18	11
% pts with inf – HCAIs (OH)	**13.2%**	**7.1%**	**5.4%**

The differences between the data sets may be due to seasonal variation as patients may be more susceptible to viral/bacterial respiratory infections during colder/winter months. It was also a point prevalence survey therefore the data only shows a snapshot of infections within a defined timeline.
The IPCT intend to repeat a Trust inhouse PPS on an annual basis to build a comprehensive database and identify and explore areas where further improvement work may be beneficial.

6.2 MRSA bacteraemia

There have been no cases of MRSA (Methicillin-resistant *Staphylococcus aureus*) bacteraemia this year, which is the same as 2023/24.

6.3 MSSA bacteraemia

There have been no Trust cases of MSSA (Methicillin-sensitive *Staphylococcus aureus*), which is the same as 2023/24. There were four community bacteraemia cases this year.

6.4 Gram negative organism bacteraemia

The increase in gram negative bacteraemia infections is a national concern and in response the Department of Health (2016) introduced mandatory surveillance of bacteraemia infections caused by gram negative organisms including: *E. Coli, Pseudomonas* and *Klebsiella*. There was a national ambition to halve healthcare associated Gram-negative bloodstream infections by 2023 to 2024 (HM government, 2019: 'UK 5-year action plan for antimicrobial resistance 2019 to 2024').

6.4.1 *E.Coli* bacteraemia

There were 10 cases of *E. Coli* bacteraemia patients identified in the Trust in 2024/25. Three cases were for inpatients and Trust acquired and seven patients had community acquired infections and were seen in Emergency Multidisciplinary Units (EMUs). The

underlying cause for this organism is extremely hard to determine, however, the likely sources in seven cases were urinary tract, in two cases gastrointestinal, and one unknown. All cases were thoroughly investigated. The number of community cases last year (2023/24) was four.

6.4.2 *Pseudomonas* bacteraemia

There have been no cases of *Pseudomonas* bacteraemia this year, which is a decrease from last year when there were three Trust cases.

6.4.3 *Klebsiella* bacteraemia

There was one Trust case of K*lebsiella* bacteraemia identified this year and four community onset cases. The likely sources were the urinary tract. In 2023/4 there were two cases of K*lebsiella* bacteraemia, one Trust case and one community case.

6.5 Invasive Group A *Streptococcal* infection (iGAS)

The incidence of group A *streptococcal* infections has remained present this year which has led to hospitals admissions and patient deaths.

There have been no Trust cases. There have been eight community cases who were identified with iGAS on admission to the acute Trusts (Oxford/Reading) from home. All these patients were receiving care from community services (podiatry and/or district nursing) for long standing leg ulcers. Following in depth analysis and further typing of the microorganisms by UKHSA, the cases were not linked to each other and no further actions were identified.

6.6 *Clostridioides difficile* infection (CDI)

Oxford Health NHS Foundation Trust contributes few cases of *Clostridioides difficile* to the overall BOB prevalence.

The final number of cases by the end of March 2025 was 10 cases. Six cases were Trust acquired and four were community acquired.

This is a slight increase for Trust cases from the preceding year (four Trust and five community). A reduction in *Clostridioides difficile* remains a national objective.

In every CDI case, a comprehensive review of the care of the patient and the ward environment is undertaken and any learning fed back to the clinicians, wards and areas concerned. Antimicrobial prescribing is reviewed by the pharmacist and, when required the OUH Consultant Microbiologist, to ensure antibiotic appropriateness and any identified actions are taken. The learning reviews are uploaded via a Ulysses incident report for further review and discussion by the teams.

6.7 Other infections

6.7.1 Norovirus

There has been sustained norovirus activity in 2024/25 (table 2) which reflects the increase in national prevalence. There four Diarrhoea & Vomiting outbreaks and three confirmed Norovirus outbreaks in 2024/25.

Table 2: Norovirus cases in 2024/25

Ward	Month	No. of patients	No. of staff	Confirmed in laboratory
Amber	May 2024	2	0	No
Didcot	May 2024	2	1	No
Glyme	September 2024	6	1	Yes
Cherwell	December	3	0	No
Vaughan Thomas	December 2024	3	3	No
Didcot	March 2025	9	8	Yes
Sandford	March 2025	8	8	Yes

6.7.2 Viral respiratory infections

This winter has seen an increase, both nationally and locally, in the incidence of influenza A and B and Respiratory Syncytial Virus (RSV).

There were two confirmed outbreaks of influenza A. One was at Bicester community hospital, in November 2024, affecting four patients and 12 staff and the other was Allen ward, in February 2025, affecting 3 patients and one member of staff.

There were two outbreaks of RSV. One at Didcot in January 2025 affecting three patient and two staff members, and one at Bicester, in February 2025, affecting four patients and three staff.

The IPCT continued to build on respiratory infection surveillance system (table 3). The higher cases reflect the increase in community prevalence. All cases were closely monitored by the IPC team, and safe IPC management guidance provided.

Table 3: Summary of Trust and community acquired respiratory infections in 2024/5

Respiratory Infections	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	TOTAL (YTD)
Trust acquired Influenza	0	0	0	0	0	0	0	7	4	5	1	0	17
Trust acquired RSV	0	0	0	0	0	0	0	1	4	8	3	1	17
Trust acquired other Resp. infections	3	6	7	1	3	5	8	14	5	7	17	3	79
Other Trust Influenza	0	0	1	0	0	0	0	0	2	1	3	1	8
Other Trust RSV	0	0	0	0	0	0	0	0	0	4	0	0	4
Other Trust other resp. infection	0	0	0	0	1	0	2	0	0	0	1	0	4
Community acquired Influenza	0	0	0	0	0	0	0	0	16	11	8	2	37
Community acquired RSV	0	0	0	0	0	0	0	3	3	2	2	1	11
Community acquired other Resp. infections	5	5	3	2	1	3	3	4	6	10	11	8	61
TOTAL	8	11	11	3	5	8	13	29	40	48	46	16	238

6.7.3 Tuberculosis

In June 2024, there was an inpatient on Sapphire Ward identified with tuberculosis (TB) following assessment at Stoke Mandeville Hospital. Following discussion with UKHSA, a full review was undertaken, and the risk was deemed low. No action was required and there were no further cases.

In July 2024 there was a staff member identified with TB and the IPCT and Occupational Health team completed a thorough review. No action was required.

In February 2025 there was another staff member identified with TB and the IPCT and Occupational Health team completed a thorough review. No action was required.

6.7.4 Urinary tract infections

The IPCT have developed an inhouse urinary tract infection (UTI) surveillance system. This is to understand the prevalence and underlying causes of UTI's which are a major HCAI (table 4). All cases were closely monitored by the IPC team, and safe IPC management guidance provided.

The surveillance records positive microbiology results from the OUH laboratories. Although all UTIs are reviewed, only cases acquired from day 3 of admission onward are recorded as Trust acquired.

Table 4: Summary of Trust UTIs in 2024/25

UTI Surveillance Data	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total (YTD)
Total number of UTIs	38	30	22	22	21	19	21	20	41	32	29	36	**331**
Total number of UTIs Developed in Service	**29**	**20**	**17**	**16**	**13**	**15**	**18**	**17**	**20**	**20**	**21**	**16**	**222**
Total number UTIs attributed to Other Trusts	0	0	0	0	0	1	1	0	2	1	1	1	**7**
Total number UTIs attributed to Community	9	10	5	6	8	3	2	3	19	11	7	19	**102**
Total number of UTIs confirmed with microbiology	25	25	18	16	13	14	16	12	25	20	21	20	**225**
% of diagnosis based on microbiology	65.8%	83.3 %	81.8%	72.7%	61.9%	73.7%	76.2%	60.0%	61.0%	62.5%	72.4%	55.6%	**68.0%**
Total patients with catheter (including intermittent - ISC)	21	11	9	9	6	11	34	6	17	18	23	19	**184**
% Catheterisation	38.9%	28.2 %	24.3%	29.0%	20.0%	45.8%	97.1%	15.4%	30.4%	28.6%	29.9%	32.8%	**33.9%**
Total of CAUTIs	14	6	3	6	3	5	17	5	10	7	8	8	**92**
% CAUTI	36.8%	20.0 %	13.6%	27.3%	14.3%	26.3%	81.0%	25.0%	24.4%	21.9%	27.6%	22.2%	**27.8%**

It will be possible to further improve the UTI surveillance system once the electronic prescribing system is fully implemented across the Trust, as antibiotic prescribing will be available to identify the treatment of clinically diagnosed infections.

7. COVID-19

The impact and prevalence of COVID-19 continues to affect healthcare services. The IPCT has maintained COVID-19 case surveillance and ensured information and guidance has remained accessible and current. This guidance is available on the intranet designated COVID-19 pages.

7.1 Classification of COVID infections

Daily data review is in place with verification provided by the IPCT, prior to any national reporting.

The Trust has followed the National guidance for case classification and onset.

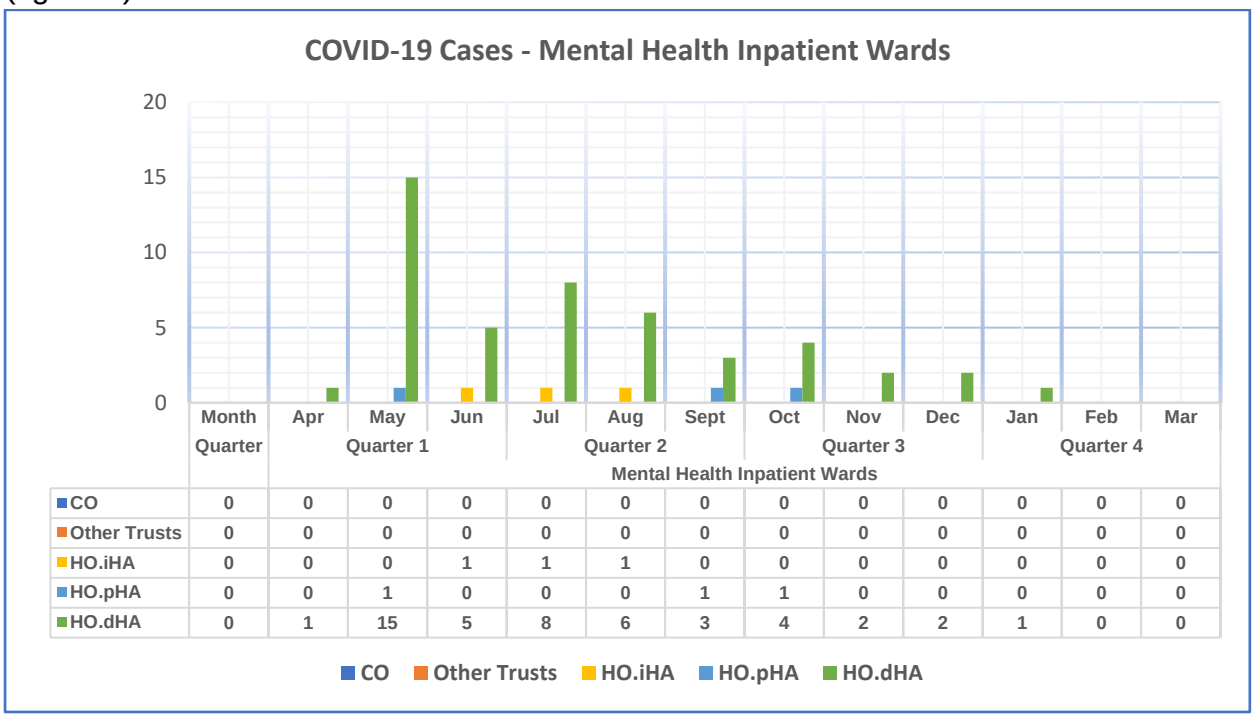
- Community-Onset (CO) - positive specimen date <=2 days after hospital admission or hospital attendance
- Hospital-Onset Indeterminate Healthcare-Associated (HO. iHA) - positive specimen date 3-7 days after hospital admission
- Hospital-Onset Probable Healthcare-Associated (HO. pHA) - positive specimen date 8-14 days after hospital admission
- Hospital-Onset Definite Healthcare-Associated (HO. dHA) - positive specimen date 15 or more days after hospital admission.

7.2 COVID cases and activity

7.2.1 Cases

There have been 181 COVID-19 cases throughout 2024/25 of which 119 (66%) patients were identified, according to the national classification (see 7.1), as probable or definite Trust onset, 29 were identified as indeterminate, and 33 patients were admitted as positive either from acquisition in the community or known positive on transfer from another healthcare provider.

Of the 119 probable or definite Trust positive patients, 50 patients were identified in mental health wards (figure 3) and 69 were patients identified in community hospitals (figure 4).



Mental Health Inpatient Wards													
Month		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Quarter		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
CO	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Trusts	0	0	0	0	0	0	0	0	0	0	0	0	0
HO.iHA	0	0	0	1	1	1	0	0	0	0	0	0	0
HO.pHA	0	0	1	0	0	0	1	1	0	0	0	0	0
HO.dHA	0	1	15	5	8	6	3	4	2	2	1	0	0

Figure 3: Classification of COVID-19 positive cases in mental health wards 2024/25

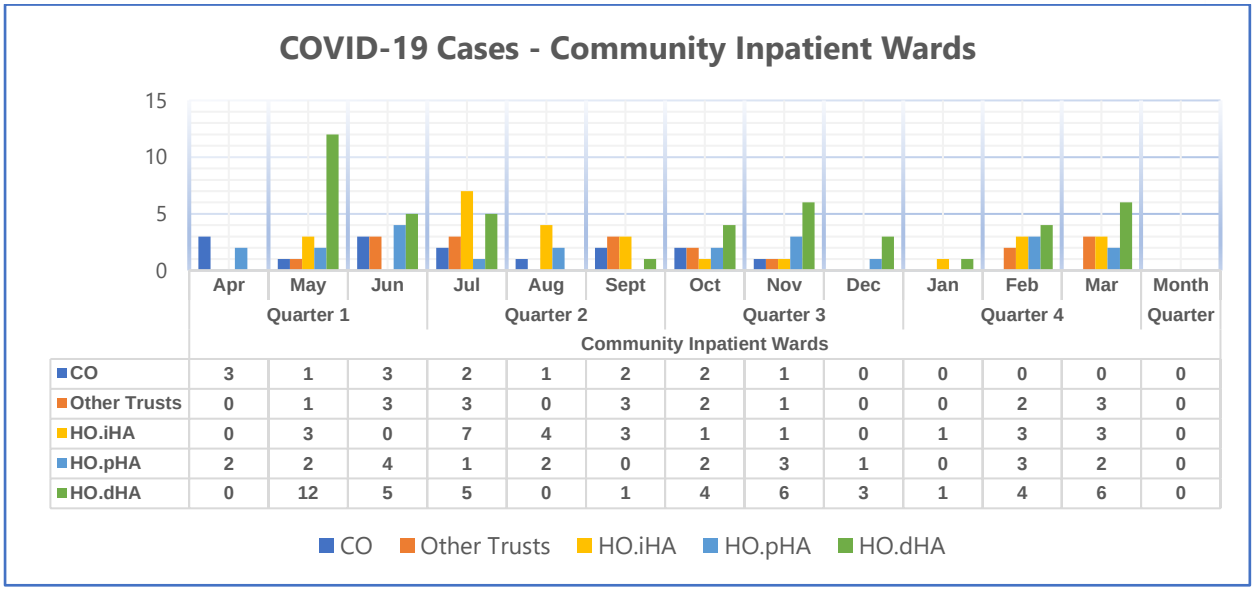


Figure 4: Classification of COVID-19 positive cases in community wards 2024/25

An overall summary of COVID-19 **cases** in the Trust (2020-25) is presented in Figure 5.

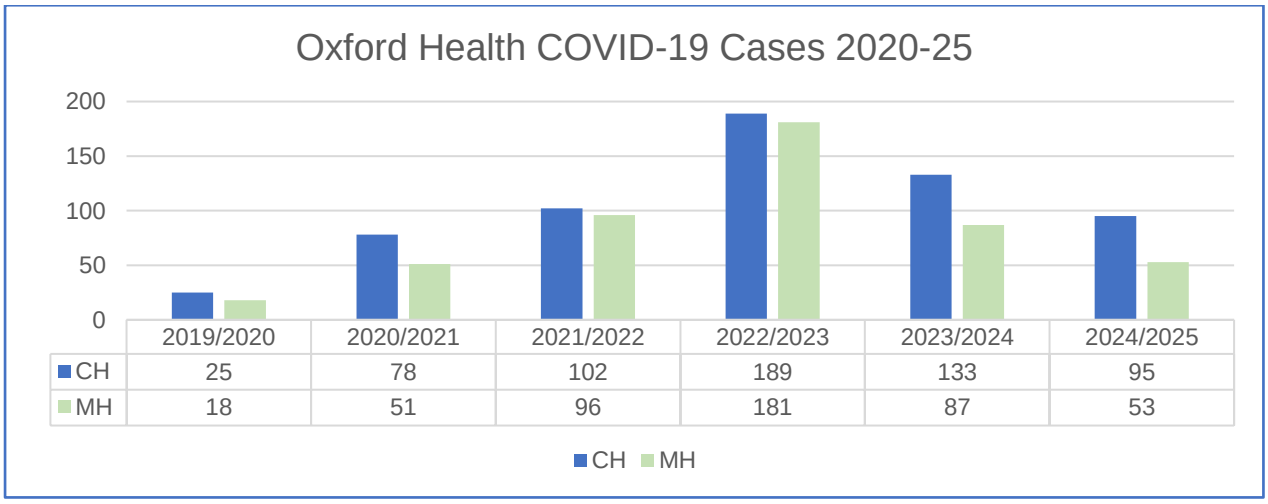


Figure 5: Summary of COVID-19 cases for the years 2020-25.

7.2.2 COVID-19 Outbreaks

There was a total of eighteen outbreaks, nine in community hospitals, and nine in mental health inpatient wards (Figure 6). This is a decrease from previous years and reflects the general decrease seen nationally.

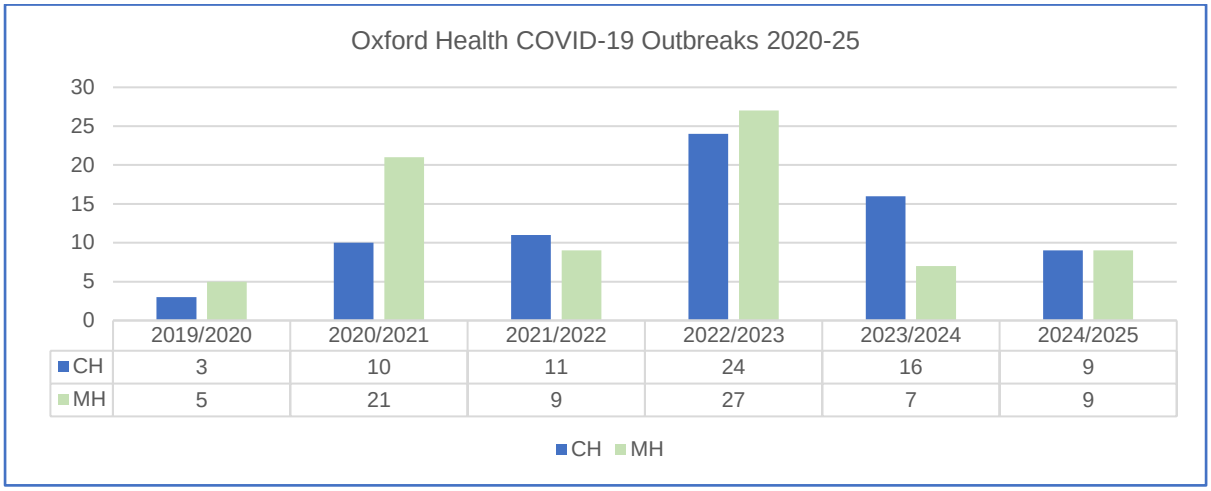


Figure 6: Summary of COVID-19 outbreaks in 2020-25

7.2.3 COVID-19 related deaths

There were two COVID-19 related deaths for community hospital inpatients. Full reviews were completed with clinical teams and following the patient safety incident review framework (PSIRF). Any identified learning was discussed and addressed via action plans.

8. Antimicrobial Stewardship

Antimicrobial Stewardship (AMS) is an approach to promoting and monitoring prudent use of antimicrobials to preserve their future effectiveness whilst ensuring optimum quality and safety of patient care. It plays a key role in local and national programmes in limiting the emergence of antimicrobial resistance (AMR) and decreasing preventable healthcare associated infections.

Some of the key components of AMS include governance systems and policies, antimicrobial prescribing guidelines, surveillance of antimicrobial usage and education of workforce and public. The OHFT Pharmacy team are leading the work to improve AMS within the Trust.

Governance

The Trust has an Antimicrobial Prescribing Policy (MM11) which has been designed to raise awareness of AMR, set out the standards for prescribing and monitoring of antimicrobials within the Trust, and provide guidance on suitable training and tools that promote prudent use of antimicrobials. The policy has been recently updated and is accessible to all staff.

The Trust has recently appointed an AMS Lead Pharmacist whose role is to develop the local AMS programme. The AMS Lead works closely with the IPC Team to deliver on the

ambitions of the AMS strategy as set out in NICE guidelines and national action plans for tackling AMR.

Antimicrobial prescribing guidelines

When prescribing antimicrobials, prescribers should follow local guidelines, or national or specialist guidelines where local guidelines do not exist. It is recommended that prescribers in inpatient setting follow the Oxford University Hospitals (OUH) guidelines, and prescribers in outpatient setting and Dental Service follow South Central Antimicrobial Network (SCAN) guidelines.

It is the responsibility of the AMS Lead Pharmacist to ensure that staff can access appropriate antimicrobial prescribing guidelines which are now available through Eolas Medical platform. The AMS Lead shares updates to guidelines and develops procedures to ensure healthcare professionals can find relevant and up-to-date information about antimicrobial treatment options and prescribing standards quickly and efficiently.

Surveillance

Monitoring and evaluation of antimicrobial prescribing is a legal requirement as stated in the Department of Health and Social Care Act 2008: Code of Practice. Antimicrobial prescribing standards and safety and quality indicators are monitored in the Trust through antimicrobial prescribing audits and regular analysis of antimicrobial consumption data.

The current audit programme allows for qualitative analysis of prescribing practice in some settings i.e., quarterly audit in inpatient setting led by Pharmacy, quarterly audit of the use of Patient Group Directions (PGDs) which includes antimicrobials in First Contact and Primary Care (FCPC) Service, 2-yearly audit of antimicrobial prescribing practice in Dental Service. Monitoring and evaluation of antimicrobial prescribing within the FCPC Pathway, which is the highest consumer of antimicrobials in the Trust, is in development. Where potentially inappropriate prescribing is identified, feedback is developed and shared with individual prescribers as well as the teams to raise awareness and promote good practice standards to encourage improvement.

Overall, antimicrobial prescribing compliance in inpatient setting remains good at 94.2% in financial year 2024/25 (92.9% in Q1, 94% in Q2, 94% in Q3 and 95.3% in Q4). However, areas of improvement have been identified, and further work is planned e.g., development of meaningful feedback and action plans followed by targeted training around the importance of appropriate documentation of indications and timely reviews of treatment.

With regards to antimicrobial consumption, the newest 5-year National Action Plan for AMR published mid last year sets out two ambitions directly linked to antibiotic usage: 5% reduction in total antibiotic use in humans from the 2019 baseline and 70% of antibiotics used in humans to be from the Access category (UK-revised list of World

Health Organisation's (WHO) classification of antibiotics into three categories: Access, Watch and Reserve (AWaRe)). Trust-wide, the total consumption of antibacterials for systemic use in 2024 was 193k Defined Daily Doses (DDDs) compared with 180k DDDs in 2019, which is an increase of nearly 7% compared with the baseline. The consumption of antibiotics from the Access category was 67% in 2024 so short of target by 3%. It must be noted here that the above consumption analysis has its limitations e.g., expired antibiotics are included in the total, although this is unlikely to have a significant impact on the overall result due to low numbers, or the fact that the total doesn't account for changes in caseload e.g., hospital bed occupancy, number of day cases, etc. Also, there have been recent changes in the AWaRe classification of antibiotics involving re-classification of first generation cephalosporins from Watch to Access category, which will likely affect the results going forward.

A summary of the audit results is presented annually to the Trust board via the Clinical Audit Team. The results of the antimicrobial prescribing audit conducted in inpatient setting as well as the analysis of antibiotic consumption and the Trust performance against quality indicators are presented to the IPC Committee quarterly.

It must be mentioned that local surveillance ability is complicated because of a wide range of services and their locations, and the number of clinical systems used across the Trust. The lack of standardisation and timely access to prescribing information, and the lack of manpower further limit the ability to monitor and appropriately evaluate prescribing practice, which impacts the capacity to develop meaningful action plans and infringes the delivery of the AMS strategy.

Education

To ensure provision of continuing training, the key information about AMR and AMS is included in the IPC training package within the mandatory training matrix. In addition, appropriate e-learning programmes and tools have been identified by the AMS Lead and information about them including weblinks has been embedded in the local antimicrobial prescribing policy as well as guidance available on the pharmacy intranet pages.

The AMS Lead Pharmacist plays a vital role in the delivery of training and education around AMR and local AMS strategy. Examples of recent activity include:

- face-to-face training for different staff groups across the Trust e.g., Pharmacy Network Event, Non-Medical Prescribing Conference, IPC Champions' Day,
- promotion of AMS initiatives such as the WHO's World Antimicrobial Resistance Awareness Week (WAAW),
- overseeing induction programme for junior doctors,
- involvement in learning reviews in response to infection-related incidents.

Other local AMS activities include:

- Clinical pharmacists ensuring that antimicrobials prescribed in inpatient setting are compliant with guidelines with respect to antimicrobial choice, dose, route of administration and duration, and that any potentially inappropriate prescribing is challenged as part of their clinical ward visits. They also ensure that timely reviews of antimicrobials are carried out, and IV antimicrobials are switched to oral as soon as clinically appropriate.
- Regular reviews of medication stock lists in both inpatient and outpatient settings, to ensure that the antimicrobials for common infections are readily available, and access to higher risk antimicrobials is restricted and closely monitored.
- Reviewing antimicrobial prescribing for all *Clostridioides difficile* cases in the Trust and other reportable infections as required.
- Pharmacy support for the Trust vaccination programmes.
- Collaborative partnership with regular attendance at the OUH Antimicrobial Steering Group and the regional SCAN, as well as other groups whose aim is to promote AMR awareness among healthcare professionals and the public, and the practical implementation of AMS strategies.
- Membership of the One-Health AMS Group which aim is to identify priorities, share examples of best practice and provide collaborative suggestions to drive improvement for all aspects of AMS across the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB).

9. Facilities

The Trust has implemented the National Cleanliness Standards, which includes colour coding and service specification. Cleanliness monitoring is completed weekly, monthly and quarterly by the Facilities teams and by the Modern Matrons across the Trust. The responsibility for environmental cleanliness sits with the Ward Manager.

The results are monitored by Facilities and reports are provided for the directorates and the IPCDC committee. IPCT work closely with the Facilities team, and the Head of Facilities attends the IPCDC providing service reports. The IPCT attended, supported, and participated in the annual PLACE (Patient Led Assessment of the Clinical Environment) assessments and Cleaning Efficacy Audits.

10. Estates

The IPCT continue to attend the Trusts' quarterly water safety meeting, to provide support and have oversight of legionella testing/results. The IPCT also advises and supports Estates with refurbishments and new builds within the Trust. This has required attendance at key design and planning meetings and the review of plans and minimum build standards.

Refurbishment and redesign projects include:

- Cotswold House Eating Disorders, Oxford
- Woodlands, Aylesbury
- Lambourne House extension, Littlemore
- Fiennes Centre, Banbury
- Sue Nicholls Centre, Aylesbury
- Wantage Community Hospital site
- Jordan Hill relocation of services
- Clinical Research Facility recovery room, Warneford
- Outpatient services of Witney hospital
- Marlborough House HDU extension, Swindon
- Dental surgery and reception area at Luther Street
- Wallingford hospital outpatient clinical room

11. Audits

11.1 Audit Management and Tracking System (AMaT)

Audits are completed via the Audit Management and Tracking System (AMaT). IPC audits include annual audits, hand hygiene, medical devices, mattress audits, matrons' checklists (appendix 3). Other audits are being added as part of the ongoing implementation in the Trust.

11.2 MRSA screening

The Department of Health for England requires all NHS Trusts to screen patients using a focussed risk-based screening programme. As a result, the Trust undertakes MRSA screening in all community hospital and older adults' mental health wards. MRSA screening is monitored via the MRSA audit on the AMaT system and quarterly reports provided to the directorates and IPCDC.

The compliance for admission screening in 2024/25 for Older Adults Mental Health has improved (October 2024 38.5% to 81% in March 2025). The audit average compliance in Community Hospitals is 98%.

11.3 Infection Prevention and Control Audits

There was a comprehensive and robust annual IPC audit programme for 2024/25, which consisted of IPC audits based on national standards. High levels of compliance have been maintained. All audits were completed during the audit year using adapted versions of the Infection Prevention Society (IPS) audit tools for monitoring IPC guidelines within healthcare settings. The AMaT system records the audit results and enable action plans to be developed for addressing identified issues. Areas of poor or non-compliance are followed up with the service by the IPCT.

The audits which were undertaken included all community hospitals wards, inpatient mental health wards (total 34), urgent care (9), dental clinics (9) and podiatry services (13).
Infection prevention and control audits carried out during 2024/25 included:

- Management of IPC
- Hand Hygiene Facilities & Practice
- Personal Protective Equipment IPC
- Decontamination: Clinical Rooms & Equipment
- Decontamination: Dental Dec. Room
- Environment: Dental Surgery IPC
- Environment
- Management of Linen
- Laundry
- Facilities: Housekeepers Rooms & Environment Cleaning
- Estates

Across the Trust the overall audit average compliance was 84%.
All audit results were reviewed, and reports provided for each directorate. Learning outcomes were shared with relevant staff directly and via IPC champions, service/ward managers and the IPC newsletter. Areas which fall below 85%, submit action plans on AMaT.
A summary of the audits is presented to the IPCD committee quarterly and via an annual report.

11.4 Hand Hygiene audits

Hand hygiene observational audits were completed in all clinical in patients' wards, EMU and MIU departments, Podiatry Service, Dental Services, District Nursing, and in the Clinical Research Facility (Mental Health). All audits are reviewed and monitored by the modern matrons and the IPCT. During 2024/25 the compliance average was 93.4%. Compliance with bare below the elbows was 93.4%. Any areas falling below the acceptable level are followed up by IPCT and action plans developed for improvement.

A summary of the audits is presented to the IPCDC quarterly and via an annual report.
Hand hygiene practical assessments in community-based services based continue on a risk assessment basis in:

- Children young peoples' community services
- Vaccination Service (Immunisation and COVID-19 teams)
- Speech and language services
- Luther street medical centre
- Hospital at Home

- ECT Units (Mental Health)

11.5 ANTT

ANTT audits were introduced to monitor and support clinical practice and the correct use and management of invasive devices. Community inpatient wards, Podiatry Services and District Nurse complete the audit annually, and results are evaluated and feedback to services by the relevant audit and governance teams. A summary of the audits is presented to the IPCDC quarterly and via an annual report (base line assessment 80.1% current compliance in March 2025 at 90.3%).

An e-Learning ANTT training module is available on OTR platform to be completed by all clinical staff undertaking invasive procedures. The current compliance for this year is 87.1% and further training is being planned.

11.6 Matrons checklists

Matrons are completing IPC checklist audits, which are reported via AMaT. These results are monitored by the directorate governance meetings, with any issues escalated to the IPCDC if necessary. Matron IPC Checklist compliance in March 2025 was 95.1%. Although we have seen sustained high level of compliance with this audit, there are a few areas of concern with scores of 88.9% or below:

- Are all staff up to date with infection control annual training (target >95%)
- Compliance with Infection control notice board being up to date i.e. (latest hand hygiene compliance reports and posters)
- During the shift staff not observed performing hand hygiene 'before' donning PPE
- During the shift staff not observed removing gloves and aprons after each episode of patient care
- Visitors not being asked to decontaminate their hand on arrival and departure
- Staff not adhering to “Bare Below Elbows”
- Staff not wearing their PPE correctly when in use (e.g. masks fully covering mouths, nose, and chin, non around necks, gloves only being used when risk of contact with bodily fluids or in contact with patient with a confirmed or suspected infection)
- Surfaces in clinic areas clutter free and untidy
- Weekly medical devices record not being completed
- Not all products in store areas are off the floor and tidy
- Staff not adhering to ‘Bare Below Elbows’ where appropriate
- Not all entrances have signs requesting patients with signs/ symptoms of respiratory infection/disease to inform the staff
- Signs on respiratory hygiene and cough etiquette not displayed at all entrances, waiting areas and by all lifts ‘catch bin kill’ where applicable.

12. Decontamination

12.1 Decontamination arrangements

There is a nominated Trust Decontamination lead. The lead attends and provides quarterly update reports to the IPCDC regarding overall Trust compliance with decontamination requirements. The Decontamination lead and DIPC are members of the IPCDC which reports to the Quality and Clinical Governance Sub Committee. Most products used in the Trust are single use. However, podiatry uses reusable instruments, and these are decontaminated via an SLA with Steris. Dental services reprocess instruments via local decontamination procedures which are compliant with HTM 01-05. There is also a Dental Decontamination lead which attends and provides quarterly update reports to the IPCDC.

12.2 Audit of Decontamination

Audits of the decontamination of patient equipment are undertaken annually and are incorporated in the IPC audit programme. Any results obtained are reviewed and monitored by the IPCT monthly and quarterly reports.

The Trust uses the AMAT system to report on audits related to decontamination. This provides a robust process for monitoring compliance with completion and the tracking of actions. During 2024/25 there have been challenges with lack of reliability of the software used for ATP testing, and after risk assessing the cost benefit of this monitoring strategy it was decided not to renew the contract.

Mattress audits are completed monthly, and the results recorded on AMAT for easy review and access to data. Mattress check records are completed by all wards/areas. This is managed locally by wards and reported by Directorates to the IPCDC quarterly.

Medical devices decontamination records are completed by all wards/areas and reported to the IPCDC quarterly meetings and actions identified where required.

The introduction of AMAT has significantly improved the reliability of data and effectiveness of governance systems in relation to decontamination.

13. Training activities

13.1 Training sessions

Training is provided for clinical staff via online teams teaching sessions. Training is provided by an updated online training programme which is in line with national IPC education requirements. The programme provides two training modules- one for clinical and one non-clinical staff.

The compliance with IPC mandatory training for 2024/25 was 88.67%%, against the Trust target of 95%. This data is collated by the learning and development department and the training is delivered by the following online.

All forms of training and their content are annually reviewed and updated to meet the learning outcomes of the current UK Core Skills Training Framework and training requirements of staff.
In addition to mandatory training, the IPCT provided an additional 78 hours of staff training, which equated to 35 sessions. These included:

- Bespoke training on request including training sessions on hand hygiene, isolation, and PPE application
- Bimonthly meetings and training sessions for the IPC champions on MS teams.
- Cadets' Band 2/3
- Nursing Associates
- Senior HCA
- Peer support workers and volunteers' induction
- Band 2-4 induction.

13.2 Infection Prevention and Control Study day

The IPCT held a Trustwide IPC study day, in October 2024 in Oxford. The sessions included PPE/sustainability, using surveillance data to improve patient safety, oral hygiene and AMS. The event was well attended and evaluated (figure 7).

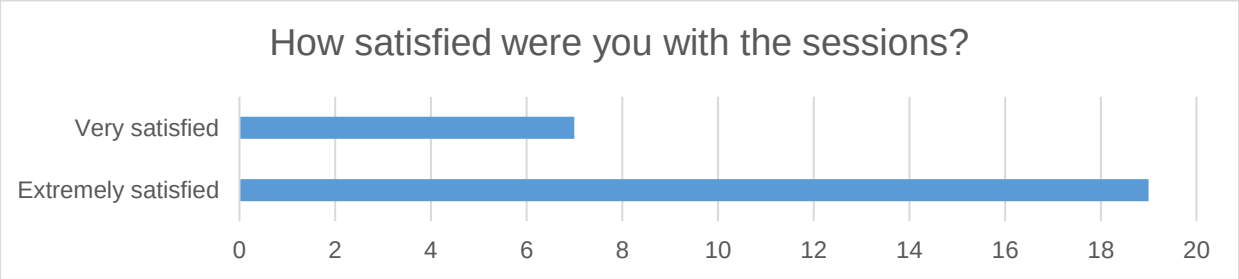


Figure 7: Summary of feedback

14. International Infection Prevention Week 14-18th October 2024

International Infection Prevention Week (IIPW), established in 1986, aims to shine a light on infection prevention each year. The theme for 2024 was 'Moving the needle". The IPCT led a collaboration with the BOB NHS Trusts and ICS leads to produce shared educational materials, which included three webinars: hand hygiene, antimicrobial resistance, and occupational health. There were over 100 attendees.

15. Risks and future investments

The IPCT need to ensure there is timely access to laboratory results, which allows prompt action and timely interventions for managing patients with infections safely.
Infection data for community and mental health Trusts is poor or non-existent. The IPCT have developed an inhouse surveillance system which is being used to identify risk

factors and incidence of infections developed in service. This type of surveillance is a first and an innovation for community mental health Trusts. The process and data has been presented at national conferences and remains a priority in improving patient safety. Further investment is required to build and expand the surveillance in forthcoming years. The IPCT will continue to work in partnership with other allied services in the Trust to promote safe practice, in particular Health and Safety, Estates and Facilities and Occupational Health teams.
The team will also continue to develop and work in partnership with external organisations to strengthen and support the patient pathway across the health economy.

16. Conclusion

The DIPC Annual Report summarises the extensive work completed in 2024/25 by the IPCT and within Trust services. The annual work programme for 2025/26 will continue to deliver against key national standards including The Health and Social Care Act 2008: code of practice on the prevention and control of infections, and the NHS England IPC Board Assurance Framework.
Effective IPC practice remains vital in safely managing the risks from all infections and the IPCT have ensured patient safety has remained a priority. The continued emergence of resistant organisms and antimicrobial resistance remains a significant threat to modern healthcare. The IPCT remain committed to reducing HCAIs, improving IPC standards, and minimising harm to patients and staff.
There has been a national increase in respiratory infections, including influenzas A and B and respiratory syncytial virus (RSV), as well as COVID-19, which has impacted services. There has also been an increase in community acquired invasive group A *streptococcus* (iGAS), *Clostridiodes difficile*, gram negative bacteraemias, measles and monkeypox, to name a few.
The reduction of gram-negative bacteraemia infections is a constant challenge. Most cases of infection develop in the community rather than inpatient services and therefore further work nationally and locally is ongoing to understand the underlying causes. This understanding will inform the development of effective and appropriate intervention strategies to try and reduce infections.
Robust and proactive approaches to IPC remain key to strengthening IPC practice in all areas of the Trust. The focus must remain on improving and maintaining IPC surveillance, supporting patient care pathways across the health economy, and enhancing and improving safe clinical practice. The IPCT will continue to undertake robust reviews and scrutiny of each case of infection, working collaboratively with colleagues and clinicians, to identify learning and ensure the continued high standards of patient care.

Appendix 1: Infection prevention and control annual work programme 2025/26

1. Executive summary

The annual work programme of the Infection Prevention and Control (IPC) Service for April 2025-March 2026 sets out the proposed activities which will ensure that the focus of work continues to be on two main areas: raising awareness of IPC through education and training and reducing the incidence of Health Care Associated Infection (HCAI). It also supports the Trusts continuing registration with the Care Quality Commission (CQC).

This programme is based around The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance, Care Quality Commission core standards (2014), and the National Standards of Healthcare Cleanliness (NHSE 2021). Learning from incidents, complaints, infection learning reviews and observation of care audits have also contributed to this programme.

2. General Objectives

- To give the public and service users, whom the Trust serves, confidence in the Trusts commitment to preventing HCAI's, where possible.
- To provide assurance that the Trust is committed to a further reduction in the incidence of preventable HCAIs.
- To continue to sustain and further develop an enhanced work programme, focussing on promoting the ownership of IPC by all Trust employees.

