

## General Meeting of the Council of Governors

Thursday 06 March 2025, 17:30 – 19:30

Microsoft Teams virtual meeting

### AGENDA

Apologies to: [nicola.gill@oxfordhealth.nhs.uk](mailto:nicola.gill@oxfordhealth.nhs.uk)

No.	Item	Lead	Purpose	Paper	Time
Standing items					
1.	Introduction and welcome	Chair		N/A	17:30
2.	Apologies for absence and quoracy check	Chair		N/A	
3.	Declarations of interest on matters pertinent to the agenda	Chair		N/A	
4.	Minutes of meeting held on 05 December 2024 and matters arising	Chair	Approval	Enclosed	
Patient/Staff story					
5.	Patient story	Director of Psychological Professions	Information	N/A	17:35
Presentation Item					
6.	Development of mental health medication – a presentation by the Chief Medical Officer	Chief Medical Officer	Information	N/A	17:50
Update reports					
7.	Chair’s report	Chair	Assurance	Enclosed	18:05
8.	Lead Governor’s report	Lead Governor	Assurance	Enclosed	
9.	Chief Executive’s report	CEO	Assurance	Enclosed	
10.	Reflections of a Non-Executive Director  See below link for Andrea Young’s profile <a href="#">Board of Directors - Oxford Health NHS Foundation Trust</a>	Andrea Young	Information	N/A	
11.	Questions arising from papers in the Reading Room			N/A	
Strategy & Planning					
12.	Warneford Park Programme update	Simon Cook, Warneford Park Programme Director/Alison	Assurance	Enclosed	18:30

		Barnes, Communications Specialist			
13.	Oxford Health Annual Plan – Draft of FY25/26 plan <i>Paper to be circulated following the meeting</i>	Executive Director of Strategy & Partnerships	Assurance	To be tabled at meeting	18:45
Council of Governors business items					
14.	Nominations and Remuneration Committee – committee membership	Chair	Approval	Enclosed	19:00
Questions from the public					
15.	Questions from the public	Chair		N/A	19:05
16.	Close of public meeting  Confidential issues: Members of the public are excluded from the Council of Governors meeting in private having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed	Chair		N/A	19:10
Session in private – Chair and Governors only					
17.	Minutes of meeting held on 05 December 2024 and matters arising	Chair	Approval	Enclosed	19:10
18.	External Auditor Contract Extension and Reappointment	Chief Finance Officer	Approval	Enclosed	
19.	Nominations and Remuneration update report (from February NRC meeting)	Director of Corporate Affairs and Chief People Officer	Approval	Enclosed	
20.	Close of private meeting	Chair		N/A	19:30
21.	Date of next meeting – 12 June 2025				
Reading Room/Appendix [information provided for questions and debate]					
22.	Quarterly Trust Performance supporting papers <ul style="list-style-type: none"><li>Integrated Performance Report (RR/App_CoG 22(i)/2025)</li><li>Finance Report (RR/App_CoG 22(ii)/2025)</li><li>Quality Dashboard (RR/App_CoG 22(iii)/2025)</li></ul>				

**[DRAFT] Minutes of the Council of Governors meeting held on**  
**05 December 2024, at 17:30**  
**via Microsoft Teams**

**Present:**

David Walker ( <b>DW</b> )	Trust Chair
Anna Gardner ( <b>AG</b> )	Public governor, Buckinghamshire (Lead Governor)
Evin Abrishami ( <b>EA</b> )	Staff governor, Mental Health Services Oxfordshire, BaNES, Swindon & Wilts
Juliet Hunter ( <b>JH</b> )	Public governor, Oxfordshire
Carolyn Lewellyn ( <b>CL</b> )	Appointed governor, Oxford Brookes University
Andrea McCubbin ( <b>AM</b> )	Appointed governor, Buckinghamshire MIND
Zahir Mohammed ( <b>ZM</b> )	Appointed governor, Buckinghamshire Council
Vicki Power ( <b>VP</b> )	Staff governor, Buckinghamshire Mental Health Services
Paul Ringer ( <b>PR</b> )	Appointed governor, Age UK Oxfordshire

**In attendance:**

Grant Macdonald ( <b>GM</b> )	Chief Executive
Amelie Bages ( <b>AB</b> )	Executive Director of Strategy & Partnerships
Rob Bale ( <b>RB</b> )	Interim Chief Operating Officer for Mental Health and Learning Disability
David Clark ( <b>DC</b> )	Non-Executive Director
Geraldine Cumberbatch ( <b>GC</b> )	Non-Executive Director
Georgia Denegri ( <b>GD</b> )	Associate Director of Corporate Affairs
Charmaine De Souza ( <b>CDS</b> )	Chief People Officer
Chris Hurst ( <b>CH</b> )	Non-Executive Director
Britta Klinck ( <b>BK</b> )	Chief Nurse
Mohinder Sawhney ( <b>MS</b> )	Non-Executive Director
Rick Trainor ( <b>RT</b> )	Non-Executive Director
Lucy Weston ( <b>LW</b> )	Non-Executive Director
Andrea Young ( <b>AY</b> )	Non-Executive Director
Ben Cahill ( <b>BC</b> )	Deputy Director of Corporate Affairs
Nicola Gill ( <b>NG</b> ) ( <i>minutes</i> )	Corporate Governance Officer
Laura Carter ( <b>LC</b> )	Head of Strategy (item 9)
Daniel Mercier ( <b>DM</b> )	Associate Director of Social Work and Social Care (item 10)
Elaine Jones ( <b>EJ</b> )	Executive Officer to Chair and Chief Executive
Hannah Smith ( <b>HS</b> )	Assistant Trust Secretary

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

**PUBLIC**

c	Apologies received from the Board: Ben Riley, Chief Operating Officer for Community Health Services, Dentistry & Primary Care; and Heather Smith, Chief Finance Officer.	
d	The meeting was confirmed to be quorate.	
3.	<b>Declaration of interests on matters pertinent to the agenda</b>	
a	None raised.	
4.	<b>Minutes of last Meeting on 3 October 2024 and Matters Arising</b>	
a	The minutes of the last meeting held on 3 October 2024 were approved as a true and accurate record, and there were no matters arising.	
b	<b>The Council approved the minutes and noted there were no matters arising.</b>	
5.	<b>Chair's report and Lead Governor appointment</b>	
a	The Trust Chair introduced his report which updated the Council of Governors on the recruitment of the Chief Executive and other changes on the Board of Directors.	
b	The Chair then proceeded to present the paper seeking Council's approval to appoint Vicki Power (Staff governor – Buckinghamshire Mental Health Services) as lead governor from January 2025, following Anna Gardner standing down from the role. David Walker thanked Anna Gardner for her extensive work and commitment as lead governor working with the Trust and with local NHS partner governors - this was supported by the Council and directors who all thanked Anna for her support. David Walker congratulated Vicki Power on her appointment as lead governor and expressed that he was looking forward to working with her.	
c	<b>The Council noted the Chair's report and approved the appointment of Vicki Power as lead governor from January 2025.</b>	
6.	<b>Lead Governor's update</b>	
a	Anna Gardner introduced her paper which reflected on the challenges for mental health services, her tenure as governor and subsequently lead governor, and the future priorities for the Council. She proceeded to congratulate Vicki Power on her appointment as lead governor. Anna thanked all the people she has worked with at the Trust adding that she felt that the Trust was on a good footing for the future now that interim posts had and were being filled.	
b	<b>The Council noted the update and thanked Anna Gardner for her contribution as lead governor.</b>	
7.	<b>Chief Executive's report</b>	
a	Grant Macdonald, Chief Executive, took his report as read. He thanked Anna Gardner for all her support while he was interim chief executive and wished her all the best for the future.	
b	David Walker asked at what stage the effect of the new mental health hubs on high streets (Keystone Mental Health hubs) would be evident on the demand for mental health services. Grant Macdonald responded that the hubs offered a	



<p>c</p> <p>d</p>	<p>route to improve access to mental health services, particularly 'walk-in' access, and were a new model but that it was too early in their operation to determine their impact. David Clark highlighted the importance of a continued blend of in-person and virtual access to these services. Following a question on hub links to psychological therapists, Dr Rob Bale added that these roles were not based at the hubs, but they did have links to the talking therapy services and that these connections were being reviewed.</p> <p>Juliet Hunter asked about site visits being arranged for governors. Georgia Denegri responded that a visit was being planned for January and governors would be contacted to ask if they wished to attend.</p> <p><b>The Council noted the Chief Executive's report.</b></p>	
<p><b>8.</b></p> <p>a</p>	<p><b>Questions arising from papers in the Reading Room</b></p> <p>Paul Ringer asked a question on the Integrated Performance Report relating to older adult mental health baseline data and how to encourage and engage older adults in accessing mental health services. David Clark responded about the role of the Keystone mental health hubs and opportunities to delivery more directly in communities.</p>	
<p><b>9.</b></p> <p>a</p> <p>b</p> <p>c</p>	<p><b>Annual Plan – initial priorities for FY25/26</b></p> <p>Amelie Bages, Executive Director of Strategy &amp; Partnerships, summarised the draft 2025/26 annual plan for the Trust adding that the written draft would be shared with governors following the meeting, if they wished to review further detail on the draft priorities of the Trust and to provide any feedback. The plan would be finalised in March 2025 and would return in more detail to the Council at its meeting on 6 March 2025.</p> <p>The draft plan was split into two main sections – firstly strategic themes and change programmes and secondly clinical directorate priorities. There were currently 17 strategic programmes across Oxford Health. The following were some areas starting to emerge for prioritisation in FY25/26:</p> <ul style="list-style-type: none"> <li>• Population health;</li> <li>• Primary care and neighbourhood teams;</li> <li>• Progressing our enablers work;</li> <li>• Anti-Racism;</li> <li>• Patient reported outcomes;</li> <li>• Leadership Framework;</li> <li>• Patient and Carer involvement;</li> <li>• Frontline digitisation; and</li> <li>• Warneford Park Programme.</li> </ul> <p>The draft clinical directorate priorities included reducing health inequalities including a focus on deprived wards; improving access to mental health services and pathways; the community health services transformation programme; mental health impatient improvement programme - as well as alternatives to admissions; integrating care pathways and embedding a trauma-led approach in forensic mental health services, and service contract negotiations with local system partners. The plan will also have focus areas on staff wellbeing, development of data analytics on demand and capacity, environmental and financial sustainability, and embedding research and quality improvement approaches.</p>	

d	David Walker thanked Amelie Bages for the summary. He asked to what degree the Trust has autonomy in deciding its priorities given that NHS providers remain commissioned to provide services in a system context where there were also financial constraints. Amelie Bages responded that the Trust was working with a national and local framework so there were requirements to meet but that there was a level of flexibility through working as a partner in the integrated care board and that the Trust has an opportunity to influence planning. Grant Macdonald added that while the Trust was funded to provide services, there were options for a number of service lines on how to meet the outcomes sought, some services are highly prescribed but for others there is flexibility. He added that there were options to be innovative and do things differently rather than to do more.	
e	<b>The Council noted the update on the initial priorities of the 25/26 annual plan.</b>	
10.	<b>Patient and Carer Race Equality Framework (PCREF) update</b>	
a	The Chief Nurse introduced the item. She hoped that it would provide governors with an update on the development and work of the PCREF programme and introduced Daniel Mercier, Associate Director of Social Work and Social Care, who leads on the programme to provide further detail.	
b	Daniel Mercier set out that PCREF is a national programme instigated by NHS England. It is developed around an anti-racism framework and has a mandatory framework of three elements: leadership and governance, national organisation, and competence. There are a number of workstreams within the Trust working on the framework each with a lead and represented by experts by experience. He highlighted the important role of the involvement of patient and carers and experts by experience at the Trust, noting that there was a range of information and data and that a focus would be on aggregating this to identify themes and trends to gain better insights to adapt services. He concluded that a lot had been done to date but that there is much more to do over the coming year from April 2025 when PCREF reporting will become mandatory.	
c	Grant Macdonald thanked Daniel for the update and his work in leading the programme since he started at the Trust earlier in 2024. Anna Gardner supported this, adding that a lot of work had been done in a short space of time.	
d	Anna Gardner asked Daniel his view on data completeness around ethnicity and whether data as currently collected would provide the insight needed. Daniel responded that data completeness around ethnicity relating to mental health services was around 75% and that this was being worked on to be improved including communications to staff on the importance of accurate data reporting and discussions with patients and families on the importance of this data collection in improving services. David Clark added that there was good quality data available across Trusts that could inform the work of the Trust and offered to send data links to Daniel.	
e	The Chief People Officer commented that she and the workforce teams were working closely with Daniel, for example on the development of an anti-racism statement. The Executive Director for Strategy & Partnerships added that data on inequalities informed Trust strategy and planning work and that it was about focusing on pragmatic improvements to increasing the quality and completeness of data.	
f	Juliet Hunter noted that there had been some criticism about the diversity of those consulted groups as part of the Warneford Park consultation. Dr Rob Bale	

<p>g</p> <p>h</p> <p>i</p>	<p>said he was aware of this and the challenge to improve it and do things differently.</p> <p>Evin Abrishami asked if data on ethnicity was being collected for every new referral. Daniel responded that data collection was improving but that discussions were being held with services about how to ensure improved data collection rates. Evin added that language barriers were often a contributing factor and that people from ethnic minorities can sometimes not understand questions if not phrased clearly. Daniel agreed and noted that this was being considered by services including work with social care partners. Dr Rob Bale commented that services weren't where they needed to be with data collection and accuracy and that improvements were being developed in particular in capturing basic demographic data at admission and explaining clearly why collecting this data was important for the improvement and development of services.</p> <p>David Walker thanked Britta Klinck and Daniel Mercier for the update and asked that a further update be scheduled over 2025.</p> <p><b>The Council noted the update.</b></p>	
<p>11.</p> <p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p><b>Non-Executive Director presentation – Lucy Weston</b></p> <p>Lucy Weston gave an update to the Council on her work as a Non-Executive Director and on her background prior to being at Oxford Health. Lucy is a chartered accountant by professional background and is an Oxford local. She and her family have been patients of Trust services and that, from this, she has direct experience of the complexity of pathways and how patients can be frustrated by these and waiting lists.</p> <p>Lucy joined the Trust in 2017 and is currently chair of the Finance and Investment Committee. Prior to this she was chair of the Audit Committee. She invited any governor interested in the work of the Finance and Investment Committee to contact her about the work of the committee – noting that it is a much more interesting subject matter than it sounds. As a non-executive director, she has sought to focus on improving access, the quality and consistency of care, learning about services outside of Oxfordshire in particular Buckinghamshire, seeking to realise the benefits of system working to join-up services across the integrated care system, and being an advocate for patient experience in learning how to improve services and innovation. Having been at the Trust since 2017 she has seen a number of changes to the leadership of the Trust, in particular the Executive which she feels is an impressive team and can provide a strong strategic direction for the Trust.</p> <p>Governors thanked Lucy Weston for her presentation in particular her enthusiasm for her areas of interest and in highlighting the importance of developing and maintaining good working relationships between governors and non-executive directors. Andrea McCubbin offered Lucy an invitation to visit Bucks MIND to learn more about their services in Buckinghamshire – Lucy thanked Andrea for this.</p> <p>Andrea McCubbin raised challenges placed on the voluntary sector from the employers' national insurance uplift and asked if this could be a future discussion at a Finance &amp; Investment Committee and as a part of annual planning priorities.</p> <p>Lucy concluded by stressing that she felt that it was important that governors and non-executive directors had good working relationships, felt that they</p>	

f	could speak openly on matters of the Trust and hoped that her update could help with this.  <b>The Council noted the update.</b>	
<b>12.</b>  a   b	<b>Governor Code of Conduct</b>  The Deputy Director of Corporate Affairs outlined the amendments made to the Governor Code of Conduct – as set out in the report and draft code in the appendix – noting that these were mainly housekeeping updates and alignment with other internal and external governance documents. A specific amendment has been made to change the investigation process for governors that have been alleged to have breached the code – these changes make any required investigation process simpler and more practical and less onerous on governors involved. He added that the updated code would be included in the Governor's Handbook.  <b>The council approved the amendments to the Governor Code of Conduct.</b>	<b>BC</b>
<b>13.</b>  a   b   c	<b>Update on forthcoming elections</b>  The Deputy Director of Corporate Affairs provided an update that 2025 will be a governor election year. An external provider will run the election process. The key dates for the election will be notice of election published in mid-February; end of March to submit nomination to stand as a governor; and election period over April and into May; and results in late May.  Given a large number of vacancies and governors with terms expiring, the election will be promoted internally and externally including focus on particular constituencies, targeted communications to Trust stakeholders, social media and website promotion, as well as a postcard to the Trust's membership (provided by the election provider). Ben Cahill asked for any thoughts, advice and assistance from governors and board members to promote the elections and role of the governor.  <b>The Council noted the update.</b>	
<b>14.</b> a	<b>Questions from the public</b> None received.	
<b>15.</b> a	<b>Close of meeting</b> Meeting closed at 19:05	
Date of next meeting: 6 March 2025		

<b>Meeting:</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	06 March 2025
<b>Agenda item:</b>	07
<b>Report title:</b>	Trust Chair's Report
<b>Executive lead(s):</b>	n/a
<b>Report author(s):</b>	David Walker, Trust Chair
<b>Action this paper is for:</b>	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
<b>Reason for submission to the Council:</b>	For information
<b>Public or confidential:</b>	Public

## Report

Some of you may have recently seen media reports about the resignation of Amanda Pritchard, the chief executive of NHS England. It looks like her successor will be integrated into the Department of Health and Social Care though NHS England will continue as an arm's-length body, the government being unwilling to spend time legislating its abolition.

These are dramatic moves but do such events in the health stratosphere affect us? It is hard to see direct consequences. In normal circumstances, there is no line of sight from the centre to individual trusts; the trail runs through NHS regions and now, the integrated care boards. But 'the top of the office' can have influence over the medium to long run. Amanda Pritchard's predecessor, Lord Simon Stevens, had some effect in securing new flows of funds towards mental health. As the secretary of state reorganises the centre it will be important to ensure mental health is not marginalised or forgotten. We will work through the national representative organisations such as NHS Providers to ensure that doesn't happen.

My principal reflection, in this report, is about an inescapable tension at the heart of what the NHS does. We are a public service, taking a share of the money collected by the government, to offer general assurance to the community at large. As citizens we don't pay directly for healthcare; we pay taxes, which are pooled and then distributed. One of the big questions of this era is how to pay for the scale of services we now need, including national defence.

But when we use healthcare, it is as individuals. People want an appointment for themselves or a relative. Their interaction with clinicians is intensely personal. Clinicians in turn focus on 'cases', individuals with all their complex characteristics. I visited Thames

House at Littlemore recently and was struck, not for the first time, by the focus on patients as people – distressed, difficult, responsive, entirely individuals.

In between the centre of the NHS distributing resources on the basis of general categories (mental health, elective surgery etc) and clinicians dealing with patients one to one sits the trust. Inevitably, much of what the board does has a generic or ‘processy’ feel to it. We have to think about budgets and regulation and assurance in a high-level sense. When we talk about risk, it’s at a certain level of abstraction. Meanwhile, in their day-to-day interaction with patients, whether in the community or on wards, colleagues make the most detailed assessments of mood, behaviour, likelihood of relapse, need for therapy and so on.

Perhaps it’s the ultimate test of an organisation such as ours whether it can bridge between the micro and the macro, whether the deliberations on the board are perceived as relevant and useful by those who are (rightly) so focused on the personal and the particular.

Turning to Council of Governors matters, I am delighted that Vicki Power has settled so quickly into the role of lead governor. We are putting our heads together and would welcome your thoughts about the structure and content of our meetings. We are keen, for example, to have at least one item that gets us into the nub of our services and opens for discussion some area of the trust’s work, informed perhaps by a nurse, OT, doctor or researcher. Please let us have your suggestions, whether from the community or inpatient or research domains. Your investment of time and interest in trust affairs is much appreciated and we’re striving to make events as interesting as possible.

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

<b>Recommendation(s)</b>
The Council is asked to note the report.

<b>Meeting:</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	06 March 2025
<b>Agenda item:</b>	08
<b>Report title:</b>	Lead governor update
<b>Executive lead(s):</b>	NA
<b>Report author(s):</b>	Vicki Power – Lead governor
<b>Action this paper is for:</b>	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
<b>Reason for submission to the Council:</b>	For information - update report from lead governor
<b>Public or confidential:</b>	Public

## Report

I've now been in post as lead governor since January and have spent my time, with support from Sri Sabapathy as Deputy Lead Governor introducing myself to our current governors for our Trust. I've found these conversations really invaluable, listening to what Governors enjoy about the role, what they'd like to see more of and how I can support in the future. Some of the key themes from these conversations were:

- Communication
- Relationships with Execs and NEDS
- Expectations of Governors.

I'm in regular contact with Ben Cahill (Deputy Director of Corporate Affairs) and we're focusing on the above over the upcoming months.

Celebration of our amazing staff is an integral part to the success of a Trust. The Trust holds monthly exceptional people awards and annual staff awards plus Daisy and BEE awards. If you'd like to know more or would like to be involved, please do reach out to Nicola Gill (Corporate Governance Officer), Ben Cahill, or myself.

One key theme that came out of my conversations with governors is what their interpretation of 'holding NED's to account' actually means. Not fully understanding how this can be done practically has sometimes stopped governors from being involved in the past. I'll be working with the Trust's Corporate Affairs and Communications teams to explain this better to our current governors in readiness for a new cohort of governors in the future following the governor elections this Spring.

I was delighted to hear that on the 30th January Sri Sabapathy, Juliet Hunter and Carolyn Mason visited the Trust's Witney Community Hospital, here's what Juliet had to say about the event:

*I have just come back from our visit to Witney Community Hospital and I wanted to say how informative and engaging the visit was. I am sure Carolyn and Sri will agree that we were very well looked after by Debbie Holman and her colleagues - please do pass on my thanks for their precious time and their willingness to answer all of our questions!*

*If it was needed, this experience has confirmed to me the value for me as a governor of getting out to do site visits and talking to staff (we did not speak to patients on this occasion) - it brings our more high level/strategic discussions to life. I hope that there will be more opportunities like this.*

Lastly, I'm keen in my tenure to highlight what Governors can get involved in moving forward and how we communicate these to you, some events that could be beneficial are.

- New Induction Days
- Quality Improvement Hubs
- Staff information events.
- Charity events

If you have any questions about anything I've updated about please do reach out to me.

<b>Report history / meetings this item has been considered at and outcome</b>
This report has been produced for 6 March 2026 Council of Governors

<b>Recommendation(s)</b>
The Council is asked to note the report.



<b>Meeting</b>	Council of Governors
<b>Date of Meeting</b>	06 March 2025
<b>Agenda item</b>	09
<b>Report title</b>	Chief Executive Officer's report
<b>Executive lead(s)</b>	N/A
<b>Report author(s)</b>	Grant Macdonald, Chief Executive
<b>Action this paper</b>	<input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance
<b>Reason for submission to the Council</b>	For information
<b>Public or confidential</b>	Public

## Report

### Governor elections 2025

I'm aware that due to terms ending at the end of May this might be the last Council of Governors meeting for a number of the Trust's governors. To those governors that won't be standing again I'd like to offer my thanks for their time, commitment and contributions to Oxford Health through their work as governors – it is much appreciated by myself and directors. Governor elections will be taking place over the Spring (nominations to stand as a governor opened on 28<sup>th</sup> February) and I look forward to working with newly elected governors from the 1<sup>st</sup> June. Related to this, I would like to welcome Vicki Power as the new lead governor. Vicki replaced Anna Gardner who stood down from the lead governor role and as a governor in January. I look forward to working with Vicki during her time in the role.

### LGBT+ History Month

This month is LGBT+ History Month - this is celebrated nationally annually in February to raise awareness and consciousness of LGBT+ equality. This year's theme is 'Activism and Social Change'. The Trust's LGBTQIA+ equality staff network has organised a range of sessions to celebrate the month including on activism and social change, trans and non-binary support, and identity and inclusivity. Understanding and learning from the experiences and backgrounds of our colleagues is so important to effective allyship - my thanks to the staff network for what's been organised. I was delighted to join the workshop on *Living Authentically: A Journey Through Identity and Inclusivity in the Workplace* which

was recorded and I would recommend watching the recording which will be available on the trust net.

#### Trust annual plan 2025/26

I won't add to much here as I know Amelie Bages – Executive Director for Strategy & Partnerships - will be giving an update on the development of the Trust's planning process and priorities for the next financial year at Council of Governor's meeting. I would like to highlight though how thorough this process has been and the importance of continuing to refine our areas focus and priorities as financial resources tighten and pressures on demand increase. As a Trust it is important that we continue to do this – to really focus on what we do best and that has the greatest benefit for patients and families.

#### Child and Adolescent Mental Health Services – Oxfordshire event

I was pleased to hear about an event in Oxford in February where over 150 attendees gathered to learn more about CAMHS (Child and Adolescent Mental Health Services) in Oxfordshire. The event brought together professionals from across the county, as well as several parents, to discuss the latest developments in our services and share best practice. Oxford Health's CAMHS offers a wide range of mental health support services for children and young people in Oxfordshire, including support for those experiencing anxiety, depression, ADHD, and Autism. Many of these services are delivered in partnership with other statutory organisations, enabling a coordinated approach to meeting the needs of young people. The event provided an opportunity for professionals to learn more about the specific services available and future plans. Updates were also shared about the I-Thrive Framework, which promotes an integrated, young person centred approach to delivering mental health services. My thanks to colleagues who led and contributed to the event.

#### Forensic mental health services inspection

It is some months ago now but as there hasn't been a Council of Governors meeting since the end of last year I wanted to let governors know that over November last year the Care Quality Commission (CQC) carried out an unannounced inspection of the Trust's forensic inpatient services. Over the course of the inspection seven inpatient low and medium secure units were inspected across three sites. The methodology used by the CQC inspection teams sought to minimise the impact of the inspection on the delivery of patient care and focused on ward environments, staff practice and interactions with patients, and patient health records and monitoring reports. High level feedback from the inspection was shared with us in mid-December and I will provide a summary of the full findings with governors at a future meeting. I'd like to express my thanks to colleagues across the forensic directorate for their support and assistance during the inspection.

#### Wantage Community Hospital

I'm pleased to let governors know that Wantage Community Hospital will receive nearly £1 million for ground floor refurbishment works to expand local physical and mental health services. The funding - primarily from the local council's community infrastructure levy fund - reflects community needs and to enhance patient and family experience of the site. Completion is expected in late 2025.

### New hub for community services in north Oxford

I'm pleased to see the final stages being made to develop the Trust's new hub for community physical health services at Murray House in North Oxford. The new hub will provide much improved facilities for both staff and patients. The contractors will be handing the building to the Trust over this April, with services moving into their new home by the end of April, following which the building will be fully operational. A detailed plan is being finalised to ensure staff, patients and their carers are aware of what is happening, including how to get to and from Murray House by various means of transport. I will arrange for a further update to be made at the June Council of Governors meeting.

### Sexual safety charter

The Trust is signed up to the Sexual Safety Charter and is continuously exploring ways to support our diverse workforce should they experience unwanted sexual abuse or misconduct. To provide more information, the Trust have produced a webinar for colleagues that offers insights about SALAMA, which provides a safe space for those affected by abuse within relationships and specializes in working within diverse communities and understanding the impact of culture on all relationships. Additionally, NHS England has launched new e-learning for all staff on sexual misconduct. This training aims to raise awareness and develop understanding of this critical issue. It is essential that we do everything we can to ensure colleagues feel able to speak up and have absolute confidence that they will receive the support they need when they do.

### Executive director news

I am pleased to inform governors that from the 1<sup>st</sup> March Emma Leaver took on the role of interim Chief Operating Officer for Community Health Services, Dentistry & Primary Care at the Trust, replacing Dr Ben Riley who is leaving the Trust to join the local integrated care board as its new Chief Medical Officer. Ben has been at the Trust since 2020 and I'd like to express my thanks to Ben on behalf of the board – particularly his focus on improving patient care and in developing services in the community across Oxfordshire. Emma Leaver, who has 37 years of experience in the NHS, is currently the Service Director for Community Health Services, Dentistry & Primary Care. The interim role will last for six months while we proceed with the substantive recruitment process.

I'd also like to welcome Taff Gidi who joined the Trust from mid-February as the new substantive Executive Director of Corporate Affairs. Taff joins the Trust from Portsmouth Hospitals University Trust – where he was Executive Director of Governance & Risk. On behalf of the directors, I'd also like to thank Georgia Denegri for her time at the Trust providing interim leadership of the Corporate Affairs directorate.

**Grant Macdonald, Chief Executive**

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

N/A

--

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

# Warneford Programme Council of Governors Update

6<sup>th</sup> March 2025



- Overview of scope and masterplan
- Timeline so far
- Site tour
- Headlines and concerns from pre planning consultations
- Key challenges
- Next steps

## Tripartite Partnership

Oxford Health NHS Foundation  
Trust  
+  
University of Oxford  
+  
Anonymous  
University Partner & Donor



## Which will deliver:

1. New **mental health hospital** for Oxford and Oxfordshire
2. New **research facilities** for the Psychiatry Department and related UofO departments and a major new innovation centre for biotech, pharma and start-up companies
3. New **graduate college** for UofO focused on medical sciences, bio-engineering and related disciplines



# Scope and masterplan



New college

Existing Children  
and Adolescent  
Mental Health units

Replacement SANE  
(POWIC) building

Research Building

Link building for  
common / flexible  
use

New MH hospital:  
8 wards



# Timeline so far

---



**June 2023** - Strategic Outline Case approved by Trust Board

**December 2023** – Conditional Options Agreement signed between the Trust, University and Joint Venture

**February 2024** – commencement of preparation for planning application

**September 2024** – first public pre planning consultation

**December 2024 / January 2025** – second public pre planning consultation

# Site tour – entering from Roosevelt Drive



Eastern Approach – Campus Entrance





# Site tour – eastern approach





# Site tour – eastern approach, facing hospital





# Site tour – eastern approach, stepping back





# Site tour – eastern approach, facing ‘Link’



**Warneford Park**





# Site tour – western approach





# Site tour - wards

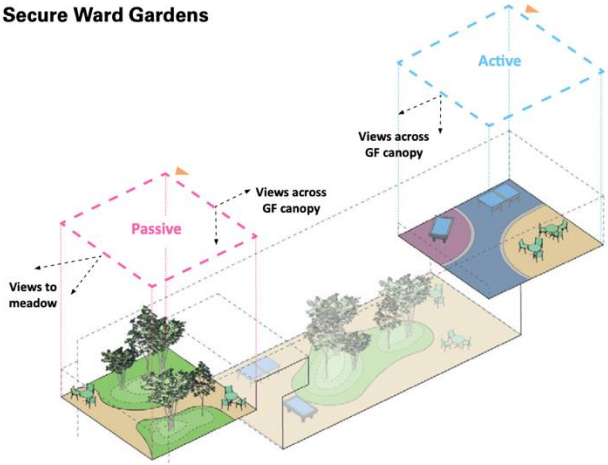
Elevation – Hospital Ward



Hospital Ward Bedroom



Secure Ward Gardens



Hospital Quiet Garden



Hospital Quiet Garden





## Research Building

### Level 3

- University of Oxford's world leading Psychiatry Department will occupy laboratory and office spaces
- Translational scientific research into areas such as depression, anxiety, psychosis and dementia
- Well ventilated, high-spec labs, complemented by light-filled and flexible write-up areas

### Level 2

- Related University of Oxford Medical Sciences departments
- Translational scientific research into brain and mental health research, such as pain, sleep, Parkinson's disease and motor neurone disease
- Considerable benefits available from sharing technologies and equipment when located in the same building

### Level 1

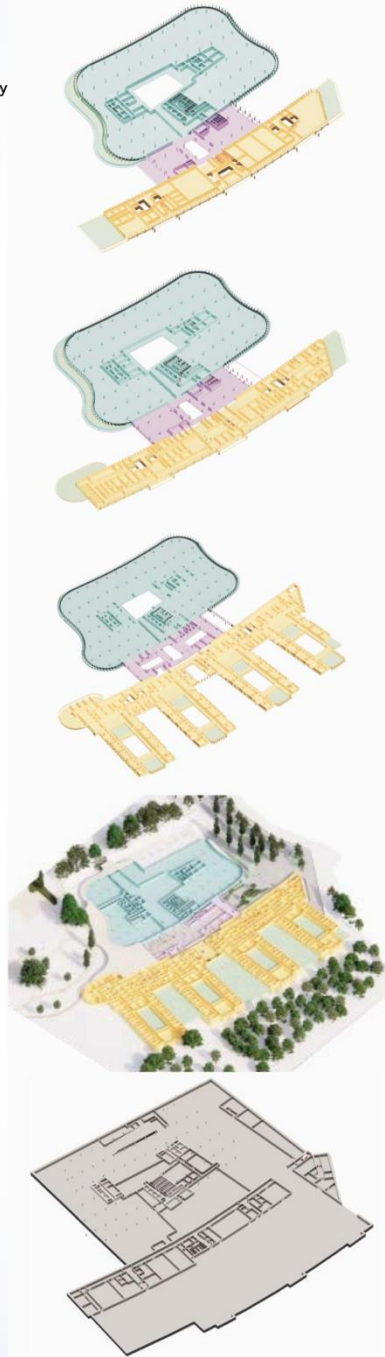
- Commercial scientific research companies, biotechs and related start-ups to occupy 50% of the building
- Investment in skills and research power will ensure scientific discoveries are rapidly turned into benefits for patients.

### Ground Floor

- Canteen open to all, including patients, employees and the public, serving hot food and seating 300+
- Flexible meeting space, teaching spaces and seminar rooms
- Available for use by Trust and University staff

### Basement

- Safe and secure staff parking
- Brain scanners to inform and support cutting edge mental health research
- Dedicated cycle showers, locker rooms with drying facilities to support active travel



## Hospital

### Level 3

- Dedicated space for staff that prioritises wellbeing
- Rest space for on call staff
- Access to landscaped roof terrace
- Availability of training and meeting rooms

### Level 2

Ensuring that the most modern treatment options are available for our patients:

- Clinical Research Facility
- Interventional Psychiatry

### Level 1

- Four first floor inpatient areas providing en suite bedrooms with a focus on privacy and dignity
- Access to safe outdoor space from within the unit, connection and views to nature
- High quality therapeutic spaces

### Ground Floor

- Four modern ground floor inpatient areas and crisis assessment hub
- A café that is open to all and 24 hour refreshment facilities
- Multi faith space, conference and meeting space
- Access to the open gardens and links to the meadow
- Library for shared use near entrance

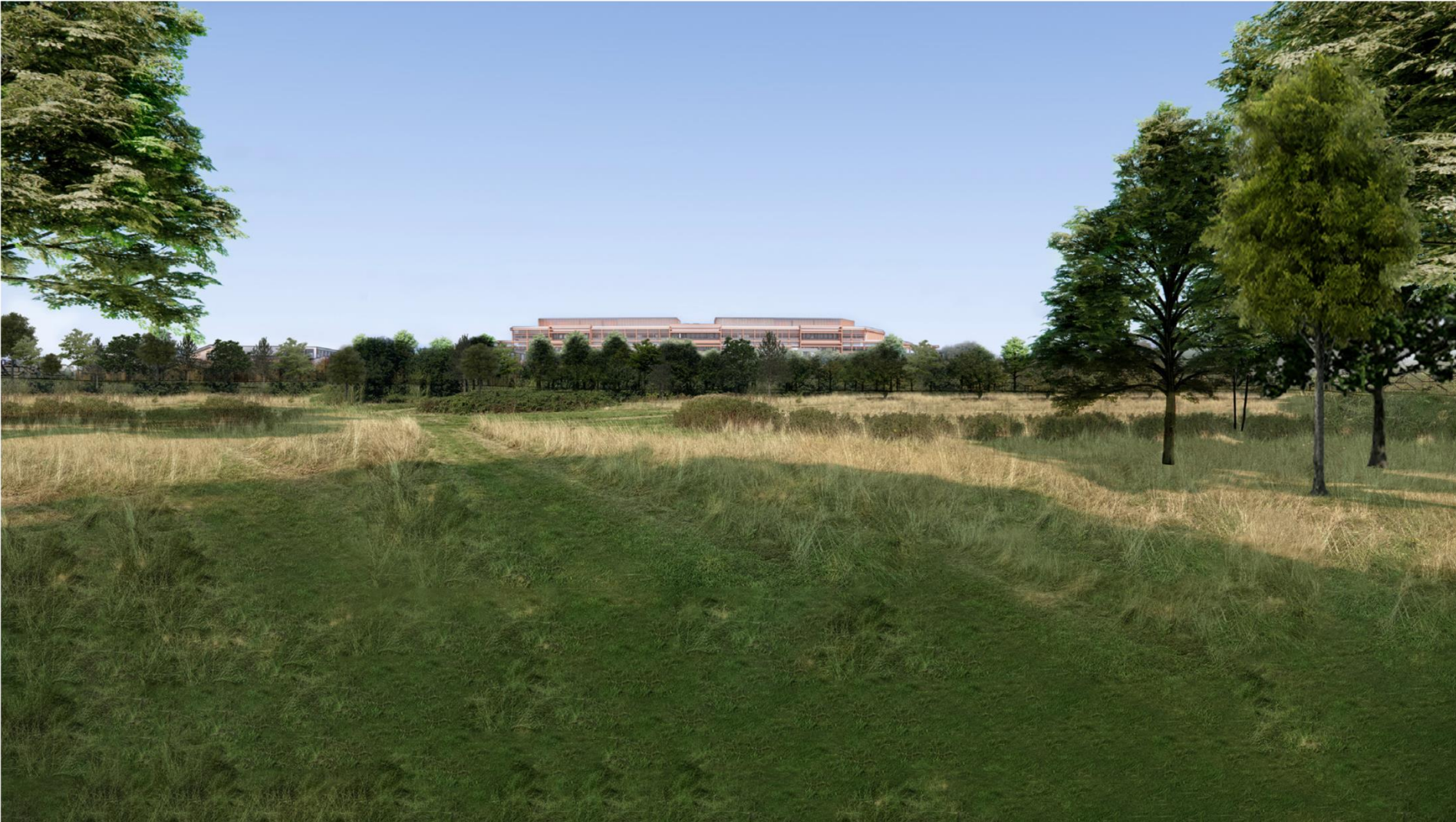
### Basement

- Safe and secure staff parking
- Kitchens to prepare fresh food for patients
- Dedicated cycle showers, locker rooms with drying facilities to support active travel
- Training space
- Deliveries and facilities management



# Site tour: Hospital / Link / Research Building

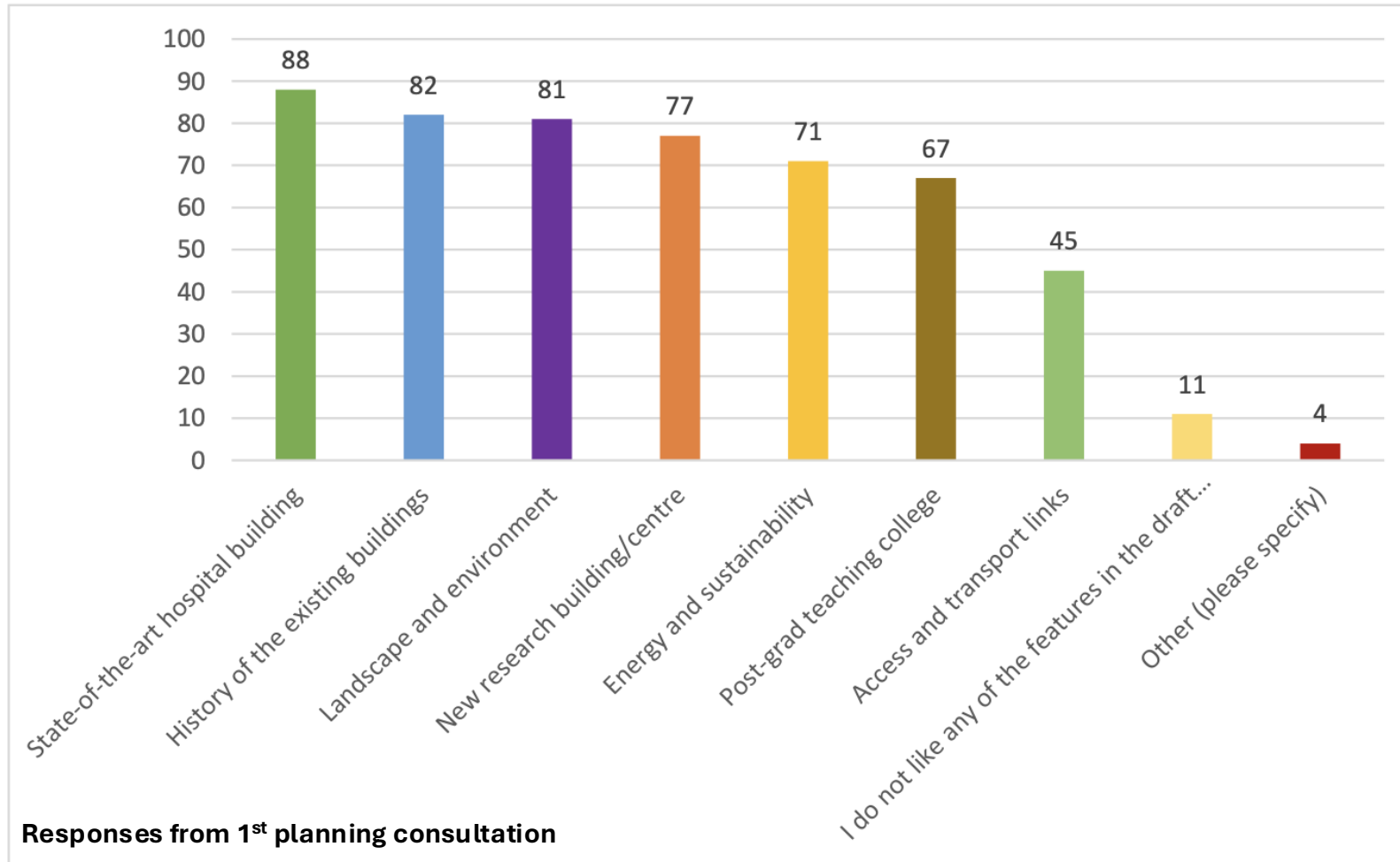
# Site tour: Hospital from the Meadow





# Headlines from planning consultations

Please tell us which features you like about the draft proposals for Warneford Park:  
(please select all that apply)



70% of 142 respondents at the first consultation considered the Warneford vision to be either 'positive' or 'very positive'

This compared to 51% of 43 respondents at the second consultation

## Key concerns from planning consultations

---

- Future of CAMHS at Warneford
- Adjacency of research and clinical care
- Light and noise pollution
- Impact on Meadow
- Biodiversity and drainage
- Heritage of the listed buildings
- Car parking: too much or insufficient
- Impact on traffic
- Pedestrian access

## Key challenges

---

We are not complacent about achieving planning consent but funding remains the dominant challenge.

