NHS

Oxford Health
NHS Foundation Trust

OXFORD HEALTH ANNUAL PLAN
FY2025/26

Executive Summary

Welcome
to Oxford Health Annual Plan FY25/26

Grant Macdonald
Chief Executive

Our staff at Oxford Health have worked together to develop our plan for financial year (FY) 2025/2026 to bring to life our vision of **outstanding care delivered by outstanding teams.**

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

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

In this context, we have asked each clinical directorate to identify their top priorities based on the needs of the local population and known service pressures through engaging with staff, patients and carers.

The priorities which teams have identified this year will help us to achieve our four strategic objectives:

Quality – Deliver the best possible care and health outcomes

People – Be a great place to work

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

Research – Be a leader in healthcare research and education

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

Preventing illness: Shifting from a system that primarily treats sickness to one that actively works to prevent illness from occurring.

Community-based care: Moving care delivery from hospitals to closer to home, making healthcare more accessible and integrated within local communities.

Digital transformation: Embracing digital technologies to transform how services are delivered, improving efficiency and patient experience.

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

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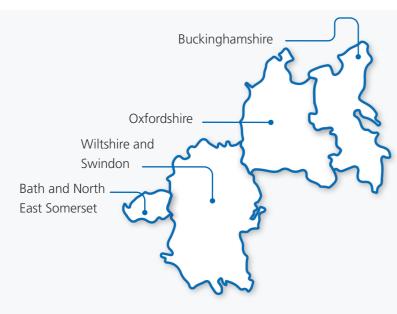
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Our services
Overview

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

Buckinghamshire

Oxfordshire

Wiltshire and Swindon

Bath and North East Somerset

We offer a wide range of services, including:

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

150 sites c.6,500 staff

1.5m Appointments

189,000 Caseload

2,900 Admitted

Our 6,500 staff work from 150 sites, delivering care to a population of 2.5 million people. In FY23/24, we delivered 1.5 million appointments, looked after a caseload of 189,000 people, and cared for 2,900 patients admitted to our inpatient services and our patient feedback scores average a rating of 4.75/5 **(Oxford Health in Numbers)**.

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

Oxford Health's
Strategy Delivery Plan

FY25/26 and FY26/27

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

NHS Oxford Health NHS Foundation Trust

OUR STRATEGY 2021-2026

A summary of our vision, values and strategic objectives

Aspirations & Measures of Success

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

Vision
Outstanding care delivered by an **outstanding** team

Values
Caring ● Safe ● Excellent

Strategic Objectives:
What we want to achieve

Quality
Deliver the **best** possible care and **health outcomes**

People
Be a **great place** to **work**

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

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

6 Strategic Priorities
Our focus for the next two years

1 Developing our neighbourhood health contribution to improve the health of the populations we serve

2 Improving access and waiting times

3 Listening and responding to the voice of patients, families and carers

4 Developing and empowering teams and leaders

5 Building an anti-discriminatory organisation

6 Prioritising staff safety and minimising violence and aggression

Supported by Trust-wide work

Strategic Objectives

Oxford Health's four strategic objectives have been translated into a set of ambitions and related outcome measures and comprises of a strategic dashboard.

Our four **strategic objectives:**

Quality

Deliver the best possible care and health outcomes

To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes.

To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.

People

Be a great place to work

To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount.

To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.

Sustainability

Make the best use of our resources and protect the environment

To make the best use of our resources and data to maximise efficiency and financial stability and inform decision-making, focusing these on the health needs of the populations we serve, and reduce our environmental impact.

Research

Be a leader in healthcare research and education

To be a recognised leader in healthcare research and education by developing a strong research culture across all services and increase opportunities for staff to become involved in research, skills and professional qualifications.

Key FY24/25 highlights:
Our Four Strategic Objectives

The following are key highlights of progress against our FY24/25 strategic objectives

Quality

People

Sustainability

Research

Deliver the best possible care and health outcomes

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

Be a great place to work

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

Make the best use of our resources and protect the environment

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

Be a leader in healthcare research and education

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

Our
Ambitions and Objectives

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

People

Be a great place to work

To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount.

