



Oxford Health
NHS Foundation Trust

Oxford Health NHS Foundation Trust

Quality Account 2024/25

Caring, safe and excellent

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Oxford Health
NHS Foundation Trust

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Part 1: Statement on Quality

Caring, safe and excellent

Part 1: Statement from our Chief Executive

Welcome to the Oxford Health NHS Foundation Trust 2024/25 Quality Account.

The information within the Quality Account brings an overview and summary of the successes and challenges we have experienced over the year whilst working towards achieving the quality priorities that we set ourselves to deliver during 2024/25 to improve the care and services we provide.

The report contains further detail about the nine areas we identified as quality priorities for the trust, and I am pleased to say that we have made progress in each priority area, with particular improvement in the following areas:

We exceeded the targets that we set ourselves to improve patient safety in inpatient care. Over 95% of people who were in our inpatient care that includes, community hospitals, mental health and forensic wards were assessed using a tool called NEWS2 that allows early identification of deterioration in patients physical health. This allows nursing staff to quickly identify and respond to any emerging concerns which can be critical in preventing serious health problems and saving lives.

We also exceed the reduction we aimed for regarding the use of restrictive practice in our mental health inpatient services. We focused on the reduction of use of prone (face or chest down) position during the year and further built upon the consistent reduction over the previous four years. Whilst we are pleased with our progress, we are committed to caring for people using the least restrictive options, to support this we have been more ambitious with our aims for this priority area for the next year.

The year also saw the embedding of the Patients and Carers Race Equality Framework (PCREF) as priority area for the trust. The framework exists to eliminate the unacceptable racial disparity in the Access, Experience and Outcomes of Black, Asian, and minority ethnic communities and significantly improve their trust and confidence in our services, our progress in this area is detailed in part 3 of the report. Alongside this we have also appointed an Anti-Racist Programme Lead to support our commitment to being an anti-racism organisation. We acknowledge that racial discrimination exists and that this has a profound impact across the NHS and in our own organisation and in the communities that we serve. We are working to remove systemic racial discrimination and to improve the experience of our staff and all who use our services.

continued on next slide

Part 1: Statement from our Chief Executive cont.



Oxford Health
NHS Foundation Trust

Continuous improvement is at the heart of our organisation not only to respond to the changing nature of healthcare, but to ensure that we are meeting the health and wellbeing needs of our local communities. It is crucial that we work together with patients, their families, and carers to do this and most importantly, how we listen, respond, learn, and grow together. The report includes how we are approaching this and reports on progress made over the year to embed this as a fundamental across the trust.

Alongside successes, our biggest challenge throughout the year has continued to be meeting the demand for our services across all areas of the trust, colleagues' responsiveness and "can do" attitude has seen some incredibly innovative developments that have enabled us to continue to deliver high quality care and services, that are accessible to the people who need them. However, we remain concerned about our capacity to meet demand in a timely manner. Nonetheless, we have shared some highlights of successes in this area within part 2 of the report

As always, our achievements and ability to support those in need of our services are thanks to my dedicated colleagues. I would like to extend heartfelt gratitude on behalf of the trust Board to all colleagues for all their hard work and resilience during a challenging year. The incredible efforts of our Oxford Health team in caring for our service users, their families, and carers make me immensely proud.

I hope you enjoy reading about the progress we've made over the past year. I'm confident that we will continue to improve and develop our services to ensure they are not only timely but also provide high quality local care as close to home as possible.

To the best of my knowledge the information contained in this report is an accurate representation of the year's events.



Grant Macdonald - Chief Executive

Part 1: Introduction to our Quality Account 2024/25



Oxford Health
NHS Foundation Trust

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS.

This definition sets out three dimensions to quality, which must be present in order to provide high quality services:

- ✓ **clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
- ✓ **safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety
- ✓ **patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

Our 2024/25 Quality Account looks back on the progress we have made over the past year to achieve our goals. The report also looks forward to the year ahead (2025/26) and identifies our priority areas for improvement and how we hope to achieve these.

Throughout the document we have used the terms patients, families, and carers to mean any person who has used or been involved with our services now or may be in the future.

The Quality Account should be read alongside the trust 2024/25 Annual Report that gives an overview of trust activity, summarises performance during the year and provides background information about its performance, business model and governance arrangements. The 2024/25 Annual Report can be found here: [Insert Link when available](#)

If you require any further information about the Quality Account please contact our Patient Advice and Liaison Service: pals@oxfordhealth.nhs.uk

Part 1: Our vision and values



Oxford Health
NHS Foundation Trust

Our vision is that no matter who you are or where you are, you will tell us that you receive:
“Outstanding care delivered by an outstanding team”.

The Trust works towards its vision through its values – **Caring, Safe, and Excellent:**

Caring

- ✓ Privacy and dignity is at the heart of our care.
- ✓ We treat people with respect and compassion.
- ✓ We listen to what people tell us and act upon what they say.

Safe

- ✓ Our services will be delivered to the highest standards of safety.
- ✓ All services will be provided within a safe environment for patients and staff.
- ✓ We will support our patients and staff with effective systems and processes.

Excellent

- ✓ We aspire to be excellent and innovative in all we do.
- ✓ We aim to provide the best services and continually improve.
- ✓ We will recognise and reward those who deliver excellence.

Caring, safe and excellent

Part 1: Our Trust Strategy

Five year strategy 2021-2026

The Trust strategy sets out Oxford Health's mission, vision, values and strategic objectives for the next five years (2021-2026). The purpose of the strategy is to act as a guide for future activity and planning across the Trust, and collaborations with other health and care organisations, to improve the overall health of local people.

The strategy is grouped into four strategic themes – Quality, People, Sustainability, and Research & Education. Each strategic objective has been worked into a set of key focus areas which seek to describe the objective in more detail and provide a framework for further activity and planning.

Read our 2021-2026 strategy

- [Accessible Summary](#) (pdf)
- [One page summary](#) (pdf)
- [Full version](#) (pdf)



Part 1: Our services



Oxford Health
NHS Foundation Trust

Oxford Health is one of the largest NHS trusts in the country providing community health, mental health and specialised health services for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset.

Community health services

In Oxfordshire we are the main provider of community health services and deliver these in a range of community and inpatient settings, including eight community hospitals.

Mental health services

Our mental health teams provide a range of specialist healthcare in the community and from inpatient settings across the geographic areas of:

- Milton Keynes
- Buckinghamshire
- Oxfordshire
- Wiltshire
- Swindon
- Bath and North East Somerset (BaNES)
- Specialist health services

Our services are delivered at community bases, hospitals, clinics and in people's homes. We focus on delivering care as close to home as possible. In everything we do, we strive to be caring, safe and excellent.



Overall, our services are rated as “good” by the Care Quality Commission (CQC)

To find out more about our trust and the services we provide visit our website: www.oxfordhealth.nhs.uk

Caring, safe and excellent

Part 1: Our services



Oxford Health
NHS Foundation Trust

Collaboration for better mental health



We lead three NHS Provider Collaboratives, these are regional partnerships that provide specialised mental health services for patients, forensic mental health and eating disorder services across a wider geographic area including support for patients in Berkshire and from Wales.

To find out more about NHS-led Provider Collaboratives visit:
https://youtu.be/V4J0FX_lfk4

The collaboratives we lead on are:

- The Thames Valley & Wessex Adult Secure Provider Collaborative, known as the [For Me Provider Collaborative](#)
- Thames Valley Children and Adolescent Mental Health inpatient services, [Tier 4 Provider Collaborative](#)
- HOPE (Healthy Outcomes for People with Eating disorders) [Adult Eating Disorder Provider Collaborative](#)

We are leading partners in:

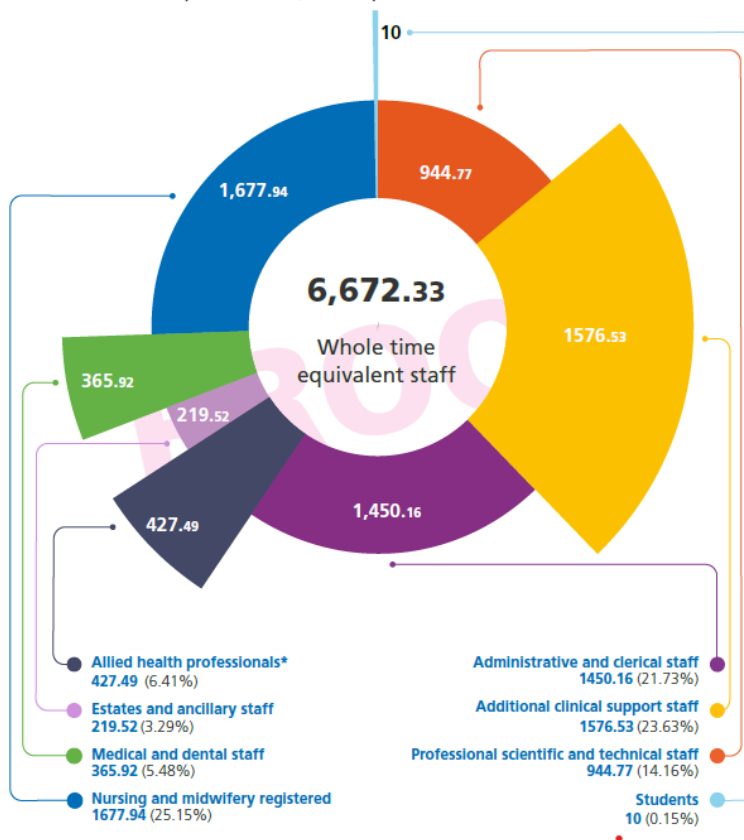
- [Buckinghamshire, Oxfordshire, Berkshire West \(BOB\) Mental Health Provider Collaborative](#) with Berkshire Healthcare NHS Foundation Trust in partnership with BOB Integrated Care Board to improve the quality and efficiency of patient care across the neighbouring localities.
- [Thames Valley Community Dental Services Partnership](#), a collaboration between Berkshire Healthcare NHS Foundation Trust, Oxford Health NHS Foundation Trust and Central and Northwest London NHS Foundation Trust. We provide specialist dental care for children, young people and adults with additional and complex needs who require specialised care that cannot be provided by the general dental service.

Part 1: Our people

We employ around **7,507 (6,920) people** or **6,672.33 (5,386.82)** whole time equivalent staff made up as follows:

Professions at Oxford Health

Oxford Health has some **7,507 (6,920) people**, or **6,672.33 (5,336.82)** whole time equivalent staff, made up as follows:



e.g. *physiotherapists, occupational therapists, dietitians, speech and language therapists, podiatrists, orthoptists, paramedics, arts therapists



The launch of the National People Promise in 20/21 has given NHS Trusts a renewed drive to create a wellness culture for all. Providing the tools to help shift from a reactive response to staff wellbeing, to one that is proactive and preventative, truly embedded within our culture.

To make the People Promise a reality, we have tools available to us to ensure that our interventions are evidence based and truly making a difference to staff. The following slides outline how we support our staff

Part 1: Staff support and Wellbeing

Staff support and wellbeing



As we continue our journey of developing a Wellness Culture within our Organisational Family, we are leading with a series of cultural changes; including the implementation of a **Restorative, Just & Learning culture**, underpinned by **Civility & Respect** including a focus on **Kindness into Action**.

We want Oxford Health to be a great place to work and thrive and we are committed to listening to what our staff tell us about their experience of working with Oxford Health. We will now continue our journey to continue to create a positive culture of civility and respect, supporting all colleagues in their Wellbeing, and enabling them to speak up in confidence, raising concerns, as well as developing managers at all levels to have a supportive, inclusive, and compassionate approach.

We have invested in the Restorative Just and Learning Culture (RJLC) culture change programme, promoting a psychological safe environment to better support staff when things go wrong and to encourage learning from incidents.

We have seen the difference this approach has made in other organizations. By implementing these principles, we are transforming our culture in Oxford Health striving for a culture of kindness, patient safety and fairness.



Part 1: Staff support and Wellbeing

Staff support and wellbeing



We have a range of offers for staff support and wellbeing, that includes our Employee Assistance Programme (EAP).

Oxford Health's 24/7 staff helpline is fully operational offering compassionate support for our people whatever challenges they face.



Part 1: Staff support and Wellbeing

Staff support and wellbeing



During the year our Chief Nurse has introduced two new programmes of work aimed to support staff in the workplace by reducing harm to staff and increasing our offer of post incident support.

Staff Sexual Safety

As an organisation we have signed the NHS England first ever sexual safety charter. By signing this charter, we have committed to reducing and eliminating any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and have a programme of work to support the ten core principles and actions to help achieve this.

Reducing staff experience of Violence and Aggression in the workplace

As employers we must ensure that all staff feel safe, supported and empowered to report incidents of violence and abuse and feel confident that action will be taken to keep them and others safe. We have created a programme of work that includes defining and monitoring issues, identifying why violence occurs, developing and testing approaches, and supporting widespread adoption of effective initiatives.

We have also progressed our offer of TRiM - trauma risk management as post incident support, This is in addition to the existing support and learning options, including Post Incident Psychological Support (PIPS), further information about this is in Part 3.