The Government's Spending Review this summer may provide an opportunity for Warneford to be funded. We are raising the profile of how the scheme can contribute to some of the Government's key aims: growth, encouraging economic activity, improving the NHS.

# Timeline and next steps

---



If all goes to plan:

**April 2025** – planning application submission

**November 2025** – planning consent

**2026** - Outline Business Case approval: commence procurement

**2028** - Full Business Case approval: construction contracts

**2031** - hospital and research building operational

**2030s** - redevelopment of historic buildings to form new college

<b>Meeting</b>	Council of Governors
<b>Date of Meeting</b>	06 March 2025
<b>Agenda item</b>	14
<b>Report title</b>	Governor appointments to the Nominations & Remuneration Committee
<b>Executive lead(s)</b>	Taff Gidi - Executive Director for Corporate Affairs
<b>Report author(s)</b>	Ben Cahill - Deputy Director for Corporate Affairs
<b>Action this paper</b>	<input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/> Information <input type="checkbox"/> Assurance
<b>Reason for submission to the Council</b>	The Council of Governors appoints the members of the Nominations and Remuneration Committee in accordance with the Constitution.
<b>Public or confidential</b>	Public

Report
<p>The Council of Governors' Nomination and Remuneration Committee (NRC) is constituted as a standing committee of the Council of Governors and undertakes the responsibilities as set out in the Constitution and NRC Terms of Reference (attached as appendix 1). The committee comprises of governors and is normally chaired by the Trust Chair David Walker (unless the chair has a conflict of interest).</p> <p>In brief, not exhaustively, the purpose of the committee is to make recommendations to the Council of Governors on the appointment, re-appointment or removal of the Trust Chair and the other non-executive directors in accordance with the Constitution (para 8.6); recommend to the Council of Governors the level of remuneration and expenses, and the other terms and conditions of office of the Trust Chair and non-executive directors; provide assurance to the Council of Governors on the appraisal and review of the performance of the Trust Chair by the Senior Independent Director, and of each of the other non-executive directors by the Trust Chair on an annual basis as part of the non-executive director appraisal process; regularly review the balance of skills, knowledge, experience and diversity of non-executive directors and succession planning for non-executive directors in conjunction with the Board of Directors. In accordance with the Constitution (para 7.11.3), the committee also advises the Council on the removal or suspension of governors from membership of the Council of Governors in compliance with the governor's code of conduct.</p>

The membership of the NRC is kept under review dependent on governor numbers and the balance of available governor constituencies represented on the committee. Over recent months, Anna Gardner and Bernice Hewson stood down as governors and, from January 2025, Vicki Power took up the role of lead governor. Given these changes, the NRC discussed at its meeting on 19 February 2025 the need to add governors to its membership and agreed to recommend to the Council of Governors at the meeting on 6 March 2025 that the following three governors are appointed to the membership of the NRC:

- Juliet Hunter – Public governor - Oxfordshire
- Srikesavan Sabapathy – Public governor - Oxfordshire
- Evin Abrishami – Staff governor - Oxfordshire, BaNES, Swindon and Wiltshire Mental Health Services

The other members of the committee are Vicki Power, Paul Ringer and Kate England.

<b>Report history / meetings this item has been considered at and outcome</b>
Recommendation discussed at the NRC meeting on 19 February 2025.

<b>Recommendation(s)</b>
The Council is asked to approve the appointment of Juliet Hunter, Srikesavan Sabapathy, and Evin Abrishami to the Council of Governors' Nominations and Remuneration Committee.



**Terms of Reference  
for the  
Council of Governors  
Nominations and Remuneration Committee**

**1. AUTHORITY**

The Council of Governors' Nominations and Remuneration Committee (the Committee) is constituted as a standing committee of the Council of Governors. It's constitution and terms of reference are set out below, subject to amendment at future meetings of the Council of Governors.

The Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are requested to cooperate with any request made by the Committee. The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

The Council of Governors has the right and duty, under the Trust's Constitution, to appoint, re-appoint and remove the Chair and non-executive Directors of the Trust. It also has the right and duty to decide the remuneration and allowances, and the other terms and conditions of office, of the non-executive Directors.

**2. CONFLICTS OF INTEREST**

The Chair of the Trust, or any non-executive director present at the Committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of service.

**3. NOMINATION ROLE**

The Committee will:

- periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and having regard to the views of the Board of Directors and relevant guidance on Board composition, make recommendations to the council of governors with regard to the outcome of the review;
- hear the Chair's views on the Board of Directors' performance evaluation that relate to the composition of the Board of Directors;

- keep under review the time commitment requirement for non-executive directors and performance against that;
- give consideration to succession planning for non-executive directors, taking into account the challenges and opportunities facing the Trust, and its plans to address them, and consulting, through the Chair, with the Board of Directors as to the skills and expertise needed on the Board of Directors in the future;
- make recommendations to the Council of Governors concerning plans for succession;
- keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy;
- keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates;
- agree with the Council of Governors a clear process for the nomination of a non-executive director in accordance with the Constitution;
- take into account the views of the Board of Directors on the qualifications, skills and experience required for each position;
- identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors;
- ensure that a proposed non-executive director is a 'fit and proper' person as defined in law and regulation;
- ensure that a proposed non-executive director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise if they have the potential to affect their commitment;
- ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any non-executive director proposed for appointment is independent (according to the definition in the foundation trust code of governance and/or in the Trust's Constitution or governance procedures);
- ensure that on appointment there is a process for non-executive directors to receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board of Director meetings;
- advise the Council of Governors in respect of the re-appointment of any non-executive director in accordance with the Constitution. Any term beyond six years must be subject to a particularly rigorous review and be explained in the Annual Report (comply or explain provisions);
- advise the Council of Governors in regard to any matters relating to and recommending the removal of office of a non-executive director;

## **Nomination matters concerning Governors**

The Committee will:

- make recommendations to the Council of Governors on removals or suspensions from membership of the Council of Governors or its committees as appropriate, in compliance with the Governors' Code of Conduct.

## **4. REMUNERATION ROLE**

The Committee will:

- in accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the non-executive directors;
- receive and evaluate updates about the performance of individual non-executive directors and consider this evaluation output and the process when reviewing remuneration levels;
- in adhering to all relevant laws and regulations establish levels of remuneration which;
  - i. are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
  - ii. reflect the time commitment and responsibilities of the roles;
  - iii. take into account appropriate benchmarking and market-testing while ensuring that increases are not made where Trust or individual performance do not justify them; and
  - iv. are sensitive to pay and employment conditions elsewhere in the Trust, especially when determining annual remuneration increases;
  - v. monitor procedures to ensure that existing directors remain 'fit and proper' persons as defined in law and regulation;

## **5. MEMBERSHIP**

The membership of the Committee shall consist of governors serving on the Council of Governors. The Committee will normally be chaired by the Trust Chair. Where the Chair has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chairman or other non-executive or a governor member of the Committee where a conflict arises. A quorum shall be three members, two of whom must be public governors (to include patient governors).

The members of the Committee consist of:

- 2 Patient (a service user and a carer) governors
- 1 Public governor
- 1 Staff governor
- 1 Partner governor
- The Lead Governor (appointed by the Council of Governors)

Only members of the Committee have the right to attend Committee meetings.

The Director of Corporate Affairs/Company Secretary and Chief People Officer shall be in attendance to advise the Committee. Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

The Committee may also seek the advice of external advisors as appropriate when determining the remuneration of non-executives. At the invitation of the Committee, meetings can be attended by the Chief Executive.

## **6. ATTENDANCE AT MEETINGS**

The minimum number of members required at a meeting (the quorum) to allow business to be undertaken shall be the Chair (or Deputy Chair in their absence) and 3 other members, to include at least 2 public or patient governors.

## **7. FREQUENCY OF MEETINGS**

The Committee shall meet as required to fulfil its duties but as a minimum at least once a year.

## **8. CALLING MEETINGS**

Meetings will be called and conducted in accordance with the Council of Governors Standing Orders. The notice of the meeting, specifying the business that it is proposed to be considered, will be sent so as to be available to members at least 5 clear days before the meeting save in the case of emergencies.

## **9. MINUTES AND REPORTING**

Formal minutes shall be taken of all committee meetings and once approved by the committee can be circulated to all members of the Council of Governors unless a conflict of interest or matter of confidentiality exists. The Office of the Director of Corporate Affairs & Company Secretary shall be responsible for servicing the Committee.

The Committee will report to the Council of Governors on its proceedings after each meeting. The Committee will recommend to the Council of Governors the names of the proposed candidates for appointment and reappointment. This will be conducted in private.

The Committee shall make a statement in the annual report about its activities, the process used to make appointments and explain if external advice or open advertising has been used and make a statement as to whether they have any other connection with the Trust.

## **10. LIMITATIONS OF AUTHORITY**

The Committee is authorised to obtain, at the Trust's expense, outside legal or other professional support or advice, including the appointment of recruitment agencies, on matters within its terms of reference.

The terms of reference of the Committee shall be reviewed by the Council of Governors at a frequency it agrees but following any change to legislation or regulation affecting the power or authority of the Governors.

Version: January 2024

# Integrated Performance Report (IPR): January 2025

November 2024 data unless stated otherwise



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

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

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

The Key Performance Indicators included in the IPR are divided into two categories - **strategic** and **clinical** metrics.

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

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

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

**Types of metrics:**

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

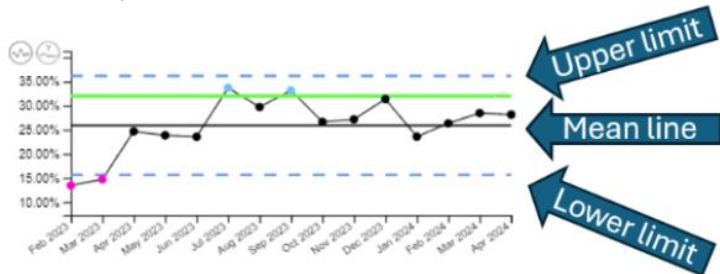


# Guide to the Integrated Performance Report

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

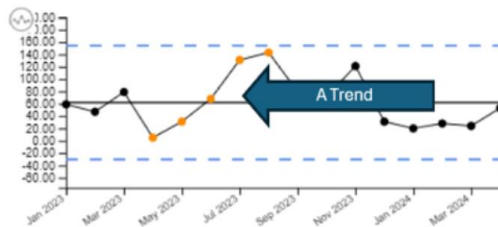
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

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

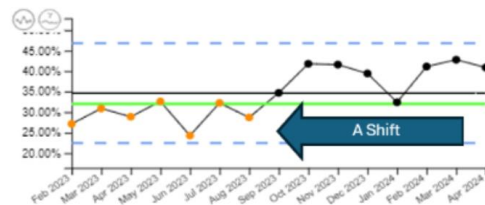


Green is the metric target line – only added to those graphs where target is applicable. Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).

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



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



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

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

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

# **Section 1.1**

## **Clinical performance**

### **(National Mental Health Standards)**

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

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

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
<b>Child and Adolescent Mental Health Services (CAMHS)</b>						
National measure	Improve access to mental health support for children and young people - Buckinghamshire	5878 per month	Nov-24	6140	↑	↑
National measure	Improve access to mental health support for children and young people - Oxfordshire	6794 per month	Nov-24	7700	↑	↑
National measure	Improve access to mental health support for children and young people - Bath & North East Somerset, Swindon and Wiltshire	TBC	Nov-24	6171	↑	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Buckinghamshire	61% National average	Nov-24	63.35%	↓	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Oxfordshire	61% National average	Nov-24	52.98%	↑	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Bath & North East Somerset, Swindon and Wiltshire	61% National average	Nov-24	72.21%	↓	↑
National Objective	Waiting time standard for a meaningful contact & outcome measure	In development (estimated completion - FY25. Status: technical development initiated; operational action needed to record in Electronic Patient Records)				

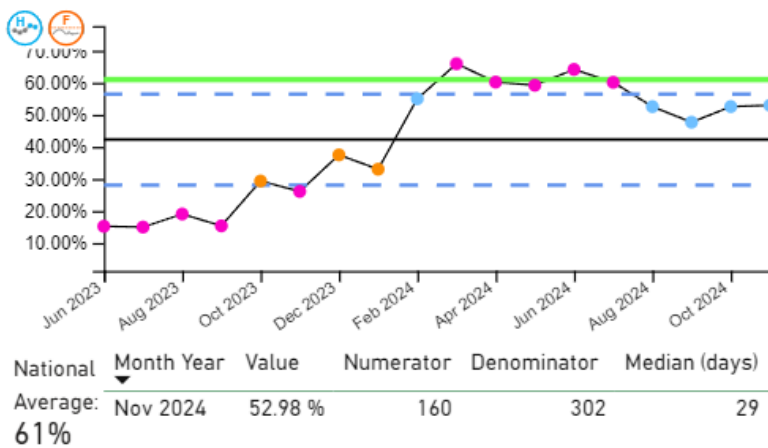
# Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (2/2)

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

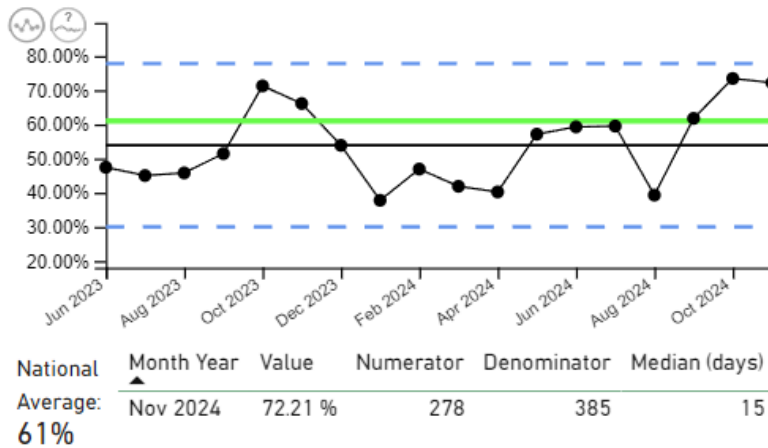
Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
<b>Child and Adolescent Mental Health Services (CAMHS)</b>						
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	95%	Nov-24	95%	↑	↑
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	95%	Nov-24	93.10%	↑	↑
<i>National measure</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position)	95%	Nov-24	71.43%	↓	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	95%	Nov-24	100%	↑	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	95%	Nov-24	100%	→	↑
<i>National measure</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position)	95%	Nov-24	100%	→	↑

# Mental Health Services – Child and Adolescent Mental Health Services

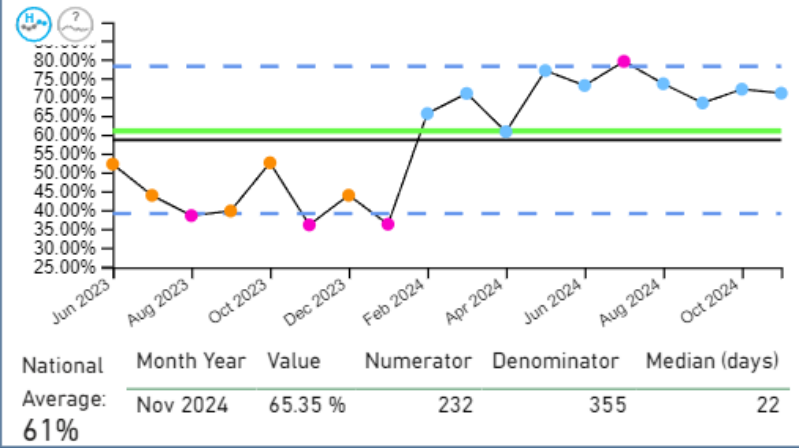
Children and Young People 4 Week Wait Pathway Interim Metric - Oxfordshire



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



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



## Summary

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

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

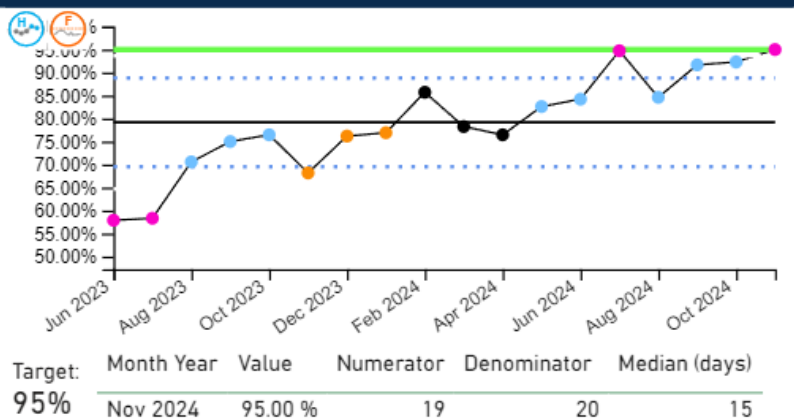
\*\*SNOMED is a structured clinical vocabulary for use in an electronic health record.

## Actions

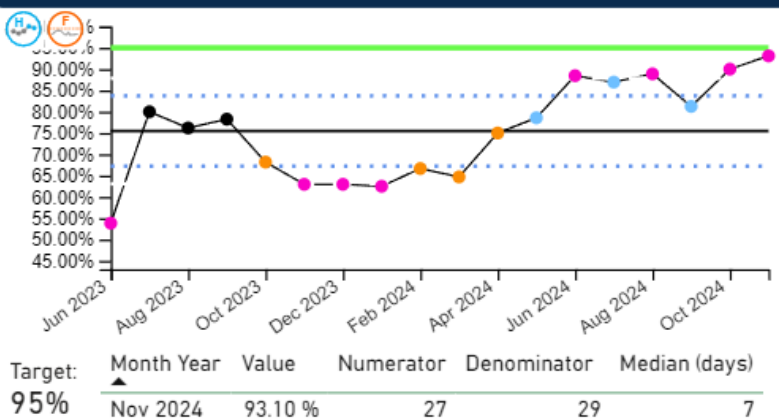
- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Reporting will be updated in line with national full metric during this financial year.

# Mental Health Services – Child and Adolescent Mental Health Services

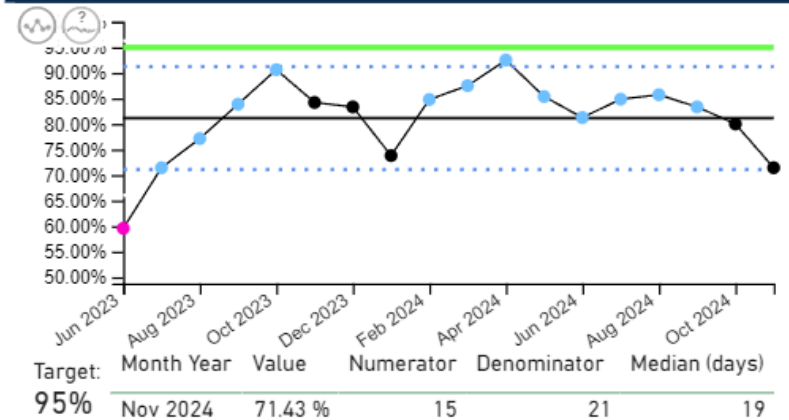
Children & Young People with suspected Eating Disorder Routine cases – Buckinghamshire (reported as rolling 3 months position in line with national approach)



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



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)



## Summary

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

The national target for routine Eating Disorders to be seen within 28 days is 95%. Buckinghamshire’s CYP Eating Disorders service has achieved the national target whilst both Oxfordshire and Bath & North East Somerset, Swindon and Wiltshire CYP Eating Disorders services are working towards achieving it. Two (2) out of eight (8) breaches were attributed to patient choice – all first appointments were offered within 28 days. One (1) breach is being investigated for data quality accuracy and five (5) breaches were due to first appointment being offered outside of the 28-day timeframe.

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

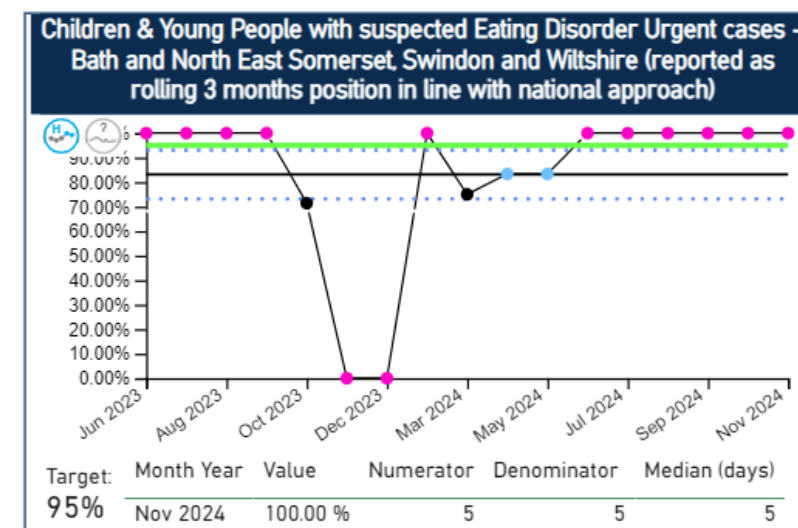
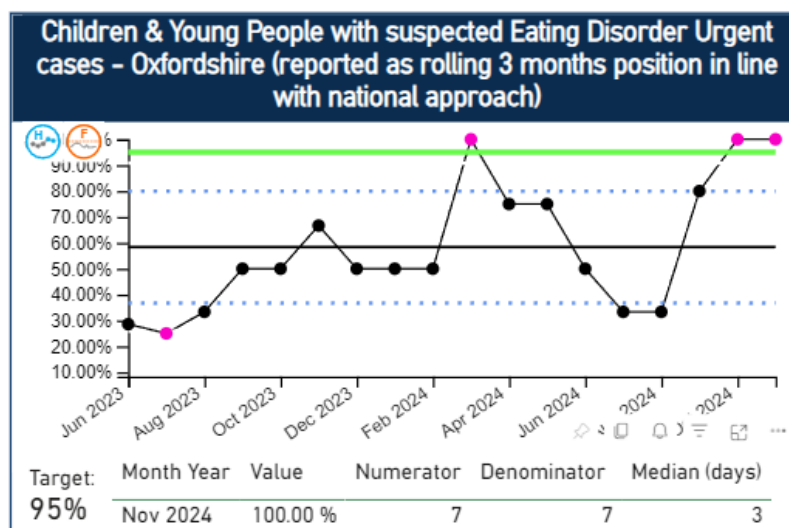
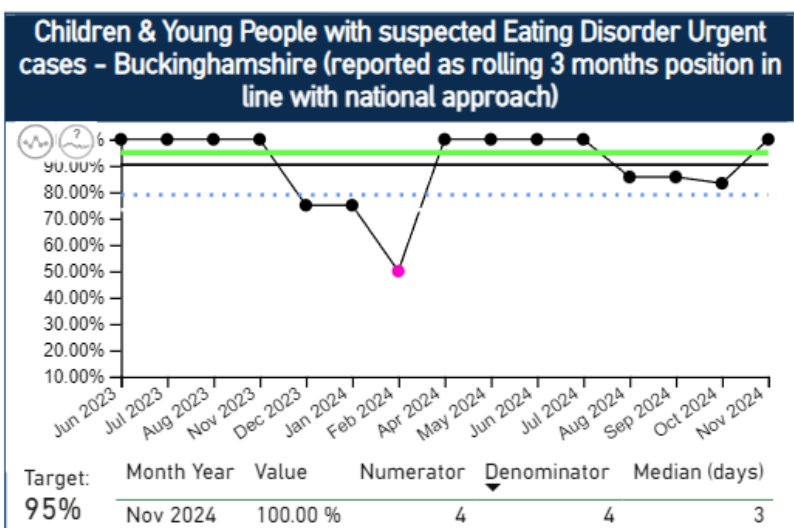
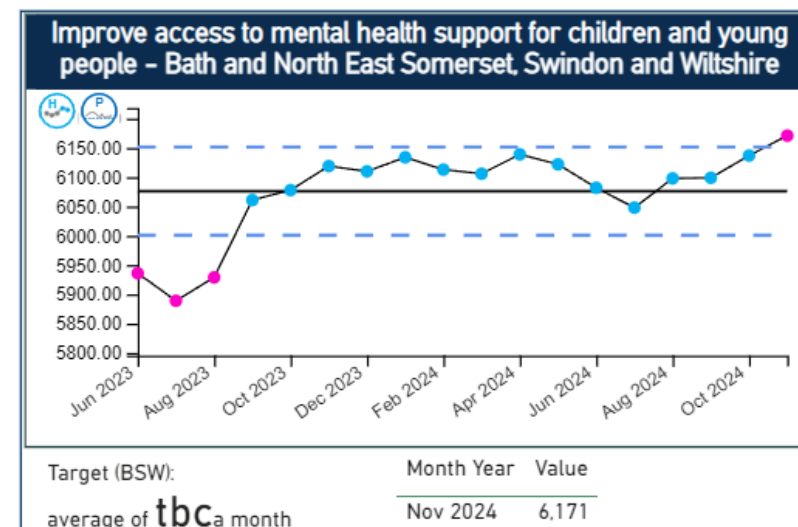
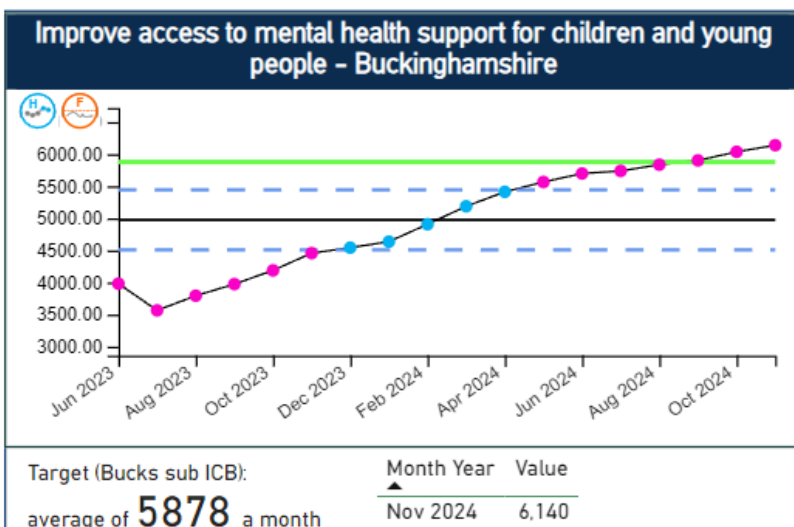
## Actions

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



# Mental Health Services – Child and Adolescent Mental Health Services

Metrics meeting target/target to be confirmed:



Caring, safe and excellent

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

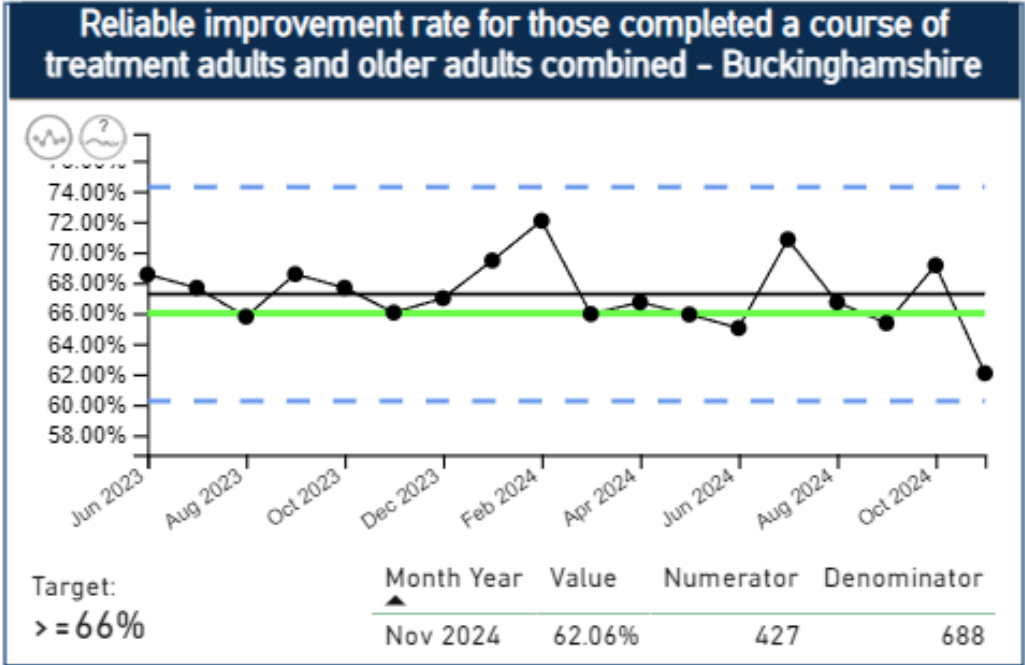
Narrative provided only for metrics under target (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
<b>Talking Therapies</b>						
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	597	Nov-24	688	↑	↑
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	617	Nov-24	637	↓	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	Baselining	Nov-24	18.02%	↑	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	Baselining	Nov-24	8.63%	↑	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	66%	Nov-24	62.06%	↓	↑
National measure	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	65%	Nov-24	67.975	↓	↑
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	75%	Nov-24	98.69%	↑	↑
National measure	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	75%	Nov-24	99.69%	↓	↑
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	95%	Nov-24	100%	→	↑
National measure	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	95%	Nov-24	100%	→	↑
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%	Nov-24	4.28%	↑	↓
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%	Nov-24	6.66%	↑	↓

# 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
<b>Talking Therapies</b>						
<i>National measure</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	48%	Nov-24	48.56%	↓	↑
<i>National measure</i>	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	46%	Nov-24	51.39%	↑	↑
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%	Nov-24	52.46%	↓	↑
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%	Nov-24	56.63%	↑	↑
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%	Data is recorded monthly but reported to Board on a quarterly basis. Next quarter (Q3) reporting to Board will take place in February 2025			
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%				
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire (recorded monthly, reportable quarterly)	50%				
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire (recorded monthly, reportable quarterly)	50%				

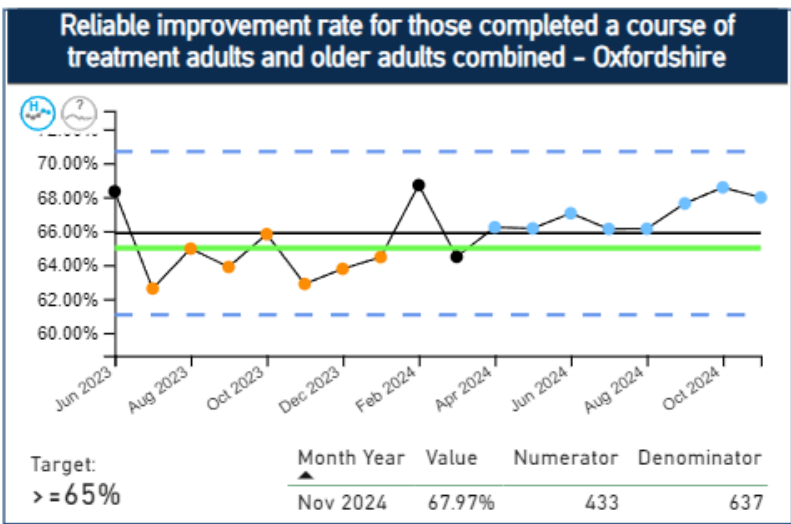
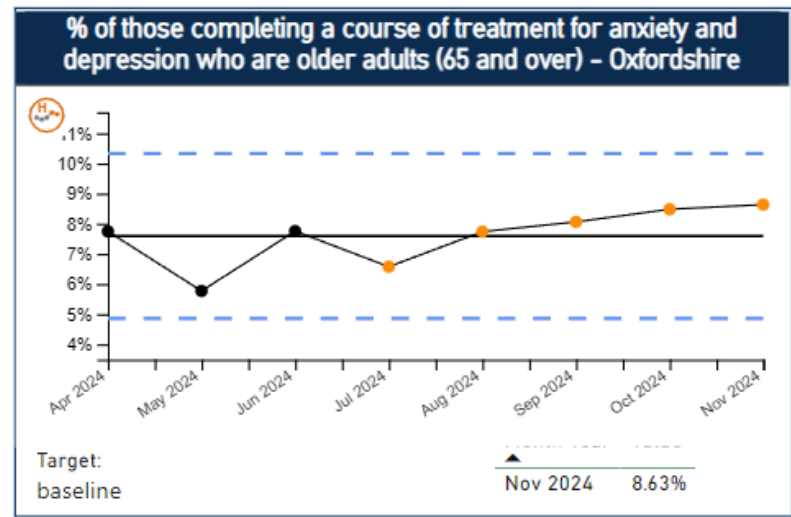
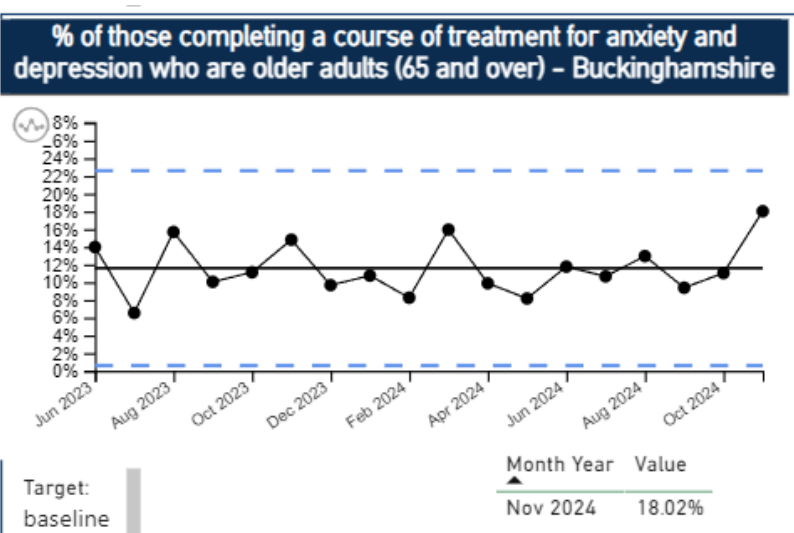
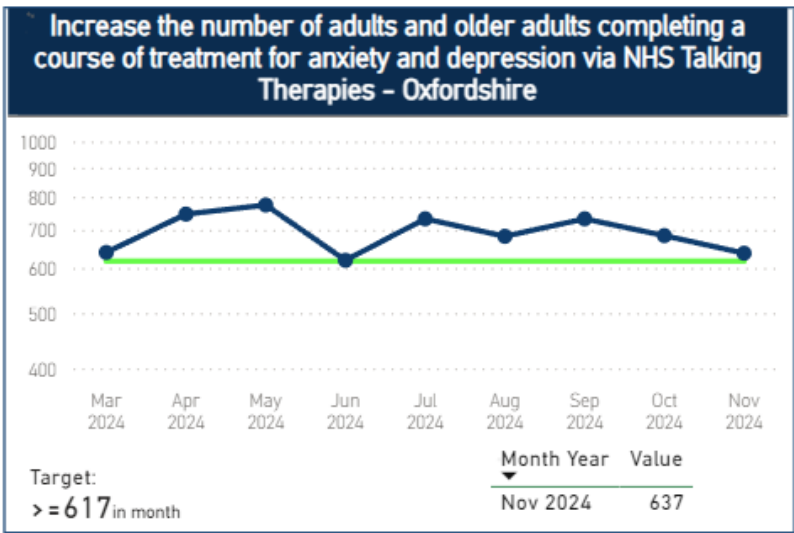
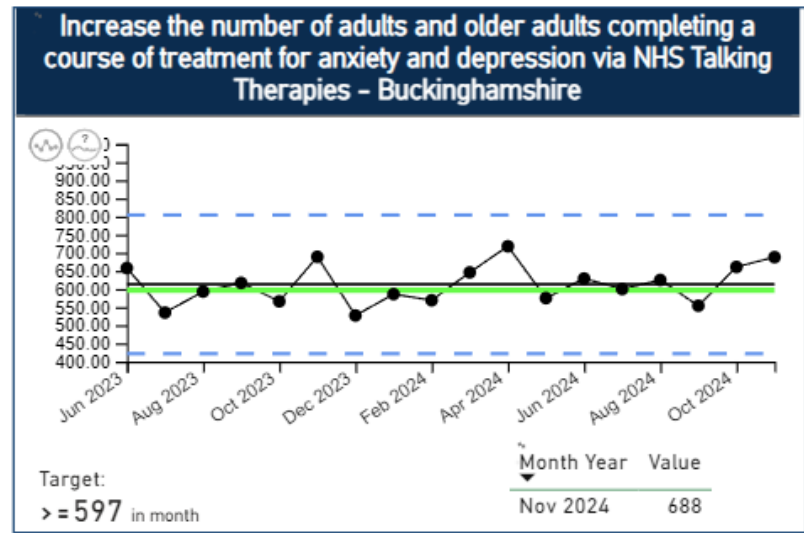


### Summary & actions

Reliable improvement rate demonstrates significant improvement in patient's condition following a course of treatment, which is measured by the difference between their first and last scores on questionnaires tailored to their specific condition. Buckinghamshire's Talking Therapies service has not met the target of 66% in November 2024 with 62.06% adults and adults showing reliable improvement after completing a course of treatment. Whilst some fluctuations in performance are expected, the Service has established a focused workstream to analyse underperformance with the view of increasing reliable improvement.