To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.

- We have a sustainable workforce
- We have an engaged, well led workforce
- We have a skilled, learning workforce
- We foster a just work environment

Sustainability

Make the best use of our resources and protect the environment

To make the best use of our resources and data to maximise efficiency and financial stability and inform decision-making, focusing these on the health needs of the populations we serve, and reduce our environmental impact.

- We are spending and investing as efficiently as possible and sustaining our financial position over the medium term
- We are on track for net zero carbon emissions by 2045 as defined within the NHS Carbon Footprint plus
- Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management
- We will have moved toward a modern, efficient estate that enables access and wellbeing for staff and patients

Quality

Deliver the best possible care and health outcomes

To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes.

To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.

- Care is planned and delivered around the needs of patients
- Patients are receiving effective care
- We provide timely access to care and when waits occur, we will effectively monitor patients and minimise harm
- We are addressing health inequalities
- We consistently provide safe care, with a reduction in avoidable in-services harm
- We have a safe and learning culture

Research

Be a leader in healthcare research and education

To be a recognised leader in healthcare research and education by developing a strong research culture across all services and increase opportunities for staff to become involved in research, skills and professional qualifications

- We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation
- We will build our capacity to translate our research into services
- Education ambition

Our 6 Strategic Priorities

Our 6 Strategic Priorities:

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

Our Trust-wide supporting work:

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

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

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

WHY

Developing our neighbourhood health contribution to improve the health of the populations we serve

By better understanding the needs and inequalities in access and outcomes of the populations in the neighbourhoods we serve, we can tailor our services to improve outcomes.

Improving access and waiting times

By improving access and waiting times in our services, we can make sure that people are adequately supported in the right place at the right time.

Listening and responding to the voice of patients, families and carers

By actively listening and valuing the voice of people who use our services, we can have a clear picture of how they experience care and improve our services to better respond to their needs.

Developing and empowering teams and leaders

By developing and empowering our people and teams, we will ensure that decisions are made by teams of people working at the closest possible point to our patients and carers, and better address their needs.

Building an anti-discriminatory organisation
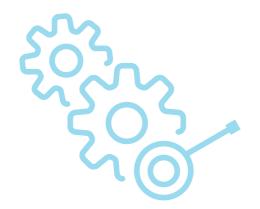
By improving equality, diversity and inclusion, we will improve the experience of our staff and teams and the experience and outcomes of our patients, families and carers.

Prioritising staff safety and minimising violence and aggression

By prioritising the safety of our staff and minimising violence and aggression we will ensure colleagues feel supported, safe and secure at work and can operate at their best to support patients, families and carers.

OHFT System Planning
FY25/26

Relationship with NHS planning

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

NHS England

Develops and sets national policy and strategy, agreeing the mandate with the government.

National Policy

Sets out the national long-term priorities.

Priorities and Operational Planning Guidance

Sets out the in-year national priorities.

Darzi Report

Independent review providing insights for NHS future strategies.

NHS Ten Year Plan 2025

Long-term strategy transforming healthcare over the next decade.

Integrated Care Boards

Allocates the NHS budget and commissions services for the population – we predominantly operate within the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS), but also offer services in the Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care Board (ICB) and other ICBs.

ICS Strategy

Sets out how commissioners, local authorities, partner trusts and Voluntary, Community and Social Enterprise (VCSE) sector can deliver more joined up care for their whole population.

Joint Forward Plan

ICB and partner trusts set out how the Integrated Care System strategy will be delivered.

Operational Plan

ICBs and partner trusts set out specific operational and financial information based on national guidance.

Capital Plan

ICBs and partner trusts set out planned capital resource use.

Oxford Health NHS Foundation Trust

Provider of mental health and community health services and lead provider of several provider collaboratives.

Oxford Health NHS Foundation Trust Trust Annual Plan

Sets out how we will deliver our Trust Strategy in the context of the ICBs we are part of and the national guidance.