All efforts will be made to maintain the annual work programme across the Trust but may be subject to change.

3. Annual Programme of the Infection Prevention and Control

Objective	Action	Lead	Outcome	Evidence	Date to be achieved/ update
Guidance for compliance with criterion 1: systems to manage infection. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.					
Management and Organisation It is vital that there are clear lines of ownership and accountability for IPC within the organisation. Ownership at a more local level will promote the engagement of clinical teams and therefore increase the commitment to IPC. However, commitment from senior managers and existence of a local infrastructure and system is vital to sustain good clinical service delivery.					
Maintain Board level involvement in ensuring HCAIs are reduced to a minimum.	• Annual IPC work programme for the forthcoming year to be presented to the Trust Board.	DIPC/IPCT	Approval of IPC work programme at Trust Board	• Minutes of Board meeting • Annual work programme	August 2025
	• The Board will receive an annual report from the IPCT	DIPC/IPCT	Approval of DIPC report at Trust Board	• Minutes of Board meeting • Annual DIPC report	August 2025
	• The Trust Board will receive IPC reports via sub committees	IPCT	Executive and non-executive awareness of HCAI performance	• Quarterly reports to Quality and Clinical Governance Committee (minutes) with escalations to Quality Committee	In place
	• The Trust weekly governance meetings will receive updates and where necessary exception reports will be provided	IPCT	Executive and non-executive awareness of HCAI performance	• Minutes of governance meetings • Minutes from monthly IPC update meeting	In place
Guidance for compliance with criterion 2: clean environments Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.					
Environmental Cleanliness monitoring The cleanliness of the environment is key in reducing the spread of healthcare associated infections. Collaborative strategic working ensures the environment is built, maintained and cl in an efficient and effective way					

To monitor and improve the standards of environmental cleanliness	• Cleanliness to be monitored monthly/quarterly by facilities and matrons/clinical leads	Matrons/clinical leads and facilities managers	Robust monitoring of cleanliness standards and efficacy of environmental cleaning	• Facilities audits (AMaT) • PLACE audits • Efficacy audits results • Minutes of IPCDC and Quality and Clinical Governance Committee • Matrons' checklists • IPC annual audits reports	Ongoing
To provide specialist IPC input into national standards of cleanliness audits	• Follow up particular IPC risks identified during such inspections	Facilities hub managers IPCT	Standards of cleanliness audits receive expert IPC advice Issues identified are addressed	• Cleanliness audit reports • Facilities meetings minutes • Matrons' checklists and audits • Directorate reporting • Quarterly reports to IPCDC and Quality and Clinical Governance Committee	In place
The water quality will be monitored in the Trust to ensure it meets national standards and requirements	• Water quality testing will be undertaken by an authorised specialist external company as per testing regimes and results reported/escalated as required. • Non-compliant results will be reported immediately to the locations' Estate manager, and action taken to safeguard patients, staff and visitors	Water authorising engineer/ Estates managers/ IPCT	Provide Trust assurance of water quality standards Compliance with national standards minimising risk of infection transmission	• Water safety group minutes • Positive water results reports and actions • Minutes of IPCDC	Quarterly
Guidance for compliance with criterion 3: appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance. Ensure appropriate antimicrobial use and stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance.					
Antimicrobial use The correct prescribing of antibiotics for any infection is essential to reduce the harm to patients of antimicrobial resistance					
To monitor antibiotic prescribing within the Trust	• Use of antibiotics will be monitored throughout the Trust	Antimicrobial pharmacist	Provide Trust assurance of appropriate use of antimicrobials	• Ulysees Learning review • Weekly antimicrobial prescribing information from mental health • Pharmacy reports via quarterly IPCDC	Quarterly

Guidance for compliance with criterion 4: information on infections Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further health and social care support or nursing/ medical care in a timely fashion.					
Patient involvement Infection prevention and control will provide suitable and sufficient information on HCAI to the patient, the public and other service providers to promote ownership and engagement with infection prevention and control.					
To provide suitable accurate IPC information for patients and visitors	• IPC information to be displayed and kept updated on Ward Notice Boards. • Cleaning schedules to be displayed for public viewing	Ward managers and facilities/area managers	The public will have confidence in the efforts of the Trust in preventing the spread of infection & CQC compliance	• Review of comments and complaints and lessons learnt acted upon.	Ongoing
To ensure that service users and their carer's are updated on risks of HCAI and given specific information on infections	• To revise and update patient information leaflets as necessary and make available for use • Use of QR codes for patient information	IPCT Ward Managers	Service users will have accurate easy to understand information.	• Leaflets • Website	Reviewed every 3 years
Guidance for compliance with criterion 5: those at risk of infection Ensure that people who have or at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.					
Surveillance Many patients acquire infection when their body's natural defences are breached. The risks from such breaches must be kept to a minimum.					
To reduce HCAIs, where possible, meeting mandatory surveillance requirements, monitor trends in infection and identify potential outbreaks promptly.	• Continue work with the EMIS/RIO team to improve the EMIS/RIO risk assessment tool to be completed on admission and during the inpatient stay	IPCT	IPC risk assessment completed on admission to promptly identify patient at risk of acquiring an infection or transmitting an infection	• IPC risk assessment tool available on EMIS • IPC risk assessment tool for RIO in development	January 2026
	• Continue mandatory surveillance including COVID-19, *Clostridioides difficile*, Influenza, Norovirus, MRSA,	IPCT	Meet mandatory requirements and support	• Minutes from weekly clinical governance meetings • Quarterly reports to IPCDC and Quality and Clinical	In place

	MSSA, invasive *group A streptococcal* and Gram-negative bacteraemia's. • Provide advice and support in the event of outbreaks or IPC incidents		safe practice and patient management	Governance Committee (minutes) • Outbreak/ Learning review reports • Mandatory reporting to external organisations	
	• Complete and review infection incidents, as required using Patient Safety Incident Response Framework (PSIRF), identify learning and monitor any identified actions to ensure learning has taken place and lessons learned are shared with the wider Trust teams	IPCT/ Matrons/ Clinical leads/ Patient safety teams/ PSIRF leads	Learning from incidents	• Outbreak/ Serious Incident reports • Incident learning reviews reports and action plans • Quarterly reports to IPCDC and Quality and Clinical Governance Committee	In place
To continue to work collaboratively with external organisations across the health economy to identify shared learning	• Attend Oxford University Hospitals (OUH) IPC committee (HIPCC) meetings • To participate in the Buckinghamshire Oxfordshire and Berkshire, (BOB) Integrated Care system (ICS) meetings to establish and identify any learning • Attend regional meetings as required/appropriate • Network with other Community and MH trusts	IPCT	Shared learning, strong working relationships and excellent communication with other organisations supporting the patient care pathway	• OUH HIPCC minutes • BOB IPC ICC and focus group meeting minutes • Minutes of other external relevant meetings including NHSE and BOB	In place
To continue to develop Trust surveillance data on HCAIs	• To continue with data collection on HCAI's • To review data and identify areas for learning and practice improvement • To complete point prevalence survey in community hospitals	IPCT	Monitor HCAI's trends Benchmark Trust prevalence against National prevalence Reduction in preventable HCAI's	• Surveillance data reports/ dashboard • Quarterly reports to IPCDC and Quality and Clinical Governance Committee	March 2026
To ensure good IPC practices is embedded with directorates and practice	• To provide protected time, where possible, for IPC champions with clinical support • Monitoring and improving IPC practice and cleanliness standards • Timely IPCT response to clinical queries	Heads of Nursing, Matrons, Ward Managers IPCT	Consistent and good IPC practices embedded into every day clinical practice	• Directorate meeting minutes • Matron reports • Monthly HCAI meetings • Audit reports • IPC champions meeting minutes	In place

supported, monitored and reviewed					
Guidance for compliance with criterion 6: registered providers responsibility to health and social care workers and those in care settings (including contractors and volunteers) Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.					
Training It is vital that all staff within the organisation will receive appropriate training in infection prevention and control. Staff must have access to up to date knowledge and skills in minimising the risk of infection and safeguarding patients.					
To ensure that all staff receive IPC training	• IPC reviews the IPC mandatory training on a yearly basis. • Line managers and learning and development team monitor the Trust compliance with the online IPC mandatory training • IPC team to provide training in collaboration with Learning and development team for additional staff groups as required	IPCT Learning and development	All staff will have an awareness of mandatory IPC practices and be updated in key changes to practice. Access to online IPC training at all times	• Learning and development training records • Improving Care Group minutes • IPCDC and Quality and Clinical Governance Committee minutes • IPC champions meetings and minutes	In place
To ensure all staff performing invasive procedures receive Aseptic non touch technique (ANTT) training as part of their compulsory training	• IPC team to monitor the Trust compliance with the Learning and Development records	IPCT Learning and development	All staff will have an awareness of ANTT framework and be updated in key changes to practice. Access to online ANTT training at all times	• Learning and development Training records • IPCDC and Quality and Clinical Governance Committee minutes	In place
Support IPC champions to fulfil role	• Supporting dedicated IPC champions with protected time to undertake this role • Bi-monthly IPC Champion meeting led by the IPC team to educate, train and disseminate IPC updates • Annual study day	IPCT Matrons/ Ward managers Heads of Nursing	IPC champions will be supported to undertake this role within their service and influence clinical practice	• IPC champions meetings minutes/presentations • PPE /competency assessments • PDR/Appraisals • IPC champions annual learning event	In place

To ensure IPC information and guidance is accessible	• A 3-monthly newsletter for staff highlighting topical or newsworthy information on IPC will continue to be published and circulated to all Trust staff	IPCT	Staff will gain evidence-based information on IPC	• Newsletters • Intranet	Quarterly
	• At a Glance quick reference management guides to infections will continue to be reviewed and updated	IPCT	Staff will gain evidence-based information on management of infections	• Intranet	Annually
To ensure that specialist IPC advice is provided to service providers where IPC input will minimise risks of infection to patients or staff	• The IPCT will attend regular and additional meetings as required	IPCT	IPCT will maintain the high profile of IPC and support the Trusts' objectives	• Minutes of meetings	In place
	• IPCT will attend national conferences/study days/ webinars to ensure up to date knowledge	IPCT	IPCT will remain up to date with national guidance and practice	• PDR/Appraisals • NMC Revalidation • Supervision records	In place
Guidance for compliance with criterion 7: isolation facilities					
Provide or secure adequate isolation facilities					
To ensure isolation facilities are available and guidance for prioritisation is provided to support patient flow and staff decision making	• The IPCT will ensure procedures are in place for the allocation of appropriate isolation facilities and local risk assessment. • Hierarchy of controls guidance • Isolation prioritization guidance • At a glances guidance for infections	IPCT	Staff will have an understanding of patient isolation and risk assessment	• Learning from incidents reports • Outbreak reports and minutes	In place
Guidance for compliance with criterion 8: laboratory support					
Secure adequate access to laboratory support as appropriate					
The Trust will have SLA contracts with other healthcare providers to	• SLA contracts • Daily results	POCT manager/ Business performance team	Laboratory results will be available and communicated to the trust in a timely manner	Minutes of contract meetings	May 2025

ensure appropriate protocols are in place					
Guidance for compliance with criterion 9: policies The service provider should have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.					
Policies and Procedures It is vital that staff can readily access current infection prevention and control policies and procedures across the organisation.					
To ensure the provision of evidence base, and up to date and relevant IPC policies/procedures	• Provide input into other Trust policies as required.	IPCT/ Governance lead	Trust wide policies and procedures available to all staff.	• Policies and procedures on intranet. • Audit programme • IPCDC meeting minutes	As required
	• Ensure policy and procedures are available on the intranet for staff to access in a timely way and this is effectively communicated to them • Review procedures as part of rolling programme to ensure they reflect National standards, based on the latest evidence and meet the Trust's needs	IPCT	All relevant Trust policies and procedures reflect current IPC guidance	• Detailed IPC guidance on the IPC intranet page. • Minutes of IPCDC and Quality and Clinical Governance Committee	As required
National directives and initiatives Infection Prevention and Control will work across Trust to ensure new national directives and guidance is appropriately implemented.					
To ensure that new national guidance is reviewed and acted on	• Ongoing review of national directives from the Department of Health (DH) and Care Quality Commission etc.	IPCT	Trust procedures and IPC practice will comply with national guidance	• Minutes of IPCDC and Quality and Clinical Governance Committee	As required
	• Monitor via the IPCDC ongoing compliance with CQC registration	IPCT	Trust will maintain high standards and compliance	• Minutes of IPCDC and Quality and Clinical Governance Committee • Audit reports	Quarterly
Support staff uptake of immunisation- including influenza, COVID-19 and measles as appropriate	• To support the Trust lead with increasing staff immunisation via comms and training	Occupational health	Staff immunisations will increase in 2025-26	• Minutes of IPCDC and Quality and Clinical Governance Committee	Annually

To continue to support and implement standardised ANTT practice throughout the Trust (Quality Improvement project)	• ANTT champions who have attended external training days will disseminate ANTT within teams • ANTT champions will standardise ANTT practice, with competency assessments and eLearning training	Clinical practice leads, CDL's	ANTT will be standardised and integrated into clinical practice	• Minutes of IPCDC and Quality and Clinical Governance Committee • ANTT audits results (AMaT) • ANTT training record (L&D) • ANTT Competencies (local records)	In place
To reduce unnecessary glove usage thereby improving IPC practice and supporting sustainability	• Develop training tools for IPC champions and staff to support appropriate glove usage • The IPC team to undertake the bi-annual glove audit • To monitor compliance with the glove audit • Identify learning and areas for further intervention and education	IPCT/ IPC champions All staff	Reduction in unnecessary glove usage	• Procurement orders • Compliance with glove audit on AMaT	March 2026
Decontamination Infection prevention and control will work with the nominated Trust decontamination lead and the Trust Dental lead to ensure compliance with national requirements and that appropriate policies and procedures for decontamination are in place.					
To ensure Trust is compliant with national decontamination requirements	• To continue to work with both the Trust decontamination lead and the Trust dental leads to develop and support correct decontamination processes. • To review external Service Level Agreement (SLA) contracts to ensure compliance and assurance with methodologies	IPCT/ decontamination lead Service leads	Trust decontamination strategy and policies will comply with national guidance	• Minutes of IPCDC and Quality and Clinical Governance Committee • Minutes of Medical Devices Committee • Audit reports	Ongoing
Audit Programme High quality information on healthcare associated infection and antimicrobial resistant organisms is vital in reducing the risk of infection. Continual monitoring of infection prevention and control practices and the clinical environment through audit, ensures minimising the risk of infection spread and patient safety.					

To monitor and review appropriate antimicrobial prescribing.	• To receive and review antimicrobial prescribing audits as per pharmacy audit programme	Pharmacy	To identify good and poor practice for antimicrobial prescribing and implement action plans to address any issues identified.	• Prescribing audit reports to IPCDC -minutes • Learning reviews	Quarterly
To ensure IPC audits of all patient facing clinical areas occur. This will include environment, personal protective equipment, equipment decontamination, laundry and other clinical practice areas if relevant.	• Undertake audits and complete reports. • To review audits via AMaT system and present at directorate meetings	IPCT IPC champions and ward managers Matrons	There is a heightened awareness of IPC issues and practice. Standards are improved	• AMaT audit reports and action plans • IPCDC -minutes • Summary Audit reports discussed at IPCDC quarterly • Directorate governance meetings	As per annual audit programme
To monitor hand hygiene practice across the Trust	• Observational audits to be completed in inpatient areas, DN, Podiatry services and dental services. • Practical hand hygiene assessments to be completed within community services	IPC champions / CDL's	Information on compliance with the hand hygiene practice to inform areas for improvement.	• Hand hygiene audit reports (AMaT) • Minutes of IPCDC and Quality and Clinical Governance Committee	As per audit programme: bi-annually/quarterly & annually
New Builds and refurbishments The environment is a major risk to the development of HCAI. Infection prevention and control will work with the estates and facilities teams to ensure compliance with national requirements and that appropriate policies and protocols for infection prevention and control and building requirements are in place.					
The IPCT will provide expert opinion and advice on all new developments or refurbishments	• Continue to work with estates to review and examine all new proposals for new buildings	IPCT Estates project managers Area/service managers	Compliance with national standards minimising risk of infection transmission	• Project meeting minutes • Minutes of IPCDC	Ongoing

	• To review and support all refurbishments and building activity ensuring compliance with national standards	Estates/IPCT	Compliance with national standards minimising risk of infection transmission	• Project meeting minutes • Minutes of IPCDC • Risk assessment work planning meeting minutes	As requested

The Trust has a sepsis work steam, which is led through the Oxfordshire Community Health Directorate

Key

DIPC- Director of Infection Prevention and Control	IPCT- Infection Prevention and Control Team
CQC- Care Quality Commission	IPCDC- Infection Prevention, Control and Decontamination Committee
HCAI- Healthcare Associated Infection	ICS- Integrated Care System
CDL's-Clinical Development Leads	SLA- Service Level Agreement
AMaT: Audit Management and Tracking system	ANTT- Aseptic Non-Touch Technique

References

- Department of Health (2022) Health and Social Care Act: Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance (Revised 2022), London.
- Care Quality Commission (2014) Core Standards https://www.cqc.org.uk/news/stories/our-fundamental-standards
- NHS England (2021) Every Action Counts https://www.england.nhs.uk/coronavirus/publication/every-action-counts/

Appendix 2: IPCDC Terms of reference

Infection Prevention, Control and Decontamination Committee

Terms of Reference April 2025

1. Introduction

The NHS is committed to reducing the number of healthcare associated infections (HCAI) through infection prevention and control (IPC) measures and improved cleanliness. All NHS staff have a responsibility to reduce the spread of infections, and the Trust is dedicated to reducing the risk of HCAIs through effective IPC practices.

2. Aim of the Committee

The aim of this committee is to ensure that robust systems are in place for managing IPC across Oxford Health NHS Foundation Trust, to promote behaviours that will support and enhance these systems and ensure compliance with the Health and Social Care Act (2008). The committee will provide assurance on IPC, decontamination and other related issues to the Oxford Health NHS Foundation Trust, Quality and Clinical Governance subcommittee, which reports to the Quality Committee and Trust board.

3. Chair

The chair of this committee is the deputy Director of Infection Prevention and Control (DIPC), or their nominated deputy.

4. Constitution and Authority

The Infection Prevention, Control and Decontamination Committee (IPCDC) reports to and is accountable to the Trust Quality and Clinical Governance subcommittee. An annual report will be provided.

The DIPC escalates urgent or identified significant risks, between meetings, directly to the Trust Chief Executive for action.

5. Membership

The membership of the group will be as follows:

- Deputy Director of Infection Prevention & Control (Chair)

- Director of Infection Prevention & Control (DIPC)
- Infection Prevention and Control Team (IPCT)
- IPC specialist from Integrated Care Board (ICB)
- Decontamination lead or deputy
- Infection Prevention and Control Leads representing each clinical directorate
- Medical Representative
- Representative from Occupational Health Department
- Representative from Estates
- Representative from Facilities
- Pharmacist- AMS lead
- Representative from Dental services
- Infection Control Doctor (ICD) – from Oxford University Hospital NHS Foundation Trust
- Representative from Learning Disabilities- as required, as the normal reporting pathway via forensic directorate
- Representative from Audit department- as required.

Members are expected to attend at least three quarters of all meetings each financial year. **If members are unable to attend, a deputy should attend and present the directorate report.**

6. In Attendance

Representatives from other groups may be invited to attend when relevant to the business of the committee. Others can be co-opted onto the committee at the committee's discretion.

7. Frequency and Quorate of Meetings

The group shall meet quarterly.

1. A quorum requires the presence of the DIPC or deputy plus the attendance of at least:
    - A member of Infection Prevention and Control Team
    - Two Directorate representatives or deputies
    - Two others
2. The regular meetings may be cancelled at the discretion of the chair, but the group shall meet not less than three times a year.

8. Terms of Reference

The Infection Prevention, Control and Decontamination Committee are responsible for:

1. To provide strategic direction and expertise in order to ensure that systems and behaviours are maintained for the effective prevention and control of infection in Oxford Health NHS Foundation Trust.
2. To monitor and provide organisational assurance on the Trust response to alert infectious organisms (i.e. Covid-19, influenza, measles), including implementation of national guidance to ensure patient and staff safety.
3. To monitor and review changes in national or local guidance and take appropriate action.
4. To monitor the adequacy of resources (human and material) available to the Trust in relation to the prevention and control of infection and make recommendations to the Quality and Clinical Governance subcommittee.
5. To monitor and provide organisational assurance on compliance with Care Quality Commission (CQC) regulatory requirements in respect of HCAIs and the relevant key lines of enquiry (see appendix 1).
6. To oversee the review, development and approval of procedures relating to IPC.
7. To review and recommend any changes to the infection prevention and control policy to the Quality and Clinical Governance subcommittee.
8. To promote HCAI management strategies that are cost neutral and can be achieved where possible within existing resources.
9. To provide direction on audit requirements, develop and recommend the annual infection prevention and control audit plan.
10. To monitor audit activity and action plans.
11. To provide direction on, develop and recommend the annual IPC programme of work.
12. To monitor and review organisational training arrangements giving direction and support to the IPCT and making recommendations on changes to the Learning Advisory Committee.
13. To review outbreaks, adverse incidents, learning reviews and action plans submitted by the IPCT.
14. To submit reports on key HCAI activities and risks within Oxford Health NHS Foundation Trust to the Quality and Clinical Governance subcommittee.
15. To review and agree the Oxford Health NHS Foundation Trust annual DIPC infection prevention and control report.
16. To engage with local, regional and national networks and partnerships, where these are appropriate, and would benefit the organisation.
17. To receive and review reports from Occupational Health on IPC related activity.
18. To ensure communication and close working with partner organisations, (UK Health Security Agency (UKHSA), Acute Trusts, Integrated Care Boards (ICB)), to reduce the risk of HCAI being disseminated within the community or introduced to the Acute Trust.
19. To receive and review antimicrobial prescribing audits and reports.
20. To receive and review estates and facilities audit and reports, including information on proposed new buildings and refurbishment programmes and Patient Led Assessments of the Clinical Environment (PLACE) inspections.

21. To ensure that IPC consultation is a mandatory step for contract tendering procedures for building projects, IT infrastructure, and for cleaning, catering and laundry services.
22. To receive and analyse surveillance data submitted by the IPCT.

Decontamination

1. To receive and review reports on decontamination issues giving direction on any
2. issues requiring executive direction.
3. To monitor the Trust compliance with the Health and Social Care Act (2008) and CQC standards on decontamination.
4. To monitor compliance with national guidance and controls assurance standards, through regular audit and assurance reports.
5. To receive audit reports on local decontamination.
6. To ensure there is an annual planned preventative maintenance programme in place to manage all aspects of decontamination in the Trust.
7. To ensure IPC and decontamination requirements are designed in the planning stages of healthcare facilities including new builds and renovation projects.
8. To ensure contamination of the water in healthcare sites with bacteria, such as legionella is avoided by appropriate building design and maintenance. This includes the cleaning of water storage tanks, and maintaining a consistently high temperature to prevent bacterial growth

Distribution of Minutes

Members of the Group, exception report to Quality and Clinical Governance subcommittee.

Review of Terms of Reference

The terms of reference will be reviewed annually.

April 2025

Appendix 3: Annual audit programme

Oxford Health Infection Prevention & Control Audit Programme				
	Frequency	**Management**	**Process**	
Matrons Checklist: Only Inpatient Wards	Monthly	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
IPC Coordinator Checklist: Outpatient Areas, Urgent Care Treatment Units & Minor Injury Unit, Dental and Podiatry Services	Monthly	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
Mattresses Audit: Only Inpatient Wards	Monthly	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
Observational Hand hygiene Audit: Inpatient Wards, Urgent Care Treatment Units & Minor Injury Units	Bimonthly	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
Observational Hand hygiene Audit: District Nurses	Quarterly	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
Observational Hand hygiene Audit: Dental & Podiatry Services	Bi-annual	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
Practical Hand Hygiene Assessment: Community Teams *including* District Nurses	Annual	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
Aseptic Technique (ANTT) Audit: Community Inpatient Wards, Urgent Care Treatment Units & Minor Injury Units, District Nurses and Podiatry Services	Annual	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
MRSA Audit *(Community and MH Older Adults Wards)*	Quarterly	Directorate	Results sent to Gov. Team & reported to the IPCDC	*AMaT*
Non-sterile glove use audit* *(Community and MH Older Adults Wards)*	Bi-annual	**Corporate IP&C Team**	Carried out by & reported by IPCT	*AMaT*
Annual IPC audit*	Annual	**Corporate IP&C Team**	Carried out by & reported by IPCT	*AMaT*
IPC Dental Audit	Bi-annual	**Corporate IP&C Team & Dental Team**	Carried out by IPCT and Dental Team and reported by IPC Team	*AMaT*

* *Audits completed only by the Corporate IPC team*
For any other audits queries please contact the IPC team via email: InfectionControl@oxfordhealth.nhs.uk

IPC Audit Programme v4 (January 2025)

Meeting:	Board of Directors, Meeting
Date of Meeting:	21 May 2025
Agenda item:	17(c)
Report title:	Trust annual Quality Accounts 2024-25
Executive Lead(s):	Britta Klinck, Chief Nurse
Report author(s):	Angie Fletcher, Deputy Chief Nurse
Action this paper is for:	☐ Decision/approval ☑ Information ☐ Assurance
Reason for submission to the Committee:	Review of the annual Trust Quality Account that reflects on the past year and will be published publicly following review and feedback from stakeholders.
Public or confidential	Confidential not for disclosure under the Freedom of Information Act, the exemptions under section 36(2)(b)(ii) (prejudice to effective conduct of public affairs) and section 43 (commercial interests) may apply

Executive summary

The trust Quality Accounts 2024- 25 is an annual report that includes the following key points:

Part 1: Statement on Quality

- CEO Statement providing an overview of the successes and challenges faced by the Trust in achieving their quality priorities for the year. Significant improvements were made in patient safety, reduction of restrictive practices, and embedding the Patients and Carers Race Equality Framework (PCREF)
- Introduction to the Quality Account and an overview of the Trust Vision & Values, Trust Strategy, Summary of Trust Services, how we support Our People.
- Summary of Successes: Highlights various achievements, including the opening of Keystone Mental Health & Wellbeing Hubs, awards for pharmaceutical partnerships, and the launch of a new Carers Handbook

Part 2: Priorities for Improvement and Statements of Assurance

- Trust Approach to Quality Improvement and how we monitor performance.
- Review of Quality Priority Progress: Provides a detailed review of progress in various priority areas, including patient safety, timely access to care, addressing health inequalities, and developing a safety culture

Part 3: Key Dimensions of Quality

- An overview of Clinical Audit, Patient Safety, Learning from Deaths, Patient Experience:

Overall, the document provides a detailed account of the Trust's efforts to improve the quality of care and services, highlighting successes, challenges, and future priorities.

Report history / meetings this item has been considered at and outcome
Approved by: Quality and Clinical Sub Committee April 2025 Quality Committee May 2025

Recommendation(s)
The Board to receive the report noting that it will be finalised and published publicly following feedback from key stakeholders outlined within the report

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☑
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☐
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑Safe	**☑Effective**	**☑Caring**	**☑Responsive**	**☑Well-led**

Links to / Implications		
Is risk included in Board Assurance Framework (BAF) / Trust Risk Register (TRR)	☐ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes	
Legal and regulatory	Yes	



Oxford Health
NHS Foundation Trust

Oxford Health NHS Foundation Trust

Quality Account 2024/25

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Oxford Health
NHS Foundation Trust



Part 1: Statement on Quality

Part 1: Statement form our Chief Executive

Oxford Health NHS Foundation Trust

Welcome to the Oxford Health NHS Foundation Trust 2024/25 Quality Account.

The information within the Quality Account brings an overview and summary of the successes and challenges we have experienced over the year whilst working towards achieving the quality priorities that we set ourselves to deliver during 2024/25 to improve the care and services we provide.

The report contains further detail about the nine areas we identified as quality priorities for the trust, and I am pleased to say that we have made progress in each priority area, with particular improvement in the following areas:

We exceeded the targets that we set ourselves to improve patient safety in inpatient care. Over 95% of people who were in our inpatient care that includes, community hospitals, mental health and forensic wards were assessed using a tool called NEWS2 that allows early identification of deterioration in patients physical health. This allows nursing staff to quickly identify and respond to any emerging concerns which can be critical in preventing serious health problems and saving lives.

We also exceed the reduction we aimed for regarding the use of restrictive practice in our mental health inpatient services. We focused on the reduction of use of prone (face or chest down) position during the year and further built upon the consistent reduction over the previous four years. Whilst we are pleased with our progress, we are committed to caring for people using the least restrictive options, to support this we have been more ambitious with our aims for this priority area for the next year.

The year also saw the embedding of the Patients and Carers Race Equality Framework (PCREF) as priority area for the trust. The framework exists to eliminate the unacceptable racial disparity in the Access, Experience and Outcomes of Black, Asian, and minority ethnic communities and significantly improve their trust and confidence in our services, our progress in this area is detailed in part 3 of the report. Alongside this we have also appointed an Anti-Racist Programme Lead to support our commitment to being an anti-racism organisation. We acknowledge that racial discrimination exists and that this has a profound impact across the NHS and in our own organisation and in the communities that we serve. We are working to remove systemic racial discrimination and to improve the experience of our staff and all who use our services.

continued on next slide

Part 1: Statement form our Chief Executive cont.

Continuous improvement is at the heart of our organisation not only to respond to the changing nature of healthcare, but to ensure that we are meeting the health and wellbeing needs of our local communities. It is crucial that we work together with patients, their families, and carers to do this and most importantly, how we listen, respond, learn, and grow together. The report includes how we are approaching this and reports on progress made over the year to embed this as a fundamental across the trust.

Alongside successes, our biggest challenge throughout the year has continued to be meeting the demand for our services across all areas of the trust, colleagues' responsiveness and "can do" attitude has seen some incredibly innovative developments that have enabled us to continue to deliver high quality care and services, that are accessible to the people who need them. However, we remain concerned about our capacity to meet demand in a timely manner. Nonetheless, we have shared some highlights of successes in this area within part 2 of the report

As always, our achievements and ability to support those in need of our services are thanks to my dedicated colleagues. I would like to extend heartfelt gratitude on behalf of the trust Board to all colleagues for all their hard work and resilience during a challenging year. The incredible efforts of our Oxford Health team in caring for our service users, their families, and carers make me immensely proud.

I hope you enjoy reading about the progress we've made over the past year. I'm confident that we will continue to improve and develop our services to ensure they are not only timely but also provide high quality local care as close to home as possible.

To the best of my knowledge the information contained in this report is an accurate representation of the year's events.





Grant Macdonald - Chief Executive

Part 1: Introduction to our Quality Account 2024/25

Oxford Health NHS Foundation Trust

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS.

This definition sets out three dimensions to quality, which must be present in order to provide high quality services:

- ✓ **clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
- ✓ **safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety
- ✓ **patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

Our 2024/25 Quality Account looks back on the progress we have made over the past year to achieve our goals. The report also looks forward to the year ahead (2025/26) and identifies our priority areas for improvement and how we hope to achieve these.

Throughout the document we have used the terms patients, families, and carers to mean any person who has used or been involved with our services now or may be in the future.

The Quality Account should be read alongside the trust 2024/25 Annual Report that gives an overview of trust activity, summarises performance during the year and provides background information about its performance, business model and governance arrangements. The 2024/25 Annual Report can be found here: Insert Link when available

If you require any further information about the Quality Account please contact our Patient Advice and Liaison Service: pals@oxfordhealth.nhs.uk

Part 1: Our vision and values

Oxford Health NHS Foundation Trust

Our vision is that no matter who you are or where you are, you will tell us that you receive:

"Outstanding care delivered by an outstanding team".

The Trust works towards its vision through its values – **Caring, Safe, and Excellent**:

Caring

- Privacy and dignity is at the heart of our care.
- We treat people with respect and compassion.
- We listen to what people tell us and act upon what they say.

Safe

- Our services will be delivered to the highest standards of safety.
- All services will be provided within a safe environment for patients and staff.
- We will support our patients and staff with effective systems and processes.

Excellent

- We aspire to be excellent and innovative in all we do.
- We aim to provide the best services and continually improve.
- We will recognise and reward those who deliver excellence.

Part 1: Our Trust Strategy

NHS
Oxford Health
NHS Foundation Trust

Five year strategy 2021-2026

The Trust strategy sets out Oxford Health's mission, vision, values and strategic objectives for the next five years (2021-2026). The purpose of the strategy is to act as a guide for future activity and planning across the Trust, and collaborations with other health and care organisations, to improve the overall health of local people.

The strategy is grouped into four strategic themes – Quality, People, Sustainability, and Research & Education. Each strategic objective has been worked into a set of key focus areas which seek to describe the objective in more detail and provide a framework for further activity and planning.

Read our 2021-2026 strategy

- Accessible Summary (pdf)
- One page summary (pdf)
- Full version (pdf)



Part 1: Our services

Oxford Health NHS Foundation Trust

Oxford Health is one of the largest NHS trusts in the country providing community health, mental health and specialised health services for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset.

Community health services

In Oxfordshire we are the main provider of community health services and deliver these in a range of community and inpatient settings, including eight community hospitals.

Mental health services

Our mental health teams provide a range of specialist healthcare in the community and from inpatient settings across the geographic areas of:

- Milton Keynes
- Buckinghamshire
- Oxfordshire
- Wiltshire
- Swindon
- Bath and North East Somerset (BaNES)
- Specialist health services

Our services are delivered at community bases, hospitals, clinics and in people's homes. We focus on delivering care as close to home as possible. In everything we do, we strive to be caring, safe and excellent.



Overall, our services are rated as "good" by the Care Quality Commission (CQC)

To find out more about our trust and the services we provide visit our website: www.oxfordhealth.nhs.uk

Part 1: Our services



We lead three NHS Provider Collaboratives, these are regional partnerships that provide specialised mental health services for patients, forensic mental health and eating disorder services across a wider geographic area including support for patients in Berkshire and from Wales.

To find out more about NHS-led Provider Collaboratives visit: https://youtu.be/V4J0FX_Ifk4

The collaboratives we lead on are:

- The Thames Valley & Wessex Adult Secure Provider Collaborative, known as the For Me Provider Collaborative
- Thames Valley Children and Adolescent Mental Health inpatient services, Tier 4 Provider Collaborative
- HOPE (Healthy Outcomes for People with Eating disorders) Adult Eating Disorder Provider Collaborative

We are leading partners in:

- Buckinghamshire, Oxfordshire, Berkshire West (BOB) Mental Health Provider Collaborative with Berkshire Healthcare NHS Foundation Trust in partnership with BOB Integrated Care Board to improve the quality and efficiency of patient care across the neighbouring localities.

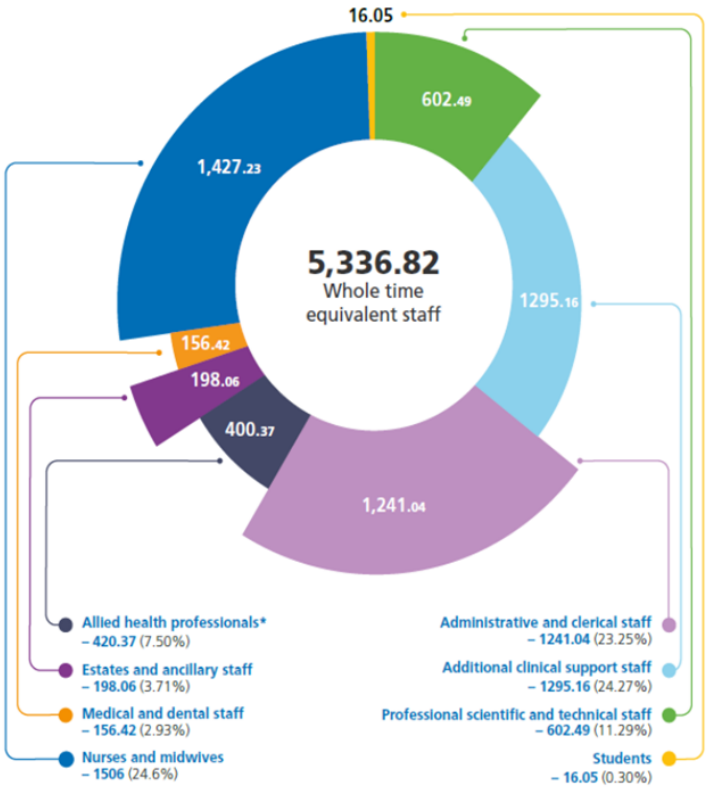
- Thames Valley Community Dental Services Partnership, a collaboration between Berkshire Healthcare NHS Foundation Trust, Oxford Health NHS Foundation Trust and Central and Northwest London NHS Foundation Trust. We provide specialist dental care for children, young people and adults with additional and complex needs who require specialised care that cannot be provided by the general dental service.

Part 1: Our people

We employ around **6,500 staff** who work across **150 Trust sites** and provide services to a population of **2.5 million people.**

Professions at Oxford Health

Oxford Health has some 6,920 people, or 5,336.82 whole time equivalent staff, made up as follows:





The launch of the National People Promise in 20/21 has given NHS Trusts a renewed drive to create a wellness culture for all. Providing the tools to help shift from a reactive response to staff wellbeing, to one that is proactive and preventative, truly embedded within our culture.

To make the People Promise a reality, we have tools available to us to ensure that our interventions are evidence based and truly making a difference to staff. The following slides outline how we support our staff

Part 1: Staff support and Wellbeing

Oxford Health NHS Foundation Trust

Staff support and wellbeing



As we continue our journey of developing a Wellness Culture within our Organisational Family, we are leading with a series of cultural changes; including the implementation of a **Restorative, Just & Learning culture**, underpinned by **Civility & Respect** including a focus on **Kindness into Action**.

We want Oxford Health to be a great place to work and thrive and we are committed to listening to what our staff tell us about their experience of working with Oxford Health. We will now continue our journey to continue to create a positive culture of civility and respect, supporting all colleagues in their Wellbeing, and enabling them to speak up in confidence, raising concerns, as well as developing managers at all levels to have a supportive, inclusive, and compassionate approach.

We have invested in the Restorative Just and Learning Culture (RJLC) culture change programme, promoting a psychological safe environment to better support staff when things go wrong and to encourage learning from incidents.

We have seen the difference this approach has made in other organizations.
By implementing these principles, we are transforming our culture in Oxford Health striving for a culture of kindness, patient safety and fairness.

WELLBEING MATTERS

Part 1: Staff support and Wellbeing

Oxford Health NHS Foundation Trust

Staff support and wellbeing



Looking after your emotional wellbeing



Improving your physical wellbeing



Living a healthy lifestyle



Commitment to career progression and opportunities



Fully supporting the OHFT family



A flexible approach to daily work life



Financial Support for Staff!



Your area leads to wellbeing

We have a range of offers for staff support and wellbeing, that includes our Employee Assistance Programme (EAP).

Oxford Health's 24/7 staff helpline is fully operational offering compassionate support for our people whatever challenges they face.



Part 1: Staff support and Wellbeing

Oxford Health NHS Foundation Trust

Staff support and wellbeing



During the year our Chief Nurse has introduced two new programmes of work aimed to support staff in the workplace by reducing harm to staff and increasing our offer of post incident support.

Staff Sexual Safety

As an organisation we have signed the NHS England first ever sexual safety charter. By signing this charter, we have committed to reducing and eliminating any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and have a programme of work to support the ten core principles and actions to help achieve this.

Reducing staff experience of Violence and Aggression in the workplace

As employers we must ensure that all staff feel safe, supported and empowered to report incidents of violence and abuse and feel confident that action will be taken to keep them and others safe. We have created a programme of work that that includes defining and monitoring issues, identifying why violence occurs, developing and testing approaches, and supporting widespread adoption of effective initiatives.

We have also progressed our offer of TRiM - trauma risk management as post incident support, This is in addition to the existing support and learning options, including Post Incident Psychological Support (PIPS), further information about this is in Part 3.