# Mental Health Services – Talking Therapies

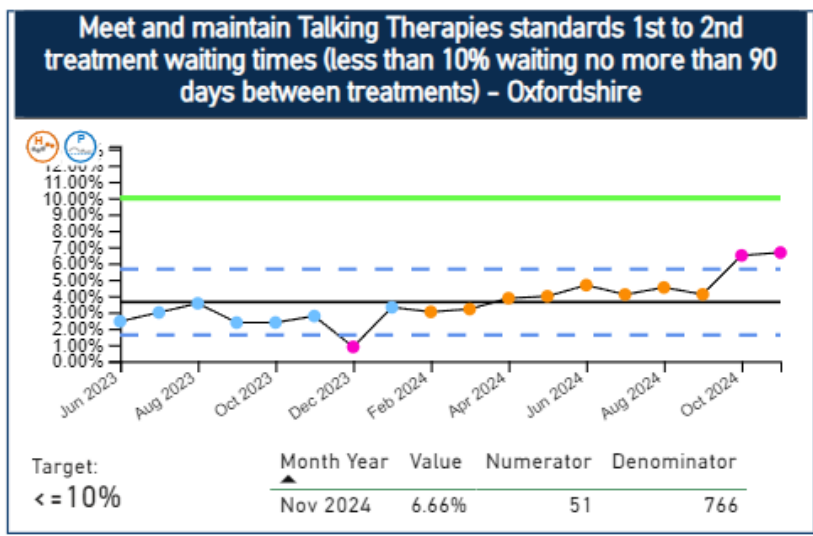
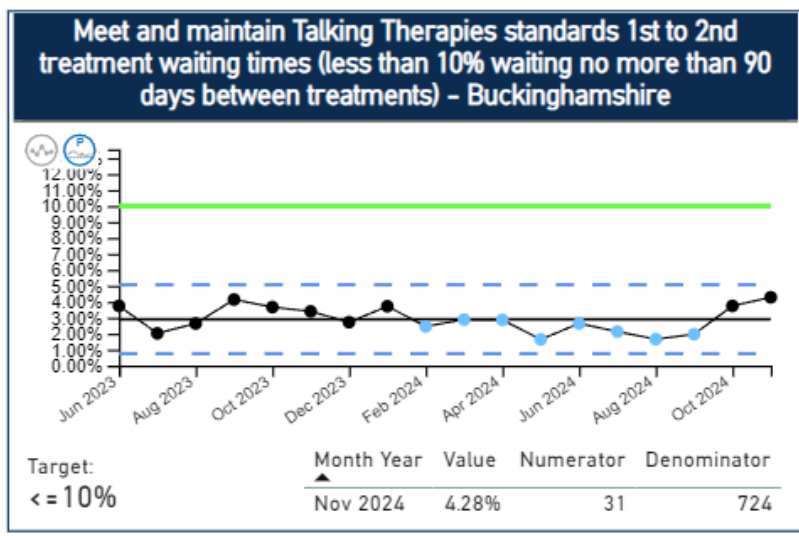
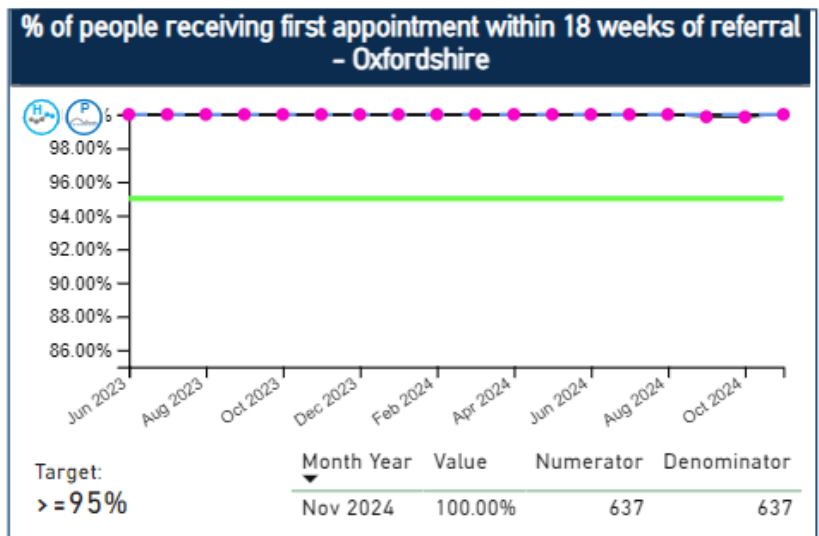
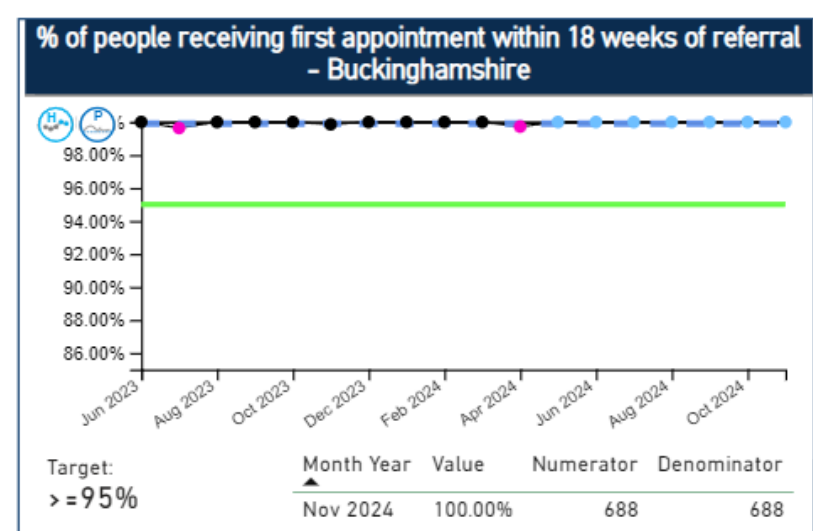
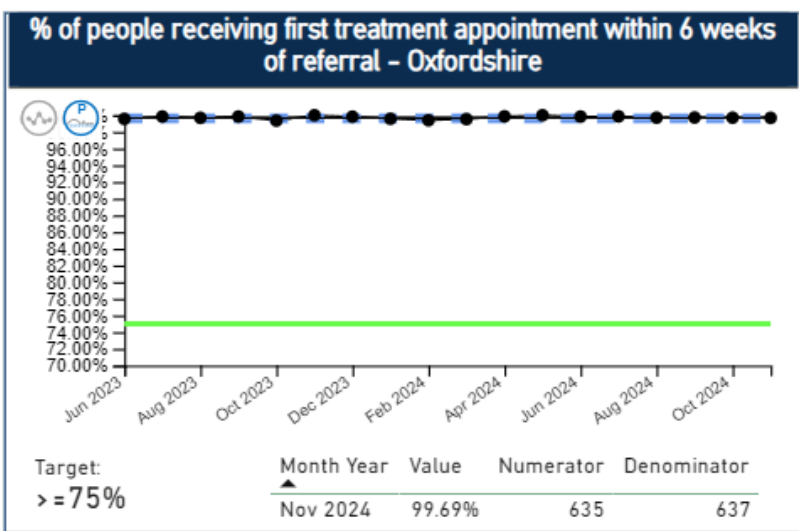
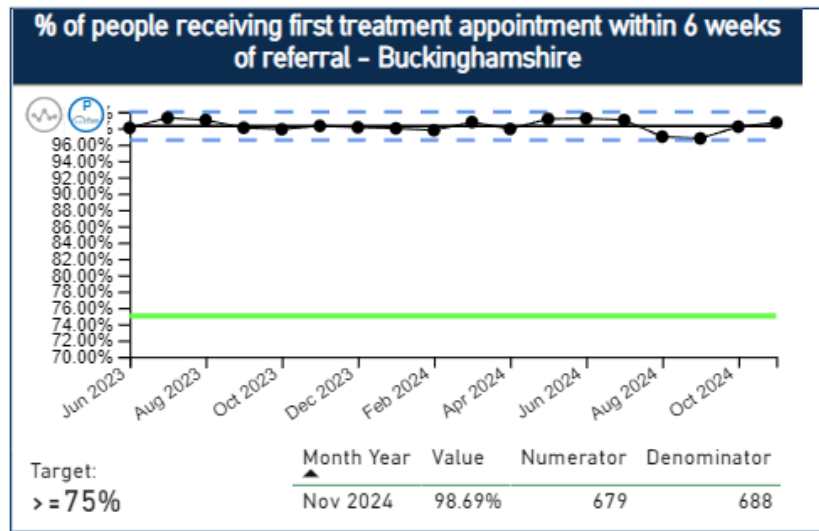
Metrics meeting target or being baselined:



Caring, safe and excellent

# Mental Health Services – Talking Therapies

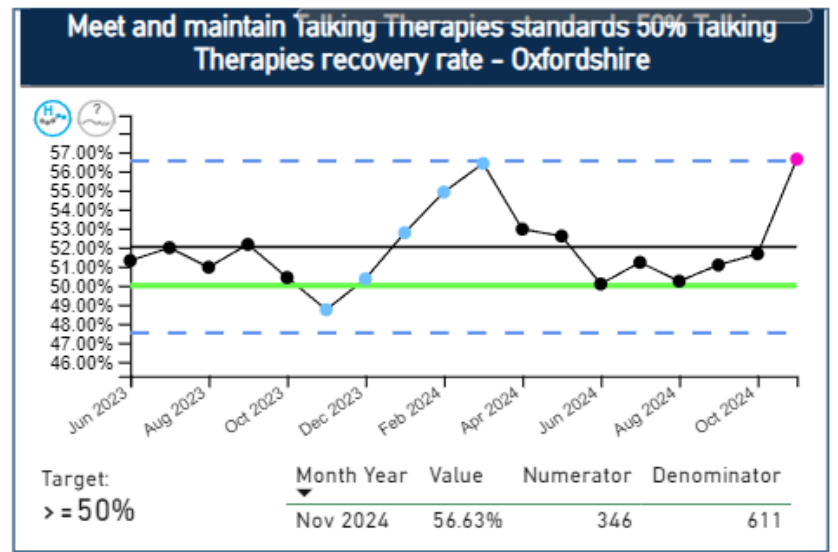
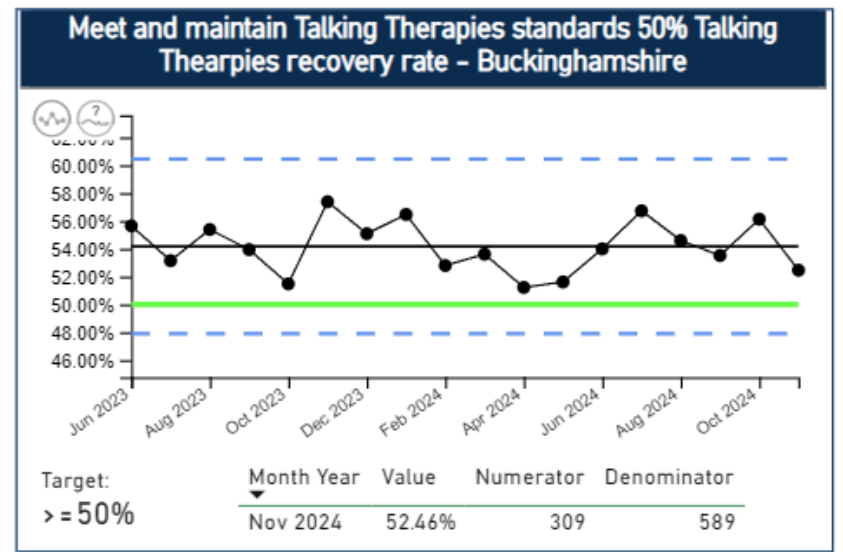
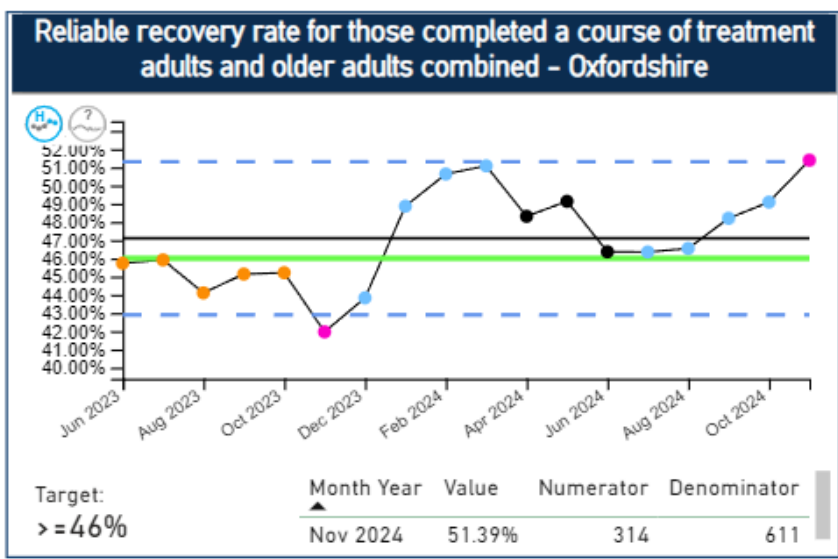
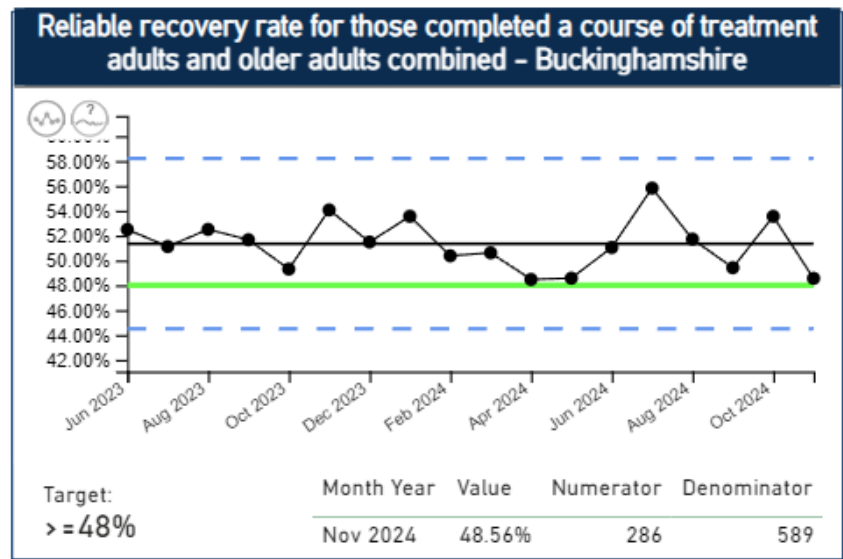
Metrics meeting target or being baselined:





# Mental Health Services – Talking Therapies

Metrics meeting target or being baselined:



Caring, safe and excellent

# 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
<b>Adult and Older Adult Community</b>						
National measure	Improve access for Adults and Older Adults to support by community mental health services - Buckinghamshire	4568 per month	Nov-24	4631	↑	↑
National measure	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	6737 per month	Nov-24	7723	↑	↑
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode) - Buckinghamshire	32% National average	Nov-24	46.90%	↓	↑
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode)- Oxfordshire	32% National average	Nov-24	67.64%	↑	↑
National Objective Strategic Metric - Quality	Waiting time standard, care plan, outcome measure	In development (estimated completion - FY25. Status: technical development initiated; waiting for national team to release code)				
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	60%	Q2	51%	↓	↑
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)	60%	Q2	31%	→	↑

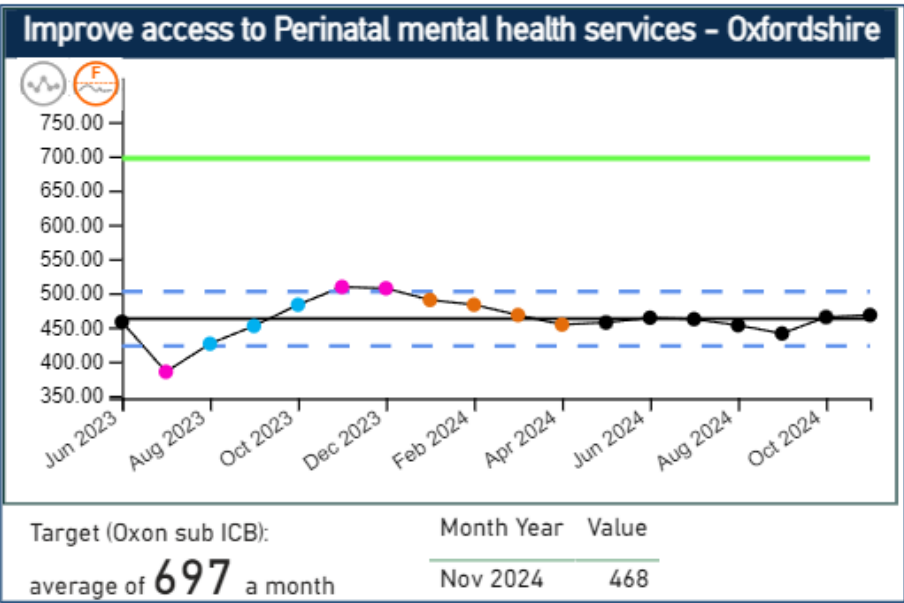
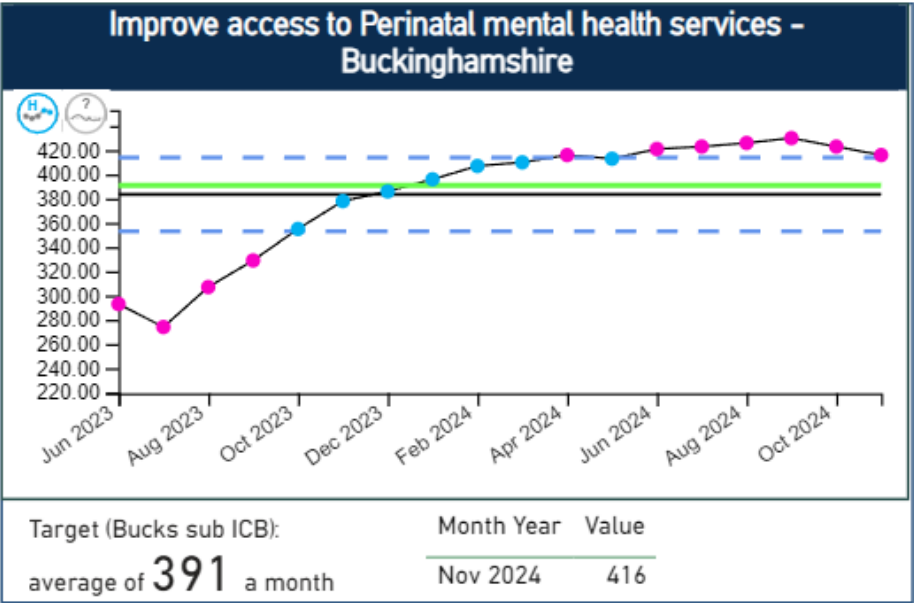
# Mental Health Services – Adult and Older Adult community – Summary dashboard

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
<b>Adult and Older Adult Community</b>						
<i>National measure</i>	Improve access to perinatal mental health services - Buckinghamshire	391 per month	Nov-24	416	↓	↑
<i>National measure</i>	Improve access to perinatal mental health services - Oxfordshire	697 per month	Nov-24	468	↑	↑
<i>National measure</i>	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Buckinghamshire	60%	Nov-24	100%	↑	↑
<i>National measure</i>	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	60%	Nov-24	100%	↑	↑
<i>National measure</i>	Number of people accessing Individual Placement Support (IPS) - Buckinghamshire	466 year end	Nov-24	216	↑	↑
<i>National measure</i>	Number of people accessing Individual Placement Support (IPS) - Oxfordshire	598 year end	Nov-24	272	↑	↑
<i>National measure</i>	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	63-64%	Oct-24	59.14%	↓	↑
<i>National measure</i>	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	63-64%	Oct-24	63.29%	↑	↑

# Mental Health Services – Adult & Older Adult Community

Metrics not meeting target:



### Summary

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 in the month of November 2024, which is above the target of average of 391 per month. In Oxfordshire, 468 women accessed perinatal mental health services in the month of November 2024, which is below the target of average of 697 per month.

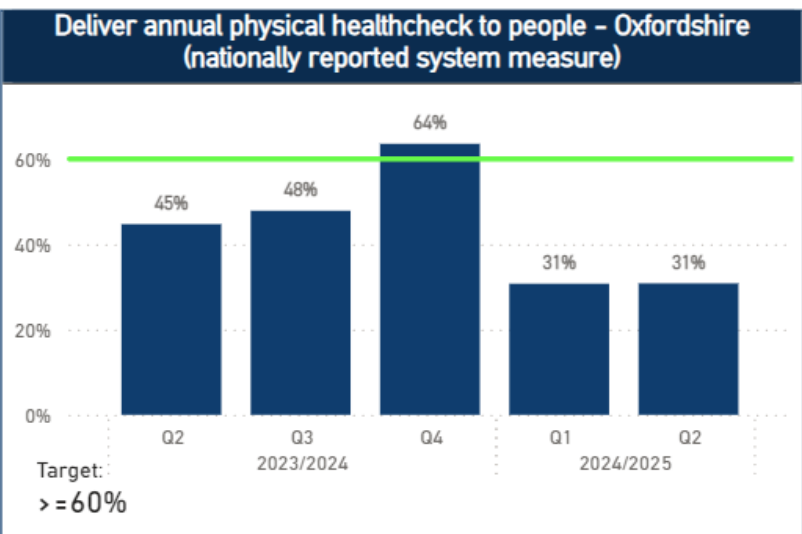
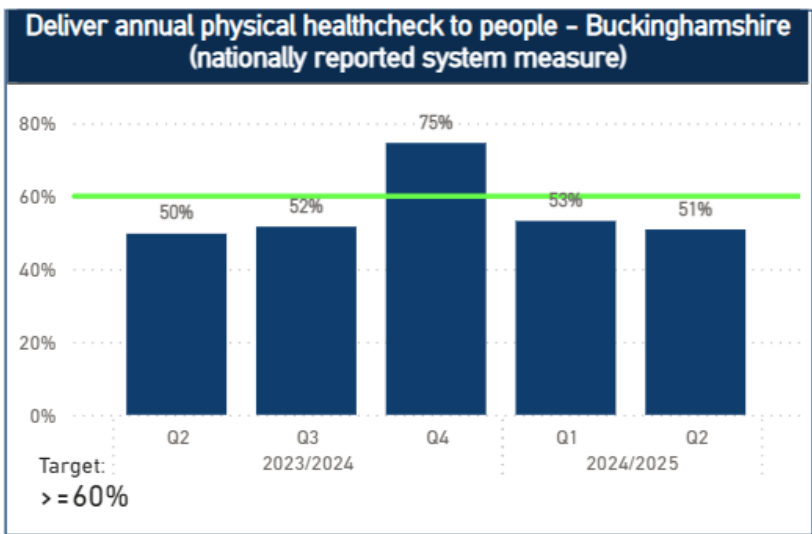
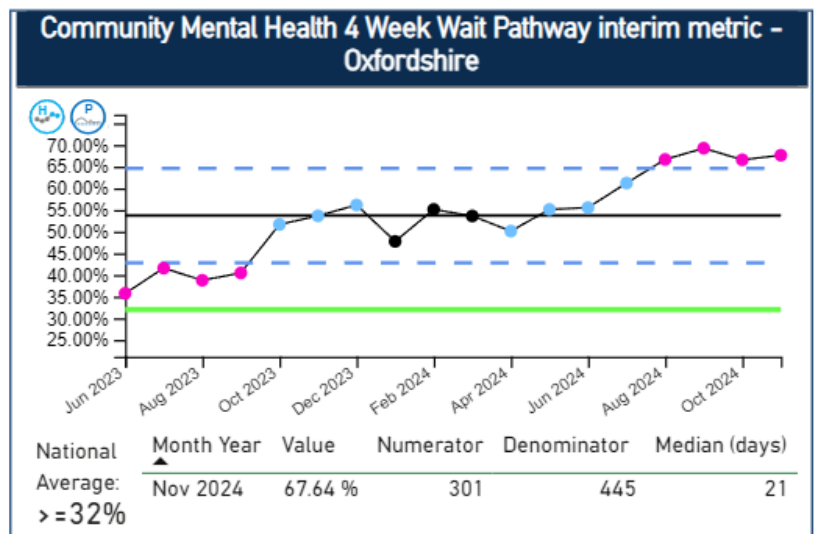
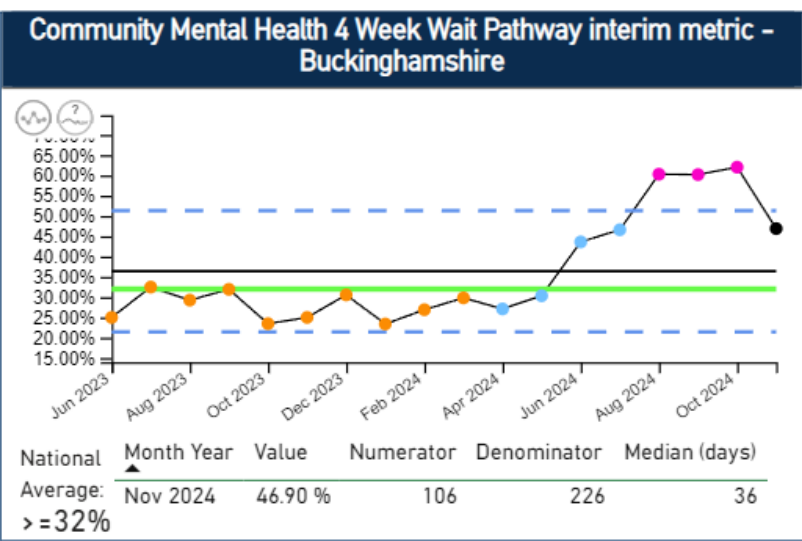
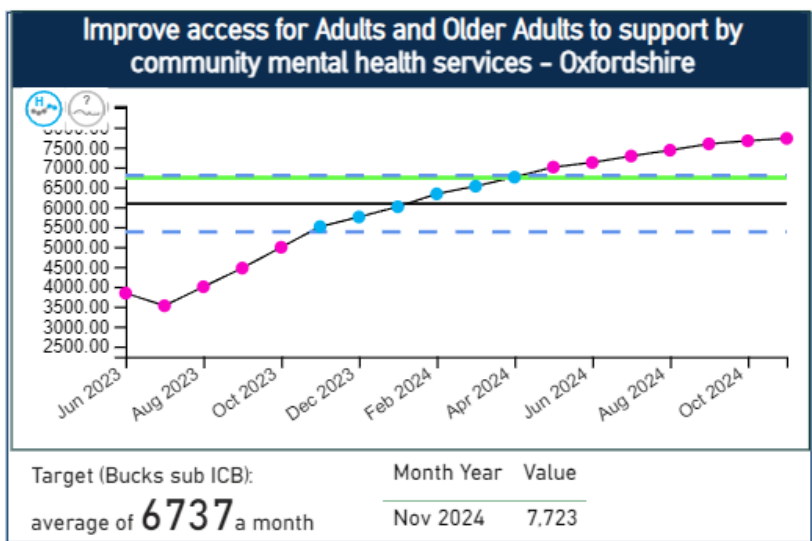
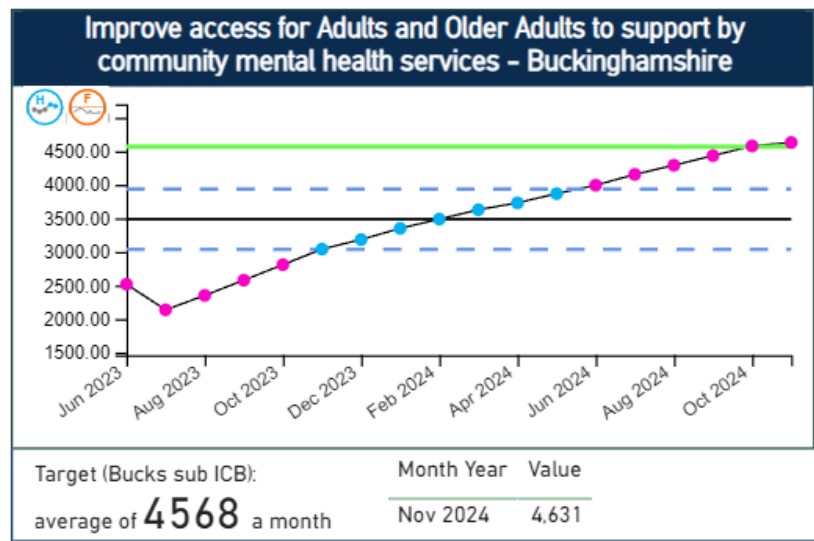
### Actions

- Oxfordshire perinatal mental health service continue investigating whether this could be a positive impact of Community Mental Health Hubs meaning that people are seen earlier than a specialist intervention becomes necessary or if lower access rate is impacted by other factors.



# Mental Health Services – Adult & Older Adult Community

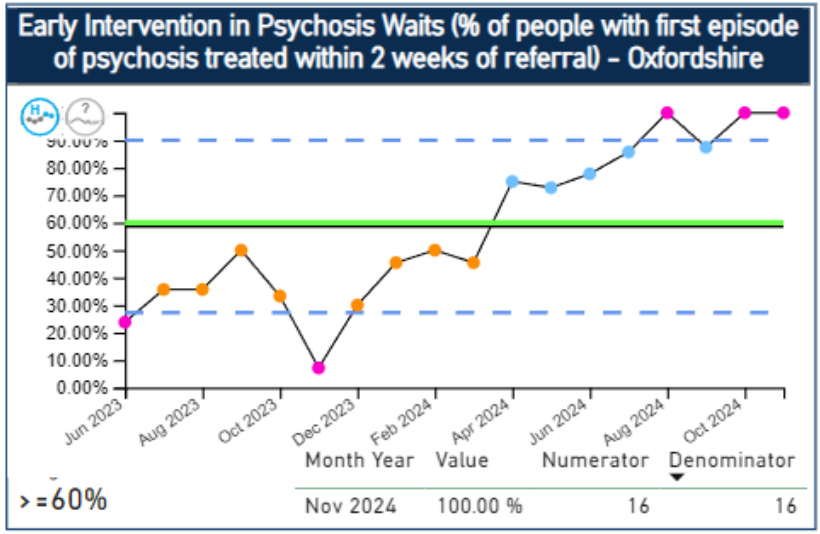
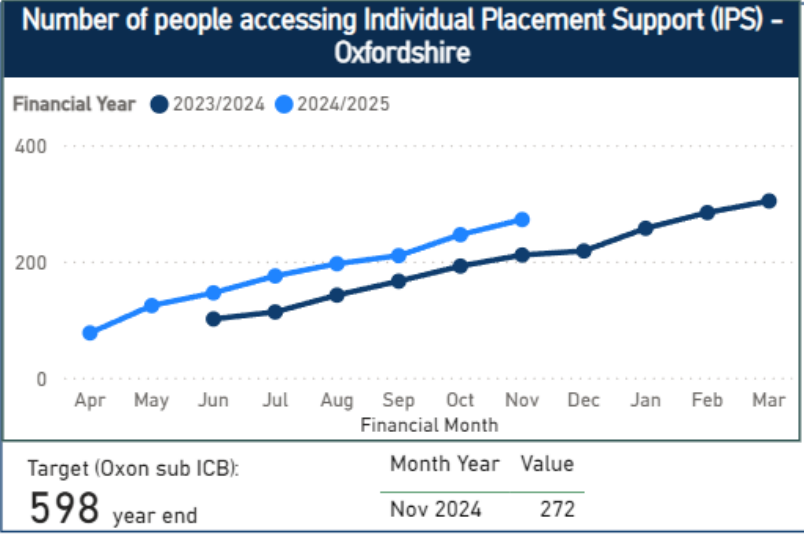
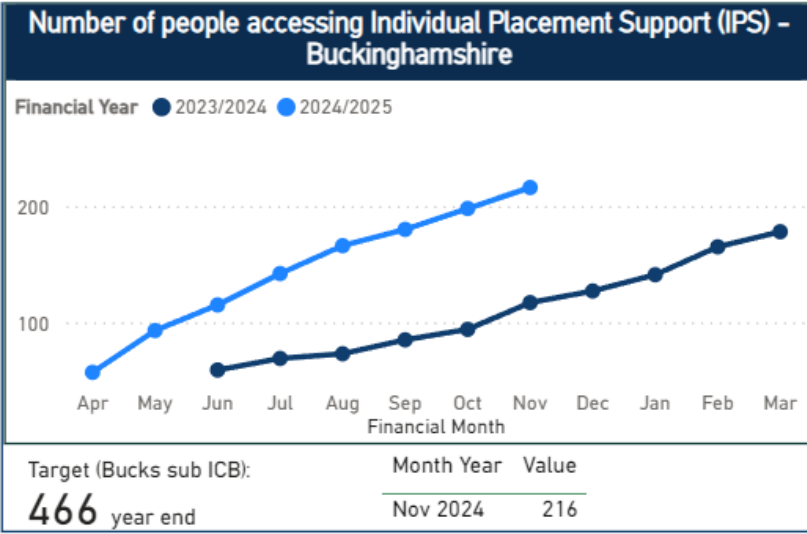
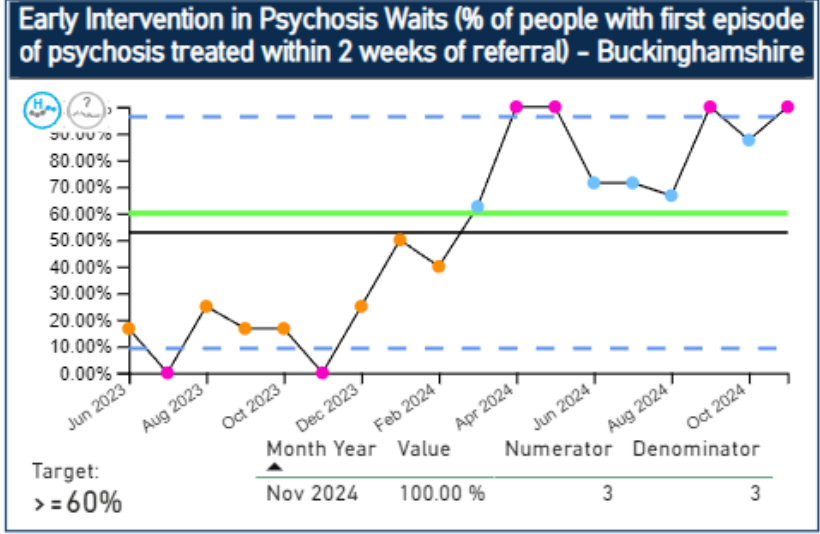
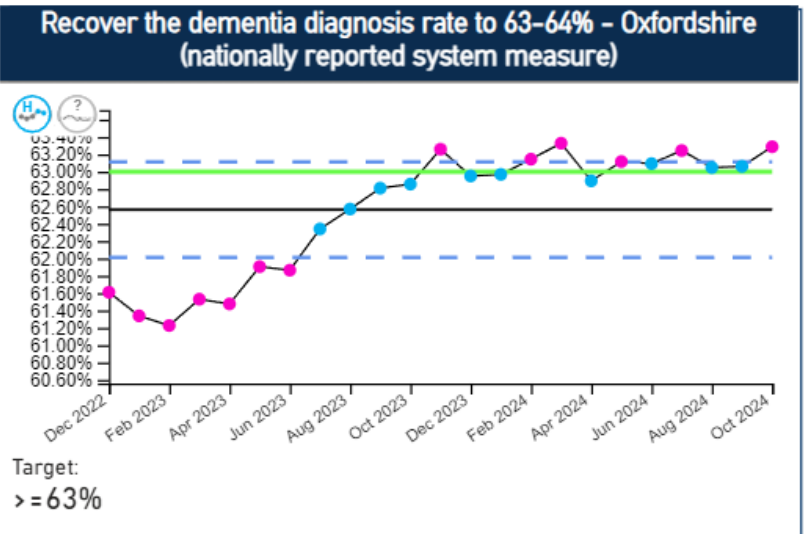
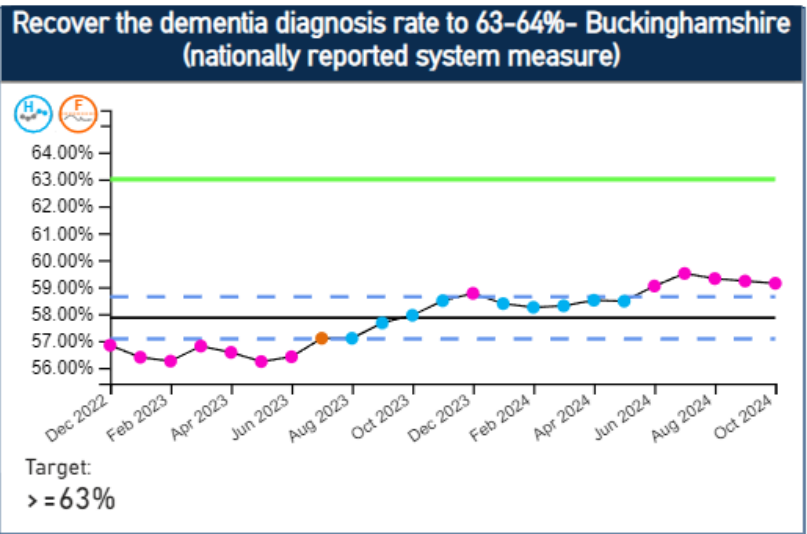
Metrics meeting target or national average & System metrics:



Caring, safe and excellent

# Mental Health Services – Adult & Older Adult Community

Metrics meeting target or national average & System metrics:



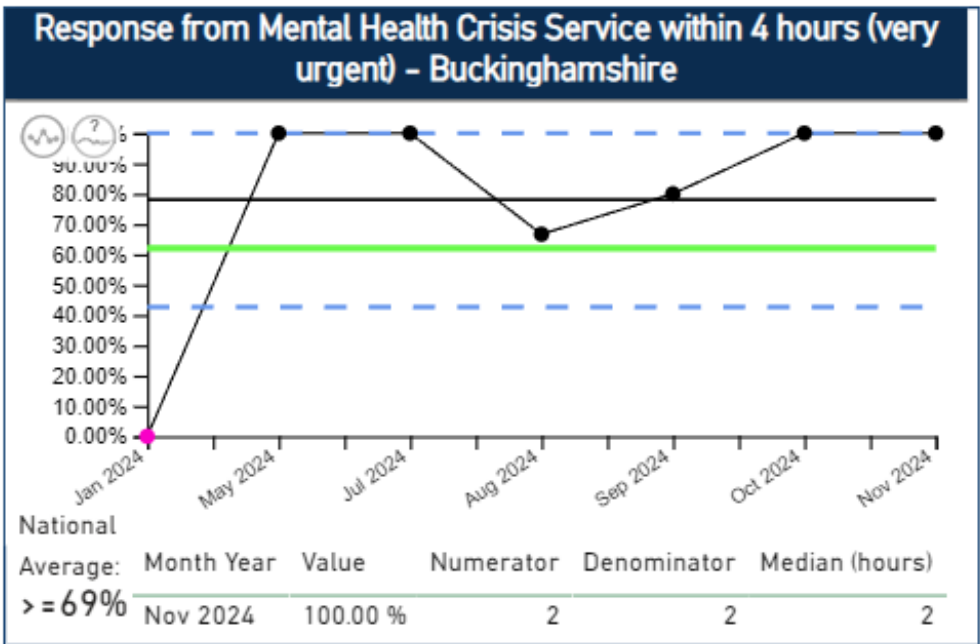
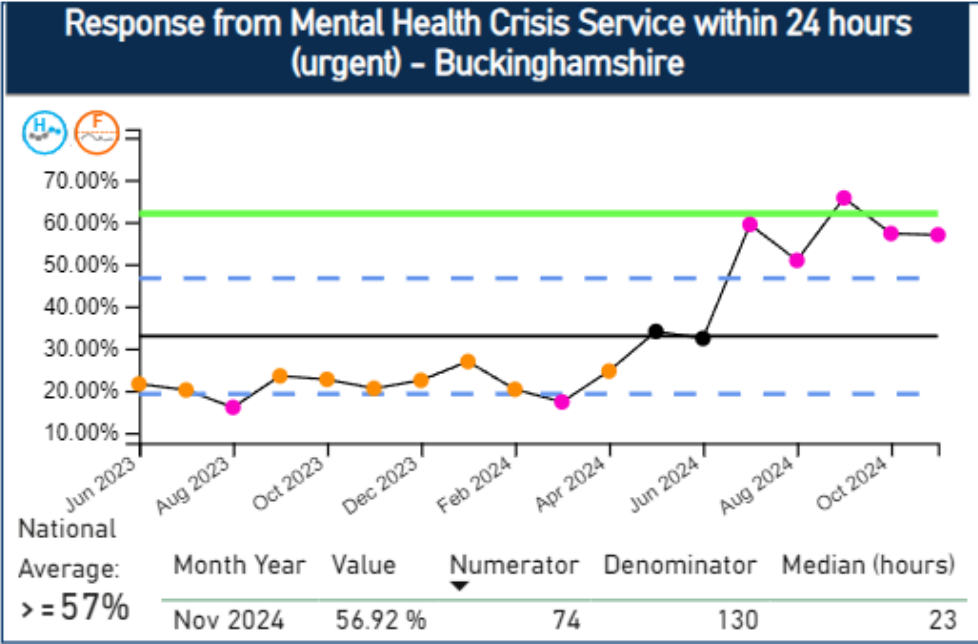
# Mental Health Services – Urgent Care – Summary dashboard

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

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
<b>Urgent Care</b>						
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	62% National average	Nov-24	93.02%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	62% National average	Nov-24	83.13%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	74% National average	Nov-24	95.83%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	74% National average	Nov-24	100%	→	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	69% National average	Nov-24	100%	↑	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	69% National average	Nov-24	76%	↑	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	57% National average	Nov-24	56.92%	↓	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	57% National average	Nov-24	83.33%	↑	↑

\* National average over April – December 2023

# Mental Health Services – Urgent Care



### Summary

New standards are being introduced for Mental Health Urgent Care Services. During this financial year, reporting will be updated in line with national changes. While no national targets have been set yet, the Trust will baseline its performance against the national average position. People seeking urgent mental health support should be seen by a community crisis team within 24 hours. In November 2024, Buckinghamshire’s Mental Health Crisis Service saw 56.92% of people seeking urgent mental health support within 24 hours, which is slightly below the national average of 57%. Initial results of the investigation of those cases seen outside of the 24-hour timeframe suggest were mostly due to patient choice where the patient has requested a different time or date due to family or work commitments.