OHFT response to national planning guidance (relevant areas)

On 30 January 2025, NHS England published its operational planning guidance for FY25/26, outlining priority areas and objectives. The guidance aims to balance financial sustainability with service delivery, ensuring efficient resource use while maintaining high-quality patient care. It prioritises productivity improvements, reducing variation, tackling health inequalities, workforce planning, digital transformation, and integration across health and care systems.

Area	Key National Priorities in the National Planning guidance for Oxford Health	Oxford Health – how we are contributing

Improve mental health and learning disability care

- Reduce average lengths of stay in adult acute mental health beds.

- Deliver the 10 high-impact actions for mental health discharges to enhance.

- Improve access to children and young people's (CYP) mental health services, aiming for 345,000 additional CYP aged 0-25 receiving support compared to 2019, alongside increasing productivity by reducing unwarranted variation in the numbers of CYP accessing services.

- Maximise use of crisis alternatives, such as the 111 mental health option and community services, to help people remain well at home.

- Ensure robust oversight of mental health urgent care using the Operational Pressures Escalation Levels (OPEL) framework and action cards.

- **Early triage, identification of discharge barriers, proactive care planning, and escalation processes to support timely discharge.**

- **The 10 high-impact actions are being implemented to improve discharge efficiency.**

- **Expanding CYP access: planning to deliver our contribution to meet access targets in addition to targeted efforts to close gaps in service access, including prioritising support for disadvantaged groups and neurodivergent young people.**
- **Reducing CYP variation: focused workstreams to address health inequalities, improve data insights, and expand mental health support teams (MHSTs) in deprived areas.**
- **Improving productivity: using data and benchmarking to identify unwarranted variation across children and adolescent mental health services (CAMHS) teams, alongside Oxfordshire's service review and Buckinghamshire's CAMHS pathways review.**

- **Increasing the use of NHS 111 mental health (MH) options, crisis resolution and home treatment (CRHT) teams, and community MH services to support people at home and reduce A&E attendances.**
- **Plans include phased 24-hour CRHT coverage, developing peer support roles, expanding and strengthening partnerships with system providers to enhance crisis alternatives.**

- **Implementing MH Operational Pressures Escalation Levels (OPEL) framework and action cards to ensure a coordinated response to urgent care pressures.**

Area

Key National Priorities in the National Planning guidance for Oxford Health

Oxford Health – how we are contributing

Improve mental health and learning disability care

- Expand mental health support teams, progressing towards 100% coverage by FY29/30.

- Deliver effective courses of NHS talking therapies (TT) treatment.

- Reduce ill-related inactivity by supporting access to individual placement support (IPS).

- High quality and accessible community infrastructure in place for people with a learning disability and autistic people.

- Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction.

- **Currently Oxfordshire covers 60% of schools, while Buckinghamshire is expanding to 65% pupil coverage, with plans being developed with the Integrated Care Board to further expand MH Support Teams.**

- **Oxfordshire is refining its delivery model and continuing its partnership with the University of Reading, while Buckinghamshire is embedding new teams and working with the voluntary sector to diversify support.**

- **Aiming to deliver over 20,000 TT courses of treatment across the BOB region in FY25/26, with clear targets for Buckinghamshire and Oxfordshire.**

- **Supporting access to IPS with a target of 914 placements across Buckinghamshire and Oxfordshire in FY25/26, working with ICB to ensure that funding is allocated to support this expansion.**

- **Ongoing contract renegotiations will focus on improving support across all ages for individuals with learning disabilities and autism (LD&A), with a review of the LD Strategy and Autism Strategy to ensure services meet evolving needs.**

- **Focus on improving discharge planning to reduce reliance on inpatient care by ensuring timely and effective discharge from acute mental health services. Additionally, proactive care planning and collaboration with the Integrated Care Board (ICB) to create pathways, alongside training for families and carers, will support reduced inpatient stays.**

Area	**Key National Priorities in the National Planning guidance for Oxford Health**	**Oxford Health – how we are contributing**

Community Care

- Improving access to urgent care services at home or in the community including urgent community response (UCR) and virtual ward (also known as hospital at home) services.