WELLBEING MATTERS

Part 1: CQC

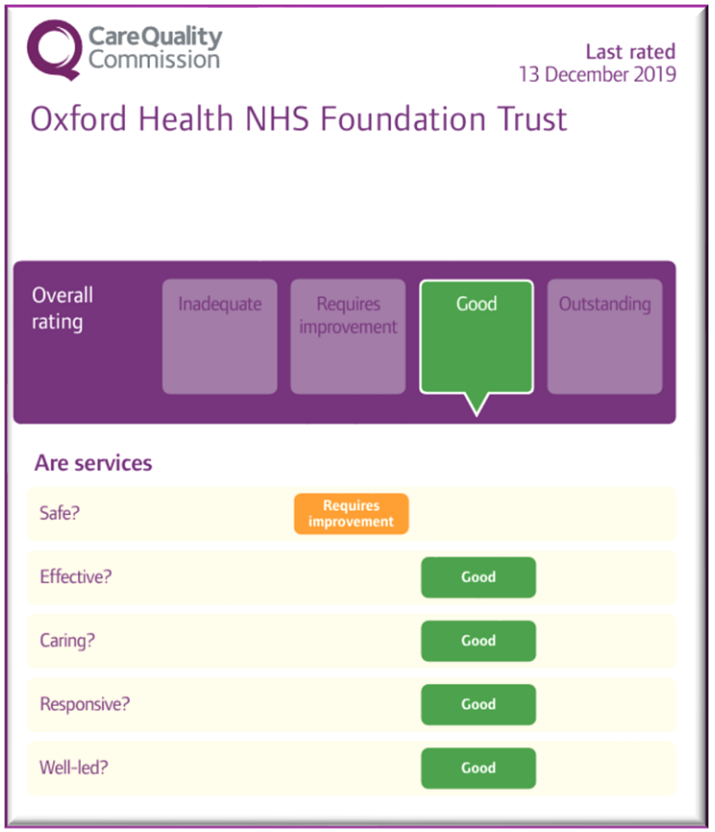
The CQC's new approach to assessment

The CQC continue to roll out the new assessment framework as part of their regulatory approach. The new assessment framework retains the 5 key questions, are services:

- ✓ **safe**
- ✓ **effective**
- ✓ **caring**
- ✓ **responsive to people's needs**
- ✓ **well-led**

The CQC will assess services against quality statements. These have replaced the key lines of enquiry (KLOEs), prompts and ratings characteristics. Assessments may be responsive (in response to information of concern) or planned.

To find out more about the changes visit: Assessment - Care Quality Commission



The CQC last assessed Trust services as **Good** at 13th December 2019.

During November 2024 the CQC assessed trust forensic inpatient services applying the new assessment framework. We are currently awaiting formal feedback and the outcome of the assessment that will inform the re-rating of the services assessed.

Patients and colleagues involved in the assessment process gave positive feedback regarding the experience and as a trust we have shared the learning from the inspection experience in a range of ways across the trust to support colleagues to understand the process.

Part 1: Summary of successes!

Oxford Health NHS Foundation Trust

More Keystone Mental Health & Wellbeing Hubs opened their doors during 2024!

Adults experiencing mental health challenges are able to draw on support from the Keystone Mental Health & Wellbeing Hub Oxford thanks to NHS mental health professionals, Peers Support workers who have their own experience of mental health challenges, services which help people to remain in work or find employment and third-sector mental health services, in order to thrive among friends, family and their community. The hub is also linked to their local GP surgeries.

Wantage, Kidlington, Cowley & Chipping Norton saw the opening of the hubs in response to people saying that they would like to see specialist care available at local level via their GP surgery, and improved communication between GPs and mental health services. This builds upon the hubs already open in Banbury Abingdon.







Part 1: Summary of successes!



HSJ PARTNERSHIP AWARDS

The HSJ Award for the 'Best Pharmaceutical Partnership with the NHS was described by the organisers as 'improving accurate, early diagnosis of Alzheimer's Disease'.

The partnership is delivering work to improve early and more precise diagnosis of Alzheimer's Disease, with an emphasis on developments in Mental Health Trusts.

Dementias Platform UK and Lilly UK collaborated on this together with 4 NHS Trusts enrolled from the DPUK Trials Delivery Framework:

- Oxford Health NHS Foundation Trust
- Greater Manchester Mental Health Foundation Trust
- University Hospitals Sussex Foundation Trust
- Sheffield Teaching Hospital Foundation Trust

It is an ambitious national collaborative pilot involving Lilly UK, Dementias Platform UK, and the NHS trusts, seeking to deliver earlier and more precise Alzheimer's Disease diagnoses.

Its further goal is to understand the costs and benefits in order to establish a framework for services across the NHS. Organisers believe that this transformative project has the potential to revolutionise the diagnostic landscape of AD in the UK, thereby improving outcomes for patients.

Part 1: Summary of successes!

Oxford Health NHS Foundation Trust

Family, friends and carers handbook launched

Oxford Health launched a new Carers Handbook for anyone who cares for or supports someone receiving care and treatment from our adult and older adult mental health services.
The 'Family, friends and carers handbook' has been created by mental health carers and the trust Carers Lead.

It has been designed to give an overview of what to expect from the Trust. It provides information and support that is available to those caring for others.

Why is it needed?
Carers must remember that their health and wellbeing is as important as the welfare of the person they care for. It is easy to feel alone and isolated, but help is available.

The handbook contains lots of useful guidance about the support they can access. This includes help both from Oxford Health and in their local community.

Andy, a carer who helped produce the handbook, said:

"As a carer, I became involved with the creation of the Carers Handbook, as it can be so hard to have your voice heard in a big organisation. To be able to shape a positive change for future carers was very important to me."



Part 1: Summary of successes!

Oxford Health NHS Foundation Trust

Ruby Ward, achieve accreditation with the Quality Network for Working Age Mental Health Services (QNWA)

Ruby Ward, based at the Whiteleaf Centre for women who have acute mental health needs, was accredited by the Quality Network for Inpatient Working Age Mental Health Services (QNWA). This network aims to support and engage wards in quality improvement through a supportive network and peer-review process.

The accreditation recognises the good practice and high-quality care provided on the ward. The network adopts a multi-disciplinary approach to quality improvement, with a key component of the work being the sharing of best practice through the facilitation of peer-review visits.

Additionally, the ward met over 90% of the sustainability principles standards and has been awarded a Sustainable Service Accreditation Certificate in recognition of this achievement.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

QNWA QUALITY NETWORK FOR INPATIENT WORKING AGE MENTAL HEALTH SERVICES



Part 1: Summary of successes!

Oxford Health retained its two-star Triangle of Care accreditation for another year!

The Triangle of Care (ToC) is a framework for working together to support recovery, promote safety and maintain wellbeing of people using mental health services and their carers.

Oxford Health NHS Foundation Trust began delivery of the Triangle of Care in 2018, achieving a two-star accreditation (the maximum an organisation can achieve for mental health services). It has been able to retain the two-star accreditation by providing annual reports to demonstrate the progress being made, Triangle of Care annual report for 2024

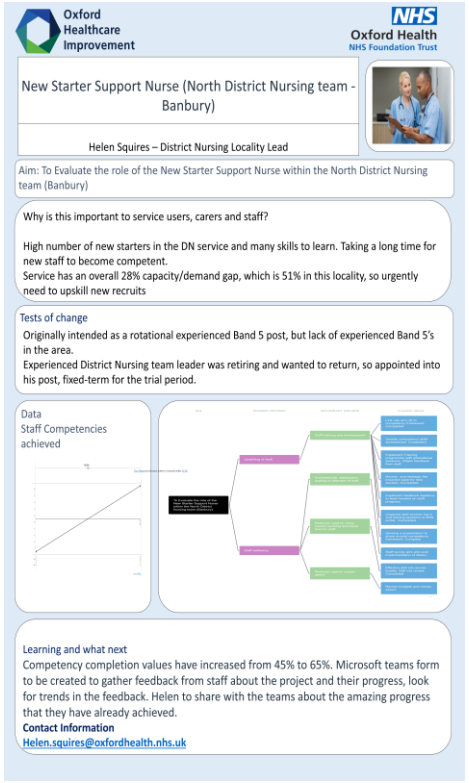


Part 1: Summary of successes!

Oxford Health NHS Foundation Trust

District Nursing –Quality Improvement (QI) Pioneers!

The District Nursing Service won the inspiring teams award for Quality Improvement work completed and that continues to maximise capacity, manage demand and improve outcomes in a very challenged setting due to a notable mismatch between capacity and demand. The below posters demonstrate some of the areas the teams have focused on to support improvement across the service.



Oxford Healthcare Improvement

NHS Oxford Health NHS Foundation Trust

New Starter Support Nurse (North District Nursing team - Banbury)

Helen Squires – District Nursing Locality Lead

Aim: To Evaluate the role of the New Starter Support Nurse within the North District Nursing team (Banbury)

Why is this important to service users, carers and staff?

High number of new starters in the DN service and many skills to learn. Taking a long time for new staff to become competent.
Service has an overall 28% capacity/demand gap, which is 51% in this locality, so urgently need to upskill new recruits

Tests of change

Originally intended as a rotational experienced Band 5 post, but lack of experienced Band 5's in the area.
Experienced District Nursing team leader was retiring and wanted to return, so appointed into his post, fixed-term for the trial period.

Data

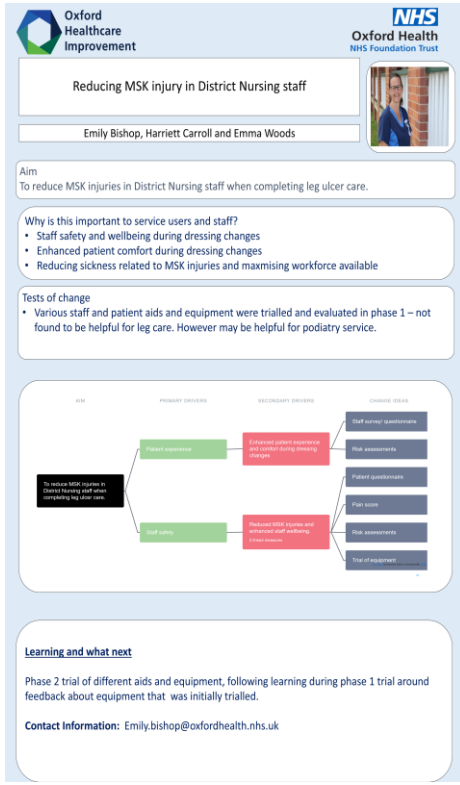
Staff Competencies achieved

Learning and what next

Competency completion values have increased from 45% to 65%. Microsoft teams form to be created to gather feedback from staff about the project and their progress, look for trends in the feedback. Helen to share with the teams about the amazing progress that they have already achieved.

Contact Information

Helen.squires@oxfordhealth.nhs.uk



Oxford Healthcare Improvement

NHS Oxford Health NHS Foundation Trust

Reducing MSK injury in District Nursing staff

Emily Bishop, Harriett Carroll and Emma Woods

Aim

To reduce MSK injuries in District Nursing staff when completing leg ulcer care.

Why is this important to service users and staff?

- Staff safety and wellbeing during dressing changes
- Enhanced patient comfort during dressing changes
- Reducing sickness related to MSK injuries and maxmising workforce available

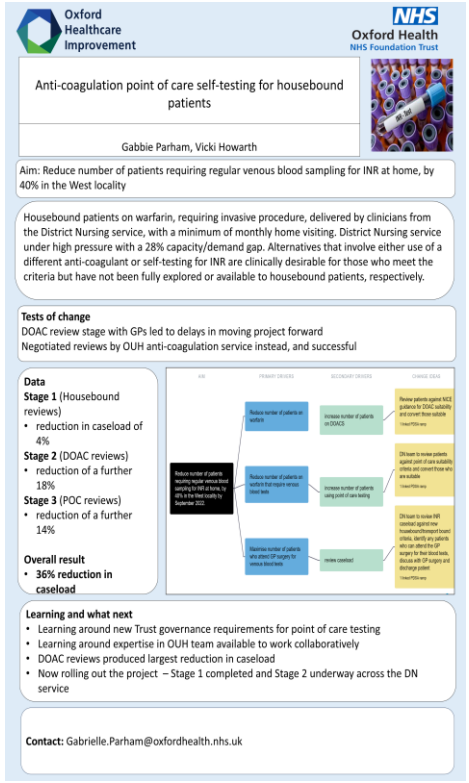
Tests of change

- Various staff and patient aids and equipment were trialled and evaluated in phase 1 – not found to be helpful for leg care. However may be helpful for podiatry service.

Learning and what next

Phase 2 trial of different aids and equipment, following learning during phase 1 trial around feedback about equipment that was initially trialled.

Contact Information: Emily.bishop@oxfordhealth.nhs.uk



Oxford Healthcare Improvement

NHS Oxford Health NHS Foundation Trust

Anti-coagulation point of care self-testing for housebound patients

Gabbie Parham, Vicki Howarth

Aim: Reduce number of patients requiring regular venous blood sampling for INR at home, by 40% in the West locality

Housebound patients on warfarin, requiring invasive procedure, delivered by clinicians from the District Nursing service, with a minimum of monthly home visiting. District Nursing service under high pressure with a 28% capacity/demand gap. Alternatives that involve either use of a different anti-coagulant or self-testing for INR are clinically desirable for those who meet the criteria but have not been fully explored or available to housebound patients, respectively.

Tests of change

DOAC review stage with GPs led to delays in moving project forward
Negotiated reviews by OUH anti-coagulation service instead, and successful

Data

Stage 1 (Housebound reviews)
- reduction in caseload of 4%

Stage 2 (DOAC reviews)
- reduction of a further 18%

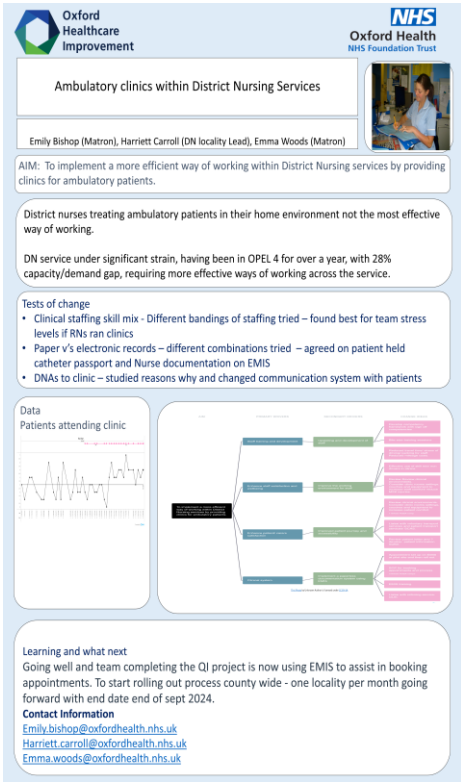
Stage 3 (POC reviews)
- reduction of a further 14%

Overall result
- **36% reduction in caseload**

Learning and what next

- Learning around new Trust governance requirements for point of care testing
- Learning around expertise in OUH team available to work collaboratively
- DOAC reviews produced largest reduction in caseload
- Now rolling out the project – Stage 1 completed and Stage 2 underway across the DN service

Contact: Gabrielle.Parham@oxfordhealth.nhs.uk



Oxford Healthcare Improvement

NHS Oxford Health NHS Foundation Trust

Ambulatory clinics within District Nursing Services

Emily Bishop (Matron), Harriett Carroll (DN locality Lead), Emma Woods (Matron)

AIM: To implement a more efficient way of working within District Nursing services by providing clinics for ambulatory patients.

District nurses treating ambulatory patients in their home environment not the most effective way of working.

DN service under significant strain, having been in OPEL 4 for over a year, with 28% capacity/demand gap, requiring more effective ways of working across the service.

Tests of change

- Clinical staffing skill mix - Different bandings of staffing tried – found best for team stress levels if RNs ran clinics
- Paper v's electronic records – different combinations tried – agreed on patient held catheter passport and Nurse documentation on EMIS
- DNAs to clinic – studied reasons why and changed communication system with patients

Data

Patients attending clinic

Learning and what next

Going well and team completing the QI project is now using EMIS to assist in booking appointments. To start rolling out process county wide - one locality per month going forward with end date end of sept 2024.

Contact Information

Emily.bishop@oxfordhealth.nhs.uk
Harriett.carroll@oxfordhealth.nhs.uk
Emma.woods@oxfordhealth.nhs.uk

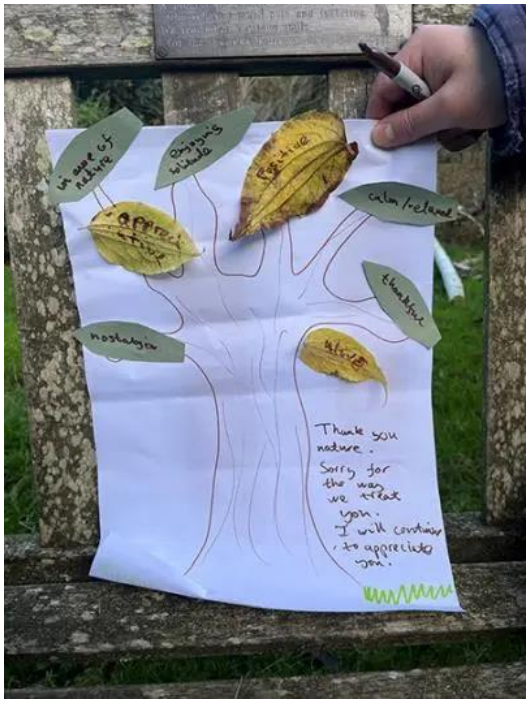
Part 1: Summary of successes!

NatureWell – inpatient forensic services

Forensic colleagues have embraced the outdoors to bring Nature Based Approaches (NBA) into the Forensic Inpatient settings.
Forensic inpatient environments have the particular challenge that access to the natural world is exceptionally limited, due to the individual's risk and legal status. NatureWell is an accredited programme which gives participants the skills to deliver NBAs designed to encourage health and wellbeing outcomes, using the five pathways to nature connectedness proposed by the University of Derby's Nature Connectedness Research Group.

NatureWell highlights to date

- 11 colleagues from Kennet Ward are trained in NatureWell
- Formal and informal nature-based interventions are run on the ward and a rolling Nature Connection group takes place once a week.
- An initial evaluation of staff perspectives has been submitted for publication and evidences potential benefits for both relational security and trauma informed approaches.
- An article coproduced by Oxford Health colleague and a patient who completed the Nature Well Programme has been published by The Psychologist journal:



Next steps

- A rolling train the trainer programme in licencing agreement with the Natural Academy who own the NatureWell model
- Plans to train two cohorts in 2025/2026 rolling out the training to the other wards
- Evaluation planned in partnership with the University of Derby (who have a leading Nature Connectedness research department). This evaluation will focus on service user voice.
- Ambitions to initiate and develop projects alongside our Green Spaces Coordinator to improve our outside green spaces

Part 1: Summary of successes!

Lucy's Room opens – inspirational idea to meaningful music space

Lucy received care through Oxford Health's adult mental health teams and missed having a space to play and make music during that time. Following her passing, Lucy's family wanted to create the space she had been missing for other patients to benefit from in the future. The appeal was created in 2018 and along with donations from the Oxford Health Charity and Oxford Health NHS Foundation Trust, Lucy's family fundraised to take the idea to reality.

The room takes pride of place at Warneford Hospital – bringing a much-needed space for adult mental health patients on both the wards and with community teams to benefit from music therapy – providing an escape to love music, be imaginative, feel free, and perhaps discover a new talent.

Patients contributed ideas and views on how Lucy's Room can have the most positive impact for them through focus groups and consultation sessions hosted by the Activity Coordinators, Oxford Health Arts Partnership and wider ward teams. The modern room has an outside green space with seating, whilst inside offers a welcoming atmosphere with comfortable sofas, bean bags, and a collection of instruments.

Trust Chair David Walker and Lucy's mother Lesley officially opened the new, beautiful space surrounded by Lucy's loved ones and those involved in the project.





Part 1: Summary of successes!

Smiles all round at 10th annual Have a Go Festival

This year's event marked a decade of providing people with a learning disability the chance overcome some of the barriers they can experience when taking part in sports

Sunshine and smiles were in abundance at the 10th annual Have a Go Festival.

About 180 people took the chance to "Have a Go" at several sporting activities including cycling, archery, football, dancing and cricket at Horspath Athletics Track in Oxford.

The pleasant weather lent itself to a great day of fun, socialising and activity for adults with learning disabilities who travelled from across Oxfordshire to enjoy the sports day.

This year's event marked a decade of providing people with learning disabilities the chance to try out a range of activities and overcome some of the barriers they can experience when it comes to taking part in sports.

The event was hosted by the Learning Disability Service at Oxford Health NHS Foundation Trust and Active Oxfordshire. Organisations who made the event possible include MOLA, the new Family and Community Partner for Oxford United and Oxford United in the Community, and Cyclability, who provide cycling opportunities primarily for adults with the aim of making cycling inclusive, so it really is for all people.



Part 1: Summary of successes!

Oxford Health NHS Foundation Trust

InsideOut: service users experience of forensic services

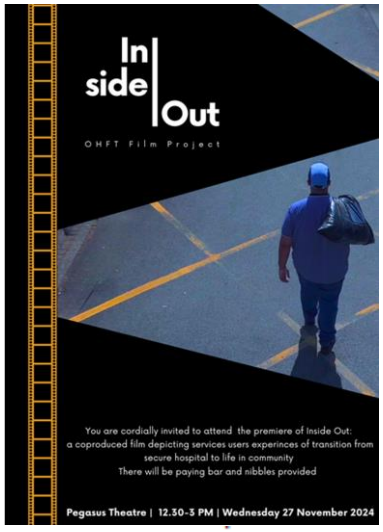
InsideOut: a film depicting the service user's experience of discharge from forensic inpatient ward to the community

On 27th November 2024, the much-anticipated premiere of the film InsideOut marked the culmination of an extraordinary collaboration between service users, experts-by-experience, and staff from the Forensic Recovery College and the Specialist Community Forensic Team.

The film offers a deeply moving exploration of one of the most challenging transitions in forensic mental health: the journey from inpatient care to life in the community. Through the stories of three fictional characters, InsideOut vividly portrays the fears, hopes, and realities faced by individuals leaving the safety of long-term inpatient wards to rejoin a world full of both promise and unpredictability.



Claire Macgregor, Sarah Shanahan & Petr Neckar



The idea for the co-produced film was born in August 2023, when the Specialist Community Forensic Team envisioned using storytelling as a way to support service users during discharge. Creative workshops provided the foundation for the film, where service users courageously shared their experiences, shaping the film's themes and narratives. Unique activities, such as creating papier-mâché heads of fictional characters were used as tools to facilitate service users exploring the complex emotions tied to transition.

Part 1: Summary of successes!

Oxford Health NHS Foundation Trust

Embracing technology to improve patient care!

During the year we have successfully implemented our e-Obs rollout within our mental health and forensic inpatient wards. E-Obs supports the recognition and timely escalation of deteriorating patients as well as guiding clinicians decision making – a significant development to increase patient safety and timely care and treatments.

e-Obs Rollout

eObs (electronic observations) is an electronic patient record (web application) system that is to be used by clinical and medical staff for recording physical health observations and assessments at point of contact on a handheld mobile device (iPad). eObs is fully integrated with Rio and seamlessly makes all data immediately available in the patient's Rio electronic record.

Inpatient ward staff who normally record the below physical health assessments on paper will be required to record them into eObs using an iPad.

- Capillary, Blood, Glucose & Ketone Monitoring
- Neuro Observations & Glasgow Coma Scale (GCS)
- Malnutrition Universal Screening Tool (MUST)
- NEWS2
- Sepsis Screening Tool

Oxford Health
NHS Foundation Trust



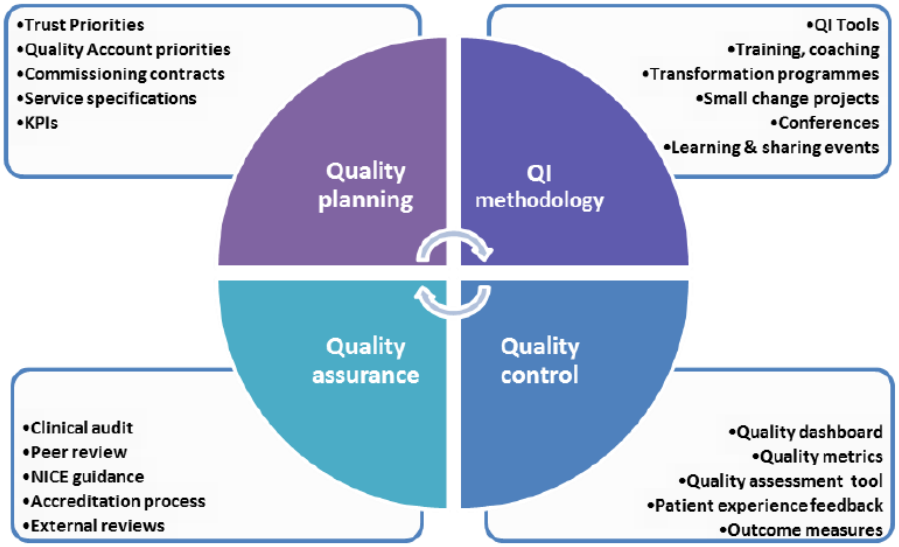
Part 2: Priorities for improvement and statements of assurance

Part 2: Quality Management System

Oxford Health NHS Foundation Trust

Quality Management System

By utilising a Quality Management System a range of factors are included to ensure a continual cycle of improvement is in place that is supported using a QI approach:



Oxford Healthcare improvement (OHI) Team continue to be the corporate support for teams and services across the trust to embed a Quality Improvement approach to improve safety, experience, effectiveness and outcomes for patients, carers and trust colleagues.

The team provide training and support for quality improvement projects, enable collaboration, sharing of outcomes and horizon scanning for future projects, with the aim that improvements to patient care are always co-produced with patients and their families.

Part 2: Quality Improvement (QI)

Oxford Health NHS Foundation Trust

Areas of QI focus 2024/25

- Reducing restrictive practice mental health services
- District Nursing Improvement Programme
- Coproduction – Experience and Involvement training programme
- Patient safety Incident Response Framework (PSIRF) learning and improving from incidents.
- Sustainable Healthcare
- Culture of Care – Mental Health & Learning Disability Inpatient Transformation Programme

Embedding of QI culture across the trust has continued to thrive, examples throughout this report demonstrate the cultural shift and importance placed on continuously improving by trust colleagues. Our QI approach aligns with the trust priority areas supporting not only patient and carer experience and safety but also promoting staff care and wellbeing.

Next year QI features as one of the Trust Quality priority areas to strengthen coproduction as a fundamental of improvement



Part 2: Quality Priorities 2024/25

Oxford Health NHS Foundation Trust

We identified the following 3 broad quality priorities for 2024/25 based upon safe and effective care and patient and carer experience.

Each priority area had key objectives with identified targets for achievement with associated key milestones and measures to demonstrate progress over the year. The Trust's Quality Committee will monitor progress against the objective milestones quarterly. The below shows the overarching priorities and key objectives that support the Trust's 5-year Strategy 2021-2026, the following slides will detail progress in each area.

Safe Care: We will consistently deliver safe care, with a reduction in avoidable in-service harm

- To improve in-patients' safety
- To provide timely access to care and effectively monitor patients and minimise harm when waits occur.
- To address health inequalities
- To have a safe and learning culture
- To support staff wellbeing and build resilience

Effective care: We will deliver effective services to ensure care is planned and delivered around the needs of the patient

- To build our capability to measure
- To improve the physical healthcare to people with a serious mental illness

Patient and Carer Experience: We will consistently improve on the experience of those using our services

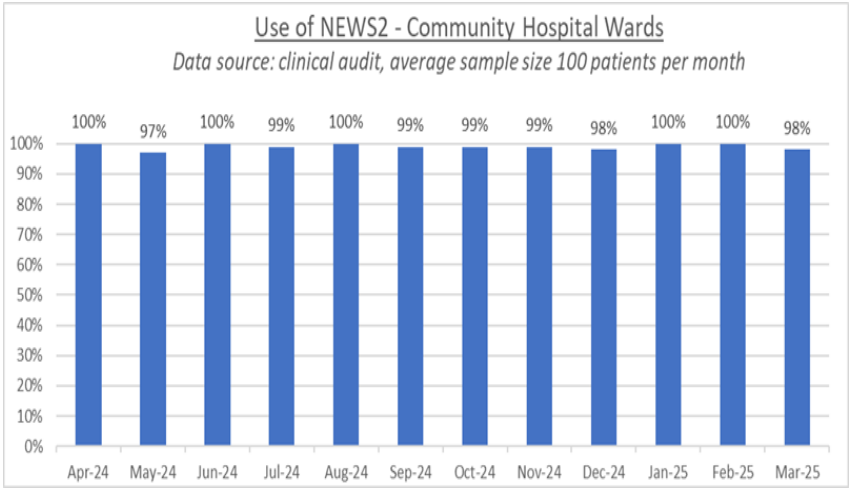
- End of Life Care
- To improve the physical healthcare to people with a serious mental illness

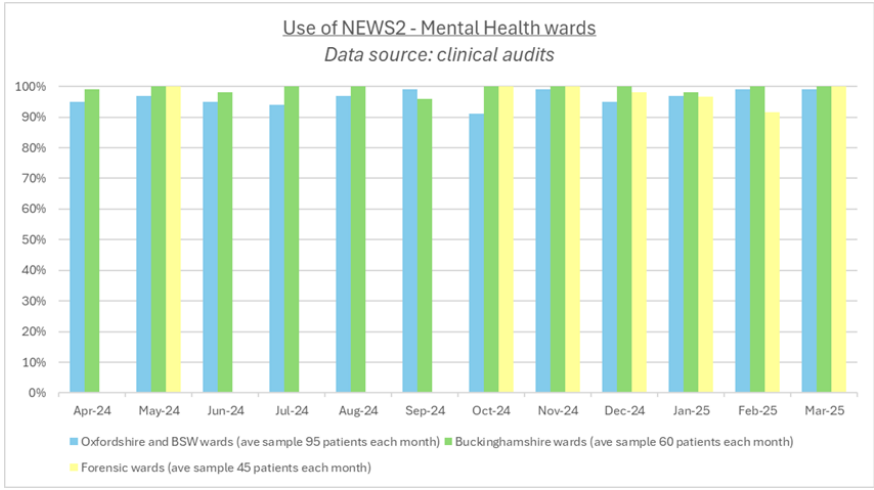
Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Use of NEWS2, 95% completion across all inpatient wards	Achieved	The clinical audit results show NEWS2 has been well embedded across all inpatient wards achieving our internal target. NEWS2 training has been integrated into the physical health skills training for registered and unregistered staff. The performance by month is shown in the charts below. The next stage of the work has started on recognising and responding to the soft signs of a patient physically deteriorating. Related to this the Trust is about to roll out mandatory sepsis training across the Trust.



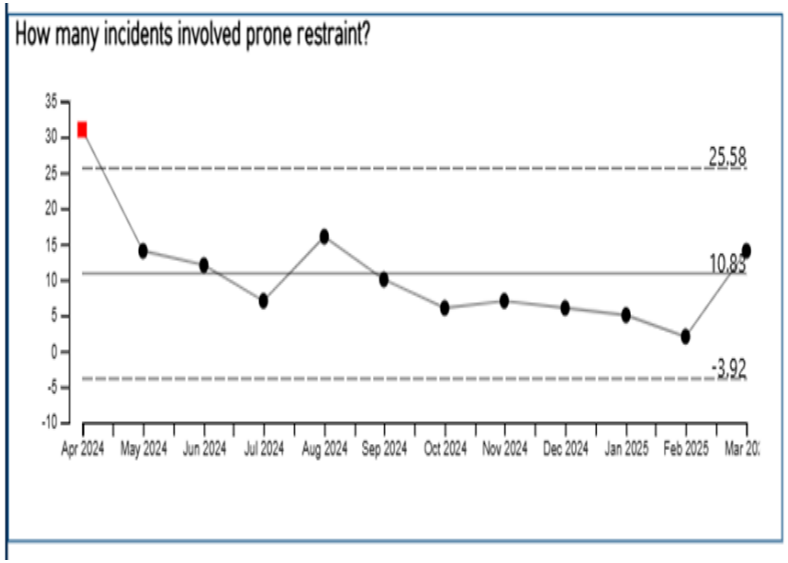


Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Reduction in prone episodes by 30% over 3 years	Achieved	This year prone restraint has reduced by over 30% from 2023/24. There were 209 uses in 2023/24 and 130 uses in 2024/25. The reduction has been overview Quality Improvement (QI) work across all mental health wards. The below gives an over view of the QI work streams.



- **Prone reviews / Leadership in practice** each use of the prone position is reviewed locally for reflection and learning.
- **Roll out of Safety Pods** in all wards reducing the need for the prone position by enabling restraint in a dignified, safe and compassionate way
- **Roll out of alternative injection site training** to enable alternatives to the gluteal muscle and the need for the prone position.
- **Competency self-certification** to maintain competence of IM Injection administration with additional training available when needed.
- **Patient leaflets** to explain and inform choice of for alternative injection sites
- **Safety Pod training** within trust Positive Engagement and Caring Environments training
- **Medicines Management guidance** outlining the medications, doses and licensed injection sites
- **EPMA & Prescription charts** were adapted to include the requirement to specify the injection site at the point of prescribing.

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Timely access to care: reduction in waits in mental health services (focus on where there are national waiting time targets)	CAMHS generic, adult and older adult mental health services – significant progress/partial achievement CAMHS NDC pathway – not achieved	**CAMHS** The national access targets for CAMHS in Buckinghamshire, Oxfordshire, Bath & North East Somerset, Swindon and Wiltshire have been met in 2024/25. The targets are set on a number of children being seen each month. Unfortunately, we do have children waiting to be seen as demand for our services and different treatments exceed capacity. We measure how we are doing by looking at children waiting for more than 4 weeks. The number of children waiting reduced in 2024/25 apart from those waiting for the neurodevelopment care pathway. **Adults and Older People** We measure how we are doing by looking at adults waiting more than 4 weeks. The number of adults waiting has reduced in Buckinghamshire and Oxfordshire in 2024/25 and is better than the national average, although we do still have adults waiting for assessment and treatment. Access to perinatal services, mental health crisis services and psychiatric liaison services has been generally good and better than the national average access rates. Access and recovery rates for Talking Therapies in Buckinghamshire and Oxfordshire are above the national targets, and access to Early Intervention in Psychosis within 2 weeks has improved and is above the national target. The number of adults accessing the Individual Placement and Support employment and job retention service has increased. For full details against each waiting target and our performance see the published Trust board papers here Board Papers | Oxford Health NHS Foundation Trust the waiting information is within the integrated performance report.

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Address health inequalities relating to race through roll out of the Patients and Carers Race Equality Framework (PCREF)	Achieved	The Trust has made a commitment to implement the Patients and Carers Race Equality Framework and other mechanisms for advancing health equalities. A programme structure has been developed to lead the implementation. Achievements in initial 6 months of implementing the framework include: • Setting up a leadership structure and workstreams; developing policy, reviewing workforce plans are in line with anti-racist principals, improving data capture on ethnicity and access to services and developing patient/carer feedback mechanisms. Encouragingly, commissioners from 3 of our Local Authority areas have committed to focusing their complaints advocacy contracts on improving rates of feedback from people from ethically and culturally diverse communities • Engagement with voluntary, community & social enterprise (VCSE) organisations about interest, capacity and commitment to PCREF at 'Place' level. Some organisations have engaged enthusiastically but for most there is a limitation due to capacity and funding. Some groups have been unable to commit their valuable time without this. As their independent scrutiny is essential for the next phase of PCREF, the programme leads have committed to co-designing a proposal for a funded solution to this. • Launching 'Go 90' campaign, aimed at increasing recording of patient ethnicity data collection to 90% across the Trust. Current levels for mental health services 81%, an improvement from the baseline at 78%. • Developing a series of metrics to measure the progress of the programme this is nearly complete and will report quarterly and externally on our work under PCREF.

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Develop safety culture through how we respond and learn from patient safety incidents (part of embedding the Patient Safety Incident Response Framework)	Achieved	The Trust transitioned to working under PSIRF from December 2023. The workplan we set for 2024/25 has been delivered – key highlights are listed below **2024 staff survey results n=3,666, 53%** Four key patient safety culture questions – all improved in 2024 from 2023 and above the national average scores. • 19a treat those involved in an incident fairly 70.2% • 19b encouraged to report incidents 91.9% • 19c take action from incidents 76.6% • 19d received feedback about changes from incidents 68.9%

PSIRF workplan and achievements in 2024/25

- 50 incidents declared under PSIRP, 11 safety areas and 8 different learning responses (14 PSII and 7 thematic reviews)
- Reviewed 1st year of PSIRP and agreed changes. ICB approved and formal sign off at System Quality Meeting .
- SEIPs (Systems Engineering Initiative for Patient Safety) methodology used for all PSIRP cases.
- Reviews are being completed timelier, PSII being completed and signed off 19 days quicker.
- 183 incident learning huddles completed, additional 45 huddles this year. 49 huddle included an external organisation.
- 2024 national staff survey results for the second year running demonstrate the improvements made in developing the patient safety culture. Local staff feedback has been positive with helpful comments to continually amend our processes.
- Employed two Patient Safety Partners that worked with us around PSIRF and implementing safety initiatives. The partners created and embedded a process to ask patients/families for feedback following completion of a PSIRF review. We have strengthened how we share learning, for example introducing 6-weekly patient safety webinars open to all staff and also how we develop safety actions working more closely with OHI to take a QI perspective to change.
- Started testing an approach to review the impact of the actions we have taken.

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Support staff wellbeing and build resilience; develop and evaluate mechanisms such as Trauma Risk Management approach (TRiM), Post Incident Psychological Support Service (PIPS) and Staff Psychology Service	Achieved	Work to develop, embed, and integrate pathways for supporting staff wellbeing and to provide evidence based and consistent support following traumatic experiences in the workplace. This includes: Continued rollout of TRiM (Trauma Risk Management – an evidence-based model for peer-to-peer support and screening following exposure to trauma) - New leadership structure aligned to Health & Wellbeing with continuing clinical oversight and central project resource - Refresh/review of TRiM practitioners trained in first wave and creation of a new TRiM ambassador role - TRiM practitioner training to be supported as a core L&D offer - Continued support of dedicated roles and time in Forensic Directorate with discussions around operational ownership and support in wider MH services. - Development of new communications and promotional materials to boost awareness and uptake Continued support of REACT training (an evidence-based model for staff training to promote positive wellbeing conversations including addressing risk) - New cohort of trained trainers identified in partnership with Learning & Development - REACT training to be added to core L&D OTR system and promoted as part of managers toolkit – complementing existing procedural offer with a more relational training. Will also be available to other staff.

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative continued from previous slide
Support staff wellbeing and build resilience; develop and evaluate mechanisms such as Trauma Risk Management approach (TRiM), Post Incident Psychological Support Service (PIPS) and Staff Psychology Service	Achieved	Continued support of Post Incident Psychological Support (PIPS) as a supportive intervention to teams after difficult or traumatic incidents. Offer continues to be led by Spiritual and Pastoral Care team with staff across disciplines volunteering to receive training and deliver sessions Work (as also described below) to link TRiM and PIPS support as part of an overall complementary offer Continued development of Staff Psychology Service as part of Occupational Health provision. Service has welcomed new Consultant leadership and is now securely embedded as a core part of the Occupational Health service Service offers individual confidential consultation and advice to staff as well as evidence based treatment for trauma where this relates to a work based incident including Cognitive Behavioural Therapy and EMDR (Eye Movement Desensitisation & Reprocessing). Service is working on a wider more proactive offer including MBCT (Mindfulness based Cognitive Therapy) groups for staff and a new 'GTEP' group offering group based EMDR. Work to coordinate the offer and make it more accessible Consultant Clinical Psychologist in Occupational Health has initiated work to further coordinate and align the above offers with the aim of developing a clear and simple map of support to ensure a more joined up response for staff.