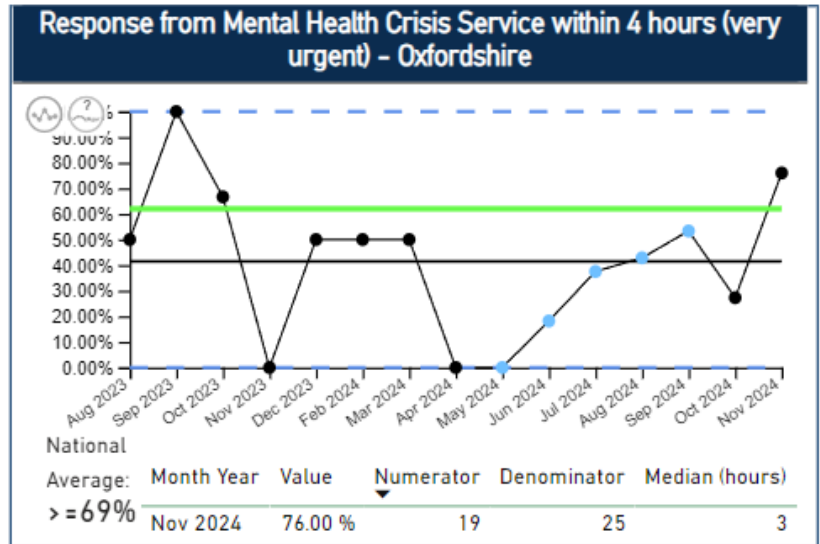
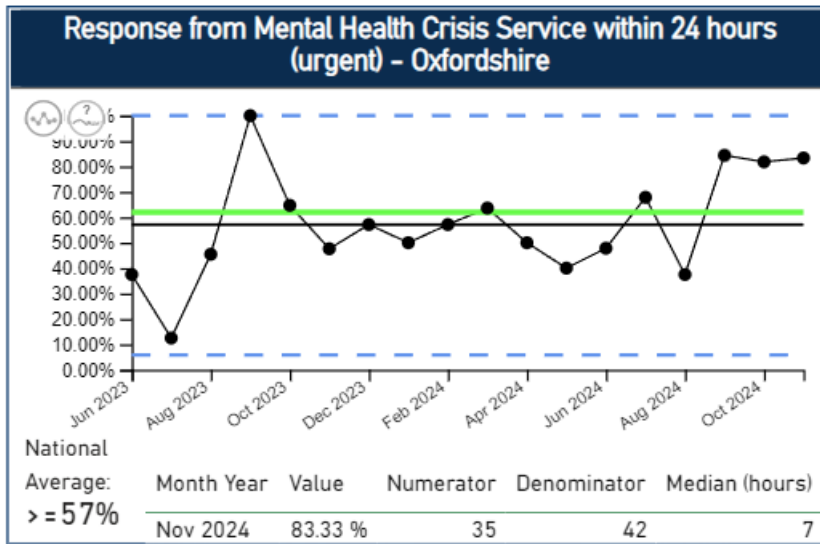
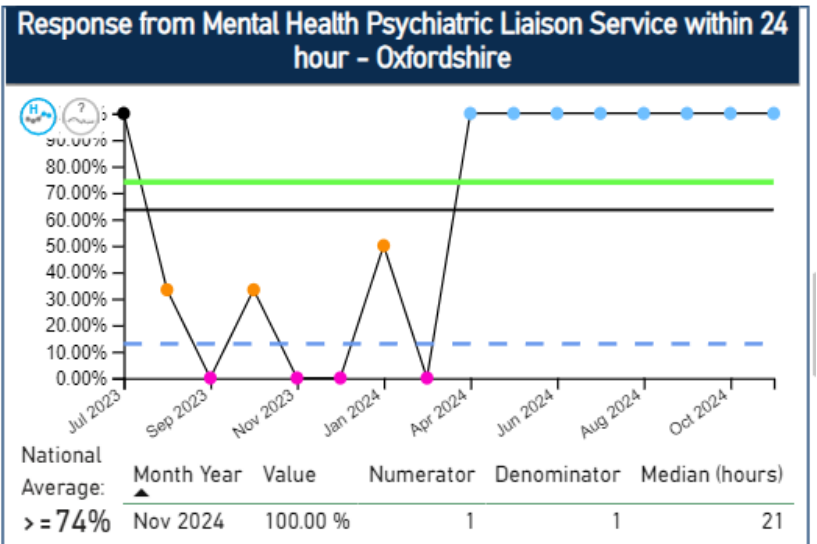
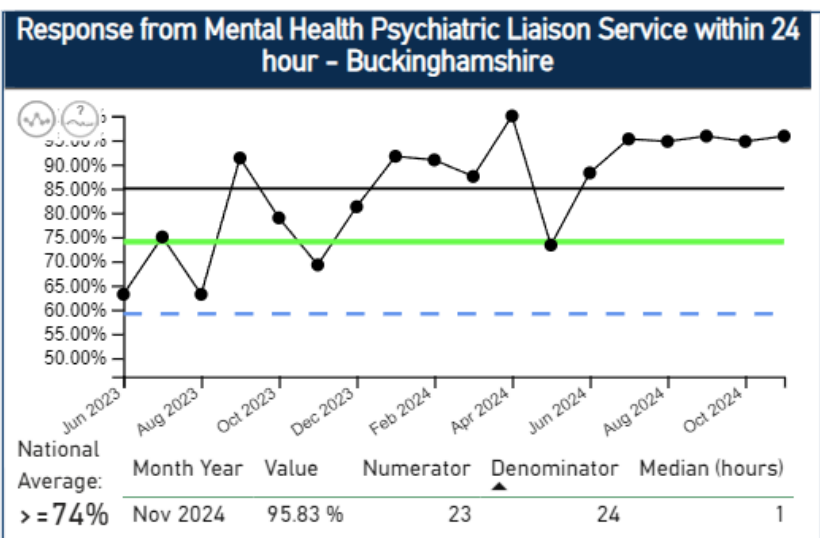
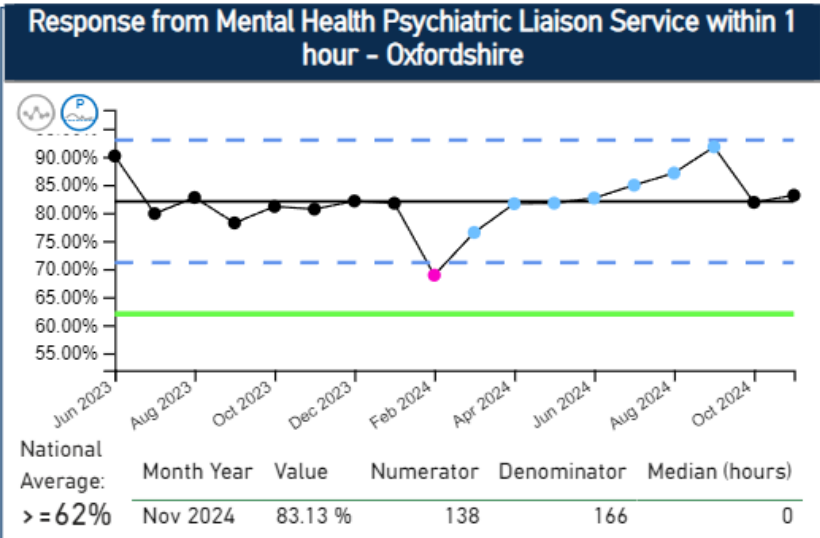
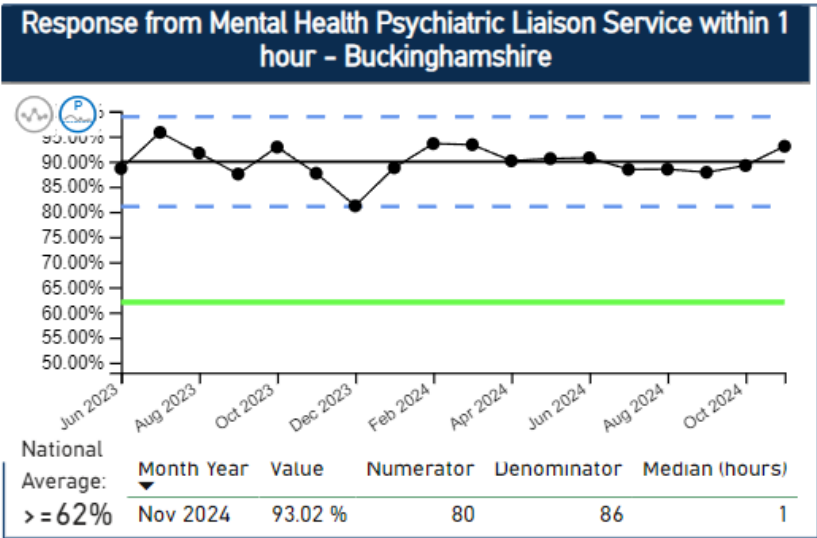
### Actions

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



# Mental Health Services – Urgent Care

Metrics meeting national average:



Caring, safe and excellent

# 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	Nov-24	20%	↓	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter- Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	13% National average	Nov-24	20%	↑	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Buckinghamshire	13% National average	Nov-24	23%	↑	↓
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	Nov-24	18%	↑	↓
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Buckinghamshire	8	Nov-24	3.46	↑	↓
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Oxfordshire	8	Nov-24	5.62	↓	↓
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Buckinghamshire	8	Nov-24	2.86	↓	↓
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Oxfordshire	8	Nov-24	6.3	↓	↓
National measure	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	80%	Nov-24	91.67%	↓	↑
National measure	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	80%	Nov-24	90.00%	↓	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	80%	Nov-24	100%	→	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	80%	Nov-24	91.67%	↓	↑

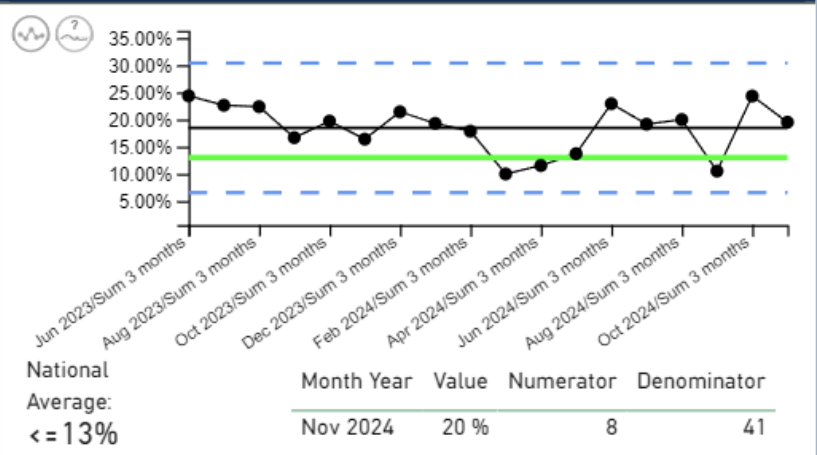
# Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (2/2)

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

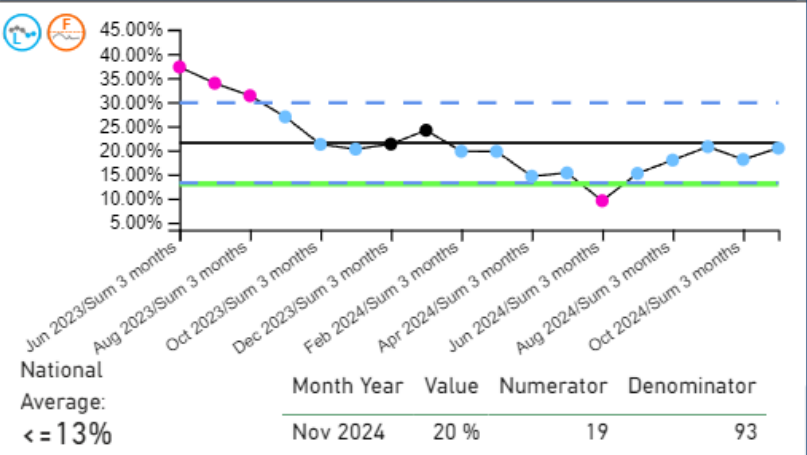
Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Acute / In-patients (Adults & Older Adults)						
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	3	Nov-24	3	↓	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		Nov-24	0	→	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		Nov-24	0	↓	↓
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	5	Nov-24	2	→	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Nov-24	0	→	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Nov-24	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Nov-24	149	↓	↓
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	n/a	Nov-24	0	→	↓
	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Nov-24	7	↑	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Nov-24	111	↑	↓
	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	n/a	Nov-24	0	→	↓
	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Nov-24	0	→	↓
National Objective	% adult acute readmission within 30 days for mental health - Buckinghamshire	n/a	Nov-24	0%	→	↓
National Objective	% adult acute readmission within 30 days for mental health - Oxfordshire	n/a	Nov-24	3%	↓	↓
National Objective	% older adult readmission within 30 days for mental health - Buckinghamshire	n/a	Nov-24	0%	→	↓
National Objective	% older adult readmission within 30 days for mental health - Oxfordshire	n/a	Nov-24	0%	↓	↓
National Objective	Average number of clinically ready for discharge patients per day - Buckinghamshire	n/a	Nov-24	9	↑	↓
National Objective	Average number of clinically ready for discharge patients per day - Oxfordshire	n/a	Nov-24	7	↑	↓

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

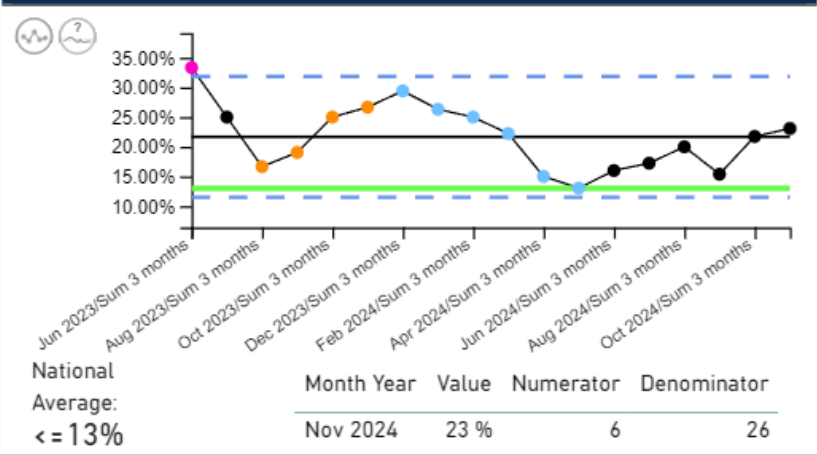
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) – Adult (acute & PICU) Buckinghamshire (reported as rolling 3 months)



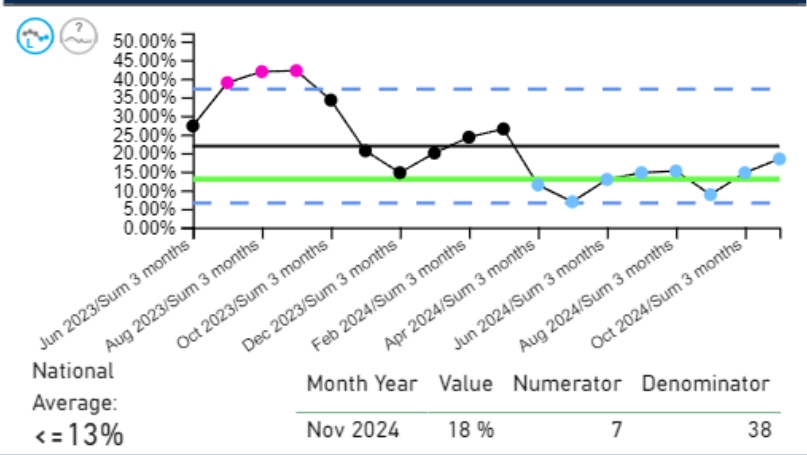
Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission (% of acute admissions with no prior contact) – Adult (acute & PICU) Oxfordshire (reported as rolling 3 months)



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)



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)



## Summary

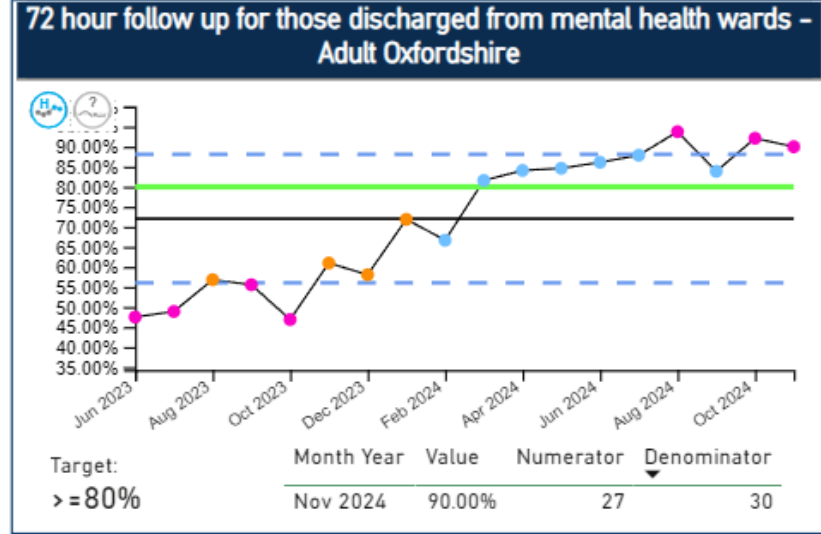
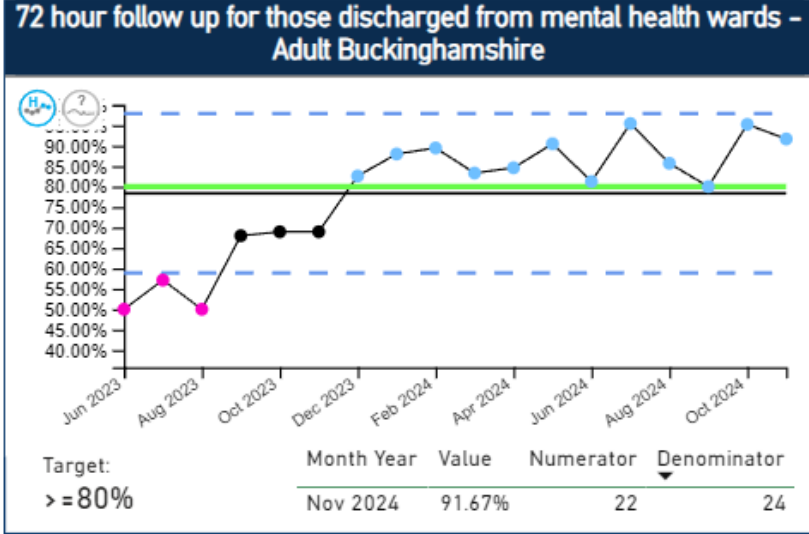
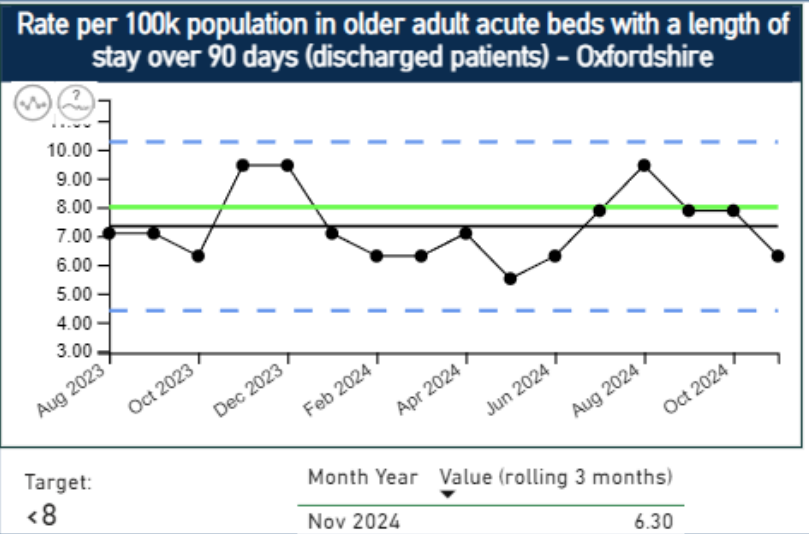
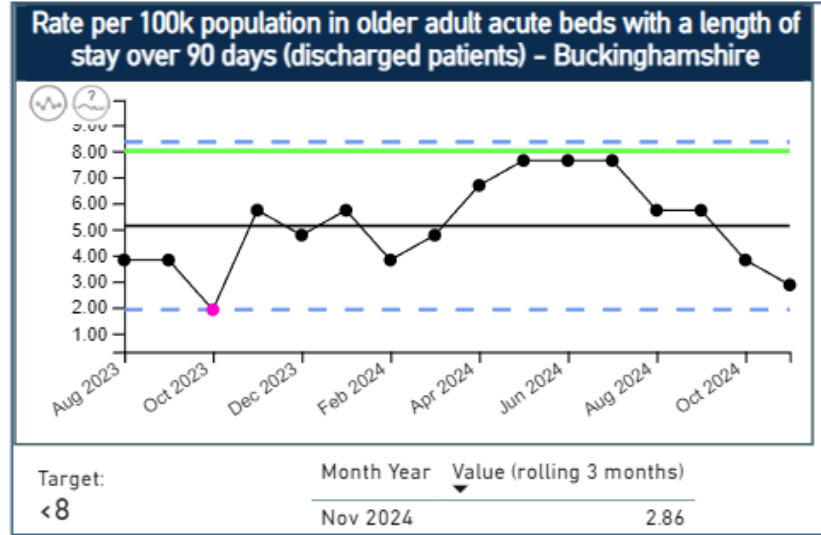
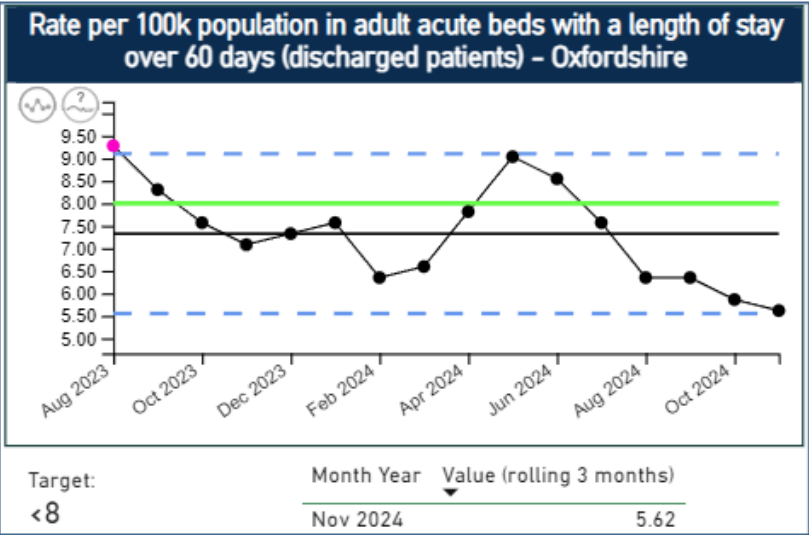
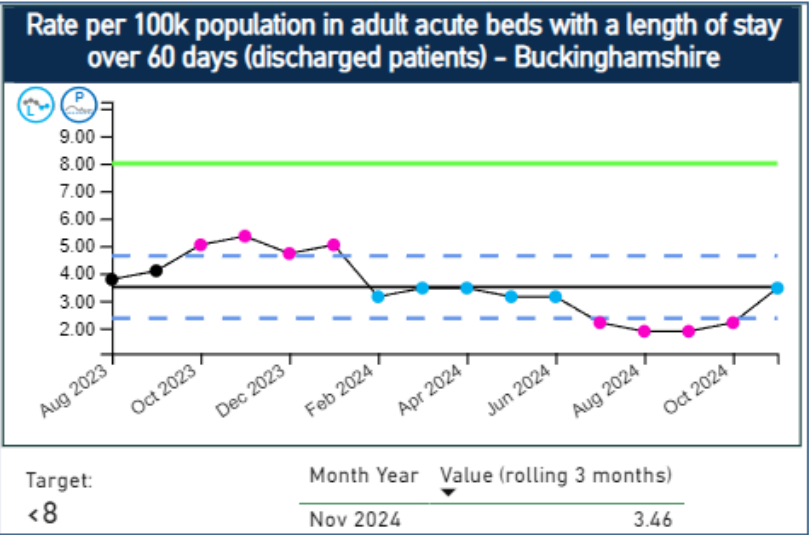
This metric monitors the rate of acute admissions with no previous contact in the reporting period (as per national definitions contact 48 hours prior to admission is excluded from this measure). Acute admissions are defined by the type of hospital bed used in the admission; the Trust monitors Adult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

## Actions

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

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

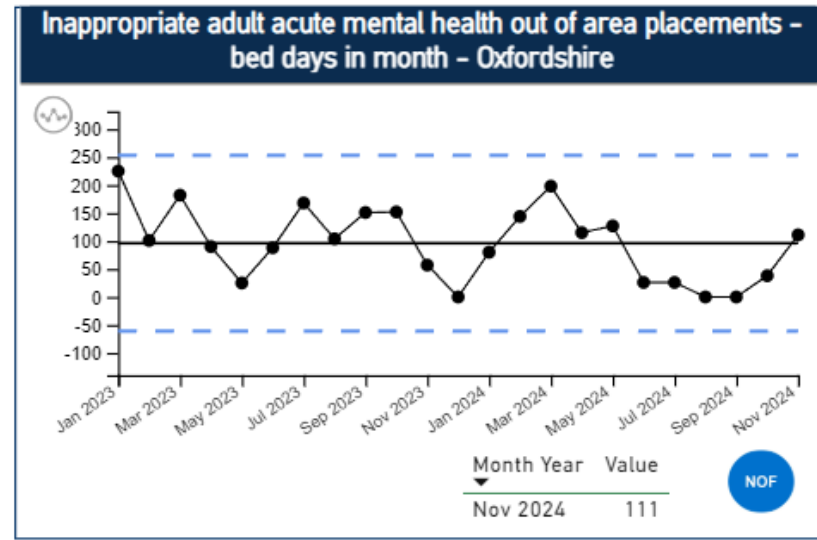
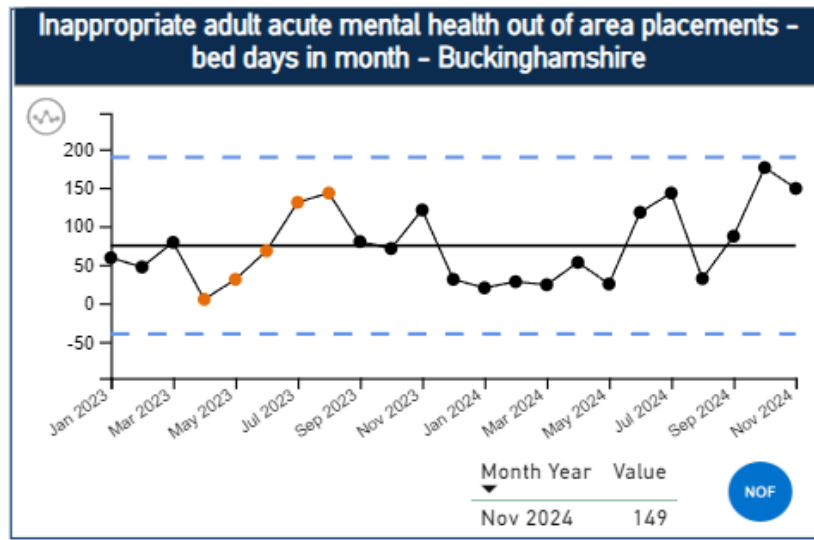
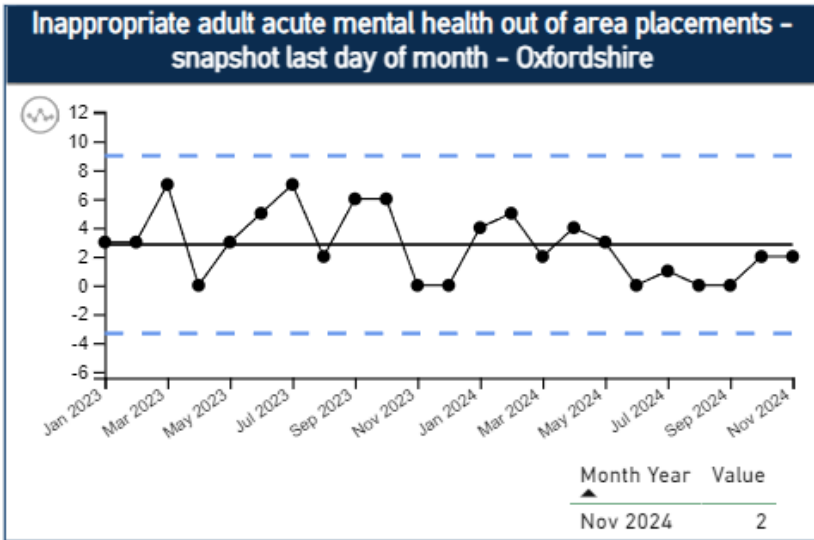
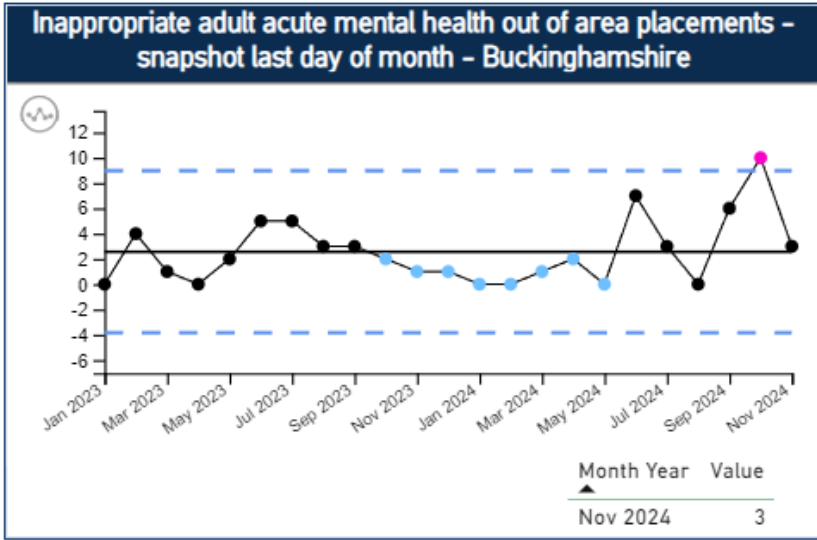
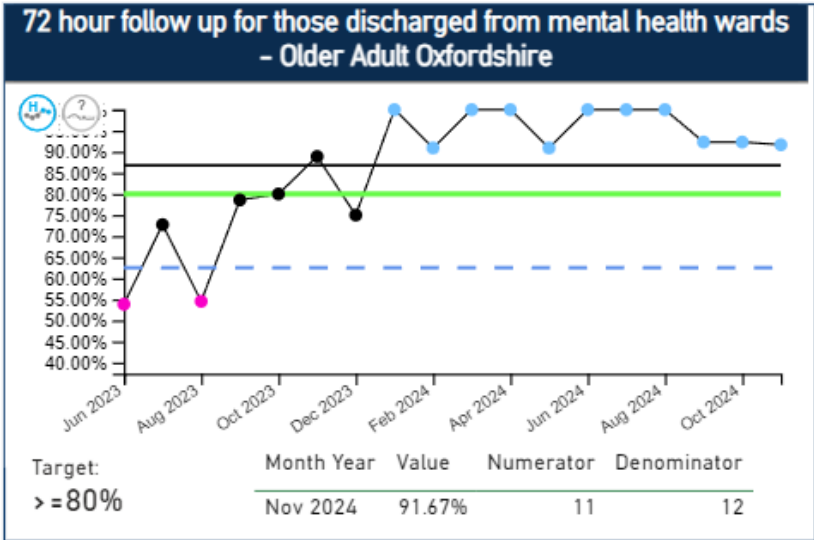
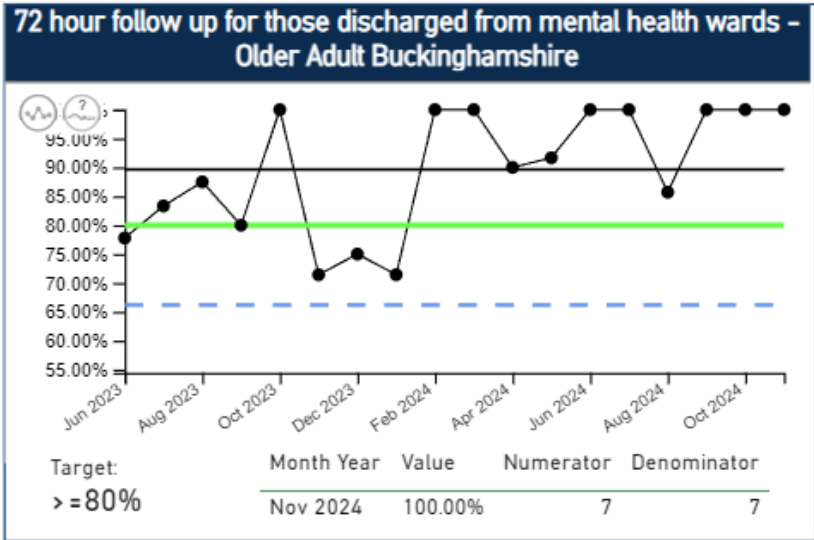
Metrics meeting target, being baselined or with target yet to be confirmed:





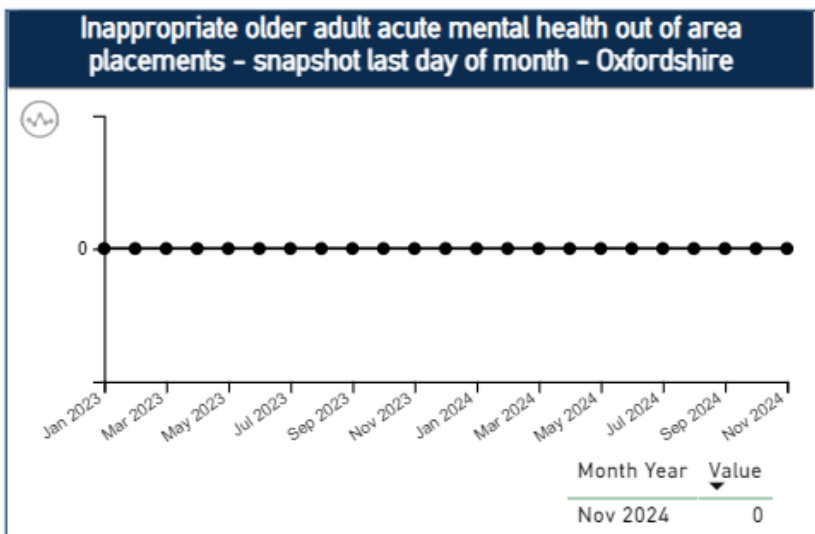
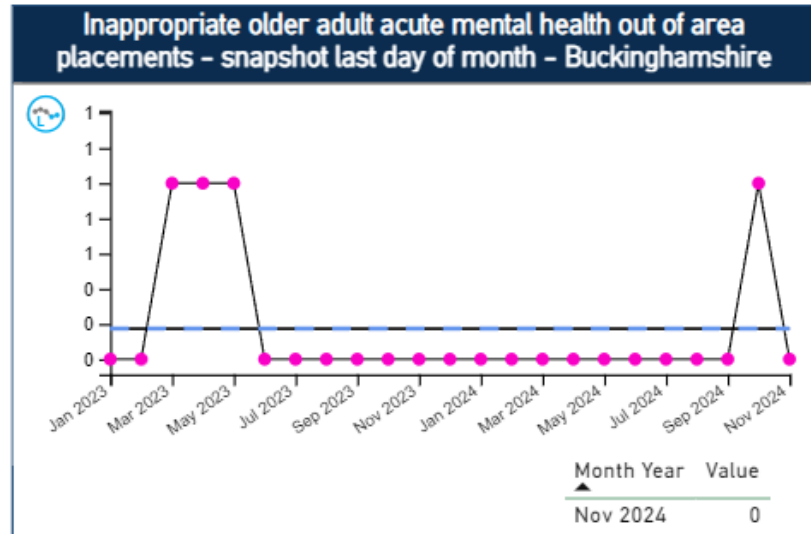
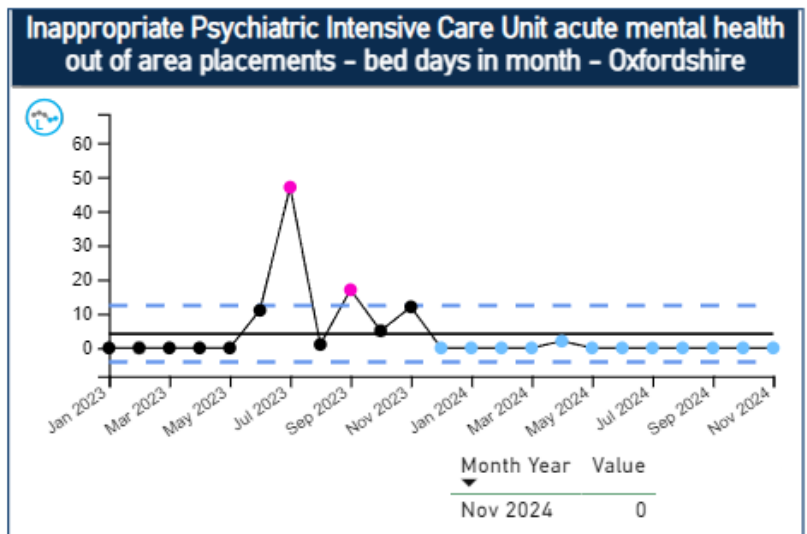
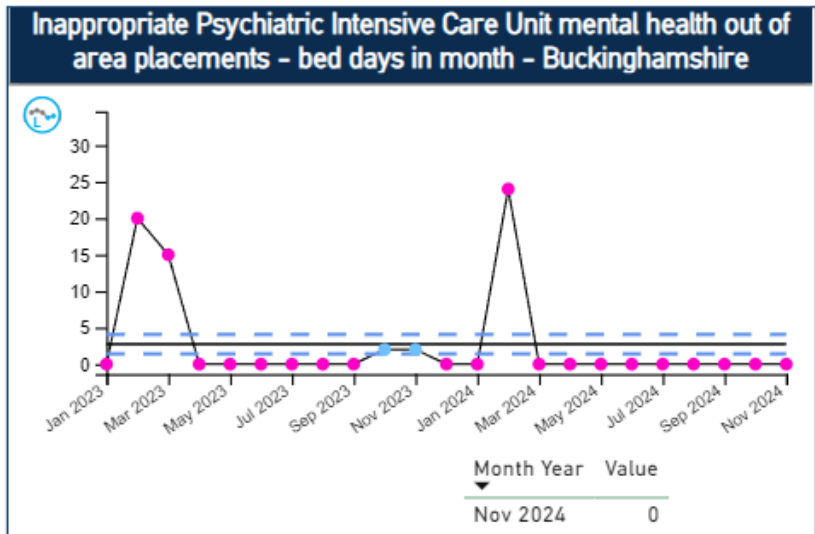
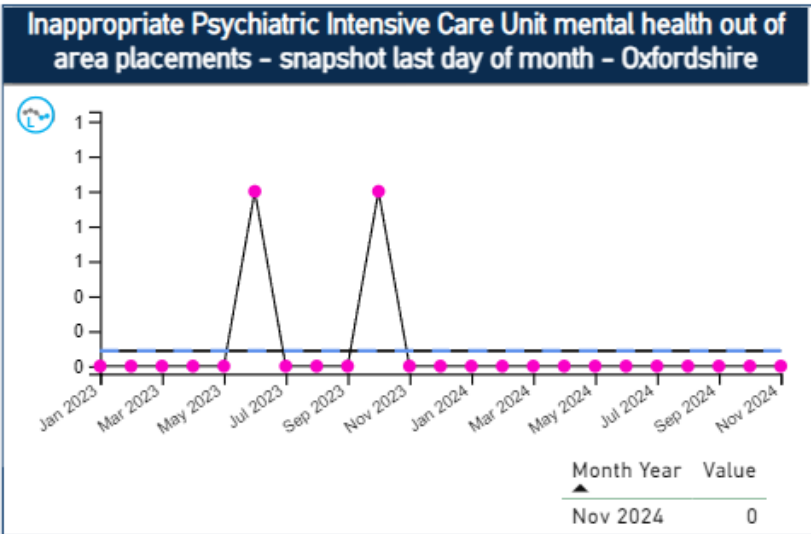
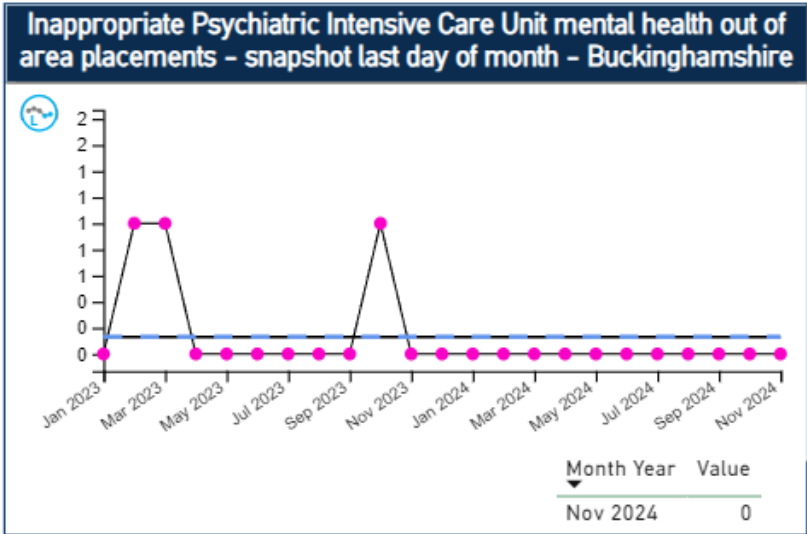
# Mental Health Services – Acute / In-patients (Adults & Older Adults)