- Building a "neighbourhood health" approach to bring care closer to home, with a focus on prevention and improved access to community services.
- Developing a fully integrated out-of-hours and UCR home visiting workforce model.
- Hospital at Home (virtual wards) is being provided jointly by Oxford University Hospital (OUH) Foundation Trust, but data reporting is led by OUH.

Dental

- Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more.

- Note: at present this is being pursued through General Dental Services (GDS) and not commissioned through OHFT.

Digital Transformation

- Making the shift from analogue to digital.
- Ensure digital inclusion and strengthen cyber security measures across care providers.

- Enhancing digital systems, embedding a strong digital culture, and building a resilient digital foundation to support service users and staff.
- Addressing health inequalities through digital optimisation while maintaining a secure infrastructure to protect against cyber threats.

Inequalities

- Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.

- Improving access to mental health services, enhancing community-based care, and targeting interventions for disadvantaged populations, aligning with the Core20PLUS5 approach.
- Building an anti-discriminatory organisation, implementing the Patient and Carer Race Equality Framework (PCREF), and continuing to deliver our Equality, Diversity and Inclusion programme.

Area	**Key National Priorities in the National Planning guidance for Oxford Health**

Oxford Health – how we are contributing

Live within the budget allocated, reducing waste and improving productivity.

- Deliver a balanced net system financial position for FY25/26.
- Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems.
- Close the activity/whole-time equivalent (WTE) gap against pre-Covid levels (adjusted for case mix).

- **Collaborating across the ICS to achieve a balanced financial position for the system.**
- **Focus on increasing bank fill rates, optimising workforce utilisation, and enhancing recruitment and retention of permanent staff to minimise reliance on agency workers across systems.**
- **Increasing education and training capacity, optimising career pathways, and implementing workforce reforms, including expanding enhanced roles, to build workforce capacity.**

Neighbourhood Plans

- Development and implementation of integrated neighbourhood-level care plans.

- **Developing our understanding of population health in the neighbourhoods we serve, aligning with partners, and improving health inequalities through a neighbourhood team approach.**

Workforce

- Systematically implement all elements of the People Promise to improve the working lives of all staff and increase staff retention and attendance.

- **Continue delivering the People Promise, focusing on staff wellbeing, flexible working options, and creating a supportive, inclusive work environment to enhance retention and attendance.**

Quality and safety

- Maintain our collective focus on the overall quality and safety of our services.

- **Implementing key patient safety workstreams, including the Patient Safety Incident Response Framework, medical device safety, and the Mental Health Inpatient Transformation programme. We will drive continuous quality improvement through active patient and carer involvement, align with the Patient Involvement and Experience Strategy, and progress and embed the Patient and Carer Race Equality Framework. Ensure regulatory compliance and continue to develop a culture of continuous improvement to achieve excellence across services.**

OHFT Planned activity trajectories

The national planning guidance, along with additional key performance indicators from the FY25/26 operational planning activity and performance submission, outlines specific metrics for the Trust to focus on.

MH Provider Level (Oxfordshire & Buckinghamshire Combined)

Metric	APR 25	MAY 25	JUN 25	JUL 25	AUG 25	SEP 25	OCT 25	NOV 25	DEC 25	JAN 26	FEB 26	MAR '
Active inappropriate adult acute mental health out of areas placements (OAPs)	4	3	7	4	3	3	6	3	2	3	4	2
Average length of stay for adult acute beds (days)	53	53	53	52	52	52	51	51	50	50	49	49
Access to talking therapies percentage of patients that achieved reliable recovery	49%	49%	49%	49%	49%	49%	50%	50%	50%	50%	50%	50%
Access to talking therapies percentage of patients that achieved reliable improvement	67%	67%	67%	67%	67%	67%	68%	68%	68%	68%	68%	68%
Number of people accessing specialist community perinatal MH and maternal MH support services in the reporting period	923	923	923	923	923	923	923	923	923	923	923	923
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	14274	14488	14702	14916	15130	15344	15700	16056	16412	16768	17124	17460
Number of people accessing Individual placement support	671	676	681	686	691	696	701	706	711	716	721	726
Number of adults with a learning disability and autistic adults who rely on mental health inpatient care	50			47			47			44		
Number of children with a learning disability and/or autism who rely on mental health inpatient care	8			7			6			5		