Part 1: CQC

The CQC's new approach to assessment

The CQC continue to roll out the new assessment framework as part of their regulatory approach. The new assessment framework retains the 5 key questions, are services:

- ✓ **safe**
- ✓ **effective**
- ✓ **caring**
- ✓ **responsive to people's needs**
- ✓ **well-led**

The CQC will assess services against quality statements. These have replaced the key lines of enquiry (KLOEs), prompts and ratings characteristics. Assessments may be responsive (in response to information of concern) or planned.

To find out more about the changes visit: [Assessment - Care Quality Commission](#)

The CQC last assessed Trust services as **Good** at 13th December 2019.

During November 2024 the CQC assessed trust forensic inpatient services applying the new assessment framework. We are currently awaiting formal feedback and the outcome of the assessment that will inform the re-rating of the services assessed.

Patients and colleagues involved in the assessment process gave positive feedback regarding the experience and as a trust we have shared the learning from the inspection experience in a range of ways across the trust to support colleagues to understand the process.



Part 1: Summary of successes!

More Keystone Mental Health & Wellbeing Hubs opened their doors during 2024!

Adults experiencing mental health challenges are able to draw on support from the Keystone Mental Health & Wellbeing Hub Oxford thanks to NHS mental health professionals, Peers Support workers who have their own experience of mental health challenges, services which help people to remain in work or find employment and third-sector mental health services, in order to thrive among friends, family and their community. The hub is also linked to their local GP surgeries.

Wantage, Kidlington, Cowley & Chipping Norton saw the opening of the hubs in response to people saying that they would like to see specialist care available at local level via their GP surgery, and improved communication between GPs and mental health services. This builds upon the hubs already open in Banbury Abingdon.



Part 1: Summary of successes!



The HSJ Award for the 'Best Pharmaceutical Partnership with the NHS' was described by the organisers as 'improving accurate, early diagnosis of Alzheimer's Disease'.

The partnership is delivering work to improve early and more precise diagnosis of Alzheimer's Disease, with an emphasis on developments in Mental Health Trusts.

Dementias Platform UK and Lilly UK collaborated on this together with 4 NHS Trusts enrolled from the DPUK Trials Delivery Framework:

- Oxford Health NHS Foundation Trust
- Greater Manchester Mental Health Foundation Trust
- University Hospitals Sussex Foundation Trust
- Sheffield Teaching Hospital Foundation Trust

It is an ambitious national collaborative pilot involving Lilly UK, Dementias Platform UK, and the NHS trusts, seeking to deliver earlier and more precise Alzheimer's Disease diagnoses.

Its further goal is to understand the costs and benefits in order to establish a framework for services across the NHS. Organisers believe that this transformative project has the potential to revolutionise the diagnostic landscape of AD in the UK, thereby improving outcomes for patients.

Part 1: Summary of successes!

Family, friends and carers handbook launched

Oxford Health launched a new Carers Handbook for anyone who cares for or supports someone receiving care and treatment from our adult and older adult mental health services.

The 'Family, friends and carers handbook' has been created by mental health carers and the trust Carers Lead.

It has been designed to give an overview of what to expect from the Trust. It provides information and support that is available to those caring for others.

Why is it needed?

Carers must remember that their health and wellbeing is as important as the welfare of the person they care for. It is easy to feel alone and isolated, but help is available.

The handbook contains lots of useful guidance about the support they can access. This includes help both from Oxford Health and in their local community.

Andy, a carer who helped produce the handbook, said:

"As a carer, I became involved with the creation of the Carers Handbook, as it can be so hard to have your voice heard in a big organisation. To be able to shape a positive change for future carers was very important to me."



Part 1: Summary of successes!



Oxford Health
NHS Foundation Trust

Ruby Ward, achieve accreditation with the Quality Network for Working Age Mental Health Services (QNWA)

Ruby Ward, based at the Whiteleaf Centre for women who have acute mental health needs, was accredited by the Quality Network for Inpatient Working Age Mental Health Services (QNWA). This network aims to support and engage wards in quality improvement through a supportive network and peer-review process.

The accreditation recognises the good practice and high-quality care provided on the ward. The network adopts a multi-disciplinary approach to quality improvement, with a key component of the work being the sharing of best practice through the facilitation of peer-review visits.

Additionally, the ward met over 90% of the sustainability principles standards and has been awarded a Sustainable Service Accreditation Certificate in recognition of this achievement.



QNWA

QUALITY NETWORK FOR
INPATIENT WORKING AGE
MENTAL HEALTH SERVICES



Caring, safe and excellent

Part 1: Summary of successes!

Oxford Health retained its two-star Triangle of Care accreditation for another year!



The [Triangle of Care](#) (ToC) is a framework for working together to support recovery, promote safety and maintain wellbeing of people using mental health services and their carers.

Oxford Health NHS Foundation Trust began delivery of the Triangle of Care in 2018, achieving a two-star accreditation (the maximum an organisation can achieve for mental health services). It has been able to retain the two-star accreditation by providing annual reports to demonstrate the progress being made, [Triangle of Care annual report for 2024](#)

'If you ask a carer if "they're ok?" then be prepared to listen to what they have to say. Sometimes you just need to get things off your chest and know that you've been heard by someone.'

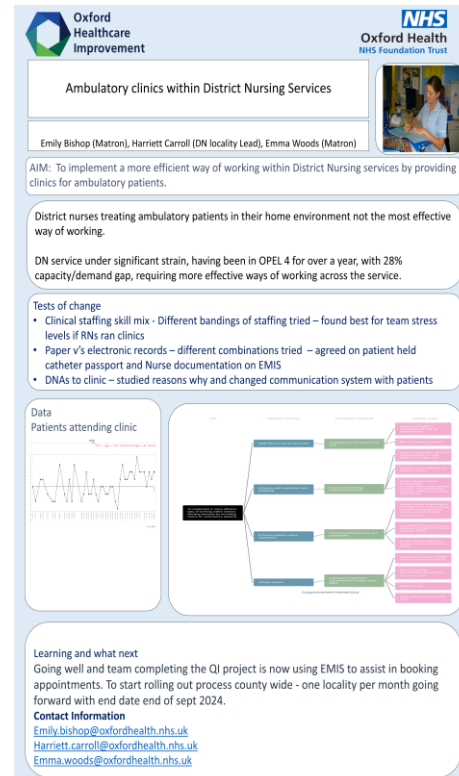
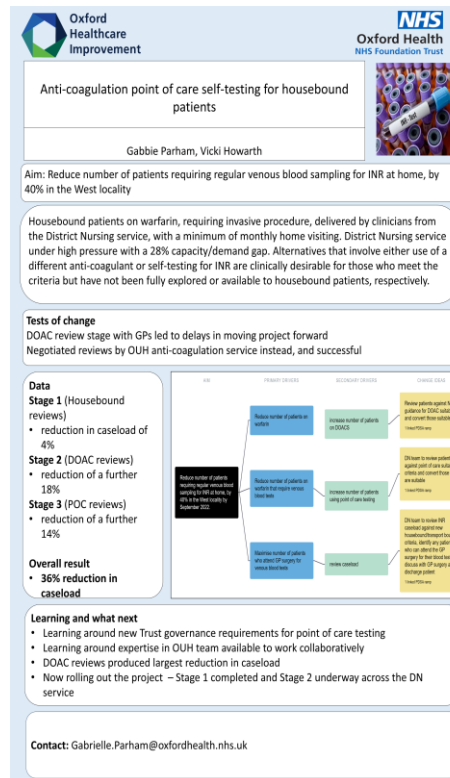
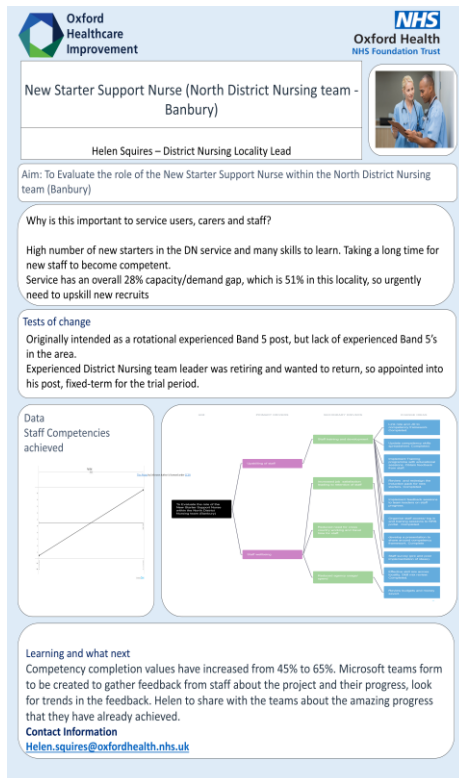
- Claire Garrison,
cares for her daughter
and parents.



Part 1: Summary of successes!

District Nursing –Quality Improvement (QI) Pioneers!

The District Nursing Service won the inspiring teams award for Quality Improvement work completed and that continues to maximise capacity, manage demand and improve outcomes in a very challenged setting due to a notable mismatch between capacity and demand. The below posters demonstrate some of the areas the teams have focused on to support improvement across the service.



Part 1: Summary of successes!

NatureWell – inpatient forensic services

Forensic colleagues have embraced the outdoors to bring Nature Based Approaches (NBA) into the Forensic Inpatient settings.

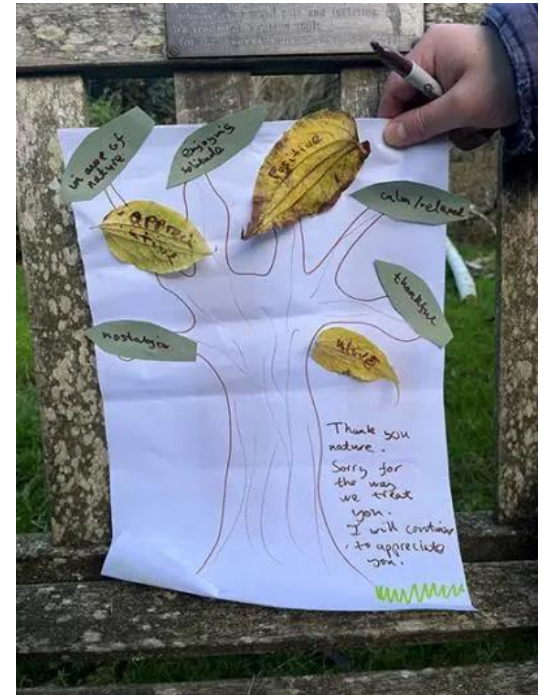
Forensic inpatient environments have the particular challenge that access to the natural world is exceptionally limited, due to the individual's risk and legal status. NatureWell is an accredited programme which gives participants the skills to deliver NBAs designed to encourage health and wellbeing outcomes, using the five pathways to nature connectedness proposed by the University of Derby's Nature Connectedness Research Group.

NatureWell highlights to date

- 11 colleagues from Kennet Ward are trained in NatureWell
- Formal and informal nature-based interventions are run on the ward and a rolling Nature Connection group takes place once a week.
- An initial evaluation of staff perspectives has been submitted for publication and evidences potential benefits for both relational security and trauma informed approaches.
- An article coproduced by Oxford Health colleague and a patient who completed the Nature Well Programme has been published by [The Psychologist journal](#):

Next steps

- A rolling train the trainer programme in licencing agreement with the Natural Academy who own the NatureWell model
- Plans to train two cohorts in 2025/2026 rolling out the training to the other wards
- Evaluation planned in partnership with the University of Derby (who have a leading Nature Connectedness research department). This evaluation will focus on service user voice.
- Ambitions to initiate and develop projects alongside our Green Spaces Coordinator to improve our outside green spaces



Part 1: Summary of successes!

Lucy's Room opens – inspirational idea to meaningful music space

Lucy received care through Oxford Health's adult mental health teams and missed having a space to play and make music during that time. Following her passing, Lucy's family wanted to create the space she had been missing for other patients to benefit from in the future. The appeal was created in 2018 and along with donations from the Oxford Health Charity and Oxford Health NHS Foundation Trust, Lucy's family fundraised to take the idea to reality.

The room takes pride of place at Warneford Hospital – bringing a much-needed space for adult mental health patients on both the wards and with community teams to benefit from music therapy – providing an escape to love music, be imaginative, feel free, and perhaps discover a new talent.

Patients contributed ideas and views on how Lucy's Room can have the most positive impact for them through focus groups and consultation sessions hosted by the Activity Coordinators, Oxford Health Arts Partnership and wider ward teams. The modern room has an outside green space with seating, whilst inside offers a welcoming atmosphere with comfortable sofas, bean bags, and a collection of instruments.

Trust Chair David Walker and Lucy's mother Lesley officially opened the new, beautiful space surrounded by Lucy's loved ones and those involved in the project.



Part 1: Summary of successes!

Smiles all round at 10th annual Have a Go Festival

This year's event marked a decade of providing people with a learning disability the chance overcome some of the barriers they can experience when taking part in sports

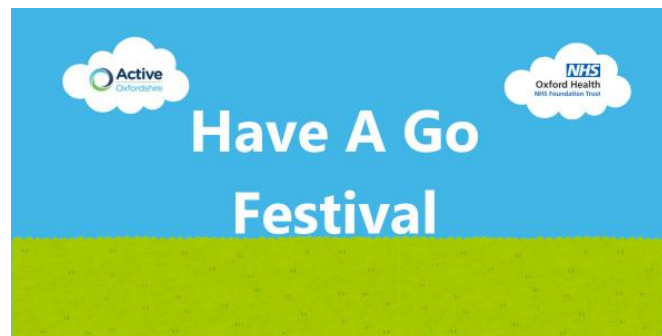
Sunshine and smiles were in abundance at the 10th annual Have a Go Festival.