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



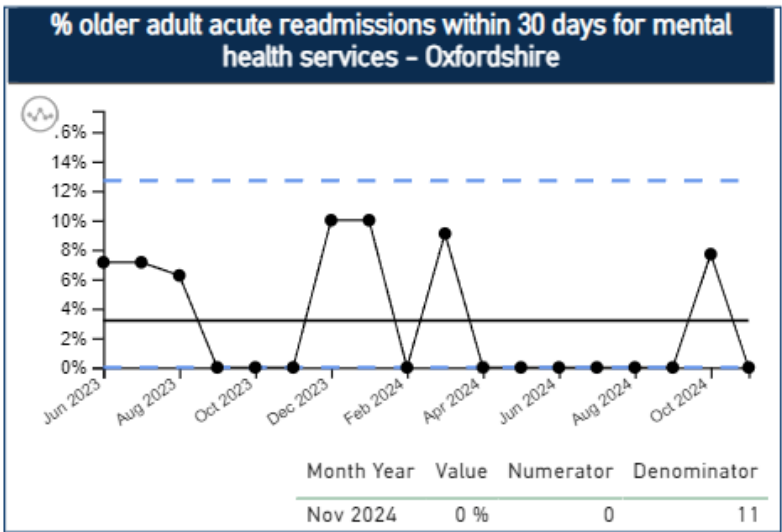
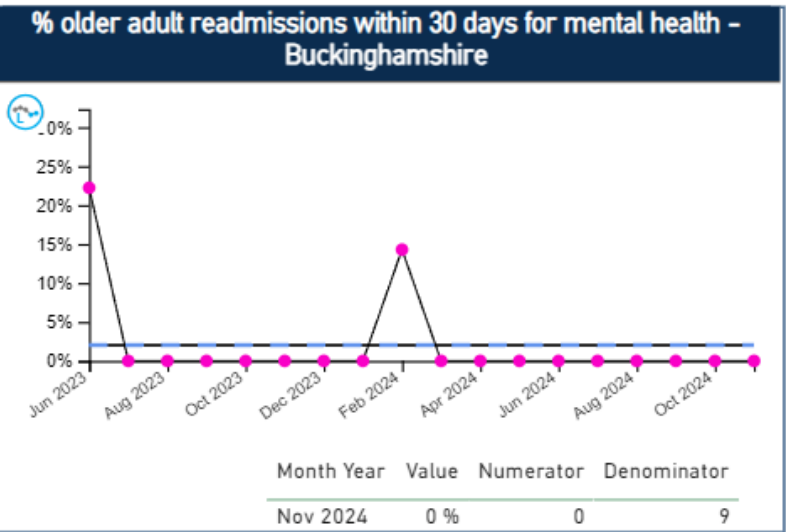
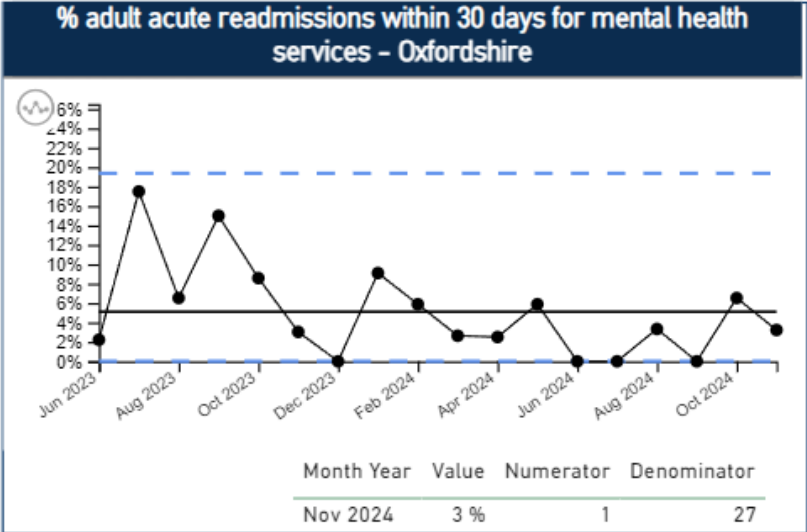
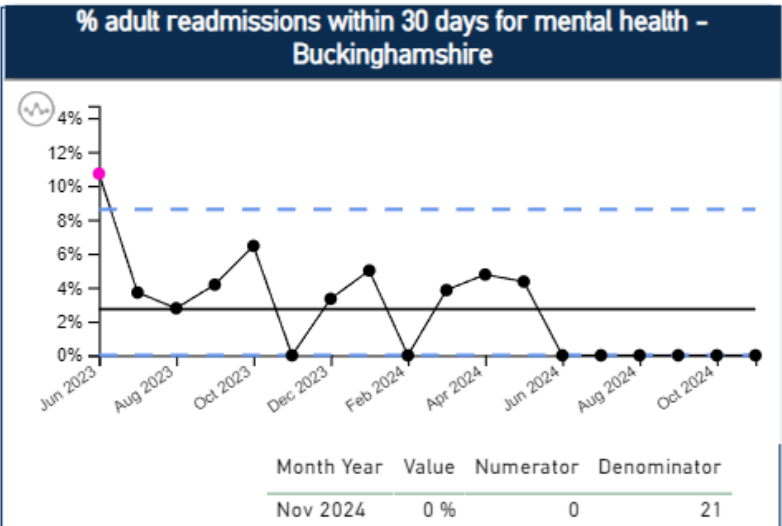
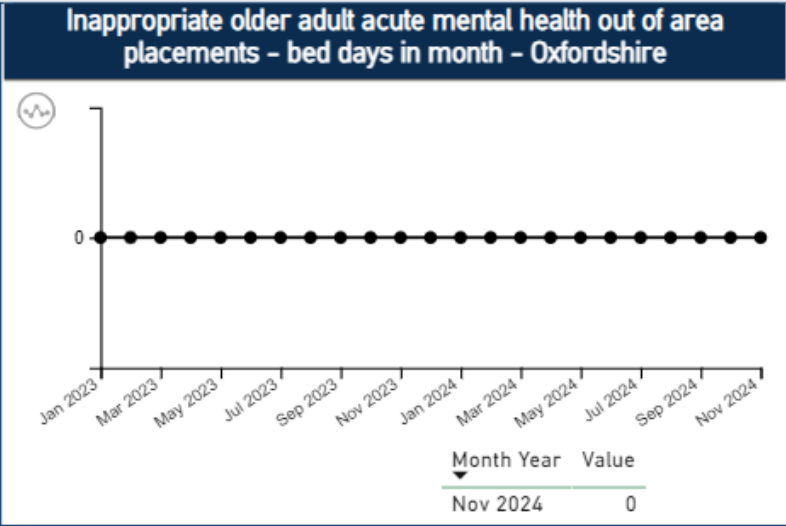
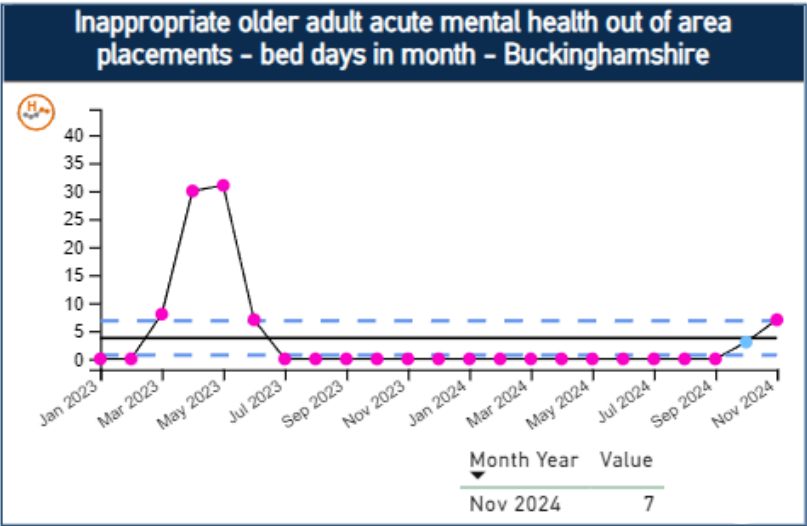
# Mental Health Services – Acute / In-patients (Adults & Older Adults)

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



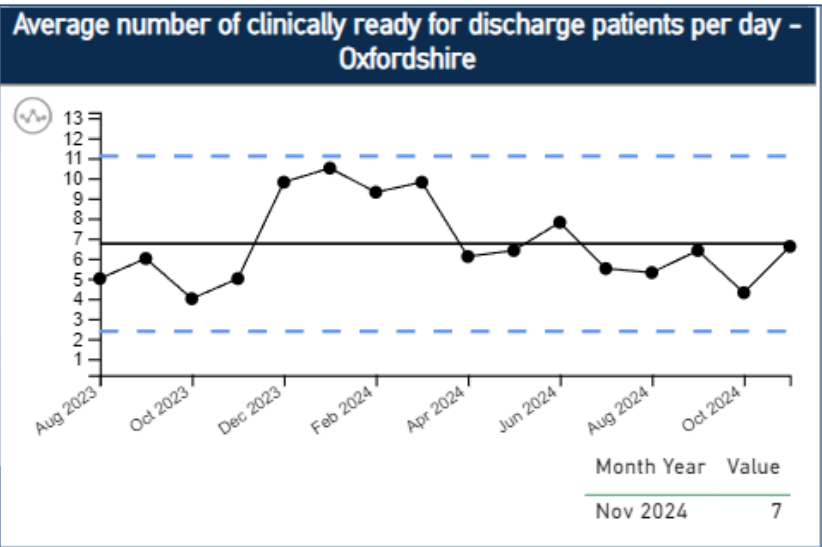
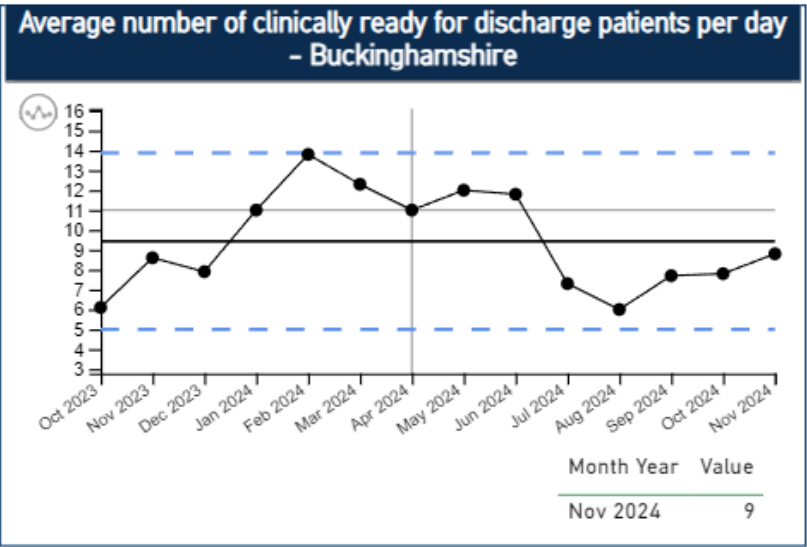
# Mental Health Services – Acute / In-patients (Adults & Older Adults)

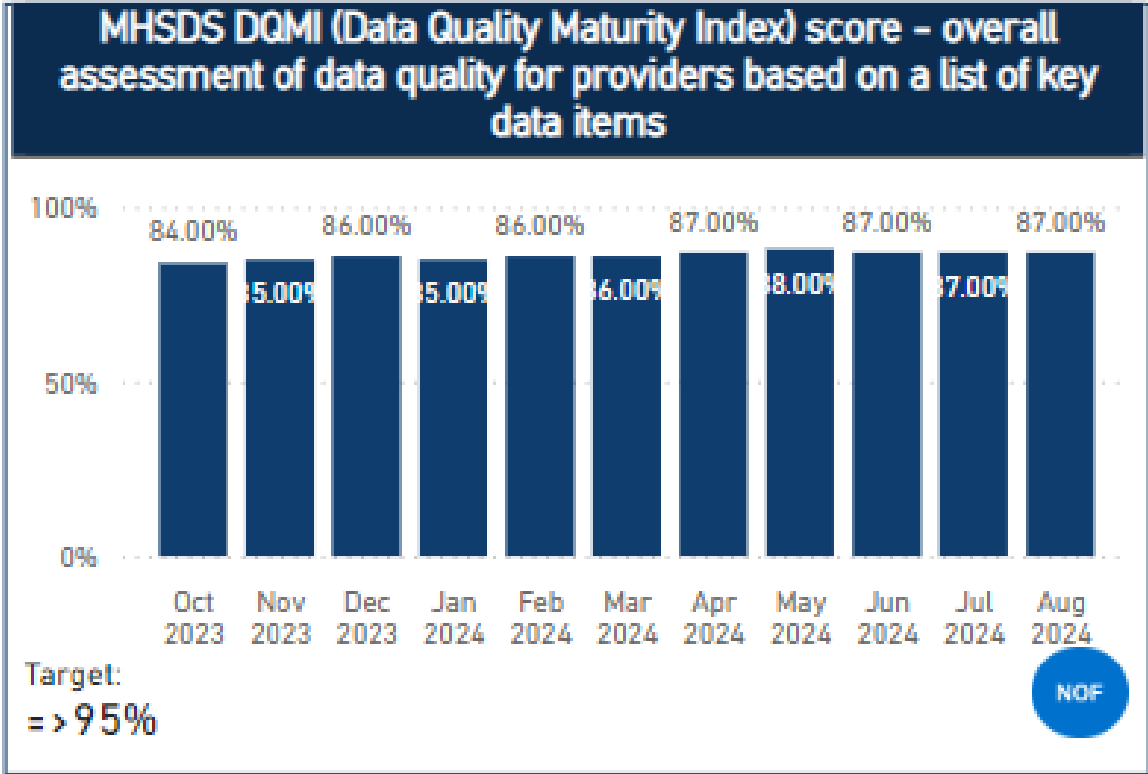
Metrics meeting target, being baselined or with target yet to be confirmed:



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

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





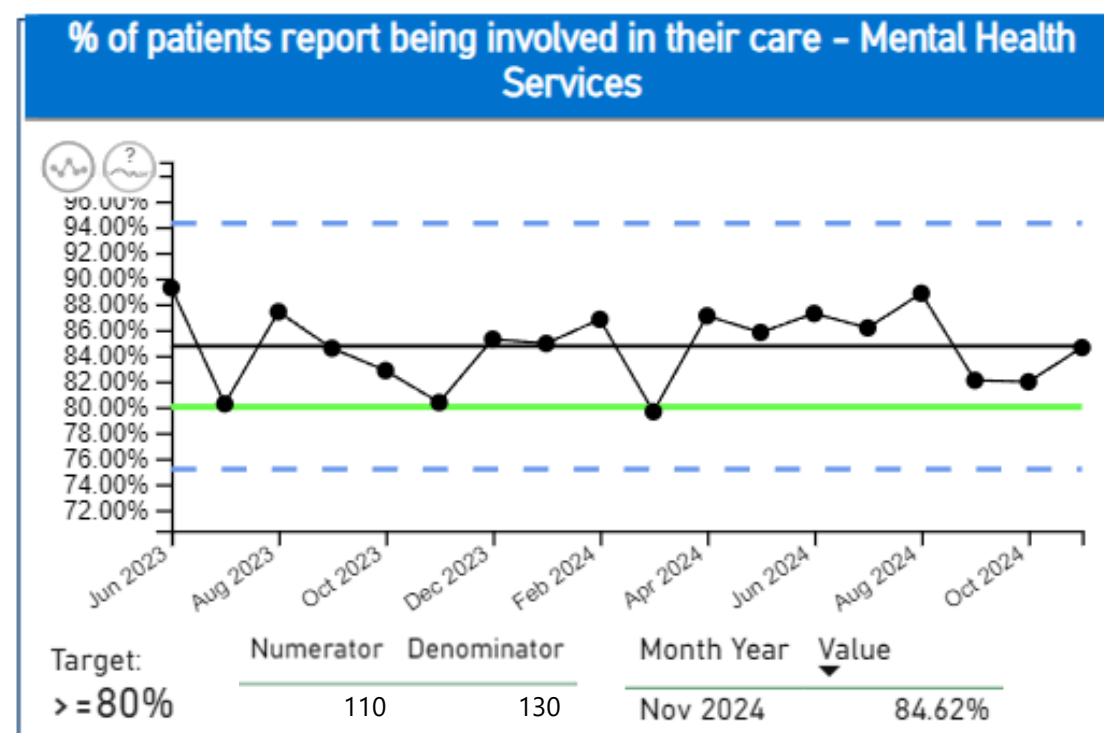
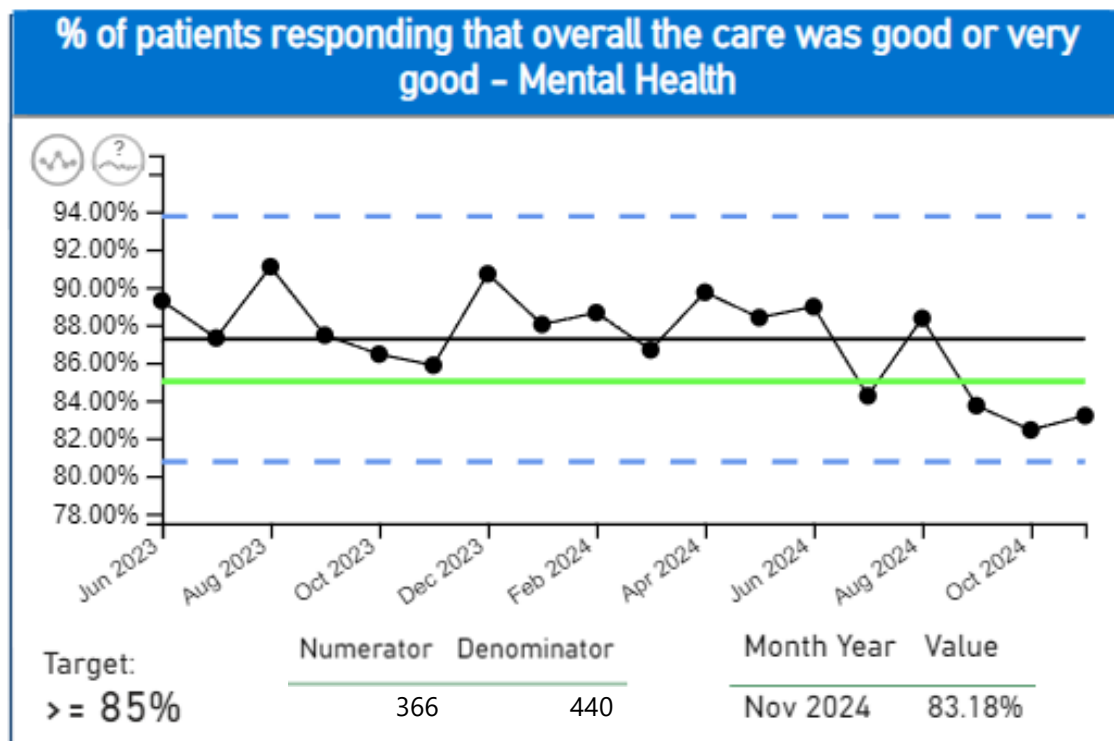
### Summary & actions

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

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



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



# **Section 1.2**

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

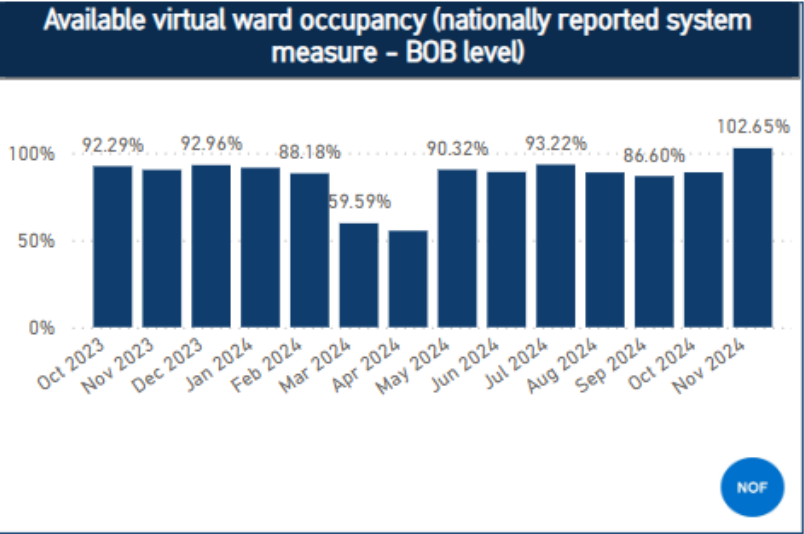
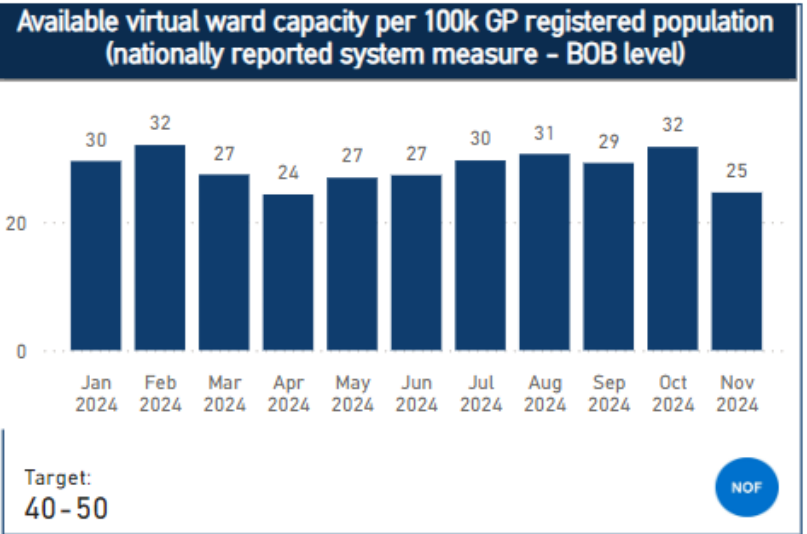
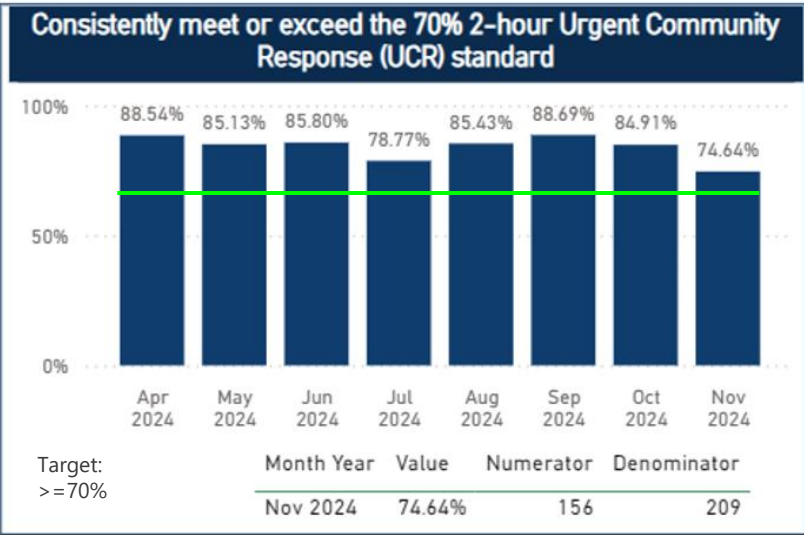
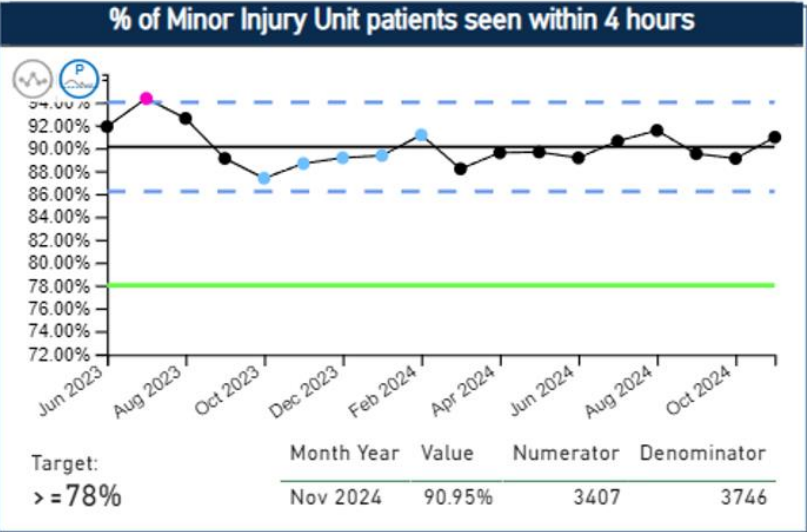
# Community Health Service, Primary Care & Dentistry – Summary Dashboard

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

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Average Length of Stay in Community Hospitals by basket of care	In development for FY25				
National measure	% of Minor Injury Unit patients seen within 4 hours	78%	Nov-24	90.95%	↑	↑
National measure	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	70%	Nov-24	74.64%	↑	↑
NOF National Objective	Proportion of patients discharged from hospital by pathways	In development for FY25				
	Average number of Medically Optimised For Discharge (MOFD) patients per night	Under data quality investigation				
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	Nov-24	25	↓	↑
NOF National Objective	Virtual ward occupancy (nationally reported system measure - Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	TBC	Nov-24	102.65%	↑	↑
Strategic Metric - Quality	% of patients responding that overall care was good or very good	85%	Nov-24	93.98%	↑	↑
Strategic Metric - Quality	% of patients report being involved in their care	85%	Nov-24	84.62%	↑	↑
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 30 minutes: the time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	Baseline	Nov-24	92.50%	↓	↑
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	Nov-24	33.95%	↓	↑
Strategic Metric - Quality	% of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	Reporting in development for FY26 (revised timeline) subject to operational implementation				

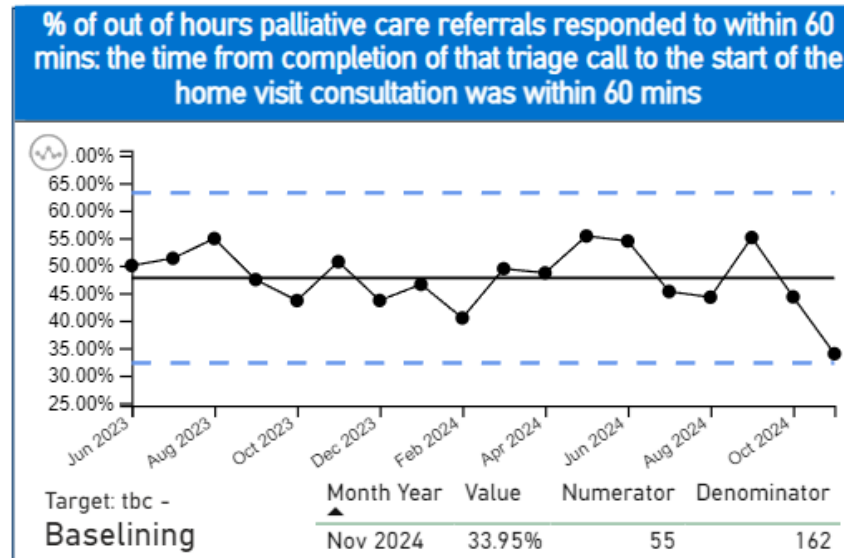
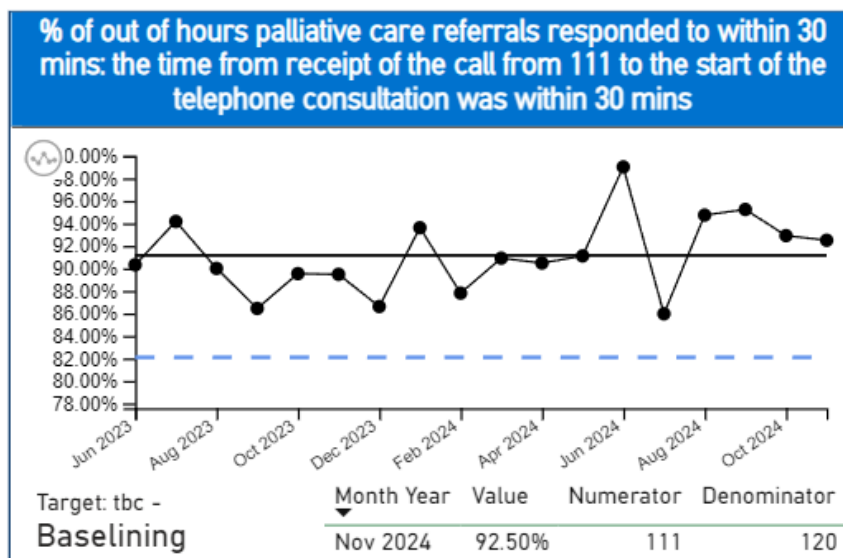
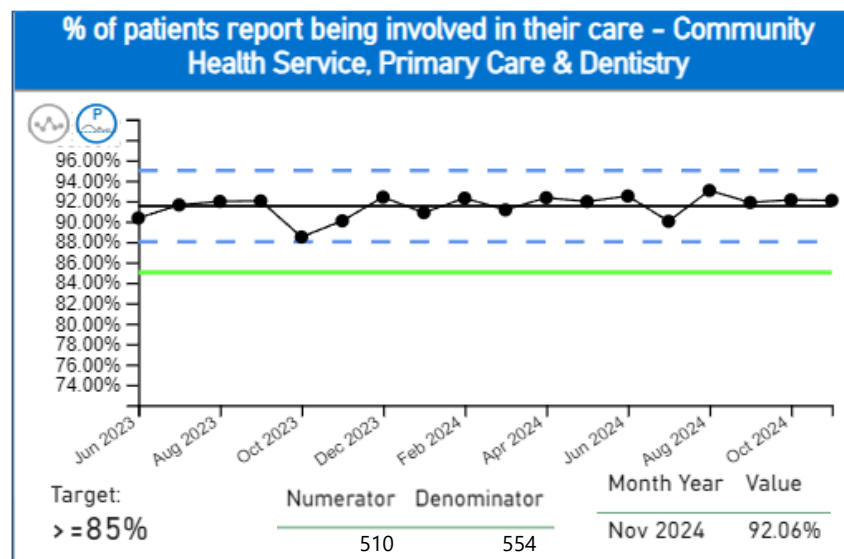
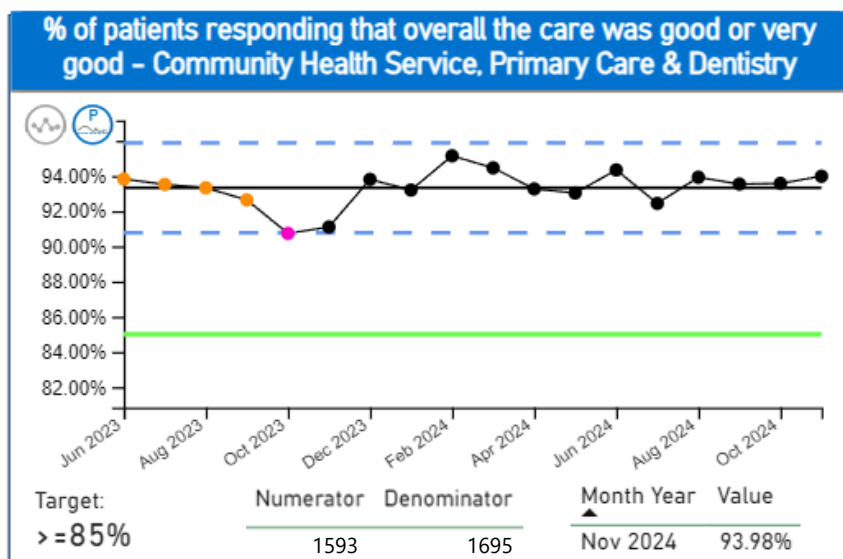
# Community Health Service, Primary Care & Dentistry

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



To note: it is possible for virtual ward occupancy to exceed 100% due to the national reporting rules (it is reported as a snapshot of capacity and caseload for the day before, so in some instances, mostly related to staff availability, capacity is low, but the caseload is high). The Trust has fed back this issue to the Integrated Care Board and flagged to the national team few months ago, but as of yet no changes to the reporting rules have been made.

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





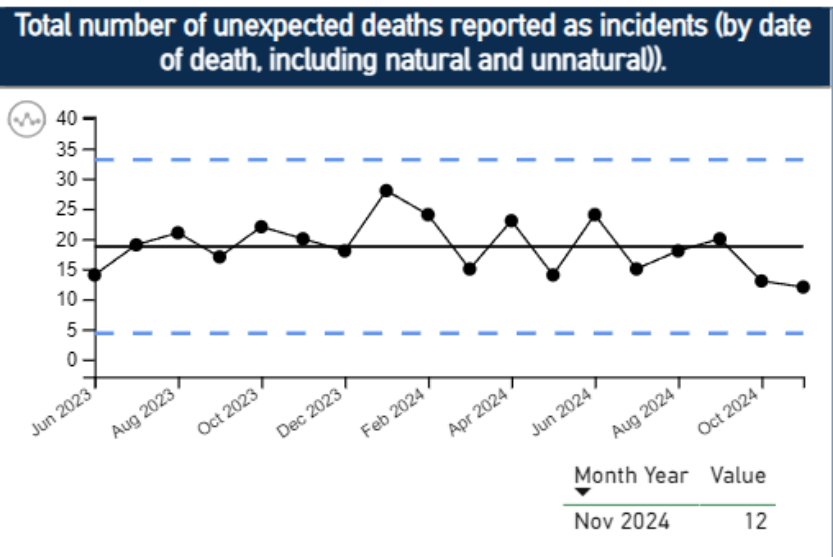
# Section 2

## Quality People

# Quality - Deliver the best possible care and health outcomes

# Quality – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Total number of patient incidents (all levels of harm)	TBC	Nov-24	1385	↓	n/a
	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	TBC	Nov-24	12	↓	n/a
	Number of suspected suicides	TBC	Nov-24	1	↓	n/a
	Total number of incidents involving physical restraint	TBC	Nov-24	222	↓	n/a
	Total number of complaints and resolutions	TBC	Nov-24	68	↓	n/a
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	TBC	Nov-24	351	↓	n/a
Strategic Metric - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 16 per month	Nov-24	9	↑	↓
Strategic Metric - Quality	Reduction in use of seclusion (number of incidents involving seclusion)	Less than 48 per month	Nov-24	39	↑	↓
Strategic Metric - Quality	% of community mental health patients with "My Safety Plan" completed where suicide is identified as a risk within assessment	In development for FY25. Status: Definition of reporting work in progress				
Strategic Metric - Quality	Rate per 100,000 population of detentions on admissions to hospital of black or black British patients in relation to all other ethnic groups	In development for FY25 (revised timeline). Status: Technical development in progress				

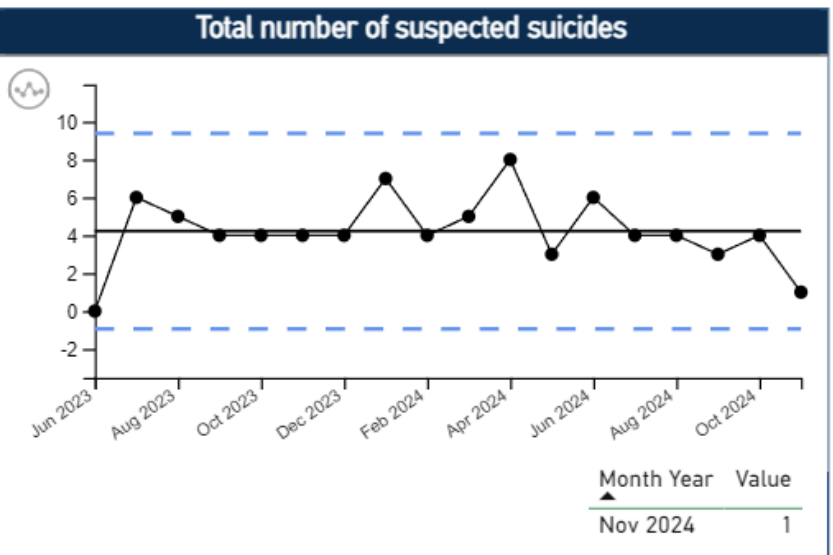


## Summary, highlights, actions

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from deaths process reviews all known patients 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 their last contact. The oversight of key themes and learning is led by the Trust's Mortality Review Group chaired by the Chief Medical Officer.

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

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



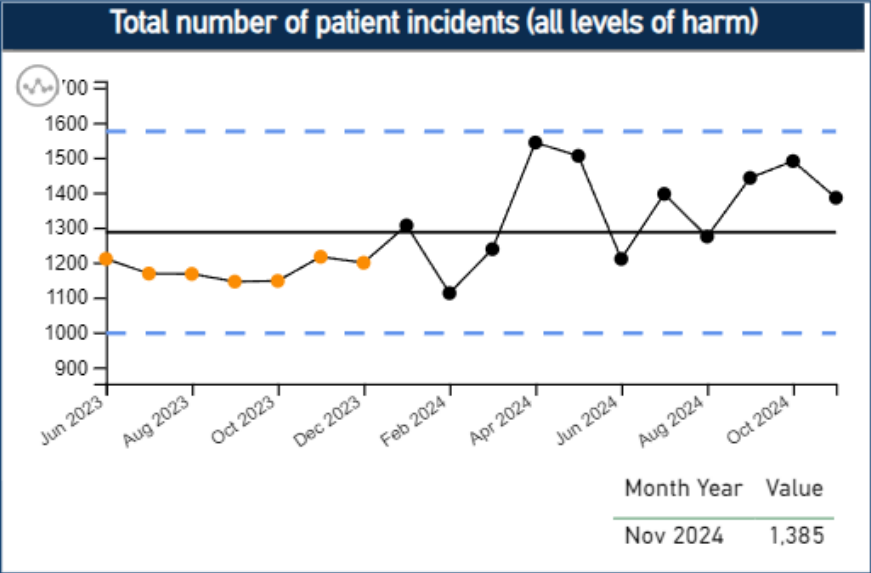
## Summary, highlights, actions

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

There have been 37 suspected/confirmed suicides for open and discharged patients in the last 12 months (Oct-Sept), of which in 20 cases the patient was open to services. There were a higher number of male suspected suicides (25 males/12 females). In Q2 (July-Sept 2024) there were 7 suspected suicides. For the 1 suspected suicide in Nov 2024 the patient was not open to services at the time they died.

We have seen a lower number of deaths this year compared to last year. The Thames Valley Real Time Surveillance System shows that for about 40% of suicides in the population the person was known to OHFT services in the last 12 months.

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 national strategy.