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Delivering effective services to ensure care is planned and delivered around the needs of the patient

Quality Priority	Progress RAG Rating	Progress Narrative
To build our capability to measure and capture outcomes for patients accessing mental health services across the Trust	Achieved	We set up a workstream to roll out and start embedding patient reported outcomes (PROMs: DIALOG, Re-Qol-10, Goal-based Outcomes) and collaborative care planning in community mental health services across the Trust. We did a 3-phase rollout after an initial pilot running from July 2024 to 18th March 2025. In each phase a number of teams had enhanced support for 2 months prior to launch. Full roll out was achieved in March 2025.Capability to do this has been developed through training, strong engagement of experts by experience and developing a purpose-built software platform (True Colours) to capture outcomes. **Adults and Older People mental health services** Since rollout from July 2024-18th March 2025: ✓1,374 patients have had at least one patient reported outcome measure ✓556 have had a paired PROM ✓507 have a co-produced care plan Based upon current caseload 10% of patients have at least one PROM measure. **Children and Adolescent mental health services** Since launch of True Colours in November 2024: ✓2,261 patients have had at least one patient reported outcome measure ✓1,635 patients have had a paired PROM ✓412 have multiple goal-based outcomes set (similar to a co-produced care plan). Based upon current caseload 6% of patients have at least one PROM measure.

Part 3: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Delivering effective services to ensure care is planned and delivered around the needs of the patient

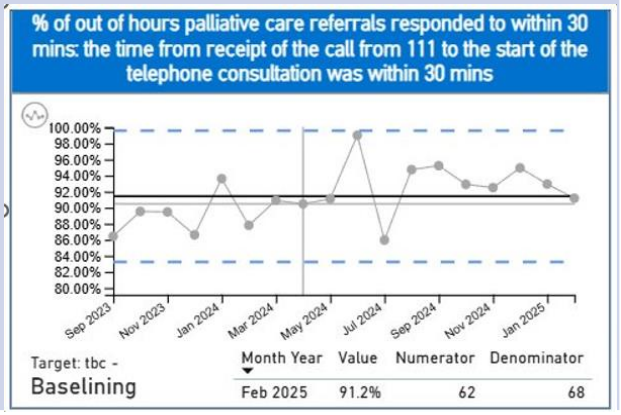
Quality Priority	Progress RAG Rating	Progress Narrative
To improve the physical healthcare to people with a serious mental illness (key focus- use of Lester tool and screening smoking status for inpatients)	Significant progress/ partial achievement	During the year we have set up an Integrated Health Strategy Group to include all trust services and provide a better interface for physical health and mental health. Across mental health services a range of ways are in place to support the physical health needs of patients with mental health needs such as physical health clinics, locally based physical health champions, physical health outreach workers and a newly created physical health team in Buckinghamshire. These offers review and assess the physical health needs of those with SMI and include advise and guidance including smoking cessation and lifestyle advice. Following review of the current offer from our Tobacco Dependacy Team the trust is currently coordinating work to take forward to cover both the use of smoking and nicotine replacement therapies such as vaping and how we can support cessation. Physical Health The Cardiometabolic Assessment (CMA) form on Rio includes elements of the Lester Tool and is to be completed every six months for inpatients and annually for community patients as part of routine PH health checks and is now audited as part of the Core Clinical Standards Audit, undertaken by matrons, below is a table showing audit compliance across the trust.

Core clinical standards audit	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025
Q8. Are relevant physical health needs accurately documented, up-to-date and addressed in the Care Plan?	67.30%	78.30%	80.70%
Q10. When did the patient last have a physical health review? (include, where appropriate, cardiometabolic check)	62.60%	68.10%	65.90%

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently improve on the experience of those using our services

Quality Priority	Progress RAG Rating	Progress Narrative
Improve end of life care (early recognition, timeliness of F2F response times and advanced care planning)	Achieved	During 2024-25 The Palliative and End of Life Task and Finish Group has made progress against five workstreams in support of the strategy; anticipatory and palliative care, care on the last day of life, staff education, development of resources with the help of bereaved families. Data from the audits in 2024-25 provide assurance that care at end of life is being delivered in line with the national priorities for End-of-Life Care, although we need to keep focusing on ensuring every patient as a personalised care plan. There has also been a significant improvement related to documenting evidence that patients spiritual, social communication and emotional and psychological needs are being better addressed on the community hospital wards. The Trust is an active partner in the roll out of the national ReSPECT process across the region. Training sessions on the use of the ReSPECT tool and related processes were held in February 2025 and we are aiming to launch a digital tool in the summer. An End-of-Life Response telephone line for out of hours has been established. The service aims to respond within 30 minutes to calls from 111 or a healthcare professional 

Part 2: Review of Quality Priority progress 2024/25

Oxford Health NHS Foundation Trust

Priority area: Consistently improve on the experience of those using our services

Quality Priority	Progress RAG Rating	Progress Narrative
Working with families (embedding the Triangle of Care standards across the Trust)	significant progress/ partial achievement	The Trust's current Friends, Family and Carers Strategy is being reviewed and whilst this happens the current Strategy has been extended to October 2025. We remain aligned to the national Triangle of Care standards and regularly use the self-assessment tool to support clinical teams to improve how they involve and work with carers and family members. The Trust's mental health services have retained our 2-star Triangle of Care accreditation which involves an annual external assessment. We have a Trust Carers lead as well as carer champions across a number of clinical teams. Work has continued to grow the carer champion role across services, with many of our mental health inpatient and community mental health teams now having an active role within the team. The role is responsible to advocate for carers, raise awareness and support the team to engage with carers. We have carers awareness e-learning and also deliver interactive sessions with clinical teams. No. of staff who completed the Carer Awareness training Apr 23 – Mar 24 50 staff completed Apr 24 – Mar 25 69 staff completed Carers workshops continue to be offered to carers/family members to provide education and support to any carer on specific mental health conditions.

Part 2: Quality Priorities 2025/26

Following review of our progress during 2024/25 we have chosen to focus our priority areas on five specific areas for 2025/26, these areas are key indicators of quality across the trust. Where previous indicators are not included these continue to be monitored by our Integrated Performance report, Quality Dashboard and local governance groups. A copy of our Board papers that include these reports can be found here

Priority Area	Detail	Aim	Measures	Trust area involved
Reducing restrictive practice	To continue to reduce the use of restrictive practice and care for patients using the least restrictive way possible.	To build upon previous years progress to reduce the use of prone restraint and seclusion.	Using 2024/25 data as baseline: • 25% reduction of prone restraint • 20% reduction in use of seclusion • Establish a baseline measurement of seclusion duration.	MH & Forensic inpatient wards
Implementing PSIRF and creating a learning culture	To continue to develop the embedding of PSIRF across the trust with a focus to support continuous improvement of safety cultures, systems and behaviours.	To embed patient safety incident response within a wider system of improvement that supports cultural shift towards systematic patient safety management	Achievement of the PSIRF priority area metrics for 2025/26.	Whole trust services
Involving patients and their families	Patients, carers and families are at the core of all we do. We aim to progress and develop ways to work together to learn from experience and improve trust services.	To have a framework for co-production developed and in place.	Evidence of framework and monitoring of embedding and performance	Whole trust services
Embedding continuous quality improvement.	To continue to develop the Quality Improvement (QI) culture across the trust to enhance patient care, safety and satisfaction.	To improve progression of QI project activity demonstrating a culture of improvement. To embed coproduction as an improvement fundamental.	Total number of QI projects registered on Life QI defined by those that are active and those stalled. % of QI projects involving patients/ carers	Whole trust services
Address inequalities in the delivery of healthcare	To better achieve health equality, reliable data is required that supports the identification of potential areas of inequality across the trust to drive improvement.	Reliable and meaningful data is recorded and provides the trust with meaningful insights to focus antiracism interventions..	90% of patients having a meaningful ethnicity recorded.	Whole trust services

Part 2: Monitoring our performance

Oxford Health NHS Foundation Trust

Performance Reports

The Integrated Performance Report (IPR) provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People. It has been re-designed for an improved alignment with Trust strategic ambitions, national and local reporting performance requirements. The report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures. The report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures.

The IPR is fed by directorate data that is monitored and reviewed robustly at a local level to understanding performance metrics and inform improvement and appropriate early escalation where necessary.

(1) Delivery of the NHS National Oversight Framework (NOF) The Trust continues to perform well against the reportable targeted NOF metrics with the exception of Inappropriate Out of Area Placement (OAP) adult acute bed days and staff sickness rate. We have robust oversight and monitoring processes for these metrics and performance part 2 of this report detail the work we are undertaking to respond to these challenges.

The Trust has 40 strategic metrics to track performance against set strategic objectives and ambitions. The annual position is expected to be reported in May 2025.

Detailed performance data and the annual strategic measures reporting can be found within the trust public board papers here



Part 3: Key Dimensions of Quality

Part 3: Clinical Audit

Oxford Health NHS Foundation Trust

Clinical Audit - a tool for improvement

Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust takes actions to improve the care provided.

Clinical Audit activity forms part of the trusts wider Quality Management System aimed to support inform learning, improvement and to ensure the trust can demonstrate that it is meeting regulatory, commissioning, contractual and legal requirements in relation to the quality and safety of the services provided.

In 2023-24 we participated fully in 15 national audits. Alongside these we carried out 51 locally identified clinical audits. Updates for the national audits we participate in can be found in appendix 1 of this report.



10 national audits



124 locally managed clinical audits.

The clinical audit plan 2025/26 has been developed by the corporate audit team in coordination and collaboration with the directorate governance leads and clinical teams. The plan has been developed to balance directorate/service level audits with national and trust wide priorities.

Summary of the Results appendix 1 of this report.

Part 3: Implementing the Patient Safety Incident Response Framework

Oxford Health NHS Foundation Trust

National aims of PSIRF

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1.Compassionate engagement and involvement of those affected by patient safety incidents

2.Application of a range of system-based approached to learning from patient safety incidents

3.Considered and proportionate responses to patient safety incidents

4.Supportive oversight focused on strengthening response system functioning and improvement

Our vision and outcomes

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

This will lead to the following positive outcomes:

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

Programme Objectives

Objective 1

Improve how we Respond to Patient Safety Incidents by developing our learning responses and safety culture.

Objective 2

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

Objective 3

Improve how we Make Sustainable Changes by evolving how we create safety actions and monitor the impact of changes for more complex actions.

Key deliverables 2024/25

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

Part 3: Patient Safety

Incident analysis

In the financial year 2024-25 there were 50 incidents declared under our Patient Safety Incident Response Plan (PSIRP), summarised in table 2. Covering 12 of the safety areas we prioritised (8 local safety areas and 4 national safety areas). The incidents go across our different clinical directorates. The majority of cases identified have been in relation to access to care and treatment.

Table 2. Incidents identified under our PSIRP 2024-25

	Type of Learning Response									
Safety Area	**AI**	**Extended-ILH**	**ILH**	**IRR**	**LeDeR - ILH**	**PSII**	**Thematic review**	**ToC**	**Obs visit**	**Grand Total**
Assess care/treatment		1	10	1		2	3		2	19
Child death with concerns about care (national area)		1								1
Custody death (national area)			1	1		1				3
Emergent themes		2				2	3			7
Internal joint working	1	3	2			1	1			8
Involving families						1				1
Leder with concerns about care (national area)					1	1				2
MH detained Death			1			3				4
MHHR/DARDR (national area)						2				2
Risk formulation/safety planning						1				1
Pressure Ulcer										0
Cross organisational reviews		2								2
Grand Total	**1**	**9**	**14**	**2**	**1**	**14**	**7**	**0**	**2**	**50**

For the 50 cases we have used 8 different types of learning responses demonstrating a more considered and proportionate approach and effective use of resources. We have been able to identify and start learning from incidents quicker, with 38 out of 50 reviews completed. The different learning responses we have used include; thematic reviews, incident learning huddles, observational audits, system reviews, in-depth patient safety incident investigations, and appreciative inquiry.
For each review we use a systems factor methodology (SEIPS = Systems Engineering Initiative for Patient Safety) to better understand what happened ('work done') and why, against what we think or expect should happen ('work imagined') so that the learning we identify and the safety actions we take address the real issue(s).

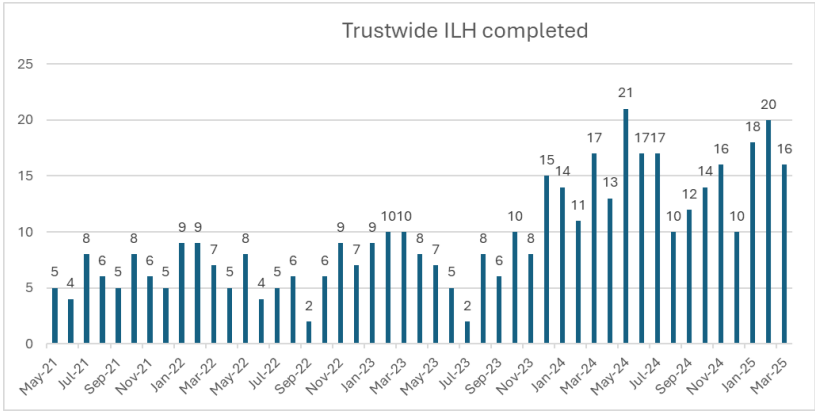
Part 3: Patient Safety

Oxford Health NHS Foundation Trust

Incident Analysis

We use incident learning huddles as an initial learning response where there has been significant harm to a patient, or we believe there is a potential for great learning. Huddles help us to understand more about incidents, to ensure support is in place for those affected, to identify immediate learning and to clarify if incidents require further exploration/learning response as detailed in our Patient Safety Incident Response Plan (PSIRP).

Since we started Incident Learning Huddles, we have completed 138 in 2023/24 and 183 in 2024/25. This is 45 more huddles this year compared to last year. In 2024/25, 49 of the huddles (27%) included an external organisation to help maximise our understanding of an incident and to share learning across organisations.



The key learning and actions are shared in a number of ways and through a series of forums.

- monthly learning summarises from each review are shared directly and discussed with team/ward managers at monthly governance meetings
- written learning summarises are posted on the staff intranet 03 March Learning from Incidents Summary.docx
- 6-weekly patient safety webinars are held themed around our key areas for learning (all recordings are here Patient Safety Webinars with the next on 12th May 2025)
- the outcomes from reviews are shared in each Quality Improvement hub in the clinical directorates
- sharing themes with learning advisory leads to bring into regular staff training

In the last 6 months the overall priority areas for learning and change across patient safety reviews are;

- How we manage/oversee the modifications and risks when demand exceeds capacity in a service
- Sharing information and engaging with family members
- Joint working and communication with external agencies (GPs, care homes, police, private providers)
- Communication between OHFT services
- Quality of clinical documentation – risk assessments/formulations, capacity assessments, care plans, NEWS2

Part 3: Learning from Deaths

Oxford Health NHS Foundation Trust

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from deaths process reviews all patients against a national database to ensure we identify all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact to help identify any themes or trends.

The deaths of all patients under our care at the time they die are screened by at least two senior clinicians and this decides on whether a further review of care is required. The majority of deaths are expected but where there is a specific trigger or a patient comes from a particular vulnerable group (as identified in our policy) we then review these deaths further. The level of review required will depend on various criteria such as age, the setting they die in and the circumstances surrounding their death.

We always complete a mortality review for all patients who are aged under 18, if they had a learning disability, a diagnosis of autism, died on a mental health ward, died whilst detained under the Mental Health Act, or died after we suspected they took their own life by suicide.

We also submit information to the following national confidential enquiries to support national learning:

- Learning disabilities and autistic people mortality review programme
- National child mortality database
- National confidential inquiry into suicide and homicide

The following slide gives an overview of our review of mortality data and trends

Part 3: Learning from Deaths

Overall similar pattern over time for number of deaths. Average 511 deaths per month. Above average numbers of deaths in Q3 of 24/25 and Q4 of 24/25 which falls in the period of excess winter deaths, mirrors national trend with an even split between males (49%) and females (51%).

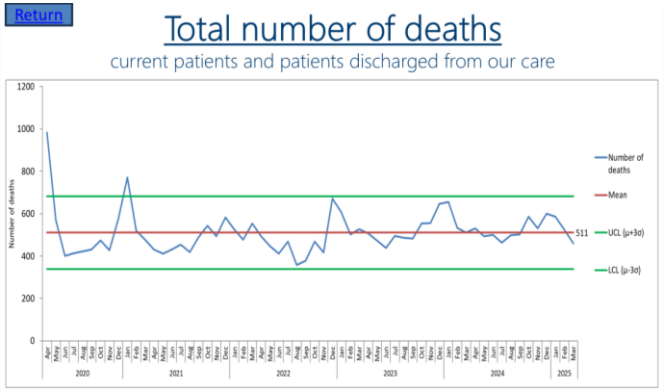
There are Data Quality limitations with looking at ethnicity, however where it is captured the ethnicity picture for deaths mirrors the patient caseload and the census data in each county, with most deaths for people from a white ethnic background.

Compared to total deaths in England and Wales (ONS) – similar pattern over time, slightly lower levels of deaths in Q4.

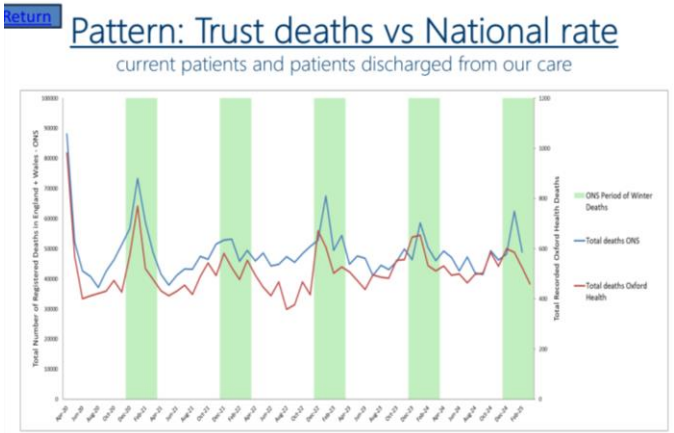
Majority of deaths are for patients last seen by services in the Community Directorate such as District Nursing. Most deaths are for patients aged 75-89 and then 90+. Small increase for patients aged 75-89 since April 2023

Most deaths are for patients open to services at the time they have died (76%, 389 deaths a month). We also regularly review and look at data for discharged patients in last 12 month. No significant changes over the last 5 years.

There have been 49 confirmed/suspected suicides for open and discharged patients in the last 12 months, of which 29 were open at the time to mental health services. Higher number of male suspected suicides (32 males/17 females). In Q4 there were 10 confirmed or suspected suicides, 6 with open referrals to a mental health service. Lower number of deaths by month between Feb 24 – March 2025 (average of 4 per month compared with an average of 5 per month previously).



Peaks in April 2020 & January 2021 – mirroring national trend during COVID outbreak



Part 3: Learning from deaths

Actions Taken in response to themes

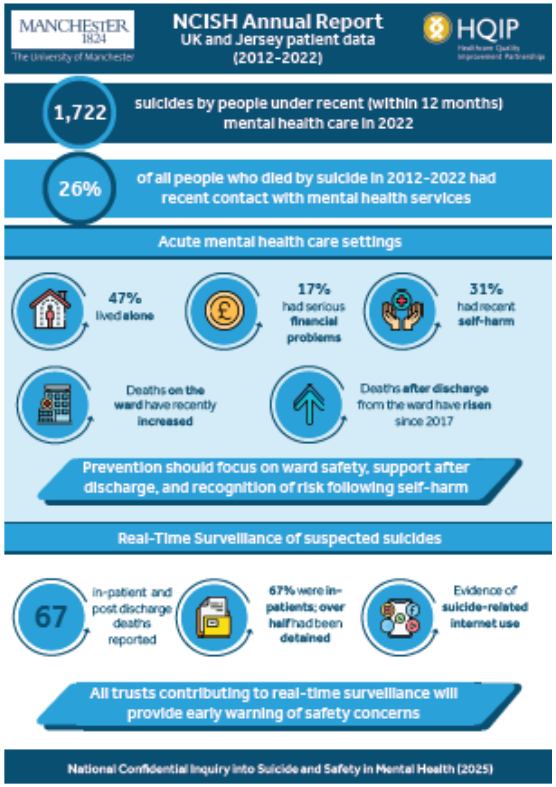
- Developing how we involve and work with families about their loved ones care. In mental health services we are using the national Triangle of Care standards from the Carers Trust to guide the work.
- Working on communication between OHFT teams and single points of access.
- Learning disability deaths; Work is in progress around lung health, bowel and bladder LD pathway and use of health passports. As well as work the ICS are leading on for NHS Core 20 PLUS5.
- Continued work around early recognition and responding to soft signs of sepsis and physical deterioration (inpatient and community teams). Trust is rolling out eLearning on sepsis for all clinical staff.
- Improving the quality of clinical documentation and how easy it is for staff to use our electronic patient record systems. There has been a lot of work in the last 12 months to improve the link to the Thames Valley shared care record from within Trust systems to improve joint working.
- Developing mechanisms for reviewing deaths for patients who were on a waiting list for a service who had not yet been seen e.g. Community Heart Failure, Urgent Community Response, Podiatry.
- End of life care pathway:
  - Work is in progress for children to improve access to expert advice on specialist medications and more in-reach to improve coordination of support on discharge from the acute hospital.
  - A response telephone line for out of hours has been established. The service aims to respond within 30 minutes to calls from 111 or a healthcare professional. We are receiving 60+ calls a month and responding to 90%+ of these within 30 mins.

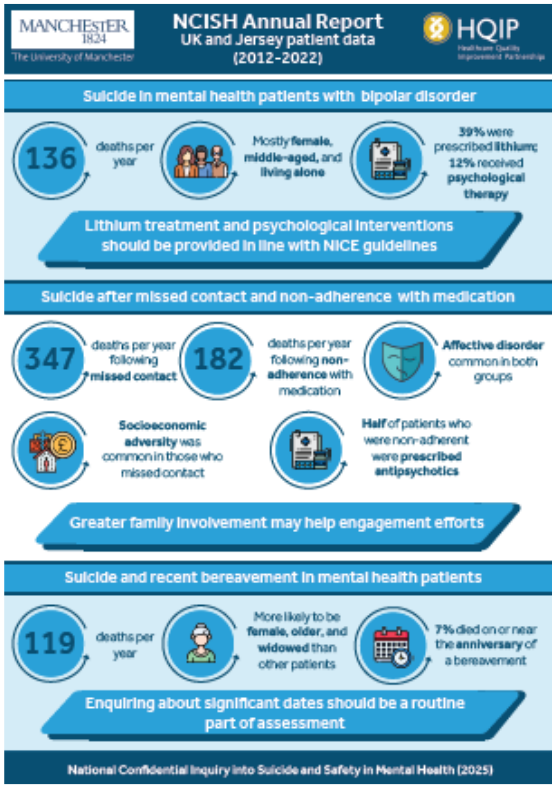
Part 3: Learning from Deaths

Suicide Prevention

We are currently refreshing a self-assessment against the National Confidential Inquiry into Suicide and Safety in Mental Health(NCISH) 10 ways to safer care with clinicians to identify the next areas of focus. Previous work has been on;

- Minimizing ligatures in inpatient environments
- Developing mental health services/resources to improve access for people in a crisis
- Developing single points of access into services
- Embedding risk formulation
- Embedding safety planning carried out with patients/families.





Patient Experience

Complaints, Concerns and Compliments

As of 1 April 2024 the Trust introduced the new NHS Complaints Standards.

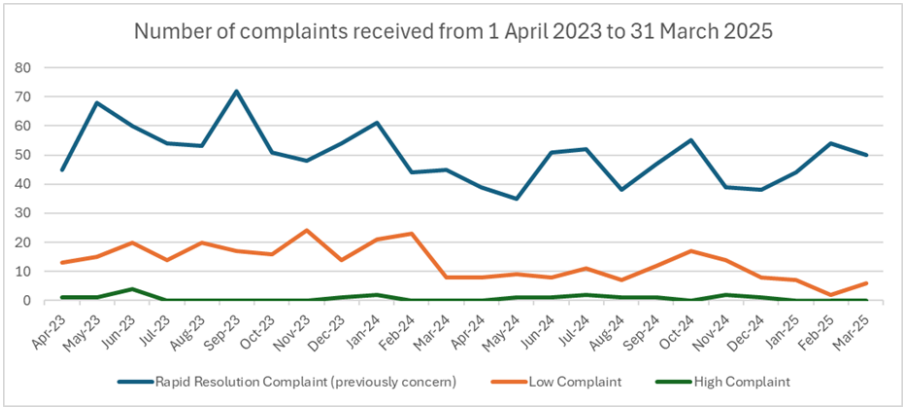
The Complaint Standards support organisations to provide a quicker, simpler and more streamlined complaint handling service. They have a strong focus on:

- Early resolution by empowered and well-trained people.
- All staff, particularly senior staff, regularly reviewing what learning can be taken from complaints.
- How all staff, particularly senior staff, should use this learning to improve services.

The new standards encourage organisations to focus on the early resolution of complaints and as such have changed the language used and the way we approach and categorise complaints to promote early resolution:

- Pre-1 April 2024 categories: Formal Complaints and Concerns.
- Post 1 April 2024 categories: Rapid Resolution, Low-Level Complaints, High-Level complaints.

In 2024-25, Oxford Health NHS Foundation Trust (OHFT) received a total of 629 complaints which is a decrease from the previous year of 887.



✓ 100% of low/high level complaints were acknowledged within three working days.

✓ 100% of low/high level complaints were responded to within a timescale agreed and communicated with the complainant. This includes complaints with an extension to the timescale.

Patient Experience

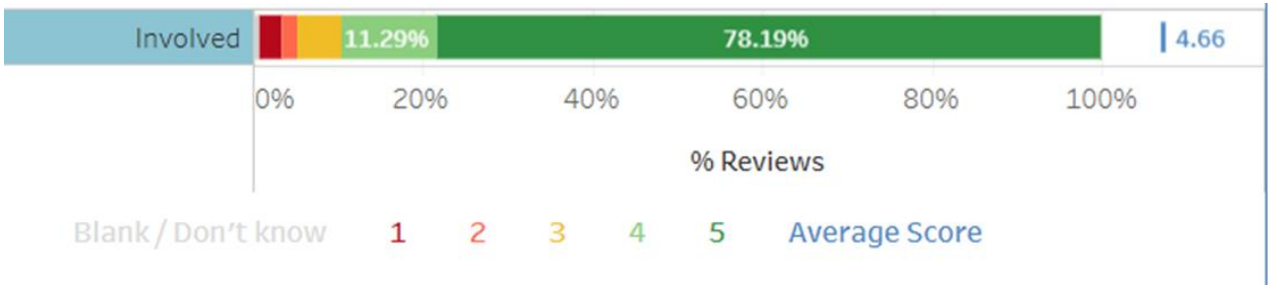
Oxford Health NHS Foundation Trust

Feedback from patients and Carers

We have a mechanism for collecting feedback. 15, 526 reviews were received on I Want Great Care (IWGC) over the 12-month period with 3,105 of those coming from self-identified friends, family members and carers.

89% of that group said they felt very or well involved in their loved ones care. The feedback allows people to tell us what went well and what can be improve. In addition, we have a database of carers who have said they want to work with us to help make quality improvements.

The below graphs show the responses across the organisation from parents, carers and friends who answered the question “were you involved as much as you wanted to be in your loved ones care?” between April 2024 -March 2025



Themes from IWGC qualitative data

Themes emerging from the “what could be improved?” qualitative feedback from self identified friends, family members and carers:

Waiting used in 305 reviews,

Information used in 150 reviews,

Support used in 123 reviews,

Communication used in 106 reviews.

Part 3: National Survey Outcomes

Oxford Health NHS Foundation Trust

National Survey Adult and Older Adult Community Mental Health Patient Survey 2024

The Care Quality Commission (CQC) undertakes an annual community mental health survey, which asks people who use NHS community mental health services in England about their experiences of care.

Out of the 35 scored areas the trust scored 6 questions in the top 20% range of organisations surveyed, 24 scores in the intermediate-60% and 5 in the bottom-20%. The trust is revieing the results of the survey in further detail to understand where improvement efforts may be directed and share the good practice identified.

Top & Bottom Five Scores

This section of the report summarises your organisation's highest and lowest scoring results for the current year across the entire survey.

Top 5 Questions	Score
Q26. Thinking about the last time you received therapy, did you have enough privacy to talk comfortably?	8.19
Q13. Did your NHS mental health team treat you with care and compassion?	8.09
Q40. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	7.92
Q07. Was the support offered appropriate for your mental health needs?	7.80
Q15. To what extent did your NHS mental health team involve you in agreeing your care plan?	7.75

Bottom 5 Questions	Score
Q33d. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for… Cost of living	1.12
Q33c. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for… Financial advice or benefits	1.76
Q33b. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for… Finding or keeping work	2.28
Q41. Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	2.62
Q32. In the last 12 months, has your NHS mental health team supported you with your physical health needs?	4.16

Part 3: Statement of Directors responsibilities in respect of the Quality Account

Oxford Health NHS Foundation Trust

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out by NHS England, available here NHS England » Quality Accounts requirements
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
- Board minutes and papers for the period April 2024 to March 2025
- papers relating to quality reported to the Board over the period April 2024 to March 2025
- feedback from commissioners dated
- feedback from governors dated
- feedback from local Healthwatch organisations dated
- feedback from Overview and Scrutiny Committees dated
- The Trust's annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

Part 3: Statement of Directors responsibilities in respect of the Quality Account

- The 2024 national patient survey
- The 2024 national staff survey
- The Head of Internal Audit's annual opinion of the Trust's control environment
- Any CQC inspection reports
- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board.

DATE- David Walker, Chairman DATE**– Grant MacDonald , Chief Executive(TBC)**

Oxford Health
NHS Foundation Trust

Appendices

Appendix 1: National Clinical Audit summary
Appendix 2: Commissioners feedback
Appendix 3: Council of Governors feedback
Appendix 4: Health watch feedback
Appendix 5: Oxfordshire Joint Health Overview & Scrutiny Committee feedback

Appendix 1: National Clinical Audit updates

Oxford Health NHS Foundation Trust

Clinical Audit	Summary
National Respiratory Audit Programme (NRAP): Pulmonary rehabilitation	100% of eligible patients submitted so far. Deadline 8th August 2025 for 2024/25 data. Key Successes • Successful recruitment growing the team. • More groups are being held – more capacity across the county helping to reduce waiting times. • Currently conducting a service improvement project to improve waiting time. • The DNA rates have reduced this year from 35% in 2023-24 to 18% in the first half of 2024-25. Key Concerns • Equity of provision across the county - some areas are waiting longer than others. • Enhancing engagement of ethnic minorities within pulmonary rehabilitation has been a concern. • New recruits are currently on yearly contracts which may affect ability to continue groups once it ends. • Yet to achieved accreditation from Royal college of physicians (RCP) but working towards.
National Audit of Diabetes Footcare (NDFA)	Deadline expected July 2025 for 2024/25 data. A Quality Improvement project using national audit submission as a measure is ongoing and has seen an improvement in the number of submissions. **Key Successes** • Huge improvement from last year on numbers of audits been completed. • The NHS digital access has been updated and more relevant staff now have access to update information. • SINBAD Score used in 100% of cases every quarter. **Key Concerns** • Staffing levels within podiatry could impact the number of completed audit forms. **Action** • New audit lead has been inducted and actively seeking further NDFA champions within the department to assist with the project.

Appendix 1: National Clinical Audit Updates

Oxford Health NHS

Clinical Audit	Summary
National Audit of Care at the End of Life (NACEL)	Overall compliance April-December 2024:

	Compliance	Number of patient deaths
April 2024	91.9%	5
May 2024	88.0%	3
June 2024	88.3%	5
July 2024	92.2%	4
August 2024	100.0%	3
September 2024	93.8%	4
October 2024	88.2%	5
November 2024	95.7%	2
December 2024	78.2%	10

From January 2025, the NACEL audit tool changed and the NACEL mental Health Spotlight audit was also launched (although no eligible deaths have yet occurred from the mental health wards).

	Compliance	Number of patient deaths
April 2024	96.2%	5
May 2024	97.6%	4
June 2024	95.9%	7

It has been recognised that there has been a lot of work done by the trust to develop the information and resources available to patients, families and carers, which staff can access on the End-of-Life page.
There is good collaborative working between the MDT on wards to ensure that patients who have been identified as approaching the end of life are included in their care planning and decision making.
There has been improvement in the review of nutrition and hydration options in the last days of life.

Key Concerns

It has been identified that there is room for improvement with Advanced care planning.

Recommendations

There is more work to be done around developing End-of-Life champions so that Advanced Care plan discussions can take place with patients and families sooner and are not reliant on the Advanced nurse practitioner or End of Life nurse.
N.B. The trust collects additional data on patients which are not submitted to the national audit.
Due to low numbers of eligible patients' compliance is easily skewed.
There is a wider transformation workstream overseen by the End of Life Steering Group.

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
National Audit of Inpatient Falls (NAIF)	It has been identified that the Oxford Health was not being allocated cases to audit. This was due to how falls resulting in fracture were attributed to occurring on an inpatient unit on the Hip Fracture Database. The Clinical Audit and NICE Manager was liaising with Oxford University Hospitals (OUH) new audit manager to resolve. The audit team have been reviewing falls for 2024/25 and linking with OUH to ensure eligible cases were audited, however numbers remain small. From January 2025, NAIF expanded to collect information from patients who sustain any fracture, spinal or head injury as a result of an inpatient fall and allowed participating organisations to identify patients who are eligible for audit data collection. Monthly falls reports are being reviewed and eligible cases audited.
Prescribing Observatory for Mental Health (POMH-UK) - **Rapid Tranquillisation (16c)**	This audit was from the 2023/24 Quality accounts list with a deadline of 30th April 2024. 83 patients were audited from 16 wards across the Trust. - Post-RT, a debrief with a nurse and doctor is required to assess harm and emotional impact and to be offered a supportive debrief with staff, an advocate, or a carer. As an action plan, debriefs will be made mandatory at closure, involving working with the Ulysses team to implement a mandatory functionality. - Within a week of RT, care plans should include triggers or early warning signs. Trigger warnings will be added to de-escalation plans to support clearer documentation, to improve compliance in this area. - Hourly physical, mental and behavioural observations are currently logged on NEWS2 sheets and not in care notes. The news EObs system, will record all observations including attempts, refusals etc., which will be pulled directly inro RiO. A snapshot audit is planned for June to test this data integration to improve compliance in future audits. - The treatment target for this audit includes - Oral medication should be offered before IM/IV options for behavioural disturbance. For action plan to this – this will be covered as part of the de-escalation plan and learning from incident forms. Trust practices, offering oral medication as first choice, but it's often not recorded in care notes, incident forms may better reflect this practice.

Appendix 1: National Clinical Audit Updates

Oxford Health NHS Foundation Trust

Clinical Audit	Summary
Prescribing Observatory for Mental Health (POMH-UK) - The use of melatonin (21a)	170 patients were audited from 20 teams/wards across the Trust. The audit results closely similar to previous round of the audit. The action plans from 2023 are still valid and will be reviewed with fresh focus. - Evidence-based, non-pharmacological interventions should be attempted before prescribing melatonin. For samples with "No documentation" may indicate poor or inconsistent record-keeping rather than a lack of intervention. A guideline and standard proforma, including sleep hygiene advice and a tick box for documentation, would help ensure better consistency and proper recording in Rio. - For the standard, that the target symptoms for melatonin treatment should be documented. The figures for 2024 are similar to those in 2023, indicating room for improvement. As an improvement recommendation, this could be supported by incorporating these expectations into a trust guideline and using a proforma to aid consistent documentation in Rio. - A licensed melatonin preparation should be prescribed. Clinicians must ensure adherence to these updates and discontinue Circadin MR prescriptions as per recent changes. - The updated trust guidance to include clear instructions to ensure off-label use is explained to patients and carers; and documented. To ensure compliance with documentation, a tick box in the proforma can be copied into Rio. The Choice and Medication leaflet or the Medicines for Children leaflet will be provided, and these links could be included in the trust guideline. - The efficacy and safety/tolerability of melatonin to be reviewed within three months of starting and also the need for continued melatonin treatment should be reviewed annually, considering efficacy and side effects. The results highlight the ongoing need for clear trust guidance and expectations, particularly regarding how these reviews are documented.

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
Prescribing Observatory for Mental Health (POMH-UK) - Opioid medications in mental health services (24a)	20 patients were audited from 11 wards across the Trust. POMH have yet to publish the report with the results for the Trust.
Core National Diabetes Audit (NDA) – Education Element	National deadline for 2024/25 is currently not yet released (09/04/2024). The audit collects data on diabetic patients. There are multiple audits which track a patients diabetes management to form a wider registry of diabetic care in England and Wales. Oxford Health only provides structured education to Type 2 diabetic patients and enters this data into the audit. For the 2023/24 year, 1236 patients were offered structured education, of which 757 attended. This gives an attendance rate of 61%. Data is currently being collated ready for upload to the national audit.
National Clinical Audit of Psychosis (NCAP) (EIP)	The national audit is trialling using data from the Mental Health Services Data Set (MHSDS). The trust did not participate in the trial in 2023/24 due to ongoing work with RiO and populating the MHSDS following the systems outage. Nationally this is expected to run in 2024/25 and the trust has provided our data identifiers. It has been noted that the trial in 2023/24 did experience a number of issues. The bespoke audit focused on effective treatment, physical monitoring (against an approved Lester Tool), and whether outcome assessments were undertaken. The work is ongoing with introduction of outcome measure tools in the True Colours rollout. A live spreadsheet, color-coded by intervention status (red for out of date, amber for about to expire, green for in date), has been implemented to give immediate support in documenting these measures. Supervisors review and update this monthly during supervision. The spreadsheet helps identify missing measures, ensuring each patient has at least two sets, typically updated every six months in line with care plan reviews. To improve efficiency in providing CBTp, allocation meetings for CBTp will be held more frequently. A review will be conducted on the current number of sessions provided to assess if they can be reduced.

Appendix 1: National Clinical Audit Updates

Oxford Health NHS Foundation Trust

Clinical Audit	Summary
Sentinel Stroke National Audit programme (SSNAP)	SSNAP provides two data sets: • 'Patient centred' attributes the results to every team which treated the patient at any point in their care. This recognises that the stroke care pathway usually involves many teams treating the patient at different points. This holistic approach is aimed at encouraging teams to work closely together to ensure consistency of care. It is patient centred, because it describes the care and outcomes from the patient perspective, regardless of which team treated the patient. • 'Team centred' attributes the results to the team considered to be most appropriate to assign the responsibility for the measure to. Whilst the patient centred holistic approach identifies that teams along the pathway need to work closely together to ensure that patients get consistently high quality of care, it is also recognised that it is useful to provide results on a team centred basis so that teams can see the results for the interventions delivered. SSNAP assigns grading based on a score determined by percentage compliance for key indicators under each domain in the audit, which is then readjusted using case ascertainment and audit process compliance. These are then used to calculate the overall grades. Further guidance and how key indicators are calculated is available on the SSNAP website. For simplicity the following key can be used as a guide for compliance A to E: A = ≥80 | B = 70 to 79 | C = 60 to 69 | D = 50 to 59 | E = ≤49 Overall SSNAP level for 2024/25 was rated B for both patient centred and team centred measures for Quarters 1 and 2. Changes to the reporting mean that no score has been given for Quarter 3 (Quarter 4 data deadline has not yet passed). Case ascertainment/Audit compliance has remained rated A (90%+) across Quarters 1 and 2. Key points from specific domains are: • Occupational Therapy and Physiotherapy domains remain rated A. • Standards by Discharge and Discharge Process rated C. This is affected by patients not being able to access Early Supported Discharge or specialist community rehabilitation team on discharge. • MDT working is rated D.