About 180 people took the chance to "Have a Go" at several sporting activities including cycling, archery, football, dancing and cricket at Horspath Athletics Track in Oxford.

The pleasant weather lent itself to a great day of fun, socialising and activity for adults with learning disabilities who travelled from across Oxfordshire to enjoy the sports day.

This year's event marked a decade of providing people with learning disabilities the chance to try out a range of activities and overcome some of the barriers they can experience when it comes to taking part in sports.

The event was hosted by the Learning Disability Service at Oxford Health NHS Foundation Trust and Active Oxfordshire. Organisations who made the event possible include MOLA, the new Family and Community Partner for Oxford United and Oxford United in the Community, and Cyclability, who provide cycling opportunities primarily for adults with the aim of making cycling inclusive, so it really is for all people.



Part 1: Summary of successes!

InsideOut: service users experience of forensic services

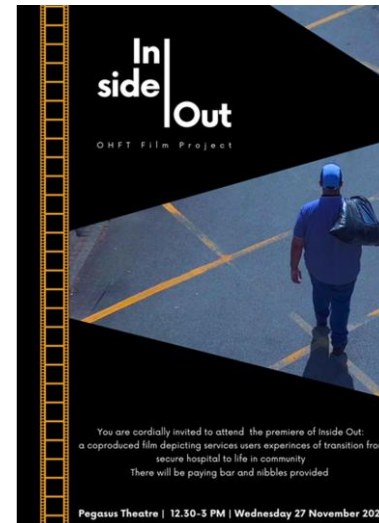
InsideOut: a film depicting the service user's experience of discharge from forensic inpatient ward to the community

On 27th November 2024, the much-anticipated premiere of the film *InsideOut* marked the culmination of an extraordinary collaboration between service users, experts-by-experience, and staff from the Forensic Recovery College and the Specialist Community Forensic Team.

The film offers a deeply moving exploration of one of the most challenging transitions in forensic mental health: the journey from inpatient care to life in the community. Through the stories of three fictional characters, *InsideOut* vividly portrays the fears, hopes, and realities faced by individuals leaving the safety of long-term inpatient wards to rejoin a world full of both promise and unpredictability.



Claire Macgregor, Sarah Shanahan & Petr Neckar



The idea for the co-produced film was born in August 2023, when the Specialist Community Forensic Team envisioned using storytelling as a way to support service users during discharge. Creative workshops provided the foundation for the film, where service users courageously shared their experiences, shaping the film's themes and narratives. Unique activities, such as creating papier-mâché heads of fictional characters were used as tools to facilitate service users exploring the complex emotions tied to transition.

Part 1: Summary of successes!

Embracing technology to improve patient care!

During the year we have successfully implemented our e-Obs rollout within our mental health and forensic inpatient wards. E-Obs supports the recognition and timely escalation of deteriorating patients as well as guiding clinicians decision making – a significant development to increase patient safety and timely care and treatments.

e-Obs Rollout

eObs (electronic observations) is an electronic patient record (web application) system that is to be used by clinical and medical staff for recording physical health observations and assessments at point of contact on a handheld mobile device (iPad). eObs is fully integrated with Rio and seamlessly makes all data immediately available in the patient's Rio electronic record.

Inpatient ward staff who normally record the below physical health assessments on paper will be required to record them into eObs using an iPad.

- Capillary, Blood, Glucose & Ketone Monitoring
- Neuro Observations & Glasgow Coma Scale (GCS)
- Malnutrition Universal Screening Tool (MUST)
- NEWS2
- Sepsis Screening Tool

Quality Improvement Conference 2024



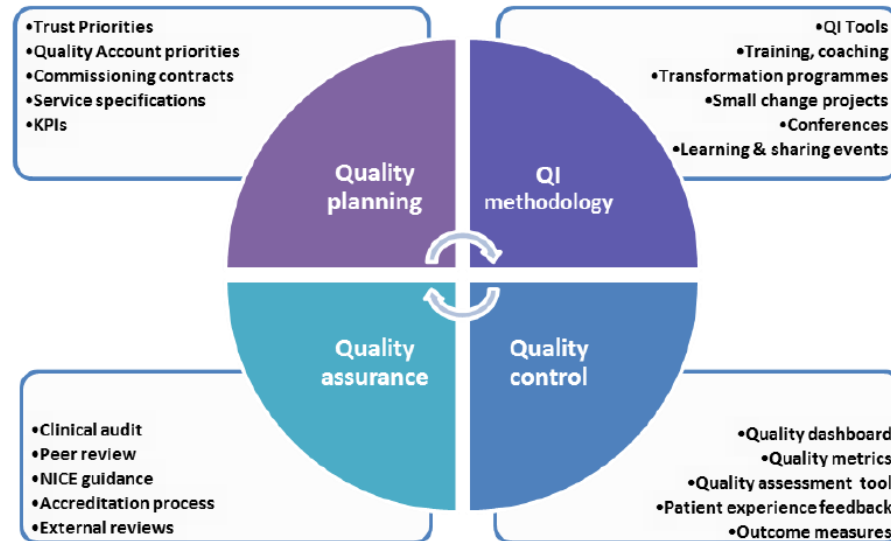
Part 2: Priorities for improvement and statements of assurance

Caring, safe and excellent

Part 2: Quality Management System

Quality Management System

By utilising a Quality Management System a range of factors are included to ensure a continual cycle of improvement is in place that is supported using a QI approach:



Oxford Healthcare improvement (OHI) Team continue to be the corporate support for teams and services across the trust to embed a Quality Improvement approach to improve safety, experience, effectiveness and outcomes for patients, carers and trust colleagues.

The team provide training and support for quality improvement projects, enable collaboration, sharing of outcomes and horizon scanning for future projects, with the aim that improvements to patient care are always co-produced with patients and their families.

Part 2: Quality Improvement (QI)

Areas of QI focus 2024/25



Reducing restrictive practice mental health services



District Nursing Improvement Programme



Coproduction – Experience and Involvement training programme



Patient safety Incident Response Framework (PSIRF) learning and improving from incidents.



Sustainable Healthcare



Culture of Care – Mental Health & Learning Disability Inpatient Transformation Programme

Embedding of QI culture across the trust has continued to thrive, examples throughout this report demonstrate the cultural shift and importance placed on continuously improving by trust colleagues. Our QI approach aligns with the trust priority areas supporting not only patient and carer experience and safety but also promoting staff care and wellbeing.

Next year QI features as one of the Trust Quality priority areas to strengthen coproduction as a fundamental of improvement



Part 2: Quality Priorities 2024/25

We identified the following 3 broad quality priorities for 2024/25 based upon safe and effective care and patient and carer experience.

Each priority area had key objectives with identified targets for achievement with associated key milestones and measures to demonstrate progress over the year. The Trust's Quality Committee will monitor progress against the objective milestones quarterly. The below shows the overarching priorities and key objectives that support the Trust's 5-year Strategy 2021-2026, the following slides will detail progress in each area.

Safe Care: We will consistently deliver safe care, with a reduction in avoidable in-service harm



To improve in-patients' safety



To provide timely access to care and effectively monitor patients and minimise harm when waits occur.



To address health inequalities



To have a safe and learning culture



To support staff wellbeing and build resilience

Effective care: We will deliver effective services to ensure care is planned and delivered around the needs of the patient



To build our capability to measure



To improve the physical healthcare to people with a serious mental illness

Patient and Carer Experience: We will consistently improve on the experience of those using our services



End of Life Care

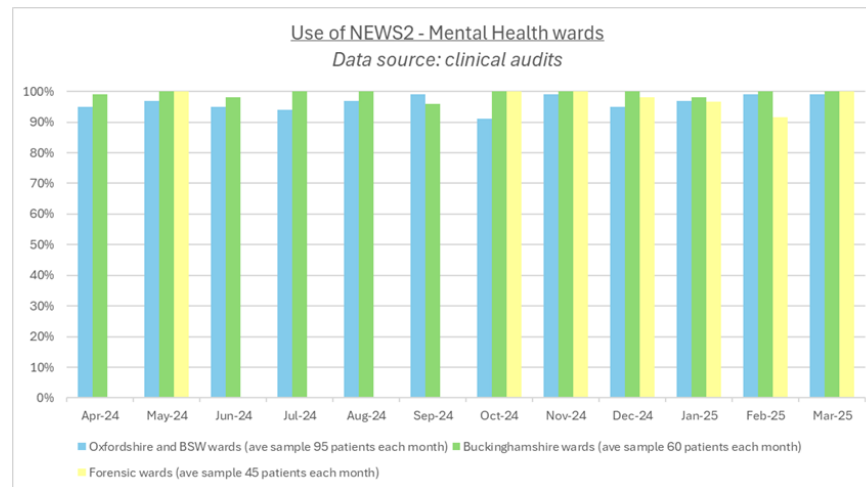
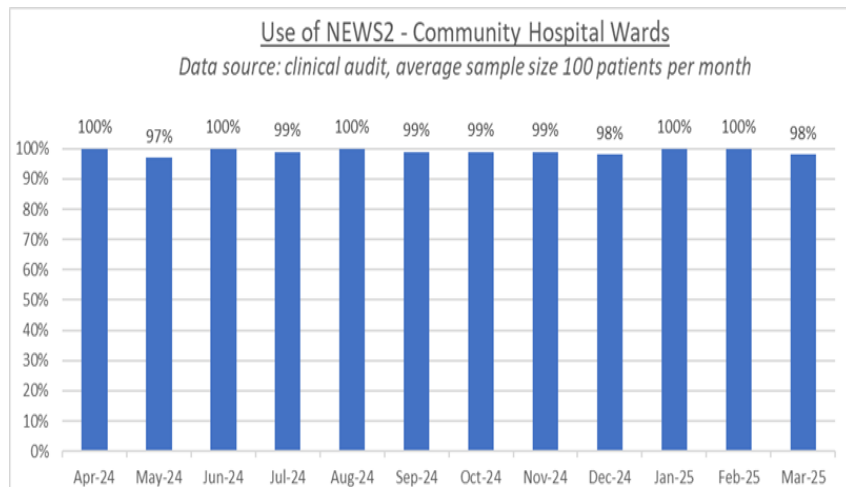


To improve the physical healthcare to people with a serious mental illness

Part 2: Review of Quality Priority progress 2024/25

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

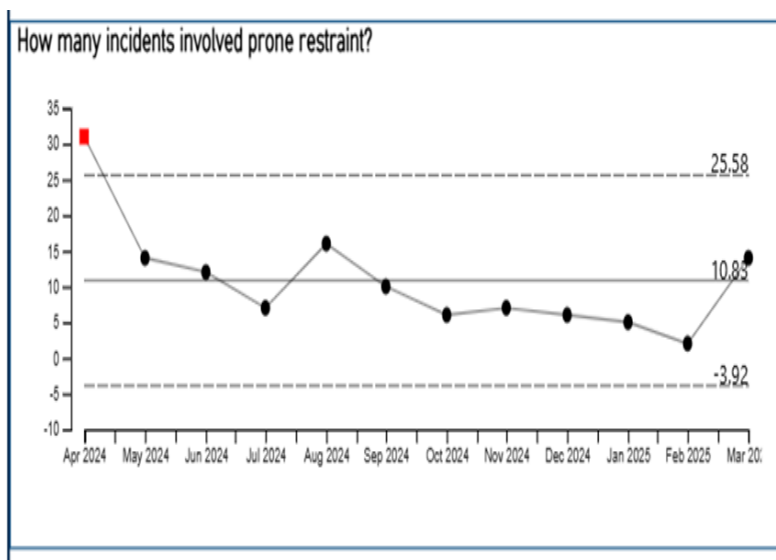
Quality Priority	Progress RAG Rating	Progress Narrative
Use of NEWS2, 95% completion across all inpatient wards	Achieved	<p>The clinical audit results show NEWS2 has been well embedded across all inpatient wards achieving our internal target. NEWS2 training has been integrated into the physical health skills training for registered and unregistered staff. The performance by month is shown in the charts below.</p> <p>The next stage of the work has started on recognising and responding to the soft signs of a patient physically deteriorating. Related to this the Trust is about to roll out mandatory sepsis training across the Trust.</p>



Part 2: Review of Quality Priority progress 2024/25

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Reduction in prone episodes by 30% over 3 years	Achieved	This year prone restraint has reduced by over 30% from 2023/24. There were 209 uses in 2023/24 and 130 uses in 2024/25. The reduction has been overview Quality Improvement (QI) work across all mental health wards. The below gives an over view of the QI work streams.



- **Prone reviews / Leadership in practice** each use of the prone position is reviewed locally for reflection and learning.
- **Roll out of Safety Pods** in all wards reducing the need for the prone position by enabling restraint in a dignified, safe and compassionate way
- **Roll out of alternative injection site training** to enable alternatives to the gluteal muscle and the need for the prone position.
- **Competency self-certification** to maintain competence of IM Injection administration with additional training available when needed.
- **Patient leaflets** to explain and inform choice of for alternative injection sites
- **Safety Pod training** within trust Positive Engagement and Caring Environments training
- **Medicines Management guidance** outlining the medications, doses and licensed injection sites
- **EPMA & Prescription charts** were adapted to include the requirement to specify the injection site at the point of prescribing.