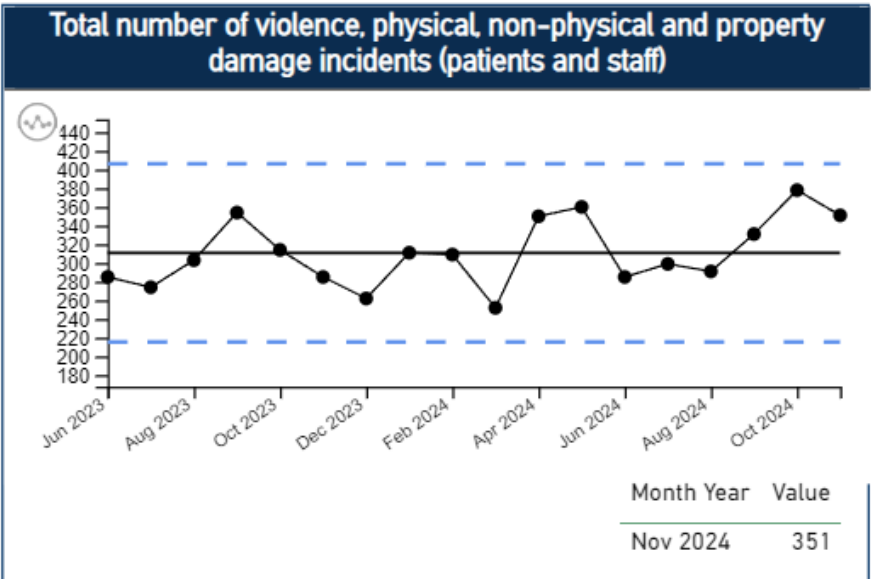


Summary, highlights, actions

The number of incidents is higher this year than the previous year due to the opening of the new Child and Adolescent Psychiatric Intensive Care Unit. There has also been an increase in no harm/near misses and minor harm incidents. The number of moderate/severe harm incidents has remained the same or marginally reduced since April 2024. Around 91% of incidents result in no harm or minor harm, although these are good 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
- Violence patient to staff with no injury
- Verbal abuse patient to staff
- Medicines administration

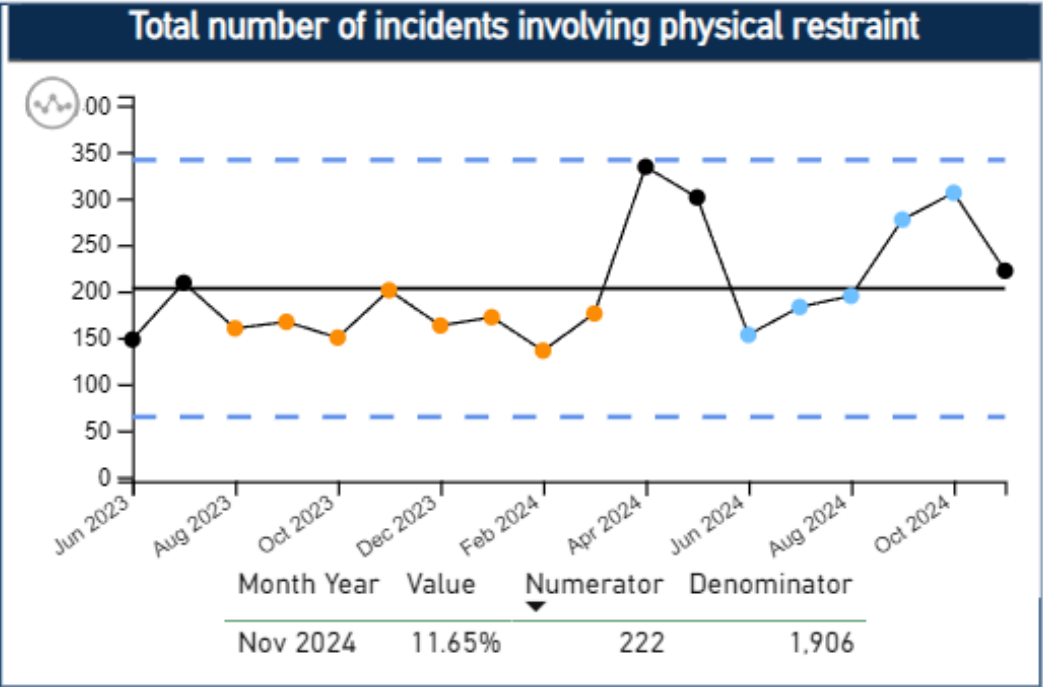


Summary, highlights, actions

There has been no notable change over time in the number of violent incidents reported. The majority relate to incidents by patients towards staff. Most incidents occur on our mental health inpatient wards, particularly the forensic wards and the 2 Psychiatric Intensive care Units (adults and children/ adolescent). The type of violence is prominently verbal abuse and physical violence resulting in no injury. Of the 351 violent incidents in Nov 2024 this involved just 139 patients, with a small number of patients accounting for a high number of the incidents.. About 10% of the violence has a racial element.

There is 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 the reduction in the use of restrictive practice.





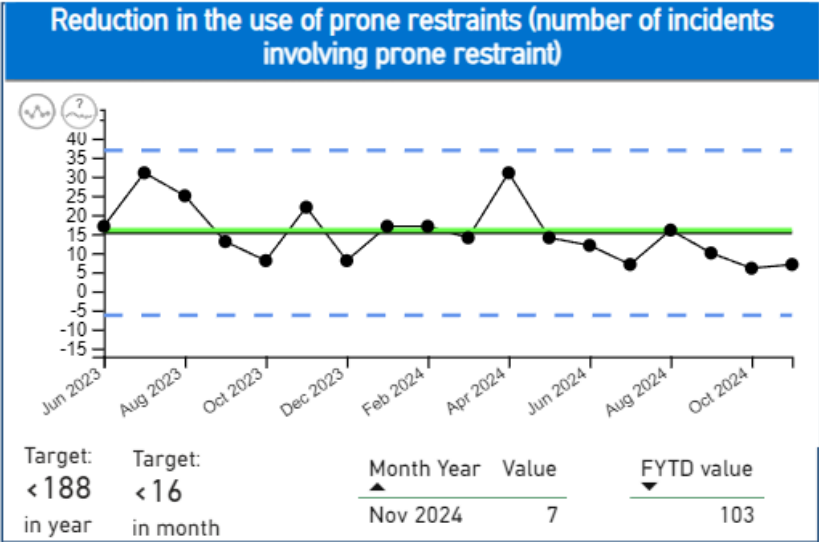
**Summary, highlights, actions**

The increase in restraint seen between June 2024 – October 2024 has reduced during November 2024 from 306 restraints in October 2024 to 222 restraints in November 2024. The number of patients involved has increased from 59 the previous month to 69 patients across 22 wards in November 2024.

The course group for incidents involving restraint is mainly Self harm (n=65), Health (n=57) followed closely by Violence (n=84). There were 17 incidents of restraint for administration of intramuscular injection (IM) medication and 17 for nasogastric (NG) feeding.

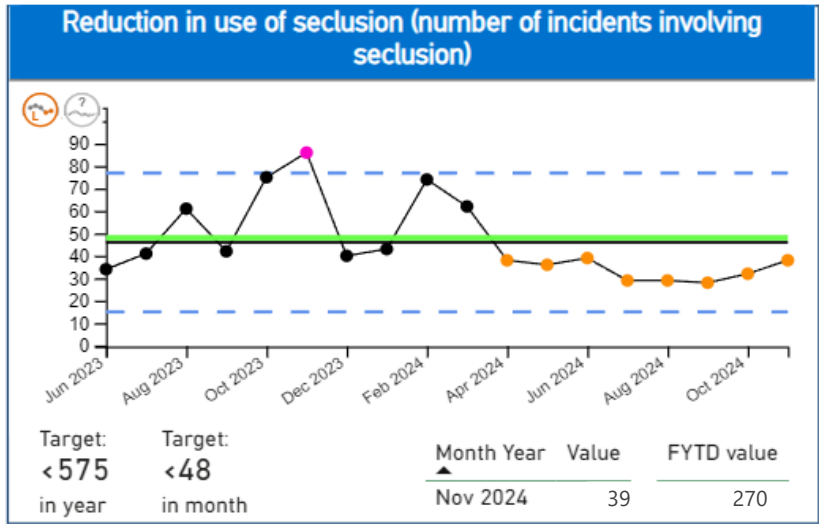
The areas with the highest use in November 2024 continue to be across the Child & Adolescent pathway with some areas increasing and others decreasing. Meadow (Child and Adolescent Mental Health, CAMHS Intensive Care units) has decreased from 92 the previous month to 37 uses in November 2024, CAMHS Marlborough House a significant reduction to 16 from 92 in October, Highfield increased with 49 in November from 27 in October. Sandford ward (older adults) continues to be the next highest area for restraint with 34 incidents of restraint (increase from 25 in October).

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.



**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 November 2024, the most common reasons were administering IM medication (4)

**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 reduction since May has been maintained with 9 episodes of prone restraint in November.  
The 7 episodes of Prone in November involved 6 patients and were spread across 6 wards. 4 episodes were to enable administration of IM medication and 1 for seclusion exit.  
The Positive and Safety Strategy work is focusing on quality improvement projects around the use of prone for IM medication and for seclusion procedures.



**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**  
November 2024 saw the reduction in seclusion being maintained below threshold with 39 episodes of seclusion across 11 wards, involving 22 patients. The highest use of seclusion within the month was on Meadow (CAMHS PICU) with 10 episodes involving 2 patients, Ashurst (male intensive care) with 8 episodes involving 5 patients), and then Sapphire, Highfield and Kestrel all had 4 episodes.  
The increase early in the year was largely due to one patient on Evenlode who required frequent episodes of seclusion. This has reduced in number but with longer periods of seclusion with one extended seclusion episode currently.



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

Summary, highlights

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

In November 2024 there were thirteen (13) early resolution cases, thirty-nine (39) rapid resolution complaints, fourteen (14) low level complaints and two (2) high level complaints. These for mostly for services delivered by Adult Mental Health teams in City and North-East Oxfordshire (5), GP Out of Hours service (4) and Adult Mental Health Ruby ward in Buckinghamshire (4).

During November 2024, the Trust received two-hundred and eighty-eight (288) compliments across services.

Actions :

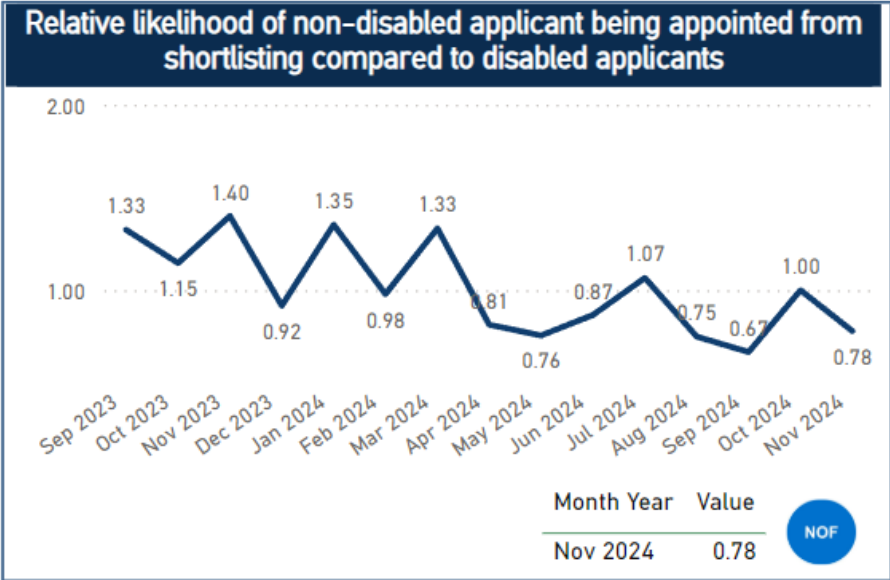
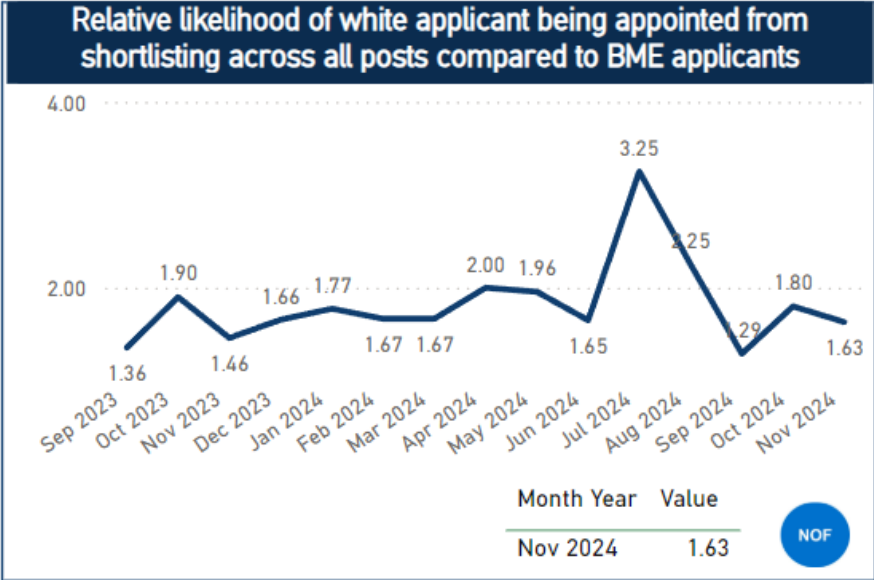
- Early resolution: work with teams to ensure service and team manager are contacting individuals within 72 hours to try to resolve issues at this stage.
- Rapid Resolution: continue to engage with services to work towards completing these cases within the 15 working day deadline and responding to complainants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

# People - Be a great place to work

# People metrics – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
NOF	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	TBC	Nov-24	77.65%	↑	↑
NOF	Reduce staff sickness to 4.5%	4.5%	Nov-24	4.60%	↓	↓
	Personal Development Review (PDR) compliance (note: PDR season is between April – July)	N/A outside of PDR season	Nov-24	95.03%	↓	↑
	Reduction in vacancies	9%	Nov-24	12.35%	↑	↓
	% of early turnover	14%	Nov-24	14%	↓	↑
	Statutory and mandatory training compliance	95%	Nov-24	91.05%	↓	↑
	Clinical supervision completion rate	95%	Nov-24	78.76%	→	↑
	Management supervision rate	95%	Nov-24	74.39%	↓	↓
NOF	Staff leaver rate	n/a	Nov-24	7.22%	↓	↓
NOF	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	n/a	Nov-24	1.63	↓	↓
NOF	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	n/a	Nov-24	0.78	↓	↓
Strategic Metric - People	Reduce agency usage to meet target (% of agency used)	6.50%	Nov-24	6.4%	↑	↓
Strategic Metric - People	Reduction in % labour turnover	14%	Nov-24	11.85%	↓	↓
Strategic Metric - People	% of staff completing Quality Improvement Training Level 1	% reporting in development for FY25. Interim measure - 914 staff completed in November 2024 (876 in October 2024)				
Strategic Metric - People NOF	Black, Asian and Minority Ethnic (Black, Asian and Minority Ethnic) representation across all pay bands including Board level.	19%	Nov-24	24.89%	↑	↑
Strategic Metric - People NOF	Black, Asian and Minority Ethnic (Black, Asian and Minority Ethnic) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	19%	Nov-24	13.09%	↑	↑





Summary

- The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic (Black, Asian and Minority Ethnic) applicants has decreased by -0.17 from 1.80 in October 2024, to 1.63 in November 2024. 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 0.22 from 1.0 in October 2024, to 0.78 in November 2024. The higher the ratio the more likely Non-Disabled applicants are to be appointed than Disabled applicants. A ratio of 1 would indicate equal likelihood for both groups.

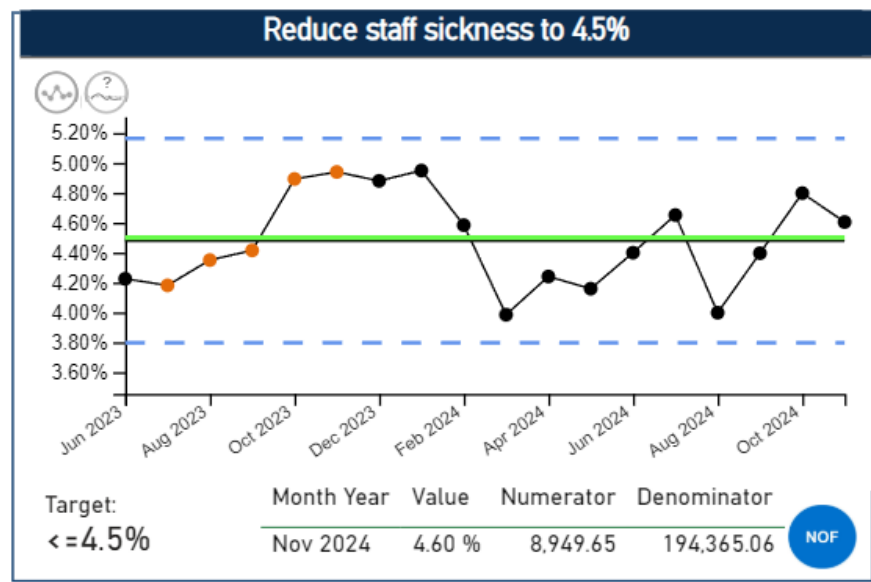
Actions

Race Equality:

- Inclusion Reps: Paper was presented and approved at EDI Steering Group meeting held on 14<sup>th</sup> November 2024. The EDI Team has completed flyer which summarises the key points to attract applications from Black, Asian and Minority Ethnic staff. The training package for staff volunteers is to be developed by L&D. The recruitment will start Q3 and training in Q4. In the meanwhile, resources have been allocated to support interviews from within the EDI Team.

Disability Equality:

- The re-accreditation of the Level 2 Disability Confident submission to the DWP was completed on 13/08/24. The Trust has been re-accredited at Level 2. Work is underway on Level 3 with the aim of submitting end of Q4.



**Summary**

The sickness absence decreased from 4.80% to 4.60%, 0.10% above target.

The proportion of long term versus short term cases remains broadly consistent with the previous month. The most common reasons for absence based on number of cases were Cough/Cold, Gastrointestinal, Not Specified, Anxiety/Stress non-work related and Headache/Migraine.

From 1 November absence data has been reported based on ESR calculations which are slightly different to those in Goodshape as this system is no longer used. All historical data is now reported from ESR

**Actions Sickness Absence**

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

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

The Goodshape system has now been replaced by a new system which is now fully operational and there has been no significant challenges raised so far. There will be a review of the system in April, 6 months after implementation.

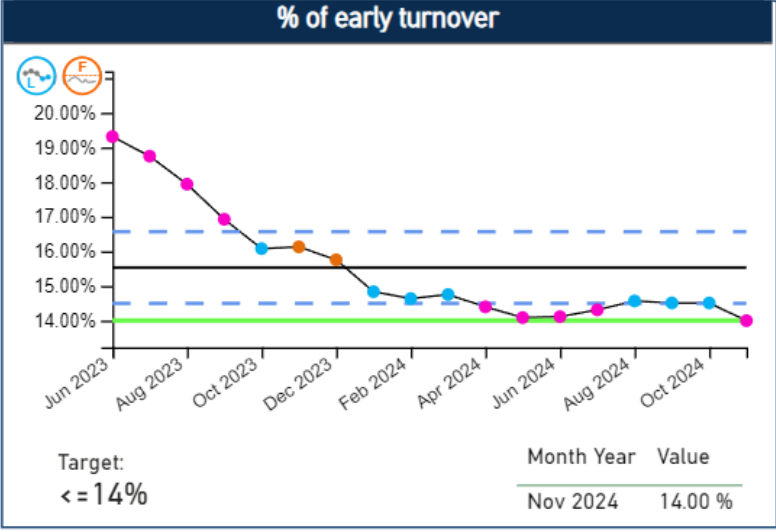
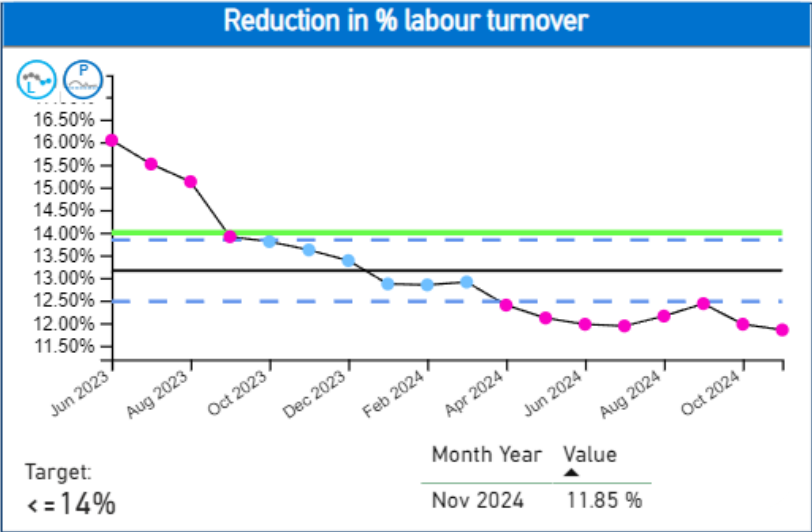
Focus on upskilling managers, including manager briefings and bespoke absence management training continues. Absence management training is being delivered in larger services where there are new line managers. We are also working on virtual e-learning sessions to make accessing training modules and materials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

**Actions Occupational Health/ Well being**

The Occupational Health team undertook 190 management referrals, 8 self-referrals, no ill health retirement applications and 102 reviews during November. Of the 30 management referrals relating to Musculo-skeletal (MSK) causes, 12 were attributed to work-related issues and 5 were referred on for physiotherapy. From a stress perspective (both attributed to work and non-work-related causes) 39 referral appointments were completed (33 for perceived work stress), 8 were referred on for Staff Psychology Service assessment.

Other activities included processing 134 work health assessment questionnaires, 63 of which needed a follow-up appointment, 9 case conferences, 3 workstation specialist advice/assessment and 8 management of blood borne virus incidents. The Staff Psychology Service received 11 new referrals during November and completed 9 initial consultations plus 60 ongoing treatment sessions. Waiting times were 16 working days day on average for initial consultation. 4 Mindfulness sessions were offered.

A new Occupational Health system is being implemented between in January 2025, which has resulted in some disruption and a backlog of appointments. A risk has been added to Trust risk register and mitigations have been put in place.



**Summary**

Staff turnover decreased from 11.97% to 11.85% and remains below the 14% target. Early labour turnover has decreased from 14.51% to 14.00%, within target.

Staff Turnover for Black, Asian and Minority Ethnic staff is 11.96% which is the first time it is the same as White staff turnover.

The early turnover of Black, Asian and Minority Ethnic staff is still higher than early turnover of white staff with a reported 15.3% compared to early turnover of white staff 14.9% but the Trust is are moving in the right direction given the early turnover of Black, Asian and Minority Ethnic colleagues in April 2023 was 20.3%.

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

Actions

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

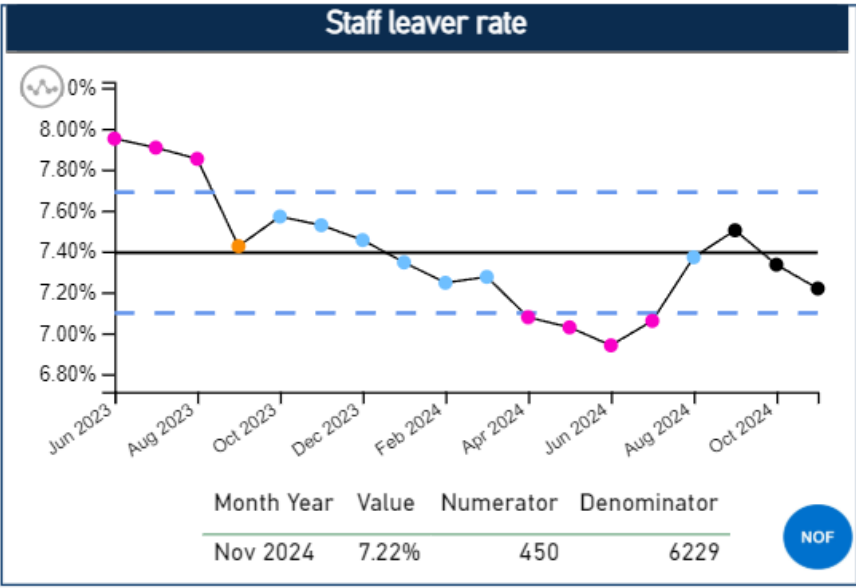
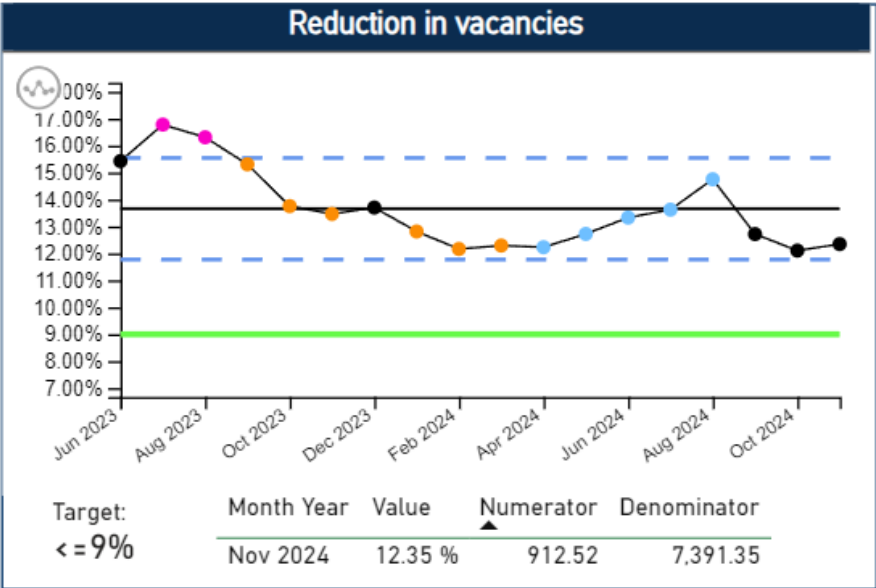
The two priority areas are:

- Black, Asian and Minority Ethnic turnover – particularly band 3 males, clerical workers, health care support workers and staff nurses
- Early Turnover – Local Induction project launched, a new local induction checklist for managers is now being sent out to the manager of all new starters, this will be augmented with a planner and suggestions of activities that should be undertaken with new starters which will be launched in January.

The Retention Team presented at the People Steering Group a proposal for a Targeted Working Group aimed at progressing the Segmented approach by sharing key data and insights. The group will work together to resolve some of the challenges in hot spot areas that lead to high turnover. This was well received by PSG and the aim is to hold the first working group in January 2025.

The PDR Quality review is complete, and we are now in the design phase. One of the key themes that came from the review was that PDR's were meaningful if the manager tailored the PDR to the individual and gave enough time to complete it. The 2024 Staff Survey questions around appraisal will be reviewed when they results become available.

The Retention team ran several focus groups for Black and minority ethnic clerical workers and a questionnaire has been developed to understand more about their experiences of working here. This should highlight some areas of focus to make improvements going forward.



Summary

The vacancy rate has slightly increased from 12.11% to 12.35%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The length of time that it is taking to hire an employee results in candidates withdrawing from recruitment process or securing roles in other organisations.

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

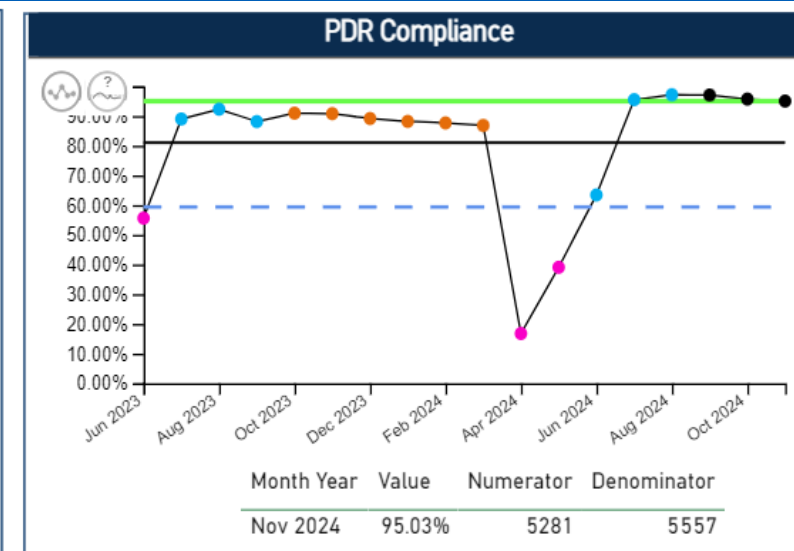
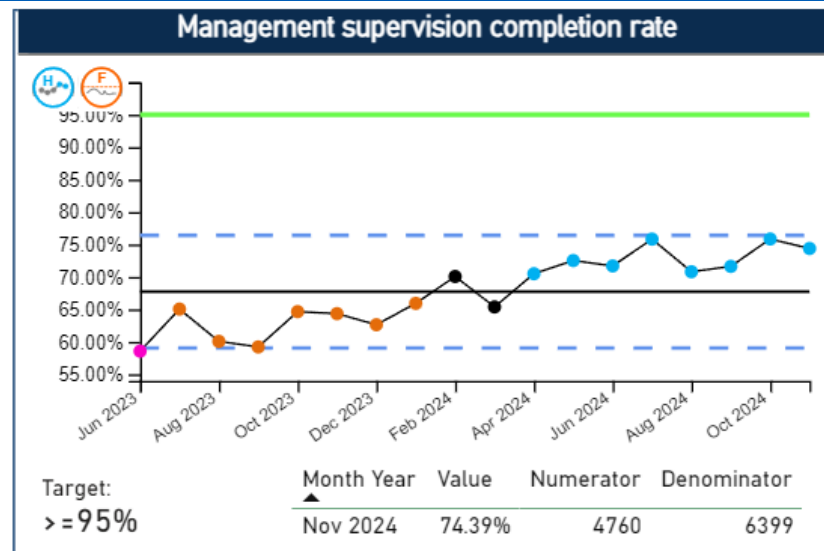
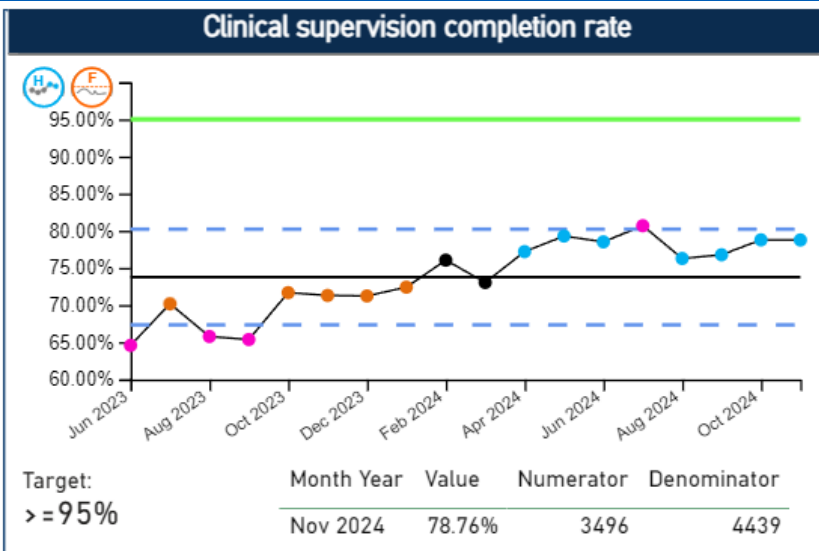
Actions:

A number of projects are underway to streamline our Time to Hire process. An Online ID checking platform, Trust ID, is being introduced which will result in most candidates no longer being required to attend Littlemore for an identity/right to work check. This will be rolled out in one area as a pilot by Q1 2025. Work is continuing to improve the recruitment system enabling candidates to complete and electronically sign and return onboarding documentation. These actions will speed up the time to hire, improve the efficiency of the recruitment team and improve the candidate experience.

To improve the experience of staff and managers, the Recruitment team have now gone live on the HR Service Desk, progressing the HR functions strategy of one point of contact for all HR services for staff and managers. This will provide a better experience to internal customers and ensure queries are dealt in line with SLA's. The Service Desk will also enable the monitoring of responses and requests to drive improvements in the service provided.

A re-organisation of the Resourcing team has now been completed, the proposed new structure will be in place by early 2025 and will move the Trust towards a Talent Acquisition model.

Recruitment events for November and December included Universities such as Brighton and Reading, along with inhouse open days, planning is in progress for the 2nd Forensic HCA Assessment Centre to be held in January 2025 due to the success of the first event. In the longer term HCA recruitment will be centralised 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.



## 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 remained the same as last month at 78.8%. Management supervision rate has decreased from 75.8% to 74.4%.

## Action

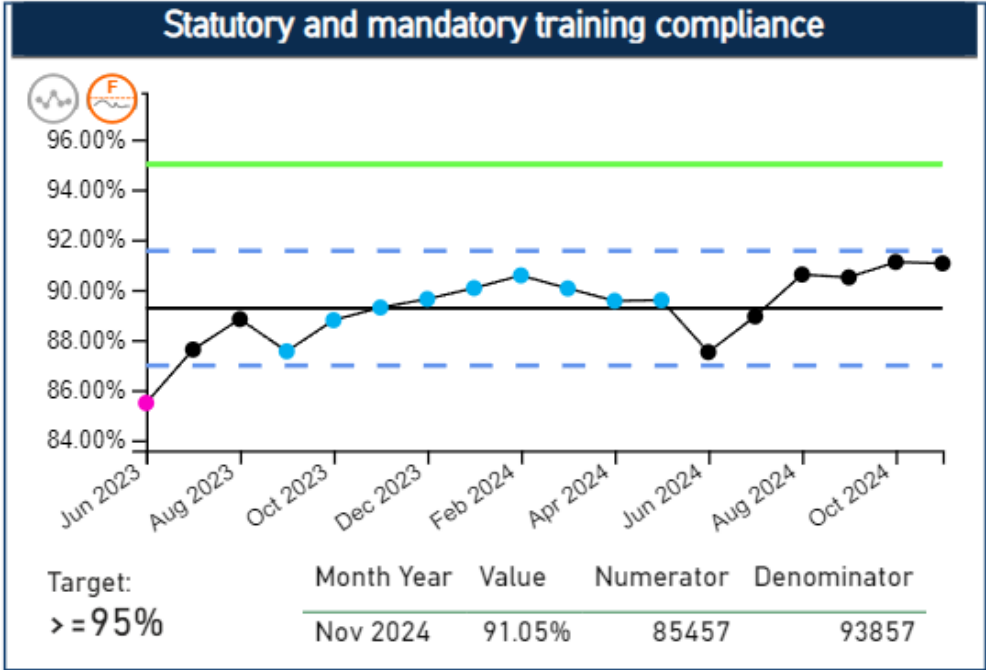
The Education Strategy group is now monitoring supervision compliance – updates from the initial stages of the Quality Improvement (QI) project have been presented and the following actions are being taken forward:

- L&D systems team working with the provider to agree timeframe for changes to be made to reflect new recording of supervision.

Depending on outcome, Deputy Chief nurse and Head of L&D will:

- review of other Trust supervision policy to ensure all changes in line with 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 etc as required.





## Summary

The Statutory and Mandatory rate has slightly decreased from 91.1% to 91.05%. Although monthly variation can be noted, the overall position for Statutory and Mandatory training continues to improve and all the directorates in the Trust are circa 90% and 3 above the 95% completion which demonstrates the continued commitment to supporting staff to complete this. There is currently focused work within the trust to improve the compliance for the Corporate Directorate which is the only outlier in compliance and currently sits at 85.75%.

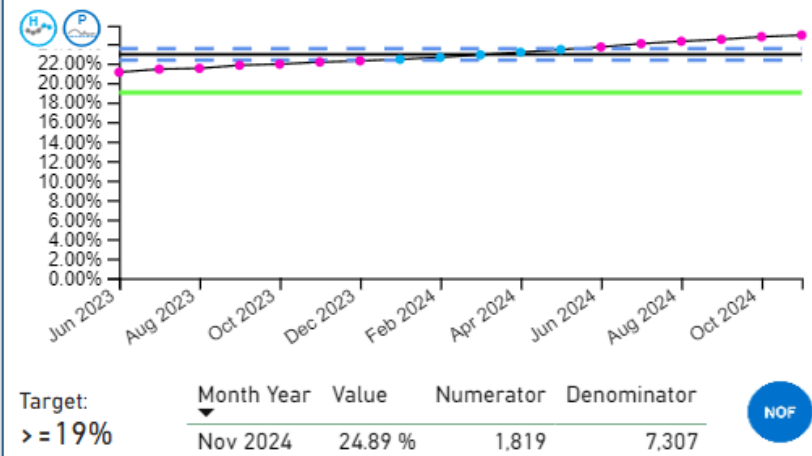
There is focused work on those pieces of training that are below 90% which includes Conflict resolution training, Fire safety training, Infection, Prevention and control training, Resus and the L1 Oliver McGowan training on autism and learning disability as well as work within the trust to improve the compliance for the Corporate Directorate.

## Actions

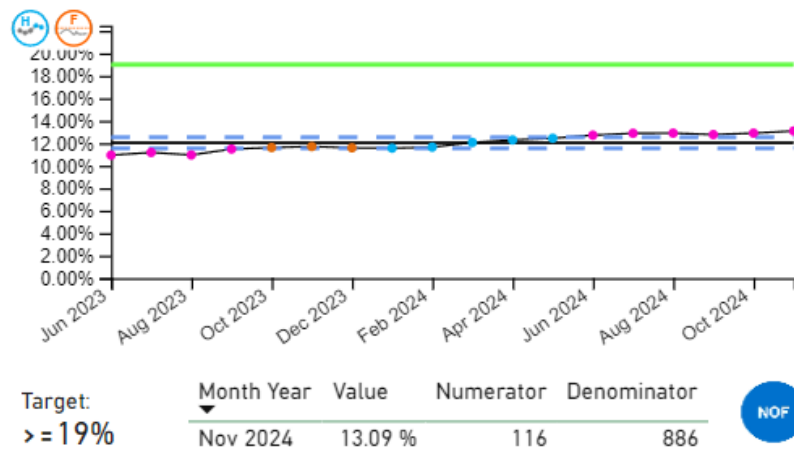
Assurances for training modules below 90%:

- Conflict Resolution – Compliance continues to improve and is currently 91.23%. Will continue to be monitored until end of FY to ensure compliance is sustained. Expected to be at 95% target by end FY.
- Fire safety (now including fire awareness 91.23% and fire response 81.7%) - Review of current training provision completed, and work is underway to create a more accurate audience for fire response training informed by the number of sites across the Trust and how these are managed. This should allow for more accurate scheduling of training.
- Infection Prevention and Control – Compliance continues to improve and is currently 89.67%. Expected to be at 95% target by end FY.
- Resus – Deep dive complete. Scheduling of additional training to address the backlog of outstanding staff complete but attendance remains a concern. Band 8a Senior resus post currently out to advert with interviews scheduled for 16th Jan 2025. Current overall compliance 78.24%.
- Level 1 Oliver McGowan – Compliance continues to improve and is currently 90.41%. Expected to be at 95% target by end FY.

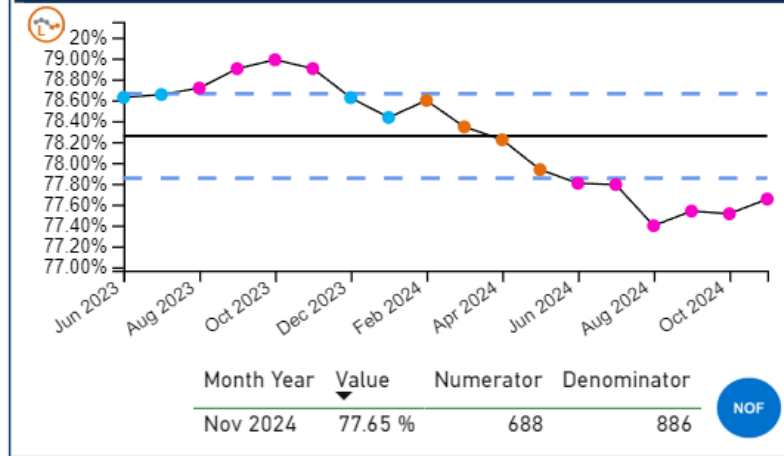
% of BAME (black, Asian and minority ethnic) representation across all pay bands including board level



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



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



## Summary

- There has been an increase of 0.17% in the representation of Black, Asian and Minority Ethnic (Black, Asian and Minority Ethnic) staff across all pay bands in November 2024 reporting period.
- There has been an increase of 0.19% in the representation of Black, Asian and Minority Ethnic (Black, Asian and Minority Ethnic) staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager ) in November 2024 reporting period.
- There has been an increase of 0.14% in the representation of Female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager) in the November 2024 reporting period.