Improve mental health and learning disability care

MH Provider Level (Oxford Health)

Improve learning disability care

ICB trajectories covering Buckinghamshire, Oxfordshire and Berkshire West (BOB)

MH Provider Level (Oxfordshire & Buckinghamshire Combined)

Address inequalities and shift towards prevention

Metric												
Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people	No trajectory is required at this time; however, the Trust will be undertaking work to reduce inequalities in alignment with the Core20PLUS5 approach, focusing on both adults and children and young people											

Live within the budget allocated, reducing waste and improving productivity
Oxford Health finance and workforce

Metric	APR 25	MAY 25	JUN 25	JUL 25	AUG 25	SEP 25	OCT 25	NOV 25	DEC 25	JAN 26	FEB 26	MAR 26
Deliver a balanced net system financial position for FY25/26 (cumulative YTD £000)	497	694	893	1263	1612	1433	1892	2331	2748	3145	3754	4750
Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems (cumulative YTD £000)	1575	3107	4633	6154	7665	9142	10,588	12,000	13,427	14,844	16,190	17,604
Reduce the activity gap, expressed in Whole Time Equivalents (WTE), compared to pre-Covid levels (case mix adjusted)	7,503.44	7,509.06	7,510.26	7,508.91	7,631.47	7,614.13	7,594.25	7,576.95	7,563.76	7,796.77	7,501.70	7,525.52

Community care
ICB trajectories covering BOB

Metric	APR 25	MAY 25	JUN 25	JUL 25	AUG 25	SEP 25	OCT 25	NOV 25	DEC 25	JAN 26	FEB 26	MAR 26
Non- Elective (NEL) average length of stay - community trusts (days)	28.5	26.6	26.2	26.5	28.2	26.6	27.1	27.5	25.7	26.2	28.9	27.9
Attended community care contacts	156,266	160,172	156,055	157,880	150,519	147,485	157,157	155,588	140,610	153,265	142,536	150,102
Number of people on the community services waiting list waiting over 52 weeks (CYP)	400	410	407	408	390	368	372	392	359	391	364	307
Number of people on the community services waiting list waiting over 52 weeks (Adults)	433	443	442	471	449	449	459	440	440	480	446	419

Finance plan for FY26

The key components of the FY26 financial plan are:

▶ A planned surplus of **£4.75m**.

▶ An efficiency target of **£36m**
(£14.2m recurrent and £21.8m non-recurrent).

▶ A Capital Plan of **£21.2m**
(£14.6m internally funded and £7.6m funded through NHS England).

▶ A planned spend on agency staff of **£17.6m**
which meets the planning guidance requirement to reduce agency spend by 30% (£7.6m).

▶ The planning requirement for a **10%** reduction in bank spend will not be achievable due to the strategic focus on reducing reliance on higher-cost agency staffing.

Oxford Health NHS Foundation Trust's approach includes increasing bank fill rates and utilisation as a cost-effective alternative to agency use. As such, an increase in bank expenditure is anticipated.

Oxford Health NHS Foundation Trust (OHFT)

Clinical Directorates' High-level Priorities and Quality Priorities for **FY25/26**