Part 2: Review of Quality Priority progress 2024/25



Oxford Health
NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Timely access to care: reduction in waits in mental health services (focus on where there are national waiting time targets)	<p>CAMHS generic, adult and older adult mental health services – significant progress/partial achievement</p> <p>CAMHS NDC pathway – not achieved</p>	<p>CAMHS The national access targets for CAMHS in Buckinghamshire, Oxfordshire, Bath & North East Somerset, Swindon and Wiltshire have been met in 2024/25. The targets are set on a number of children being seen each month. Unfortunately, we do have children waiting to be seen as demand for our services and different treatments exceed capacity. We measure how we are doing by looking at children waiting for more than 4 weeks. The number of children waiting reduced in 2024/25 apart from those waiting for the neurodevelopment care pathway.</p> <p>Adults and Older People We measure how we are doing by looking at adults waiting more than 4 weeks. The number of adults waiting has reduced in Buckinghamshire and Oxfordshire in 2024/25 and is better than the national average, although we do still have adults waiting for assessment and treatment.</p> <p>Access to perinatal services, mental health crisis services and psychiatric liaison services has been generally good and better than the national average access rates.</p> <p>Access and recovery rates for Talking Therapies in Buckinghamshire and Oxfordshire are above the national targets, and access to Early Intervention in Psychosis within 2 weeks has improved and is above the national target. The number of adults accessing the Individual Placement and Support employment and job retention service has increased.</p> <p>For full details against each waiting target and our performance see the published Trust board papers here Board Papers Oxford Health NHS Foundation Trust the waiting information is within the integrated performance report.</p>

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Part 2: Review of Quality Priority progress 2024/25



Oxford Health
NHS Foundation Trust

Priority area: Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Address health inequalities relating to race through roll out of the Patients and Carers Race Equality Framework (PCREF)	Achieved	<p>The Trust has made a commitment to implement the Patients and Carers Race Equality Framework and other mechanisms for advancing health equalities. A programme structure has been developed to lead the implementation.</p> <p>Achievements in initial 6 months of implementing the framework include:</p> <ul style="list-style-type: none">• Setting up a leadership structure and workstreams; developing policy, reviewing workforce plans are in line with anti-racist principals, improving data capture on ethnicity and access to services and developing patient/carer feedback mechanisms. Encouragingly, commissioners from 3 of our Local Authority areas have committed to focusing their complaints advocacy contracts on improving rates of feedback from people from ethically and culturally diverse communities• Engagement with voluntary, community & social enterprise (VCSE) organisations about interest, capacity and commitment to PCREF at 'Place' level. Some organisations have engaged enthusiastically but for most there is a limitation due to capacity and funding. Some groups have been unable to commit their valuable time without this. As their independent scrutiny is essential for the next phase of PCREF, the programme leads have committed to co-designing a proposal for a funded solution to this.• Launching 'Go 90' campaign, aimed at increasing recording of patient ethnicity data collection to 90% across the Trust. Current levels for mental health services 81%, an improvement from the baseline at 78%.• Developing a series of metrics to measure the progress of the programme this is nearly complete and will report quarterly and externally on our work under PCREF.

Part 2: Review of Quality Priority progress 2024/25

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Develop safety culture through how we respond and learn from patient safety incidents (part of embedding the Patient Safety Incident Response Framework)	Achieved	<p>The Trust transitioned to working under PSIRF from December 2023. The workplan we set for 2024/25 has been delivered – key highlights are listed below</p> <p>2024 staff survey results n=3,666, 53%</p> <p>Four key patient safety culture questions – all improved in 2024 from 2023 and above the national average scores.</p> <ul style="list-style-type: none">• 19a treat those involved in an incident fairly 70.2%• 19b encouraged to report incidents 91.9%• 19c take action from incidents 76.6%• 19d received feedback about changes from incidents 68.9%

PSIRF workplan and achievements in 2024/25

- 50 incidents declared under PSIRP, 11 safety areas and 8 different learning responses (14 PSII and 7 thematic reviews)
- Reviewed 1st year of PSIRP and agreed changes. ICB approved and formal sign off at System Quality Meeting .
- SEIPs (Systems Engineering Initiative for Patient Safety) methodology used for all PSIRP cases.
- Reviews are being completed timelier, PSII being completed and signed off 19 days quicker.
- 183 incident learning huddles completed, additional 45 huddles this year. 49 huddle included an external organisation.
- 2024 national staff survey results for the second year running demonstrate the improvements made in developing the patient safety culture. Local staff feedback has been positive with helpful comments to continually amend our processes.
- Employed two Patient Safety Partners that worked with us around PSIRF and implementing safety initiatives. The partners created and embedded a process to ask patients/families for feedback following completion of a PSIRF review. We have strengthened how we share learning, for example introducing 6-weekly patient safety webinars open to all staff and also how we develop safety actions working more closely with OHI to take a QI perspective to change.
- Started testing an approach to review the impact of the actions we have taken.

Part 2: Review of Quality Priority progress 2024/25



Oxford Health
NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative
Support staff wellbeing and build resilience; develop and evaluate mechanisms such as Trauma Risk Management approach (TRiM), Post Incident Psychological Support Service (PIPS) and Staff Psychology Service	Achieved	<p>Work to develop, embed, and integrate pathways for supporting staff wellbeing and to provide evidence based and consistent support following traumatic experiences in the workplace. This includes:</p> <p>Continued rollout of TRiM (Trauma Risk Management – an evidence-based model for peer-to-peer support and screening following exposure to trauma)</p> <ul style="list-style-type: none"> - New leadership structure aligned to Health & Wellbeing with continuing clinical oversight and central project resource - Refresh/review of TRiM practitioners trained in first wave and creation of a new TRiM ambassador role - TRiM practitioner training to be supported as a core L&D offer - Continued support of dedicated roles and time in Forensic Directorate with discussions around operational ownership and support in wider MH services. - Development of new communications and promotional materials to boost awareness and uptake <p>Continued support of REACT training (an evidence-based model for staff training to promote positive wellbeing conversations including addressing risk)</p> <ul style="list-style-type: none"> - New cohort of trained trainers identified in partnership with Learning & Development - REACT training to be added to core L&D OTR system and promoted as part of managers toolkit – complementing existing procedural offer with a more relational training. Will also be available to other staff.

Part 2: Review of Quality Priority progress 2024/25



Oxford Health
NHS Foundation Trust

Priority area: Consistently deliver safe care with a reduction in avoidable in-service harm

Quality Priority	Progress RAG Rating	Progress Narrative continued from previous slide
Support staff wellbeing and build resilience; develop and evaluate mechanisms such as Trauma Risk Management approach (TRiM), Post Incident Psychological Support Service (PIPS) and Staff Psychology Service	Achieved	<p>Continued support of Post Incident Psychological Support (PIPS) as a supportive intervention to teams after difficult or traumatic incidents. Offer continues to be led by Spiritual and Pastoral Care team with staff across disciplines volunteering to receive training and deliver sessions</p> <p>Work (as also described below) to link TRiM and PIPS support as part of an overall complementary offer</p> <p>Continued development of Staff Psychology Service as part of Occupational Health provision. Service has welcomed new Consultant leadership and is now securely embedded as a core part of the Occupational Health service</p> <p>Service offers individual confidential consultation and advice to staff as well as evidence based treatment for trauma where this relates to a work based incident including Cognitive Behavioural Therapy and EMDR (Eye Movement Desensitisation & Reprocessing).</p> <p>Service is working on a wider more proactive offer including MBCT (Mindfulness based Cognitive Therapy) groups for staff and a new 'GTEP' group offering group based EMDR. Work to coordinate the offer and make it more accessible</p> <p>Consultant Clinical Psychologist in Occupational Health has initiated work to further coordinate and align the above offers with the aim of developing a clear and simple map of support to ensure a more joined up response for staff.</p>

Part 2: Review of Quality Priority progress 2024/25



Oxford Health
NHS Foundation Trust

Priority area: Delivering effective services to ensure care is planned and delivered around the needs of the patient

Quality Priority	Progress RAG Rating	Progress Narrative
To build our capability to measure and capture outcomes for patients accessing mental health services across the Trust	Achieved	<p>We set up a workstream to roll out and start embedding patient reported outcomes (PROMs: DIALOG, Re-QoI-10, Goal-based Outcomes) and collaborative care planning in community mental health services across the Trust. We did a 3-phase rollout after an initial pilot running from July 2024 to 18th March 2025. In each phase a number of teams had enhanced support for 2 months prior to launch. Full roll out was achieved in March 2025. Capability to do this has been developed through training, strong engagement of experts by experience and developing a purpose-built software platform (True Colours) to capture outcomes.</p> <p>Adults and Older People mental health services Since rollout from July 2024-18th March 2025:</p> <ul style="list-style-type: none">✓ 1,374 patients have had at least one patient reported outcome measure✓ 556 have had a paired PROM✓ 507 have a co-produced care plan <p>Based upon current caseload 10% of patients have at least one PROM measure.</p> <p>Children and Adolescent mental health services Since launch of True Colours in November 2024:</p> <ul style="list-style-type: none">✓ 2,261 patients have had at least one patient reported outcome measure✓ 1,635 patients have had a paired PROM✓ 412 have multiple goal-based outcomes set (similar to a co-produced care plan). <p>Based upon current caseload 6% of patients have at least one PROM measure.</p>

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Part 3: Review of Quality Priority progress 2024/25



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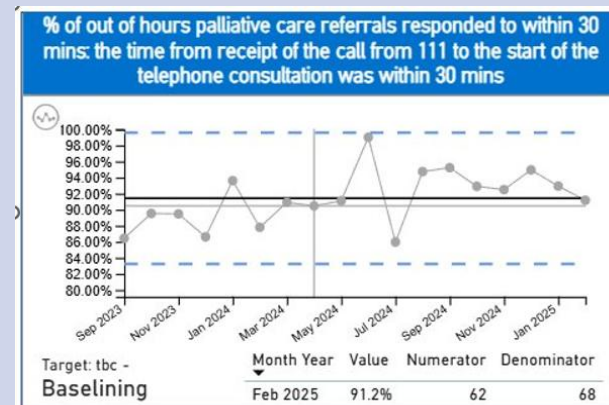
Priority area: Delivering effective services to ensure care is planned and delivered around the needs of the patient

Quality Priority	Progress RAG Rating	Progress Narrative												
To improve the physical healthcare to people with a serious mental illness (key focus- use of Lester tool and screening smoking status for inpatients)	Significant progress/ partial achievement	<p>During the year we have set up an Integrated Health Strategy Group to include all trust services and provide a better interface for physical health and mental health. Across mental health services a range of ways are in place to support the physical health needs of patients with mental health needs such as physical health clinics, locally based physical health champions, physical health outreach workers and a newly created physical health team in Buckinghamshire. These offers review and assess the physical health needs of those with SMI and include advise and guidance including smoking cessation and lifestyle advice. Following review of the current offer from our Tobacco Dependency Team the trust is currently coordinating work to take forward to cover both the use of smoking and nicotine replacement therapies such as vaping and how we can support cessation.</p> <p>Physical Health</p> <p>The Cardiometabolic Assessment (CMA) form on Rio includes elements of the Lester Tool and is to be completed every six months for inpatients and annually for community patients as part of routine PH health checks and is now audited as part of the Core Clinical Standards Audit, undertaken by matrons, below is a table showing audit compliance across the trust.</p> <table><tr><th>Core clinical standards audit</th><th>Jul-Sep 2024</th><th>Oct-Dec 2024</th><th>Jan-Mar 2025</th></tr><tr><td>Q8. Are relevant physical health needs accurately documented, up-to-date and addressed in the Care Plan?</td><td>67.30%</td><td>78.30%</td><td>80.70%</td></tr><tr><td>Q10. When did the patient last have a physical health review? (include, where appropriate, cardiometabolic check)</td><td>62.60%</td><td>68.10%</td><td>65.90%</td></tr></table>	Core clinical standards audit	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Q8. Are relevant physical health needs accurately documented, up-to-date and addressed in the Care Plan?	67.30%	78.30%	80.70%	Q10. When did the patient last have a physical health review? (include, where appropriate, cardiometabolic check)	62.60%	68.10%	65.90%
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Part 2: Review of Quality Priority progress 2024/25

Priority area: Consistently improve on the experience of those using our services


Quality Priority	Progress RAG Rating	Progress Narrative
Improve end of life care (early recognition, timeliness of F2F response times and advanced care planning)	Achieved	<p>During 2024-25 The Palliative and End of Life Task and Finish Group has made progress against five workstreams in support of the strategy; anticipatory and palliative care, care on the last day of life, staff education, development of resources with the help of bereaved families.</p> <p>Data from the audits in 2024-25 provide assurance that care at end of life is being delivered in line with the national priorities for End-of-Life Care, although we need to keep focusing on ensuring every patient as a personalised care plan.</p> <p>There has also been a significant improvement related to documenting evidence that patients spiritual, social communication and emotional and psychological needs are being better addressed on the community hospital wards.</p> <p>The Trust is an active partner in the roll out of the national ReSPECT process across the region. Training sessions on the use of the ReSPECT tool and related processes were held in February 2025 and we are aiming to launch a digital tool in the summer.</p> <p>An End-of-Life Response telephone line for out of hours has been established. The service aims to respond within 30 minutes to calls from 111 or a healthcare professional</p>



Part 2: Review of Quality Priority progress 2024/25

Priority area: Consistently improve on the experience of those using our services

Quality Priority	Progress RAG Rating	Progress Narrative				
Working with families (embedding the Triangle of Care standards across the Trust)	significant progress/partial achievement	<p>The Trust's current Friends, Family and Carers Strategy is being reviewed and whilst this happens the current Strategy has been extended to October 2025. We remain aligned to the national Triangle of Care standards and regularly use the self-assessment tool to support clinical teams to improve how they involve and work with carers and family members.</p> <p>The Trust's mental health services have retained our 2-star Triangle of Care accreditation which involves an annual external assessment.</p> <p>We have a Trust Carers lead as well as carer champions across a number of clinical teams. Work has continued to grow the carer champion role across services, with many of our mental health inpatient and community mental health teams now having an active role within the team. The role is responsible to advocate for carers, raise awareness and support the team to engage with carers.</p> <p>We have carers awareness e-learning and also deliver interactive sessions with clinical teams.</p> <p>No. of staff who completed the Carer Awareness training</p> <table><tr><td>Apr 23 – Mar 24</td><td>50 staff completed</td></tr><tr><td>Apr 24 – Mar 25</td><td>69 staff completed</td></tr></table> <p>Carers workshops continue to be offered to carers/family members to provide education and support to any carer on specific mental health conditions.</p>	Apr 23 – Mar 24	50 staff completed	Apr 24 – Mar 25	69 staff completed
Apr 23 – Mar 24	50 staff completed					
Apr 24 – Mar 25	69 staff completed					

The logo for the Triangle of Care is a blue triangle with three red dots at its vertices. Inside the triangle, the words "TRIANGLE OF CARE" are written in bold blue capital letters. Below this, the word "MEMBER" is written in smaller blue capital letters, followed by two red stars.