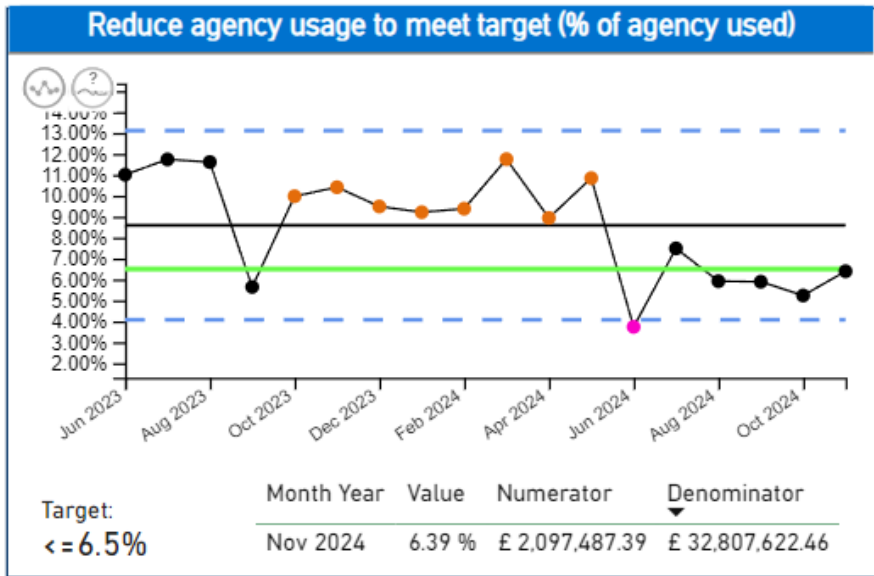
## Actions

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

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

Update:

- Proposal to recruit Inclusion Reps from all the directorates to sit on all interview panels for Band 8a and above is now in the implementation stage with directorates nominating staff.
- Work underway within the Human Resources and Learning & Development functions to define talent and succession planning more clearly to understand what interventions are a priority.
- Investment secured to put in place a Programme Lead, to support work to position the Trust as Anti-Racist – we will learn from others, particularly Berkshire Healthcare NHS FT.



## Summary

Overall, total agency spend in November 24 was 6.4% of total pay bill The Trust is £1.1m better than plan for agency spend YTD.

Agency Spend as a % of Temporary Staffing was 39.4% (£2,097K) and Bank was 60.6% (£3,222k).

## Fill rates :

**NHSP shifts only (excl Medical & Dental):** In November, 69.6% of our temporary staffing shifts (based on hours) were filled by bank workers, just below the 70% target. 27.9% were filled by agency workers and 2.5% were unfilled.

**Medical & Dental (ID Medical, Allocate and Patchwork):** In November, 42.6% of our temporary staffing shifts (based on hours) were filled by bank workers; 49.3% were filled by Agency workers and 8% were unfilled.

## Highlights, updates, actions

### Temporary Staffing for Agenda for Change Staff

**NHS Professionals (NHSP)** Will be fully staffed from January 2025, which will enable them to have a regular presence on all sites from February onwards. Analysis is being undertaken on areas where we continue to see high ad hoc agency use to target recruitment campaigns in those areas and increase Bank only headcount.

It has been agreed that NHSP will provide regular reporting to Estates to assist with the management of compliance of Bank Only workers covering Housekeeping and Portering roles, thereby reducing unavailability.

The Temporary Staffing team are continuing to support teams in migrating agency workers to the bank and substantive roles and bank workers to substantive posts. To date:

- 30 agency workers have migrated to the bank,
- 36 agency workers have moved to substantive posts
- 57 bank members have moved to substantive posts

A further 15 agency and 13 NHSP workers who are in the process of moving to substantive posts.

**Agency AFC:** There are currently 88 agenda for change agency workers who have ongoing temporary worker contracts with us across the Trust. The aim is to reduce this and we have made good progress with a reduction of 126 workers from a high of 214 in December 2023. Separate work is also underway to bring as many into the price cap as possible.

Retrospective shifts continue to be an issue and despite education, support and advice changes are insignificant. 6.7% of shifts filled were added retrospectively in November compared to 10.5% in November 2023. The target is 3%. The temporary staffing team will need to take to Directorate meetings and see what actions can be taken to prevent the continual utilisation.

### Medical Agency use (ID Medical):

It has been identified that where rates have been increased to compensate for a medic moving from Non-Direct Engagement to Direct Engagement the overall cost to the Trust can in some instances be more due to the worker opting into the NHS Pension. Further analysis is being undertaken. We continue to be challenged by locum medics in relation to reducing their rates to come into line with the South-East rate card. Work is ongoing with ID Medical to reduce rates where every possible.

# Section 3

## Strategic dashboard

# Strategic objectives



**Oxford Health**  
NHS Foundation Trust

Strategic objectives guide the priority setting and decision-making. Each objective has a set goal and overarching ambitions, which are then linked to specific measures and targets. Full Strategic Dashboard was first reported to the Trust Board in November 2024 and is expected to be next reported in May 2025; in-year strategic metrics, where possible, are reported monthly.

Quality	People	Sustainability	Research
Deliver the best possible care and health outcomes	Be a great place to work	Make the best use of our resources and protect the environment	Be a leader in healthcare research and education
<p>To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes.</p> <p>To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.</p>	<p>To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount. To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment</p>	<p>To make the best use of our resources and data to maximise efficiency and financial stability and inform decision-making, focusing these on the health needs of the populations we serve, and reduce our environmental impact</p>	<p>To be a recognised leader in healthcare research and education by developing a strong research culture across all services and increase opportunities for staff to become involved in research, skills and professional qualifications</p>
<ul style="list-style-type: none"><li>• Care is planned and delivered around the needs of patients</li><li>• Patients are receiving effective care</li><li>• We provide timely access to care and when waits occur, we will effectively monitor patients and minimise harm</li><li>• We are addressing health inequalities</li><li>• We consistently provide safe care, which a reduction in avoidable in-services harm</li><li>• We have a safe and learning culture</li></ul>	<ul style="list-style-type: none"><li>• We have a sustainable workforce</li><li>• We have an engaged, well led workforce</li><li>• We have a skilled, learning workforce</li><li>• We foster a just work environment</li></ul>	<ul style="list-style-type: none"><li>• We are spending and investing as efficiently as possible and sustaining our financial position over the medium term</li><li>• We are on track for Net Zero Carbon emissions by 2045 as defined within the NHS Carbon Footprint plus</li><li>• Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management</li><li>• We will have moved toward a modern, efficient estate that enables access and wellbeing for staff and patients</li></ul>	<ul style="list-style-type: none"><li>• We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation</li><li>• We will build our capacity to translate our research into services</li></ul>



# Appendices

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

Metric	Latest Target	Aug-24				Sep-24				Oct-24			
		BOB ICB	Oxon	Bucks	Berks W	BOB ICB	Oxon	Bucks	Berks W	BOB ICB	Oxon	Bucks	Berks W
72hr Follow-up	80%	81%	85%	75%	83%	78%	80%	90%	61%	80%	84%	76%	78%
CMH 2+ contacts (transformed)	10426	10390	5935	325	4150	10810	6280	340	4215				
CMH 2+ contacts	null	14410	5955	4340	4115	15050	6315	4505	4235	16,155	7105	4740	4320
CYP 1+ contacts	26531	22600	7390	6765	8445	22900	7520	6905	8500	23352	7695	7030	8620
CYP Paired scores (%)	null	6%	*	*	*	9%	*	*	*	15%	*	*	*
CYP Self-rated measurable improvement (%)	null	39%	*	*	*	49%	*	*	*	43%	*	*	*
CYP ED Routine	95%	84%	48%	77%	97%	82%	43%	83%	94%	84%	77%	86%	89%
CYP ED Urgent	95%	62%	*	63%	88%	76%	*	83%	83%	95%	100%	83%	100%
Dementia: 65+ Estimated Diagnosis Rate	66.70%	62.5%	63.0%	59.3%	65.9%	62.5%	63.1%	59.2%	65.8%	62.6%	63.3%	59.1%	65.9%
EIP 2 week waits	60%	67%	50%	76%	90%	76%	77%	71%	88%	80%	77%	78%	100%
Inpatient No Contact BME	null	24%	36%	31%	19%	20%	17%	*	25%	20%	*	36%	27%
Inpatient No Contact White British	null	11%	11%	21%	*	9%	11%	12%	*	13%	17%	10%	8%
Inpatient No Contact	null	15%	18%	22%	*	13%	11%	14%	10%	16%	16%	16%	15%
IPS	548	590	200	175	225	660	220	195	255	760	260	215	285
MH LoS - Adult Acute 60 days	8	6	8	2	8	6	8	2	9	6	8	3	7
MH LoS - Older Adults 90 days	8	7	9	6	6	7	7	6	10	8	9	5	11
OAPs active at the end of the period (inappropriate only)	5	*	*	*	*	*	*	*	*	5	*	*	*
Perinatal access (rolling 12 month)	1968	1185	310	280	595	1285	350	330	605	1495	470	415	610
SMI PH (quarterly metric)	60%					44%	31%	51%	58%				
Talking Therapies Completing a course of treatment	1422	1815	690	640	480	1820	735	585	500	1970	690	705	575
Talking Therapies Completing a course of treatment 65+(quarterly metric)	null					500	170	205	125				
Talking Therapies Completing a course of treatment (YTD)	8674	9605	3565	3300	2740	11425	4300	3885	3240	13375	4970	4590	3815
Talking Therapies Recovery	null	52%	49%	54%	52%	50%	50%	51%	50%	50%	46%	53%	52%
Talking Therapies Reliable Improvement	67%	66%	66%	66%	64%	66%	68%	63%	68%	67%	66%	65%	69%
Talking Therapies Reliable Recovery	48%	48%	46%	51%	48%	47%	47%	48%	46%	48%	44%	51%	49%
Talking Therapies Reliable Recovery BME (quarterly metric)	48%					46%	44%	48%	46%				
Talking Therapies Reliable Recovery White British (quarterly metric)	48%					49%	47%	52%	48%				
Talking Therapies 1st - 2nd Treatment >90 days	10%	8%	6%	2%	19%	9%	6%	2%	20%	9%	7%	4%	18%
Talking Therapies 6 week waits	75%	95%	100%	97%	86%	96%	100%	96%	90%	97%	100%	98%	93%
Talking Therapies 18 week waits	95%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	99%
Mental Health A&E 12hr breaches - Adult (%)	null	13%	12%	18%	10%	16%	13%	16%	18%	17%	15%	21%	17%
Mental Health A&E 12hr breaches - CYP (%)	null	*	*	*	*	4%	*	*	*	7%	*	*	11%
Referrals to LPS from A&E (contacts within 1hr)	null	76%	71%	75%	84%	79%	76%	84%	78%	84%	82%	88%	81%
Urgent referrals to CCS (contacts within 24hrs)	null	58%	42%	51%	83%	64%	52%	64%	69%	62%	69%	55%	74%
Very Urgent referrals to CCS (contacts within 4hrs)	null	40%	*	*	50%	51%	22%	73%	92%	58%	*	*	95%

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

Caring, safe and excellent

# Glossary of metrics (in continuous development)

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

# Glossary of metrics (in continuous development)

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

For Information

# Finance Report

## November 2024 (Month 8), FY25

### Report to Board of Directors

#### Contents

##### Executive Summary

1. Income Statement
2. Forecast Movement from Previous Month
3. Forecast Risks & Opportunities
4. Capital Investment Programme
5. PFI Exit Settlement Risk
6. Directorate Financial Performance Summary
7. Provider Collaboratives Financial Performance Summary
8. Agency Analysis
9. Cost Improvement Plan
10. Statement of Position
11. Cash-flow
12. Working Capital Indicators

##### Annexes (private report only)

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

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

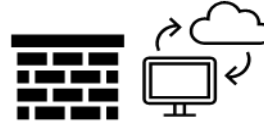


## Executive Summary



### Income & Expenditure position

- YTD £0.5m surplus – £1.7m favourable to plan
- Forecast £0.1m deficit – on plan



### Capital Expenditure

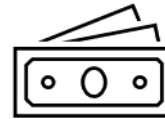
- £4.7m underspend YTD
- £1.1m forecast overspend



Risks £8.5m

Opportunities £11.9m

Net £3.4m upside



### Cash

- Actual £98.8m

### Key messages:

1. The Revenue forecast remains on plan but includes £2.3m held for unknown risks. Taking into account the balance of opportunities, we have committed to improve our M9 forecast by £2.7m, breaking even without utilising deficit funding.
2. The revaluation of the properties using the Modern Equivalent Asset methodology is one of the opportunities likely to improve the revenue position. This opportunity has been estimated at £1.0m but is unknown until this work is completed.
3. Capital is forecasting an overspend of £1.1m, before any PFI exit payment. We are offering to exchange revenue to cover this capital overspend.

## 1. Income Statement

	INCOME STATEMENT											
	Month 8				Year-to-date							
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Forecast Variance £m	Forecast Variance %
Clinical Income	45.0	47.0	2.0	4.4%	358.1	356.9	-1.2	-0.3%	537.3	533.6	-3.8	-1%
Other Operating Income	13.5	12.8	-0.7	-5.0%	84.2	93.5	9.3	11.1%	129.7	140.4	10.6	8%
<b>Operating Income, Total</b>	<b>58.5</b>	<b>59.8</b>	<b>1.3</b>	<b>2.3%</b>	<b>442.3</b>	<b>450.4</b>	<b>8.1</b>	<b>1.8%</b>	<b>667.1</b>	<b>673.9</b>	<b>6.9</b>	<b>1%</b>
Employee Benefit Expenses (Pay)	35.4	32.8	2.6	7.3%	270.9	260.5	10.4	3.8%	407.1	397.3	9.8	2%
Other Operating Expenses	21.9	25.2	-3.2	-14.7%	160.7	180.2	-19.5	-12.1%	243.4	260.8	-17.4	-7%
<b>Operating Expenses, Total</b>	<b>57.3</b>	<b>58.0</b>	<b>-0.7</b>	<b>-1.1%</b>	<b>431.6</b>	<b>440.6</b>	<b>-9.1</b>	<b>2.1%</b>	<b>650.5</b>	<b>658.2</b>	<b>-7.7</b>	<b>-1%</b>
<b>EBITDA</b>	<b>1.2</b>	<b>1.9</b>	<b>0.7</b>	<b>56.3%</b>	<b>10.7</b>	<b>9.8</b>	<b>-0.9</b>	<b>8.6%</b>	<b>16.6</b>	<b>15.8</b>	<b>-0.8</b>	
Financing costs	1.2	1.2	0.1	6.1%	11.6	9.0	2.7	29.8%	16.6	13.5	3.1	19%
<b>Surplus/ (Deficit)</b>	<b>-0.1</b>	<b>0.7</b>	<b>0.7</b>	<b>-1267.6%</b>	<b>-0.9</b>	<b>0.8</b>	<b>1.7</b>	<b>184.5%</b>	<b>0.0</b>	<b>2.3</b>	<b>2.3</b>	
Adjustments	0.0	0.0	0.0	0.0%	-0.3	-0.3	0.0	0.0%	-0.1	-0.1	0.0	0.0
<b>Adjusted Forecast Surplus/ (Deficit)</b>	<b>-0.1</b>	<b>0.6</b>	<b>0.7</b>	<b>-716.1%</b>	<b>-1.2</b>	<b>0.5</b>	<b>1.7</b>	<b>143.5%</b>	<b>-0.1</b>	<b>2.2</b>	<b>2.3</b>	
Amount held for unknown risks										2.3	2.3	
<b>Forecast Surplus/ (Deficit)</b>									<b>-0.1</b>	<b>-0.1</b>	<b>0.0</b>	

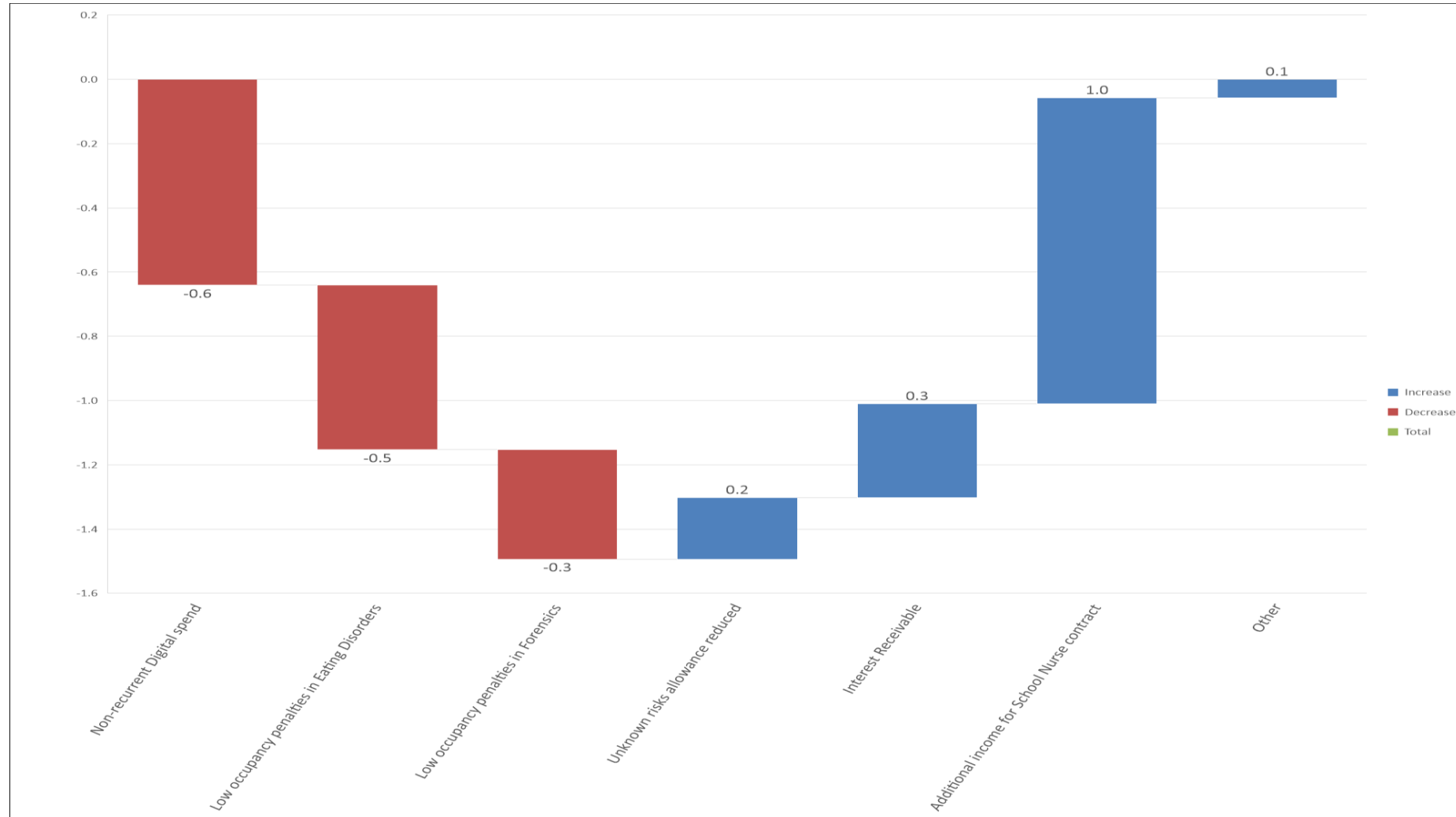
The YTD position at month 8 is a surplus of **£0.5m** which is **£1.7m** better than plan. EBITDA is **£0.9m** adverse to plan, offset with a favourable variance of **£2.7m** on Financing cost, due to higher than planned interest receivable (**£0.5m**), lower than planned PFI interest costs following the changed accounting treatment. These are offset with an adverse variance due to an expected profit on disposal in the plan but the sale of the asset has not yet happened.

The YTD favourable variance on income (**£8.1m**) is driven by **£6.3m** higher than planned sales in Oxford Pharmacy Store, **£1.2m** higher than planned Education & Training income, **£0.5m** higher than planned Research & Development income, **£0.1m** favourable variance on Provider Collaboratives where income has been matched to spend and a **£0.1m** net favourable variance across other areas.

The YTD adverse variance on expenditure (**£9.1m**) is due to higher cost of sales in Oxford Pharmacy Store (**£6.2m**), overspends on mental health out of area placements (**£2.4m**), **£0.1m** adverse variance in Research & Development (offset with higher than planned income) and a net **£0.1m** adverse variance across other areas.

The forecast is a **£0.1m** deficit which is on plan. This agrees to the submission made to NHSE and includes **£2.3m** on top of the base forecast held for unknown risks.

## 2. Forecast movement from previous month



### 3. Forecast Risks & Opportunities

Risks	£'000	Likelihood
Unavoidable non-recurrent spend	300	High
Non-payment of invoices	144	High
Audit/Balance Sheet year-end risks	3,000	Medium
Depreciation funding	1,063	Medium
Increase in agency	1,000	Medium
Mental Health OAPs	750	Medium
Unavoidable non-recurrent spend	700	Medium
Learning Disabilities OAPs	400	Medium
Education & Training income	100	Medium
Energy increase due to cold winter	100	Medium
School Nurse Contract income	953	Low
	<b>8,510</b>	

Forecast range - all risks and opportunities			
	£'000	Full Year	Forecast Outturn
Upside Forecast	83	13,181	13,098
Downside Forecast	83	-8,427	-8,510

Forecast range - high likelihood risks and opportunities			
	Full Year	Full Year	Forecast Outturn
£'000	Budget	Actual	to Plan
Upside Forecast	83	1,272	1,189
Downside Forecast	83	-361	-444

Opportunities	£'000	Likelihood
Modern Equivalent Asset Valuation	1,000	High
Transfer to Capital	189	High
SDF income	3,099	Medium
Audit/Balance Sheet year-end opportunities	3,000	Medium
VAT on IT licenses	1,000	Medium
Provider Collaborative underperformance gain share	750	Medium
Improved run-rate	500	Medium
Release of bad debt provision	300	Medium
Digital Income not in forecast	300	Medium
Income in Oxford Institute of Clinical Psychology Training	200	Medium
L&D income	180	Medium
Discharge of Learning Disabilities OAPs	100	Medium
Extension of Forensic EPCs	55	Medium
Release ED NHSE loan	850	Low
Discharge of Learning Disabilities OAPs	341	Low
R&D improvement	65	Low
	<b>11,929</b>	

The Trust's Forecast Outturn is for a **£0.1m** deficit, which is on plan. The includes **£2.3m** set aside for risks in the remainder of the year.

There are **£8.5m** of risks and **£11.9m** of opportunities to the forecast. This gives a forecast range of between **£11.9m** better than plan and **£8.5m** worse than plan. Taking into account the risks and opportunities with high likelihood only the forecast range is between **£1.2m** better than plan and **£0.4m** worse than plan.

**£3.0m** has been included as a risk and opportunity for any requirement to adjust balance sheet values with an effect on the revenue position.

## 4. Capital Investment Programme

Project Name	(B) Latest Budget £,000	(D) Actual Expenditure £,000	(E) System Comm'ts £,000	(F=D+E) Actual Plus Comm'ts £,000	(B-F) Variance £,000	(G) Estimated Forecast £,000	(B-G) Variance £,000
Estates - Transformational Projects	8,967	1,221	4,126	5,347	3,620	6,756	2,210
Estates - Operational	1,983	732	1,007	1,739	244	2,033	(50)
Grand Total - Estates	10,950	1,953	5,133	7,086	3,864	8,789	2,160
Oxford Pharmacy	117	(3)	-	(3)	121	114	3
Grant Total Oxford Pharmacy	117	(3)	-	(3)	121	114	3
IT Capital	277	-	365	365	(88)	315	(38)
IM&T Clinical Systems	2,242	1,335	78	1,412	830	2,030	212
Grand Total - IM&T	2,519	1,335	443	1,778	741	2,346	173
PFI	-	-	-	-	-	-	-
<b>Grand Total</b>	<b>13,586</b>	<b>3,285</b>	<b>5,576</b>	<b>8,860</b>	<b>4,726</b>	<b>11,248</b>	<b>2,337</b>

The Trust spent **£3,285k** (£1,975k M1-7) on its core capital programme to the end of November.

**£1,535k** of leased assets were capitalised as 'Right of Use Assets' in the first 8 months of FY25.

The capital plan is forecasting a **£2.3m** underspend against budget but a **£1.1m** overspend against all available funding.

Funding Sources	Original Funding	Changes	Latest Funding	Comments
<b>ICS Allocation</b>	9,459		9,459	ICS Envelope
Contribution towards CMHF Hub Wantage from Landlord		-	-	£17k received from Landlord. Removed from funding and reflected in the Wantage HUB project as income.
<b>PDC Allocation - Estates:</b>				
<b>PDC Allocation - IM&amp;T:</b>				
-Frontline Digitalisation		469	469	
-Network Upgrade (NHSE)		50	50	24/7/24 email from A. Corfield agreeing £70k from NHSE. 19/8/24 email from H Woodley - funding reduced to £50k.
<b>Other Funding:</b>				
PICU VAT Recovery estimate		-	-	10/10/24 Credit Note £1,012k received from Kier. Removed from funding and reflected in the PICU project as income.
Sale of Shrublands		200	200	9/10/24 Exchanged on sale. Completion date set for 7/3/25.
<b>Total Funding Available</b>	<b>9,459</b>	<b>719</b>	<b>10,178</b>	
Funding £10,178k less Budget £13,586k			(3,408)	
Funding £10,178k less Est. Outturn £11,248k			(1,070)	

The Estates team review of this year's capital programme and priorities has already reduced the net forecast outturn by **£2.7m** from M3.

The potential PFI exit payment also presents a risk to the capital forecast.



## 5. PFI Exit Settlement Risk

A PFI agreement terminated on 6th September 2024, the 25th anniversary of the PFI (PFI is a 125yr lease and 25yr Facilities Management contract).

PFI is off the national balance sheet therefore a capital charge will be incurred on settlement, against system capital envelope, up to the net book value of the asset.

If the settlement value is in excess of the net book value, any element above will score to the Trusts revenue position.

Valuation work has been completed and shared by both parties and the 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.

It is unlikely that the arbitration process will be concluded in this financial year. However, any exit payment could be considered a post balance sheet event that should be reflected in the accounts if material and if the process concludes before accounts are laid.

## 6. Directorate Financial Performance Summary

Directorate	Month 8				Year-to-date				Forecast			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Forecast £m	Variance £m	Variance %
Oxfordshire & BSW Mental Health	12.5	12.8	-0.2	0.0%	97.7	95.6	2.0	0.0%	147.5	147.1	0.4	0%
Buckinghamshire Mental Health	6.2	6.2	-0.1	-1.0%	47.1	44.4	2.8	5.8%	71.0	68.8	2.2	3%
Forensic Mental Health	2.8	2.8	0.0	-1.0%	22.4	22.6	-0.2	-1.0%	33.5	34.1	-0.6	-2%
Learning Disabilities	0.5	0.6	-0.1	-14.0%	4.1	4.7	-0.6	-15.7%	6.1	7.0	-1.0	-16%
Provider Collaboratives	-2.3	-2.3	0.0	0.0%	-6.6	-6.6	0.0	0.0%	-9.9	-9.9	0.0	0%
<b>MH Directorates Total</b>	<b>19.8</b>	<b>20.2</b>	<b>-0.4</b>	<b>-2.0%</b>	<b>164.6</b>	<b>160.7</b>	<b>3.9</b>	<b>2.4%</b>	<b>248.1</b>	<b>247.1</b>	<b>1.0</b>	<b>0%</b>
Primary Community & Dental	8.3	8.1	0.2	2.6%	67.9	66.9	1.0	1.4%	102.3	101.8	0.4	0%
Corporate	6.3	7.2	-1.0	-15.2%	48.2	48.9	-0.7	-1.5%	75.3	78.5	-3.3	-4%
Oxford Pharmacy Store	-0.1	-0.1	0.0	0.0%	-0.5	-0.7	0.2	-33.8%	-1.0	-1.2	0.2	-15%
Research & Development	0.1	0.0	0.0	38.8%	0.5	0.1	0.4	76.6%	0.7	0.5	0.2	31%
Covid-19 Costs	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
Reserves	-0.1	-1.5	1.4	-2117.0%	3.5	8.1	-4.6	-134.1%	0.2	-1.0	1.1	685%
Block Income	-35.4	-35.8	0.4	-1.0%	-294.8	-293.8	-1.0	0.3%	-442.1	-441.6	-0.5	0%
<b>EBITDA</b>	<b>-1.2</b>	<b>-1.9</b>	<b>0.7</b>		<b>-10.7</b>	<b>-9.8</b>	<b>-1.0</b>		<b>-16.6</b>	<b>-15.8</b>	<b>-0.8</b>	
Financing Costs	1.2	1.1	0.1	9.3%	11.6	9.0	2.7	22.9%	16.6	13.5	3.1	19%
Adjustments	0.0	0.0	0.0		0.3	0.3	0.0		0.1	0.1	0.0	
<b>Adjusted (Surplus)/Deficit</b>	<b>0.1</b>	<b>-0.7</b>	<b>0.8</b>		<b>1.2</b>	<b>-0.5</b>	<b>1.7</b>		<b>0.1</b>	<b>-2.2</b>	<b>2.3</b>	
Amounts held for unknown risks										-2.3	2.3	
<b>Forecast (Surplus)/Deficit</b>									<b>0.1</b>	<b>0.1</b>	<b>0.0</b>	

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

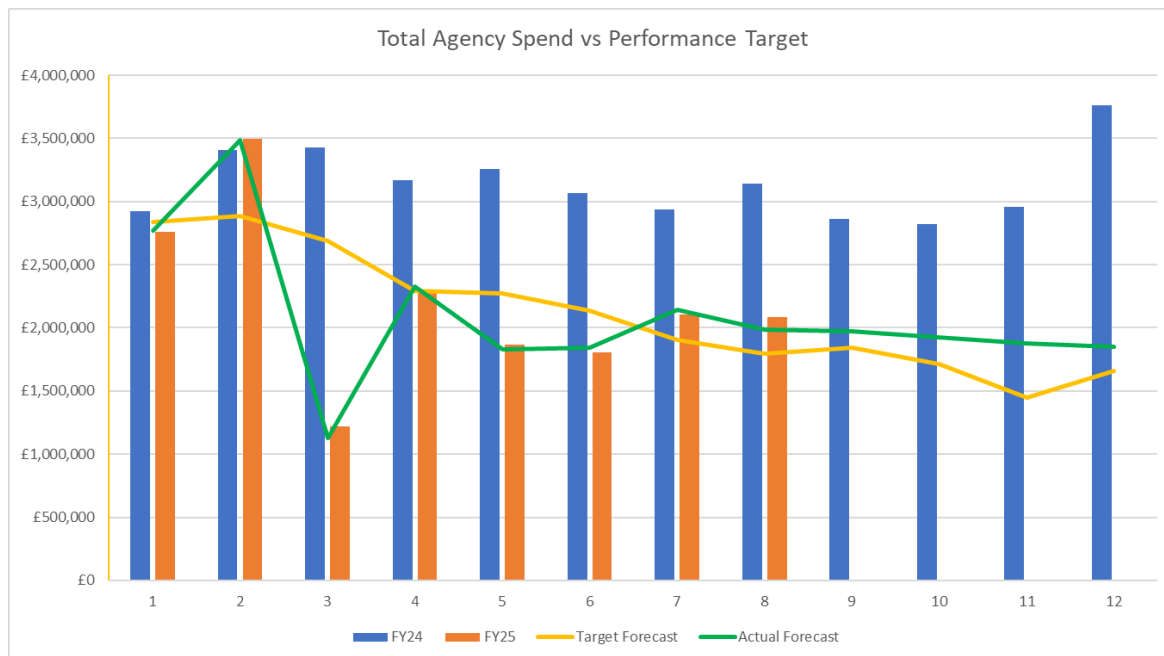
## 7. Provider Collaboratives Financial Performance Summary

	Month 8			Year-to-date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
Secure	8.2	8.1	0.0	65.3	64.6	0.7	98.0	96.8	1.1
CAMHS	2.5	2.4	0.1	19.9	18.2	1.6	29.8	27.1	2.7
Adult AED	0.8	0.5	0.0	6.4	6.2	0.1	9.5	9.7	(0.2)
<b>Provider Collaboratives Total</b>	<b>11.4</b>	<b>11.1</b>	<b>0.1</b>	<b>91.5</b>	<b>89.0</b>	<b>2.5</b>	<b>137.3</b>	<b>133.7</b>	<b>3.6</b>

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 **£2.5m** favourable to plan YTD and forecast to be **£3.6m** favourable to plan. It is reported as breakeven in the Trust overall position in line with the principles of the PC to reinvest savings into services.

## 8. Agency Analysis



	FY24 Apr - Nov	FY25 Apr - Nov	Change from FY24
Medical	£9,890,807	£8,341,695	-£1,549,112
Nursing	£12,961,764	£7,822,741	-£5,139,023
AHP/HSS	£1,743,304	£931,545	-£811,759
Admin & Clerical	£506,768	£383,666	-£123,102
Estates	£52,857	£18,464	-£34,393
<b>Total</b>	<b>£25,155,500</b>	<b>£17,498,112</b>	<b>-£7,657,388</b>
FY24 VC's & FY25 Retros	£41,333	£131,979	£90,646
Prior year/Finance adjustments	-£41,333	£0	£41,333
<b>Total Reported</b>	<b>£25,155,500</b>	<b>£17,630,091</b>	<b>-£7,525,409</b>

YTD Target Forecast vs Actual Spend M8			
Staffing Type	FY25 Target Apr - Nov	FY25 Actual Apr - Nov	FY25 Variance Apr - Nov
Agenda for Change	£11,085,583	£9,288,397	£1,797,187
Medical	£7,724,817	£8,341,695	-£616,877
<b>Total</b>	<b>£18,810,401</b>	<b>£17,630,091</b>	<b>£1,180,310</b>

In Month 8 temporary staffing was **16%** of the Trust total pay bill with Agency at **6%** and Bank at **10%**.

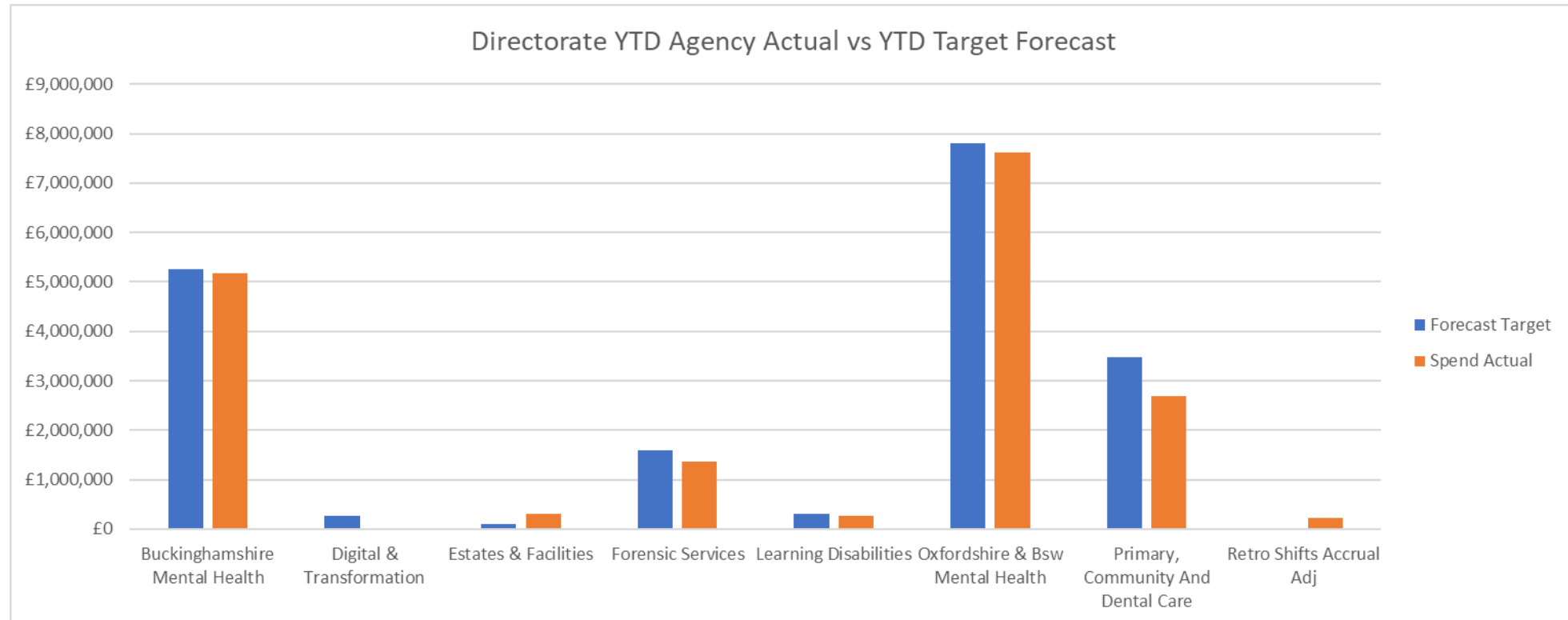
Included in the month 2 figures is **£1m** of agency cost related to FY24 which was reversed in month 3 as the FY24 accounts have been amended to reflect this.

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

Year to date agency spend, is **£1.2m** better than plan and **£7.5m** better than the same period in FY24.

The total Trust forecast spend is **£24.1m** which is **£0.3m** better than the target.

## Agency Analysis Continued



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

An additional **£0.1m** was accrued in month 8 to account for any retrospective shift bookings related to this period.

All Directorates with the exception of Estates and Facilities have delivered spend levels within the target forecast year to date at month 8.

Directorate targets were revised in month 4 to reflect all submitted plans for Agency WTE reductions in FY25.

## 9. Cost Improvement Programme (CIP)

The Trust's external CIP target as reported to NHSE is **£40.2m** made up of a **£6.2m** efficiency from FY25 contract requirements (CIP) and **£34m** cost management. The Trust is reporting a full delivery of the **£40.2m** to NHS England on the assumption that any shortfall in these programmes has been mitigated by other non-recurrent benefits in the Trust's position.