- Quality Priorities for FY25/26

- Buckinghamshire Mental Health Directorate

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

- Forensic Mental Health Directorate

- Learning Disabilities Directorate

- Community Health Services, Dentistry and Primary Care Directorate

OHFT Quality Priorities
FY25/26

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

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 FY2024/25 data as baseline: • 25% reduction of prone restraint. • 20% reduction in use of seclusion. • Establish a baseline measurement of seclusion duration.	• MH & Forensic inpatient wards.
Implementing PSIRF and creating a learning culture	• To continue to develop the embedding of Patient Safety Incident Response Framework (PSIRF) across the Trust with a focus to support continuous improvement of safety cultures, systems and behaviours.	• To embed patient safety incident responses within a wider system of improvement that supports cultural shift towards systematic patient safety management.	• Achievement of the PSIRF priority area metrics for FY2025/26.	• Whole Trust services.
Involving patients and their families	• Patients, carers and families are at the core of all we do. We aim to progress and develop ways to work together to learn from experience and improve Trust services.	• To have a framework for co-production developed and in place.	• Evidence of framework and monitoring of embedding and performance.	• Whole Trust services.
Embedding continuous quality improvement	• To continue to develop the quality improvement (QI) culture across the Trust to enhance patient care, safety and satisfaction.	• To improve progression of QI project activity demonstrating a culture of improvement. • To embed co-production as an improvement fundamental.	• Total number of QI projects registered on Life QI defined by those that are active and those stalled. • % of QI projects involving patients/carers.	• Whole Trust services.
Address inequalities in the delivery of healthcare	• To better achieve health equality, reliable data is required that supports the identification of potential areas of inequality across the Trust to drive improvement.	• Reliable and meaningful data is recorded and provides the Trust with meaningful insights to focus anti-racism interventions.	• 90% of patients having a meaningful ethnicity recorded.	• Whole Trust services.

Buckinghamshire Mental Health Directorate:
Summary plan

Top Directorate priorities and efficiencies

- **Developing and improving inpatient services** and the Mental Health (MH) Urgent Care Pathway for Child and Adolescent Mental Health Services (CAMHS) and Adults.

- **Continuing community mental health transformation** and integration with primary care.

- Advancing and embedding a directorate approach to **tackling health inequalities.**

- **Improving the timeliness of access to assessment, diagnosis** and treatment in adult services.

- **Delivering sustainability** and developing our infrastructure including reducing agency use by increasing bank and permanent staff, developing a children and young people's day service as an alternative to inpatient care, and review the estate while creating an external-facing website.

Top risks

- Clinical demand may impact on the ability of staff to be involved in service development activities.

- Recurrent change taking place across community mental health services leading to fatigue amongst staff.

- There is a significant amount of work in place across organisations in Buckinghamshire, creating a risk of duplication and/or poor alignment.

- Achieving the ambitious national targets set in the Autumn Statement may be challenging in the context of a difficult financial environment.

- While there has been good progress in reducing agency staffing, achieving the target is at risk due to challenges with medical recruitment and maintaining safe staffing levels.

Oxon BSW Mental Health Directorate: Summary plan

Top Directorate priorities and efficiencies

Reviewing Service Delivery

- Undertake a whole directorate service review to identify cost improvement programmes (CIPs) for FY26/27 onwards.
- Repurpose vacancies for FY25/26 key priorities such as crisis resolution and home treatment.
- Continue nationally required transformation, such as the MH Inpatient Improvement programme.
- Develop an Oxfordshire MH outpatient hub.
- Work closely with voluntary, community, and social enterprise (VCSE) organisations and Thames Valley Police (TVP) to enhance services for those who access MH services.
- Continue to support the implementation of Oxevision across the Trust.

Temporary workforce review

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

Partnership Integration

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

Recruitment and Retention / Health Inequalities

- Improve recruitment and retention across the directorate and wellbeing of staff.
- Continue to further update and develop the directorate people plan.
- Continue with the listening events.

- Working to develop leadership skills within teams supported by the organisational development (OD) and learning and development (L&D) team and the implementation of Affina
- Development of a consistent directorate approach to health inequalities to run as a thread through the work and the services that we deliver.