Part 2: Quality Priorities 2025/26

Following review of our progress during 2024/25 we have chosen to focus our priority areas on five specific areas for 2025/26, these areas are key indicators of quality across the trust. Where previous indicators are not included these continue to be monitored by our Integrated Performance report, Quality Dashboard and local governance groups. A copy of our Board papers that include these reports can be found [here](#)

Priority Area	Detail	Aim	Measures	Trust area involved
Reducing restrictive practice	To continue to reduce the use of restrictive practice and care for patients using the least restrictive way possible.	To build upon previous years progress to reduce the use of prone restraint and seclusion.	Using 2024/25 data as baseline: <ul style="list-style-type: none"> • 25% reduction of prone restraint • 20% reduction in use of seclusion • Establish a baseline measurement of seclusion duration. 	MH & Forensic inpatient wards
Implementing PSIRF and creating a learning culture	To continue to develop the embedding of PSIRF across the trust with a focus to support continuous improvement of safety cultures, systems and behaviours.	To embed patient safety incident response within a wider system of improvement that supports cultural shift towards systematic patient safety management	Achievement of the PSIRF priority area metrics for 2025/26.	Whole trust services
Involving patients and their families	Patients, carers and families are at the core of all we do. We aim to progress and develop ways to work together to learn from experience and improve trust services.	To have a framework for co-production developed and in place.	Evidence of framework and monitoring of embedding and performance	Whole trust services
Embedding continuous quality improvement.	To continue to develop the Quality Improvement (QI) culture across the trust to enhance patient care, safety and satisfaction.	To improve progression of QI project activity demonstrating a culture of improvement. To embed coproduction as an improvement fundamental.	Total number of QI projects registered on Life QI defined by those that are active and those stalled. % of QI projects involving patients/ carers	Whole trust services
Address inequalities in the delivery of healthcare	To better achieve health equality, reliable data is required that supports the identification of potential areas of inequality across the trust to drive improvement.	Reliable and meaningful data is recorded and provides the trust with meaningful insights to focus antiracism interventions..	90% of patients having a meaningful ethnicity recorded.	Whole trust services

Part 2: Monitoring our performance

Performance Reports

The Integrated Performance Report (IPR) provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality and People. It has been re-designed for an improved alignment with Trust strategic ambitions, national and local reporting performance requirements. The report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures. The report continues to be developed further to provide a comprehensive and reassuring oversight of Trust performance measures.

The IPR is fed by directorate data that is monitored and reviewed robustly at a local level to understanding performance metrics and inform improvement and appropriate early escalation where necessary.

(1) Delivery of the NHS National Oversight Framework (NOF) The Trust continues to perform well against the reportable targeted NOF metrics with the exception of Inappropriate Out of Area Placement (OAP) adult acute bed days and staff sickness rate. We have robust oversight and monitoring processes for these metrics and performance part 2 of this report detail the work we are undertaking to respond to these challenges.

The Trust has 40 strategic metrics to track performance against set strategic objectives and ambitions. The annual position is expected to be reported in May 2025.

Detailed performance data and the annual strategic measures reporting can be found within the trust public board papers [here](#)



Part 3: Key Dimensions of Quality

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Part 3: Clinical Audit



Oxford Health
NHS Foundation Trust

Clinical Audit - a tool for improvement

Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust takes actions to improve the care provided.

Clinical Audit activity forms part of the trusts wider Quality Management System aimed to support inform learning, improvement and to ensure the trust can demonstrate that it is meeting regulatory, commissioning, contractual and legal requirements in relation to the quality and safety of the services provided.

In 2023-24 we participated fully in 15 national audits. Alongside these we carried out 51 locally identified clinical audits. Updates for the national audits we participate in can be found in appendix 1 of this report.



10 national audits



124 locally managed clinical audits.

The clinical audit plan 2025/26 has been developed by the corporate audit team in coordination and collaboration with the directorate governance leads and clinical teams. The plan has been developed to balance directorate/service level audits with national and trust wide priorities.

Summary of the Results appendix 1 of this report.

Part 3: Implementing the Patient Safety Incident Response Framework

National aims of PSIRF

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approaches to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement

Our vision and outcomes

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

This will lead to the following positive outcomes:

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

Programme Objectives



Objective 1

Improve how we Respond to Patient Safety Incidents by developing our learning responses and safety culture.



Objective 2

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



Objective 3

Improve how we Make Sustainable Changes by evolving how we create safety actions and monitor the impact of changes for more complex actions.

Key deliverables 2024/25

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

Part 3: Patient Safety

Incident analysis

In the financial year 2024-25 there were 50 incidents declared under our Patient Safety Incident Response Plan (PSIRP), summarised in table 2. Covering 12 of the safety areas we prioritised (8 local safety areas and 4 national safety areas). The incidents go across our different clinical directorates. The majority of cases identified have been in relation to access to care and treatment.

Table 2. Incidents identified under our PSIRP 2024-25

Safety Area	Type of Learning Response									
	AI	Extended-ILH	ILH	IRR	LeDeR - ILH	PSII	Thematic review	ToC	Obs visit	Grand Total
Assess care/treatment		1	10	1		2	3		2	19
Child death with concerns about care (national area)		1								1
Custody death (national area)			1	1		1				3
Emergent themes		2				2	3			7
Internal joint working	1	3	2			1	1			8
Involving families						1				1
Leder with concerns about care (national area)					1	1				2
MH detained Death			1			3				4
MHHR/DARDR (national area)						2				2
Risk formulation/safety planning						1				1
Pressure Ulcer										0
Cross organisational reviews		2								2
Grand Total	1	9	14	2	1	14	7	0	2	50

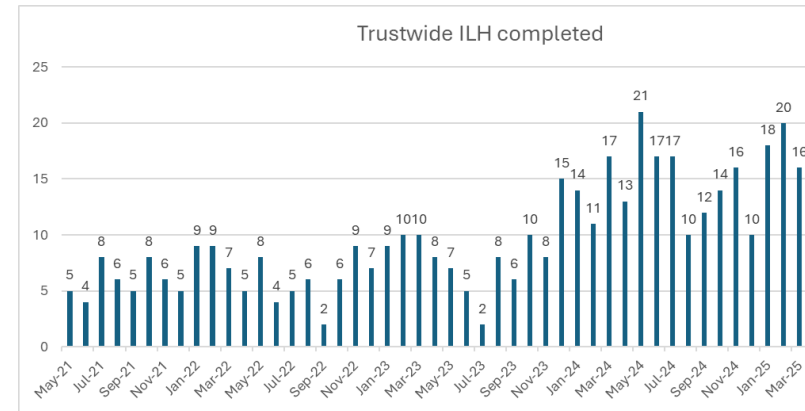
For the 50 cases we have used 8 different types of learning responses demonstrating a more considered and proportionate approach and effective use of resources. We have been able to identify and start learning from incidents quicker, with 38 out of 50 reviews completed. The different learning responses we have used include; thematic reviews, incident learning huddles, observational audits, system reviews, in-depth patient safety incident investigations, and appreciative inquiry. For each review we use a systems factor methodology (SEIPS = Systems Engineering Initiative for Patient Safety) to better understand what happened ('work done') and why, against what we think or expect should happen ('work imagined') so that the learning we identify and the safety actions we take address the real issue(s).

Part 3: Patient Safety

Incident Analysis

We use incident learning huddles as an initial learning response where there has been significant harm to a patient, or we believe there is a potential for great learning. Huddles help us to understand more about incidents, to ensure support is in place for those affected, to identify immediate learning and to clarify if incidents require further exploration/learning response as detailed in our Patient Safety Incident Response Plan (PSIRP).

Since we started Incident Learning Huddles, we have completed 138 in 2023/24 and 183 in 2024/25. This is 45 more huddles this year compared to last year. In 2024/25, 49 of the huddles (27%) included an external organisation to help maximise our understanding of an incident and to share learning across organisations.



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

- monthly learning summarises from each review are shared directly and discussed with team/ward managers at monthly governance meetings
- written learning summarises are posted on the staff intranet 03 March Learning from Incidents Summary.docx
- 6-weekly patient safety webinars are held themed around our key areas for learning (all recordings are here Patient Safety Webinars with the next on 12th May 2025)
- the outcomes from reviews are shared in each Quality Improvement hub in the clinical directorates
- sharing themes with learning advisory leads to bring into regular staff training

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

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

Part 3: Learning from Deaths

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from deaths process reviews all patients against a national database to ensure we identify all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact to help identify any themes or trends.

The deaths of all patients under our care at the time they die are screened by at least two senior clinicians and this decides on whether a further review of care is required. The majority of deaths are expected but where there is a specific trigger or a patient comes from a particular vulnerable group (as identified in our policy) we then review these deaths further. The level of review required will depend on various criteria such as age, the setting they die in and the circumstances surrounding their death.

We always complete a mortality review for all patients who are aged under 18, if they had a learning disability, a diagnosis of autism, died on a mental health ward, died whilst detained under the Mental Health Act, or died after we suspected they took their own life by suicide.

We also submit information to the following national confidential enquiries to support national learning:

- Learning disabilities and autistic people mortality review programme
- National child mortality database
- National confidential inquiry into suicide and homicide

The following slide gives an overview of our review of mortality data and trends

Part 3: Learning from Deaths

Overall similar pattern over time for number of deaths. Average 511 deaths per month. Above average numbers of deaths in Q3 of 24/25 and Q4 of 24/25 which falls in the period of excess winter deaths, mirrors national trend with an even split between males (49%) and females (51%).

There are Data Quality limitations with looking at ethnicity, however where it is captured the ethnicity picture for deaths mirrors the patient caseload and the census data in each county, with most deaths for people from a white ethnic background.

Compared to total deaths in England and Wales (ONS) – similar pattern over time, slightly lower levels of deaths in Q4.

Majority of deaths are for patients last seen by services in the Community Directorate such as District Nursing. Most deaths are for patients aged 75-89 and then 90+. Small increase for patients aged 75-89 since April 2023

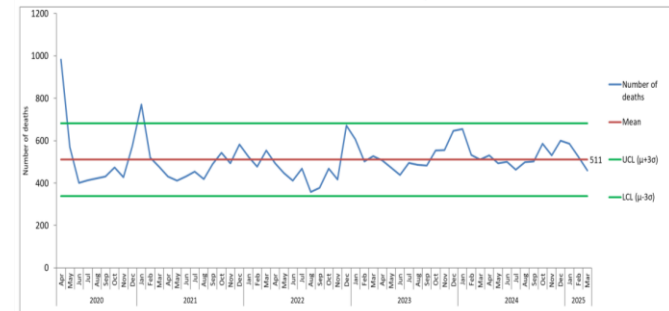
Most deaths are for patients open to services at the time they have died (76%, 389 deaths a month). We also regularly review and look at data for discharged patients in last 12 month. No significant changes over the last 5 years.

There have been 49 confirmed/suspected suicides for open and discharged patients in the last 12 months, of which 29 were open at the time to mental health services. Higher number of male suspected suicides (32 males/17 females). In Q4 there were 10 confirmed or suspected suicides, 6 with open referrals to a mental health service. Lower number of deaths by month between Feb 24 – March 2025 (average of 4 per month compared with an average of 5 per month previously).