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
Serious Hazards of Transfusion (SHOT)	National registry for incidents involving blood transfusion. Oxford Health participate via Oxford University Hospitals. 9 incidents were recorded in 2024/25. Incidents were investigated as per trust patient safety processes. 2 incidents related to blood units being sent to the wrong EMU; 2 incidents related to blood units being left behind; 1 incident related to incomplete details on crossmatch request form; 1 incident related to no request card attached to the sample; 1 incident related to the scanner being unable to scan the product code on the blood bag; 1 incident related to blood fridge tachograph not recording temperature as not inserted properly; 1 incident related to incorrect wristband being placed in patient. A local blood transfusion audit is undertaken regularly to provide assurance of practice against standards.
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide (NCISH)	The trust participates in the programme. As of 09/04/2024, 98 patients have been identified as eligible for deaths between 1st April 2019 and 31st March 2025, of which: • 78 (80%) have been completed, • 3 (3%) have been abandoned as agreed by NCISH, • 16 (16%) are overdue, and • 1 (1%) are in progress and have not passed the due by date.

Appendix 2: Commissioner feedback

Appendix 3: Council of Governor feedback



Appendix 4: Healthwatch feedback

Appendix 5: Oxfordshire Joint Health Overview & Scrutiny Committee feedback

Meeting:	Board of Directors' Meeting
Date of Meeting:	21 May 2025
Agenda item:	18(a)
Report title:	Green Plan 2025-2028
Executive sponsor(s):	Heather Smith, Chief Finance Officer
Report author(s):	John Upham, Sustainability Manager
Action this paper is for:	☑ Decision/approval ☐ Information ☐ Assurance
Reason for submission to the Board:	Health and Care Act 2022, which requires NHS organisations to contribute to statutory emissions and environmental targets.
Public or confidential:	Public

Executive summary

In 2020, the NHS became the first health system to commit to net zero emissions. The Health and Care Act 2022 reinforced this by requiring NHS Foundation Trusts to consider emissions and environmental targets in their decisions. Trusts must meet these duties through board-approved green plans, which need to be updated by 31 July 2025.

The Green Plan covers a three-year period from 2025 to 2028 and will undergo annual reviews to assess Carbon reduction targets and incorporate any changes in national policy and guidance.

Carbon Accounting

The carbon footprint is calculated using the greenhouse gas protocol, an international tool used by the NHS to manage emissions. This tool helps identify direct emissions from trust-controlled sources, including utilities and travel.
To address the NHS Carbon Footprint Plus, which comprises emissions we can influence (e.g. Supply Chain), we plan to conduct a comprehensive review over the three-year duration of this Green Plan.

Strategic Considerations

- **Decarbonisation of estates:** This includes minimising energy consumption, upgrading heating systems to non-fossil fuel options, utilising energy-efficient lighting, and adopting renewable energy sources such as solar power.
- **Sustainable Travel & Transport:** promoting public transport, active travel and investing in Electric Vehicle charging.
- **Supply chain emissions:** To ensure that all procurements include a 10% social value weighting, with an emphasis on suppliers providing comprehensive carbon reduction plans. We plan to

conduct a comprehensive review of NHS Carbon Footprint Plus over the three-year duration of this Green Plan.

Sustainable Healthcare /Net Zero Clinical Transformation

- Appoint a clinical lead responsible for overseeing net zero clinical transformation, ensuring formal connections to board-level leadership and governance with a focus on emission reduction.
- Set objectives to reduce the carbon footprint of clinical models of care, using Sustainable Quality Improvement methodology.

Climate Resilience and Adaptation

- The Green Plan emphasises the need for resilience against extreme weather events by developing climate adaptation plan, flood risk assessment and enhancing emergency response capabilities.

Partnership Working

- Collaboration is essential for achieving sustainability goals, we will continue to work with local authorities and healthcare providers across the system to address regional environmental challenges (e.g. Sustainable travel plans and Procurement).

Governance

- Delivery of the Green Plan will require senior leadership and oversight of delivery from a range of functions.
- The Plan will be reviewed annually to consider progress made and any new priorities, guidance, technology and other enablers.

Financial Implications

- The Green Plan requires investment in energy-efficient lighting, transitioning from fossil fuels, and vehicle electrification. Funding may come from the Public Sector Decarbonisation Scheme and GB Energy (Solar Panels). Business cases will be developed to outline the financial needs.

Metrics to Track Progress

To monitor progress on green plan implementation, NHS England metrics will be adopted, focusing on Travel & Transport emissions and emissions from fossil fuel heating sources. The impact of low-carbon initiatives, such as replacing fossil fuel heating and clinical improvement projects, will be assessed using scenario modelling.

In conclusion, the Green Plan aims to promote a more sustainable future for all.

Appendix 1 – Green Plan
Appendix 2 – Action Plan

Report history / meetings this item has been considered at and outcome	
Green Task Force	9 April 2025
Green Plan Project Board	16 April 2025
Estates & Facilities Green Plan Working Group	22 April 2025
Extended Executive	12 May 2025

Finance Investment Committee	14 May 2025

Recommendation(s)
The Green Plan is an ambitious yet necessary initiative to ensure that the Trust contribute positively to environmental sustainability. By adopting this plan, the Trust will support the NHS in creating a healthier, greener future for all. Board approval is essential to move forward with implementation, and we recommend its endorsement.

Strategic objective this report supports	**Select**
Quality - Deliver the best possible care and health outcomes	☐
People (Workforce) - Be a great place to work	☐
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☐**Safe**	☐**Effective**	☐**Caring**	☐**Responsive**	☐**Well-led**

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ **BAF**	☐ **TRR**
Equality, diversity and inclusion	Yes/No	
Legal and regulatory	Yes/No If yes, include brief description, e.g. CQC essential standards; Provider license etc	

HEALTHIER PLANET
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NHS
Oxford Health
NHS Foundation Trust

Green plan

2025-2028

DRAFT



John Upham
Sustainability Manager

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Foreword

As Chief Financial Officer, I am pleased to present our Green Plan, which details our commitment to healthcare sustainability and climate change mitigation.

Climate change impacts health with extreme weather events that disproportionately affect vulnerable populations, increasing pressure on the NHS.

Excellent patient care and sustainability are interconnected objectives we aim to achieve.

Our Trust's Green Plan aligns with the NHS's net zero target by 2040 and includes measures to reduce our carbon footprint while maintaining high clinical standards. Initiatives range from investing in renewable energy and energy-efficient infrastructure to promoting sustainable travel and incorporating green spaces into mental health services.

Partnerships with local authorities, suppliers, and communities are crucial for advancing low-carbon technologies and sustainable procurement. Shared responsibility is essential for our success.

We all have a role in delivering our Green Plan, delivering which will contribute towards a greener, more sustainable future for all of us.

Heather Smith, Chief Financial Officer

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List of Abbreviations

Abbreviation	Full Meaning
BOB ICB	Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board
CFO	Chief Finance Officer
ERIC	Estates Returns Information Collection
GHGP	Greenhouse Gas Protocol
HDP	Heat Decarbonisation Plan
ICS	Integrated Care System
KPIs	Key Performance Indicators
L&D	Learning and Development
LED	Light Emitting Diode
MDIs	Metered Dose Inhalers
OHFT	Oxford Health NHS Foundation Trust
PSDS	Public Sector Decarbonisation Scheme
PV	Photovoltaic (Solar Panels)
QI	Quality Improvement
tCO2e	Tonnes of Carbon Dioxide Equivalent
ULEV	Ultra-Low Emission Vehicle
ZCOP	Zero Carbon Oxford Partnership
ZEV	Zero-Emission Vehicle

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Introduction

Welcome to the Oxford Health NHS Foundation Trust (OHFT) Green Plan.

The climate crisis is also a health crisis. Rising temperatures and extreme weather will disrupt care and impact the health of our patients and the wider community, particularly the most vulnerable in society.

In 2020, the NHS released its strategy "Delivering a 'Net Zero' National Health Service" to reduce carbon emissions and air pollution (Delivering a ‘Net Zero’, 2020). These commitments are now legally binding with the Health and Care Act 2022.

All NHS Trusts must now complete and deliver a Board-approved green plan to comply with this legislation.

The Oxford Health NHS Foundation Trust (OHFT) builds on Green Plan 1 which was published in 2022.

Green Plan 2 sets out our three-year approach 2025- 2028 to achieve Net zero carbon emissions by 2040.

Key strategies within the Green Plan include:

- transitioning to an energy-efficient estate.
- adopting low-carbon digital solutions.
- prioritising the decarbonisation of our supply chain (medications, medical equipment goods and services).
- adapting our services and the Estate to extreme weather conditions (Heat /Flood /Storms)

Collaboration and partnership working lies at the heart of the NHS net zero vision. We will continue to work with our system partners particularly regarding sustainable travel, procurement, Medicines management and system-wide energy reduction. Our plan also champions education and looks to support staff in accessing training in sustainability in the NHS. The Green Plan aims to reduce the Trust's carbon footprint, air pollution and support the development and enhancement of green spaces.

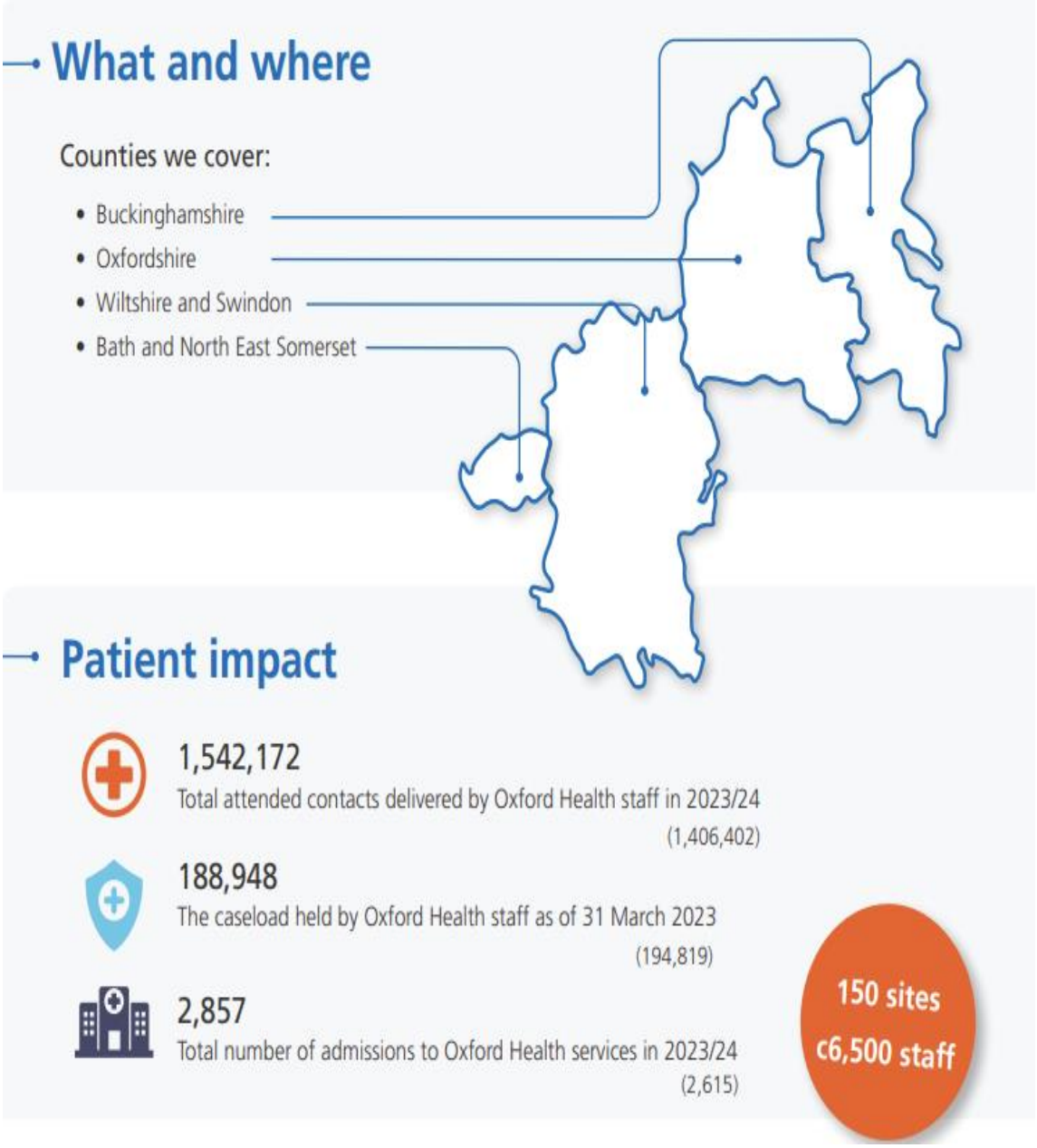
Our Green Plan will help guide and develop future clinical transformation, in line with national and local policies, and ensure we embed sustainability in all services across the Trust.

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About us

Oxford Health NHS Foundation Trust (OHFT) provide mental and community physical health services.
We provide physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and Northeast Somerset.
Our teams care for adults and children of all ages, from babies to older members of the community. Our services are delivered by over 7,000 staff to 2.5 million people at community bases, hospitals, clinics and in people's homes. We focus on delivering care as close to home as possible.



Why do we need a green plan?

Climate change poses a significant threat to health. The UK is experiencing more frequent floods and heatwaves, as well as worsening air pollution. Annually, up to 38,000 deaths are associated with air pollution(Chief Medical Officer's annual report 2022: air pollution - GOV.UK), disproportionately affecting the most deprived areas and contributing to health inequalities. Figure 1 provides an overview of climate-sensitive health risks, their exposure pathways, and impacts on both physical and mental health.

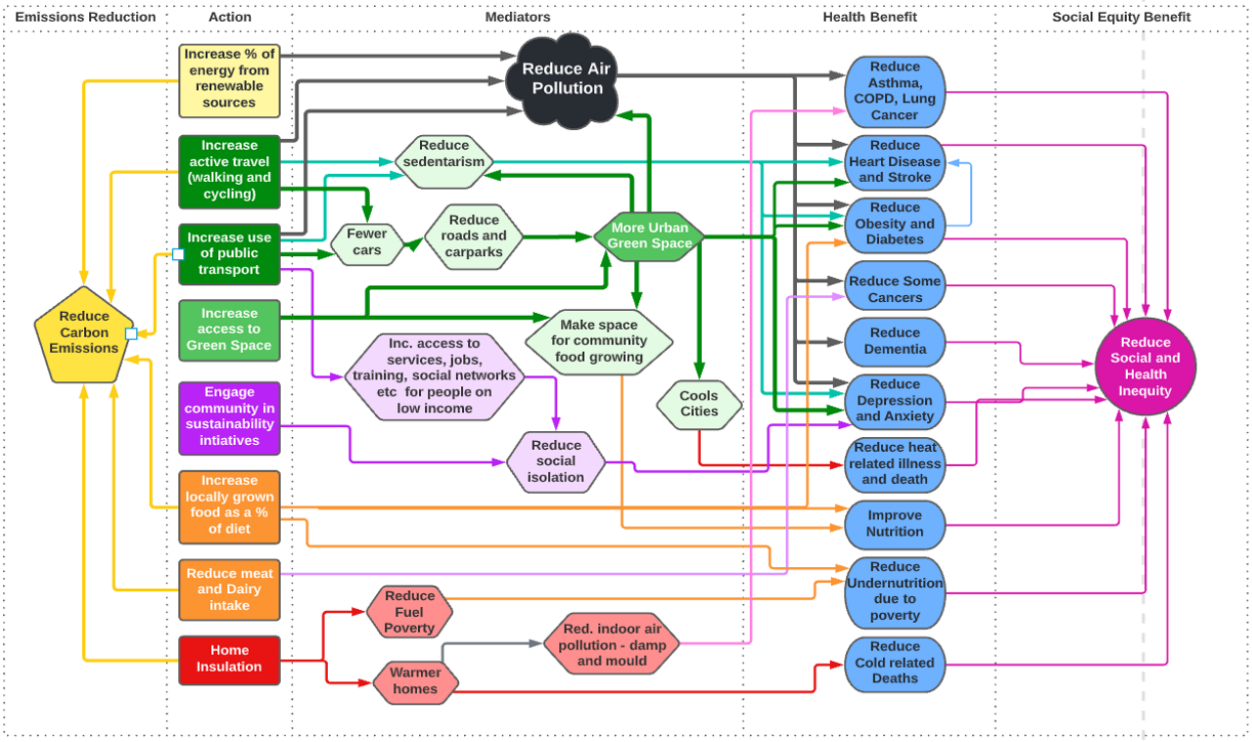


Figure 1: Centre for Sustainable Healthcare – Reducing the Impact of Carbon Emissions and Benefits to Healthcare Outcomes

The impact of climate change will also be expensive for society, with the costs of heat-related mortalities from climate change estimated at £6.8 billion per year in the 2020s, rising to £14.7 billion per year in the 2050s.(NHS England » Green plan guidance)

Addressing climate change will lead to substantial long-term health benefits, securing a sustainable NHS.
Key initiatives include:

- Cutting harmful air pollution by transitioning to a zero-emission NHS fleet, improving respiratory health in communities.
- Upgrading and decarbonising buildings, lowering energy costs while enhancing patient care environments.
- Reducing waste and boosting recycling, minimising the environmental impact of healthcare operations.

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The NHS must tackle climate change to protect public health and ensure sustainable healthcare services. Implementing a green plan is essential for responding to the environmental crisis and proactively safeguarding health.

Greener NHS

The “Delivering a ‘Net Zero’ National Health Service”, published in October 2020 (Delivering a ‘Net Zero’ , 2020), set out targets for carbon reduction as well as a methodology for carbon measurement.

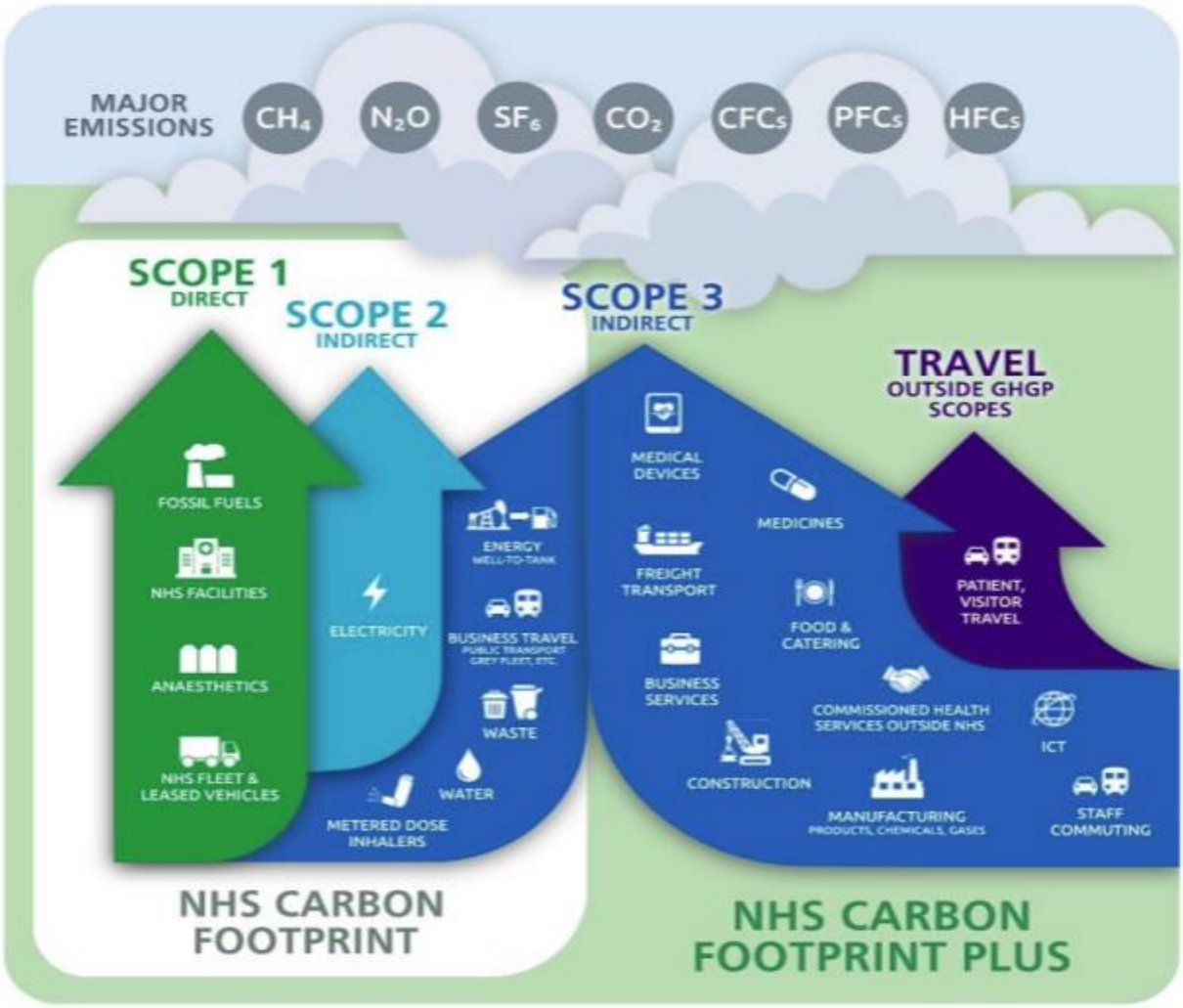
The targets are as follows:

- For the emissions we control directly (the NHS Carbon Footprint), **net zero by 2040**, reducing carbon emissions by 80% by 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), **net zero by 2045.**

The Greenhouse Gas Protocol (GHGP) defines scope 1, 2, 3 (Figure 1). carbon emissions as follows:

- **Scope 1**: All direct emissions controlled and managed by the NHS. This includes owned or leased vehicles and on-site burning of fossil fuels for heating.
- **Scope 2**: Indirect emissions from the generation of purchased electricity.
- **Scope 3**: All other carbon emissions resulting from NHS operations. This includes emissions from transportation of goods and services, medicines and medical equipment. Refer to Figure 1 GHGP scopes in the context of the NHS

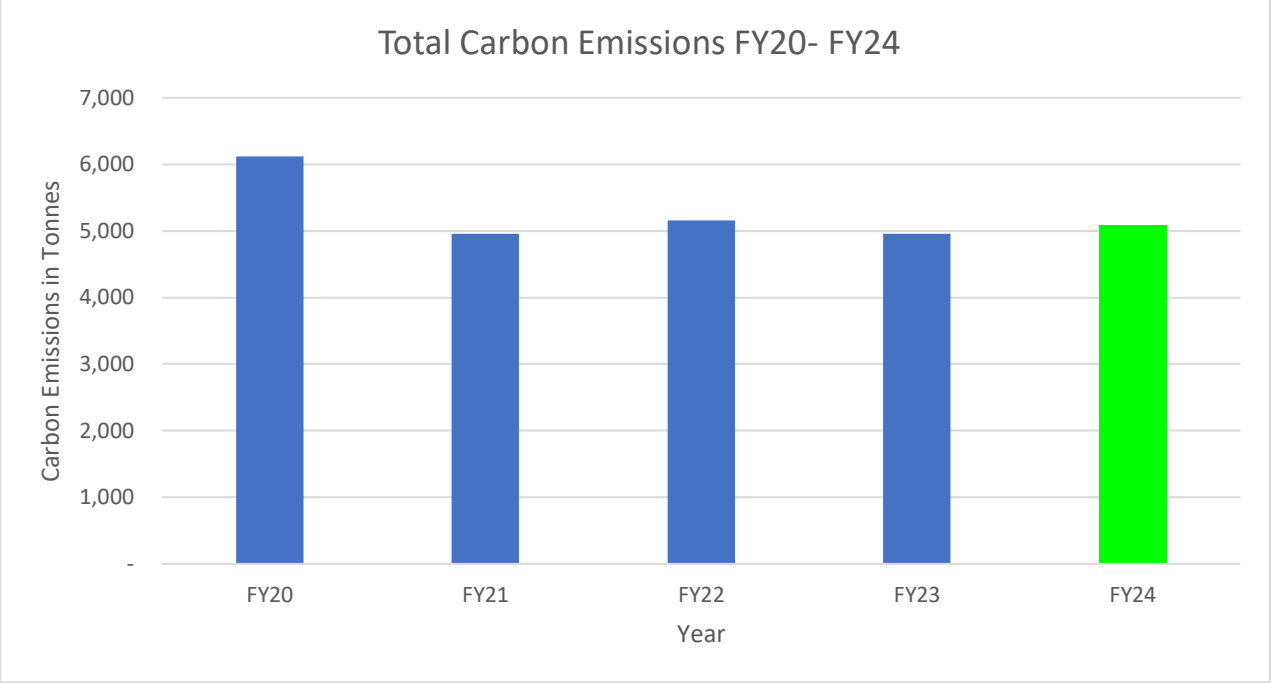
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Our impact: baseline

Reducing OHFT's carbon footprint requires measuring our current impact and creating a method for ongoing assessment. Calculating an accurate carbon baseline for a healthcare system is challenging, and we need to consider all parts of the healthcare system that fall within the breadth of this Green Plan.

The base year for Net Zero trajectories is 2019/20. Despite the growth in the number of people working at the Trust, the chart below shows a 17% reduction in NHS Carbon Footprint (Scope 1 & 2) emissions since then, largely due to a 40% decrease in staff business mileage following more sustainable travel practices after the COVID-19 pandemic.



Calculating our carbon emissions

The carbon footprint is calculated in accordance with the greenhouse gas protocol, an international accounting tool used by the NHS to quantify and manage greenhouse gas emissions. This tool allows the trust to identify direct emissions from sources owned or controlled by the trust. Emissions are measured across areas including utilities and travel.

To address the NHS Carbon Footprint Plus, which comprises emissions we can influence, we plan to conduct a comprehensive review over the three-year duration of this Green Plan.

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Our Highlights so far



3.28 tonnes of CO_2e saved annually with installation of Solar panels for Meadow Unit
.



2.4 tonnes of of CO_2e saved with Community Team using Electric vehicle



18 tonnes CO_2 absorbed annully through tree planting
.



16% of buildings have energy efficient lighting Saving 30 tonnes CO_2/year.



372kg/Co2 saved, burning 50,000 calories through use of Electric bikes by Community team.

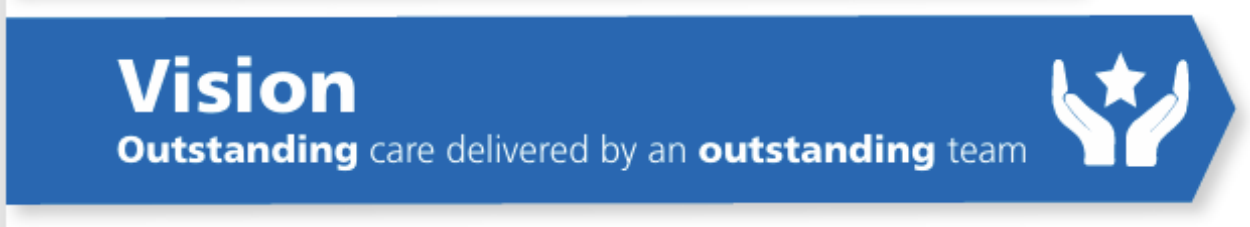


Staff focused sustainable health e learning module launched. Monthly Green Plan Staff inductions for all new starters

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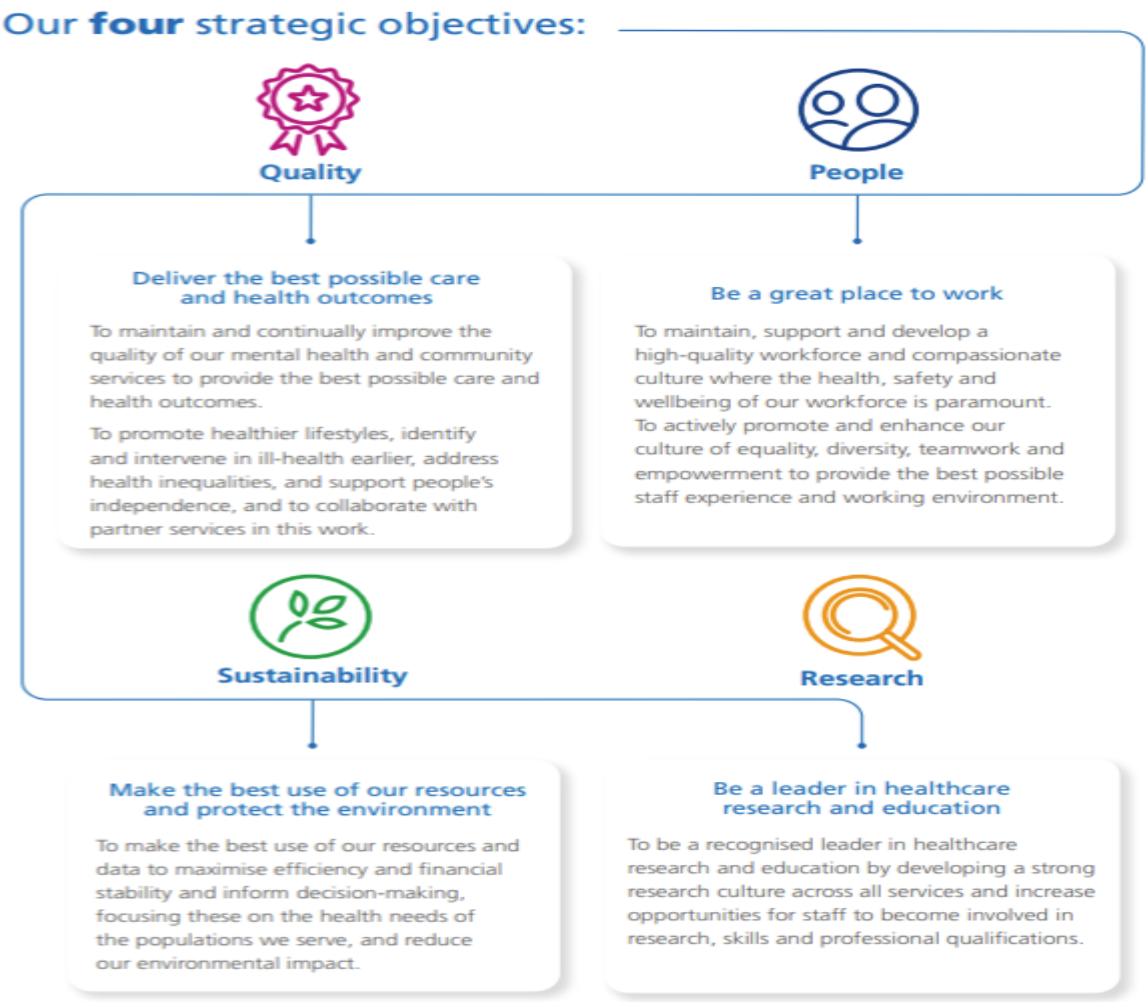
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Our Vision



Published in 2021, the Oxford Health NHS Foundation Trust Strategy outlines our vision, values, and strategic objectives for 2021-2026.

The Trust's vision is underpinned by four strategic objectives:



Sustainability Objective in detail

- The efficient use of estates and a reduction in carbon emissions
- Increase clinical time to care through improved IT systems and more efficient clinical pathways and processes

Working with our partners

Collaboration is essential for achieving sustainability goals across the NHS.

OHFT works with local authorities and healthcare providers to address regional environmental challenges and develop long-term solutions.

OHFT participates in the net zero programme boards for both BOB ICS and BSW ICS, which support green plans and standardise best practices. Joint initiatives focus on reducing carbon emissions, providing sustainable travel options, and enhancing energy efficiency.

Partnerships with academic institutions facilitate research and innovation in sustainable healthcare practices. OHFT has been part of air pollution research conducted by Birmingham University and will be involved in Oxford Brookes University's study on “Health co-benefits of the transition to net zero”.

As an anchor institution, OHFT will continue participating in the Zero Carbon Oxford Partnership and the development of climate change adaptation plans for Oxfordshire. Additionally, further research and innovation activities will be considered to support the transition to a net zero NHS.

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

HEARTH
National Hub on Net Zero, Health and Extreme Heat



ZERO CARBON OXFORD

The Green Plan at a glance



Embed digital transformation in Health care pathways to reduce emissions



Influence procurement to drive down carbon impact



Development of plans to mitigate against the impact of climate change .



Upskill workforce to understand carbon savings



Promote sustainable travel



Reduce carbon emissions around the estate



Support development of accessible Green Space



Reducing Medicine waste

Areas of focus

This section presents priority actions for 2025-2028, aligned with the National Greener NHS objectives.

Appendix 1: "Green Plan – Action Plan" provides detailed targets, responsibilities, and timelines.

The **10 key focus areas** are set out to include:

- **An overview** of each priority,
- **A clear action plan**, and
- **A defined timeline** within the 3-year cycle.

The following initiatives aim to drive measurable progress in sustainability, keeping the Trust at the forefront of climate-resilient healthcare.

Focus areas as follows:

1. Estates and Facilities
2. Travel and Transport
3. Medicines
4. Supply Chain and Procurement
5. Nutrition and Hydration
6. Workforce and Leadership
7. Net zero clinical transformation
8. Digital Transformation
9. Adaptation
10. Green Space and Biodiversity

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Estates and Facilities

Why it matters

Energy use in our buildings contributes to 79% of our carbon footprint. To meet our 80% reduction target by 2032, we must focus on reducing these emissions. We can achieve lower emissions, cost savings, and increased energy resilience through various measures, including:

- Installing LED lighting, roof/building insulation, and energy-efficient window glazing.
- Replacing fossil fuel heating systems with lower carbon alternatives, such as heat pumps or connecting to a broader heat network system.
- Increasing the use of renewable energy by investing in on-site or energy generation to meet energy demand.

Where are we now?

We have already reduced building emissions by 17% compared with baseline year 2029/20.

- Projects delivered include Solar Panels, generating over 17kw of power.
- Initiated program of replacing lighting with energy efficient alternative.
- Sustainability and Net Zero is a consideration in the design of the Warneford Park development.

Commitments

We aim to reduce our estate's environmental impact by:

- Improving building energy efficiency.
- Increasing on-site renewable energy to cover 80% of emissions by 2032
- Ensuring new construction and major renovations comply with NHS Net Zero Building Standard.
- Phasing out fossil-fuel heating systems by 2032
- Reducing landfill waste to 0% by 2028.

Key Actions	By
Develop heat decarbonisation plans for 50% of retained estate	Q4 2027/28
Replace at least one fossil fuel primary heating systems.	Q4 2027/28
Increase the use of energy-efficient LED lighting to 100%.	Q3 2028/29
Ensure readiness for funding opportunities for Solar PV installations	Q1 FY28
Review options to Install water leak detection systems	Q1 FY27
Develop Waste Reduction Policy & increase recycling rates	Q1 FY26



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Travel and Transport

Why it matters

Travel and transportation are crucial for the delivery of healthcare services within our Trust. However, they also constitute a considerable source of carbon emissions and air pollution, which adversely affect health outcomes.

In 2024, travel and transport accounted for 21% of the Trust's carbon footprint, including 44 fleet vehicles and 3.5 million miles of staff travel. Currently, 72% of the OHFT fleet consists of diesel and petrol vehicles.



Where are we now?

We are working to reduce our travel and transport carbon impact by investing in EV charging, improving cycle storage for staff, and promoting public transport. We will continue expanding these measures and seek new opportunities over the next 3 years.

Commitments

- Transition to zero-emission vehicles and promote sustainable travel.
- To decarbonise fleet by 2035 and aim for zero-emission business travel by 2040.
- Over the next three years, we will support sustainable travel options for staff, targeting a 50% reduction in air pollution from travel by 2032.

Key Actions	By
Develop a sustainable travel and transport strategy	Q3 -FY27
Electric vehicles only to be offered through staff salary sacrifice schemes.	Q4- FY27
All new Lease vehicles managed by Trust will be Zero Emission from 2027.	Q3 – FY28
Develop staff engagement program to encourage staff to use public transport more.	FY26
Plan deployment of EV infrastructure and consider increased electrical capacity where necessary.	Q4 – FY26

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Medicines Management

Why it matters

Medicines contribute significantly to the NHS's overall carbon emissions, accounting for about 25%. This impact arises from various factors, including the manufacturing process, transportation, and disposal of medicines

By focusing on reducing the carbon footprint of medicines, the NHS can make substantial progress towards its net-zero goals, ultimately improving public health and environmental sustainability.



Where are we now?

We have already begun to make progress in reducing the environmental impact of medicines, including:

- Introducing a recycle scheme for blister foil packaging
- promoting low-carbon inhalers for MDIs, when possible,
- setting minimum order values for efficient transport.

Our Commitments

- To reduce carbon emissions attributed to medicines by focusing on high-impact areas such as inhalers.
- Reduce medicine waste and its environmental impact.

Key Actions	By
• Complete baseline assessment of medicines and inhalers' carbon footprint.	Q1- FY27
• Track and limit the use of metered dose inhalers (MDIs).	Q1- FY27

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Supply Chain and Procurement

Why it matters

The NHS supply chain is responsible for approximately 62% of its total carbon emissions.

The provision of healthcare services necessitates the procurement of a substantial volume of goods, services, and infrastructure, with the health and care system allocating over £30 billion annually to these expenditures.

This presents OHFT with an opportunity to influence suppliers of goods and services to adopt more environmentally, financially, and socially responsible practices.



Where are we now?

. The procurement team has adopted the net zero supplier roadmap, meaning all procurements now include a 10% social value weighting.

Our Commitments

- To achieve net zero carbon emissions for supply chain carbon emissions by 2045.
- We will work with our system partners and suppliers to reduce our carbon footprint, including waste management, transportation, and other sources of carbon emissions.

Key Actions	By
Ensure Suppliers with contracts exceeding £100,000 provide comprehensive carbon reduction plans.	Q1 FY26
Develop a plan to reduce supply chain and procurement carbon emissions.	Q1- FY27

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Nutrition and Hydration

Why it matters

We aim to provide staff, visitors, and patients with access to nutritious food that promotes health while also supporting environmental sustainability. The Eatwell Guide recommends that 80% of the diet should consist of plant-based foods. Carbon Trust's analysis shows this diet has a lower environmental impact than the current UK diet due to more potatoes, fish, bread, vegetables, and fruit, and less meat, dairy, and sugary foods.

Where are we now?

Chief Nurse has been appointed to the role of Executive Lead for Nutrition and Hydration.

- We now have a seasonal menu change every 6 months.
- Every ward meal offers a vegetarian choice, and we aim to add more plant-based options.
- We are developing a digital meal system to improve meal planning accuracy and minimise food waste.
- We are reviewing food waste at service points to align ward orders with actual needs.

Commitments

to reduce overall carbon footprint of food, promoting seasonal menu options that emphasize fruits and vegetables while minimising the inclusion of heavily processed foods.

Key Actions	By
Reduce volume of food waste by 10% Measure food waste in line with the Estates Returns Information Collection (ERIC	Q3 – FY27 Q4- FY27

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Workforce and Leadership

Why it matters

The transition to a net-zero NHS will be driven by the dedication and commitment of our workforce. There is already overwhelming support for a greener future, with 6 out of 10 of NHS employees expressing that they are more likely to remain with an organization that takes decisive action on climate change (YouGov, 2023). This enthusiasm underscores the vital role our people will play in achieving a sustainable and resilient healthcare system for future generations.

Where are we now?

The Trust has an executive lead for Net Zero and a governance pathway to provide the Trust Board with assurance of achievements.

Progress to date:

- Training: Staff have access to the Net Zero NHS e-learning module.
- Monthly induction: New staff receive an overview of the Green Plan.
- Trust Green Task Force: provides strategic oversight of Green Plan.

Commitments

To embed knowledge of sustainability principles across Trust workforce by fostering a strong culture with visible board leadership, promoting top-down engagement and encouraging training opportunities.