Top risks

May Davidson Building – Fire safety and maintenance concerns

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

Ligature risk assessments

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

Recruitment and Retention

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

Demand and capacity on services across the directorate

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

Abingdon base pit alarms

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

Forensic Mental Health Directorate: Summary plan

Top Directorate priorities and efficiencies

Integration of Pathway of Care

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

Neurodiversity needs in Forensic MH service

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

Implementing Trauma Informed Strategy

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

Review of Protected Pathways (Women's & Learning Disability)

- To work as a collaborative partner with the secure adult mental health services - Forensic Mental Health (For Me) Provider Collaborative (considering wider opportunities), to look at how we are providing for all the needs of the population.
- Form a view around which pathways we will provide, with an implementation plan.

Embedding CCTV across the Forensic inpatient wards

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

Top risks

- Resistance to implementing the change.

- There is a general focus on autism, and the wider neurodiversity strategy requires further investment, in terms of understanding and training needs.

- Ability to recruit and maintain skilled workforce, within a timely manner and for consistent accurate data collection to allow measurement.

- Capacity to complete initial review and implementation of following plan.

- Confirmation of funding and timeframe.

Learning Disabilities Directorate: Summary plan

Top Directorate priorities and efficiencies

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

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

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

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

Top risks

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

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

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

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

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

Community Health Services, Dentistry & Primary Care Directorate
Summary plan

Top Directorate priorities and efficiencies

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

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

Sustainability
- Continue to implement financially sustainable workforce models across services alongside meeting net zero targets detailed within the Green Plan for 2030.

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

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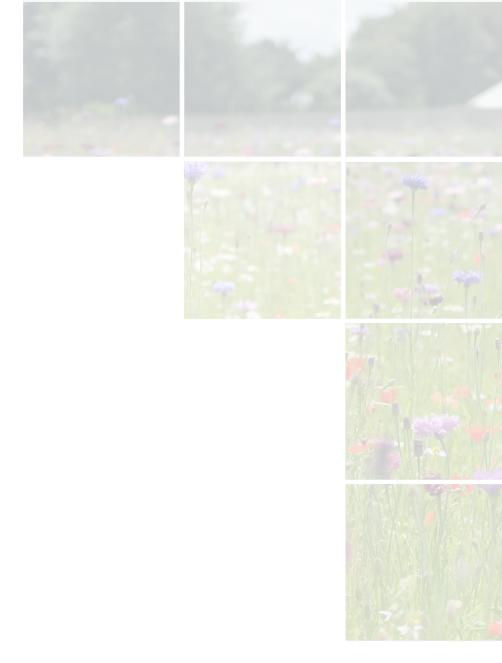
Top risks

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

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

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

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

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

Glossary

ACRONYM	FULL NAME
AfC	Agenda for Change
BOB	Buckinghamshire, Oxfordshire and Berkshire West
BSW	Bath, Swindon, and Wiltshire
CAMHS	Children and Adolescent Mental Health Services
CCTV	Closed-Circuit Television
CIP	Cost Improvement Programme
Core20PLUS5	NHS England framework to reduce health inequalities
CRHT	Crisis Resolution and Home Treatment
CYP	Children and Young People
FY	Financial Year
GDS	General Dental Services
ICB	Integrated Care Board
ICS	Integrated Care System
IPS	Individual Placement Support
L&D	Learning and Development
LD	Learning Disability
LD&A	Learning Disability & Autism
MH	Mental Health
MHSTs	Mental Health Support Teams
NEL	Non-Elective
Net Zero	Environmental sustainability target

ACRONYM	FULL NAME
NIHR	National Institute for Health and Care Research
OAP	Out of Area Placement
OD	Organisational Development
OHFT	Oxford Health NHS Foundation Trust
OPEL	Operational Pressures Escalation Levels
Oxevision	Remote patient monitoring system
PCREF	Patient and Carer Race Equality Framework
People Promise	NHS commitment to improving staff experience
Perinatal Mental Health	Specialist mental health care for women during pregnancy and post-birth
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
TT	Talking Therapies
TVP	Thames Valley Police
UCR	Urgent Community Response
VCSE	Voluntary, Community, and Social Enterprise
Virtual Ward	Hospital-level care provided at home using technology and remote monitoring
WTE	Whole-Time Equivalent

OXFORD HEALTH ANNUAL PLAN
FY2025/26

Executive Summary

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