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Total number of deaths

current patients and patients discharged from our care

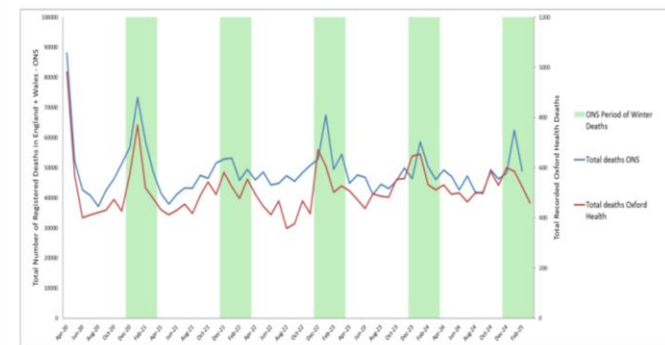


Peaks in April 2020 & January 2021 – mirroring national trend during COVID outbreak

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Pattern: Trust deaths vs National rate

current patients and patients discharged from our care



Part 3: Learning from deaths

Actions Taken in response to themes

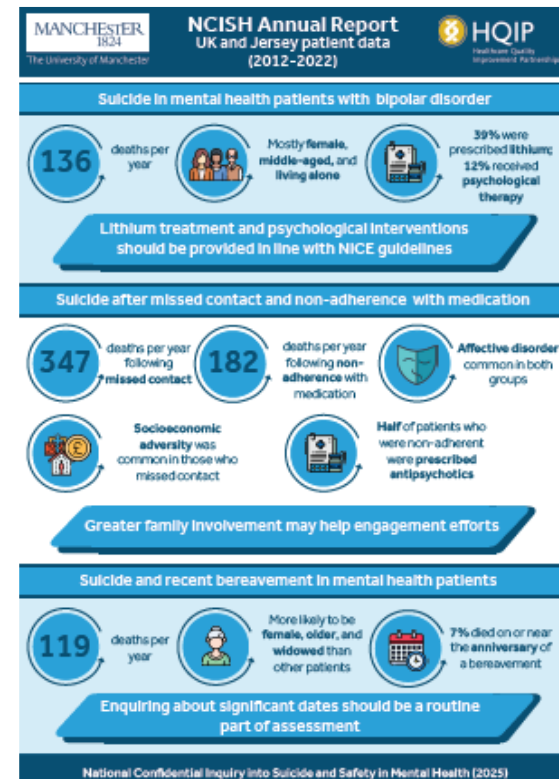
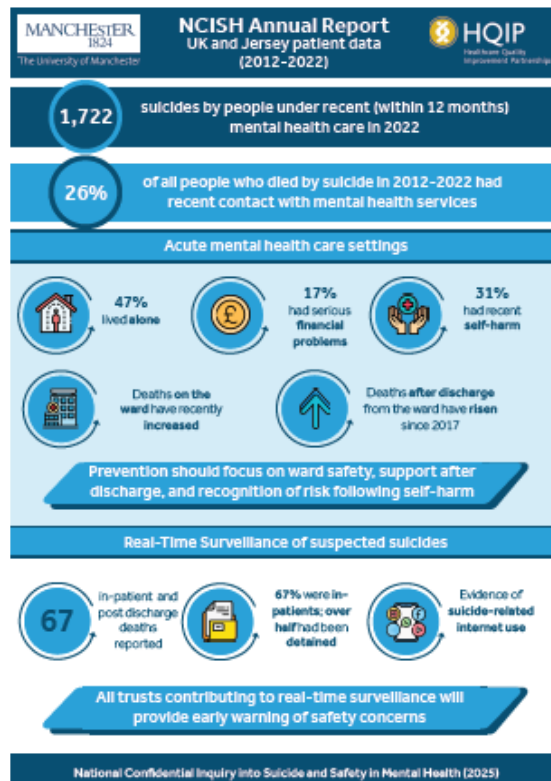
- Developing how we involve and work with families about their loved ones care. In mental health services we are using the national Triangle of Care standards from the Carers Trust to guide the work.
- Working on communication between OHFT teams and single points of access.
- Learning disability deaths; Work is in progress around lung health, bowel and bladder LD pathway and use of health passports. As well as work the ICS are leading on for NHS Core 20 PLUS5.
- Continued work around early recognition and responding to soft signs of sepsis and physical deterioration (inpatient and community teams). Trust is rolling out eLearning on sepsis for all clinical staff.
- Improving the quality of clinical documentation and how easy it is for staff to use our electronic patient record systems. There has been a lot of work in the last 12 months to improve the link to the Thames Valley shared care record from within Trust systems to improve joint working.
- Developing mechanisms for reviewing deaths for patients who were on a waiting list for a service who had not yet been seen e.g. Community Heart Failure, Urgent Community Response, Podiatry.
- End of life care pathway:
 - Work is in progress for children to improve access to expert advice on specialist medications and more in-reach to improve coordination of support on discharge from the acute hospital.
 - A response telephone line for out of hours has been established. The service aims to respond within 30 minutes to calls from 111 or a healthcare professional. We are receiving 60+ calls a month and responding to 90%+ of these within 30 mins.

Part 3: Learning from Deaths

Suicide Prevention

We are currently refreshing a self-assessment against the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 10 ways to safer care with clinicians to identify the next areas of focus. Previous work has been on;

- Minimizing ligatures in inpatient environments
- Developing mental health services/resources to improve access for people in a crisis
- Developing single points of access into services
- Embedding risk formulation
- Embedding safety planning carried out with patients/families.



Complaints, Concerns and Compliments

As of 1 April 2024 the Trust introduced the new NHS Complaints Standards.

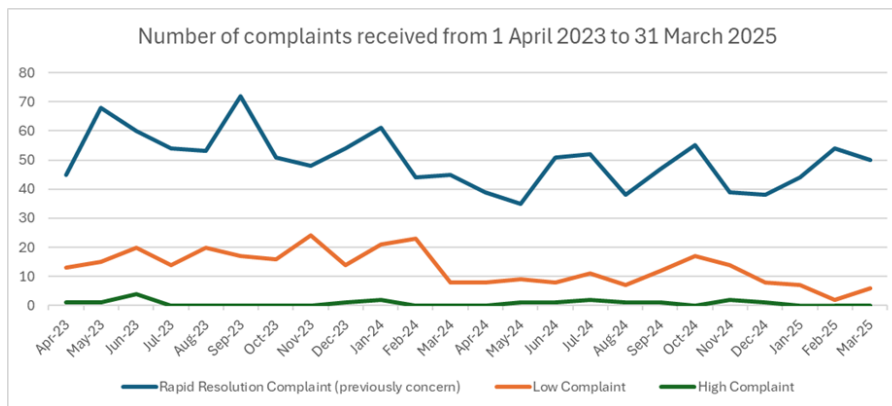
The Complaint Standards support organisations to provide a quicker, simpler and more streamlined complaint handling service. They have a strong focus on:

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

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

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

In 2024-25, Oxford Health NHS Foundation Trust (OHFT) received a total of 629 complaints which is a decrease from the previous year of 887.



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

Patient Experience



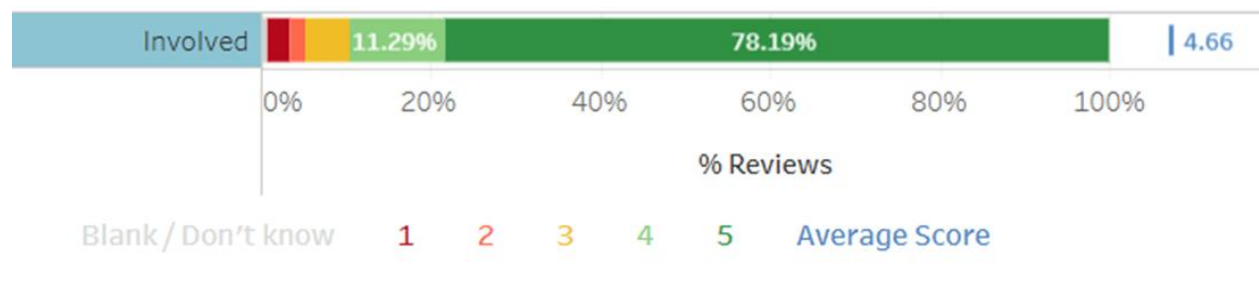
Oxford Health
NHS Foundation Trust

Feedback from patients and Carers

We have a mechanism for collecting feedback. 15, 526 reviews were received on I Want Great Care (IWGC) over the 12-month period with 3,105 of those coming from self-identified friends, family members and carers.

89% of that group said they felt very or well involved in their loved ones care. The feedback allows people to tell us what went well and what can be improve. In addition, we have a database of carers who have said they want to work with us to help make quality improvements.

The below graphs show the responses across the organisation from parents, carers and friends who answered the question “were you involved as much as you wanted to be in your loved ones care?” between April 2024 -March 2025



Themes from IWGC qualitative data

Themes emerging from the “what could be improved?” qualitative feedback from self identified friends, family members and carers:

Waiting used in 305 reviews,

Information used in 150 reviews,

Support used in 123 reviews,

Communication used in 106 reviews.

Caring, safe and excellent

Part 3: National Survey Outcomes



Oxford Health
NHS Foundation Trust

National Survey Adult and Older Adult Community Mental Health Patient Survey 2024

The Care Quality Commission (CQC) undertakes an annual community mental health survey, which asks people who use NHS community mental health services in England about their experiences of care.

Out of the 35 scored areas the trust scored 6 questions in the top 20% range of organisations surveyed, 24 scores in the intermediate-60% and 5 in the bottom-20%. The trust is reviewing the results of the survey in further detail to understand where improvement efforts may be directed and share the good practice identified.

Top & Bottom Five Scores

This section of the report summarises your organisation's highest and lowest scoring results for the current year across the entire survey.

Top 5 Questions	Score
Q26. Thinking about the last time you received therapy, did you have enough privacy to talk comfortably?	8.19
Q13. Did your NHS mental health team treat you with care and compassion?	8.09
Q40. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	7.92
Q07. Was the support offered appropriate for your mental health needs?	7.80
Q15. To what extent did your NHS mental health team involve you in agreeing your care plan?	7.75

Bottom 5 Questions	Score
Q33d. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... Cost of living	1.12
Q33c. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... Financial advice or benefits	1.76
Q33b. In the last 12 months, did your NHS mental health team give you any help or advice with finding support for... Finding or keeping work	2.28
Q41. Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	2.62
Q32. In the last 12 months, has your NHS mental health team supported you with your physical health needs?	4.16

Part 3: Statement of Directors responsibilities in respect of the Quality Account



Oxford Health
NHS Foundation Trust

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out by NHS England, available here [NHS England » Quality Accounts requirements](#)
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2024 to March 2025
 - papers relating to quality reported to the Board over the period April 2024 to March 2025
 - feedback from commissioners **dated**
 - feedback from governors **dated**
 - feedback from local Healthwatch organisations **dated**
 - feedback from Overview and Scrutiny Committees **dated**
- The Trust's annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

Part 3: Statement of Directors responsibilities in respect of the Quality Account

- The 2024 national patient survey
- The 2024 national staff survey
- The Head of Internal Audit's annual opinion of the Trust's control environment
- Any CQC inspection reports
- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board.

DATE- David Walker, Chairman DATE– Grant MacDonald , Chief Executive(TBC)

Appendices

- Appendix 1: National Clinical Audit summary
- Appendix 2: Commissioners feedback
- Appendix 3: Council of Governors feedback
- Appendix 4: Health watch feedback
- Appendix 5: Oxfordshire Joint Health Overview & Scrutiny Committee feedback

Appendix 1: National Clinical Audit updates



Oxford Health
NHS Foundation Trust

Clinical Audit	Summary
National Respiratory Audit Programme (NRAP): Pulmonary rehabilitation	<p>100% of eligible patients submitted so far. Deadline 8th August 2025 for 2024/25 data.</p> <p>Key Successes</p> <ul style="list-style-type: none"> • Successful recruitment growing the team. • More groups are being held – more capacity across the county helping to reduce waiting times. • Currently conducting a service improvement project to improve waiting time. • The DNA rates have reduced this year from 35% in 2023-24 to 18% in the first half of 2024-25. <p>Key Concerns</p> <ul style="list-style-type: none"> • Equity of provision across the county - some areas are waiting longer than others. • Enhancing engagement of ethnic minorities within pulmonary rehabilitation has been a concern. • New recruits are currently on yearly contracts which may affect ability to continue groups once it ends. • Yet to achieved accreditation from Royal college of physicians (RCP) but working towards.
National Audit of Diabetes Footcare (NDFA)	<p>Deadline expected July 2025 for 2024/25 data.</p> <p>A Quality Improvement project using national audit submission as a measure is ongoing and has seen an improvement in the number of submissions.</p> <p>Key Successes</p> <ul style="list-style-type: none"> • Huge improvement from last year on numbers of audits been completed. • The NHS digital access has been updated and more relevant staff now have access to update information. • SINBAD Score used in 100% of cases every quarter. <p>Key Concerns</p> <ul style="list-style-type: none"> • Staffing levels within podiatry could impact the number of completed audit forms. <p>Action</p> <ul style="list-style-type: none"> • New audit lead has been inducted and actively seeking further NDFA champions within the department to assist with the project.