Key Actions	By
Encourage participation in core training on sustainability.	Q4-FY27
Incorporate sustainability into job descriptions to ensure all staff are aware of their role in achieving the Trust's carbon reduction goals	Q1 – FY27
Work with teams and Centre for Sustainable Health to find Clinical carbon hotspots and implement projects to improve them.	Q1 – FY27



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Clinical Transformation

Why it matters	Commitments	Key Actions	By
The NHS is moving towards out-of-hospital, digitally enabled care, prioritising health prevention and reducing inequalities. This supports our net zero goals by offering high-quality, preventative, low-carbon care at all stages.	To deliver high-quality, preventative, low-carbon care to patients by transforming clinical pathways, while supporting aging populations and aligning to the three shifts (analogue to digital, hospital to community, illness to prevention) while maintaining excellent patient outcomes and reducing health inequalities	Identify a clinical lead with oversight of net zero clinical transformation, with formal links into Board-level leadership	Q4 – FY26
		Conduct a carbon footprint assessment for at least one high-carbon clinical area	Q1-FY27
		Set objectives to reduce the carbon footprint of clinical models of care, including mental healthcare and community services.	QI- FY27

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Digital Transformation

Why it matters	Commitments	Key Actions	By
The digital transformation area of focus seeks to advance sustainable healthcare through innovative digital solutions. It highlights how digital tools can improve patient care, operational efficiency, and environmental sustainability. Embracing digital transformation is crucial for the NHS to achieve its sustainability goals, as it enables the reduction of reliance on physical resources, lowers energy consumption, and minimises the carbon footprint associated with healthcare delivery. By transitioning to digital systems, the NHS can enhance patient outcomes, streamline operations, and contribute to a greener future.	• Transitioning from paper-based records to fully digital systems to minimise paper usage and waste. • Reducing the need for physical travel by expanding virtual working capabilities. • Optimizing IT infrastructure to reduce energy consumption and carbon footprint. • To maximize the benefits of digital platforms in reducing CO2 while supporting clinical quality improvements.	Implement fully paperless clinical and administrative systems. Adopt the NHS Cloud First strategy, utilizing shared platforms from suppliers with a carbon neutral agenda. Develop agile working protocols, applications, and processes.	Q4 -FY28 Ongoing Ongoing

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Adaptation

Why it matters

Climate change poses direct and indirect risks to our services, including:

- Extreme weather events like floods and heatwaves disrupting care delivery.
- Increased patient demand due to climate-related anxiety, trauma, and displacement including the consequent economic uncertainty.
- Supply chain vulnerabilities such as medication shortages and energy blackouts.

OHFT acknowledges the need to adapt to these challenges to ensure the continuous delivery of care and the safety of patients and staff during extreme weather conditions.

Where are we now

As anchor institution we have contributed to the Climate Change Adaptation Route Map for Oxfordshire County Council. The route map sets priority actions for 2025-26 to improve community, infrastructure, and building resilience against extreme weather events such as flooding, extreme weather and heatwaves.

We have business continuity plans and emergency response policies to address severe weather conditions.

Commitments

To ensure climate resilience is embedded in our operations, by strengthening infrastructure and enhancing emergency response capabilities to maintain continuity of services during increasingly frequent extreme weather events and other climate impacts.

Key Actions	By
Develop a Climate Adaptation Plan and review flood risk assessments according to the latest UK climate projections.	Q1 – FY27
Identify healthcare sites that are susceptible to risk of flooding.	Q1 – FY27
Enhance the monitoring process for overheating incidents and implement measures to mitigate associated risks.	Q1 – FY27
Factor climate change into infrastructure decisions and new facility design	Q1 – FY27

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Green Space and Biodiversity

Why it matters

Green spaces and biodiversity are essential for promoting both mental and physical well-being. Oxford Health NHS Foundation Trust (OHFT) aims to incorporate nature into therapeutic practices and the environments where care is provided. OHFT acknowledges the importance of including green spaces and biodiversity in its estates and operations as part of its sustainability and health goals. This initiative seeks to improve access to nature, protect and restore biodiversity, and create therapeutic environments that support recovery, resilience, and overall health for patients, staff, and the community.



- Annual tree planting programme established.

Where are we now

- Green Space Coordinator appointed in 2023 to support green space improvements, provide regular social therapeutic horticulture (STH) and nature engagement sessions with patients and staff.
- Completing rolling programme of green space improvements.

Commitments

Maximise the quality of on-site green spaces, identifying and delivering schemes that address one or more of the following priorities:

- supports local nature recovery
- supports patient recovery and/or staff wellbeing.
- combats climate change

Key Actions	By
Form a 'Green Spaces Steering Group' within the Trust.	QI- FY27
Conduct biodiversity surveys and map species at key sites.	Q3- FY27
Improve planting diversity and green space quality, and foster stewardship and nature connectedness for all.	Year on Year

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Accountability

Delivery

To ensure successful delivery of this plan, investment will be needed with relevant resources being assigned.

Finance

Some actions may be cost neutral or deliver cost savings. Examples include reducing medicines waste. Some actions need capital investment that will provide medium to long term efficiency savings such as LED lighting and electrification of the vehicle fleet. Some actions could bring cost pressures but will also deliver wider social value benefits that will need to be accounted for as part of any decision-making process.

There are examples of funding available to deliver Green Plans, such as the government's Public Sector Decarbonisation Scheme. A business case will be developed for the additional financial and resources required to deliver the Green Plan.

Governance

To ensure delivery of this Green Plan, it is essential to ensure that there are clear lines of governance and accountability. This section outlines the structures, roles, and responsibilities that will guide the Trust's sustainability efforts and ensure Green Plan delivery over the next three years.

Governance Structure:

The Green Plan will be a live document updated at a minimum annually. Approval is by the trust board with Governance structure set out below:



Trust Green Task Force

Provide strategic oversight, monitor progress, and ensure alignment with the Trust's sustainability objectives.

Responsibilities:

- Set strategic priorities and approve the Green Plan.
- Establish subgroups in focus areas (Transport, Assets, Models of Care, Medicines, Green Space, Supply Chain, Workforce, Food & Digital Transformation) that report to the GTF.
- Evaluate sustainability training programs for staff.
- Monitor key performance indicators (KPIs) related to NHS carbon reduction targets.
- Report Green Plan progress to the Board.
- Formulate a Green Delivery Plan, maintain an action log, and establish a risk register.
- Allocate resources and funding for sustainability initiatives.
- Ensure compliance with NHS net-zero targets and national sustainability standards.

Monitoring and Reporting

Progress on key actions will be reported annually to the Finance Investment Committee and the Board. The Trust's annual report will summarise sustainability progress and carbon footprint reduction for the previous year.

Annual Reporting

- **Annual sustainability progress report:** Details progress against Green Plan objectives and highlights main activities of the year.
- Estates Return Information Collection (ERIC): Mandatory data collection of energy consumption for all NHS Trusts by the Department of Health & Social Care.

Quarterly Reporting

Greener NHS quarterly data return: Measures sustainability progress and enables comparison with similar Trusts.

Metrics to Track Progress

We will use NHS England metrics from Appendix 2 to track our progress.

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Appendix 1 – Green Plan – Action Plan 2025-2028

Appendix 2 – Metrics to Track Progress

Appendix 3 – Glossary of Terms

Appendix 1 - Green Plan -Action Plan rev9

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Appendix 2 – Metrics to Track Progress

Focus area	Metric	Data source
Travel and transport	% of owned and leased fleet that is ultra-low emission vehicle (ULEV) or zero-emission vehicle (ZEV)	Greener NHS dashboard (https://tabanalytics.data.england.nhs.uk/#/workbooks/3237/views)
Travel and transport	Total fleet emissions	Greener NHS dashboard (https://tabanalytics.data.england.nhs.uk/#/workbooks/3237/views)
Travel and transport	Does the organisation offer only ZEVs in its salary sacrifice scheme	Greener NHS dashboard (https://tabanalytics.data.england.nhs.uk/#/workbooks/3237/views)
Estates and facilities	Emissions from fossil-fuel-led heating sources	Greener NHS dashboard (https://tabanalytics.data.england.nhs.uk/#/workbooks/3237/views)
Estates and facilities	% of gross internal area covered by LED lighting	Estates Return Information Collection
Estates and facilities	% of sites with a heat decarbonisation plan	Estates Return Information Collection

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Focus area	Metric	Data source
Supply chain and procurement	Inclusion of Carbon Reduction Plan and Net Zero Commitment requirements in all relevant procurements	Greener NHS dashboard (https://tabanalytics.data.england.nhs.uk/#/workbooks/3237/views)
Supply chain and procurement	Inclusion of requirements for a minimum 10% net zero and social value weighting in procurements, including defined KPIs	Greener NHS dashboard (https://tabanalytics.data.england.nhs.uk/#/workbooks/3237/views)
Food and nutrition	Weight (tonnes) of food waste, with further break down by spoilage, production, unserved and plate waste	Estates Return Information Collection
Adaptation	Number of overheating occurrences triggering a risk assessment (in line with trust's "heatwave" plan)	Estates Return Information Collection
Adaptation	Number of flood occurrences triggering a risk assessment	Estates Return Information Collection

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Appendix 3 – Glossary of Terms

Biodiversity - Biodiversity is the variety of life on earth. This includes the diversity of genes, organisms, populations and species through to ecosystems; with ecosystems viewed as broadly identical to habitats. (Natural England, 2013)

Climate change – Long-term shifts in global temperatures, mainly caused by human activities like burning fossil fuels, which release greenhouse gases (GHGs).

Greenhouse gases (GHGs) – Emissions that trap heat in the atmosphere, measured in tonnes of carbon dioxide equivalent (tCO2e).

NHS Carbon Footprint - measures the total greenhouse gas emissions produced directly and indirectly by NHS activities, including energy use, travel, and supply chains.

Net Zero carbon: greenhouse gas (GHG) emissions produced are balanced with emissions removed from the atmosphere. Emissions produced are reduced as close to zero as possible, and anything remaining is offset.

Sustainable Healthcare: Delivering healthcare services in a way that minimises environmental impact while maintaining high-quality patient care.

ERIC: the Estates Return Information Collection collates information on the running costs of providing, maintaining and servicing the NHS

Energy Efficiency: Using less energy to perform the same task, reducing energy waste and lowering emissions.
Heat Decarbonisation plan (HDP)- refers to a strategic framework designed to reduce or eliminate carbon emissions associated with heating systems across NHS facilities. The goal of a Heat Decarbonisation Plan is to transition away from fossil fuel-based heating systems (such as gas boilers) to low-carbon or zero-carbon alternatives.

Renewable Energy: Energy derived from natural sources that are replenished constantly, such as solar, wind, and hydroelectric power.

Biodiversity: the variety of life found in a particular space, including plants, animals, bacteria, and fungi. Generally, a high level of biodiversity denotes a healthy ecosystem. Biodiversity net gain is an approach to development which seeks to enhance the biodiversity of an area.

Active Travel: Encouraging walking, cycling, and other forms of non-motorized transport to reduce emissions and promote health.

Waste Management: Strategies to reduce, reuse, and recycle waste, minimizing landfill use and environmental harm.

Climate Adaptation: action to prepare for the current or expected impacts of climate change, in the short, medium, and long term.

Green Plan - Action Plan 2025 – 2028

Introduction

The Action Plan 2025 – 2028 is our commitment to creating a sustainable future aligned to NHS ambition to achieve Net Zero Emissions by 2040. This plan details the specific actions we will take over the next three years to reduce our carbon footprint, improve energy efficiency, and promote sustainable practices. It is a crucial part of our broader Green Plan, which sets the long-term vision for sustainability within the Trust. By following this Action Plan, we aim to make significant progress towards our environmental goals and create a healthier, more sustainable future for everyone.

Areas of Focus

1. Estates and Facilities
2. Travel and Transport
3. Medicines
4. Supply Chain and Procurement
5. Nutrition and Hydration
6. Workforce and Leadership
7. Net zero clinical transformation
8. Digital Transformation
9. Adaptation
10. Green Space and Biodiversity

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Green Plan - Action Plan 2025 – 2028

Oxford Health NHS Foundation Trust

Estates and Facilities				
Aim	**Action**	**Measure**	**Resources**	**Target Date**
Prioritising the phasing out of all existing fossil-fuel primary heating systems by 2032	**Develop heat decarbonisation plans for 50% of retained estate.** • Complete Heat Decarbonisation Plan and strategy identifying and prioritising the phasing out of existing systems. Phase 1 FY26 – Witney Hospital - HDP Phase 2 FY27 – 50% of Retained Estate Phase 3 FY28- Remaining Estate **Replace at least one fossil fuel primary heating systems.** • Develop business cases to deliver the measures outlined in the HDP, as well as accompanying energy efficiency and renewable energy interventions. Complete funding application through Low carbon Skills framework (LCSF)and PSDS if projects cannot be financed through internal budgets	% of sites with a heat decarbonisation plan	Sustainability Manager – Heat of Estates Energy Manager - Capital Project Manager Sustainability Manager – Heat of Estates Energy Manager - Capital Project Manager	Q4 FY28 Q4 FY28
Enhance the estate's energy efficiency by increasing LED coverage	**Increase the use of energy-efficient LED lighting to 100%.** • Complete building surveys, design, specification and tender documents (RIBA Stage 4). • Complete business cases and prioritised program to deliver the measures outlined in LED surveys. Submit funding application through the PSDS/NEEF if projects cannot be financed through internal budgets	% of gross internal area covered by LED lighting- ERIC return	Head of Estates	Q3 -FY29

Renewable onsite energy to cover at least 80% of emissions by 2032.	**Ensure readiness for funding opportunities for Solar PV installations.** • Develop Solar PV schemes for Littlemore, Whiteleaf & Abingdon Hospital. • Consider potential for battery storage systems to be incorporated into renewable energy schemes. • Develop Business cases to inform application for PSDS funding, if projects cannot be financed through internal budgets.	% of energy from renewables Annual ERIC return energy consumption report	Sustainability Manager – Head of Estates Energy Manager - Capital Project Manager. HVAC surveyor	Q1 FY28
Promote water saving efficiencies	**Review options to Install water leak detection systems** • **Conduct Building Audits** to identify existing leaks and areas prone to leakage. • **Monitor Water Usage**: Use water meters and monitoring systems to track water usage • **Develop a Response Plan**: Create a clear and efficient response plan for addressing leaks when they are detected.	Annual review of water consumption	Head of Estates	Q1 FY27
0% waste sent to Landfill	**Develop Waste Reduction Policy & increase recycling rates** • Develop Waste Reduction Policy • Complete Waste Audits • Increase recycling rates • Engage with Waste Contractors • Staff Awareness Campaigns • Prioritise Waste prevention • Recruit Waste manager:	Annual ERIC return – Greener NHS report Waste Manager in post	Waste Manager Procurement	Q1- FY26 Q3 FY26

Green Plan - Action Plan 2025 – 2028

Travel & Transport				
Aim	Action	Measure	Resources	Key Target Date
To decarbonise NHS travel and transport by transitioning to zero-emission vehicles and promoting sustainable travel for staff. .	**Develop sustainable travel and Transport strategy** • Collect data on current travel patterns • Identify stakeholder needs through workshops • Assess funding and resource requirements	Strategy prepared and approved	Sustainability Manager Travel & Transport Manager/Travel & Transport Consultant – Directorate service leads	Q3 -FY27
	Electric vehicles only to be offered through staff salary sacrifice schemes. • Complete Grey Fleet assessment and analyse future demand for fleet.	% of owned and leased fleet that is ultra-low emission vehicle (ULEV) or zero-emission vehicle (ZEV)	Sustainability Manager Travel & Transport Manager Fleet Management Consultant	Q4 – FY27
	All new Lease vehicles managed by Trust will be Zero Emission from 2027. • Complete Grey Fleet Data analysis of all business miles. • engagement with Community Teams to establish demand for vehicles. • Complete business cases for transfer of business mileage into EV Fleet	Annual review of Business Mileage and number of Electric pool cars available	Sustainability Manager Travel & Transport Manager	Q3 – FY28

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	Develop staff engagement program to encourage staff to use public transport more. • Improve engagement and communications for staff regarding bus routes. • Consider partnership working with OUH regarding express bus routes and staff bus ticketing concessions • Increase staff use of public transport by 7% annually	Staff Annual Travel Survey	Sustainability Manager Travel & Transport Manager Comms Team	FY26
	Plan deployment of EV infrastructure and consider increased electrical capacity where necessary. • Complete engagement workshops with fleet users to establish demand. • Identify Zero emission vehicle options to meet demand with NHS Fleet. Develop timeline for transition	Site Electrical Capacity	Sustainability Manager Travel & Transport Manager Fleet Management Consultant	Q4 – FY26
	Recruit Travel & Transport Manager to support delivery of sustainable travel. Duties to include promotion of public transport, active travel and developing net zero travel plans.	T&T Manager in post	Head of Facilities	Q3- FY26

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Green Plan - Action Plan 2025 – 2028

Medicines Management				
Aim	Action	Measure	Resources	Key Target Date
Reduce Medicine Waste and Environmental Impact of Medicine usage.	**Complete baseline assessment of medicines and inhalers' carbon footprint.** **Track and limit the use of metered dose inhalers (MDIs** • Pilot an inhaler recycling scheme in inpatient areas • Pilot use of cycle courier for deliveries of medicines to patient homes (as an alternative to posting). • Encourage prescribing and transitioning patients to Dry Powder inhalers where appropriate. • Review protocols for medical gas use to ensure that they are used efficiently. Regularly maintain and check equipment, such as cylinders, to ensure no leakage. Use equipment that limits wastage, such as on-demand oxygen delivery systems, which reduce the continuous flow of gases.	Included in FY27 carbon footprint accounting carbon emissions from inhalers reduced by 10% to 40 tonnes CO2 by 2028.	Pharmacy Team, Sustainability Manager Pharmacy Team	Q1- FY27 Q1- FY27

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Green Plan - Action Plan 2025 – 2028

Supply Chain & Procurement				
Aim	Action	Measure	Resources	Key Target Date
to reduce supply chain and procurement emissions by 10% by 2028	**Ensure Suppliers with contracts exceeding £100,000 provide comprehensive carbon reduction plans.** • Procurement will work collaboratively with other BOB / ICB partners to minimise our carbon impact, this includes the procurement of waste, transport and other carbon contributor's • Inclusion of requirements for a minimum 10% net zero and social value weighting in procurements.	Annual review of procurement Establish baseline metrics for identified areas Annual Carbon Emissions review (CO2t)	Head of Procurement Sustainability Manager /Finance /Head of Procurement	Q1 FY26 Ongoing Q1 FY26
	Develop plan to reduce supply chain and procurement carbon emissions .	Plan presented to Trust Green Task Force	Head of Procurement	Q1- FY27

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Green Plan - Action Plan 2025 – 2028

Nutrition and Hydration				
Aim	Action	Measure	Resources	Key Target Date
Nutritionally analyse and review the carbon footprint of the Trust's patient menus and develop an action plan in response to the findings. Phase in more accurate meal planning through a digital meal ordering system for patient feeding. Reduction in food waste by 10% from patient feeding.	**Reduce volume of food waste by 10%** • This will support healthier, lower carbon menus that meet all patients' nutritional needs and reduce carbon footprint by 10% for patient feeding. • Identify and aim to secure ongoing clinical funding to support the purchase of and incremental roll out of a digital meal ordering system for patient meals to enable better patient choice, more accurate meal planning and reduced food waste. **Measure food waste in line with the Estates Returns Information Collection (ERIC** • Implementing systems to routinely measure and report on food waste, to help understand how wastage occurs, and identify appropriate action plans to reduce waste. Disposal of food waste via food waste recycling via anaerobic digestion.	Patient satisfaction surveys. Review of menu analysis tools and reports. . Menu analysis tool for accurate forecasting of patient meal choices and quantities. Reduction in paper menus Annual ERIC Data) quarterly reporting on food waste and food waste reduction plan.	Head of Facilities, Facilities & Clinical Teams, Catering Lead, Food Services Dietician. Head of Facilities, Facilities & Clinical Teams, Catering Lead, Food Services Dietician. Head of Facilities, Facilities & Clinical Teams, Catering Lead, Food Services Dietician	Q3 – FY27 December 2026 Q4- FY27

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To work towards achievement of the Soil Association Bronze Food for Life Award for Sustainable Catering and Green Kitchen Standard.	• Work towards achievement of awards for sustainable catering with suppliers, governance, food sustainability and reduction of carbon footprint.	Certification of awards achievement of award standards External accreditation.	Catering Lead, Food Service Dietician, Head of Facilities, Procurement, NHSSC, Facilities Teams.	Q4- FY27
Using more locally sourced suppliers to support local economy and less food miles for delivery.	• Actively identifying local suppliers to directly contract with, with support from our Procurement Team and NHS Supply Chain. Complying with Government Buying Standards for Food and Catering Services	Award of contract, Government buying standards, Use of SLA	Catering Lead, Food Service Dietician, Head of Facilities, Procurement, NHSSC	Q1 – FY 28

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Green Plan - Action Plan 2025 – 2028

Workforce and Leadership				
Aim	Action	Measure	Resources	Key Target Date
To embed knowledge of sustainability principles across Trust workforce by fostering a strong culture with visible board leadership, promoting top-down engagement and encouraging training opportunities.	**Encourage participation in core training on sustainability.**	Annual review of green skills within workforce	HR Workforce Team	Q1 -FY27
	Incorporate sustainability into job descriptions to ensure all staff are aware of their role in achieving the Trust's carbon reduction goals	HR approval of JD format amendment	HR Workforce Team	Q1 –FY27
	Work with teams and Centre for Sustainable Health to identify Clinical carbon hotspots and implement projects to improve them.	Annual Review of Sustainabilty Training	L&D – Comms Team	Q4-FY27
	assess workforce capacity and skill requirements for delivering the green plan, considering good practice examples such as , apprenticeships, fellowships and NHS estates sustainability career pathways	Annual review of Green skills within workforce	HR Workforce Team	March 2027
	Provide incentives for staff to use green transportation options, such as concessions for public transport and /or provision of electric bikes for travel between community sites.	Annual Travel Survey	HR Team	Q1 –FY27
	Develop comms plan and Green Community Handbook for staff. Launch network of green champions to promote green initiatives and Sustainable QI.	Increase network of Green Champions	Comms Team /Sustainability Manager	FY26

Green Plan - Action Plan 2025 – 2028

Clinical Transformation				
Aim	Action	Measure	Resources	Key Target Date
Achieve Net Zero Carbon Emissions in the delivery of Community & Mental health care by 2040.	**identify a clinical lead with oversight of net zero clinical transformation, with formal links into board-level leadership**. Establish a multidisciplinary working group responsible for reducing emissions in the clinical area.	Clinical lead in place		Q4 – FY26
	Conduct a carbon footprint assessment for at least one high-carbon clinical area	Measure the reduction in overall carbon emissions from energy use, travel, waste, and clinical operations		Q1-FY27
Deliver High-Quality Care with Reduced Environmental Impact,	**Set objectives to reduce the carbon footprint of clinical models of care, including mental healthcare and community services.** • completing quality improvement project(s) in the clinical area(s) that focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities	Measurable reduction in carbon emissions.	QI Team /Clinical Services	Q1-FY27

Green Plan - Action Plan 2025 – 2028

Digital Transformation				
Aim	Action	Measure	Resources	Key Target Date
Transitioning from paper-based records to fully digital systems to minimise paper usage and waste.	**Implement fully paperless clinical and administrative systems** Fax systems have been removed where possible and fully managed printing systems in place to reduce paper wastage. We are reducing paper waste by introducing the following within our clinical environment: • E-correspondence allowing clinicians to send documents to GPs via Docman stopping the need to print our paper copies and posting it via the Docman console or direct integration with our EPRs • Reducing the paper notes being kept in patients notes and using the EPRs to record clinical data currently trialling with DNs • Reducing patient questionnaires being sent out via post and questionnaires sent out via True Colours for patients to complete pre appt • Sending text messages reminders rather than letters and sending out text messages for Waiting list Validation	. Implement paperless systems and reduce paper wastage where possible.	Head of Clinical Systems, Head of IM&T	Ongoing

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	• Ice Implementation to reduce paper written lab request being sent to Labs and having an electronic way of requesting order comms			Q4 -FY28
NHS Cloud First	**Adopt the NHS Cloud First strategy, utilizing shared platforms from suppliers with a carbon neutral agenda.**	Always include and consider cloud options when procuring new or upgrading existing systems	Head of Clinical Systems, Head of IM&T	Ongoing
Reduce staff travel journeys and time	**Develop agile working protocols, applications, and processes.**	EMIS mobile rollout and virtual appointments where applicable	Head of Clinical Systems	Ongoing

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Green Plan - Action Plan 2025 – 2028

Oxford Health NHS Foundation Trust

Adaptation				
Aim	Action	Measure	Resources	Key Target Date
prepare for severe weather events and improve climate resilience of the Estate and services, including digital services	**Develop a Climate Adaptation Plan and review flood risk assessments according to the latest UK climate projections**.	Plan approved by Executive Team	Emergency Planning Lead Sustainability Manager Head of Estates	Q1 – FY27
	Identify healthcare sites that are susceptible to risk of flooding. • incorporate predicted climatic changes into estates strategy and Business Continuity Plans		Emergency Planning Lead Sustainability Manager Head of Estates	Q1 – FY27
	Enhance the monitoring process for overheating incidents and implement measures to mitigate associated risks. • Improve monitoring process for overheating events and take action to mitigate risk. Develop BEMS to review outdoor temp	Number of overheating occurrences triggering a risk assessment	Head of Estates	Q1 – FY27
	• ensure adequate cascading of weather health alerts and relevant messaging across the organisation, in line with the government's Adverse Weather and Health Plan(https://www.gov.uk/government/publications/adverse-weather-and-health-plan)		Sustainability Manager /Emergency Planning Lead	Q4 – FY26
			Manager	

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	factor in the effects of climate change when making infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions		Head of Estates	
Green Space & Biodiversity				
Aim	Action	Measure	Resources	Key Target Date
Increase awareness and understanding of biodiversity across Oxford Health sites.	**Establish a Trust cross disciplinary 'Green Spaces Steering Group'**	Steering group	Executive, AHP, Clinical, Lived Experience, GSC	QI-FY27
	Conduct biodiversity surveys and map species at key sites	Monitor and record biodiversity	Green Spaces Coordinator	Q3-FY27
Improve the quality of Oxford Health green spaces to support local nature recovery strategies.	**Improve planting diversity and green space quality, and foster stewardship and nature connectedness for all**.	Established baseline	Clinical, AHP, Peer Support and OHAP	Ongoing
Make our existing green spaces more therapeutic to support patient recovery and staff wellbeing.	• Include the monitoring of biodiversity in staff wellbeing and service user recovery and engagement programmes.			Ongoing
	• Work with partners to develop Green and Blue Infrastructure action plan.	Green-Blue Infrastructure Plan .	Estates, Corporate and Community Partners	On-going

	• Improve planting and create habitat space for biodiversity.	Improve 3-4 garden spaces per year	OHAP, OHC, Estates, Service Users, Community and	On-going
	• Improve the quality of our green spaces incorporating more natural elements and including engagement opportunities.		OHAP, AHP, Support Staff	On-going
	• Create flower beds and productive garden spaces on and off wards, through co-production with patients, staff and volunteers.		OHAP, AHP, Support Staff	On-going
	• Promote patient and staff stewardship of garden spaces.		OHAP, AHP	On-going
	• Increase no-mow, native and ornamental meadow areas across sites.			On-going
	• Plant additional ornamental and fruit trees, as well as native hedgerows to reduce carbon long term, create wildlife corridors and increase shade cover.		OHAP, Estates, Contractors	On-going
	• Reduce reliance on pesticides and herbicides. Working towards a no spray policy across all sites.		OHAP, Estates, Contractors	2030
	• Identify suitable locations of bat and bird boxes with patient involvement. Create additional habitat provisions		OHAP, Service Users, AHP,	2025/2026

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	including log piles, dead hedging and pollen sources across sites. • Work with partners to develop waterways action plan. Identify suitable locations for green roofs, rain gardens and swales to reduce surface water run-off and improve water quality.		Estates, Contractors OHAP, AHP Estates, Community Partners	On-going

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Meeting	Board of Directors
Date of Meeting	21 May 2025
Agenda item	19
Report title	Modern Slavery statement 2024/25
Executive lead(s)	Taff Gidi – Executive Director of Corporate Affairs
Report author(s)	Lisa Lord – Head of Safeguarding Ben Cahill – Deputy Director of Corporate Affairs
Action this paper	☑ Decision/approval ☐ Information ☐ Assurance
Reason for submission to the Board	Board are required to approve the Modern Slavery statement 2024/25 in order to comply with the Modern Slavery Act 2015.
Public or confidential	Public

Executive Summary

To comply with the Modern Slavery Act 2015, NHS trusts are required to have their organisational Modern Slavery statements approved annually by their board of directors. Once approved the statement must then be published on the Trust's website.

The drafting of the OHFT 2024/25 Modern Slavery statement (Appendix 1) has been coordinated by Head of Safeguarding with contributions from the from the Trust's HR and procurement teams.

The board is asked to approve draft Modern Slavery statement 2024/25.

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

This report has been prepared for the 21 May meeting of the Board of Directors.

Recommendation(s)

The board is asked to approve the draft Modern Slavery statement 2024/25 ahead of its publication on the Trust's relevant webpages.

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	☐
People (Workforce) - Be a great place to work	☑
Sustainability - Make the best use of our resources and protect the environment	☑
Research & Education - Be a leader in healthcare research and education	☐

Link to CQC domain – where applicable				
☑Safe	☐Effective	☐Caring	☐Responsive	☐Well-led

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	☑ BAF	☐ TRR
Equality, diversity and inclusion	No	
Legal and regulatory	Yes	

MODERN SLAVERY ACT TRANSPARENCY STATEMENT 2024/25

Slavery and Human Trafficking Policy Statement

1. Introduction

Modern Slavery remains a hidden blight on society. In the UK, modern slavery is defined under the Modern Slavery Act 2015. It encompasses several forms of exploitation, including slavery, servitude, forced or compulsory labour and human trafficking.

We all have a responsibility to be alert to the risks of modern slavery, however small, in our organisation and in the wider supply chain. Trust colleagues are expected to report concerns, and our management teams are expected to act upon them. At Oxford Health NHS Foundation Trust (OHFT) we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain upholding the provisions of the Modern Slavery and Human Trafficking Act 2015.

This statement sets out actions taken by OHFT to understand all potential modern slavery and human trafficking risks and to implement effective systems, controls and best practice in order take all reasonable steps to prevent slavery and human trafficking. We expect our staff and suppliers to comply with the legislation and report any concerns where they may have them.

OHFT wishes its service users, staff, and all stakeholders to be confident in the knowledge that we operate a zero tolerance approach to modern slavery and human trafficking, and we are working as best we can to ensure that such practise does not exist anywhere in our Trust or in our supply chain.

2. Our commitment

We are fully aware of the responsibilities we bear towards our service users, staff and local communities. We aim to follow good practice and to take all reasonable steps to prevent slavery and human trafficking.

We are committed to promoting a proactive and inclusive approach to equality in both employment and service provision which supports and encourages an inclusive culture which values diversity. This includes a commitment to building a workforce which is valued and whose diversity reflects the communities it serves, enabling the Trust to deliver the best possible healthcare services.

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OHFT is guided by a strict set of ethical values in all of its business dealings and expects its suppliers to adhere to these same principles. The Trust is committed to ensuring there is no modern slavery in any part of the business and, in so far as possible, requires suppliers to hold the same ethos.

OHFT is also committed to ensuring that all staff are aware of the Modern Slavery Act 2015 and their safeguarding duty to protect and prevent any further harm and abuse when it is identified or suspected that an individual may be or is at risk of modern slavery and human trafficking.

3. About Oxford Health

OHFT provides physical, mental health, learning disability and social care for people of all ages across Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon and Wiltshire. The Trust's services are delivered at community bases, hospitals, clinics and in people's homes. The Trust focuses on delivering care as close to home as possible. Further information can be found on the 'About us' pages of the Trust's website.

Our supply chains enable the procurement of a wide range of goods and services on behalf of our clients and service users.

4. Our Policy on Slavery and Human Trafficking

We are fully aware of the responsibilities we bear towards our service users, employees and local communities. We are guided by a strict set of ethical values in all our business dealings and expect our suppliers (i.e. all companies we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking. OHFT Safeguarding Adult and Children policies include information on modern slavery and human trafficking and staff are expected to report concerns about slavery and human trafficking and management are expected to act upon them in accordance with our policies and procedures.

5. Due Diligence, Risk Assessment and Management

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Undertake appropriate pre-employment checks on directly employed staff and agencies on approved frameworks. Agency compliance is audited to provide assurance that pre-employment clearance has been obtained for agency staff;
- Adhere to National NHS Employment Checks/Standards. This includes right to work in the UK, employees' UK address and factual references;
- Implement a range of controls to protect staff from poor treatment and/or exploitation, which comply with all respective laws and regulations. These include provision of fair pay rates, fair Terms and Conditions of employment and equitable access to training and development opportunities. We are working

towards embedding an overarching just and restorative learning culture throughout the organisation which will underpin our ongoing provision of fair employment terms and conditions;

- Consult and negotiate with Trade Unions on proposed changes to contractual terms and conditions and proposals relating to organisational change, in the context of ongoing dialogue to provide a supportive work environment;
- Have systems to encourage the reporting of concerns, including a Freedom to Speak Up Policy so that all staff know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our Trust or supply chain, without fear of reprisals. We also make every effort to promote the role of our Freedom to Speak up Guardians and Ambassadors;
- Purchase a significant number of products through NHS Supply Chain, whose 'Supplier Code of Conduct' includes a provision around forced labour;
- Our purchase orders and tender specifications comply with the NHS Standard Terms and Conditions, thereby complying with the UK Modern Slavery Act (2015), all of which set out our commitment to ensuring no modern slavery or human trafficking related to our business;
- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria and processes. All NHS Contracts for the Supply of Goods and Provision of Non-Clinical Services have contractual clauses requiring compliance with the Modern Slavery Act (2015);
- Include a minimum of 10% Social Value criteria evaluation in our tender documents and ensure appropriate weight is given to modern slavery and human trafficking elements;
- Ensure adherence to the Cabinet Office Procurement Police Notice for Tackling Modern Slavery in Government Supply Chains by identifying and managing risks in new and existing procurement activities.
- Uphold professional codes of conduct and practice relating to procurement and supply, including through adherence to Sustainable and Ethical Values as advocated through the Chartered Institute of Procurement and Supply and/or other appropriate professional bodies; and
- Ensure ongoing due diligence through effective contract management and by building strong working relationships with suppliers;
- Monitoring of actions put in place to review and provide assurance on their effectiveness.

6. Training and Awareness

Advice and training about modern slavery and human trafficking is available to staff through our Safeguarding Children and Adults training, our Safeguarding policies and procedures and our Safeguarding leads.

As part of our recruitment process we consider the extent to which applicants have knowledge of and skills to comply with their obligations to safeguard service users

which includes Modern Slavery and Human Trafficking. It is extremely important to Oxford Health that all employed staff are supported to recognise signs and indicators of abuse which includes concerns relating to modern slavery and human trafficking. We have a responsibility as an organisation delivering care and treatment to vulnerable children and adults and we take this duty very seriously.

The organisation monitors any modern slavery issues through our Safeguarding Service and together with partner agencies.

7. Board of Directors' Approval

This statement has been approved by the Trust's Board of Directors on DATE [21 May 2025] who will continue to support the requirements of this legislation. The Board will aim to review and update it on an annual basis.

The statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes Oxford Health NHS Foundation Trust's slavery and human trafficking statement for the financial year ended 31 March 2025.

Oxford Health NHS Foundation Trust

Meeting of the Audit & Risk Committee

Wednesday, 23 April 2025, 09:30-12:00[1]

Microsoft Teams virtual meeting

AGENDA

Apologies to: Hannah Smith, Assistant Trust Secretary, hannah.smith@oxfordhealth.nhs.uk

No.	Item	Lead	Purpose	Paper	Time
1.	Welcome and Apologies for Absence[2]	CMH, Chair		N/A	09:30 (10 mins)
2.	Confirmation of items for Any Other Business			N/A	
3.	Minutes of the Audit Committee meeting held on 12 February 2025		For approval	Enclosed	
4.	Summary of Actions and matters arising			Enclosed	
Internal Audit and Counter Fraud					
5.	Internal Audit updates: a) progress report including final Internal Audit Plan for FY26; b) progress update on Draft Internal Audit annual report and Head of Internal Audit Opinion; and c) Provider Collaboratives review (assurance) d) [Data Security & Protection Toolkit] review (assurance)	KPMG/ PM/HeS KMPG/HeS	IA Plan FY26 for approval For assurance	Enclosed	09:40 (25 mins)
6.	Counter Fraud: a) Local Counter Fraud Annual Report FY25 (and progress report); and	KPMG/ PM/HeS	For assurance CF Plan FY26 for approval	Enclosed	10:05 (10 mins)

[1] 09:00-09:15 Non-Executive Directors only pre-meeting; 09:15-09:30 Auditors and Counter Fraud pre-meeting; and 09:30 main meeting starts.

[2] Apologies from Committee members or regular attendees: David Walker, Trust Chair

b) FY26 Counter Fraud Plan

Draft Annual Report & Accounts and Supporting Documents					
7.	Draft Financial Statements and Accounts including: a) Analytical Review; b) Private Finance Initiative (PFI) Accounting; and c) Draft Financial Statements	MW/PM/ HeS	For approval	Enclosed	10:15 (25 mins)
8.	Preparation of Statutory Accounts on a Going Concern basis	MW/PM/ HeS	For assurance	Enclosed	10:40 (5 mins)
9.	Draft Annual Governance Statement[3] [and Draft Annual Report]	BC/TG	For assurance	Enclosed	10:45 (20 mins)
10.	'Oxford Health in numbers 2024-27' - preview of the graphics once the Financial Statements are finalised	HeS	For information	Enclosed	11:05 (10 mins)
	5 minutes' break if required				11:15
External Audit					
11.	External Audit progress report	EY	For assurance	Verbal	11:20 (10 mins)
Risk, Governance & Assurance					
12.	Board Assurance Framework report	TG	For assurance	Enclosed	11:30 (15 mins)
13.	Audit & Risk Committee annual report	TG/ CMH	For approval	Enclosed	11:45 (10 mins)
Any Other Business					
14.	Any other business	CMH, Chair		N/A	11:55 (5 mins)
15.	Questions from observing Governors			N/A	
Review and Close					

[3] Although the Draft Quality Report and Quality Account used to feature at this meeting as part of the Annual Report, since FY20 and the response to the coronavirus/COVID-19 situation, the annual audited Quality Report is no longer a regulatory requirement and NHS England/Improvement have confirmed that, continuing the revised arrangements put in place since FY20, NHS FTs are no longer required to include a Quality Report in their Annual Report. Instead, NHS FTs are to provide a separate Quality Account, but there is no national requirement for external auditor assurance to be obtained on it. The Trust's Quality Account is developed by the Clinical Quality Governance team and will be reviewed through the Executive, the Quality Committee and the Board; ultimately it will be published on the Trust's website by the end of June 2025.

16.	Review of the Meeting a) any escalations to the Board or any risk escalations to the Trust Risk Register or Board Assurance Framework; b) any points to raise from the private pre-meetings; and c) content and behaviours.	CMH, Chair	
	Meeting Close		12:00
	Date of next meeting – 18 June 2025	N/A	

Meeting of the Oxford Health NHS Foundation Trust
Finance and Investment Committee

Minutes of a meeting held on
Tuesday 18 March 2025 at 09:00
virtual via MS Teams

Present:
Core members and attending Board members included in quorum

Lucy Weston	Non-Executive Director (**LW**) (the Chair)
Amelie Bages	Executive Director of Strategy (**AB**)
Taff Gidi	Executive Director of Corporate Affairs (**TG**)
Emma Leaver	Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care (**EL**)
Mohinder Sawhney	Non-Executive Director (**MS**)
Heather Smith	Chief Finance Officer (**HeS**)
David Walker	Trust Chair (**DW**)

In attendance:

Grant Macdonald	Chief Executive (**GM**)
Brian Aveyard	Risk, Assurance and Compliance Manager (**BA**)- *part meeting*
Sue Butt	Transformation Director (Primary, Community and Dental Care) (**SB**)
Simon Cook	Warneford Park Programme Director (**SC**) - *part meeting*
Ali Corfield	Chief Digital and Information Officer (CDIO) (**AC**)
Nicola Gill	Corporate Governance Officer (**NG**) (minutes)
Will Harper	Head of IT (**WH**) – *part meeting*
Stacy Hennessy	Finance Business Partner (**SH**)
Peter Milliken	Director of Finance (**PM**)
Dorothy O'Dell	Transformation Lead (**DoD**) – *part meeting*
Jeremy Philpot	Interim Director of Estates and Facilities (**JP**)
Hannah Smith	Assistant Trust Secretary (**HS**) – *part meeting*
John Upham	Sustainability Manager (**JU**) – *part meeting*
Paul Vincent	Head of Costing (**PV**) – *part meeting*

Governor Observers:

Vicki Power	Lead Governor
Juliet Hunter	Public Governor

1. a b	**Apologies for Absence** Apologies were received from members and attending Board members: Rob Bale, Interim Chief Operating Officer for Mental Health and Learning Disability. The Chair welcomed all to the meeting and confirmed it was quorate.	