Table of Planned Efficiencies							
Recurrent or Non Recurrent	Efficiency Programme Area	YTD Plan M8 £000	YTD Actual M8 £000	YTD Variance M8 £000	Full Year Plan £000	Full Year Forecast £000	Full Year Forecast Variance £000
Non-Recurrent	Non-Pay - Digital transformation	1,050	594	-456	1,575	891	-684
	Non-Pay - Estates and Premises transformation	0	1,232	1,232	0	1,848	1,848
	Non Pay - Other	24	24	0	36	36	0
	Pay - Agency - reduce the reliance on agency	3,359	3,359	0	5,068	5,068	0
	Non-Pay - Service re-design	6,944	6,904	-40	10,416	10,356	-60
	Pay - Establishment reviews	10,056	9,416	-640	15,084	14,124	-960
Total Non-Recurrent		21,433	21,529	96	32,179	32,323	144
Recurrent	Income - Non-Patient Care	472	472	0	708	708	0
	Non-Pay - Corporate services transformation	56	56	0	84	84	0
	Non-Pay - Digital transformation	190	646	456	285	969	684
	Non-Pay - Estates and Premises transformation	1,568	336	-1,232	2,352	504	-1,848
	Non-Pay - Fleet optimisation	8	8	0	12	12	0
	Non-Pay - Service re-design	112	152	40	168	228	60
	Pay - Establishment reviews	728	1,368	640	1,092	2,052	960
	Pay - Service re-design	2,152	2,152	0	3,372	3,372	0
Total Recurrent		5,286	5,190	-96	8,073	7,929	-144
Grand Total		26,719	26,719	0	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
<b>Total CIP</b>	<b>7,930</b>	<b>6,461</b>	<b>1,469</b>	<b>7,930</b>	<b>0</b>
		81%	19%	100%	0%

## 10. Statement of Financial Position

Statement of Financial Position at 30 November 2024					
31 Mar 24		31 Oct 24	30 Nov 24	Movement	
£'000		£'000	£'000	In-Month £'000	YTD £'000
<b>Non-current assets</b>					
7,012	Intangible Assets	7,032	7,057	25	45
216,329	Property, plant and equipment	213,106	213,453	347	(2,876)
33,133	Finance Leases	31,514	31,111	(403)	(2,022)
1,125	Investments	1,125	1,125	0	0
412	Trade and other receivables	412	412	0	0
651	Other Assets	654	654	0	2
258,662	<b>Total non-current assets</b>	253,843	253,813	(30)	(4,849)
<b>Current Assets</b>					
3,184	Inventories	5,190	5,718	527	2,533
21,722	Trade and other receivables	24,615	21,640	(2,975)	(82)
200	Non-current assets held for sale	200	200	0	0
85,628	Cash and cash equivalents	99,846	98,807	(1,039)	13,179
110,734	<b>Total current assets</b>	129,852	126,365	(3,487)	15,631
<b>Current Liabilities</b>					
(77,857)	Trade and other payables	(87,102)	(87,578)	(475)	(9,721)
(2,614)	Borrowings	(2,255)	(2,297)	(42)	317
(4,019)	Lease Liabilities	(4,067)	(4,067)	0	(48)
(16,518)	Provisions	(16,354)	(16,365)	(11)	153
(24,222)	Deferred income	(33,112)	(28,848)	4,264	(4,626)
(125,230)	<b>Total Current Liabilities</b>	(142,891)	(139,155)	3,736	(13,925)
<b>Non-current Liabilities</b>					
(12,049)	Borrowings	(11,381)	(11,381)	0	669
(21,814)	Lease Liabilities	(19,025)	(18,559)	466	3,255
(6,545)	Provisions	(6,521)	(6,521)	0	24
(1,500)	Other Liabilities	(1,500)	(1,500)	0	0
(41,908)	<b>Total non-current liabilities</b>	(38,427)	(37,961)	466	3,948
202,258	<b>Total assets employed</b>	202,377	203,062	685	804
<b>Financed by (taxpayers' equity)</b>					
113,336	Public Dividend Capital	113,336	113,336	0	0
83,359	Revaluation reserve	83,360	83,360	0	1
1,125	Other reserves	1,125	1,125	0	0
4,438	Income & expenditure reserve	4,556	5,241	685	803
202,258	<b>Total taxpayers' equity</b>	202,377	203,062	685	804

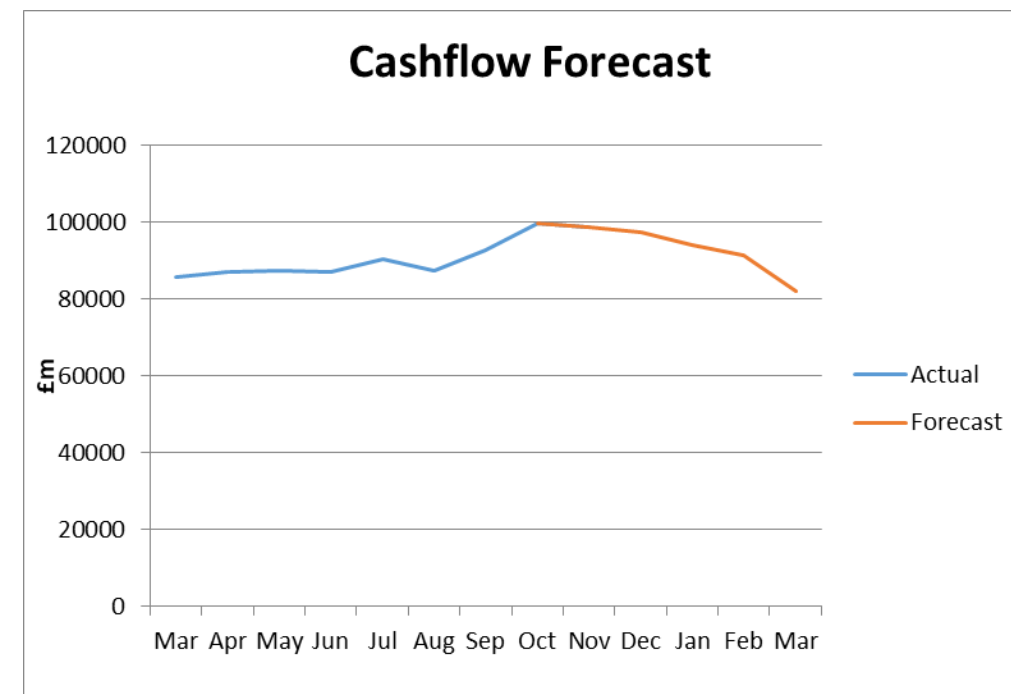
- Non-current assets have decreased by £4.8m YTD. Capital additions of £4.8m (including £1.5m of leased assets – mainly Unipart) have been offset by £9.6m of cumulative depreciation.
- Inventories have increased by £2.5m YTD and by £0.5m in-month. The initial increase was due to a new infusion drug line 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£5m is expected to be steady state going forward.
- Receivables have decreased by £3.0m in-month and by £0.1m YTD. The decrease in year is due to the combined reduction in prepayments, accrued income and VAT of £4.1m, and then offset by a net increase in outstanding debt of £1.1m
- The cash balance has increased by £13.2m in-year and decreased by £1.0m in-month. The increase in-year is largely driven by an increase in accrued expenditure/payables of £12.5m and deferred income of £4.6m and the net outward movement/outflow of other operational, investing and financial activities of £3.9m (see cash flow statement).
- Trade and other payables have increased by £9.7m in year and £0.5m in month. The YTD increase is driven by a net increase in trade payables and accrued expenditure of £7.5m and tax payables of £1.9m. This increase in accruals and payables is not an untypical monthly movement and often reflects the timing of the payment run. The increase in tax payables reflects the NHS pay award processed in M7.
- Deferred income has increased by £4.6m in year and decreased by £4.3m in month. Most of the increase in-year can be attributed to the Provider Collaborative £0.3m, SDF income £0.5m, Learning Disability & Autism £2.2m, NHSPS £1.0m and other £0.6m.
- Capital repayments of £0.7m in year have reduced the outstanding DHSC loan (that funded the Whiteleaf Centre).
- Non-current lease liabilities have decreased in year by £3.3m and in-month by £0.5m. YTD capital repayments against existing and new leases of £4.8m have been offset by new lease liabilities of (£1.5m).
- The £0.8m upward movement in year reflects the Trust's reported surplus in year.

## 11. Cash Flow






STATEMENT OF YEAR TO DATE CASH FLOWS				
31 Mar 24		31 Oct 24	30 Nov 24	Cash In/(Out) In-Month
£'000		£'000	£'000	£'000
<b>Cash flows from operating activities</b>				
(13,832)	Operating surplus/(deficit) from continuing operations	(315)	198	513
<b>(13,832)</b>	<b>Operating surplus/(deficit)</b>	<b>(315)</b>	<b>198</b>	<b>513</b>
<b>Non-cash or income and expense:</b>				
15,161	Depreciation and amortisation	8,226	9,566	1,340
13,733	(Increase)/Decrease in Trade and Other Receivables	(2,456)	262	2,718
(252)	(Increase)/Decrease in Inventories	(2,006)	(2,533)	(527)
(6,784)	Increase/(Decrease) in Trade and Other Payables	11,913	12,504	591
1,220	Increase/(Decrease) in Deferred Income	8,890	4,626	(4,264)
12,966	Increase/(Decrease) in Provisions	(199)	(188)	11
<b>27,316</b>	<b>NET CASH GENERATED FROM/(USED IN) OPERATIONS</b>	<b>24,053</b>	<b>24,435</b>	<b>382</b>
<b>Cash flows from investing activities</b>				
5,414	Interest received	3,328	3,832	504
(13,256)	Purchase of Non Current Assets	(6,226)	(7,652)	(1,426)
<b>(6,642)</b>	<b>Net cash generated from/(used in) investing activities</b>	<b>(2,898)</b>	<b>(3,819)</b>	<b>(921)</b>
<b>Cash flows from financing activities</b>				
(1,338)	Loans repaid	(669)	(669)	0
(6,035)	Capital element of lease rental payments	(4,159)	(4,625)	(466)
(657)	Capital element of Private Finance Initiative Obligations	(201)	(201)	(0)
(687)	Interest paid	(266)	(266)	0
(204)	Interest element on leases	(262)	(295)	(33)
(1,481)	Interest element of Private Finance Initiative obligations	(14)	(14)	0
(2,959)	PDC Dividend paid	(1,366)	(1,366)	0
<b>(9,656)</b>	<b>Net cash generated from/(used in) financing activities</b>	<b>(6,937)</b>	<b>(7,437)</b>	<b>(500)</b>
11,018	Increase/(decrease) in cash and cash equivalents	14,218	13,179	(1,039)
74,610	Cash and Cash equivalents at 1st April 2024	85,628	85,628	0
<b>85,628</b>	<b>Cash and Cash equivalents at end of period</b>	<b>99,846</b>	<b>98,807</b>	<b>(1,039)</b>

## 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 November was **£98.7m** (£99.8m in October).
- The cash forecast is for £82.1m at the 31 March.



## 12. Working Capital Indicators

Working Capital Ratios			
Ratio	Target	Actual	Risk Status
Debtor Days	30	10	
Debtors % > 90 days	5.0%	9.9%	
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	85.0%	
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	92.4%	
Cash (£m) - per year-end forecast	82.1	98.8	

### Summary Notes

- Debtor days ahead of target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £302k (£319k in M7), Salary overpayments £312k (£305k in M7), Central & NW London £117k (£117k in M7), NHSE £79k (£79k in M7), University of Oxford £149k (£16k in M7), NHSPS £77k and other £128k.
- NHS BPPC (Better Payments Practice Code) below target (2 Southern Health invoices for £4.4m not paid in time in August). 89.9% in-month.
- Non-NHS BPPC (Better Payments Practice Code) marginally below target. 96.3% in-month
- Cash better than year-end target.

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

29<sup>th</sup> January 2025

## Quality and Safety Dashboard For Information

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

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception based on the position in November 2024 and a review of any trends from the last 3 months (September-November 2024). All of the wards/community teams were highlighted in last month's dashboard.

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

Highlighted wards/teams by exception:

	Enhanced Support (previously known as alert status)	Early Warning (previously known as to keep a watching eye)	
Inpatient Wards	<ul style="list-style-type: none"> <li>• Kestrel</li> <li>• Kingfisher</li> <li>• Cotswold House Oxford</li> <li>• Meadow Unit CAMHS</li> </ul>	<ul style="list-style-type: none"> <li>• CAMHS Highfield</li> <li>• CAMHS Marlborough House</li> <li>• Sandford</li> <li>• Wintle</li> <li>• Allen</li> <li>• Ruby</li> <li>• Sapphire</li> </ul>	
Community Teams	<ul style="list-style-type: none"> <li>• Oxon North and West AMHT</li> <li>• City and NE AMHT</li> <li>• District Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Bullingdon mental health in-reach service</li> <li>• Bucks OA South CMHT</li> <li>• Bucks Aylesbury CMHT</li> </ul>	<ul style="list-style-type: none"> <li>• Bucks Chiltern East and West AMHT</li> <li>• PIRLS (Bucks)</li> <li>• Podiatry</li> <li>• Heart failure service</li> <li>• Special Care and Paediatric Dentistry</li> </ul>

### Governance Route/Approval Process

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

### Statutory or Regulatory responsibilities

We are required to report on the inpatient staff fill rates to Trust Board members, 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.

**Recommendation**

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

**Author and title:** Jane Kershaw, Head of Patient Safety

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



## 1. Introduction

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 30<sup>th</sup> November 2024.

The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support. The indicators considered and the thresholds are detailed below.

### Indicators reviewed

	Inpatient Wards	Community Teams
Workforce Domain	Day Reg Fill Rate (target more than 85%)	
	Day Unreg Fill Rate (target more than 85%)	
	Night Reg Fill Rate (target more than 85%)	
	Night Unreg Fill Rate (target more than 85%)	
	Nursing Associates - Day Shift Hours worked	
	Nursing Associates - Night Shift Hours worked	
	Agency % total pay (target less than 10.4%)	Agency % total pay (target less than 10.4%)
	Vacancies % (target less than 9%)	Vacancies % (target less than 9%)
	Total Turnover % (target less than 14%)	Total Turnover % (target less than 14%)
	Sickness % (target less than 3.5%)	Sickness % (target less than 3.5%)
Safe Domain	Number of staff injuries (all types of causes) with actual harm of moderate or above	Number of staff injuries (all types of causes) with actual harm of moderate or above
	Number of patient incidents with moderate or above harm (1 or less)	Number of patient incidents with moderate or above harm (1 or less)
	Most common sub-group group for reported incidents (patient and staff)	Most common sub-group group for reported incidents (patient and staff)
	Number of incidents of AWOLs (detained patients - unescorted, escorted or escape from ward) [this is Falls for Community Hospital wards)	
	Medicine Incidents resulting in harm (minor harm or above. Excludes patient refused)	Medicine Incidents resulting in harm (minor harm or above. Excludes patient refused)
	Number of pressure ulcers developed in service (categories 1-4, deep injury & unstageable. Includes where there are no lapses in care)	Number of pressure ulcers developed in service (categories 1-4, deep injury & unstageable. Includes where there are no lapses in care)
	Number of Incidents under the PSIRP from 4th Dec 2023 (note. SI criteria no longer exists)	Number of Incidents under the PSIRP from 4th Dec 2023 (note. SI criteria no longer exists)
	Unexpected deaths (natural and unnatural) incl. within 2 days of inpatient stay	Unexpected deaths (natural and unnatural)
	Number of physical restraint episodes (less than 10)	Number of suspected suicides
	Number of prone restraints (1 or less)	
	Number of seclusion episodes (less than 4)	
	Number of uses of LTS (less than 2)	
Effective Domain	Median Length of Stay YTD 23/24 incl leave (discharged patients)	Current number of patients breached waiting time target
	Number of Admissions in Month	Breached waits, Longest waiting time in days
	Bed occupancy in month excluding leave	Number of referrals received in month
	Clinical Supervision (target more than 95%)	Clinical Supervision (target more than 95%)
	Overall Mandatory Training performance (target more than 95%)	Overall Mandatory Training performance (target more than 95%)
	Fire Response Training (target more than 95%)	Fire Response Training (target more than 95%)
	Resus Training (target more than 95%)	Resus Training (target more than 95%)
	PEACE Training (target more than 95%)	
Experience Domain	Number of high/low complaints and rapid resolutions (2 or more)	Number of high/low complaints and rapid resolutions (2 or more)
	Number of informal concerns/early resolutions (2 or more)	Number of informal concerns/early resolutions (2 or more)
	Formal surveys received via IWGC in month- yes or no (no will be flagged)	Formal surveys received via IWGC in month- yes or no (no will be flagged)

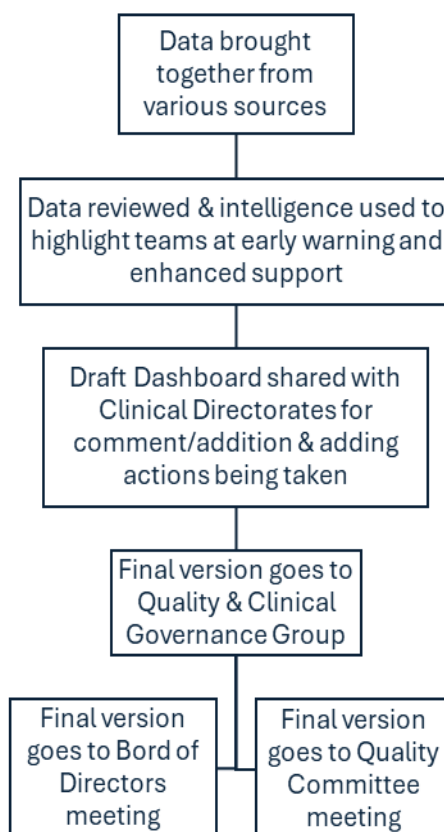
We use the following threshold to identify the teams at early warning or enhanced support.

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

Escalation level	When is a Team/ward Identified (Escalation Threshold)	Response
Early Warning	<ul style="list-style-type: none"> <li>1 indicator is red rated, and 1 indicator is amber rated across at least 2 of the 4 domains. This is a guide, and a clinical Directorate might identify a team for Early Warning from soft intelligence.</li> <li>A red rating of high vacancies on their own without concerns in fill rates will not identify a ward/team.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring led by the clinical Directorate level through their clinical governance structure.</li> <li>If a ward/team has been at Early Warning level for 3 consecutive months they will be moved to Enhanced Support unless there is an explanation which will be shared in the Dashboard with the Quality and Clinical Governance (QCG) sub-group. (this starts from June 2024)</li> </ul>

Escalation level	When is a Team/ward Identified (Escalation Threshold)	Response
	<ul style="list-style-type: none"> <li>A red rating of fill rates will be considered in relation to safe staffing levels across reg/unreg staff and bed occupancy. This will not automatically lead to a ward/team being identified.</li> <li>A team/ward at Enhanced Support level can be stepped down to Early Warning if agreed by the Directorate Clinical Director/Associate Director of Nursing.</li> </ul>	
Enhanced Support	<ul style="list-style-type: none"> <li>2 indicators are red rated across at least 2 of the 4 domains. This is a guide, and a clinical Directorate might identify a team for Enhanced Support from soft intelligence.</li> <li>A team/ward at Early Warning level for 3 consecutive months unless there is a clear reason (starting from June 2024).</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Directorate to identify actions being taken.</li> <li>Actions being taken to be reported in the Dashboard and reviewed by the QCG sub-group. Additional support can be requested.</li> <li>There may be a request for a more detailed presentation/deep dive at the next QCG meeting to look at the impact of the actions being taken.</li> </ul>

This report is developed following the below process to bring together data and soft intelligence;



## 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 .....	6
4. Buckinghamshire Mental Health Services .....	7
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 November 2024 and a review of any trends from the last 3 months (September to November 2024).

Table 2.

	Enhanced Support (previously known as alert status)	Early Warning (previously known as to keep a watching eye)	
Inpatient Wards	<ul style="list-style-type: none"> <li>• Kestrel</li> <li>• Kingfisher</li> <li>• Cotswold House Oxford</li> <li>• Meadow Unit CAMHS</li> </ul>	<ul style="list-style-type: none"> <li>• CAMHS Highfield</li> <li>• CAMHS Marlborough House</li> <li>• Sandford</li> <li>• Wintle</li> <li>• Allen</li> <li>• Ruby</li> <li>• Sapphire</li> </ul>	
Community Teams	<ul style="list-style-type: none"> <li>• Oxon North and West AMHT</li> <li>• City and NE AMHT</li> <li>• District Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Bullingdon mental health in-reach service</li> <li>• Bucks OA South CMHT</li> <li>• Bucks Aylesbury CMHT</li> </ul>	<ul style="list-style-type: none"> <li>• Bucks Chiltern East and West AMHT</li> <li>• PIRLS (Bucks)</li> <li>• Podiatry</li> <li>• Heart failure service</li> <li>• Special Care and Paediatric Dentistry</li> </ul>

The rest of the report is organised by Clinical Directorate.

4. Buckinghamshire Mental Health Services

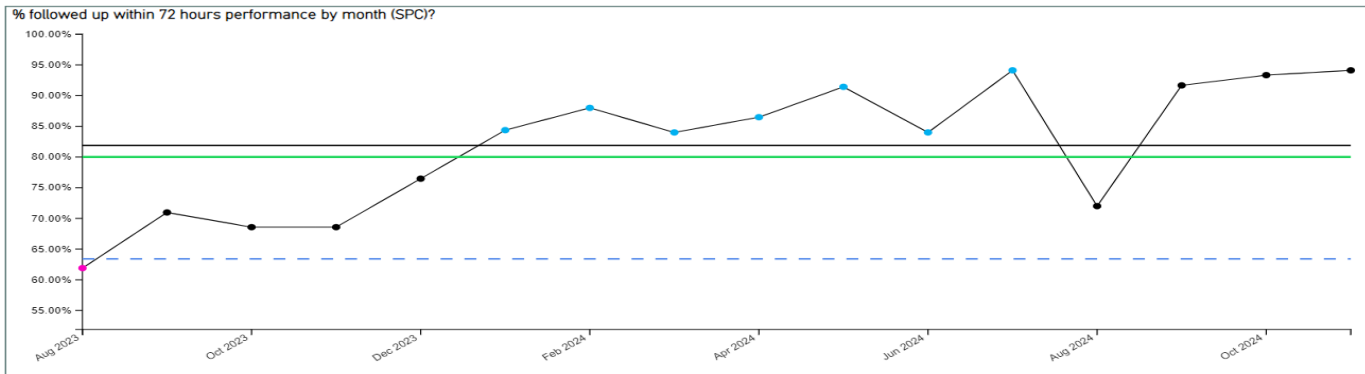
4.1 Teams with High Vacancies 30% or above (data source finance)

Inpatient Wards	Community Teams
<div><ul style="list-style-type: none"><li>Ruby 32.7% (same)</li></ul><p>See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.</p></div>	<div><ul style="list-style-type: none"><li>Aylesbury CRHT 30.1% (same)</li><li>PIRLS 37.8% (same)</li><li>Chiltern East AMHT 35.5% (improved) (Chiltern West AMHT 26%)</li><li>Rehab team 35.8% (same)</li><li>OA South CMHT 45.8% (improved)</li><li>Adult Community Medical 34.5% (improved)</li><li>Older Adult Community Medical 57% (same)</li><li>CAMHS Neuro 36.8% (worse)</li><li>Personality Disorder Medical 48.3% (same)</li></ul></div>

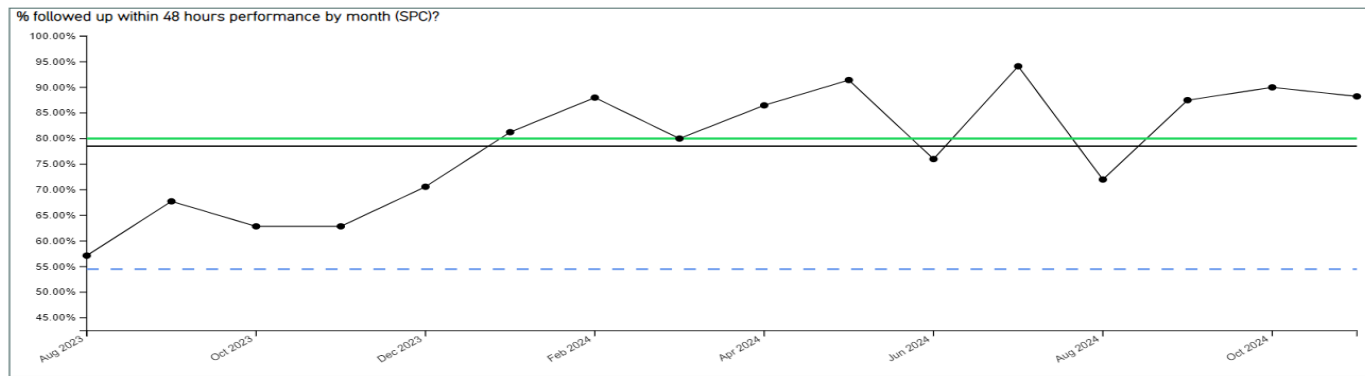
4.2 Performance on inpatients followed up within 72 hours of discharge

From April-November 2024 there were 244 eligible discharges with performance for 72 hour follow up at **85%**. Performance just for November 2024 was 94%.

Performance for follow up within 48 hours from April-November 2024 was 83%, 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 Ruby Ward	80	67	83.75%
AMHB Sapphire Ward	93	75	80.65%
B Older Adult Amber Ward	71	65	91.55%
Total	244	207	84.84%



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;

#### Wards at Early Warning

Ward	Reason for highlighting
<b>Ruby</b>	High vacancies 32.7%. Safe staffing maintained and no concerns about fill rates. 1 complaint and 3 early resolutions received in the month. No feedback gathered via IWGC in month.
<b>Sapphire</b>	High vacancies 21%. Safe staffing maintained and no concerns about fill rates. Vacancy for ward manager since Oct 2024, deputy acting up as interim. 5 seclusions in the month. Low clinical supervision rate (53% in Nov 2024, an improvement from Oct). 0 complaints/rapid resolutions and 1 early resolutions received in the month. No patient feedback gathered via IWGC in month. Tragically there was an unexpected inpatient death on the ward on 02/12/24.

#### Community Teams at Early Warning

Team	Reason for highlighting
<b>Bucks OA South CMHT</b>	High vacancies 45.8% (reducing). Also of note - 6% turnover. In last 3 months (Sept to Nov 2024): 0 high/low level complaint, 2 rapid resolution complaints and 1 early resolutions –related to feeling there is insufficient care/medication. 11 patient incidents in the last 3 months (Sept to Nov 2024) relating to patient self-harm and communication/confidentiality.
<b>Bucks Aylesbury CMHT</b>	Vacancies 25.5% (worse than last month). In last 3 months (Sept to Nov 2024): 0 low level complaint, 4 rapid resolution complaints and 4 early resolutions – mostly related to feeling there is insufficient care. 11 patient incidents in the last 3 months (Sept to Nov 2024) including 3 deaths (1 sepsis death, 1 expected/unnatural death and 1 suspected suicide). Most incidents relate to communication/confidentiality.
<b>Bucks Chiltern East and West AMHT</b>	High vacancies East AMHT 35.5% and West AMHT 26%. In last 3 months (Sept to Nov 2024): 0 low level complaint, 3 rapid resolution complaints and 2 early resolutions – mostly related to communication. 6 patient incidents in the last 3 months (Sept to Nov 2024) including 1 suspected suicide, and 1 sepsis death.
PIRLS	High vacancies 37.8% (same) and turnover 35%.

## 5. Community Health Services, Dentistry and Primary Care

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

Inpatient Wards	Community Teams
No wards with vacancies at 30% or higher.  See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.	<ul style="list-style-type: none"> <li>Podiatry 39.6% (same)</li> </ul>

### 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;

#### Community Teams at Early Warning

Team	Reason for highlighting
<b>Podiatry</b>	<p>High vacancies 39.6% due to local/national recruitment challenges and high demand. Turnover at 28%. There is a podiatry improvement plan with multiple workstreams that are looking to increase capacity.</p> <p>Waits for treatment including urgent patients waiting beyond required thresholds to be seen.</p> <p>8 moderate/severe harm patient incidents reported in the last 3 months (Sept to Nov 2024), 1 serious harm relating to sepsis and 1 moderate harm to delay/failure in treatment, learning being reviewed at the moment. An annual thematic review has started to look at progress since last learning reviews, strength of mitigations and impact of actions taken.</p> <p>2 low complaints, 1 rapid resolution and 2 early resolutions received in last 3 months (Sept to Nov 2024) relating to insufficient care.</p>
<b>Heart failure service</b>	<p>Waits for treatment is around 18 weeks against the NICE best practice of 2 weeks. This is due to demand exceeding the capacity of the team. No vacancies in team.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<b>Special Care &amp; Paediatric Dentistry</b>	<p>Waits for treatment under GA, Children: 189 on waiting list for up to 10 months (Horton Hospital) and 4 months (JR). This is a reduction from last month. Adults: 18 on waiting list for up to 6 months, a reduction from last month. An additional 26 patients are awaiting an OUH consultant anaesthetist led pre-assessment prior to adding to GA list. Around 57% of patients are waiting over 18 weeks for treatment. 6 additional full day weekend theatre sessions have been used from Sept 2024 which has reduced the number of people waiting. Plan is to work more additional paediatric theatre lists at the weekend before 31/03/2025 to reduce this waiting list further.</p>

#### Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
District Nursing	Yes	<ul style="list-style-type: none"> <li>Growing demand is exceeding capacity and current available resources. The service carries a caseload of around 7,000 patients at any one time. (very low vacancies and turnover ranging</li> </ul>	Executive team agreed additional funding at risk to increase DN staffing; the Trust secured funding for the introduction of wound care apps with PM support.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		<p>from 5%-29% by team, highest for North East team)</p> <ul style="list-style-type: none"> <li>Over 8,000 visits a month are being delayed/rolled. There is a proven 28%+ gap between funded capacity and demand for the service, and referrals are increasing.</li> <li>In the last 3 months (September to November 2024) the majority of incidents have related to category 2 pressure damage (developed in service) n=125 and medicines administration/supply n=70. There has been an increase in incidents between September to November, to above average levels relating to more incidents of no harm or minor harm. Most incidents are within the South West locality 149/400 relating to category 2 pressure ulcers. Out of the 54 incidents with moderate/severe harm 43 related to pressure damage developed in service.</li> <li>1 low complaint, 10 rapid resolutions and 5 early resolutions in the last 3 months (Sept to Nov 2024) mostly relating to insufficient care. With a higher number of concerns raised for the West DN team.</li> </ul>	<p>BOB Community Nursing Strategic Review and DN improvement plan</p> <p>Roll out of digital DN record underway.</p> <p>Urgent care services supporting essential daily visits (particularly at weekends).</p> <p>A clinical prioritisation framework is in place to prioritise care.</p> <p>Series of QI projects to maximise capacity and manage demand as much as possible.</p>

## 6. Forensic Services

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

Inpatient Wards	Community Teams
<ul style="list-style-type: none"> <li>Kestrel 30.1% (same) (Kingfisher 25%, improved)</li> </ul> <p>See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.</p>	<ul style="list-style-type: none"> <li>Mental health in reach service into Prisons Bullingdon (46.2%, same).</li> </ul>

## 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 have been identified at Early Warning.

### Community Teams at Early Warning

Ward	Reason for highlighting
Bullingdon mental health in-reach service	High vacancies 46% and high turnover 31% (similar to last month) impacting on treatment that can be provided.

### Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Kestrel and Kingfisher (Thames House)	Yes	<ul style="list-style-type: none"><li>• 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.</li><li>• High vacancies, 30% Kestrel (same as last month) and 25% Kingfisher (better than last month). Agency staff being used so staff fill rates fine, including Kingfisher increasing registered staff at night and having less unregistered staff working.</li><li>• High use of restrictive practice on Kestrel, predominantly involving a patient.</li></ul>	The improvement plan was shared wat the Quality & Clinical Governance group in Nov 2024. This 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

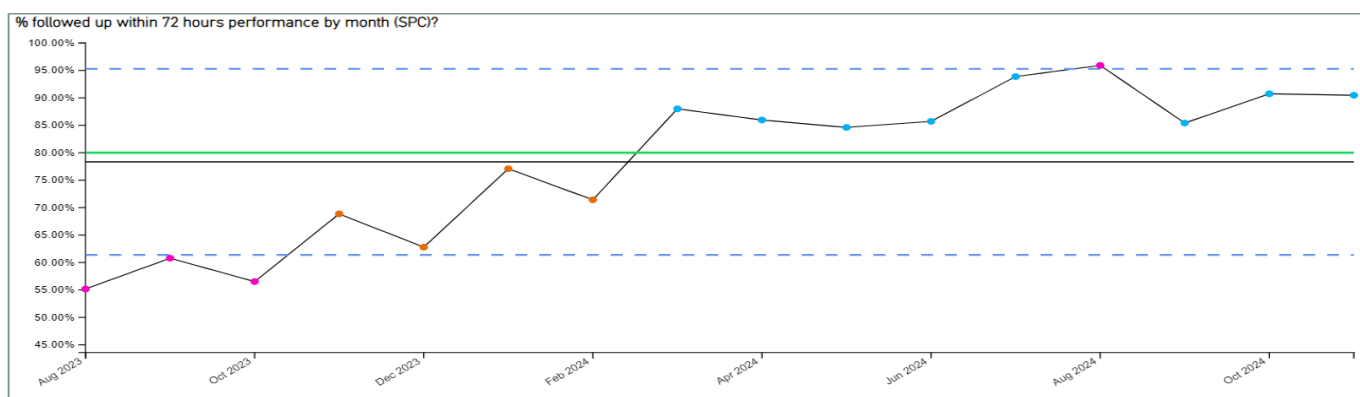
### 8.1 Teams with High Vacancies 30% or above (data source finance)

Inpatient Wards	Community Teams
<p>No wards with vacancies at 30% or higher.</p> <p>See TOBI inpatient quality and safety dashboard for full detail including vacancies and shift fill rates for every inpatient wards.</p>	<ul style="list-style-type: none"> <li>City and NE AMHT 30.5% (improved)</li> <li>Oxon mental health hubs –Banbury 33.6% (improved)</li> <li>CAMHS Neuro Psychiatry 41.2% (same)</li> <li>CAMHS Crisis 34.6% (same)</li> <li>Mental health support team into schools – South and City and West.</li> <li>CAMHS LD/ASD Hospital@Home 44% (same)</li> <li>Medical Eating Disorders 49% (same)</li> </ul>

### 8.2 Performance on inpatients followed up within 72 hours of discharge

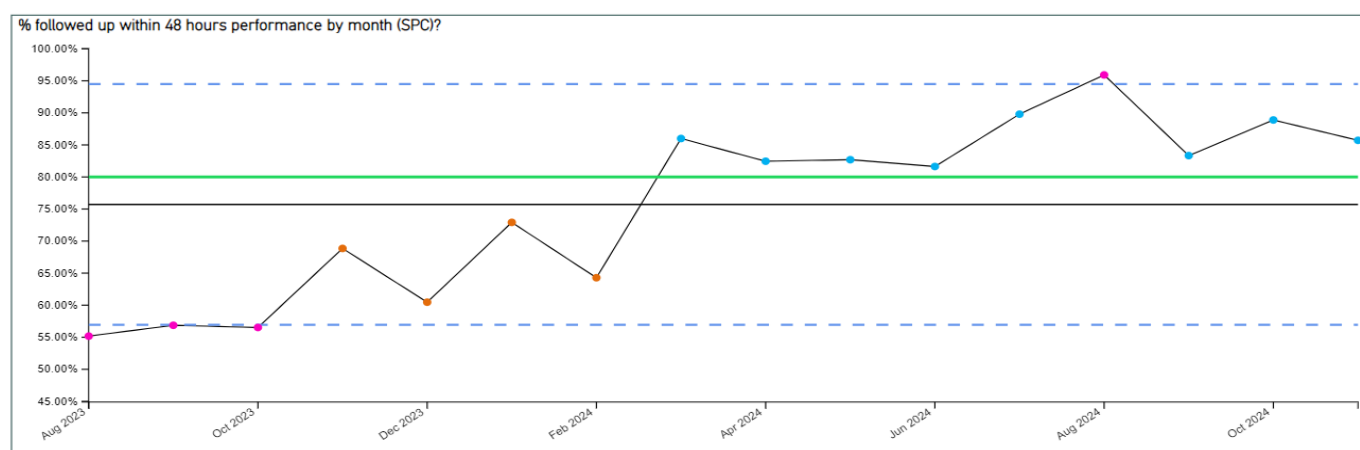
From April-November 2024 there were 400 eligible discharges with performance for 72 hour follow up at **85%**. Performance just for November 2024 was 91%.

Performance for follow up within 48 hours from April-November 2024 was 82%, 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 %
AMHO Allen Ward	76	65	85.53%
AMHO Ashurst PICU	11	9	81.82%
AMHO Phoenix	62	48	77.42%
AMHO Vaughan Thomas	66	58	87.88%
AMHO Wintle	83	67	80.72%
O Older Adult Cherwell	55	53	96.36%
O Older Adult Sandford	47	43	91.49%
<b>Total</b>	<b>400</b>	<b>340</b>	<b>85.00%</b>



### 8.3 Detail about wards and community teams highlighted

There are the wards/teams identified at Enhanced Support;

- Cotswold House Oxford
- Meadow Unit, CAMHS PICU
- Oxon 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;

#### Wards at Early Warning

Ward	Reason for highlighting
CAMHS Highfield	High vacancies 19.8% although fill rates fine with the exception of skill mix change for night shifts with more unregistered and less registered staff. High use of physical restraint (n=49) and seclusion use (n=4) in month.
CAMHS Marlborough House	Number of vacancies 16% (improved) and sickness 9.9%, although fill rates met with 21.6% use of agency staff. High use of physical restraint in month (n=16). Clinical supervision levels dropped in Nov to 50% (84% in Oct 2024).
Sandford	High vacancies 25% although fill rates fine. High use of restraint (n=34) in month.
Wintle	High vacancies 24%, AWOLs for detained patients in month (n=2) and use of prone restraint in month (n=3).
Allen	High AWOLs for detained patients in month (n=5) and no patient feedback gathered via IWGC.

#### Community Teams at Early Warning

No community teams were highlighted.

## Wards and Community Teams identified at Enhanced Support

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Cotswold House Oxford	Yes	<ul style="list-style-type: none"> <li>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.</li> <li>Unexpected death from sepsis in March 2024 and AWOL incident with harm in Sept 2024 when patient self-harmed.</li> <li>High vacancies for key leadership roles. Overall vacancy rate 11.3%. Recent high turnover, 18%. Fill rates for shifts fine and ward closed to admissions.</li> </ul>	<p>Ward paused for admissions from 4<sup>th</sup> October 2024. Currently 2 patients on the ward.</p> <p>OxBSW lead a quality review in May following some concerns and an initial action plan developed. The Provider Collaborative have since undertaken a second quality visit in Oct 2024.</p> <p>Improvement plan developed and being monitored weekly with input from the Provider Collaborative. Key areas: MDT working, leadership and communication, clinical competencies, patient centred care planning and risk management, engagement with families, communication with external agencies, staff conduct/communication, privacy and dignity for patients, racial abuse towards staff, staff well-being and support and management of physical health.</p> <p>Moved to enhanced monitoring by Provider Collaborative from 25<sup>th</sup> Oct 2024.</p>
Meadow Unit, CAMHS PICU	Yes	<ul style="list-style-type: none"> <li>High turnover, 21%. Vacancies improving at 25.5%. Fill rates ok except for skill change for day shift with more unregistered staff. High use of agency staff.</li> <li>High number of moderate patients incidents and staff injuries.</li> <li>High use of physical restraint (n=36) and use of seclusion (n=10) in month.</li> <li>1 low complaint and 1 rapid resolution received in month and no patient feedback gathered via IWGC in month.</li> </ul>	<p>Supervision is improving, with local data indicating higher compliance. Ward have multiple group and peer supervision sessions.</p> <p>Recruitment on-going, skills mix review taking place to support team.</p> <p>Restrictive practice project in place to support staff team. Daily learning from incidents and MDT review of care.</p> <p>Incident learning huddle being pulled together with Senior Leadership Team and clinical team to support learning regarding multiple incidents of harm on the unit.</p>
Oxon North and West AMHT	Yes	<ul style="list-style-type: none"> <li>Vacancies high 28% (worse than last month). Higher in the Witney team for clinical staff at about 56%. Risk with reliance on agency staff (15%) who can leave with no notice leaving patients unallocated and pressures on existing staff. Risk in relation to delays in treatment.</li> </ul>	<p>Substantive Consultants both off sick, and one vacancy. One WTE backfilled with Locum Consultant, other remains unfilled, seeking locum cover, 3 locums have been in team in the last 2 months, but unable to continue within the role.</p>



Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		<ul style="list-style-type: none"> <li>No substantive Consultants in team either off sick or vacancy. Half the clinical team are agency workers, resulting in some patients with no allocated worker. Team Manager on LT sick and due to leave post.</li> <li>High sickness in team.</li> <li>Clinical supervision in Nov 2024 67%. 80% last month.</li> <li>1 PSIRP case identified in last 3 months Sept to Nov 2024 where significant learning identified related to access to treatment.</li> <li>0 complaints, 5 rapid resolutions and 3 early resolutions in the last 3 months relating to insufficient care.</li> </ul>	<p>Team Manager on long term sick and due to leave post, out for recruitment, temp cover able to offer 1-2 days a week, seeking agency worker to cover post.</p> <p>2 WTE further staff members due to be on long term sick following planned operations.</p> <p>Patients awaiting allocation have significantly reduced, 3 left and will be allocated this week.</p> <p>There are some breaches in patients being seen in the times frames, but contact is being had with all to review risks and mental state.</p> <p>Further meeting set with recruitment team on 13/12/24 to support and look at options.</p>
City and NE AMHT	Yes	<ul style="list-style-type: none"> <li>High vacancies 30.5% (improved from last month at 32%) and turnover 20% resulting in some patients with no allocated worker.</li> <li>3 patient incidents with moderate harm or above in last 3 months (Sept to Nov 2024). Of which 2 incidents in Nov 2024.</li> <li>3 PSIRP cases identified in last 3 months, Sept-Nov 2024 where significant learning identified related to access to treatment.</li> <li>In last 3 months (Sept to Nov 2024): 3 low level complaint, 5 rapid resolution complaints and 4 early resolutions – medication and communication being the most common themes. Of which 4 complaints/rapid resolutions were received in Nov 2024.</li> <li>2 unexpected/unnatural deaths of which 1 was a suspected suicides in the last 3 months (Sept to Nov 2024).</li> </ul>	<p>Process mapping concluded and action plans being developed relating to referral and triage process.</p> <p>Further caseload reviews commencing again, following sickness, and increase in patient awaiting allocation in one of the teams.</p> <p>FACT team for recovery Campus has 3 clinical staff assigned, all three have handed in their notice, one has now left and post is advertised. Further planning regarding staffing needs to take place to ensure service is covered, considering existing staff within AMHT verses agency usage.</p> <p>Further meeting set with recruitment team on 13/12/24 to support and look at options.</p>