NHS
Oxford Health

Caring, safe and excellent

Appendix 1: National Clinical Audit Updates



Oxford Health
NHS Foundation Trust

Clinical Audit	Summary
National Audit of Inpatient Falls (NAIF)	<p>It has been identified that the Oxford Health was not being allocated cases to audit. This was due to how falls resulting in fracture were attributed to occurring on an inpatient unit on the Hip Fracture Database.</p> <p>The Clinical Audit and NICE Manager was liaising with Oxford University Hospitals (OUH) new audit manager to resolve. The audit team have been reviewing falls for 2024/25 and linking with OUH to ensure eligible cases were audited, however numbers remain small.</p> <p>From January 2025, NAIF expanded to collect information from patients who sustain any fracture, spinal or head injury as a result of an inpatient fall and allowed participating organisations to identify patients who are eligible for audit data collection. Monthly falls reports are being reviewed and eligible cases audited.</p>
Prescribing Observatory for Mental Health (POMH-UK) - Rapid Tranquillisation (16c)	<p>This audit was from the 2023/24 Quality accounts list with a deadline of 30th April 2024.</p> <p>83 patients were audited from 16 wards across the Trust.</p> <ul style="list-style-type: none"> - Post-RT, a debrief with a nurse and doctor is required to assess harm and emotional impact and to be offered a supportive debrief with staff, an advocate, or a carer. As an action plan, debriefs will be made mandatory at closure, involving working with the Ulysses team to implement a mandatory functionality. - Within a week of RT, care plans should include triggers or early warning signs. Trigger warnings will be added to de-escalation plans to support clearer documentation, to improve compliance in this area. - Hourly physical, mental and behavioural observations are currently logged on NEWS2 sheets and not in care notes. The news EObs system, will record all observations including attempts, refusals etc., which will be pulled directly into RiO. A snapshot audit is planned for June to test this data integration to improve compliance in future audits. - The treatment target for this audit includes - Oral medication should be offered before IM/IV options for behavioural disturbance. For action plan to this – this will be covered as part of the de-escalation plan and learning from incident forms. Trust practices, offering oral medication as first choice, but it's often not recorded in care notes, incident forms may better reflect this practice.

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
Prescribing Observatory for Mental Health (POMH-UK) - The use of melatonin (21a)	<p>170 patients were audited from 20 teams/wards across the Trust.</p> <p>The audit results closely similar to previous round of the audit. The action plans from 2023 are still valid and will be reviewed with fresh focus.</p> <ul style="list-style-type: none">- Evidence-based, non-pharmacological interventions should be attempted before prescribing melatonin. For samples with "No documentation" may indicate poor or inconsistent record-keeping rather than a lack of intervention. A guideline and standard proforma, including sleep hygiene advice and a tick box for documentation, would help ensure better consistency and proper recording in Rio.- For the standard, that the target symptoms for melatonin treatment should be documented. The figures for 2024 are similar to those in 2023, indicating room for improvement. As an improvement recommendation, this could be supported by incorporating these expectations into a trust guideline and using a proforma to aid consistent documentation in Rio.- A licensed melatonin preparation should be prescribed. Clinicians must ensure adherence to these updates and discontinue Circadin MR prescriptions as per recent changes.- The updated trust guidance to include clear instructions to ensure off-label use is explained to patients and carers; and documented. To ensure compliance with documentation, a tick box in the proforma can be copied into Rio. The Choice and Medication leaflet or the Medicines for Children leaflet will be provided, and these links could be included in the trust guideline.- The efficacy and safety/tolerability of melatonin to be reviewed within three months of starting and also the need for continued melatonin treatment should be reviewed annually, considering efficacy and side effects. The results highlight the ongoing need for clear trust guidance and expectations, particularly regarding how these reviews are documented.

Appendix 1: National Clinical Audit Updates



Oxford Health
NHS Foundation Trust

Clinical Audit	Summary
Prescribing Observatory for Mental Health (POMH-UK) - Opioid medications in mental health services (24a)	<p>20 patients were audited from 11 wards across the Trust.</p> <p>POMH have yet to publish the report with the results for the Trust.</p>
Core National Diabetes Audit (NDA) – Education Element	<p>National deadline for 2024/25 is currently not yet released (09/04/2024).</p> <p>The audit collects data on diabetic patients. There are multiple audits which track a patients diabetes management to form a wider registry of diabetic care in England and Wales. Oxford Health only provides structured education to Type 2 diabetic patients and enters this data into the audit. For the 2023/24 year, 1236 patients were offered structured education, of which 757 attended. This gives an attendance rate of 61%.</p> <p>Data is currently being collated ready for upload to the national audit.</p>
National Clinical Audit of Psychosis (NCAP) (EIP)	<p>The national audit is trialling using data from the Mental Health Services Data Set (MHSDS). The trust did not participate in the trial in 2023/24 due to ongoing work with RiO and populating the MHSDS following the systems outage. Nationally this is expected to run in 2024/25 and the trust has provided our data identifiers. It has been noted that the trial in 2023/24 did experience a number of issues.</p> <p>The bespoke audit focused on effective treatment, physical monitoring (against an approved Lester Tool), and whether outcome assessments were undertaken.</p> <p>The work is ongoing with introduction of outcome measure tools in the True Colours rollout. A live spreadsheet, color-coded by intervention status (red for out of date, amber for about to expire, green for in date), has been implemented to give immediate support in documenting these measures. Supervisors review and update this monthly during supervision. The spreadsheet helps identify missing measures, ensuring each patient has at least two sets, typically updated every six months in line with care plan reviews.</p> <p>To improve efficiency in providing CBTp, allocation meetings for CBTp will be held more frequently. A review will be conducted on the current number of sessions provided to assess if they can be reduced.</p>

Appendix 1: National Clinical Audit Updates



Oxford Health
NHS Foundation Trust

Clinical Audit	Summary					
Sentinel Stroke National Audit programme (SSNAP)	SSNAP provides two data sets:					
	<ul style="list-style-type: none">'Patient centred' attributes the results to every team which treated the patient at any point in their care. This recognises that the stroke care pathway usually involves many teams treating the patient at different points. This holistic approach is aimed at encouraging teams to work closely together to ensure consistency of care. It is patient centred, because it describes the care and outcomes from the patient perspective, regardless of which team treated the patient.'Team centred' attributes the results to the team considered to be most appropriate to assign the responsibility for the measure to. Whilst the patient centred holistic approach identifies that teams along the pathway need to work closely together to ensure that patients get consistently high quality of care, it is also recognised that it is useful to provide results on a team centred basis so that teams can see the results for the interventions delivered.					
	SSNAP assigns grading based on a score determined by percentage compliance for key indicators under each domain in the audit, which is then readjusted using case ascertainment and audit process compliance. These are then used to calculate the overall grades. Further guidance and how key indicators are calculated is available on the SSNAP website . For simplicity the following key can be used as a guide for compliance A to E:					
	<table><tr><td>A = ≥ 80</td><td>B = 70 to 79</td><td>C = 60 to 69</td><td>D = 50 to 59</td><td>E = ≤ 49</td></tr></table>	A = ≥ 80	B = 70 to 79	C = 60 to 69	D = 50 to 59	E = ≤ 49
	A = ≥ 80	B = 70 to 79	C = 60 to 69	D = 50 to 59	E = ≤ 49	
Overall SSNAP level for 2024/25 was rated B for both patient centred and team centred measures for Quarters 1 and 2. Changes to the reporting mean that no score has been given for Quarter 3 (Quarter 4 data deadline has not yet passed). Case ascertainment/Audit compliance has remained rated A (90%+) across Quarters 1 and 2. Key points from specific domains are: <ul style="list-style-type: none">Occupational Therapy and Physiotherapy domains remain rated A.Standards by Discharge and Discharge Process rated C. This is affected by patients not being able to access Early Supported Discharge or specialist community rehabilitation team on discharge.MDT working is rated D.						

Appendix 1: National Clinical Audit Updates

Clinical Audit	Summary
Serious Hazards of Transfusion (SHOT)	<p>National registry for incidents involving blood transfusion.</p> <p>Oxford Health participate via Oxford University Hospitals.</p> <p>9 incidents were recorded in 2024/25. Incidents were investigated as per trust patient safety processes. 2 incidents related to blood units being sent to the wrong EMU; 2 incidents related to blood units being left behind; 1 incident related to incomplete details on crossmatch request form; 1 incident related to no request card attached to the sample; 1 incident related to the scanner being unable to scan the product code on the blood bag; 1 incident related to blood fridge tachograph not recording temperature as not inserted properly; 1 incident related to incorrect wristband being placed in patient.</p> <p>A local blood transfusion audit is undertaken regularly to provide assurance of practice against standards.</p>
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide (NCISH)	<p>The trust participates in the programme.</p> <p>As of 09/04/2024, 98 patients have been identified as eligible for deaths between 1st April 2019 and 31st March 2025, of which:</p> <ul style="list-style-type: none"> • 78 (80%) have been completed, • 3 (3%) have been abandoned as agreed by NCISH, • 16 (16%) are overdue, and • 1 (1%) are in progress and have not passed the due by date.

Appendix 2: Commissioner feedback

1 of 3



Oxford Health
NHS Foundation Trust

Dear Grant

NHS Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) is pleased to provide a response to the Quality Account 2024/25 submitted by Oxford Health Foundation Trust (OHFT).

From our review, we believe the Quality Account has clearly set out both the significant achievements of the Trust in respect of the quality of its services, and a realistic appraisal of the challenges met by OHFT and the wider system. The Quality Account provides information on the services provided by OHFT and progress on the priorities for improvement that were set for 2024/25, giving an overview of the quality of care provided during this period and progress against core quality indicators. It also gives clear evidence of achievements and how the Trust is aiming to maintain or improve the quality of care.

The clinical quality priorities for 2025/26 are also set out in the report. We acknowledge and support the aspiration to maintain high quality services, supported by these priorities. We are pleased to see the inclusion of co-production, addressing inequalities and developing the quality improvement and safety culture in the quality priorities as these are system wide priorities.

The National Quality Board definition of quality has six dimensions, including sustainability, equity and leadership, in addition to the established areas of safety, effectiveness, and experience. It is pleasing to see the commitment to further embedding the national patient safety incident response framework (PSIRF), being an anti-racism organisation and embedding the Patients and Carers Race Equality Framework (PCREF).

Addressing the sustainability challenge through models of care and stable resilient workforce is a key priority nationally and across BOB. The ICB are keen to see this, and clear alignment between the organisations quality priorities and the overall Integrated Care System goals as set out in our Joint Forward Plan.

We are committed to working with the organisation to build upon and achieve further improvements in the areas identified.



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

We are satisfied that the Quality Account has been developed in line with the national R Requirements and gives an overall accurate account and analysis of the quality of services

We would like to recognise in particular, improvements and achievements in the following areas:

- The number of people receiving inpatient care (including community hospitals, mental health and forensic wards) that were assessed using NEWS2 to enable early identification of deterioration in a patient's physical health.
- Reduction in the use of restrictive practice in mental health inpatient services.
- Reduction in wait times for adults and older people, perinatal services, mental health crisis services and psychiatric liaison services access and recovery rates for talking therapies.
- Implementation of the national ReSPECT process.
- Work to drive cultural changes including the implementation of a restorative, just & learning culture.
- Signing up to the NHS England first ever sexual safety charter.
- Commitment to reducing staff experience of violence and aggression in the workplace.
- Opening three more Keystone Mental Health & Wellbeing Hubs.
- Achieving the Health Service Journal Award for the "Best Pharmaceutical Partnership with the NHS".
- Launch of the family, friends and carers handbook.
- Ruby Ward, achieving accreditation with the Quality Network for Working Age Mental Health Services.
- Retaining the two-star Triangle of Care accreditation for another year.

The Trust is rated "Good" by CQC (2019) and we welcome the formal feedback following the CQC inspection of forensic inpatient services in November 2024.

Conclusion

The ICB would like to take this opportunity to acknowledge and praise Oxford Health Foundation Trust for their continued commitment to quality improvement and innovation, as well as ensuring that the ICB and partners are actively involved in conversations around the quality and safety of services.

The ICB have attended the Trust's Quality Meetings throughout the year and are assured of the strength of the organisation's clinical governance framework.

The Trust has also consistently contributed as a partner in the System Quality Groups, bringing expertise, learning, and escalations to these system-wide forums.

Alongside the progress reported on the Trust's main quality priorities, we acknowledge the depth of improvement work reported across all its services

2024/25 has been a challenging year for health and social care and we know that, as a system, we continue to face significant challenges with capacity and demand across a range of pathways and we value the commitment and expertise that Oxford Health Foundation Trust continues to provide in system-wide, regional, and national work to transform services in the face of these challenges.

BOB ICB is looking forward to collaborating with its system partners to develop the national direction of travel for healthcare to future proof the NHS for future generations by working on the following [3 key shifts at the core of the government's health mission](#):

- From hospital to community – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care.
- From treatment to prevention – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health.
- From analogue to digital – greater use of digital infrastructure and solutions to improve care.

Yours sincerely



Rachael Corser, Chief Nursing Officer
2nd June 20205

Appendix 3: Council of Governor feedback 1 of 1



Oxford Health
NHS Foundation Trust

The quality account highlights the diligent efforts of our staff to enhance the experiences of patients, carers, and employees within the Trust. Significant achievements have been made across the Primary, Community and Dental, and Mental Health directorates, notable examples including the establishment of the Keystone Mental Health and Wellbeing Hubs, the publication of the family, friends and carers handbook, and the innovative initiatives undertaken by our district nursing team through quality improvement.

The report acknowledges progress in measuring and capturing patient outcomes – Patient Recorded Outcome Measures (PROMS). There is anticipation for sustained momentum in this area, as these measures are vital for demonstrating service effectiveness and understanding intervention impacts and patient experiences.