2.	**Budget setting and Financial Planning approach for FY26**	
a	David Walker provided an update from a recent meeting with NHS Chairs and Chief Executives. He noted from an organisational point of view it had been an interesting meeting, highlighting Sir James Mackey's (transition Chief Executive of NHS England) focus on the priority of reducing the outstanding deficit of NHS England's budget which was of the order of £2.6 billion, between now and the end of the financial year and, as we enter FY 25/26, a renewed attention on the NHS's cost base.	
b	Discussions ensued regarding the recent Government announcement about the merger of NHS England into the Department of Health & Social Care and the impact on the NHS as a whole and individual providers. The importance of messaging to staff was highlighted as a key concern. It was also highlighted that there was the need to ensure that clinicians were involved in any thinking about service configuration/transformation.	
c	The Chief Finance Officer presented the FY26 Plan update, CIP update and Budget setting update. She highlighted slide 5 and 6 which provided ICB Context and a holistic picture of where the Trust sits. The Chief Finance Officer noted that, in the February submission, BOB had the highest deficit in the whole country by percentage and - whilst not the highest total deficit - it was the fourth highest and therefore in the spotlight for our collective ability to manage and live within budgets.	
d	The Chief Finance Officer noted that slide 6 was the sign off that the Trust were being asked to give. The financial plan was currently being prepared ready for submission on Wednesday 19 March 2025. The brief for the plan was to provide a break-even plan and submit on that basis but the Trust is being asked if we could do more. Following the Extraordinary Board Meeting being held on 21 March the final version will be prepared before final submission on 28 March to NHS England. The Board Assurance Framework will also be updated in due course.	
e	The Chair asked what the level of risk about non-achievement of CIPs was as that might lead to concerns for future years. The Director of Finance responded that he thought 50% was his best estimate. The detail would be worked through over the next few months. The Director of Finance summarised several Committed or Uncontrollable Impacts where commitments are already made or are areas outside of the Trust's control and the Controllable Actions or potential Funding negotiations that could lead to setting a balanced plan.	
f	Lucy Weston and David Walker noted the importance of the need to be clear what the relationship might be between promised CIP savings and the effort to reduce the cost base of the Trust. The Director of Finance referred to Slide 9 which summarises the question asked and pointed that regionally, if not nationally, the overall ask from NHS England was to be 4% more productive in terms of headline efficiencies in order to balance the NHS budgets. He did not feel there would be a provider nationally who would be taking that out of their budgets as it was around cost management.	
g	The Director of Finance concluded by talking through the £11.5m directorate CIP programmes and how this was being delivered across the clinical and corporate directorates.	
h	The Chief Finance Officer summarised where directorates were at with savings regarding CIP and the controls and support needed to assist directorates.	
i	The Chief Finance Officer noted productivity and what the NHS England pack shows us and that balance between describing why we are different and making plans to change needs to be right and will be looked at numerous times in the future. The Chair asked if	

	this could come to a future meeting. The Chief Finance Officer agreed to bring this as a fuller discussion item to a future meeting.	
j	The Chief Finance Officer highlighted the Risks & Opportunities to Plan and noted there were choices that the Trust could use and that the opportunities outweighed the risk for the plan even at this break-even level. She asked if the Committee would be comfortable if during further discussions, she and the Chief Executive took the decision to increase the level of surplus. David Walker supported a break-even plan but noted he had misgivings about increasing the surplus as high as £5m. The Chair noted that at the point that the Trust could be clear it could do nothing further to reduce its waiting lists or improve its efficiency of care with any additional investment, she would then be happy to support a greater surplus. The Chief Executive Officer noted the presentational concerns but pointed out that flexibility was needed for the Executive to negotiate with the System, and that the amounts were a low percentage of the Trust's overall expenditure.	
k	The Chief Finance Officer explained that Slide 10 set out the Capital Plan and the Critical Infrastructure Review (CIR) giving the Chief Digital and Information Officer the support she needed for devices and budgets and also amounts to Estates.	**HeS**
l	**The Committee noted the reports.**	
3.	**Annual Plan 25/26**	
a	The Executive Director for Strategy presented an update on the Trust's draft FY25/26 Annual Plan noting that once published the formatting would be updated. The content of the Strategy Delivery Plan may be changed based on ongoing discussions with the Board of Directors. The Executive Director for Strategy highlighted the next steps for the Plan: • The Board of Directors would review the draft Annual Plan with a view to sign off in principle on 26 March 2025; • The Extended Leadership Team will review the Annual Plan on 6 May 2025; • FIC will review the Annual Plan in the context of financial planning on 14 May 2025; and • The Board of Directors would sign off the final Annual Plan on 21 May 2025 which would include highlights from the delivery of the OHFT 24/25 Annual Plan.	
b	Mohinder Sawhney commented that she felt it was important that the Board had full visibility of what the requirements of the plan are, even if the Trust chooses not to meet those requirements, so that the Board can be fully assured that they have had full visibility of the decisions. The Executive Director for Strategy responded that she would be reviewing elements of the plan which would be updated and a draft provided ahead of the Board meeting later in March.	
c	The Chair spoke about the need to be alert to the wider regional and national healthcare context. She also requested clarity on where oversights of different elements of the plan sit and a plea to ensure we are integrating directorate priorities with wider trust work. The Executive Director for Strategy explained the process for the overall oversight of the strategy delivery along with separate oversight for the various programmes. The Chair suggested discussing this further in future. Mohinder Sawhney requested the need to be clear about the Corporate Services plans not reading as though they sit in isolation from the business of the Trust. The Executive Director for Strategy noted the comment stating that next year a likely step was aligning the work of corporate directorates to our overall strategy priorities.	
d	**The Committee noted the update.**	

Break 10:45-10:55 (10 minutes)		
4.	**Month 10 Financial Report (incl Capital Programme Sub-Committee (CSPC) 3As)**	
a	The Chief Finance Officer presented the report noting that the M10 Revenue forecast was a total improvement of £4.7m compared to the original plan for the year. £2.7m of deficit funding was returned to the ICB and £2m improvement was agreed in exchange for correspondingly increased capital limits. At M10, as well as making that improvement, the Trust were able to set aside £1.6m for unknown risks, primarily arising from improved agency run rates which look to be continuing into M11, as a contingency for the remainder of the year. Broadly the Trust was more likely to underspend than overspend in the last month.	
b	On capital, the Chief Finance Officer noted the Trust had been able to allocate against most of the additional £2m budget and capital was forecasting an overspend of £1.8m against available budget. The Trust are looking to use the headroom to undertake good value spend that will relieve pressures on capital next financial year.	
c	The Chief Finance Officer spoke about the 3As reports from the January and February Capital Programme Sub Committees (CPSC) are much briefer than previous reports, with the main conversation continuing to be around how to utilise budgets and making sure the Trust's digital account is correct.	
d	On financial culture the Chief Finance Officer noted that the costing dashboard presentation had been stood down given timings and that the report was seeking to provide updates about groundwork being laid on the corporate enablers programme, including a strong focus on improving procurement processes. She also flagged the for the future that the financial ledger system would require replacement which is important for the Trust's capability and capacity going forwards.	
e	The Chair praised the different approach to budgeting suggested as an option in the paper and the new proposals for Board Finance reporting to give better insight. She also felt a reflection of how the Trust starts to build activity data in would also be helpful in the Board report.	
f	Mohinder Sawhney noted the Trust was doing well against its cash reserve target and wondered whether it was worth spending some time considering whether or not the cash target remained right with the changed operating environment or whether this needed revisiting.	
g	The Chief Finance Officer requested that the question on cash reserve and target be captured as a specific action captured on the committee action log.	**HeS**
h	The Chair asked about developing a list of opportunities that could be exploited should the Trust generate a further surplus over the last month of the year and was interested to know what decisions were in the last two quarters. The Chief Finance Officer noted they had allocated approx. £4m in year to one-off spend, including to the Warneford Programme, and digital. Money was also allocated on estates and to digital devices actually accrued, along with waiting list measures.	
i	The Chair requested a reflection about the community services budget from the Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care and whether the commentary reflected the operational narrative? The Chief Finance Officer gave information on the community service budget and noted she saw the budgets as well-controlled. The Interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care noted that, although she was only in recently in post, she	

	recognised and supported the financial position and narrative presented. She felt the work that had been done had been about control and focus, the scrutiny was real and looked internally about what needed to be done. With regards to temporary staffing there was more to be done. She felt they were working well and taking staff with them.	
j	The Chair spoke about the consistent theme throughout directorates of an overspend on inpatient and an underspend on community services and would be interested over the course of the next year to explore this further.	
k	**The Committee noted the report.**	
5.	**National Reference Costs/or other Costing analysis**	
a	This agenda item was deferred until 14 May meeting.	
6.	**Cost Improvement Programme approach and templates**	
a	This item was covered in agenda item 2.	
7.	**Summary of programmes and project approvals**	
a	The Chief Finance Officer took this report as read and the Chair commented that it provided a useful oversight summary of the major programmes for the Committee.	
b	**The Committee noted the report.**	
8.	**Warneford Park Programme update**	
a	The Warneford Park Programme Director took the report as read drawing the Committee's attention to the key points listed in the paper. The key focus currently was getting the planning application finalised with submission now anticipated over May/June. Delays have resulted from additional design review panels and responding to points received. He noted they were focussed on ensuring there was minimal increase on actual financial costs because of delays. The budget agreed for this financial year was £3.4m meaning that there will be some spend in April/May in relation to the planning application.	
b	The Warneford Park Programme Director also highlighted that the Trust had not yet irreversibly committed to selling the land where the CAMHS units are situated. It is recommended that if planning consent was achieved and funding was assessed as likely then a review should be taken on the future of the CAMHS units so that the Board of Directors can be fully informed before making a final decision to sell the land.	
c	There had been a recent successful parliamentary event at the House of Commons on 4 March to highlight the opportunity presented by the Warneford Park project. The event was well attended.	
d	Finally, the Warneford Park Programme Director spoke about the Strategic Outline Case (SOC) noting their intent was to refresh this due to significant changes in the last two years including COA development and signing, planning application, a more recent evidence base, design development, cost increases, and programme changes.	
e	The Chair thanked the Programme Director for the update and noted it felt like they were taking steps forward.	
f	Discussions regarding CAMHS units ensued and whether there was an option to unpick the COA, what the outcome of this might be and whether it was worth undertaking a large options appraisal exercise for something that would potentially happen in 75 years'	

	time. The Chair noted that all that could be given was a commitment to whatever services are needed at that point in time. The Chair felt that a clarification was needed of what the Trust's position was in terms of what it would like to achieve and at what cost in broad terms. The Chief Finance Officer requested it be noted that they expect to have incurred a £100k above the amount the Committee previously approved to get to the end of the planning application and that more will have been spent but that this will be coming out of next year's budget.	
g	**The Committee recommended to the Board that the planning application should be submitted given the assurance it had received and noted the progress on all other aspects of the programme.**	
9.	**Oxford Clinic PFI Exit update**	
a	The Chief Finance Officer took the report as read. The Chair noted her appreciation to the level of detail given to the process in the report. The Director of Finance highlighted the timeline around arbitration noting that independent expert work was now closing down. If this takes the time expected, then the Trust will be getting a decision at the time of submission of accounts to NHS England – the Director of Finance highlighted this as an uncertainty around whether this would a 24/25 or 25/26 accounting treatment adding that he will ask the arbitrator if a date could be set for the decision.	
b	**The Committee noted the report.**	
10.	**Wantage Business Case**	
a	The Transformation Director presented the business justification for agreement and provided a brief background to the business case. The Transformation Lead noted the Quantity Surveyor's (QS) costings had come back at £1.2m with the IT equipment coming to £19k and other equipment at £45k. The funding streams for this were: the Community Infrastructure Levy (CIL) Fund was the main source with £950k coming from the District Council, the Chairty fund had approved £94k alongside a small amount from the Wantage Hospital fund and the Oxford Health Capital plan provided a balancing figure of around £300k which brings the amount to around £1.3m in total.	
b	The Transformation Lead provided detail on the project timetable noting they were getting ready to go to tender and would hopefully appoint a successful contractor by May 2025 and then in June the final CIL application would be submitted to the District Council. In early July, the contractor will mobilise leading to implementation of the new clinic spaces in mid-October.	
c	The Chief Executive asked what the contingency position was in the case of any overspends. The Transformation Director responded that they had presented the fully costed design to enable them to go out to tender, that there were possibly elements at low risk that could be extracted if the tender response comes back too high. There is good dialogue with the District Council regarding the draw-down of the CIL and the cost includes a 10% contingency so those three avenues would be explored if needed.	
d	Mohinder Sawhney commented that it would be good to understand what the workforce implication was given that there are going to be new services provided on this site. Does this mean that staff are being transferred from elsewhere or will we need to recruit? There is also a need to be clear about what the ongoing revenue costs.	
e	David Walker commended colleagues on the plans and the efforts to develop health provision for the Wantage area.	

f	The Transformation Director responded that for all of the outpatient sites, they will all be costed and the schedule shared with OUH in terms of what the proposed clinics and space utilisation would be. If OUH were not to fulfil all of the clinic space, then the Trust would also have other NHS providers already operating in the building who would potentially look to expand. The Trust has also been approached by ITML who are looking to expand. Another key element coming into the hospital will be a dedicated area in the hospital for CAMHS. No implications had been raised in terms of workforce costs to the services.	
g	**The Committee APPROVED the business justification and noted the update.**	
11.	**Frontline Digitisation update**	
a	The Chief Digital and Information Officer took the report as read.	
b	The Chair requested more clarity on the oversight of delivery against plan as it would assist the Committee in its oversight role. Assurance in terms of the delivery of the plan, budget milestone and impact and benefit realisation to be included in the next report. The Chief Digital and Information Officer agreed to include this information.	
c	**The Committee noted the update.**	
12.	**Trust Risk Register (TRR) and Board Assurance Framework (BAF)**	
a	The Chair acknowledged that due to the BAF's review planned over April and May 2025, if the committee agreed, this item would be deferred to a future meeting.	
b	The Executive Director of Corporate Affairs noted that the BAF would be looked at during the Board Development Session in April and a draft version should be available for the FIC meeting in May.	
c	**The Committee noted the report.**	
13.	**BAF 1.1 deep dive: Digital & Data**	
a	This item was deferred as per Item 12.	
14.	**BAF 3.10 deep dive: Information Governance & Cyber Security**	
a	This item was deferred as per Item 12.	
15.	**Sustainability Policy**	
a	The Sustainability Manager presented the Environmental Sustainability policy to the Committee and sought its approval.	
b	**The Committee APPROVED the Environmental Sustainability Policy.**	
16.	**Information Management Group highlight and escalation 3As report**	
a	The Executive Director of Corporate Affairs noted he would be taking over as Chair of the Group and commented there was nothing to flag from this report.	
b	The Chair requested that for future reports there was clarity on what the ask what for the committee i.e. alert, discussion, or advice. This was noted by the Executive Director of Corporate Affairs.	
c	**The Committee noted the report.**	

17. a	**Minutes of the Meeting held on 14 January 2025** The minutes of the Finance and Investment Committee meeting held on 14 January 2025 were approved as a true and accurate record.	
18. a	**Actions and Matters Arising** The Chair noted the summary of actions and requested that the Chief Finance Officer review and update this document.	**HeS**
19. a	**Any Other Business (AOB)** None.	
20. a	**Brief reflections on today's meeting** The Chair requested any reflections on the meeting be sent directly to her.	
Meeting close: 12:09 **Date of next meeting**: 14 May 2025 09:00 -12:00 in person in the Ascot Room, Littlemore Mental Health Centre.		

Oxford Health NHS Foundation Trust

Finance and Investment Committee

in person in the Ascot Room, Littlemore Mental Health Centre

09:00-12:00 on Wednesday, 14 May 2025

AGENDA

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

No.	Item	Lead	Purpose	Paper	Time
Standing items / Opening business					
1.	Apologies for Absence, and quoracy check	LW		N/A	09:00
Presentation					
2.	TOBI demonstration incl costing reports in development	CP/PV	Information and Discussion	Enclosed	09:05
	FY25 National Cost Collection approach	PV	Decision	Enclosed	
Annual Planning					
3.	FY 25/6 Budgets update (for information) and Capital Plan (for decision)	HeS/PM/JP/ KB	Information and Decision	Enclosed	09:35
4.	FY 25/26 Annual Plan *To be tabled at the meeting*	AB	Information	N/A	
5.	Specialised Commissioning devolution	RB/KD	Information	Enclosed	
Financial Management					
6.	M12 Financial Report (incl CPSC 3As)	HeS/PM	Assurance	Enclosed	10:15
7.	Annual Report & Accounts	HeS/PM/MW	Assurance	Enclosed	
Value for money, productivity and financial culture					
8.	Corporate Services benchmarking and NHSE productivity analysis	HeS/PM/VB	Information	Enclosed	10:25
9.	Our Central Support and Corporate Services Enabler Project update	HeS/LF	Assurance	Enclosed	
Break 10:45 – 10:55 (10 minutes)					
Programmes & Projects					
10.	Summary of programmes and project approvals	HeS	Assurance	Enclosed	10:55
11.	Revised Warneford Strategic Outline Case (SOC) and update	SC/HeS	Decision	Enclosed	
12.	Frontline Digitisation and FY26 quarterly update	AC/HeS	Decision	Enclosed	
13.	Green Plan 2	HeS/JU	Decision	Enclosed	
14.	Meadow Unit Lessons learnt	KA/RB/JP/HeS	Assurance	Enclosed	

Financial Governance & Governance					
15.	Procurement Report incl Single Action Tender Waiver (SATW)	JL/PM/HeS	Assurance	Enclosed	11:35
16.	Information Management Group 3As	TG/MU	Assurance	Enclosed	
17.	FIC Draft Annual Report	LW/HeS	Approval	Enclosed	
18.	FIC Terms of Reference	LW/HeS	Approval	Enclosed	
19.	Any other business	LW			11:55
20.	Minutes of Meeting held on 18 March 2025	LW	Approval	Enclosed	
21.	Actions and Matters Arising	LW	Assurance	Enclosed	
22.	Brief reflections on today's meeting	All			
23.	Date of next meeting – 01 July 2025, in person, venue TBC				
Reading Room/Appendix (supporting reports to be taken as read and noted)					
24.	Capital Programme Sub-Committee minutes and agenda: January and February 2025		To note		
25.	Warneford Park Internal Programme Board minutes and agenda: February (final), March and April 2025		To note		
26.	Information Management Group minutes and agenda: January 2025 and agenda April 2025		To note		

Oxford Health
NHS Foundation Trust

Finance & Investment Committee
Terms of Reference

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1. Purpose

1.1 The Finance and Investment Committee is established to provide scrutiny and an objective view of the financial performance and financial strategy of the Trust, including the capital programme, together with an understanding of the risks and assumptions within the financial plans and projections, to provide assurance to the board about the integrity and deliverability of the Trust financial and efficiency plans. The committee oversees the development and delivery of the estates strategy, digital strategy, arrangements for procurement, value for money, productivity and efficiency, including plans to deliver savings and transformation. For capital expenditure, it reviews and approves business cases and disposals £1m+ to £2.5m, PIDs for schemes £2.5m+, forecast variation £100k to £500k and monitors major capital projects during delivery. It also monitors compliance with Information Governance, including Data Quality and Cyber Security.

2. Constitution

2.1 The Board has established a committee known as the Finance and Investment Committee as a standing assurance committee of the Board, operating in line with unitary board principles.

2.2 The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation of Powers and may be amended from time to time. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

2.3 The Committee is a non-executive chaired committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders of the Board and other policies of the Trust.

2.4 The Terms of Reference for the Committee outlined below are defined by the Board and may be amended by the Board at any time.

2.5 These Terms of Reference set out the membership, the remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board.

3. Authority

3.1 The Committee is authorised by the Board to:

3.1.1 Investigate any activity within its Terms of Reference.

3.1.2 Seek any information it requires within its remit, from any employee or member of the Board (who are directed to co-operate with any request made by the committee) within its remit as outlined in these Terms of Reference.

3.1.3 Commission any reports it deems necessary to help fulfil its obligations.

3.1.4 Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary

to fulfil its functions. In doing so the committee must follow any procedures put in place by the Board for obtaining legal or professional advice.

3.2 All procedural matters in respect of conduct of meetings shall follow the Board's Standing Orders, Scheme of Reservation and Delegation and/or Trust Constitution as appropriate.

Limitations of Authority

3.3 The Committee shall be delegated the power of the Board of Directors to require the attendance of any member of the Trust staff.

3.4 Save as is expressly provided in the terms of reference, the Committee shall have no further power or authority to exercise, on behalf of the Board of Directors, any of its functions or duties.

4. Duties and responsibilities

Financial strategy and culture

4.1 Critically review the Financial Strategy (the Long-Term Financial Approach), including the financial culture and capability of the Trust.
4.2 Receive progress reports and review recommendations on variations to strategy.
4.3 Approve any relevant supporting strategies.
4.4 Make recommendations to the Board of Directors on approval of key financial strategies.

Estates, Digital and Environmental Sustainability strategies

4.5 Critically review the Estates strategy.
4.6 Critically review the Digital strategy.
4.7 Critically review the Green Plan and equivalent environmental strategies.
4.8 Receive progress reports and review recommendations on variations to strategies.
4.9 Approve any relevant supporting strategies.
4.10 Make recommendations to the Board of Directors on approval of key strategies.

Annual and Financial planning

4.11 Review the *process* by which the Trust sets out annually its objectives, priorities and plans, noting that decisions around priorities and content of the Annual Plan are reserved to the Board.

4.12 Review the Trust annual and medium-term financial plans, assess the assumptions therein and the alignment with overall Trust objectives before submission to the Board and external bodies.

Financial performance management

4.13 Review in-year performance against financial plan and forecast outturn, including key assumptions, risks and mitigations.

4.14 Review levels of contingency within the Trust financial plans and the phasing of key developments and efficiency schemes (including the full impact of depreciation).

4.15 Monitor in-year income and associated risk, including any income disputes.

4.16 Oversee and monitor the delivery of any annual plan priorities and programmes assigned to it by the Board.

Capital Projects

4.17 Consider and approve all capital expenditure proposals, acquisitions, and disposals within the authorities delegated to the Committee by the Board of Directors, under the Trust's Scheme of Delegation:

- critically scrutinise all business cases over £1m;
- approve business cases (over £1m less than £2.5m); and
- make recommendations to the Board of Directors on approval over £2.5m

4.18 Approve all PIDs for schemes over £2.5m.

4.19 Approve of any forecast variation of £100-£500k of the approved budget for a capital development in line with the Budgetary Control policy.

4.20 Annually review the Capital Programme and make a recommendation to the Board of Directors.

4.21 Monitor delivery of the capital investment programme.

4.22 Receive and consider evaluation reports for capital schemes over £2m.

Efficiency and value for money

4.23 Consider Value for Money in all aspects of the Committee's work.

4.24 Scrutinise the Trust's proposals to continuously improve the value obtained from our resources and review delivery against those plans.

4.25 Monitor the delivery of annual cost and performance improvement plans, ensuring that action is identified and taken to deal with any slippage in the plan, wherever possible.

4.26 Receive and scrutinise an analysis of the Trust's audited annual Reference Costs.

Procurement and commercial

4.27 Monitor the procurement and commercial operations of the Trust including compliance with procurement regulation.

Cash management and investment funds

4.28 Approve any financing or use of financial instruments within its delegation.

4.29 Be empowered to delegate its authority to the Chairman or the Chief Executive within the limits contained in the Trust's Scheme of Delegation. [DN not sure why this is here]

4.30 Review compliance with financing agreements and covenants and the operation of treasury management policies.

Information Governance

4.31 Monitor compliance with Information Governance, including Data Quality and Cyber Security.

4.32 Receive regular updates on Information Governance compliance (including uptake & completion of data security training), data breaches and any related issues and risks.

4.33 Receive reports on audits to assess information and information technology security arrangements, including the annual Data Security & Protection Toolkit audit.

4.34 Provide assurance to the Audit and Risk Committee and the Board that there is an effective framework in place for the management of risks associated with information governance, including data quality and cyber security.

Accounts and Accounting Policies

4.35 Consider any changes to accounting policies before the Audit and Risk Committee scrutinises the statutory accounts.

4.36 Review Special Payments and Losses before scrutiny by the Audit and Risk Committee where possible.

4.37 The Draft Annual Accounts are provided to FIC as an opportunity to identify any learning from the accounts or to identify any discrepancies with FIC's understanding.

Other policies

4.38 The Finance and Investment Committee will oversee the following policies:

- Budgetary control policy
- Treasury Management policy
- Investment policy
- Procurement policy
- Acquisition and disposal policy for land and property
- Integrated Information Governance policy
- Sustainability policy

5. Other functions

5.1 The Committee will consider matters referred to it by the Board, the Audit and Risk Committee or any other Board committee.

5.2 The Committee has no sub-committees but will receive a variety of reports to allow it to carry out its stated duties. The Committee will ensure effective interface with the Audit and Risk Committee, and with the Executive-led Capital Programme Group and Information Management Group, to receive information, assurances and escalations and assure itself of the co-ordination of relevant risks. The Committee will work to minimise overlap with the Audit and Risk Committee.

5.3 The Committee will refer relevant risks or other matters to appropriate Committees for information or mitigation and will oversee appropriate risks delegated to it from the Board.

6. Membership and attendance

6.1 The Finance and Investment Committee membership will be appointed by the Board and consist of:

- At least three Non-Executive Directors (one from a financial and/or commercial background who will be its Chair)
- Chief Finance Officer (Executive lead)
- Chief Operating Officer for Mental Health and Learning Disability
- Chief Operating Officer for Community Health Services, Dentistry & Primary Care
- Executive Director of Strategy and Partnerships
- Director of Corporate Affairs

6.2 The Chief Executive, other Non-Executive and Executive Directors and up to three governors at each meeting have standing invitations to attend any meeting.

6.3 The Board will review the membership of the Committee annually to ensure that it meets the evolving needs of the Trust. The Committee membership at time of writing is presented at the Appendix.

6.4 An Executive or Non-Executive member of the Committee may nominate a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. In the case of an Executive member that deputy could either be another Executive Director of the Trust or some other deputy as appropriate. The Non-Executive Director members of the Committee may nominate any other Non-Executive Director of the Trust as their deputy to attend meetings in their absence. A deputy should be nominated only in exceptional circumstances for a particular meeting, and in such circumstances would count towards the quorum for the meeting.

6.5 The Committee may invite non-members to attend, in a non-voting capacity, all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair of the Committee.

6.6 Regular attendees, who are not voting members unless formally deputising and exercising the vote of their principal, and who will attend at their discretion, include: Director of Finance, Head of Financial Management, Chief Digital & Information Officer, Director of Estates & Facilities and members of the Corporate Governance team.

6.7 The Committee shall appoint one member to be the vice chair of the committee who shall exercise the powers and functions of the Chair of the Committee in their absence.

6.8 Attendance at the meeting may be by videoconferencing at the discretion of the Committee Chair.

6.9 Committee members are required to:

- Attend at least 75% of meetings, having read all papers beforehand.
- Act as 'champions', disseminating information and good practice as appropriate.
- If unable to attend, send their apologies to the Chair and Secretary prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf.

7. Frequency of meetings

7.1 Meetings shall be held not less than five times per financial year.

7.2 The frequency of meetings can be varied at the discretion of the Chair of the Committee.

7.3 An annual programme of business will be received by the Committee for assurance at the beginning of the financial year; however, this will be flexible to new and emerging priorities and risks.

8. Calling meetings

8.1 Meetings will be called and conducted in accordance with the Standing Orders for the Board of Directors. The notice period will be a minimum of ten days. Written reports are to be sent to members at least five clear days before the meeting.

8.2 Extraordinary meetings may be held at the discretion of the Chair. A minimum of two working days' notice should be given when calling an extraordinary meeting.

8.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

9. Quoracy

9.1 The quorum for the committee is three members to include at least two Non-Executive Directors (one of who to be the Chair of the Committee or the vice chair of the committee in their absence), and at least one Executive Director to be the Chief Finance Officer or nominated Deputy. Deputies and other attending Board members will count towards the quorum and attendance rates.

9.2 Attendance will be monitored as part of the committee's annual report to the Board and will be reported in the Trust's Annual Report.

9.3 If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflict of interest, then that individual shall no longer count towards the quorum.

9.4 If the Committee is not quorate, then the meeting may proceed if those attending agree, but no decisions may be taken, or the meeting may be postponed at the discretion of the Chair.

10. Decision making and voting

10.1 The Committee must have regard to guidance issued by NHS England, the Care Quality Commission, the Integrated Care Board(s), and will also have regard to NHS policy and best practice.

10.2 Decisions will be taken in accordance with the Board of Directors' Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

10.3 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

10.4 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

10.5 If a decision is needed which cannot wait for the next scheduled meeting and it is not appropriate to call an extraordinary meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.

10.6 Where committee members unable to attend a meeting have nominated a deputy to attend in their place, the name(s) of the nominated deputy(ies) will be recorded in the minutes of the Committee and deputies will exercise full voting rights at meetings and be included in the quorum. Where more than one individual attend to deputise for a committee member, they may between them only exercise the one vote of that member; the vote may not be divided between the deputies and if agreement upon exercise of the one vote cannot be reached then this will be recorded as the vote not being able to be cast.

11. Behaviours and Conduct

Benchmarking and guidance

11.1 The Committee will take proper account of national guidance and appropriate benchmarking, for example guidance issued by the Government, the Department of Health and Social Care, NHS England, Care Quality Commission, and the wider NHS in reaching their determinations.

Conflicts of interest

11.2 All members and those in attendance must at the start of the meeting, declare any conflicts of actual or potential conflicts of interest (even if such a declaration has previously been made) in accordance with the Trust's policies and procedures. This will be recorded in the minutes.

11.3 Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

Trust values

11.4 Members will be expected to conduct business in line with the Trust values and objectives and the principles set out by the Board.

11.5 Members of, and those attending, the Committee shall behave in accordance with the Trust's Constitution, Standing Orders, and Code of Conduct.

11.6 Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

11.7 The Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

11.8 All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.

Equality and diversity and well-being

11.9 Members must demonstrably consider the wellbeing, equality and diversity implications of decisions they make.

12. Accountability and reporting arrangements

12.1 Meetings of the Finance and Investment Committee will be formally recorded and once approved, minutes will be submitted to the Board at the next opportunity.

12.2 After each meeting of the Committee, the Chair of the Committee will make a report (in the form of 3As – Alert/Advise/Assurance) to the next meeting of the Trust Board and draw to its attention any issues that require its particular attention or require it to take action. Where the Chair of the Committee considers appropriate, s/he will escalate immediately any significant issue to the Chief Executive or Chair.

12.3 The Finance and Investment Committee may work with the Audit and Risk Committee specifically when issues arise in relation to the Audit and Risk Committee's role in maintaining effective systems of governance, risk management and internal control within the Trust.

13. Administrative support

13.1 The Committee will be supported administratively by the Director of Corporate Affairs or their nominated member of their team, whose duties in this respect will include:

- Agreement of the agenda with the Committee Chair and lead Executive Director, collation and distribution of papers at least five days before each meeting.
- Production of good quality minutes in accordance with the Standing Orders, within ten working days of a meeting and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- Action points are taken forward between meetings.
- An annual work programme summarising those items to be considered during the year is provided to the Committee for assurance at the beginning of the financial year; however, this will be flexible to new and emerging priorities and risks.
- Providing support to the Committee Chair and members as required.

14. Review of committee effectiveness and terms of reference

14.1 The Committee will undertake an annual self-assessment of its performance against its annual work programme, membership, and compliance with its Terms of Reference. This self-assessment will form the basis of its annual report to the Board.

14.2 The Committee's annual report will include details of its governance cycle, meeting dates, a summary of the business conducted, membership attendance, and whether meetings were held in quorum.

14.3 These Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval**.**

Date approved by Committee: xx May 2025
Date approved by the Board: xx
Next review date: xx 2025

Document management and revision history

Version	Date	Summary of changes
1.0	29 November 2017	Approved by the Board of Directors.
1.1	11 March 2020	Reviewed and approved by FIC.
1.2	12 July 2022	Reviewed and approved by FIC.
1.3	04 July 2023	Reviewed and approved by FIC.
1.4	19 September 2023	Reviewed and approved by FIC.
1.5	November 2024	Revisions presented in new committee terms of reference template; clarification of committee purpose, duties and responsibilities; addition of clauses regarding behaviours and conduct (benchmarking and guidance, conflict of interests, Trust values, equality and diversity) and non-material revisions to governance clauses in accordance to Standing Orders.
1.6	14 January 2025	Approved by the committee subject to minor amendments
1.7	29 January 2025	Approved by the Board of Directors.
1.8	14 May 2025	Approved by the committee following revisions presented in new committee terms of reference reflecting the change to the capital expenditure limits as set out in the Board's Scheme of Reservation & Delegation of Powers approved by the Board of Directors on 26 March 2025.

Appendix

Finance and Investment committee membership

Lucy Weston	Non-Executive Director (Committee Chair)
David Walker	Non-Executive Director
	Non-Executive Director
Heather Smith	Chief Finance Officer (Lead Executive Director)
Rob Bale	Chief Operating Officer for Mental Health & Learning Disability
Emma Leaver	Interim Chief Operating Officer for Community Health Services, Dentistry and Primary Care
Amélie Bages	Executive Director of Strategy and Partnerships
Taff Gidi	Executive Director of Corporate Affairs

MINUTES of the Mental Health & Law Committee meeting held on Tuesday 04 March 2025 at 0900 hrs via Microsoft Teams

Present:	
Geraldine Cumberbatch (**GC**)	The Chair
David Walker (**DW**)	Trust Chair
Karl Marlowe (**KM**)	Chief Medical Officer
Taff Gidi (**TG**)	Executive Director of Corporate Affairs
Mark Underwood (**MU**)	Head of Information Governance
Amy Allen (**AA**)	Mental capacity Act/Liberty Protection Safeguards Lead

In attendance:	
Daniel Mercier (**DM**)	Associate Director of Social Work and Social Care
Angie Fletcher (**AF**)	Deputy Chief Nurse
Frederick Yeboah	Modern Matron, Opal Ward
Ben Cahill (**BC**)	Deputy Director of Corporate Affairs
Leanne Dunkley (**LD**)	Corporate Governance Officer (*minutes)*

Item	**Discussion**	**Action**
1.	**Welcome and Apologies for Absence (GC)**	
a	The Chair welcomed members of the Committee and confirmed the meeting was quorate.	
b	Apologies were received from Rob Bale, Interim Chief Operating Officer for Mental Health and Learning Disabilities.	
2.	**Minutes of previous meeting held on 15 October 2024 and Matters Arising**	
a	The minutes of the meeting held on 15 October 2024 were approved as a true and accurate record.	
b	**Matters Arising from minutes:** **The Committee noted that the following actions have been completed or were on the meeting agenda:** • Committee Chair to discuss with Deputy Director for Quality and Head of Information Governance to consider reports – *action to stay open*. The Deputy Director of Quality has now left the Trust, and the Deputy Director of Social Work and Social Care will be producing these reports moving forward. GC and DM to discuss ;	

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c	• Ethnicity data on POHWER and VoiceAbility - reports today on the Independent Mental Health Mangers; moving forward this report will include an interrogation of the ethnicity data. The Associate Director of Social Work and Social Care added that the ethnicity data will improve over the next quarter with support from the Advocacy partners; • For The Head of Information Governance to include detail on the reasons for cancellations of Mental Health Managers Hearings; and • The Associate Director of Social Work and Social to update the Committee on the sharing of information between the Trust and the IMHA service. **Therefore, these actions could be closed**. The following actions remain open: • The inpatient mental health survey will be brought back to the Committee once completed by the Chief Medical Officer - *it was agreed to keep this open*.	**KM**
3. a	**Trust Risk Register** The Committee noted the updated Trust Risk Register at paper 03. **The Committee noted the update**	
4. a b c	**Trends in Mental Health Act and CQC activity/compliance** The Head of Information Governance took the Committee through the presentation, Trends in Mental Health Act report at paper 04, noting any key highlights and escalations to the Committee. The Committee discussed that there has been a significant reduction in unlawful detentions, which should be treated as a never event. It was noted that although ethnicity data is improving, the data now needs to be stratified into age so that the data can be aggregated further to get a clearer picture. The conditional discharges which relate to Ministry Of Justice (MOJ) patients, of which there was 1 significant incident that has been investigated and fed back to the staff. It was noted that Tribunal discharges have very little discretion to block discharge if the legal criteria are met, however there is good oversight from MOJ of these. Managers discharges, have more discretion to block or delay discharge based on their concerns.	

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d	It was noted that numbers of detentions are around 90%, compared a historical benchmark of between 60-70%, yet more out of area beds are being used compared to previous months. In terms of bed occupancy, the numbers are low, which the Chief Medical Officer will discuss offline with the Chief executive and Interim Chief Operating Officer for Mental Health and Learning Disabilities. It was noted that detentions are not broken down by service however - within forensics - 100% of patients are detained (in Highfield unit there are 11 detained patients, which is high and 1 on Meadow unit). The occupancy from the TOBI data suggests 330 bed occupancy across the Trust, which is low compared to previous months. It was noted that insights will be triangulated with the mental health inpatient transformation work	
e	The Committee discussed that the EPR RIO dashboard is due for release shortly, which will give wards and responsible clinicians much better immediate oversight, including information around detentions..	
f	Cancelled managers hearings and the reasons behind them were discussed. The Committee agreed to monitor this as it needs a coordinated approach to ensure resources are not wasted through frequent cancelations.	
g	The Trust Chair noted that the remit of the Committee needs to be considered along with the governance of the transformation of mental health services, if the proposed legislation goes through and whether the governance of that will be monitored through the Quality Committee (QC) adequately.	
h	The Chair agreed to discuss with the Associate Director of Social Work and Social Care how to triangulate activity and information with the transformation group. Assurance was then sought that the Mental Health Act group have the Calocane review, and its actions, on their agenda. **The Committee noted the update**	**GC/DM**
5.	**Highlight Report-Positive and Safe**	
a	The Deputy Chief Nurse took paper 5 as read, noting any key highlights and escalations to the Committee.	
b	The Chief Medical Officer noted that this is the first time the Committee has seen this report, which is helpful in enhancing the Committee's understanding and provides assurance to the Trust.The Deputy Chief Nurse explained that this is the protocol for any use of restriction, which is recorded on the Ulyssess system.	

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c	The Chief Medical Officer noted that this is a person-centred approach of the act, which humanises the use of force.He noted that this also links with the work of the Patient Carer Race Equality Framework (PCREF). The Deputy Chief Nurse noted each person admitted to a ward has a discussion with the staff about the different ways they may be cared for including the use of restriction. A behavioural support plan is developed so that patients feel empowered even if having to use restriction.	
d	The Committee discussed that this shows the importance of the Independent Mental Health Advocate service in terms of external checks and challenges around restrictive interventions, which needs to considered alongside positive and safe and PCREF.	
e	It was noted that there is a high level of restraint on CAMHS wards due to self-harm, which there are high levels of amongst young people. There has been a huge increase in the number of young people experiencing self-harm, often with complex and more acute end illness often complicated by having autism or sensory needs. Among these young people, the potential long-term effects are unclear, which is why there are high levels of restraint and restriction on the PICU unit where staff are supporting the most unwell individuals, managed by a small, specialised workforce.	
f	The Chair noted that the report helps to highlight the long terms seclusion factors rather than just the figures, which is a useful explanation. **The Committee noted the update and requested that this be a regular report to this Committee.**	
6.	**Patient Participation Group update**	
a	The Deputy Chief Nurse noted that patient experience and involvement work is led Vicky Naidoo. The work looks at the experience and involvement strategy and work with patient participation groups across the system.	
b	It was noted that the IMHA report is developing its patient voice section and from next quarter should be included to show the difference the service has made across Oxfordshire and Buckinghamshire for people detained under the mental health act. The Committee discussed how it would be useful to see the inpatient voice of those subject to the Mental Health Act and legislations.. This could be linked and triangulated with *I Want Great Care* (IWGC) feedback and the Inpatient Mental Health Survey when available.	