A crucial point to highlight is the commitment to the Patients and Carers Race Equality Framework, which assists the Trust in addressing health inequalities. While there remains work to be done, it is encouraging to see this framework included among the five quality priorities for 2025/26.

The forthcoming 10-year plan promises to lay the foundation for the future evolution of the NHS, carrying particular significance for Oxford Health and its future quality priorities.

The key themes already published emphasise:

- Preventing Illness: Transitioning from a system focused primarily on treating sickness to one that actively strives to prevent illness.
- Community-Based Care: Shifting care delivery from hospitals to local settings, enhancing accessibility and integration of healthcare within communities
- Digital Transformation: Utilising digital technologies to revolutionize service delivery, improving efficiency and patient experience.

Signed by:

Vicki Power, Lead Governor 3rd June 2025



Dear Grant

Thank you for letting Healthwatch Oxfordshire have sight of the Oxford Health NHS Foundation Trust Quality Account for 2023/24 prior to publication and giving us the opportunity to comment. We are the independent local health and social care champions for Oxfordshire residents.

We would like to thank all staff for their commitment to patient care, service delivery and improvement during the year, and in a fast-changing landscape.

We also thank staff for supporting Healthwatch Oxfordshire visits to Oxford Health services during the year, as part of our programme of Enter and View visits, and outreach to community hospital settings, enabling us to speak to both patients, carers and staff about their experiences. These visits included to the Phoenix Ward at Littlemore Mental Health Centre, to Wantage, Didcot and Bicester Community Hospitals, as well as outreach at Witney Community Hospital. You can see the reports on Enter and View visits, which reflect findings on experiences of support and care here:

<https://healthwatchoxfordshire.co.uk/our-work/enter-and-view/>

We saw in person the positive impact of Peer Support workers whilst during our visit to Phoenix Ward. We also saw the demonstration of the impact on staff and patients of Quality Improvement (QI) projects carried out by staff, whilst on our visit to Didcot Community Hospital.

We are pleased to see the launch of a family, friends and carer handbook for people accessing older adult mental health services, and that carers were involved in the design of this.

We note progress made on CAMHS access targets which is a positive achievement. We also note the continued long waiting times for those children on the neurodevelopment care pathway. This is an area which Healthwatch Oxfordshire continues to have feedback on from members of the public, and on ADHD pathways, and would emphasise the need for proactive communication and support with those on waiting lists.



We were able to feed into the start of the PCREF framework, and help identify community level links.

We agree with the comment that to gain meaningful input into tackling health inequalities relating to race, there is a need for genuine ongoing engagement with community partners. This requires resourcing for staff and community members, and involves valuing people's time, knowledge and input. We hope that a 'suggested co-designed funded solution' to this can be found. For any genuine and ongoing dialogue with community members - particularly those facing additional barriers, and health inequalities - recognition of capacity, time and financial impact of engagement is needed to build relationship and remove barriers. This should also be key consideration in the co-production framework you are developing in 2025-6, and commitment to address inequalities in the delivery of healthcare – both provide an opportunity to be developed in collaboration with service users, and wider community where they receive care. We note there is little or no mention of working across the health and care system, with wider system partners and with voluntary and community sectors. This will be essential in transition to Neighbourhood health and shifts towards integrated work and prevention.

Highlighting Patient Experience and supporting feedback, comment and complaint is essential to improving care and bringing insight into service improvement. It would be useful to see how you have ensured that any improvements made as a result of patient and carer feedback has been communicated back, in a 'You said, We did' dialogue. We would like to see more emphasis on how service feedback has been reflected back to those who gave their views, and how it has driven change. (Of useful reference, Healthwatch Oxfordshire's report on what we heard from communities about engagement and community research, including four key guiding principles identified <https://healthwatchoxfordshire.co.uk/report/community-research-in-oxfordshire-november-2023>)

We would like to see reference to your adherence and commitment to ensuring Accessible Information Standards in all your communications, including provision of interpreting and translation, and additional formats.

We ask you to pass on to all staff and volunteers at the Trust our thanks for their ongoing commitment to serving the people of Oxfordshire, and congratulate you and your team on awards you have received.

Yours Sincerely,



Dr. Veronica Barry, Executive Director
Healthwatch Oxfordshire. 2nd June 2025

Appendix 5: Oxfordshire Joint Health Overview & Scrutiny Committee feedback

1 of 5



Oxford Health
NHS Foundation Trust

FEEDBACK REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC): Oxford Health NHS Foundation Trust Quality Account 2024/2025.

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

The Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) welcomes the Oxford Health NHS Foundation Trust (OUH) quality account for the year 2024-2025, and is pleased to see the extensive effort and detail that has been invested into producing this year's quality account. The account provides a comprehensive overview of key developments and activities within the Trust in the previous year, and the JHOSC congratulates the Trust on some of the advancements and innovations it has made to improve patient safety, patient experience and clinical effectiveness. The Committee notes the requirements on Provider Trusts and the challenging context for service delivery, and would like to thank all who work for the Trust for their dedication over the last year.

The Committee feels that the quality account could be more accessible with the use of a glossary.

This quality account has provided useful insights into the following:

- What the Trust has been doing well over the past year.
- The particular services that require improvements, both in terms of their quality and quantity.
- The priorities for improvement for the Trust for the ensuing year.
- The degree to which the Trust has continued to engage with patients who use its services, as well as its staff, in shaping its priorities for improvement.

Below are some key feedback points and reflections that the JHOSC has on specific themes. These themes have also been drawn from the quality account. The themes below are generally directly related to the content of the quality account, although they may contain broader reflections on the Trust's services as a whole.



**OXFORDSHIRE
COUNTY COUNCIL**

Appendix 5: Oxfordshire Joint Health Overview & Scrutiny Committee feedback

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Oxford Health
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Trust vision and values: The Committee is pleased to see that the Trust retains a commitment to not only developing but to implementing its vision and its values. Adopting the values of 'Caring, Safe, and Excellent' would enable the Trust to effectively work toward achieving its vision of providing the optimal care and patient experience. However, it is crucial that these values are deeply embedded in the day-to-day practices of how the Trust operates and provides services to patients who are in hospital as well as in the community. The Trust should develop clear indicators to help determine the degree to which its values are being achieved. Whilst the Trust may already adopt indicators for this purpose, it will be ideal to exercise further transparency around how these values are being monitored.

NHS Provider collaboratives: It is positive to see that the Trust remains heavily involved in the three provider collaboratives (including the Thames Valley & Wessex Adult Secure Provider Collaborative, Thames Valley Children and Adolescent Mental Health inpatient services, and the Healthy Outcomes for People with Eating disorders collaborative). These collaboratives have the potential to improve joint working and mental health and eating disorder services both in Oxfordshire and beyond. Nonetheless, there should be clear and transparent indications as to the degree to which these collaboratives are meeting objectives set out by NHS England around the purpose of such collaboratives as being to; reduce unwarranted variation in outcomes and access, maximising economies of scale, and improving recruitment and retention of staff. This will instil further public understanding as well as appreciation of the importance of these collaboratives.

Staff wellbeing: It is positive to see that the Trust is on a journey of developing a Wellness Culture amongst its employees, and that a series of cultural changes are underway; including the implementation of a Restorative, Just & Learning culture, which is underpinned by Civility & Respect and a focus on Kindness into Action. These developments will help to empower staff and make them feel supported in their role. As staff wellbeing improves, we could expect to see further improvements in the quality of care provided to patients. The Committee is also pleased to see that the Trust's Chief Nurse has introduced two new programmes of work aimed to support staff in the workplace by reducing harm to staff and increasing the offer of post incident support. However, it is vital that the Trust continues to thoroughly monitor the extent to which these initiatives to support staff are translating into positive outcomes and staff feeling supported in their roles. Again, the Trust can make use of qualitative and quantitative data, such as staff turnover, sickness absence, feedback, complaints and incidents, to assess the effectiveness of the initiatives and identify areas for further improvement. It is crucial that Trust staff feel that they are being heard.

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Collaboration with partners: The Committee welcomes the partnership working undertaken by the Trust, and congratulates the Trust on its innovations. Given the uncertainties generated by the local authority and NHS reforms, the JHOSC urges the forging of stronger relationships at the local level. The Committee looks forward to Oxford Health NHS Foundation Trust and system partner delivery on the much-awaited hospital to community plan coproduced with Wantage Town Council and the whole population (as an exemplar of working with local communities for services and to tackle rural inequalities in Oxfordshire).

Keystone Mental Health and Wellbeing Hubs: It is positive to see that Adults experiencing mental health challenges are able to receive support from the Keystone Mental Health & Wellbeing Hubs. It is pivotal that these hubs remain closely connected to the local GP surgeries of patients also. The opening of these hubs in Wantage, Kidlington, Cowley & Chipping Norton is commendable, particularly given that this was in response to the opening of the hubs in response to people saying that they would like to see specialist care available at local level via their GP surgery, and improved communication between GPs and mental health services. Support for mental health at the local community level is something that the JHOSC has been significantly supportive of and has called for in its own scrutiny of Adult and Older Adult mental health services. However, the Trust should engage in and provide further information on any evaluation of the services provided by these hubs, including their impact on patient's mental health outcomes in the long run, and the degree to which there is effective linkage between the hubs and local GP practices.

Timely access to mental health services: The quality priority of ensuring a reduction in wait times for mental health services, including for CAMHS as well as Adult/Older Adult services, should continue to be pursued moving forward. The Trust should also ideally evaluate the level and form of support being provided to patients who are on waiting lists for prolonged periods. This is crucial given that the mental health of such patients awaiting diagnosis or treatment could further deteriorate over time. If the Trust is working on prioritising certain patients with particular conditions over others, then it should also provide further clarity on which types of patients/groups/conditions are being subject to priority.

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Serious Mental Illness and Physical Health: The Committee has, through its previous scrutiny of mental health services, called for support for the physical health of patients with serious mental illness. This was in line with evidence the Committee had received regarding the deteriorating impact that serious mental illness can have on physical health. The quality account refers to a newly created physical health team in Buckinghamshire. It would be ideal to further understand the degree to which this team is resourced and how SMI patients can receive access to this service.

Working with families: It is crucial that there is ongoing work with the families and carers of patients to help provide optimum care, transparency in care, and to allow for advocacy on behalf of patients where necessary. The Trust's commitment to review its Friends, Family and Carers Strategy is a good step, and the Committee would urge that this strategy is as coproduced as it could be with patients and families/carers with lived experience. It is good that the Trust has a Carers lead as well as carer champions across a range of clinical teams, although there is also a point about evaluating the efficacies of these roles and how the aforementioned strategy is being translated into concrete improvements in the support for families/carers of patients being treated by the Trust (particularly those patients with long-term conditions).

Learning from deaths: The quality account mentions that the Trust takes its role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Committee is aware of the ongoing work by the Trust to establish a process of learning from deaths. It is crucial that reviews of deaths continue to be completed in a timely fashion so as to produce learnings and avert harm to future patients. Mechanisms should indeed also be in place for reviewing the deaths of patients who were on a waiting list for a service and that had not yet had an appointment. Joint working with the Thames Valley Police is also vital to ensure that there are effective and functioning linkages between Electronic Patient record systems and shared care records.

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Reducing Health Inequalities: Tackling Health Inequalities remains a key priority of all of Oxfordshire's system partners, and it is therefore no surprise that this constitutes a key priority for Oxford Health NHS Foundation Trust as indicated in the quality account. This would also be in line with the NHS's long term plan. The Committee urges the Trust to recognise that its contribution to health inequalities reduction is not limited to its own internal operations but also in its collaborative work with Oxfordshire system partners. Clear performance indicators around tackling Health inequalities should be adopted by the Trust. The Trust should ideally contribute to system level work that aims to identify vulnerable population groups or patients with comorbidities (and to ensure that such residents are continuously monitored) to avert health inequalities they may be vulnerable toward. The JHOSC also urges that the Trust works closely with the County Council and other system partners on the initiative to make Oxfordshire a Marmot Place. As part of its ongoing scrutiny on Marmotisation, the Committee also recommended that Town and parish councils who work with community organisation stakeholders at neighbourhood level are included, and that work recognises and builds on existing networks tackling rural as well as urban inequalities.

Patient complaints and concerns: It is interesting to see that the Trust has adopted the new NHS Complaints Standards. This will enable the better handling of patient complaints or concerns. It is vital the Trust not only ensures that patients can easily issue complaints or voice issues of concern, but that there are learnings at all relevant levels of the organisation after complaints being made. It is also a positive development that the Trust received a total of 629 complaints which is a decrease from the previous year of 887. Due to the fact that patients who make complaints are often distressed by the experience they may have had with the Trust's services, it is of utmost importance that patients are kept regularly informed and updated throughout the complaints process.

Digital innovation: The Committee is aware that much like other NHS Trusts nationwide, Oxford Health is continuously exploring the use of Artificial Intelligence. It would be ideal to have further transparency around whether or how the Trust is also participating in a Market Access Accelerator programme. Such explorations could certainly assist the Trust in exploring various technological tools that could enhance the quality of clinical care. It could also provide opportunities to help staff in undertaking their roles more effectively. Nonetheless, through these explorations and digital innovations, it is crucial that the Trust not only exercises transparency, but that it codevelops and coproduces the use of new technologies at an early phase prior to ensure that they can provide safe and genuine improvements to the quality of clinical care received by patients. This would also help toward building confidence and public trust.