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c	The Chair agreed to discuss at a future meeting what format this report would take to be meaningful to the Committee without duplicating work as there is a cross over with Quality Committee which would be monitoring the quality of care. The Chief Medical Officer added that for this Committee it would be about those subject to the mental health act and the legislation. **The Committee noted the update**	**GC/DM/ AF**
7	**Complaints and Concerns/PALS update**	
a	The Deputy Chief Nurse took paper 7 as read, noting any key highlights and escalations to the Committee.	
b	It was discussed that the Trust is pushing the recording and learning from compliments as well as complaints as these are often not recognised as good practice. The Committee noted that this is helpful to see and links into patient experience.	
c	It was noted that each local authority area has funding to commission a complaints service for 'unheard communities', as certain communities tend not to complain. Commissioners are keen to use the advocacy resource to engage with these communities and empower them to feel confident to complain, which will produce richer, more diverse data for analysis and triangulation. The Committee agreed that this would be helpful data to see once available.	
d	The Executive Director of Corporate Affairs asked whether the data in the report could be broken down to those that are related specifically to the mental health act.. It was noted that this is not something that is asked of the complainant and if a complaint mentions the mental health act it is usually due to the individual not agreeing that they need to be detained under the act. Complaints are received about general care via the MHA CQC complaints office, so will review if we can extrapolate the data that would be more relevant to this Committee.	
e	The Chief Medical Officer noted that having the inpatient voice, which links with PCREF and patient experience, is important as a part of this report, so that the report is not just about complaints across the Trust. The Associate Director for Social Work and Social Care noted that a significant amount of the IMHA service contact is because of detention, food and treatment, which the IMHA collects data on and could be added to the patient voice section to provide some thematic information.	

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f	The Chair summarised it would be good to have the complaints and compliments triangulated with the IMHA data collection and the patient voice and experience. **The Committee noted the update.**	
8.	**Patient Carer Race Equality Framework (PCREF)**	
a	The Associate Director of Social Work and Social Care took paper 8 as read, noting any key highlights and escalations to the group.	
b	The Executive Director of Corporate Affairs asked whether the delivery of this is on track and if there anything that we will likely not implement within the timeframe? The Associate Director of Social Work and Social Care responded the 2 main elements are on track which are the dashboard, which will monitor rates of detentions broken down by ethnicity, admissions to the wards and use of restrictive practice. This is currently being tested before going live. There may be some gaps in functionality initially until it has been brought to full maturity. The other component is the patient and carer feedback, which is on track to deliver, although the first report may not be as rich as desired for the first report, due to a lack of information, however this will improve as staff gain confidence in using those mechanisms.	
c	The Chair summarised that it is useful to see how this is being structured and implemented across the Trust. **The Committee noted the update**	
9.	**Inpatient Mental Health Advocates**	
a	The Associate Director for Social Work and Social Care took paper 9 as read, noting any key highlights and escalations to the Committee.	
b	The Modern Matron for Opal Ward explained to the Committee that a referral protocol has been developed, outlining who should be referred. There are staff engagement sessions taking place and there is now IMHA presence on the ward. More work needs to take place as some patients are not referred but speak to the IMHAs when they are on the ward.. The IMHAs are explaining to patients the services they offer.. Ward staff are now specifying on the form, the reason for referral. The referral form asks for a lot of information however it has been agreed that if the basic information is completed the rest can be done after the referral is accepted. Work is now taking place to develop a system for patients who require repeated referrals and how the IMHA service feedback and share with the organisation.	

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c	The Associate Director of Social Work and Social Care commented that the referral rate has almost doubled and that it is important that an open and safe culture is maintained to achieve an external 'check and challenge' for the most vulnerable patients. The Head of Information Governance noted that this is an area of law that is clearly written which can make it difficult to the service and that this report shows the fantastic achievement they have made..	
d	The Committee discussed that, as the IMHA service is provided by a third-party organisation information/data governance can become an issue, especially if an individual is not consenting or lacks the capacity to consent. In this instance a best interest decision as part of the code of practice is used as these are often the patients who have the most needs. It has been agreed that the Commissioners will produce quarterly reports on the referrals and as a Trust, we will provide them reports on number of detentions broken down by ward, so should start to have more ricer data from next quarter.	
e	The Chief Medical Officer and Executive Director of Corporate Affairs agreed to discuss what more can be done to improve information sharing and will link with the Head of Information Governance and Associate Director of Social Work and Social Care.	**KM/TG/ DM/MU**
f	**The Committee noted the update**	
OTHER BUSINESS		
10.	**Any other business**	
a	**Independent Valdo Calocane Homicides report**.	
b	The Committee discussed the recent independent report into the Calocane homicides in Nottingham which although an isolated incident could have implications for Mental Health providers. The report identified 12 recommendations. The recommendations need to be reviewed against what the Trust is doing to seek assurance that care and clinical polices are sound and to highlight areas for improvement.	
c	It was noted that a gap analysis has been completed following the original report, which provided some assurance and actions that are being	

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	followed up in a similar way to this report around process of decision to discharge and use of medication. It was noted that many of the items discussed as part of today's agenda relate to the recommendations. This report goes against the proposed new Mental Health Act, which focuses on individualised care and degree of increased acceptance of risk, where as this report is focusing on public protection.	
d	It was noted that the Quality and Clinical Governance Sub-group is leading on ensuring that all policies are up to date and there is a scheduled overview of policy renewals being developed with the Deputy Director of Corporate Affairs..	
e	The Chief Medical Officer noted that some civil courts are considering public enquiry prosecution of individual psychiatrists who did not admit a patient and added that such things show the the pressure that clinicians are facing contrasting with a 'no blame' culture. Staff need to be supported to make practical decisions within the legal frameworks in the context of the ambition of less inpatient bed usage, less detentions, and more community-based care.	
f	The Chair summarised that this is a sensible approach, as it is unclear how this and subsequent reports may impact decision making on the ground and the development of the new Mental Health Act, which could impact the operational running of mental health services, and the day-to-day care provided.	
g	The Chair requested that a thematic review takes place against the recommendations of the report and the Trust's position currently in terms of compliance and delivering patient care..	**GG**
10.	**Meeting Review (ALL)** The Chair thanked the Committee contributions to today's meeting.	
11.	**Meeting Close**	
a	There being no other business the meeting closed at 10:55 hrs.	

The next meeting is scheduled to be held on Tuesday 13 May 2025 at 14:00 hrs via Microsoft Teams

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Oxford Health NHS Foundation Trust

Mental Health and Law Committee

(Conducted electronically via MS Teams)

13:30 on Tuesday, 13 May 2025

DRAFT AGENDA

Apologies to: Leanne.dunkley@oxfordhealth.nhs.uk

No.	Item	Lead	Task	Paper	Time
Standing items / Opening business					
1.	Chair's welcome and Apologies received	Geraldine Chair		N/A	13:30
2.	Minutes of meeting held on 13 May 2025 and actions arising	Geraldine Chair		enclosed	13:35
Agenda Items					
3.	Trends in Mental Health Act & CQC Activity/Compliance	Mark Underwood	Assurance	enclosed	14:00
4.	PALS update (Complaints and Concerns)	Angie Fletcher/Claire Price	Assurance	enclosed	14:10
5.	Patient Carer Race Equality Framework	Daniel Mercier	Assurance	enclosed	14:20
6.	Deprivation of Liberties update	Amy Allen	Assurance	enclosed	14:30
7.	True for Us report- an update on the Trusts position following Calocane report	Taff Gidi	Assurance		14:40
8.	Legal & Regulatory Update	Taff Gidi	Assurance		14:50
9.	MH&LC Annual Report	The Chair	Approve	enclosed	15:00
10.	MH&LC Terms of Reference	The Chair	Approve	enclosed	15:10
11	MH&LC Workplan 2025-26	The Chair	Approve	enclosed	15:20
12.	Any other business	The Chair			15:30
13.	Date of next meeting – 22 July 2025	The Chair			

Oxford Health NHS Foundation Trust

People, Leadership and Culture Committee
Tuesday 29 April, 13:30-17:00, virtual via MS Teams

Agenda

Item no:	Item:	Action: (for approval/ information/ assurance)	Paper / Reading Room/ verbal	Presenter:	Time:
1	**Welcome, introductions, apologies and quoracy** Apologies: None received Observers: None		Verbal	**MS**	**13:30**
2	**Declaration of Interests**	For assurance	Verbal	**MS**	
3	**Minutes of previous meeting on 21 January 2025**	For approval	PLC 03/2025	**MS**	**13:35**
4	**Action tracker and matters arising from the minutes**	For assurance	PLC 04/2025	**CDS**	
	Matters arising - actions/updates from previous meeting				
5	**Staff Survey results** - Full report following results mirroring the full analysis we were asked to bring to PLC last year.	For assurance	PLC 05/2025	**ZM**	**13:55** 15m
6	**Practical Workforce Planning** - 2 worked up templates and another to be determined to test if the template is useful for the Trust to identify both roles and services that are lead candidates for transformation	For decision/ approval	PLC 06/2025	**EL/RB**	**14:10** 15m
7	**Bank & Agency staff** - What can NHSP tell us about how temp staff see the Trust in terms of staff and patient experience; in particular any OHFT specific data from surveys they have done - What risks do we feel may still be under managed - assurance on the controls we rely on from NHSP re fitness to work, training; and what processes they have to monitor this and what checks we do to ensure the bank staff are trained appropriately Also include data on the total number of bank workers who now work for the Trust – with a breakdown of how many are substantive / flexible	For assurance	*see PLC 17/2025*	**CDS/JB**	**14:25** 15m
	Improvement and transformation				
8	**OHFT Culture Programme** - Share statement from Grant re culture. Ingredients for future OD Strategy	For decision/ approval	PLC 08/2025	**ZM**	**14:40** 10m

	including what it has to cross-reference e.g. local MDTs, financial transparency, leadership, structures, anti-racism work				
9	**Training budget and strategy alignment** - An understanding of whole Trust view of budget / degree of alignment around leadership interventions between AFC and Medical staffing	For information	PLC 09/2025	**CDS/BE**	**14:50** 10m
10	**People Plan & Annual Plan** To ensure the Committee can be assured that: a. The priority people and OD requirements have been identified to enable delivery of the Trust's bridging plan b. Target performance by end of year formulated, and quarterly trajectory mapped c. Duplications/omissions/interdependencies identified d. Ongoing, that progress is on track to achieve target performance by quarter and to allow for exception reporting	For assurance	PLC 10/2025	**CDS/BE**	**15:00** 10m
11	**EDI High impact actions** - An update on the 4 outstanding actions and their progress to date	For information/ assurance	PLC 11/2025	**ZM**	**15:10** 10m
12	**Deep dive priorities - top rated area/team on early warnings dashboard**	For assurance	Discussion	**CDS**	**15:20** 15m
13	**Stat and Man training – Outliers specific updates** - Specific areas of focus – directorates and types of training still not at 95%	For information	PLC 13/2025	**BE**	**15:35** 5m
	People insights				
14	**People Insights Report** Associated risks: -Succession planning, organisational development & leadership development (BAF 2.3) -Workforce planning (BAF2.1 / TRR1020) • To provide assurance on key people performance activities, and to be assured the Trust is able to identify and respond to emerging and current issues.	For information	PLC 14/2025	**AB**	**15:40** 10m
	BREAK				15:50 (10m)
15	**Deep Dive: Psychological Professions** - an overview of the profession within OXH - how many, in which services etc - the extent to which this profession feels able to play its full role in the Trust and its work – what enables, what might get in the way - Strengths, weaknesses, opportunities and challenges/threats - The key things they want to work on over the next 12-18 months with indicative timetable - Anything else they want to raise to the Committee	For assurance	PLC 15/2025	**BK/BT**	**16:00** 15m
	Assurance				
16	**Strategic and Operational Risks**	For assurance	PLC 16/2025	**HSm/BA/ CDS**	**16:15** 15m

	• BAF 2.3 deep dive: Retention • BAF 2.6 update on controls			**AC**	
17	**Temporary Staffing update** Associated risks: -Retention of Staff (BAF 2.5 / TRR 1146) -Recruitment (BAF 2.2/TRR 1019) To ensure the Committee is assured that: • Confirmation of the ceiling target set by NHSEI and the directorate agency targets that have been set to comply with the ceiling target • underlying dynamics of Agency use increasingly understood and improving strategies to address • Performance against plan being managed and course corrected • Interdependence with other Trust initiatives identified • Focus on reduction of long lines of Agency and related actions • Overview of NHSP Improvement plan	For assurance	PLC 17/2025	**CDS/ JB**	**16:30** 15m
	For information only – Papers in Reading room				
18	**Highlight / Escalation Report** a. People Steering Group (ZM)	For information/ assurance	*RR/App 18/2025*		
19	**ER Casework review Report** Associated risk: -Staff Wellbeing (TRR 1018) • To ensure that PLC has sight of numbers of staff currently suspended; and that their wellbeing is being supported	For assurance	*RR/App 19/2025*	***JC/ZM***	
20	**Workforce Report –** Data packs - Cover sheet - Summary data - HR KPI review - HR & L&D - Whole Trust - Mental Health - Community Services	For information	*RR/App* *20(i)/2025* *20(ii)/2025* *20(iii)/2025* *20(iv)/2025* *20(v)/2025* *20(vi)/2025* *20(vii)/2025*	***SB*** ***SB*** ***SB*** ***SB*** ***SB*** ***RB*** ***EL***	
21	**PLC Workplan**	For information	*RR/App 21/2025*	***CDS***	
	Closing				
22	**AOB**		Verbal		**16:45** 10m
23	**New risks identified and actions for other Committees and the Board**	For assurance	Verbal		**16:55**
24	**Date of next meeting** 24 June 2025, 09:30-13:00				
	Meeting close				**17:00**

Meeting of the Oxford Health NHS Foundation Trust
Quality Committee

Minutes of a meeting held on
Thursday, 06 February 2025 at 09:00

Via Microsoft Teams

Present[1]:

Andrea Young	Non-Executive Director (Committee Chair) (**AY**)
Britta Klinck	Chief Nurse (**BK**)
Ben Riley	Chief Operating Officer for Community Health Services, Dentistry & Primary Care (**BR**)
David Walker	Trust Chair (**DW**)
Rob Bale	Interim Chief Operating Officer for Mental Health and Learning Disabilities (**RB**)
Georgia Denegri	Associate Director for Corporate Affairs (**GD**)
Lucy Weston	Non-Executive Director (**LW**)

In attendance[2]:

Leanne Dunkley	Corporate Governance Officer (**LCD**) (minutes)
Angie Fletcher	Deputy Chief Nurse (**AF**)
Michael Marven	Chief Pharmacist & Clinical Director for Medicines Management (**MM**)
Pete McGrane	Clinical Director of Community Health Services, Dentistry & Primary, Care (**PM**)
Tina Malhotra	Clinical Director, Buckinghamshire Mental Health Services (**TM**)
Amelie Bages	Executive Director of Strategy (**AB**)
Lola Martos	Interim Clinical Director, (**LM**) Clinical Director Oxfordshire, Bath, Swindon and Wilts Mental Health Services
Alicia Siraj	Associate Director Quality and Clinical Standards Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (**AS**)
Ben Cahill	Deputy Director of Corporate Affairs (**BC**) Associate Director of Social Work and Social Care (**DM)**
Daniel Mercier	Deputy Chief Medical Officer and Clinical Director for Dental (**RM**)
Rosalind Mitchell	Associate Director of Nursing, Forensic Services (**LD**)
Lynda Dix	Director of Psychological Professions (**BT**)
Bill Tiplady	Head of Clinical Standards (**CF**)
Claire Forrest	Head of Patient Safety (**JK**)
Jane Kershaw	Senior Matron for Community Nursing (**GP**) *part meeting*
Gabrielle Parham	Deputy Director Community Health, Dental & Primary Care (**CZ**) - *part meeting*
Chad Zuriekat	
Hannah Smith	Assistant Trust Secretary (**HS**) *part meeting*

[1] Members of the Committee. The membership of the committee will include executive director members and at least two non-executive directors. The quorum for the committee is five members to include the chair of the committee (or the vice chair of the committee in their absence), one non-executive and one executive director. Deputies will count towards the quorum and attendance rates. Deputies for the chairs of the quality sub-committees (the named vice chair of the sub-committee) will attend in an executive's absence. Non-executive director members may also nominate a non-executive deputy to attend in their absence.
[2] Regular non-member attendees and contributors.

1.	**Apologies for Absence**	**Action**
a	Apologies for absence were received from: Karl Marlowe, Chief Medical Officer. I	
b	Apologies for absence were noted from the following regular attendees: Brian Aveyard, Risk Assurance and Compliance Manager, Vanessa Raymont, Director of Research and Development, and Rami El-Shirbiny, Clinical Director and Consultant Forensic Services. **The Chair confirmed the meeting was quorate.**	
c	**Any Other Business**	
2.		
a	The Trust Chair highlighted the national concern and debates following the latest NHS England report on the Independent mental health homicide report into the treatment of Valdo Calocane. The Chair mentioned that the Committee had received an update on the Trust's response to the review. The Chief Executive requested that the Chief Nurse and the Interim Chief Operating Officer for Mental Health and Learning Disabilities review the NHS England report alongside the independent report and action plan to provide an update to the committee once completed.	**RB/BK**
3.	**Minutes of the Quality Committee on 28 August 2024 and Matters Arising**	
a	The Chair welcomed all to the meeting.	
b	The minutes at QC 03, Minutes of the Quality Committee (**QC) on the 07 November 2024** were confirmed as a true and accurate record. Leanne to upload updated version.	**LCD**
4.	***Matters Arising***	
a	The Action Log at QC 04 was reviewed and updated, the Committee agreed that the following actions could be closed and removed from the action log:	
b	**07 November 2024**: **6(d)-**High risk outstanding fire actions- This is being overseen in Executives meetings and there is assurance that there is a plan in place. **9(f)-** To provide an update on the issue regarding respiratory equipment for Children-This is included in the Clinical Audit update on today's agenda. **14(c)**- to update BAF risk 4.1, not maximising the Trusts Research and Development Potential-the risk has been reviewed and there is no change in the risk rating. **16(a)**- The Provider Collaborative report needs updating to demonstrate that it reports to the Quality Committee-this has been completed. **28 August 2024:**	

	2(d)- A fuller update for Board on the discharge on mental health patients and the submission of the self-assessment-Completed, went to Board in November 2024. **9(n)**- Mental Health Inpatient Transformation programme update to be presented at Board-Completed, this has taken place. **14(e)**- Workshop with PCN Leaders-this has been included in Board agenda setting. The Chair noted that this discussion on joint working with the Community Directorate and Primary Care Neighbourhoods is not only to consider the future but also consider the impact of industrial action and how best to support primary care in the future and what the new contract may involve. The Chief Operating Officer for Community Health Services, Dentistry & Primary Care commented tha the industrial action hasn't had a huge impact on services; however it is impacting on planning work and the willingness of GPs to engage in discussions around developments for example to IT projects around EMIS development. The Clinical Director of Community Health Services, Dentistry & Primary Care added that at present a scoping exercise is underway across services to understand where our interfaces with Primary care are and to put in plans that don't rely on Primary Care for things that are within our gift to sort out, such as prescribing or onward referrals. **3b(k)**- Deep dive into patient safety incidents to review effectiveness of change and mitigations- this is on today's agenda. **9(d)**- to map out where patient feedback in collected and collated through the different groups. This is included in today's paper.	**BR**
Safety		
5.	**Quality and Clinical Governance Sub-Group (QCG) escalation report & Quality and Safet Dashboard**	
a	The Chief Nurse took the report at QC 05 as read, noting the key highlights and escalations.	
b	The Chief Operating Officer for Community Health Services, Dentistry & Primary Care noted that Bicester ward, which is flagged as an early warning due to vacancy rate, has been successful in recruiting a new substantive ward manager. They have also managed to improve their supervision rate, which will hopefully allow them to be downgraded from early warning soon. The Chief Nurse commented that this is the benefit of having the early triggers system.	
c	In response to a question from the Trust Chair, the Chief Nurse commented regarding the Multi Agency Safeguarding Hub (MASH) in Buckinghamshire, whereby partner organisations have had difficulty in meeting their requirements of MASH and their capacity to fulfil their part of the partnership. We are working as a system to mitigate that and the ICB has put a person in place to support that mitigation, but it is an ongoing balancing act between the various partners involved. In Oxfordshire it it is further established and is much clearer.	
e	In response to a question from LW, the Chief Nurse noted that there is significant transformation across all services within the Trust, but not all are detailed in the report. The Clinical Director for Community Health Services, Dental and Primary Care emphasized the need for clinically effective and	

	efficient delivery models. The Heart Failure service is undergoing an active transformation programme, focusing on skill mix, system understanding, new technologies, and approaches in different counties. The main issue remains funding, not recruitment. The Chief Executive stressed the importance of quality improvement and incremental change developed by practitioners and not just imposed from the top.	
e	LW highlighted the need to focus on reducing risks, not just monitoring them. The Chief Nurse added that the Quality and Clinical Governance Subgroup are meticulous at reviewing the mitigating actions in place to reduce areas where we are alerted to the fact that there are risks and measuring those actions and progress in detail.	
f	The Chair noted the Preventing Future Deaths (Regulation 28) notice and sought assurance that the response to the coroners would be within the 28 days and requested she be sighted on those.	**JK**
g	She then went on to note that the number of services with long waiting lists is reducing and some are getting the waiting times much closer to national targets or in line with national averages. The Chief Operating Officer for Mental Health and Learning Disabilities commented that they are improving and that each service is currently reviewing their waits, including longest waiters and peaks to gain a better understanding of how those could be addressed.	
h	The Chair asked if there was any update regarding the CQC visit to Thames House? The Chief Nurse commented that the report has not yet been received from the CQC, and at present the CQC are having significant delays in publishing their reports.	
	The Chair summarised that it is helpful to consider the differentiation between improvement and transformation and the important aspect is to evaluate the impact of changes that are made and evolve them if they are not right first time. The process chart included in the report is helpful in showing how the data is brought together and reviewed. It is also good to understand the process that clinical teams are reviewing the dashboard and providing their perspective and input.	
	The committee noted the report.	
6.	**District Nursing Service - Deep Dive**	
a	The Senior Matron for Community Nursing and the Deputy Director for Community Health Services, Dentistry & Primary Care summarised the current challenges faced by the District Nursing service, including demand exceeding capacity, patient harms, and themes from complaints and incidents. They also discussed ongoing service improvement projects and the clinical vision for the service. The Chief Nurse acknowledged that this was a national issue but added that, despite the pressures, frontline staff are committed to making	

	quality improvements. The service is managing safety well, even with the high number of deferred visits.	
b	The Chief Operating Officer highlighted the decrease in investment and funding over the past decade, which has added pressure to the service. Strategic decisions at the system level often impact the District Nursing service without fulling understand the full or long-term impact on the service. The Trust is putting in additional funding and digital innovations, but more resources will be needed to meet the demand.	
c	The Senior Matron mentioned a positive meeting with system partners, emphasizing the importance of collaboration. The Associate Director of Quality and Clinical Standards for the BOB ICB praised the Senior Matron's support and noted ongoing workstream to seek to address issues.	
d	The Chief Executive expressed concerns about the projected growth of insulin visits and the need for additional funding for these. Discussions are ongoing about what services might need to be reduced or transferred to other partner organisations. The Trust is trying to minimize the gap in resources systematically.	
e	The Chair and other committee members stressed the importance of being clear and assertive within the system about what can be provided within resources and re-allocating resources wherever possible. The Trust is committed to supporting clinical prioritisation and ensuring staff have the time to consider, advocate and lead service proposals. **The committee noted the update and supported the work by the DN leadership team in transforming the local service and influencing national thinking. a**	
7.	**Patient Safety Incidents (PSI)**	
a	The Head of Patient Safety, took the report at QC 07 as read, noting any key highlights and escalations to the Committee.	
b	In response to a question posed by LW, the Head of Patient Safety noted that there has been a shift in culture, however it will take time before we will see a key change around some of the recurrent themes, however these are being monitored and we are now starting to follow these up, ensuring that robust evidence that the actions have been completed before closing and have now started going back to the team to complete a peer review to ensure that they have completed the action and that it is having the intended impact.	
c	LW: added that it would be useful to know from those Trust wide and Directorate wide themes, what should be being monitored to ensure that the trajectory does not start to dip off again once closed. The Chair added that it would be useful in the forthcoming Board workshop to agree what the consistent themes are and review the staff survey to see whether the staff feel the environment is safe to	

	speak up whether concerns are acted on and investigations completed in an honest and transparent manner, which the early findings suggest we are making good progress.	
d	The Chief Nurse added that at present a lot of those themes have not changed around the importance of working with families, record keeping and transitioning between services, which are all complex issues that have been being worked on for many years. This system will allow the opportunity to look at them from a more thematic approach rather than a singular incident and consider how it then fits with the broader work being undertaken and how is the impact of that going to be measured. There will not be one single measure of improvement, for example with the triangle of care where self-assessments are completed, we have suggested that each team should choose one or two actions to focus on to lead to improvement. It is a good challenge to consider what we would like to see to provide understanding and assurance that this is improving.	
e	The Chair summarised that this is still early days with a good year of implementation and proposed that the patient safety team strive to measure and evaluate the impact of some of the changes in terms of patient safety. **The Committee noted the update.**	
8.	**Safer Staffing Report**	
a	The Chief Nurse took the report at QC 08 as read, noting any key highlights and escalations to the Committee.	
b	The Clinical Director for Community Health Services, Dental & Primary Care commented that he will review the data to ensure that it is accurate as it suggests bed occupancy to around 70-75%, which seems low, there was a period prior to Christmas where there were empty beds, however across the community now the rates are in 90's. The Chief Nurse commented that this is an average over 6 months, so it could be that it is accurate and that period with empty beds has brought the average down. The Chief Executive added that it would be worth checking that the number of beds is accurate as there have been bed closures. **The committee noted the update and were assured on the safe staffing analysis from the previous six months.**	**PG**
9.	**Quality Compliance and Regulation Update**	
a	The Head of Clinical Standards took the report at QC 09 as read, noting any key highlights and escalations to the Committee.	
b	The Chair noted that the CQC report into their inspection of Forensic services in November is awaited. However early indicators are that there are no urgent actions to address and there is work underway within the teams following the initial response from the high-level feedback. **The Committee noted the Report and updates.**	
10.	**Clinical Effectiveness Group (CEG) Report**	

a	The Deputy Chief Medical Officer took the report at QC 10 as read noting any key highlights and escalations to the Committee.	
b	The Chair noted that in the People, leadership and Culture Committee MSK injures were the second biggest concern about staff particularly considering the age profile. It is therefore important that the manual handling proposal is not delayed. The Chair suggested that the AI strategy would be of interest to the whole Board once shaped with the frontline clinical staff.	
c	LW asked whether the agenda is developed based on what is initiated by staff or is there a strategic context in which the group is tasked to deliver on certain priorities? The Deputy Chief Medical Officer replied that the agenda has sought to encapsulate both. The Chief Nurse added that the important aspect of this group is that it has developed into a decision-making group that looks at clinical effectiveness. The Associate Director of Allied Health Professionals and Trustwide Lead for Physiotherapy (Sam Rigg) is reviewing MSK training ahead of its launch.	
d	The Chief Operating Officer for Community Health Services, Dentistry & Primary Care emphasized the group's role in integrating clinical considerations into the transformation programme. The Deputy Chief Medical Officer noted the ICB's engagement, and their development of a clinical effectiveness strategy linked to the group and Committee. **The Committee noted the update**	
11.	**Clinical Audit Update**	**Action in relation to c. LCD to set up meeting with CH (Chair of Audit) and AY and BK,KM pls.**
a	The Head of Clinical Standards took the report at QC 11 as read noting any key highlights and escalations to the Committee.	
b	The Deputy Chief Nurse noted that this would be Claire's last Quality Committee and Ashley Harvey will be picking this up moving forward.	
c	The Chair noted that there was an issue raised by the audit committee at Board about the number of overdue actions and whether the resource was adequate to the amount of work within the programme, and it was agreed that there would be a meeting offline to discuss this before going back to the Board. . **The committee noted the report and requested a follow up meeting with the Audit Committee.**	
12.	**Medicine Management Update**	
a	The Chief Pharmacist and Clinical Director for Medicines Management took the report at QC 102 as read, noting any key highlights and escalations to the group. **The Committee noted the Update and took assurance from the report on medicines safety.**	
Caring and Responsive		
13.	**Learning From Patients review**	

a	The Deputy Chief Nurse took the presentation at QC 13 as read, noting any key highlights and escalations to the Committee.	
b	The Chair asked whether this links into the Patient and Experience Strategy that is currently part way through delivering. The Director of Psychological Therapies replied that he is now leading on this, which is due to run to the end of the year. Work has taken place to consolidate what the strategy has set out to make sure that there are clear achievable goals. It was recently presented at the Quality and Clinical Governance Sub-Group meeting, a five-point plan around how what we already do and how we can build capacity for service user involvement and co-production and how we can make this current for our frontline services and teams to become a core part of their business. When planning a service change or evaluating a service we need to have the voice of the people accessing that service. It is about how we bring together all perspectives to drive improvement.	
c	The Chair asked in moving from a strategy to everyday delivery, will that be seen through the strategy refresh? The Director of Psychological Therapies noted that the strategy is not clear enough in terms of specific, measurable objectives which is something that he would like to change and build on.	
d	The Chief Nurse commented that we have a good offer that is organically grown at the moment and now we need to put the framework over it, including a framework for training, supporting and inducting peer support workers and experts by experience to engage in this. Then we can consider our measures and how we are capturing feedback in terms of the experience and how meaningful it is. We also need to grow the patient and carers councils to get a good idea of the touch points in the Trust including the Board where these organisations interact with us. The deputy Chief Nurse noted that how we track the strategy, and feedback will be one of the key quality priorities for next year. **The Committee noted the update.**	
Annual Plan and Strategic Programmes		
14.	**Draft Quality Account for 2024/2025 & Quality Priorities for 2025/2026**	
a	The Head of Patient Safety took the report at QC 14 as read, noting the key highlights and escalations to the Committee.	
b	The Chair thanked the team for the very clear report. It is good to see that there has been good implementation and uptake of NEWS, considering there have previous incidents around the use of NEWS. The report is showing good progress in relation to the Lester tool, we have been hampered by the data collection and digital capability, with WIFI being unreliable. She noted that during a recent visit to Abingdon the whole WIFI was down, the Chief Finance Officer is aware of these issues. The Chair commented that the Trust is well sighted on the Mental Health Waits, which we are working hard to deal with.	
c	The Deputy Chief Nurse then shared her screen to show the Committee the draft quality priorities for next year, which included:	

	• Reducing restrictive practice • Implementing PSIRF and creating a learning culture • Involving patients and their families • Embedding continuous quality improvement and • Address the race inequalities in the delivery of healthcare For each priority the detail, aim, measures and trust involvement was included. She noted that the aims and measures are yet to be finalised, and that work is currently underway to review the metrics and measures for those at present.	
d	The Chief Nurse noted that this was being brought to the Committee today, as the Committee is not due to meet until May, the quality account needs to be publicly circulated, so it would be helpful to get some agreement from the Committee that these are the right areas. The areas included are all those that have a significant amount of work currently taking place, but we need to ensure that we can measure it. These areas are linked to much of the overall learning from incidents and themes we identify in terms of quality across the Trust. The priorities have been simplified this year to make sure we are more focussed and achieve more.	
e	The Chief Executive commented that the Quality Account priorities should be considered and triangulated with strategic priorities, which will be discussed in a Board workshop to ensure that they are aligned. This will be followed up at Monday's executive meeting.	
f	The Executive Director of Strategy added that we need to ensure that these also align with the metrics that are being reported in IPR, so that we ensure that we are consistent with what we are publicly reporting to Board, including any rationales.	
g	The Associate Director of Corporate Affairs noted that there is a Non-Executive Directors (NED) and Council of Governors (CoG) which would be a good opportunity to test with governors if they have anything thematically to contribute.	
h	LW added that it would be useful to describe those priority areas in terms of what we are trying to achieve and focus on the impact that we are trying to achieve. The work on clinical outcomes, which is a board priority and has a lot of effort put into, LW requested that we make sure we do not lose sight of that. The Chief Executive commented that was for this year and will be one of the strategic priorities in a different way, so will still be monitored. The Chief Nurse added that these are more quality focused priorities, which will align and sit alongside the strategic ones.	
i	The Chair summarised that the Committee are supporting the priorities shown today and will take advice on whether that is added to after discussion at Board, but the team have agreement to produce something for consultation with the system after the governors and Board workshop. This year suggests that in having fewer more measurable priorities, we have been more successful, and we should hold onto that learning.	**AF/JK**

	Committee noted the update and endorsed the Quality Account Priorities for 2025/6.	
15.	**Annual Planning 2025-2026**	
a	The Executive Director for Strategy & Partnerships provided an update on the projected £300 million deficit for the BOB ICB next year. Despite progress in planning, significant improvements are needed in the process, particularly in reallocating resources and services. The focus is on closing the deficit and meeting planning guidance, which includes reducing wait times for elective care, A&E, and ambulance services, and improving access to general practice and urgent mental health care. All providers have been asked to submit plans to break even.	
b	Internally, good progress has been made in aligning CIP proposals with the Trust's planning process. Services are asked to prepare a 2% CIP plan. Strategic decisions are being refined and streamlined, with key programmes set up for the next two years to bridge into a new strategy for 2026. The Chief Executive mentioned potential cost-saving measures, such as reviewing some beds and community health services. The Deputy Chief Medical Officer highlighted urgent dental care and general anaesthetic waiting lists as priorities. The Chair thanked AB for the update and summary. **The committee noted the update.**	
Strategies and Policies		
16.	**Policies to approve:**	
a	**Point of Care Testing policy.**	
b	The Chief Nurse took the policy as read, noting that this was a new policy that was approved at the Quality and Clinical Governance Sub-Group meeting. **The Committee approved the policy.**	
Governance and Risk Management		
17.	**Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF)**	
a	The Chair took the report at QC 17 as read, noting that the risks and mitigations are being updated more regularly and frequently, which means that the committee is receiving more current and complete information. She noted that all risks have been reviewed, with no changes in the risk score.	
b	The Executive Director of Strategy & Partnerships discussed the updated Board Assurance Framework (BAF) Risk 3.1 and the Trust's engagement in shared planning and decision-making. The main gaps are around the operating model changes at the BOB ICB and understanding governance for community and mental health services.	
c		

	LW agreed that this risk is now more about the level of uncertainty in the operating model and the national position. The Chair commented on the need for realistic expectations of the system and the need for a wider Board discussion. The BAF needs to be an accurate description of the risk. The Chief Executive emphasized the need for a Board discussion to refresh the BAF over the Spring.	
d	The Associate Director of Corporate Affairs added that the annual assurance cycle is being refined, with BAF risks being updated according to the Trust's new annual priorities.	
e	The Chair summarised that the BAF should be refreshed by Spring 2025 to take account of what our plans reflect, and a note will be added to the current risk descriptor to reflect the conversations today. **The Committee considered the report, noted forthcoming changes and noted assurance on the current level of risk and mitigating actions.**	
18.	**Committee Terms of Reference**	
a	The Chair took the Terms of Reference at QC 18 as read, noting that these are now consistent across the suite of the Trusts committees.	
b	**The Committee approved the Terms of Refence.**	
19.	**AOB**	
a	The Chair thanked the Deputy Chief Medical Officer, who is retiring at the end of March for being a brilliant champion for dentistry in Oxfordshire adding that she leaves behind a great legacy in dentistry and as her role as Deputy Chief Medical Officer.	
	Meeting closed at 12:45 **Date of next meeting: 01 May 2025**	

Oxford Health NHS Foundation Trust

Quality Committee

(Conducted electronically via MS Teams)

10:00 on Thursday, 01 May 2025

AGENDA

Apologies to: Leanne.Dunkley@oxfordhealth.nhs.uk

No.	Item	Lead	Task	Paper	Time
Standing items / Opening business					
1	Chair's welcome, apologies and quoracy check	Chair		N/A	10:00
2.	Declarations of AOB	All		N/A	10:00
3.	Minutes of meeting held on 06 February 2025	Chair	To Approve	Enclosed	10:05
4.	Action log and any matters arising. - Learning disabilities development of strategy and gap analysis	Chair	To approve	Enclosed	10:05
SAFETY					
5	Quality & Clinical Governance Sub-Group (QGCSG) escalation report and Quality and Safety Dashboard	Jane Kershaw/Britta Klinck	Assurance	Enclosed	10:10
6	Patient Safety Incident (PSI)& Learning from Deaths report to include Mortality and Homicide review Q4	Jane Kershaw/ Britta Klinck	Assurance	Enclosed	10.30
7	Quality Compliance & Regulation update (CQC, NHSE/I etc)	Angie Fletcher	Assurance	Enclosed	10:40
8	Director of Infection, Prevention & Control (IPC) Annual report 2024/2025	Etelvina Ferreira/ Britta Klinck	Assurance	Enclosed	10:45
9	Oxford Pharmacy Store (OPS)-review of programme	Michael Marven/Heather Smith	Assurance	Enclosed	10:55
QUALITY IMPROVEMENT					
10	Quality Improvement Spotlight Presentation-Review of Programme Falling between services thematic investigation "mind the Gap"	Natalie Cleveland/ Tasmin Irving/Angie Fletcher	Assurance	Enclosed	11:05
EFFECTIVE					
11	Clinical Effectiveness Group report	Karl Marlowe	Assurance	Enclosed	11:25

12	Medicines Management update	Michael Marven/ Karl Marlowe	Assurance	Enclosed	11:35
13	Clinical Audit Update-Annual Plan and Annual report	Ashley Harvey/ Angie Fletcher	Assurance		11:40
CARING and RESPONSIVE		**BREAK 11:45-11:55**			
14	Complaints & PALS annual report 24/25	Claire Price/ Angie Fletcher	Assurance	Enclosed	11:55
ANNUAL PLAN & STRATEGIC PROGRAMMES					
15	Quality Account 2024/2025 (Quality Priorities 2025/2026)	Angie Fletcher/Britta Klinck	Assurance	Enclosed	12:05
16	Quality Impact Assessments for Financial/Operating Plan for 2025/2026	Britta Klink/Angie Fletcher	Assurance	verbal	12:15
RESEARCH					
STRATEGIES & POLICIES					
17.	Learning from Patients, Family and Carers-update on Strategy	Bill Tiplady/ Britta Klinck	Assurance	Enclosed	12:25
GOVERNANCE & RISK MANAGEMENT					
18	Operational and Strategic Risks-Trust Risk Register (TRR) and Board Assurance Framework (BAF) review of risk 1.5	Brian Aveyard/ Taff Gidi	Assurance	Enclosed	12:30
19	Trust Policy Register	Ben Cahill	Assurance	Enclosed	12:40
ANNUAL REVIEW OF COMMITTEE EFFECTIVNESS					
20	Review Terms of Reference (ToR)	Chair	approve	Enclosed	12:45
21	Quality Committee Annual Report	Chair	approve	Enclosed	12:50
22	Quality Committee Workplan 2025/2026	Chair	approve	Enclosed	12:55
ONE OFF REPORTS/REQUESTED ITEMS					
Any other business					
23	Date of next meeting – **Thursday, 10 July 2025**				